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Editor: Denise Taylor
Editorial Consultants: M Tonnesman
Judy Cooper
Book Reviews: Judy Cooper

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Subscription Enquiries:
Judith Lawrence, 121 Hendon Lane, London, N3 3PR

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WHAT MAKES MEN VIOLENT

Anthony Storr

Presented at the 5th BAP Scientific Conference, Autumn 1984

Whilst aggression is an identifiable part of the behavioural repertoire of many species, including man, cruelty seems peculiar to the human species. It could, I suppose, be argued that a cat playing with a mouse is enjoying the exercise of power; but it is unlikely that the cat either bates the mouse or is capable of entering into the mouse's presumed feelings of terror and helplessness. Indeed, some authorities would not only deny that predation was cruel in the sense in which we use the word of human behaviour, but would remove it from the category of aggression altogether, confining the use of the latter word to conflict between conspecifics.

Whatever view one takes on this, there can be no doubt that aggression serves a number of different functions and is essential for survival, whilst cruelty is not only a blot upon the human escutcheon, but serves no obvious biological purpose. Indeed, one might argue that cruelty is the opposite of adaptive. Edward O. Wilson (1975) has recently argued that reciprocal altruism in human, and to some extent in animal, societies is an adaptive device likely to promote the survival of each participant. In other words, kindness to other human beings is likely to pay in terms of survival and reproductive potential; or, as a friend of mine used to put it, "Civility is cheap, but it pays rich dividends." Human cruelty, therefore, is a phenomenon which is not only repulsive, but which requires explanation.

Regrettably, the cruel behaviour of human beings is far too common to be explicable in terms of psychiatric abnormality, or even in terms of special social conditions, important though these are. Cruel behaviour is a potential in normal people. But let us look at some of the factors which appear to make cruelty more likely, and begin by considering one kind of abnormal person. In any Western society there are inevitably a few individuals who lack the normal degree of control over immediate impulse. These are the so-called "aggressive psychopaths" who commit violent offences of various kinds, and who may show an almost complete disregard for the feelings of their victims.

A version of this paper first appeared in Hersov, L.A. & Berger, M. eds. *Aggression and Anti-Social Behaviour in Childhood and Adolescence*, 1978, Pergamon Press.

These are the abnormals whom idealists would like to blame for the whole sum of human cruelty, but who are actually too few in number to make more than a small contribution towards it. We do not understand all the reasons for the psychopath's lack of control of violence. As with other psychiatric conditions, the causes are multiple.

We know some suffer from genetic abnormalities; others show what appears to be a delayed maturation of the central nervous system, as evidenced by the persistence, in the electroencephalogram, of rhythms characteristic of childhood. Many psychopaths show a failure of socialization, in that they have never formed ties of mutual regard with others, and thus live in a world which they assume to be indifferent or hostile to themselves. The development of conscience, that is, of an internal regulator of behaviour, appears to depend much more upon the wish to preserve love than upon the fear of punishment. Since many psychopaths come from homes in which there has been little love and a good deal of physical punishment, it is hardly surprising that they have not developed a normal conscience. A child cannot respond to the withdrawal of something which he has never had; so that it is understandable that those who have never felt themselves to be loved or approved of are not affected by disapproval.

Although many psychopaths show both a lack of control of hostility and also an abnormal amount of hostility towards their fellows, much of the cruelty which they exhibit appears to be casual rather than deliberate. Thus, they may injure someone whom they are robbing or sexually assaulting because they do not identify with their victim or care what he or she feels, which is obviously a different matter from the deliberate exercise of cruelty. In Holland, criminologists have experimented with confronting violent criminals with their victims. In some instances this has brought home to the criminal for the first time that his victim is a person like himself, with the consequence that he has wished to make reparation (Roosenburg, 1973).

It is possible that we may be able to understand the psychopath's lack of control over immediate impulse in physiological terms. Psychopaths are emotionally isolated, even if not physically so; and, in other species, isolation appears to produce heightened reactivity to dangerous stimuli, shown by a faster mobilization and release of systemic norepinephrine (Vowles, 1970). Human beings who, for one reason or another, have not learned to mix with their fellows in early childhood, often show inappropriate aggressive responses, sometimes overreacting because they perceive threat where none exists, sometimes underreacting because they have never learned to "stand up for themselves". In rodents, it has been shown that isolation produces a

lower level of tonic aggressive arousal combined with the heightened reactivity to dangerous stimuli which I have already mentioned; and it would be worth investigating whether a similar physiological state of affairs obtains in human beings who have been isolated.

Since psychopaths constitute a small proportion of human beings, we cannot explain the human tendency towards cruelty by blaming it upon them alone, though the study of psychopaths may go some way towards helping our understanding. The second factor predisposing towards cruelty is the human tendency towards obedience. The experiments of Stanley Milgram (1974) are so well known that I need hardly refer to them. They are summarized in his recently published book, *Obedience to Authority*. To his surprise, around two-thirds of normal people would deliver what they believed to be extremely painful, possibly near lethal, electric shocks to a subject whom they supposed to be engaged in an experiment on the nature of learning because they were urged to do so by the experimenter. The excuse that they were only obeying authority is the one most frequently offered by those arraigned for torture or other forms of institutionalized cruelty, from Eichmann down. Obedience is clearly adaptive in human society as in many animal societies. A stable dominance hierarchy promotes peace within a society, makes possible organized resistance or organized escape if danger threatens, and allows for instant decision-making by dominant individuals. It is impossible to imagine a human society functioning at all adequately if we did not have a built-in tendency to obey. However, obedience involving acts of cruelty does not explain the cruelty of those who give the orders.

At present, throughout the world, the use of torture appears to be increasing. There are two main uses. First is the obvious one of extracting information. Second is its use for the control of political dissent by creating an atmosphere of terror. It is an interesting and unexplained paradox that, whilst there is today a general consensus that torture is totally inadmissible, it is more widely employed than ever before. I do not believe that the tendency towards obedience entirely explains the compliance in cruelty of those who carry out cruel orders. It is certainly a powerful factor in military situations: for instance, in cases like the Vietnam massacres or the recent execution of mercenaries. But orders to shoot women and children or one's comrades in arms are often backed up, in wartime, by the explicit or implicit threat that refusal might bring about one's own execution. Moreover, it is possible to imagine orders which would be resisted more strongly than orders to kill or torture. If an officer ordered that his men should eat faeces for breakfast, it may be supposed that rather few would obey, even if threatened with dire penalties.

The third factor conducive to cruelty is distance, whether this be measured in physical or psychological terms. If human fights were confined to fisticuffs, there would not only be fewer deaths, but fewer instances of cruelty. A man who is a few hundred feet above his victims in an aeroplane will drop napalm upon them without many qualms. He would be less likely to produce a similar effect by pouring petrol over a child and igniting it if he was close enough to the child to do this. Lorenz (1966) has argued that human beings possess inhibitory mechanisms against injuring their own kind which are not well developed and which are easily overcome because they are not armed by nature with dangerous weapons like tusks or claws. Natural selection has not allowed for the invention of weapons which kill at a distance.

By psychological distance I mean the human tendency to treat other human beings as less than human: the phenomenon of "pseudo-speciation". Many societies maintain out-groups who are treated with contempt and often with actual cruelty. In Japan, for example, the descendants of a pariah caste, known as Burakumin, are still discriminated against, both socially and economically, although they are no longer labelled as *eta* (filth-abundant), *yotsu* (four-legged) or *hinin* (non-human) (Wagatsuma, 1967). In a very interesting paper, de Vos (1966) has distinguished between psychological attitudes to pariah groups and attitudes to those at the bottom of the hierarchy in any society. Most of us acquiesce to some extent in the exploitation of the poor and the unintelligent, and are glad to have them do the dirty jobs of society; this is instrumental exploitation, just as torture for the sake of extracting information is instrumental. However, exploitation of pariah castes goes further than this, and is labelled "expressive" exploitation by de Vos (1966). By this he means the phenomenon of creating an out-group which acts as a scapegoat for the tensions within a society, just as individuals may act as scapegoats for the tensions within a family. Pariah castes not only provide a group of people to whom even the humblest member of the legitimate society can feel superior, but are also regarded as disgusting and potentially polluting. A member of such a caste, unlike a member of the lowest class in a society, cannot rise in the hierarchy because he is not allowed to intermarry. Harshly authoritarian and insecure societies have a particular need for scapegoats, just as do harshly authoritarian and insecure individuals.

Pseudo-speciation plays on the universal human tendency towards xenophobia, a characteristic found also in other social animals from geese to monkeys. The more easily human beings are relegated to a subhuman category, or perceived as alien, the easier it is to treat them with cruelty. The S.S. deliberately degraded concentration camp

prisoners, forcing them to live in filth, often covered with their own excrement. When the commandant of Treblinka was asked why such humiliation and cruelty was practised, since the prisoners were going to be killed in any case, Franz Stangel replied: "To condition those who actually had to carry out the policies, to make it possible for them to do what they did" (Des Pres, 1976, p. 61).

The fourth factor which influences people in the direction of cruelty is the treatment which they themselves experience when children. Throughout most of the history of Western civilization, children have been treated abominably. So much is this the case that a recent investigation by ten American historians begins: "The history of childhood is a nightmare from which we have only recently begun to awaken. The further back in history one goes, the lower the level of child care, and the more likely children are to be killed, abandoned, beaten, terrorized, and sexually abused" (De Mause, 1976). Studies of parents who batter their children show that, as children themselves, those parents had been deprived of basic mothering, at the same time had excessive demands made upon them, and had been made to feel that all they did was "erroneous, inadequate and ineffectual" (Renvoize, 1974, p. 43). Feeling ineffectual leads to demands for absolute instantaneous obedience, demands which small children seldom, and which babies never, are able to meet. A small child who will not instantly obey is perceived as a threat because it has the power to increase the parent's sense of inadequacy, and therefore invites retaliation. Moreover, deprived parents, paradoxical as this may seem, make demands on their children for the affection which, as children, they did not themselves receive, and react with resentment and violence when the children do not appear to give it to them. Baby battering is an interesting example of how basic biological behaviour patterns of protecting and cherishing the immature can be overridden by personal maladaptation. Helplessness is generally inhibitory of violence in humans as well as other primates; but once violence has begun to be used against the helpless, helplessness loses its capacity to inhibit and may actually increase the use of violence. One of the most distasteful features of human cruelty is that it persists even when the victim is utterly at the mercy of his persecutor.

The fact that human beings who have been neglected or ill-treated in childhood seem themselves more prone to treat others with cruelty argues that much human cruelty is really revenge. This is relevant to the dispute which still goes on about the effects of witnessing violence. Does witnessing violence cause ordinary people to feel violent themselves, or does it simply disinhibit those who, consciously or unconsciously, are keeping violent impulses in check with difficulty? This may be the wrong

question to ask. I shall argue that all human beings are suffering from some degree of inner resentment derived from infantile experience. On the whole I agree with Brown and Herrnstein (1974) who, in their recent summary of the literature, come down in favour of the view that witnessing violence is disinhibitory of violence rather than provocative of it. I share the dislike which many psychologists show for a so-called hydraulic model of the mind; but clinical experience makes it difficult for me to conceive of any model which does not allow of resentment being in some way "stored-up". If one allows that an accumulation of irritations during a working day may be vented or abreacted by kicking the dog, which is surely a commonplace observation, I see no reason why resentment should not be stored for much longer, even for a lifetime.

The widespread misuse of the word "sadism" has given rise to the supposition that human cruelty is partially sexual in origin, and the ubiquitous response to sado-masochistic literature is sometimes advanced as evidence that cruelty contains a sexual element. Elsewhere (Storr, 1972), I have argued at length that sado-masochism is not what it seems: that, to use the terminology employed both by Russell and Russell (1968) and by Maslow (1960), sado-masochism is "pseudo-sex" rather than sex itself, using sexual behaviour patterns to establish dominance relationships, as happens in other primates. So many human beings in Western culture show an interest in sado-masochistic literature or films that it is not possible to argue that such interests are abnormal. Yet there are some people who are particularly plagued by sado-masochistic phantasies and who need such phantasies or rituals in order to become sexually aroused. In my experience, these people have generally felt themselves to be particularly uncertain and ineffective both in sexual situations and in most other aspects of interpersonal relationships; and their fascination with sado-masochism springs from their need to establish dominance (or to have the other person establish dominance) before they can venture upon a sexual relationship.

It seems highly unlikely that torturers are obtaining sexual satisfaction direct when inflicting pain upon their victims, nor do I believe that riot police have erections when wielding their clubs. But the dominance which such people achieve through their cruelty may certainly facilitate their own belief in their sexual potency. Rattlesnakes wrestle with each other in struggles for male dominance. The winner of such a contest, it is credibly reported, immediately goes off and mates, whilst the loser is unable to do so for some time. The human male needs to feel confidence in order to achieve sexual arousal, and this confidence may be obtained in all sorts of ways, some of them highly distasteful. But

this is not to say that the exercise of cruelty is itself sexually exciting. Part of the confusion about sex and dominance must be laid at the door of Freud. Psychoanalysis has been so concerned with the pleasure principle, and so obsessed with the notion that pleasure must be sensual, that it has omitted to consider the pleasure afforded by the exercise of power. In his early writings, Freud does make some reference to an "instinct for mastery" (Hendrick, 1943). I have suggested that, had he pursued the subject, we might have had a book entitled *Beyond the Power Principle*.

It seems probable that those who have been harshly treated as children are particularly prone to treat other human beings with cruelty, both because they have a particular need to establish dominance and because they wish to be revenged. It is also probable that the casualness and neglect with which infants in the West have been treated has resulted in there being a large number of persons who have a rather marked propensity towards cruelty. Anthropologists are apt to idealize the peoples they study, but it does seem probable that there are still some people in the world who are relatively peaceful and kind, and that this may be related to the way in which they rear their children. I am thinking particularly of the practice of what has been called "extero-gestation" in which the infant is kept in close physical contact with the mother, both by day and by night, until it is independently mobile. Cultures in which this happens consider it pathological for infants to cry.

However this may be, there are certainly a large number of people in our culture who produce evidence of having felt, as infants or young children, that they were helplessly at the mercy of adults who were perceived as threatening. We have only to look at myths and fairy stories to discover many instances of violence emanating from dragons, giants and other mythological figures who are immensely powerful compared with human beings and who may be supposed to reflect something of the infant's experience of the world.

This brings me to the fifth factor which I consider important in the genesis of cruelty, which is that of fear. Fear is closely related to pseudo-speciation, and pseudo-speciation is related to myth, since out-groups have projected upon them qualities which can only be called mythological. I mentioned earlier that pariah castes are believed to be polluting. This of course makes them creatures to be feared as well as despised. It is remarkably easy for human beings to be persuaded that other human beings are malignant, evil and immensely powerful. I am by no means persuaded of the validity of all that is postulated by Klein (1950) and her followers, but I am convinced that there is a paranoid potential in most human beings which is easily mobilized under certain

conditions of stress. The other day I saw a middle-aged man who was being treated for various phobic anxieties. The ostensible origin of his symptoms was an experience at the dentist. He was lying prone, and during part of the dental treatment found it somewhat difficult to breathe. He therefore attempted to sit up, but the dentist pushed him down, saying "You're bloody well not getting up". He had previously thought that the dentist was somewhat "trendy" and unprofessional, but at this point the dentist's face appeared quite different. He changed, as it were, into a malign persecutor, and the patient lost any sense of being able to resist him. He actually fainted at this point. The situation had been transformed from one in which the patient was seeking help from a supposedly benign expert into one in which he was in danger of death from an evil and powerful enemy. This same patient was an unusually courageous man who, during the last war, had survived three air crashes without developing phobic symptoms.

We shall never understand human cruelty until we know more about paranoid projection, a mechanism of mind which is far from being confined to the psychotic. Conditions of social stress such as followed the Black Death in Europe or which led to the collapse of the Weimar Republic not only throw up pathological leaders, but mobilize paranoid projection on a large scale. The historian Norman Cohn has made a particular study of this phenomenon, which is contained in three books: *The Pursuit of the Millenium* (1957), *Warrant for Genocide* (1967) and *Europe's Inner Demons* (1975). The history of antisemitism is a case study in paranoia in which Jews are seen not only as potential dominators of the world, but also as poisoners, torturers, castrators, and ritual murderers. Cohn (1967) has demonstrated that the persecution of the Jews has regularly rested upon such beliefs, together with the totally false hypothesis that there was an international Jewish conspiracy dedicated to world domination. "Exterminatory antisemitism appears where Jews are imagined as a collective embodiment of evil, a conspiratorial body dedicated to the task of ruining and then dominating the rest of mankind." Within the last 30 years, so he reports, travellers in the remoter parts of Spain have been informed that they could not be Jewish since they had no horns (Cohn, 1967, p. 252). Examination of the statements of Nazi leaders reveals that they had a megalomaniac sense of mission in which they were playing the noble role of exterminating evil embodied by the Jews. When Irma Grese was taxed with cruelty she said defiantly: "It was our duty to exterminate anti-social elements, so that Germany's future should be assured." As Cohn says: "To hear them on the subject of themselves, one would think that killing unarmed and helpless people, including

small children, was a very brave and risky undertaking" (Cohn, 1967, p. 265).

The same paranoid process was at work in the great witch hunt which took place in Europe during the 15th, 16th and 17th centuries. Witches were supposed to destroy babies, to engage in cannibalism, to practise incest, to worship the devil, and to come together in a conspiracy of evil at the so-called sabbats. It was when this latter belief took hold that the persecution started in earnest, for the conspiracy was supposed to threaten both church and state. It is interesting that fantasies of evil refer to activities which infringe rather basic biological prohibitions: the destruction of babies, incest and cannibalism.

In my belief, man's paranoid potential takes origin from the very helpless state in which he persists for a long time after birth, together with the extended period of his total life-span in which he is under the control of others. Szasz (1974) begins his book of aphorisms by stating: "Childhood is a prison sentence of twenty-one years" (p. 1). Whether or not one agrees with him, I think that the relation between childhood experience and the propensity to paranoid phantasy deserve further investigation.

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SUICIDE AND THE VIOLENT ACT

Robert Hale

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This paper was written to be read out. The style is somewhat racey. To change it to a paper to be read would, I feel, be to lose the dramatic impact which I intended to convey. It therefore remains as I presented it at the Annual Conference of the British Association of Psychotherapists.

The purpose of this paper is to examine the acts of suicide and violence and to try to show what elements they have in common and to make tentative theoretical links between them.

It is the practice of most analysts to see a relatively small number of patients over a great period of time. Acts of suicide or violence are, fortunately, comparatively rare and one hopes that analysis will prevent them happening. To most analysts therefore these acts are either a part of a patient's history or they are a threat by the patient and thus a fear in the analyst's mind. Indeed being beaten up or even killed, or the patient killing themselves are the two things that we as practitioners all fear most.

Any one who has directly experienced one of these acts will know how different being actually involved is to experiencing them at a distance. I will return to this theme later.

In this paper I shall look at my experiences of being involved with a very large number of such patients at the time of crisis. Although I wasn't doing formal analysis I didn't stop using my analytic mind, indeed I could not have been of much use if I hadn't thought analytically about these patients. What I am going to present is the "analysis" of the act itself for a large number of people. It seems to me that this is a legitimate, if unorthodox, use of analysis, comparable to the studies of stillbirth of Bourne and Lewis. The experience upon which it is based is on the one part that for five years I worked at St Mary's Hospital interviewing, and in certain cases taking into psychotherapy, all those people who were admitted having made an attempt on their own life. I saw about 1,500 such people. My experience with those who have been violent to others is from working at the Portman Clinic and in domicilliary work. The types of violence which we see at the clinic are for the most part domestic or sexually sadistic. We do not see many people who have used violence in the pursuance of crimes such as burglary. Equally I am not considering self defensive violence against an unprovoked physical attack. My comparison is thus between these two groups, the suicidal and the domestic violent, using many clinical

vignettes. My preoccupation is with the inner-experiences and how they relate to outside events.

What then has suicide to do with violence? I think it is necessary initially to challenge various precepts about suicide. Suicide is commonly held to be part of a depressive state in which the person feels that life is not worth living and that death is preferable. Certainly sadness and pessimism are often present but they do not constitute the major drive towards suicide.

Secondly that suicide is a cry for help. My experience is that this is a view for the most part determined not only by the patient's crying but also by the professional's need to help. Thirdly suicide is seen as a manipulation by the person of those around them: again in part this is true. Lastly that suicide is a solitary solipsistic act in which a person rationally takes leave of life. This is in the first place the suicide of anomie and in the second the rational suicide. Both acts may occur but they are extremely rare. It is my experience that suicide customarily occurs in the context of a dyadic relationship — or rather its failure and that when such a relationship cannot be found in the person's immediate outside world it will exist internally. An example of this would be a person failing an exam or going bankrupt which is perceived as a massive rejection and represents and reactivates earlier experiences of rejection by loving persons. This is particularly so if the person has been led to believe that they will only be loved if they shine, and they can only exist if they are admired.

It was my opinion from quite early on that the underlying motive in practically all suicides is anger. This is a view which is certainly not new in psychoanalytic thinking for as long ago as 1910 Stekel expressed the view that "No one kills himself who has never wanted to kill another or at least wished the death of another".

I think this is a crucial statement because it states the link between violence toward the self and violence towards another. Objective evidence of this aggression is provided by the fact that when the Hostility and Direction of Hostility Questionnaire is given to those who have recently attempted suicide their score is higher even than those suffering from paranoid psychosis. Perhaps one reason that the aggression is not normally recognised in psychiatric circles is that there is no classification of aggression in the International Classification of Diseases, nor are there a group of drugs analagous to the antidepressants.

If one looks at the responses of those whose job it is to deal with people who have recently attempted suicide there emerge many possibilities. Firstly that the suicidal person and the professional collude

to deny any aggressive content to the act. The person is a patient who is depressed and having this condition is not really responsible for his or her actions. This is far the most comfortable for patient, his relatives and the professionals. It also assumes that no-one else is responsible for his state of mind — that suicide is independent of any relationship. Furthermore it gives the psychiatrist a “treatable” disease.

Far more realistic but far more painful is the response of outraged anger. They feel that the suicidal person is abusing the system and frequently attacking them verbally and at times physically. Any one who has seen a stomach washout will know that it is not the most delicate of operations and is often accompanied by such phrases as “Why didn’t you do it properly?”

What I am going to suggest, therefore, is that suicide and violence are aggressive bodily physical responses to intolerable psychic pain. Their outcomes seem to be diametric opposites yet I shall, I hope, be able to show that they share many elements and are unconsciously intricately intertwined.

If this is so is it the same pathway which diverges or is it that there are parallel separate paths from the start?

From the fact that there are many people who use both methods of dealing with internal and external events one can assume that the two are interrelated, but I would ask the question “Can one predict from the style of the relationships which a person creates for themselves whether they will end up being violent or suicidal, or is there a common pathway which diverges at the last minute?”

You will perhaps be asking why I do not distinguish between suicide and attempted suicide. The division has always seemed arbitrary to me. When I asked 250 people who had attempted suicide “At the moment you took the tablets/threw yourself under the train what was in your mind?” over 85% replied unequivocally that they wanted to kill themselves. That they subsequently changed their mind does not invalidate their wish at that time to ablate life. So too at the moment of violence the purpose of the perpetrator is to wipe out the existence of the other “I just went mad, I didn’t care what happened to her”. In each case it is Russian Roulette with the outcome left to chance.

I want now to consider the pathology which is common to suicide violent and perverse patients — the core complex as described by Glasser. It involves a state where the individual creates relationships in which he can hold his partner at a safe distance. To get too close is to merge and disintegrate. To be separated is to be abandoned to terrifying persecution. An example of how this can be generated is given by this account of a childhood.

We went to talk about his own childhood. The first six years he said were idyllic. He was the third of four children, spaced a year apart. He can never remember his father being with his mother and they were divorced when he was 5. His father was an inspector on the trams. He used to turn up at the home and his recollection was of "a stranger who gave me a penny, there was no affection". His mother on the other hand was enormously affectionate and demanded a great deal in return. He described how the children would run home from church in order to be the first to make her a cup of tea. One day shortly after the parents' divorce his mother put him and his brother, who was one year younger, in the bath. Apparently this was an unusual event. His mother said "You are going away tomorrow". It turned out that it was to an orphanage. It was a convent. His mother was going to marry again and was getting rid of the children. As the story unfolded it emerged that his mother was really quite a flighty piece. She was subsequently married three times. Firstly to a man called Sir Angus X, who was an aeroplane heir, secondly to a Polish count and thirdly to the heir of an international consortium. In turn these men died, went mad and left her.

When he went to live at the convent his sisters went to live with their paternal grandmother. His impression of his parents' marriage was that his mother always wanted the good times and commented that her husband only touched her four times and each time she had a baby. He seems to have been unable to maintain her in the life style to which she would have liked to become accustomed and also was very much preoccupied with competitive walking. He described the orphanage in some detail. It was for both boys and girls but there was very strict segregation. If you talked to a girl you were thrashed. There was no affection from the nuns, consequently all of the children turned to other children for comfort, it was a "hive of sexual activity". He was adopted by a 14 year old boy. "There was masturbation and cock sucking, I'm sure the nuns were aware of it". He described an episode when his pet fly, which he kept in a matchbox and whose wings he had taken off, died. He went into the lavatories to find a replacement and saw a bluebottle on the top of the door, he climbed up to catch it and realised that one of the nuns was watching him. He was taken back into the refectory where all the children were assembled. He was stripped naked and left for half an hour before he was thrashed. He said it was not the thrashing that he minded it was the humiliation of being naked.

He described how many of the children were enuretic and encopretic. They were given no underclothes and on Saturdays the nuns would inspect their shirt tails for evidence of shit; on Friday night the children used to suck their shirt tails to cover up any evidence. His father came to visit him occasionally, as did his mother "The thing that cut me right inside was when my mother came at Christmas and loaded me with toys. As she was going I started to cry, my mother turned and said "What's the matter, do you want some more toys?" The children from the convent went to the local school, they were known as 'convent children' and segregated. They were punished more than the other children because the teachers knew there would be no comeback. They were always dressed shabbily and smelled. Notwithstanding he did very well at school and got a county scholarship. His father got to hear of this and came down to the convent to 'rescue him'. He took him up to London to sit the county scholarship exams. The examiner told him to start writing the paper and he filled the name of the school in. He was immediately told to put down his pen and then told to write "external". He felt totally confused "I didn't go to a school called external". The rest of the exam was passed in confusion and he failed. However his father arranged for him to come and live with him and to attend a local grammar school. There appears to have been a brief period when his relationship with his father improved but he described how his father really could not cope with the closeness to the children. When he was 13 his father remarried. He had no affection for his stepmother who gave no attention to the children. They had to cook and wash for themselves and only had one meal a week with the parents. The father and his stepmother only slept together for four weeks and he is fairly sure that there was no sexual involvement between them after that time, although they stayed married. He did fairly well at grammar school and left at 16

From this very dramatic account many aspects emerge. The mother's narcissistic involvement with her children who were there to meet her needs rather than she theirs. The patients thus experienced her as overwhelming and engulfing in an eroticised way or as someone who would abandon him at the drop of a hat. The history chronicles his childhood attempts to deal with this fundamental dilemma. Not surprisingly in adult life he created relationships which reversed this original experience — he became the one who would engulf or abandon and thus confuse and control his partner.

Very often the partner in the relationship will share or mirror this pathology and they will live locked in mutual distrust. As with every relationship they will gradually establish the rules but eventually an event will occur which will alter the balance and the relationship will enter a crucial "pre-violent" or "pre-suicidal" phase, a pre-acting out phase. The nature of this event is that it is seen by one party as a direct attack on their psychological integrity and the previous skirmishes will have defined for each partner the other's most vulnerable point. The way that the individual promotes the breakdown of that relationship and the manoeuvres that he employs to re-establish the equilibrium are as I hope I shall demonstrate particular to the suicidal, the violent and incidentally the perverse.

At this point we can see for the first time that the pathways may differ. Over all I think that suicidal people provoke desertions by their partners and violent people provoke intrusion.

An example of each. The suicidal: A 16 year old girl was walking home from school one evening across playing fields — she was raped but felt that her parents who were strongly religious would consider her guilty. She subsequently became highly promiscuous — effectively raping older men and inevitably became pregnant. She had an abortion and came to London. She struck up a relationship with a boyfriend whom she would often stand up. Eventually one evening he stood her up and she took a large overdose of analgesics.

The violent: A marriage was in the throes of breaking up. Each partner had been unfaithful to the knowledge of the other. One day a row started about the husband's mother who had always exerted a strong influence on the marriage. The husband warned the wife to "lay off" but she persisted. He turned and walked out of the door, as he did she shouted after him "mother-fucker". In his words "I turned round and hit her with all my strength. I had no concern for what I was doing to her".

What are the elements common to each. Firstly the nature of the relationship with the partner — the core complex.

Then the breaking of the rules with the gradual escalation of provocation culminating in the coup de grace, the final straw, aimed straight at the Achilles heel. In the first case the girl re-experienced in the boyfriend deserting her the intolerable pain of desertion in crisis by her own parents from early childhood. Not being able to tell them about the abortion was a previous example. Always her disappointment and fury had no object on which it could be vented. It is impossible to attack a physically absent person; so too is it impossible to attack someone who removes themselves emotionally and protects themselves with religious

superiority. For her the only method of hurting them was to damage herself "When I'm gone then you'll feel guilty". I think this experience of being let down at the crucial moment — repeated again and again is experienced by the patient as her parents saying "I said I loved you, but because of what you did or what you are, I disown you". It is the most fundamental betrayal of trust. Another example comes from a girl who subsequently killed herself. On a previous occasion when she had thrown herself under a train the provocation was that her mother said "You smell" i.e. "I don't like the way you smell". When she was a child her mother had been extremely depressed and although highly intelligent had been unable to care for her child both emotionally and physically. To her, her mother's statement confirmed what she had always unconsciously believed and yet now known, that her mother didn't really want her and that her existence was at her mother's expense — that she was a parasite on her mother. Her suicide thus also fulfilled her mother's wish that she should not exist. This battle for survival was vividly portrayed by a mother who said to her daughter "If you don't stop behaving like that I shall take all my tablets" to which the daughter replied "You can't because I've already taken them". It seems as though the battle is resolved by the death of one and the survival of the other, and it often seems chance as to which fulfils each role.

Looking at the history of the man who was violent it emerged that he had always been the apple of his mother's eye. She had married a weak man on the rebound and had imbued her son with all the characteristics which her husband lacked. Her influence on her son was dominating and seductive. He fought this by excelling in sport and later professionally. He had to establish himself as an independent, potent male. Not surprisingly no woman was good enough to marry this woman's son. When he did it was to another such powerful woman whom she (the mother) immediately despised. As the marriage progressed the husband felt increasingly trapped and humiliated by his wife and his response was to turn to his mother for support and admiration. This he did by making long phone calls of which he thought his wife was unaware; in fact she wasn't. Each of the marital partners had sought solace and retaliation in their infidelities. These had in part restored their narcissistic pride but had destroyed the marital relationship in the process; again the theme of betrayal emerges.

In the row leading up to the violence he described how she seemed to be goading him, gradually forcing him to explode. In calling him what she did she not only disowned him and failed him as an ally against his mother she also, and more importantly, put into words the thought and fear that he had so long repressed — that he was his mother's fucker. *His*

previous actions had given *her* the ammunition to fire at him and when she did the thought was intolerable.

Another girl described how she became violent towards social workers when they became "mind fuckers" by which she meant that they intruded into her innermost thoughts and feelings, and distorted them in a way which was beyond her control, and which sent her mind into confusion.

It is this state of confusion which is common to both suicide and violence and which is revealed by the intolerable pain of desertion or intrusion. In this state of confusion normal thought processes fail and the attacking words are perceived as a physical assault. Most of us are familiar with the proximity between physical and psychic pain. I want now to explore the nature of the trigger to the act, in my experience it may take three forms

- 1) an actual physical attack, however small — in the process of an extended argument one workmate pushed his fingers into the ribs of another to make his point more forcefully. In response he broke his jaw.
- 2) an attack by physical gesture. The commonest must be a v-sign, but it can be a look or a turning away. It can even be the click of a door.
- 3) words which have an intrusive, dismissing and sexualised character, which are *felt* as a physical assault.

What all three have in common is that firstly they have the *quality of a physical attack and secondly the recipient/"victim" can't discern their magnitude and all are seen as overwhelming. It is thus the internal meaning of the trigger that matters and what is explosive to one person will be innocuous to another.*

Returning to confusion, two facts which substantiate its importance. Firstly, that in general hospitals the commonest cause of violence is a toxic confusional state in which an innocuous stimulus is perceived as threatening — DT's are a good example. Secondly, that about 35% of suicides and a very large number of acts of violence occur after alcohol has been ingested. It is generally suggested that alcohol dissolves the superego. I would put forward the point of view that it rather impairs the ability of the ego to discriminate between threatening and non-threatening forces, whether from outside or within and terrifying conjunctions of thoughts can occur which the ego can normally prevent. For confusion does not merely mean chaos it also signifies the fusing together of separate objects. In the case of our violent man he had previously kept separate the incestuous wish and the terror of it being enacted. When his wife brought them together the confusion

was intolerable and in that state of mind he was unable to keep them separate. It was therefore necessary to destroy the "confuser".

What I am therefore suggesting is that confusion has two elements — firstly the conjunction of two previously separated ideas, probably kept unconsciously, which when they come together into consciousness are so unacceptable to the mind that they are refragmented into chaotic disorder; secondly that this chaos is in itself terrifying for it represents the total loss of control which we all fear — the going mad. Thus where the ego fails the body must take over. The body barrier is crossed.

So far I have considered the process leading up to the act of destruction. I want now to suggest how I think suicide or violence is the solution for each of these situations. As with any act the purpose will be overdetermined with both survival and death possible outcomes. Let us start with suicide. At the time of the act I am going to suggest that the person is saying something like this:—

— "Throughout my life I've been terrified of being deserted and yet it happens to me again and again. I thought I could trust you but you deserted me as well. I dare not kill you because then I'll be left completely deserted. Your desertion drives me mad. When I'm dead you'll feel completely deserted by me and you'll feel so guilty about what you made me do that it will drive you mad and you will kill yourself. But I will avoid the guilt for your death because I have already punished myself". —

An example of this from a girl who had just tried to kill herself "Now I'd like to jump off a very high building onto concrete and know that when I hit the ground my mother was watching". Suicide thus offers the reversal of the experience of being left, and the projection of all the feelings of impotence and guilt into those left behind. Any one who has treated the "partner" of someone who has committed suicide will know how intolerable the memory is and how far reaching its effect. It is as though suicide freezes the relationship at the zenith of its sadism.

For the violent person their act encapsulates these thoughts:— All my life I've been terrified of people getting inside my mind yet it happens again and again. If they do they'll discover the guilty truth about me. You've just done that so I've got to wipe you out because my mind is defenceless. It's your fault that I've got to kill you.

The "truth" in this case is either that you have done something diabolical or that you are an "impotent wanker".

It is significant that in both suicide and violence the person feels that the other is responsible for their actions:—

A woman who had just discovered that her lover preferred himself to her "Now look what you've made me do: look after Trixie" (the poodle.

A man who had beat up his wife. "I would remind you Dr. Hale that it was my wife who drew first blood." — She had scratched him.

Thus at the time of the act the perpetrator feels perfectly justified in what he is doing; it is only afterwards that guilt creeps in. Presumably one of the main causes of suicide following murder is the wish to escape from the guilt and atone for the crime. I would also suggest that the murderer has been dependent on his victim — he needs his sado-masochistic partner, and thus his death is experienced as a desertion. It is known that approximately 30% of murderers subsequently commit suicide. It would be interesting to know the crimes of those who attempt and complete suicide whilst in prison.

Since the unconscious is timeless it is possible for the sequence to be reversed i.e. the penance for the murder has already been paid by a previous suicide. I know of one case of a mother who killed her daughter having previously attempted suicide. At the time of the murder I was struck by her lack of remorse. It was only when I could apply the symmetrical logic of the unconscious mind that it made sense.

This brings to me another important point which is that once one has crossed the body barrier by whatever means — be it violence or suicide — it becomes easier to do it again — to act out physically is a real possibility to escape from psychic pain.

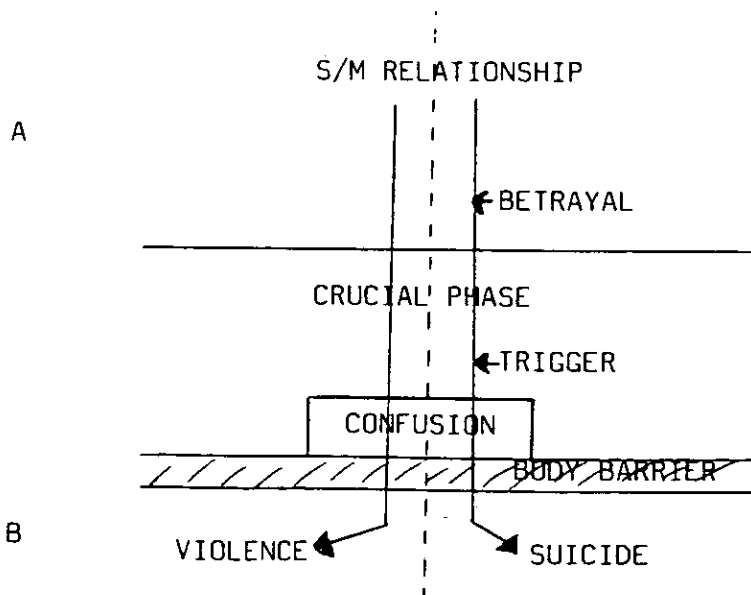
In the aftermath of destructive acts it is remarkable how quickly the old defences are reconstructed and the aggressive wish is denied. As one woman put it "it is as though it was another person that tried to kill herself last week". Suicide, because of the ways in which it can be "sanitised" offers more possibilities of denial and repression. This phenomenon of disowning the act has practical implications. It was my frequent experience that only if one could have access to the person within 24 hours of the suicide attempt could one get the person to accept both their wish to die and their wish to destroy the lives of others. In a hospital such access is easy; with those who have been violent there are many practical and legal obstacles which make such access very hard. Thus in writing this paper I am able to talk about the nature of suicide with much more conviction. The violent people who come to the Portman Clinic are "cold" cases, and their violence is second hand to them and third hand to me. Therapeutically this has consequences. If the therapist can be included in the original chaos and receive the basic raw projections at the time of the first act the need to repeat the act will be reduced. Once the process of repression and denial have started (probably after the first night's dream work has been done) it will be necessary for the patient to recreate the same sado-masochistic relationship probably with the same end point of suicide or violence.

For a variety of reasons it is my experience that for both the suicidal and the violent the method of attacking the therapist will be predominantly suicide, and that violence when it does occur will be displaced on to another person outside the therapeutic relationship.

CONCLUSION

What I am therefore suggesting is that suicide and violence are the physically destructive responses to intolerable psychic pain, that they have these elements in common. Whereas the suicidal person enters sadomasochistic relationships which end in being deserted the violent person's sadomasochistic relationship breaks down by the partners over intrusion.

However if the violent person succeeds in destroying his sadomasochistic partner he experiences both guilt and desertion and may enter the suicidal half of the cycle.



Either the violence or attempted suicide may bring about the re-establishment of the sadomasochistic equilibrium: but it will be a different relationship — not only has the body barrier been crossed but the options for failure (i.e. survival of the self or the partner) are reduced with each successive attempt.

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SURVIVING TRAUMA — DILEMMAS IN THE PSYCHOTHERAPY OF TRAUMATISED CHILDREN

Monica Lanyado

It is a sad fact that some children have had such terrible life experiences that their parents feel that it is beyond their own resources to help them recover, and so they decide to seek professional help. The children have become isolated from, and totally different from other children. They have actually experienced what is felt to be unthinkable and unbearable by their family and the community at large. As a result they have become emotional "untouchables".

In this paper I would like to share the dilemmas experienced in the therapy of two children who have suffered in this way. The first child, nine year old Lesley, was referred to me five weeks after she had been raped with full penetration, not far from her home, whilst walking the dog with a friend. She had been a "normal" lively child before this happened. When I first met her, she was tragically shocked, as indeed were her family and the local community from which the alleged rapist came. The other child, Derek, was also nine when he was referred to me. He was not, in fact, referred because of his past traumatic experience, but because he was stealing and behaving extremely dangerously, as if he believed he was a "cat with nine lives". However, I was told by his adoptive parents at referral, that he may have witnessed the murder of his natural mother by her lover when he was 2½ years old. Paradoxically, they also assured me that he really knew nothing about what had happened in his past or why he had been adopted.

For both of these children, I was immediately aware of my gut reaction of horror at what they had experienced. I found it difficult to be genuinely emotionally available to them in the transference. This holding back on my part, I realised, was similar to the reaction they felt they generally evoked from adults around them. In particular, a gulf existed between them and their parents in which the traumatic event appeared to block close emotional contact at a time when this was desperately needed.

The feeling of safety and security that the normal child develops is the result of parents helping them to face unknown strange and frightening situations in a carefully thought out, confident way. This is true both in their educative function of teaching their children about what is dangerous in the outside world, and how to cope with it (such as

road safety) and in their containing function (Bion, 1962) of enabling them to contend with ordinary pain and anxiety and survive it. Parents do in fact go to great lengths to filter their child's experience of life in such a way that it "flows along" and is not felt to be overwhelming for them.

The safety of their children is always in good-enough parents' thoughts, and interweaves with the knowledge that they must also allow for appropriate independence in their children as they grow up. The parents and more extended family provide the secure base that future independence is built on. The parents' capacity to do this, develops from the devotion to their child which, as Winnicott points out is so particularly remarkable at the start of life.

Winnicott talks of primary maternal preoccupation, Bion, (1962) of maternal reverie in which he includes the "thinking function" of the mother. Both emphasize that it is the mother's *state of mind* in these early days that is so crucial for the child's future emotional security and development. In this state she attempts to understand and emphatically contain her baby's feelings and needs. Apart from the mother-baby relationships where bonding has been inadequate, it is probably fair to say that most parents do their best to provide a "good-enough" emotional environment for their children to grow up in. However, when a child has been seriously traumatised, a massive blow is dealt to this fundamental sense of security, so that the child and family feel ripped apart from all that was previously predictable and safe. In the course of Derek's and Lesley's therapy, I gradually found that what they needed most in the therapeutic setting was the possibility of re-experiencing and internalising afresh the maternal reverie of the past. This only emerged as their therapy progressed, and I found myself more and more in a state of mind that I could only describe as "reverie". It was not a sentimental state, although it certainly required a great deal of that love which is often given to patients who are clearly in great distress. It necessitated facilitating the conditions that could provide the silence and peace of mind that they seemed to need. It was very much like sitting quietly at the bedside of somebody who is very ill and nursing them calmly and confidently back to health. In this paper, I would like to describe how I came to feel that this experience was so significant for the patients' recovery and also discuss the therapeutic processes involved.

LESLEY

Before she was raped, Lesley was a sociable, well-balanced, healthy child, the second in a family of four, with extended family living close by.

She was of average intelligence with considerable artistic abilities, and had a loving open disposition. She enjoyed sports and music and spent much of her spare time devoted to these. Throughout the three years that I have known her and her family, there has been nothing to indicate that she was anything other than the unfortunate victim of the man who raped her. Seductive or provocative behaviour is not a significant part of her personality.

I was able to see Lesley twice weekly from the time of referral. Her parents were seen weekly by an adult analyst at the Child Guidance Clinic, to support the therapy and help them in their own right to cope with what had happened to their daughter and the repercussions on their family life.

For the first few months of Lesley's therapy, I felt that I was kept at a distance from her as this was the only way that she could bear to be with me. She was numbed by what had happened to her and confused by the effect it clearly had on everyone around her. She had become a weird kind of celebrity overnight, and could not cope with the "specialness" that was accorded her by well-meaning friends and people in the community. Although her name never appeared in the papers, in this small community everyone knew that it was she who had been raped. Her mother, who Lesley described as having been "joyful" in the past, was broken and irrationally blamed herself for what had happened. Her father, a solid, dependable man, had become openly murderous towards the man that the police had arrested and who was subsequently convicted.

Lesley felt it was her fault that her parents had become transformed in this way. She was frightened that I would also be damaged if I became close enough to her to know of what she had been through and how she still suffered. She was able to talk in "dribs and drabs" about what had happened, but was totally unable to express any feelings about it. Underneath these defences she was emotionally raw and terribly vulnerable.

Any attempts to explore what Lesley felt on a deeper level were experienced as a further rape. She began to make it clear that she just wanted to be left alone by the world in general and me in particular. She was becoming full of alarming suicidal feelings, but nevertheless continued to hold her thoughts and feelings about the rape within her even though I often felt it was on the tip of her tongue. She was, however, beginning to recognise that I could survive the hostility she expressed towards me. She was also very guilty that she felt like this, as she consciously felt very supported by the therapy, as well as by the weekly sessions that her parents were having with the child psychiatrist.

Containment of the Trauma: Therapeutic Reverie

By now, I felt at a loss as to how to proceed in the therapy. When I explored the literature on treatment of traumatised patients, it mostly referred to adults. It did not seem to apply to children where the trauma happened in the process of development. I began to feel that I really "ought" to help Lesley to talk more about the rape, but knew that I could not do this without causing more damage and distress. As she was unable to talk about the rape, I increasingly found that I spent the sessions trying to piece together in my mind what had happened to her. Although I did not realise it at the time, this process of "imagining", based mostly on non-verbal communication in the transference, was highly significant in facilitating Lesley's recovery. I put very little of this preoccupation of mine into words, but Lesley clearly experienced my state of mind as an opportunity to have her unspeakable distress and anxiety contained. The silences we shared became full of anguish and despair which radiated from her. Simultaneously, she expressed intense hostility towards me for not allowing her to retreat into herself or abandon all attempts at continuing her life. She hated me for being a "raping intruding therapist" and this experience enabled her to be in touch with the hatred she felt towards the man who had raped her.

This was the therapeutic scenario into which Lesley introduced a game which in various forms she has returned to throughout her therapy. The game first appeared at the very end of a difficult, silent session in which I had repeatedly interpreted Lesley's hostility towards me. (Lesley had not used the toys at all before this in her therapy and had only drawn in a beautiful but highly controlled, rather obsessional way). The game had the quality of a free association in response to my attempts to contain her hostility in the transference.

Lesley took some small wooden houses and lined them up calling them a train. The train chugged around until it became a town, then became a train again and finally a town which this time had marbles representing the sea. The marbles rolled all over the place and threatened to "flood the town and wreck it". Lesley used small plastic fences to make a straight line to keep the marbles in place. I knew from previous sessions that one of the reasons Lesley would not talk about the rape was that she was terrified she would lose all control, start screaming hysterically and not be able to stop. Significantly, she had been gagged at the time of the rape.

With this in mind I interpreted to Lesley that the potential flood of madness that she felt she could barely hold back, was beginning to be experienced as held by me, the "fence" in her therapy.

This game has developed many ramifications throughout her treatment. In its most persistent form the marbles are put inside the perimeter of the wooden houses, so that they are held in place, and then carefully and skilfully the houses are removed and every attempt is made not to let the marbles move. I have understood this game over the months, in terms of her continued attempts to contain her own unthinkable, awful feelings and memories, facilitated by my containing them first in the therapy.

When Lesley first became preoccupied with these silent games, I felt quite shut out and redundant. On one level, the games were highly obsessional and defensive. However, they were clearly very important to Lesley, so I felt I had to revise my view of them. I found that whenever I tried to interpret the games at all, I seemed to disrupt the process that was taking place. Lesley was concentratedly trying to work out this problem of how to hold herself together, for herself. My function seemed to be to enable her to do this without interrupting in any way the experience she was having at the time. I shall return to this aspect of the therapeutic process in the conclusion of this paper.

As Lesley became more and more immersed in these games, her fears of madness and hysterically losing control diminished, as did her suicidal tendencies. In time, she became fascinated by snails and their shells, butterflies and chrysalises, anemones and their tentacles. Themes of protection and safety preoccupied her. She talked about how butterflies emerge from chrysalises, as well as of caterpillars that stay inside their chrysalises too long and die. I interpreted that she did not know if she would be able to, or indeed would dare to become a free butterfly again, as she had been before the rape. Although a part of her longed to recover and fly again, she was also aware of her strong wish to stay forever in the protected environment of her "chrysalis".

Transitional Space

The containment that Lesley so badly needed to experience through my "therapeutic reverie" and indeed the necessary regression that took place in order to help Lesley recover, could clearly also become a tender trap for Lesley. The marble game that she played represented the dilemma she knew she faced. Here was a play and thinking space in which she tried to tackle this problem. We were separate, but Lesley felt herself to be safely enclosed by me in my mind. Winnicott has emphasized the importance of this type of play space, particularly in relation to transitional phenomena where the paradox of "me, but not me" can be sustained. (Winnicott, 71). For Lesley to emerge from her deeply regressed state, it appeared to be necessary for her to go through

this transitional stage on her way towards renewed striving towards independence. The delicacy of the balance between containment and entrapment did in fact become highly significant. Lesley could quite conceivably have become encapsulated in the way that Tustin describes for autistic children, (Tustin, 1981). It is after all a popular concept that traumatic experiences can drive people mad, or arrest further development.

When I felt that Lesley was internally strong enough, I had in fact, to become more involved than is usual for me in the practical management of her day-to-day life. She required a great deal of encouragement and even mild bullying to enable her to do many things she'd done before the rape — such as to go to school on her own, or visit friends on her own.

After about nine months of therapy, Lesley started to become aware of other people who had suffered terribly, but had eventually been able to live a comparatively normal life again. She identified strongly with her kitten, Kitty, who had been run over and nearly died. The vet had wanted to put her down, but Lesley and her parents had tenderly nursed her, keeping her on a special blanket and syringe feeding her until she gradually recovered. The problem then was that Kitty had become "lazy" and wouldn't do anything for herself (Tustin, 1982). In the end Lesley's parents had refused to syringe feed her any more and Kitty, after not eating a short while, finally fed herself again. She is now as lively and cheeky as she was before the accident. Lesley's wish to be lazy was supported by the many attractions of staying in a safely encapsulated state. This clearly had to be resisted as it had been with Kitty.

Renewed independence and recovery

The practical management of the case now became of critical importance as Lesley hesitatingly tried to take up her life again from where she had been before she was raped. Her parents had to be actively encouraged through their therapist to confront Lesley's "laziness" and *make* her separate from her mother again, as opposed to frantically clinging to her as she had been since the rape. This was also thoroughly worked through in the transference. Interestingly, one of the most important factors seemed to be that I needed to be able to behave in a masterful phallic way and with sensitivity come firmly between Lesley and her mother.

Since Lesley's rape, normal male sexuality and assertiveness had become almost totally synonymous with rape in the family. Lesley's

father's right to an adult sexual relationship with his wife was attacked, and he himself experienced any mild attempt to be tougher with Lesley as a potentially dangerous assault on her. From my experience of traumatised children and seriously ill children, I have often observed that this intense relationship between mother and child after the event, is a natural reaction which most fathers can tolerate for a short time. When the mother and child are unable to allow the triangular relationships of the oedipal stage to re-emerge, or the father is frightened of harming the child by reasserting the central importance of the marital relationship to the family, marital problems may emerge which may lead to complete marital breakdown. The siblings are also at risk when the mother and traumatised child cannot allow for their needs as well.

At this stage of Lesley's therapy, the repetition of the normal relationships of early infancy became impressive. Winnicott has drawn attention to the remarkable devotion of the good-enough mother to her new-born child, which is tolerated for a reasonable time by the rest of the family. It is understood that "baby comes first". This primary maternal preoccupation gradually diminishes as the other relationships and interests in the mother's life reassert themselves. This important transition from an intense two person relationship to relationships where the loved one has to be shared, is an essential part of the baby and family's development. As Lesley's therapist I needed to reassure and demonstrate to her parents that she was ready for this transition following the trauma. When they were able to appreciate this, Lesley slowly became more independent again. (Winnicott, 1963).

It was only after this transition was accomplished that Lesley remembered (and I discovered for the first time) that she had, in fact, been an adventurous and outgoing child before the rape took place. Her parents also became more confident that they could dare to frustrate her in more normal ways without dire consequences. In this way, they were able to re-own some of their parental skills, which they had used effectively before the rape had taken place.

Lesley's parents remain to some extent unsure about when they can reasonably push Lesley to do something and when she genuinely needs their protection. Their capacity to behave as parents who encourage growth and independence in their children — which they had performed adequately in the past for Lesley, and indeed perform well in the present for their other three children — is only now, three years after the rape, returning to realistic age appropriateness for Lesley. Their own treatment aimed at helping them to keep the knowledge in their minds, that they still needed to encourage Lesley's separateness and independence, despite what had happened. They have all required great

courage in order to continue trying to deal with the anxiety this engenders in them.

Lesley stopped her twice-weekly therapy on her own insistence when she started at comprehensive school. She was unsure whether she would be able to manage without treatment, but was determined to try. We now meet every three months to review her progress and so far, she is coping very well. She knows that she may well need further therapy later on in adolescence, but at the present time, a watching brief is more appropriate and more supportive of her renewed self-confidence.

When we meet now, it is important that we keep in the forefront of our minds the reality of the rape. This fact needs to be continually re-integrated as Lesley develops and matures. If she does not carry this knowledge along with her, there is the risk that it will be "forgotten" and it may then cause her further difficulties in the future. At the present time these memories make her very serious and sad, but they have lost the highly emotional charge that they carried. By keeping an open door to Lesley, I hope that she will have a better chance of dealing with the many additional problems she will doubtless encounter in adolescence.

DEREK

The traumatic circumstances which lead to Derek being adopted (his mother's murder by her lover) had become a taboo subject in his new family. Indeed, for quite a while his adoptive parents were quite loath to see any connection between this and the alarming behaviour that had prompted the referral.

The murder had taken place over six years before I saw Derek, and during this time he had needed to erect very strong defences in order to survive. The manic omnipotence of his reckless behaviour (such as jumping out of first floor windows, or cycling dangerously along fast dual carriageways at age 7) had become the only way that he could cope with underlying feelings of extreme paralysing helplessness. In the course of his therapy I became convinced that he had either seen the murder, or at least seen all the events leading up to it. He had been a helpless, terrified bystander.

He also avoided any close relationships, so that his warm adoptive parents found that he kept slipping through their fingers whenever they tried firmly to look after him. In fact, he engendered a mildly neglectful attitude in all the adults around him, although they were simultaneously aware of how desperately he needed to be taken in hand. Although he was generally thought of as a lovable "cockney sparrow", he could not accept love and affection other than on a very superficial level.

It was clear to me from Derek's very first session, that there was a great deal of confusion between fantasies about what had happened to his parents, and dim memories of what he had actually witnessed. As I "knew" about the murder and Derek, according to his parents, did not, I at least had some idea of when his play and behaviour might be due to the memory of actual experiences, as opposed to being pure fantasy. However, I had to be very careful in the way I used this knowledge, as it could all too easily become a double-edged sword.

In Derek's first session he played with the fire engine, saying it was on the way to a fire which had been started deliberately to kill some people. The fire engine couldn't get there because someone had "cut the wires" and it had broken down. He felt sorry for the people who died in the fire. They needed help but it didn't come. He then told me what he claimed was an actual experience of seeing two trains crash into each other. He said that he had seen them from a railway bridge heading for each other, but couldn't do anything to stop them. The two drivers were killed, but the passengers managed to jump out of the window of the train. I said that he seemed to be telling me about something awful that he had seen happen, and not been able to stop. He agreed with me.

Although Derek and I were aware from the start that we were talking about a real traumatic experience, as well as his terrifying fantasies surrounding this, it was nearly 1½ years before I was really allowed to see and experience what lay behind Derek's defences.

Various themes had emerged in the period leading up to this. There was a consistent pattern of one intense session full of warmth and pain, being followed by many sessions of determined withdrawal. The experience of a warm relationship was particularly painful for Derek to bear. Derek's fantasy play often concerned "rescuers" who suddenly turned into violent aggressors in a Jekyll and Hyde fashion. Derek felt that I was like this towards him, particularly during the gaps between sessions and holiday times. The experience of my attempts to contain him, both drew him towards me and terrified him. Despite this conflict, he nevertheless became much more contained generally and had stopped stealing and behaving dangerously.

The "endless fall"

Derek managed well during the second summer break in therapy and was openly glad to see me again. The recognition of this pleasure, however, proved to be the final straw that made Derek's remaining defences collapse. Suddenly the terror and devastation within him were laid bare, as he became deeply, frighteningly depressed. For many

weeks, he either sat in deep, broody silence during the sessions, or he viciously attacked any half-hearted attempts he managed at drawing or making models. Derek would rip at his drawings with a pen knife or tear them apart with his hands. On several occasions I felt that he could well go for me with the knife.

Occasionally, his drawings gave me some insight into what he was experiencing inside the "black hole" that he felt he was endlessly falling into. In one such drawing, a man was in mid-air having been pushed off the edge of a chasm and shot as he fell. At the bottom of the chasm there were sharks waiting to eat him. The man cried out "Help, don't kill me!". Superman came along and provided a trampoline so that the man could bounce back out of the chasm before the sharks got him. The superman figure was pathetically unbelievable and more in keeping with desperate manic wish fulfilment, than any genuine resolution of his central anxiety.

Derek spent many sessions binding his hands and arms so thickly with selotape that it became like a plaster cast. He got through roll after roll of selotape and became hooked on what he called "escaping" from the selotape "just in time" for the end of the session. There was a clear sado-masochistic perversity in this binding. He sometimes bound his arm so tightly that he restricted the blood supply to his fingers. Getting out of the selotape was also most alarming as he would hack at it with scissors or a pen knife. I often had to intervene to stop him from hurting himself, when he was locked in this compulsive behaviour.

Masud Khan (1979(a)) describes sexual perversity as being a means of splitting off mental pain. This was certainly true for Derek. He used this binding not only as a means of holding himself together when he feared he would fall apart (Bick, 1968), but also as a way of eroticising and holding in the violent explosion of pain that he felt was so imminent. In this sense, the binding was more than "a second skin" phenomenon.

The Therapist Witnessing Pain

Throughout a large part of this distressing time I found that there was absolutely nothing I could usefully interpret to Derek, as words literally failed me. I felt shocked and battered by the sessions which had become an ordeal for both of us. There were many interpretations that could have been made in terms of his identifications with his murdered mother or murderer "father". However, I felt that it was more important at this point in the therapy for Derek and I to actually have the experience we were having and to restrict myself to occasional comments on this to Derek.

Although the experience was a very different one to that which I had with Lesley, due to the violence that Derek was struggling with, my state of mind seemed to need to be similarly resolute and patient, awaiting the time when we would emerge from this awful period. This seemed to be the only way that I could contain his extreme anxieties. I had to witness the dreadful time he was going through and be aware of the dangers to him and to me as a bystander, without being able to “do” anything about it. Derek’s parents and teachers were also very concerned about him at that time. The clinic team worked hard to support them so that hospitalisation — at one time a possibility — was avoided.

The experience of Derek’s need for me to “witness” his pain without “acting” (by interpreting it) is also described by Masud Khan (1979 (b)). In the counter transference I was intensely aware of the murderer/sadist part of Derek’s personality, as was Derek. This recognition may well have been significant in his subsequent recovery, but I tend to think that as with Lesley, it was more vital that the actual transference experience took place, than that I fully interpreted this to Derek. Derek and Lesley needed me to contain and hold this part of their experience. No doubt, their relative immaturity partially accounted for this.

I often found myself wondering how much pain it was reasonable to expect these children to contain, and how much I needed to function temporarily as an “extension” to their already overwhelmed egos. This protective function is a familiar aspect of the early parental role which had to be re-introjected after it had been demolished by the trauma.

Possibly, at some levels of immaturity, intolerable feelings resulting from traumatic experiences must by necessity be “held”, by projection into the caring adults around the child, until such a time as the child is mature enough to own them for him or herself. In this way, it was the adults around Lesley, particularly her father and myself in the counter-transference, who experienced the hatred towards the rapist. Similarly Derek engendered terror and extreme anxiety in the hearts of those around him when he became the “thug”. This would alternate with his inviting seriously bullying behaviour from other boys, when he would become terrified by the world around him.

The Safe Landing

The unabated hell that Derek was going through first showed signs of abating when he struggled through blizzards to the Clinic for his session, arriving one hour late. Fortunately, I had managed to arrive. Derek had often in the past been able to be wistfully in touch with the tenderness

within him when he enjoyed the view of the country from my third floor window. For the first time since his depression had begun (three months earlier) he was able to do this again and felt touched by the snow scene. He said it was as if we were the only two survivors in a sea of snow. I commented that he seemed to be able to feel close to me again for the first time for months, without being too terrified.

At first he predictably scornfully withdrew as I said this, but he nevertheless remained more amenable than he had been since he'd become so depressed. I was now able to interpret to Derek how terrifyingly painful it was for him to feel close and loving to me in therapy. He always had to destroy the experience. I linked this to the abrupt loss of his parents and my belief, as borne out by the transference, that Derek's relationship with his mother had been essentially very loving. He felt that he had lost this love suddenly, in a horrifying way. He now seemed to feel that he dared't trust in or feel love for anyone else again.

Derek was able to take in this interpretation and became visibly moved and tearful. Derek's way out of the abyss he felt himself to be trapped in was a tortuous one, vividly illustrated by the mazes full of dead ends which now fascinated him. He spent many sessions drawing complicated mazes which I had to find my way through. I, in turn, had to draw mazes for him to do.

His renewed capacity to think was a great relief to him. He made great efforts to maintain a positive emotional memory of me during the gaps in between sessions. The intense depression was lifting, but the risk of Derek latching on to promiscuous or perverse relationships remained, particularly during holiday gaps in therapy. Derek felt so lost during my absences that he would grab hold of whatever or whoever could offer some relief. It was quite clear that he was unable to distinguish between what was good for him from what was bad for him: *Any* relationship would do if he felt desperate enough.

As with Lesley, I felt that we had reached a crucial point where a positive intervention on my part was essential, in the light of our experience in therapy. As Derek could not hope to sort out good from bad at this point, I proposed that I would try to help him to find his way. This quite literally involved preventing him from destroying the good drawings and models that he had made when he was with me. I took them and looked after them, but allowed him access to them as long as he didn't start destroying them again. Although initially bemused by this, Derek responded extremely positively and rewarded me with many drawings on the theme of planes and rockets landing safely, but gingerly, on firm ground. The fear of endless falling, which had been

Derek's "nameless dread" appeared to have been finally met by his finding a safe place to land.

Derek gradually became more able to trust in me to "rescue" him, by holding him together in my mind, rather than resorting to his own desperate and perverse measures. The selotape was used to make a kind of hammock seat across the wooden arms of the chair which could take his weight, and he stopped binding his body with it. He gradually became able to distinguish for himself between the useful remains from the internal holocaust, which he could build on, and the perverted debris which led to misery. He could now identify what he felt to be the enemy within him, and actively fight it.

Our games progressed to playing "dots" in which a grid of dots on paper are joined together by the players taking turns to join them up. He suddenly started to see Swastikas and crosses in the line patterns. This theme of good and evil crosses continued to surprise him by appearing out of the blue in his drawings and doodles. We were now able to talk about the dangerous "evil" part of his personality that could only bring him grief, if it got out of hand, and the "good", lovable side of him that he needed to mobilise to help himself to keep out of trouble, at the very least.

When Derek started at comprehensive school six months later, he made extraordinary efforts to make the most of the opportunities and generally settled well — even being regarded as a "model pupil" by the first year head. Although he was in no way ready to stop therapy (we had been meeting twice weekly for two years) Derek and his parents were most insistent that he did so and I reluctantly agreed in the hope that they would then return more readily when the need arose — as indeed it did.

Unfortunately, throughout Derek's therapy, despite repeated efforts by the psychiatric social worker, we have been unable to fully engage Derek's parents in treatment, and I feel that this is one of the factors that makes the prognosis for Derek still rather shaky. In addition to this, the time lapse between the trauma and Derek's therapy is bound to have increased the depth of disturbance in Derek's personality as he developed, as is the fact that there is still an open "family secret" surrounding the circumstances of Derek's adoption which although often approached, the family is not yet able to face. In the meantime, the Clinic remains in contact with the family and Derek fortunately still regards it as the place to come to when he needs help.

CONCLUSION

The effect of the traumas for both children was to destroy their trust in

their parents' capacity to protect them from danger. In addition to the trauma itself, from the children's point of view, their parents had let them down when they most needed them, as they were unable to contain their child's distress after the traumatic event. Derek did not have parents after the murder and was put into care. Lesley's parents were so traumatised by the rape that they were struggling with their own feelings at the same time as attempting to help their daughter. This must surely be the case for many parents of traumatised children. Nevertheless, this additional perceived parental failure may well have been experienced as a second blow to the children, which led them to retreat even further behind massive defences.

Both children needed someone to cross the gulf which had isolated them as they attempted to defend themselves, but as much as they wanted this, they had great difficulty in letting anyone anywhere near them. At the start of their therapy, as I have described, this was the central therapeutic problem and I found that I could only proceed cautiously, interpreting their defences in terms of their understandable paranoid anxieties, as well as their fears of destroying me. I had to *demonstrate* that I was a willing receptacle for the unbearable feelings they needed to project before they could begin to feel any relief. I suspect that the fact that I found myself becoming more and more silent and in a state of reverie, relates to the importance of getting back to the primary experience of reverie in infancy, where non-verbal communication between mother and baby is at its most intense. This original, previously internalised experience had been stretched beyond all endurance by the trauma and destroyed as a result.

Winnicott (1958) draws attention to the importance of "being alone in the presence of another" which is a part of the infant's experience of maternal preoccupation. He stresses the creative value of the capacity to be alone, which he clearly differentiates from pathological regression or withdrawal. Balint (1968) develops this concept when he describes in the treatment of some adult patients "... the awareness of a fault that must be put right. The feeling that someone failed or defaulted on the patient." He talks of the therapeutic task of healing the Basic Fault as "inactivating the Basic Fault by creating conditions in which it can heal itself".

Balint also emphasizes the need for "undisturbed peace, experiment and experience" in creating these conditions. One has to put oneself at the patient's disposal in a kind of "flowing along together" — and this was indeed what Derek and Lesley required. They had experienced the trauma as their parents failing them, and needed the creative regressive experience of "being alone in the presence of

another" in order to facilitate the healing process that Balint refers to.

The emphasis in this kind of therapeutic process is, therefore, on the *medium* as opposed to object relationships. For this reason verbal interpretations were not only useless, but potentially profoundly disturbing, in that they interfered with the conditions required to reach back into this valuable regressive state. (On emergence from this phase of treatment, interpretations in terms of object relationships were once more highly pertinent. With both Lesley and Derek it also became important at this point to distinguish between positive and negative regression in the way that Balint has described).

In the first instance, my silent attention to and awareness of their plight helped them to recover the feeling memory of what it was like to be completely held in their mother's mind and heart. In this respect the "atmosphere" of the sessions was crucial in allowing them to safely reach back to this regressed state.

I did eventually manage to share and interpret nearly all of the thoughts and feelings that were projected into me. This only occurred when I felt that they were strong enough to bear it. However, some of the vivid scenes of rape and murder that they had filled me with, I felt had to stay within me, as an essential part of my therapeutic function. When they are older, they are both aware that they may need more therapy. I envisage that, with greater maturity, they will be more able to consciously acknowledge and talk about what happened to them. For the present, I feel, that this would be more than they could bear. However, they know that I "know" and for now this appears to be "good enough".

Possibly, this is a rationalisation on my part, but I suspect that this again relates to the function of reverie. Both, Lesley and Derek, had a strong sense of "before" and "after" the trauma. The "before" related to that state of childhood innocence that one would wish to be the natural right of all children. Therapy cannot hope to offer a "cure" after the awful experiences they both had been through, but by enabling them to have the events deeply contained and "known" by another, it can free them sufficiently from the past to be able to face the demands of growing up once again.

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REPETITIVENESS AND BOREDOM AS A CHALLENGE TO GROWTH — A CASE STUDY

Sarah Shamni

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Some Theoretical Perspectives

Boredom as a clinical phenomenon was mentioned in the literature as early as the *Studies on Hysteria* by Breuer and Freud in the years 1893-1895. Although Freud himself did not deal with this state of mind directly, it is nevertheless mentioned in the extensive descriptions given to hysteria by Breuer (S.E. II). Those inflicted by it are said to be somewhat hyperactive intellectually and are unable to tolerate boredom. The first positive treatment of boredom as a symptom amongst others in a pathological picture is given by Fenichel in his *Collected Papers 1934/54*. He calls it an affect and also introduces the idea that was to take root, that it arises out of an unconscious conflict. Since then a distinction has gradually evolved between boredom as an experience in the patient and that in the therapist. With the increase of interest in countertransference, attempts have been made to bring into focus the meaning of boredom as a communication between patient and therapist and its relation to the transference.

Fenichel's basic assumption that tediousness arises out of conflict never lost its importance. There were, however, considerable developments in the thinking about the nature and content of the conflict. Fenichel simply described a state of tension between a need and a readiness for instinctual gratification on the one hand and the lack of incitement to it on the other. To put it differently, he postulated a psychic state in which the objects and aims for an instinct are repressed. This accounts for the lack of thought and fantasy in the bored state, as these mental processes mediate between instinct, its aim and object. This then formed the basis for the theory of boredom as an unconscious conflict and it concerned itself, at this stage, almost exclusively with the patient's boredom.

Greenson (1953) added the idea that the boredom conflict was particularly linked to oral impulses, because the feeling of emptiness and deprivation was seen to be so prevalent in this experience. He therefore concluded that it occurred more frequently in depressed patients, that is,

people with strong oral fixations. Other elaborations on the basic idea of oral conflicts include those of Esman (1979), who emphasized the importance of the environment in affecting the developmental process, which would in turn determine the need or lack of it for externally supplied stimulation. According to him, external and environmental factors affect the likelihood of boredom in a patient. On the other hand, Hartocollis (1980) later delineated boredom as part of a carefully described picture of the emotional disturbances in borderline and narcissistic patients. In this way it emerged that the state of emotional dullness could in itself indicate very severe pathology. In this connection it would be relevant to mention that the presence of boredom within the therapeutic situation, be it in the patient and/or in the therapist, was later shown to be a significant diagnostic tool.

As indicated above, most of the literature was concerned with experiences of tedium and emotional indifference in the patient, but there is a growing and extensive discussion of these experiences in the therapist. There is, of course, a significant link between boredom in the therapist and countertransference. There are a number of different approaches to what actually constitutes countertransference and whether it is a part of, or totality of, the therapist's experience in the sessions. However, there could be an empirical common ground in an observation of a specific feeling in the therapist with a particular patient; a feeling which serves to communicate something from the patient that cannot be told in words.

Altshul in his 1977 paper entitled "The So-Called Boring Patient" criticizes the conception that boredom in the therapist is being caused by the patient. He maintains that it is a phenomenon almost entirely related to the therapist's own psychic economy. He gives a number of examples where loss of interest and wavering attention on the part of the therapist are expressions of his own defensive attempts to cope with threats emanating from the therapeutic situation. The danger felt and which is defended against is that of psychic depletion. In other words the emotional investment goes in one direction only, and the therapist's narcissism is not being nourished. Because he gets no real personal interest from the patient his emotional resources dwindle. This, according to Altshul, is natural, and inherent in the psychotherapeutic set up. The result is that, due to the imbalance of personal interest between the two people, the therapist becomes sensitised to his own needs not being met. He is therefore more vulnerable to his own unconscious protest and rage. The boredom cuts him off from these feelings, and in that sense it performs a major role in protecting the treatment.

Altshul's theory which links ego defences with narcissism in the therapist mirrors the understanding of boredom in the patient. Similar psychic mechanisms are said to operate in producing this affect, be it in the patient or the therapist. What is not accounted for in this presentation is the possibility of boredom in the therapist being a direct influence not of the set up but of the patient's own unconscious problems and the internal configuration of his difficulties. In contrast, Kohut (1971) and Racker (1968) deal with boredom as a phenomenon whereby something is being directly induced by the patient. Kohut's theory delineates various types of transferences and deals extensively with the narcissistic ones. Kohut's explanation places the experience of tedium and dullness in the therapist in a direct relationship with the narcissistic transference. He relates it to a particular quality of what the patient unconsciously seeks to re-enact in the sessions. It is in this context that the reaction of boredom in the analyst is considered. The explanation quite specifically differentiates between the therapist's defensive boredom and boredom activated by the patient's narcissistic transference. The latter is described as one of the inevitable outcomes of the 'merger' and 'twinship' transferences. In both types of transference the object is seen as not having any separateness. Within the theoretical framework whereby narcissism is a designated stage in the development of object-relations a repetition of that state in the treatment ought to be expected. In the sessions the narcissistic patients are cathected primarily to themselves, their object-relatedness being undeveloped. The danger in the therapist's reacting to this state of affairs by emotional indifference is that it could lead to overt anger, confrontation and various forms of acting out by the therapist. Therefore the understanding of what it is in the transference that activates lack of alertness to the patient is crucial for the well being of the treatment. In summary, Kohut's explanation is committed to the understanding of the countertransference of boredom in terms of the nature of the patient's problems, as manifest in the narcissistic transference.

Racker (1968), looking at the issue from a different theoretical viewpoint, sees the patient's withdrawal and non-relatedness which leads to boredom as rooted in another cause. The reason is not that the patient re-enacts living with no separate object but only himself. On the contrary the patient very much has an object but withdraws as a defence against feeling dependant on it. When the patient takes his emotional departure from the therapist the latter feels abandoned. The boredom is the therapist's unconscious retaliatory response. An archaic Talion law is in operation and is translated into the communication of: "if you leave me I leave you", which flows unconsciously between patient and

therapist. Racker's treatment of the issue is then within the general view of a direct response to the patient's non-verbal messages. But this still leaves open for further elaboration such questions as who is the patient withdrawing from and in what context, ie, within what particular configuration of object-relations does this emotional abandonment tend to occur.

It is not possible to be exhaustive about the ways in which boredom is induced but it is noteworthy that patients who bore their therapists by repetitiveness and monotony sometimes repeat not only themselves but also others. For instance, they paraphrase interpretations and comments given to them in the session. On the surface they appear helpful and co-operative and seem to be working together with their therapists, but the countertransference of boredom could indicate that what is going on is a semi-alliance. Bettie Josef (1975) describes this phenomenon in a group of patients with diverse psychopathologies who are experienced not as helpful but as difficult since they cannot be reached with interpretations. By appearing to be adult and in alliance with the therapeutic process, these patients really attempt to keep the therapist at a distance from their real and unconscious needs. This state of affairs could be picked up from its manifestations in the countertransference, such as tedium and lack of interest. Her observations are relevant to the case study presented in this paper, but it will mainly focus on the questions posed above, concerning the context in which emotional indifference in treatment occurs. That is, in what particular configuration of object relations does it take place.

The Case Study

Mr. B. was referred at the age of 24 for treatment for severe anxiety symptoms. He had an acute and ever present fear that he might die, which dominated his existence. Seventeen months before he was referred to me, Mr. B. left his first and only job in a City Bank after a severe panic attack which left him overwhelmed by inexplicable anxieties. Subsequently he developed phobias relating to travelling, which culminated in a fear of getting out of the house. At the initial interview, he was nervous and fidgety and spoke in a very controlled and rationally prepared way. On the one hand he gave an account of sufferings and grave difficulties. On the other hand his tone and manner were distant, as if he wished to provoke a reaction of disinterest rather than empathy with his problems.

When Mr. B. started treatment he lived at home with his mother who was 64 and who was about to retire from a teaching career. His older sister and brother, aged 29 and 26 respectively, also lived at home.

The sister had no particular occupation and was always mentioned as a very unhappy person. The brother was an accountant whom the patient described as extremely successful. There was also a younger brother aged 21, studying at a university outside London.

The father had died of cancer in his late 60's when the patient was 19 years old. Four years later, a year before he came for treatment, the patient's uncle died of the same disease. During the last period of the uncle's illness the patient became increasingly anxious. A day after the uncle's funeral he had the severe panic attack at work which caused him to lose his job and subsequently led to his seeking treatment. Father had worked as an accountant, like the brother. He came from a poor East End family, and qualified through evening classes. He too was seen by the patient as a man who was highly successful through hard work.

Although Mr. B. was very attached to his mother at the time he began treatment he never remembered his childhood relationship with her as happy or secure. The parents employed a nanny who was with the patient from his birth until he was 16 and he recalled being closer to her than to his mother. His school days were marked by spells of good academic achievements interrupted by periods of acute anxiety which prevented him from progressing normally with the other children. For example, at the end of the second year in primary school he refused to move up to the third class because this meant leaving the teacher — Miss F. — whom he had had for the first two years, and making a new relationship with another teacher. He was convinced that the other teacher was bad and would be nasty to him. His mother arranged with the school his repeating the second class for another year so that he could stay on with Miss F. This meant, however, that he lost his classmates and the opportunity to progress normally. At 13 when he went to grammar school he again found attending very difficult. He missed half of the first year and attended for only one term in the second year. This time he had an intense dislike of physical education and of the gym teacher, who was experienced by the patient as "sadistic".

Despite his marked difficulties at school, Mr. B. was able to proceed into higher education and get himself a place at university, and gained an upper second BSc in Economics. Thus it seems that he was capable of using well his intellectual potential when he could study on his own, that is when he was not asked to learn in the context of close relationships with teachers and peers.

When the sessions with Mr. B. began the patient mostly used them to tell me about his various phobias and anxieties. He would do that in a monotonous and flat tone of voice. He would elaborate on the varying degrees of his fears in different daily situations with great detail and

much precision as if he was totally absorbed in observing and measuring external events which had nothing to do with him. This would be repeated each session. He was very careful not to tell me anything about his life or his relationships or his feelings other than his anxieties. He would go through a process of getting rid of his feelings before the session. "I leave myself outside the room when I come here" he said or, later on, "My feelings are nuclear waste. I have to dispose of them with great care. Like nuclear waste they cannot be handled directly." He could tolerate only brief moments of knowing that he had emotions and that he had serious problems in his life. These moments were so brief that by the time I made the interpretation which attempted to get hold of the feeling Mr. B. had already turned away from it. Correspondingly I would be seen as a mechanical being, eg, in his words, as a "cold distant analyst," or "you have no body, you are just a voice that comes out of a computer." Later in the treatment I learnt that the patient had a fascination with robots and science fiction stories, and extraterrestrial beings with computer like intelligence but no feelings. It seemed to me that the patient used shallow affectless communication and repeatedly stuck to one subject in order to avoid getting involved with and become dependent on the therapy.

When the patient occasionally came up with ideas about himself in relation to other people these would be a product of detached thoughts that he had harboured for a long time and which would reflect his very fragile self-esteem, which these ideas would attempt to cover up. For example he would tell me how important he was in the family. He did all the accounts and arranged to pay the bills and drove his mother from place to place. Another example was an idea he had relating to his school days in which he maintained that the reason he had refused to go to school at the age of 13 was that he had been much superior to all his classmates and could not bear mixing with them.

The main task of the treatment at the initial stage was to help the patient to relate his anxiety to his inner life. For example he would commonly complain about tensions while driving to the session with accurate and detailed descriptions of the particular road junctions he would travel through and the various cars involved. He would always perceive the journey as a potential for accidents. I would comment on the fear about getting together with me. In his fantasy our meeting would have the quality of an accident, since feelings were felt to be so dangerously explosive. Another example is material brought after a weekend in which he drove his car with his mother on their way to spend the weekend in a holiday resort. He turned into a side road off the motorway and then heard a crash. He was in a state of intense panic

from then until the session because he was convinced he caused a fatal accident by his turning too quickly. He imagined the accident resulted in a man being killed. My interpretation linked his wish to be with me at the weekend, as standing for the infantile Oedipal desire to get away with mother and the conviction that this inevitably meant causing grave harm to father. These two examples show how the material presented factually about fears associated with travelling were dealt with at the initial stage of the therapy.

The patient's responses to comments were an outward strong agreement. He would often repeat and paraphrase accurately what I said. However it seemed that he would not allow it to sink in or have an effect on him, and that he would not let himself be influenced by my attempts to understand him. This would be shown by following material and later sessions which would seem like the first sessions, and as if we would always have to be back where we started. Thus the patient and I were made to experience in the sessions the dominant state of affairs in his own inner world in which he and his feelings could not be linked together. The patient then communicated the severity and chronicity of his problem by re-creating it in treatment. In this way he induced me to think about the nature and the cause of his main difficulties through my own countertransference.

I experienced great boredom in the sessions which resulted from the factual repetitive and monotonous material I was presented with. I was puzzled by the patient's need to induce a sense of lack of movement and static chronicity.

To begin with I saw my boredom in terms of Racker's (1968) views of boredom as emotional withdrawal corresponding to the patient's own distancing and emotional indifference. His own non-engagement was due to an attempt to preserve the state of suspension between himself and his feelings and not get involved with me. This would generally be equivalent to resistance.

The important understanding of my boredom seemed to me to be in terms of the transference and what was re-enacted in it. It emerged that we were re-experiencing the quality of his relationship with mother in his very early life. The nature of the relationship was as follows. The patient as a baby was very anxious and frightened. The perception of the world as a dangerous place reflected an early experience of a mother with whom he did not feel safe. This was probably partly because of her own anxiety and partly because of his own difficulty in adjusting to feeding. In the sessions my interpretations stood for mother's food which he could not take in. Mother's attempts at feeding the baby did not result in his immediate thriving. He turned away from her. As a result of her

exasperation and his anxiety, which made her even more anxious, there was a danger that she might give up and lose interest in him and withdraw emotionally. The baby felt this and panicked. The relationship became very static with both mother and baby behaving in what might be seen as a mechanical relationship in order to avoid the greater disaster of complete mutual abandonment. This produced the first serious obstacle to the patient's psychic growth. Correspondingly the repetition of this way of relating in the sessions produced the first serious challenge to the patient's progress in treatment.

One of the results of the early trauma was for the patient to become very clinging which revealed itself in his repetitiveness. It also showed itself at primary school at the end of the second year when his anxiety resulted in repeating the second class twice and clinging to the old teacher. This episode was in itself a manifestation of a pattern that was already well established by that time. The patient's repetitiveness which, together with the shallow content of the material induced the boredom in the sessions, could therefore be seen as an expression of his tendency to cling in order to avoid panic. In the session he clung to his stories and pre-prepared material both in order to stick to a way of being with which he was familiar, and in order to avoid being overwhelmed by his anxieties about being with me.

Later, Mr. B. reported a number of experiences and childhood memories to suggest early repeated feelings of panic about mother's disappearance. For example, his mother used to take him with her to shop in the supermarket. He thought he was 5 when on one occasion his mother went to the other side of the shelves to pick something and he could not see her. The next thing that he remembered was that he was running down the aisle screaming with panic, and that a shop assistant tried to calm him down by saying he was a big boy and should not cry. Then mother came. He remembered hating the shop assistant as he felt insulted by him, and hating his mother for having left him in the first place. This example could be taken to illustrate a rather chronic experience of mother and son being out of step with each other and of his building up a great deal of resentment towards the parents while at the same time clinging to mother. This was repeated several times at school and prior to the beginning of treatment. The patient's emotional growth on all these occasions seemed to come to a halt. He retreated back home to stay with mother or the mother-substitute, ie, the nanny, in order to avoid the consequences of being without the supportive function of mother which he needed close to him. When I understood the nature of my boredom and the patient's repetitive behaviour in terms of the transference as I described above, I put it to him. I interpreted his style of

communication and its meaning in terms of re-enacting his early experiences of distance and indifference between him and his mother, the panic and trauma related to them and his wish to alarm me. This mobilised my concern about the state of stalemate coupled with danger between his internal objects.

Later, the patient started telling me about other things in addition to his factual reporting of his anxieties. He gradually let me know about members of his family. However, they were initially described almost as inanimate objects and I occasionally felt that I was invited to walk through a house half filled with portraits drawn in frozen formal poses. But this gradually changed. At the beginning of the second year of treatment his sister got engaged. The patient, still being unemployed, got very involved in that marriage. He saw himself as carrying the father's responsibility to find a flat for the couple and to arrange the wedding. It later transpired that the flat he found was in a street near my consulting room. He became extremely jealous of the couple's loving relationship and wished to get rid of his jealousy by adopting a very superior and arrogant attitude towards them. The future brother-in-law was repeatedly denigrated. The feeling of being excluded from sexual love was replaced by outward relief at getting rid of the sister, with whom he never got on. At this stage I began pointing to him how he re-enacted, within the family, his childhood unconscious fantasy of being mother's closest male partner by distancing himself from his siblings and acting like the man of the house.

The sister's marriage started to disintegrate a few months after it began. According to the patient's reports his sister started divorce proceedings against her husband after he was arrested by the police for exposing his genitals to women passing by the front garden of their new flat. The patient again became extremely involved with the couple's divorce, thus re-living his own wish to get rid of the parental couple and have mother only for himself. When Mr. B. mentioned the brother-in-law a few months after the latter had been caught by the police, the patient admitted to having felt very guilty in relation to me since that incident. He felt very anxious in case I was one of the women to whom the brother-in-law had exposed his genitals, since I lived near by. This reflected his guilt about his own secret exhibitionistic and voyeuristic activities and he later told me that he habitually used pornographic magazines for masturbation. Further evidence of the patient's deviant sexual tendencies was shown in his curiosity about his older brother's girlfriends. The brother's sexual life was reported in detail to him and then to me. The brother had several female partners and used prostitutes, as a result of which he was said to have contracted a venereal

disease. Thus in fantasy the patient identified with both brother and brother-in-law.

Clarification of the nature of the patient's intense sexual Oedipal conflicts was given when he felt sexually attracted to one of the brother's ex-girlfriends, particularly when the brother was abroad. He was very anxious about the possibility of meeting this woman and refused to do so when she suggested they met. The discussion of this incident showed that Mr. B. viewed himself as a chronically damaged man who in fantasy had an infected penis like his brother, and as an unworthy person altogether. He maintained this self-image as punishment for wishing to replace father in the first place and as an attempt to relieve the unconscious guilt about desiring mother in father's absence. But this view was equally held as an attempt to hold himself back from the great temptation of entering any real competition with father, through an actual sexual encounter with a woman. There is also a clear link between the refusal of any direct sexual contact with any woman and the withholding of an appropriate discourse with me during the sessions.

His dreams during this period revealed intense Oedipal struggles with powerful, hateful men. One such dream was about himself getting on the top of a high building with a machine gun shooting at a famous politician's car in the street below. The politician turned out to be Hitler and the patient felt that he had committed an heroic act which his aunt witnessed and admired. Another dream involved himself being hired as a detective to protect an important man living at the top of a house which he associated with my own house. The man had to be protected from a gang that was after his life. In the dream he despised that man and thought he was boastful, obnoxious and detestable. This showed that when the material became more consciously linked to his Oedipal state in the transference the patient defended against his hostility towards the father. He did this by giving himself a protective role in relation to my partner, that is to father, and by attributing the aggression to the outsiders, ie, the gang.

Later the patient reported that he had, in his words, "to crush down" a set of embarrassing thoughts about me. He admitted that these were sexual thoughts. I became somewhat more consciously the Oedipal mother who was the love object of her son. At this stage he told me the following dream: he dreamt that he was falling down a staircase and hurt his head as a result of the fall. Someone in the dream was saying that he, Mr. B., went mad as a result of the fall and that this was the source of all his troubles. He gave the following associations to the dream. He remembered being told that his father had fallen down a staircase tripping over the cat. The father had broken his nose as a result of that

fall, and had a broken crooked nose since that time. The patient was told that the incident had happened soon after the parents' marriage, in their first marital home, long before the patient himself was born. He added that the parents' first home had been in the same street where I had my consulting room. He also added that he had noticed there were many cats in my street, and that he had often been anxious while driving to the sessions in case he would run over a cat.

The dream and its associations showed that the patient, represented in the association by father, having discovered mother's femininity, the cat, fell head over heels in love with her and has been madly in love ever since. This state of permanent love and desire for mother was recognised in the dream as the source of his problems. The act of loving mother was linked in his unconscious to doing what father had done with her. It therefore resulted in the punishment of a broken nose, that is the self-image of disablement, chronicity and castration. This closely related to the way he saw himself at the time, when he began to recognise that he had problems. He thought he was an unsuccessful man who had been damaged for life and could not get on with having a job and/or friends, and he felt very pessimistic about his ability to become employed again. The cats in the street represented me, and the dream told us about his fear of tripping, that is coming into contact with me by not treading carefully and possibly having intense feelings, which would be hazardous to him, as all close relationships were dangerous. In my comments at that time I put it to him that he was facing an acute dilemma as to which would be the better channel for his Oedipal aspirations. Was it to be the chronic re-enactment of the attempt to get father, brothers and sister out of the way and become mother's partner by sheer repetitive and persistent clinging to her, and by outliving all the other members of the family? Or was it to be the alternative of emulating father by gaining status and prestige through the same means used by father, that is, hard work?

On the day following the interpretation of the dream just mentioned Mr. B. came to the session, his beard shaven and his hair cut, and announced that he had started looking for a job. He told me that in the morning before the session he put on a suit and went for an interview with an employment agency. He was ready to do anything the agency would suggest. A few weeks later Mr. B. got himself a full-time six weeks temporary job as a clerk. It would seem that the work we did, particularly on the maternal transference, increasingly drew the patient's conflicts, both the Oedipal and the very early ones, into the treatment relationship. This freed him somewhat from re-enacting them outside the sessions so that he could begin to face the task of having a

job. There then followed a period in which Mr. B. had to decide what he would do when the six weeks were up. Although taking a job marked an important change for the patient, he still remained very ambivalent about it. The fact that the job was only temporary had the unconscious meaning that he was not fully at work and that he was keeping his options open, that is he could retreat back home if things became difficult.

The six weeks temporary work developed into three months employment and a promise of an interview at the end of this period that might lead to a permanent post at the same office. Mr. B. tried very hard to please the boss when getting the permanent job became an aim he was striving for. But he soon developed secret resentments and contemptuous feelings towards his employers and the work. A variety of personalities from work were brought into the sessions. The feeling of helplessness and dependency on the boss for something as important as employment was denied and projected, and in his fantasy the boss became dependent on him, Mr. B., for carrying the weight of the work. Similarly his dependency on me and a feeling of vulnerability which he sometimes briefly experienced before breaks was replaced by an attitude of superiority towards me. As I was going to leave him for the weekend I was like the inefficient boss who gave instructions but then disappeared from the office and was not available for queries. He was going to carry the burden of himself and what he then termed his "problem feelings" throughout the weekend, whereas I was not going to do so, he thought. I therefore became the ineffective disorganised boss, which gave him the special status of the superior worker in our relationship. And this, in turn, replaced the feeling of dependency on the treatment. The theme of boss and employee also introduced the paternal transference into the treatment, and his feelings about his father's death during his adolescence which precipitated his termination of employment in the first place.

The material Mr. B. brought about work made it possible for us to explore further his involvement in the treatment and the kind of work or non-work he was doing in the sessions. Towards the end of the second year of treatment Mr. B. began to observe his own functioning in the therapy. One day he told me that he knew he was very boring and that he could not relate to people. He expressed irritation at this tendency of his. He also recognised dullness and tedium in his job and got frustrated and angry at the unnecessary duplications of tasks which, according to him, created a backlog of the more important work. At that point I was able to show him that what was originally considered safe and secure activity of repetition, which represented clinging to mother, no longer held the

same value for him. This was reflected in some longing for moving away from the constant defensive duplications of what I said, that is, from clinging to me, and for tackling the backlog of his own repressed emotions and conflicts. The patient's response to this interpretation was to tell me that he would be going with his mother for a weekend holiday. He felt comfortable about it but then it was all too predictable. They had known each other for a long time and he thought it was odd that he should escort his mother rather than meet women of his own age. Then he told me a dream in which he was sitting opposite a beautiful woman in the office. The woman was doing the boring job of rubber-stamping documents passed on to her. He felt sorry for her and was glad that it was not him that was doing that tiresome, tedious job. The mother at the weekend and the beautiful woman in the dream both reflected his awareness of the way in which he had been relating to me as standing for the internal mother in his early object relations. We had to be in a safe familiar relationship in which he told me things we already knew, and there could be no real intercourse between us no more than it could take place between mother and son. He realised that he still preferred to hand over to me bits of pre-prepared material, asking me to accept it and reassure him, but not to look into it, with the inevitable result that the sessions would be tedious and wasteful. In summary the dream expressed some recognition of and regret about what was happening between him and his objects and a wish for change and growth. The dream was an attempt to make conscious and to work through the problem of repetition and boredom and to enable the therapy to be more effective and less static. This made the actual re-enactment of repetitiveness and emotional indifference within the sessions an occurrence we could both detect and discuss more freely and thus be less dominated by it.

Summary

The case presented in this paper shows a number of technical issues in terms of dealing with the common experience of fading interest on the part of the therapist. The affect of boredom is traced back through the literature of psychotherapy and psychoanalysis, in which it was originally dealt with as a feeling in the patient only reflecting repressed wishes, either aggressive or libidinal. The same model persisted when attention was shifted from the patient to the therapist and his boredom too was seen as defensive and as resulting from a conflict about dealing with intense feelings. However, explorations in the uses of countertransference have thrown a different light on the unwelcome

experience of tedium in treatment. These explorations introduced an emphasis on the countertransference experience as leading to the understanding of the transference itself and its interpretation to the patient. In essence it means that the boredom in the therapist is a revival of a state of affairs in the patient's own early object relations, particularly when growth is replaced by a stagnant indifference and a state of no man's land between objects. When this happens a blocking of relatedness occurs in the patient's inner world. When there is no interaction between objects growth cannot take place, just as the baby cannot thrive without emotional intercourse with mother. The case study presented in this paper exemplifies the struggle involved in working through the various points mentioned above in relation to boredom. In the same way that the historical process of understanding boredom unfolded gradually and increasingly focused on the essential point of the transference, so did the understanding of the particular case described. The struggle was mainly with grasping the major feature of the patient's problem in terms of his early experiences, thus hoping to enable growth.

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SOME THOUGHTS ON WINNICOTT AND FREUD

Madeleine Davis

Two adventures into literature seem to have been especially important in shaping Donald Winnicott's life and ideas. The first was his encounter with *The Origin of Species* as a schoolboy, which he likened to Keats' encounter with Chapman's Homer; this led to his studying biology at Cambridge as a preliminary to medicine. The second was reading *The Interpretation of Dreams* (1900), and the effect in this case was even more immediate. He had planned, upon qualification as a doctor, to go into practice in the country, but within weeks of his discovery of Freud he resolved to stay in London and make psychoanalysis a part of his future. So he went to Ernest Jones, who sent him to James Strachey, who became his analyst for ten years. Thus it happened that he became connected to Freud by direct descent, being his grandson in the psychoanalytic family tree.

Near the end of his life, in a lecture to the Royal Medico-Psychological Association, Winnicott stated simply "I have derived most of my concepts from those of Freud" (in Sutherland, 1967a). He was truly deeply imbued with Freud's work, which he read over and over again during his life; and for me at any rate there are implicit as well as explicit convergences and antitheses and shades of meaning in Winnicott's writing that only become clear on reading the actual words of Freud. Yet of course Winnicott was also a highly original thinker and writer. Nothing was accepted by him that he had not *experienced*, and in the light of his experience many classical concepts were, so to speak, recast. His own words best describe this state of affairs: "It is not possible to be original except on the basis of tradition ... The interplay between originality and the acceptance of tradition seems to me to be just one more example, and a very exciting one, of the difference between separateness and union." (1967b).

The 'Two-Body Relationship'

The most obvious broad difference between Freud and Winnicott is to be found in the area of the development of the individual that each chose to emphasise. John Rickman (1928) neatly defined this difference in terms of 'three body' and 'two-body' relationships, the Oedipus complex involving three, and the area first mapped out by Melanie Klein, and especially inhabited by Winnicott, involving but two — mother and infant. Winnicott has described how, as a paediatrician

undergoing a training analysis, he found that babies could be emotionally ill — that “many infants never arrived at so healthy a thing as an Oedipus complex” — and that therefore some extension to the classical theory was needed. Then he met Melanie Klein, whose ideas he came to use in his clinical work and in his own developing theory. Winnicott’s elaboration of the ‘two-body relationship’ in the prolific period of lecturing and writing that lasted from the second world war until his death in 1971 has resulted in his being placed, along with some of his contemporaries, in what is called the British Object Relations School.

Id and Ego

Throughout his theoretical writings Winnicott explicitly preserved the Freudian duality of ego and id, and his own use of the word ‘object’ when it refers to a person or part of a person usually retains a strictly ‘id’ connotation, the object being that of instinctual aim and of the fantasy that accompanies it. He called the relationship of the baby to this object an ‘id-relationship’. It is in this area that he owes much to Klein, and especially to her detailed development of the concept of infantile fantasy, which itself has origins in the work of Freud and Abraham and is linked to the description of the oral phase as cannibalistic, where “the aim consists in the incorporation of the object”. (Freud, 1905).

It was to the other side of the ego-id duality, however, that Winnicott principally addressed himself, particularly in his later writing. He considered that psycho-analysis had fully exploited Freud’s description of the emotional development of the child in terms of sexuality and erotogenic zone dominance, and he largely took these things for granted, though it is clear that they continued to be of great importance in his understanding of fantasy and in his clinical work. What he felt a need for was a fuller exposition of the conditions in which instinctual energy can come to be used by the individual; and in his own particular way he became an ego-psychologist, acknowledging a debt especially to Heinz Hartmann and also to Anna Freud and her co-workers in the Hampstead War Nursery.

Freud (1926) pointed to the biological fact of helplessness in the infant — to the “long period of time during which the young of the human species is in a condition of helplessness and dependence”. He continued: “Its intra-uterine existence seems to be short in comparison with that of most animals, and it is sent into the world in a less finished state. As a result, the influence of the real external world upon it is intensified and an early differentiation between the ego and the id is promoted. Moreover, the dangers of the external world have a greater

importance for it, so that the value of the object which can alone protect it against them and take the place of its former intra-uterine life is enormously enhanced. The biological factor, then, establishes the earliest situations of danger and creates the need to be loved which will accompany the child through the rest of its life." What Winnicott did was to *incorporate into his theory*, in a specific and vivid way, the details of the maternal provision that meets the needs of the infant arising out of his helplessness. Freud's observation turned into "There is no such thing as a baby ... if you show me a baby you certainly show me also someone caring for the baby, or at least a pram with someone's eyes and ears glued to it." (1952). Or, in a fuller and more formal statement, "The environment has a kind of growth of its own, being adapted to the changing needs of the individual ... In health, the development takes place at a pace that does not outstrip the development of complexity in the mental mechanisms, this being linked to physiological development." (1963a).

Thus to Winnicott's sequence of early psychic development expressed in terms of continuity of being, integration, object-relating and realisation there is the complementary sequence in the environment (in the person of the mother) of holding, handling and object-presenting; and where the developmental sequence is expressed in terms of the child's progress from absolute dependence to relative dependence and towards independence there is the complementary sequence of adaptation, de-adaptation/survival. These concepts used in different combinations formed the basis of his theoretical and clinical work, and they remain alive through his ability to find words for all that he gathered through observation and experience in paediatric and psychoanalytic practice.

The relationship of the baby to the mother who holds, adapts and survives — the mother seen in the quiet moments of the infant's life rather than the excited ones — was called by Winnicott 'ego-relatedness'; and this mother herself was called the 'environment mother' in contradistinction to the 'object mother' of instinctual aim. It is this antithesis that distinguishes Winnicott's version of the development of the 'depressive position' (later called by him the 'capacity for concern') from Klein's original formulation. In Klein's account, I believe, it is the mother who *satisfies or frustrates*, the object of instinctual love on the one hand and instinctual destruction on the other, and of the accompanying fantasy, who comes together as a whole person in the infant's mind and gives rise to the first feelings of guilt; whereas in Winnicott's account the term 'object mother' covers all of this. To get to a point of origin in Winnicott's distinction one needs to

go back to Freud (1914), who recognised that the need of the child for those who actually nourish and protect him appears in the "anaclitic type of choice in love" and who noted (1912) that of the two currents in love, which "may be distinguished as the affectionate and the sensual current", the "affectionate current is the older".

Details of the Early Environment

In fact, because Freud had his own understanding of the quality of need in the newborn baby, it seems likely that Winnicott's theory of the early environmental provision, as a meeting of this need, owes some of its elements to Freud; and it is perhaps possible to guess here at some interweaving of ideas. In the passage quoted above from *Inhibitions, Symptoms and Anxiety* Freud is talking about the dangers faced by the infant owing to the unfinished state in which he comes into the world. In the same essay he writes "In early infancy the individual is not really equipped to master psychically the large sum of excitations that reach him from without or from within"; and he also indicates that "the earliest outbreaks of anxiety" are related to "an excessive force of excitation and the breaking through of the protective shield against stimuli". In Chapter IV of *Beyond the Pleasure Principle* (1920), where he introduces the concept of the 'protective shield', he states "Protection against stimuli is an almost more important function for the living organism than reception of stimuli."

It is exactly the provision of this protective shield that in Winnicott's theory is a basic feature of the 'holding environment' when, owing to the weakness of the baby's ego, he cannot supply it for himself: he has no capacity to predict. At this stage the essential experience for the infant is 'continuity of being', and a breakdown in holding can result in environmental impingement which produces a physiological reaction in the baby, interrupting continuity and resulting in a threat of annihilation. Here Freud's (1923) concept of fear of annihilation of the ego is expanded by Winnicott (1962) in terms of its hallucinatory or fantasy content in his well-known list of 'unthinkable anxieties' or 'primitive agonies': "going to pieces, falling forever, having no relationship to the body, having no orientation".

Freud (1930) saw the protective shield as effective only against excitations from the external world and not against impulses arising from within. He also recognised that the unorganised state in the newborn baby, which he sometimes referred to as primary narcissism or primary identification, means that the baby cannot "distinguish his ego from the external world as the source of sensations flowing in upon

him". This was very important for Winnicott: he emphasised (1960a) that at the beginning it makes no sense to talk about the satisfaction of instincts, which can be as much external to the baby "as can a clap of thunder of a hit". The holding environment has as a function the provision of a kind of protection against these unpredictable sensations as well, in that the mother follows processes in the baby — both the longer term processes of development and the alternation between the quiet and excited states; holding includes "the whole routine of care throughout the day and night, and is not the same with any two infants because it is part of the infant and no two infants are alike" (1960b). Within this context of adaptation moments of integration and 'psycho-somatic collusion' arise which allow the baby to own the impulse and therefore to begin to relate to an object.

At this stage the limitation of external stimuli becomes important in another way. Environmental failure in respect of object-relating — in the 'object-presenting' aspect of mothering — results in the beginnings of what Winnicott (1960a) called a 'false self', a concept which was his own and which he found essential for diagnosis in his clinical work. The false self arises especially when the mother, instead of meeting the infant's gesture and making sense of it, "substitutes her own gesture which is to be given sense by the compliance of the infant". This perhaps has some similarity to Freud's (1905) idea that a mother treats her child "as a substitute for a complete sexual object" and that an excess of such treatment can lead to neurosis; but the important thing for Winnicott here is that in the false self organisation based on reaction to external stimuli the personal impulse is lost or hidden, and it is the personal impulse alone that carries the spontaneity of the individual through which he or she feels *real*, and which brings about in way of ever increasing complexity the realisation of individual potential. This could be called Winnicott's contribution to the theory of seduction.

From all this it can be seen that Winnicott's view of impingement and trauma overlaps with Freud's: trauma is seen as the result of unpredictable impingement, especially in the early years of life, against which more or less pathological defences have to be organised. Yet in one respect there is a big difference. Generally speaking, and perhaps especially in his later formulations, Freud (1939) saw susceptibility to impingement in terms of a sliding scale (complemental series) with the actual force of the trauma relative to the stage of development of the individual at one end, and the *constitution* of the individual (including the phylogenetic inheritance) at the other. In essence it was Winnicott's thesis that the adaptation of the mother and of the parents to the needs of the infant and of the small child takes the constitutional factors into

account. Hence his definition of psychosis as an "environmental deficiency disease" (1949), and his definition of a maladjusted child as a child to whom "the environment failed to adjust appropriately". (1955a).

Somewhere here it needs to be said that it was Winnicott's view that although Freud had "taken for granted the early mothering situation ... *it turned up in his provision of a setting for his work*, almost without his being aware of what he was doing". In his paper entitled *Metapsychological and Clinical Aspects of Regression* (1955b) Winnicott lists the details of Freud's setting for analysis and relates them to the ego-supportive environment provided in the early stages of development, showing how their use can result in an "unfreezing of the environmental failure situation" and a liberation of the processes of growth. The use made of Freud's setting was doubly important in Winnicott's work, for it elucidated for him what was implicit in the actual behaviour of infants and their mothers — behaviour which he was in a special position to observe throughout his professional life.

The Death Instinct and Aggression

Freud's discussion of the protective shield against stimuli and of the nature of trauma led him, by way of the compulsion to repeat, to his postulate of a death instinct. Here Winnicott could not follow him. In the first place he could find no logical link between the concept of entropy and human aggression and destructiveness. He expressed the belief that the nearest experiential and therefore psychological equivalent in the human being to an emergence from and a return to the inorganic state is *aloneness*: aloneness "out of which aliveness rises". This belongs to extreme immaturity long before dependence is recognised, and is "reclaimed in explanation of the unknowable death that comes after life". (1954).

In the second place (and this links with what has already been said) he found an over-emphasis on the constitutional factor in Freud's use of the death instinct to explain man's actual inhumanity to man. He puts this very strongly in his paper *Creativity and Its Origins* (1970a) where he says that Freud "jumped over an obstacle at this point and took refuge in heredity" and that "the concept of the death instinct could be described as a reassertion of the principle of original sin".

The jumped-over obstacle is of course the part played by the nature of the early environment. For Winnicott 'wicknedness' belongs to the "clinical picture produced by the antisocial tendency" (1963b). In his theory, as is well known, the antisocial tendency is especially linked with deprivation, this being the state of affairs obtaining when the infant or child has come to know about dependence and suffers loss.

Compulsive behaviour disorders are, therefore, at least at their inception, *cris de coeur*; they contain the hope that "the environment may make up for the specific failure that did the damage" (1963c). His list of the clinical manifestations of the antisocial tendency is comprehensive: they "range from bed-wetting to stealing and telling lies and include aggressive behaviour, destructive acts and compulsive cruelty, and perversions (1963)". Whatever the other factors in the aetiology of these disorders might be in the individual case, it was the understanding of the fact of deprivation that Winnicott found most important in his work — especially his work with children.

On the other hand, leaving aside the complications introduced into the Freudian metapsychology by the concept of the death instinct, it is possible to find in Freud's writing points of departure for Winnicott's views about the roots of aggression and its part in individuation. As in the classical theory, Winnicott saw aggression as "the destructive element in the primitive (id) impulse", which is at first "destructive by chance". He traced it back to the prenatal motility of the infant, to "that which makes for movement rather than stillness, and he called it "life force" (1955c). This shows a similar understanding to that of Freud (1900) when he talks about all stimuli, whether from within or without, ending in 'innervations', and when he states (1915) that "the characteristic of exercising pressure is common to all instincts: it is in fact their very essence. Every instinct is a piece of activity ..." Similarly, Winnicott stresses the importance of destructiveness in the separation of the individual from the environment — the 'me' from the 'not-me', at first through movement meeting opposition (biting, kicking etc.) and later through its fantasy elaborations; and Freud (1930) describes how "muscular action" helps to "differentiate between what is internal and what is external". Freud also expresses the view, when he is discussing the difference between love and hate in *Instincts and Their Vicissitudes* (1915), that "the prototypes of the relation of hate are derived not from sexual life, but from the ego's struggle to maintain and preserve itself." This can be compared to Winnicott's (1966) statement that "the most aggressive and therefore the most dangerous words in the languages of the world are to be found in the assertion 'I am'".

These considerations were important to Winnicott's concept of 'the use of an object' which he developed towards the end of his life: here destruction of an object in unconscious fantasy, combined with the actual survival of the object unchanged, leads to the object becoming a person in his or her own right, and not just a "bundle of projections" (1968a). In this way primitive aggression underlies not only 'I am' but also 'you are'.

Actually it seems that there is an emphasis on individuation in Winnicott's theory not to be found in Freud, and it is likely that the broad historical and cultural background of each enters into this difference, as well as personal characteristics. Winnicott could not have said "Human life in common is only made possible when a majority comes together which is stronger than any separate individual and which remains united against all separate individuals" (Freud, 1930), because he believed that "the basis for a society is the whole human personality. It is not possible for persons to get further in society building than they can get with their own personal development." (1950). Equally, I think, Freud could not have said, as Winnicott did (1936b), that "the fiercest morality is that of early infancy ... immorality for the infant is to comply at the expense of a personal way of life". Perhaps it would be true to say that Freud was more concerned with identification in all its complexities — with the ego, for instance, as "a precipitate of abandoned object-cathexes" (1923) — whereas such identifications might have been seen by Winnicott as verging on the false self in its imitatory aspect. Certainly the 'multiple personality' mentioned by Freud would have qualified for such a diagnosis. Winnicott's view was that once the primary identification of infant with environment (non-differentiation) has been left behind, individual integration has to be achieved before identification is possible without loss of *personal identity*, or loss of the sense of self. Thereafter it is possible to inter-relate with others in terms of what he called 'cross-identifications', meaning empathy, which involves recognition (1968b).

Playing

Then there is that other kind of relating that has more to do with mutuality, which Winnicott called 'playing'. Here communication is bound up with the use of symbols, and Winnicott linked it specifically with the process of self-discovery in psychoanalysis. "The natural thing is playing", he wrote, "and the highly sophisticated twentieth century phenomenon is psychoanalysis." (1968c).

There can be little doubt that one of the starting points for Winnicott's theory of playing, which is elaborated in his book *Playing and Reality*, is to be found in Freud's descriptions of children's play. In *Creative Writers and and Daydreaming* (1908) Freud has written "The child's best loved and most absorbing occupation is play. Perhaps we may say that every child at play behaves like an imaginative writer, in that he creates a world of his own or, more truly, he rearranges the things of his world and orders it in a new way that pleases him better. It would be incorrect to think that he does not take this world seriously; on the

contrary, he takes his play very seriously and expends a great deal of emotion on it. The opposite of play is not serious occupation but — reality. Notwithstanding the large affective cathexis of his play world, the child distinguishes it perfectly from reality; only he likes to borrow the objects and circumstances that he imagines from the tangible and visible things of the real world. It is only this linking of it to reality that still distinguishes a child's 'play' from 'daydreaming'."

In Winnicott's theory Freud's comments on children's play are extended backwards to cover his own observations of the use made by the baby and the small child of transitional objects and transitional phenomena, and they are extended forwards to cover the individual's creative relationship to the perceived world for the rest of his life. Here a sharp contrast between the two writers can be seen, for whereas for Freud the link between imagination and the real world is lost when daydreaming replaces play, for Winnicott this relationship "spreads out over the whole intermediate territory between inner psychic reality and the external world ... that is to say, over the whole cultural field" (1951). Playing is seen by him as "the basis for the whole of man's experiential

Winnicott specifically mentions the arts and religion in relation to playing, and here the contrast is clearly in evidence. Freud of course had much to say on the subject of religion, connecting it with the whole history of human development. But in the end, for him, religious beliefs had to be rejected; although they embodied 'historical' truth they were *illusory* — they did not contain the 'material' truth (Freud, 1939). About the individual's use of the creative arts he did not write so much, but again the discrepancy with reality is emphasised. There is a passage in *Civilisation and Its Discontents* (1930) which contains much in common with Winnicott's views, but where the difference is also apparent: "... satisfaction is obtained from illusions, which are recognised as such without the discrepancy between them and reality being allowed to interfere with enjoyment. The region from which these illusions arise is the life of the imagination; at the time when the development of reality took place, this region was expressly exempted from the demands of reality-testing and was set apart for the purpose of fulfilling wishes which were difficult to carry out. At the head of these satisfactions through phantasy stands the enjoyment of works of art — an enjoyment which, by the agency of the artist, is made accessible even to those who are not themselves creative. People who are receptive to the influence of art cannot set too high a value on it as a source of pleasure and consolation in life. Nevertheless the mild narcosis induced in us by art can do no more than bring about a transient withdrawal from the pressure of vital needs, and it is not strong enough to make us forget real misery."

What is astonishing here is that Freud, whose writing is so enameled with the riches of the past, both remote and immediate, and whose particular understanding of history is so essential to his work, who has derived from the Oedipus of Sophocles his descriptions of "the nuclear complex of the neuroses", and who tells us that he "took as a starting point" for his theory of the instincts a saying of Schiller that "hunger and love are what moves the world" — what is astonishing is that this man should have been able to dismiss what "is induced in us by art" as "mild narcosis". It is as though Winnicott has partly righted an injustice that Freud did to himself by rescuing illusion from the lowly place that he assigned to it: Winnicott believed that it is *only* through the illusion of having created what is perceived that the individual can find meaning in the material world. The illusion is based on the paradoxical state of affairs in which the individual creates what is found, and it arises from the fact that at the beginning of life the mother's empathy allows the baby to find what he has created, hallucinated or thought up out of need.

Playing according to Winnicott is always *doing* and involves the spontaneity that has its first root in instinctual impulse. It is therefore connected with sublimation of instinct, and Winnicott did acknowledge this connection. Nevertheless the word 'sublimation' appears very seldom in his writing, and it is not used in his description of the origins of playing. One of the reasons for this is that he felt that the concept of sublimation did not take into account the early environment. The *sine qua non* of the capacity to play is ego-relatedness; without it no area develops in the personality for playing to take place. The area for playing is "that which initially both joins and separates the baby and the mother, when the mother's love, displayed and made manifest as human reliability, does in fact give the baby a sense of trust in the environmental factor". (1967).

Another possible reason for his not using sublimation in this context is that the concept is bound up at least as much with moral and ethical considerations as it is with aesthetic ones: it is connected with superego formation and hence with guilt. In the Kleinian theory, in fact, creative activity is seen essentially as reparative. In playing, on the other hand, the conflicts that give rise to guilt are at a minimum: it is enjoyed by the individual because of the opportunity it gives for self-discovery — discovery of all that is there, the dark side as well as the light.

The ability to find meaning in the perceived world is closely bound up with the ability to use symbols. Symbolism is a vexed subject because there are so many conflicting views about it, and Winnicott himself used the word 'symbol' somewhat warily. Nevertheless it could be profitable

in the present context to look at symbols from the point of view of their connection with loss or absence of an object or part-object, or of a relationship.

In Winnicott's writing there can be found a classification of absence and loss something like this:

1. **Privation** which indicates 'never having had': here there is a non-meeting of innate (biological) expectation and of need, and in the extreme case there is no object to lose and no capacity to symbolise; where an area for playing has begun to develop it may be filled with paranoid intrusions.

2. **Deprivation** which indicates having had and lost before the child could cope with loss. Here the object, or some aspect of the object, has, for the child, died; the play area is filled with anti-social acting out and with compulsions of all sorts that get in the way of symbol formation as they do of maturation itself.

3. **Gainful loss** which indicates that the infant or child is moving towards independence in a way that does not put too much strain on psychic functioning. The lost good object, or the good environment remains alive in the inner psychic reality. Here there is a full capacity to use symbols.

From this it can be seen that for Winnicott a symbol cannot stand for something that is not a living reality in the inner world, and here is a place where he differs from Freud. Freud connects symbols especially with dreams, and that which is symbolised is that which is repressed; Winnicott saw what is repressed as being "*encysted*, surrounded by powerful defence forces which keep it from becoming assimilated, or from gaining a free life in amongst all the rest that is inside". (1954).

Freud in fact had a fairly narrow view of symbols: the things symbolised are very few and the meaning of the symbols tends to be fixed through common usage: "symbols are stable translations" (1917a). Of Winnicott's view it would be true to say that anything in the perceived world can stand in symbolic relation to anything in the unconscious or in the inner world, and this would include fantasy enriched by memory, memories of experiences, things absorbed, incorporated or introjected, and probably more as well.

In parenthesis here it can be said that in playing it is not only unconscious *content* that the individual discovers in the material world. Playing involves being "in touch with the dream" in all its manifestations, including the primary processes. This is why Winnicott believed that in health there is an ability to "play about with psychosis", and why he said "We are poor indeed if we are only sane." (1960c) He sometimes used also to say that he underwent psychoanalysis

because he found he was getting too sane. One cannot help wondering what would have happened had he turned up on Freud's doorstep in 1923 asking for analysis on these grounds.

Central to the inner world is fantasy, which Winnicott (1954) defined as "the imaginative elaboration of somatic parts, feelings and functions". It is pertinent here to compare the relationship between fantasy and daydreaming as it appears in the two writers. Freud (1917b) saw the daydreaming and the "castles in the air" that he believed were sequels to the play of children as differing only in *quantity* from unconscious fantasy. Unconscious fantasies were wish-fulfilling daydreams which owing to an increase in cathexis, came into conflict with the ego and had to be pushed into the unconscious. Winnicott (1935), on the other hand, recognised an essential qualitative difference between fantasy and daydreaming, which he called 'fantasying'. In his paper entitled *Dreaming, Fantasying and Living* (1970c) he points out how, compared with the true dream which has "layer upon layer of meaning", daydreaming is sterile: it has "no symbolic value". He also shows how compulsive daydreaming *gets in the way* of the doing that would enable the unconscious fantasy, which gives rise to the true dream to meet the real world. Masud Khan, (1975a and b) has pointed out that daydreaming of this kind has links with the false self and also with manifestations of deprivation.

In this context it is possible also to look at the relation of the transitional object to Freud's description of the fetish. Winnicott (1951) did acknowledge that what appears to be a healthy use of transitional objects and phenomena can turn into fetishism as well as such things as obsessional rituals and addictions. He describes (1969a) how, in the face of loss of a loved person, "the transitional object may be decathected because the inner representation of the person is fading; but just before this fading out there is an exaggerated use of the transitional object "as part of *denial* that there is a threat of it becoming meaningless". He illustrates this with the case of a boy who spent long periods of time joining things together with string, adding that this preoccupation could "develop into a perversion". He also mentions "symbols that fade" in connection with a woman patient who came to "doubt the reality of the thing that they were symbolising ... if they were symbolical of the mother's devotion and reliability they remained real in themselves, but what they stood for was not real."

Much of this is very like Freud's (1927) description of the fetish, which he talks about as a *substitute* for the maternal phallus that the fetishist, as a child, believed in and then found was not there; it is partly also a *denial* of the imagined castration of his mother. Moreover,

fetishism is a perversion: something that gets in the way. Perhaps there is room in Winnicott's psychology to think of the fetish in terms of the 'symbol that fades', and as a manifestation not, or not only, of the last moment of the child's belief in a maternal phallus but also of the last moments of the child's belief in a relation to a loved person — the representation, that is, of a real deprivation.

The true transitional object is primarily a symbol of union, and, as Winnicott (1966) says, "the symbol of union gives wider scope for human experience than union itself". Bound up in this statement is a truism that is immensely important: namely that the symbol is *different* from that which it symbolises. Human experience therefore consists in similarity and difference: it is two-way discovery. It allows for growth in a special way, because 'experiencing' means that the difference, organised according to a personal pattern, becomes part of the individual. In this way experience builds on experience, and the actual environment that obtains becomes a part of personal potential. In Winnicott's exposition experience is active: it is an aspect of playing, which is something done in the present that joins the past to the future. Here self-discovery becomes synonymous with a personal contribution to cultural evolution.

It seems to me therefore that Winnicott, without setting out to do so, has added something to the Freudian concept of sublimation, which one feels to be so important but which is elusive and shadowy in Freud's own writing. He has given substance to the idea that sublimation is essential in the realisation of individual potential, and he has supplemented this by showing how it can be a means towards achieving the 'infinite variety' that he saw as health.

In all this it is difficult to convey the feeling that there is in Winnicott's writing of a living relationship to Freud. Winnicott once wrote "For most people the ultimate compliment is to be found and used", and he paid this compliment to Freud again and again. In a paper written in 1969 entitled *The Use of an Object in the Context of Moses and Monotheism* he talks about Freud "struggling to use what he knows to be true, because of his analytic experiences, to cover what he does not know", and he adds "I almost wrote, what he does not yet know, since it is difficult for us to believe that he has left us to carry on with the researches that his invention of psychoanalysis makes possible, and yet he cannot participate when we make a step forward."

At the same time that this was written Winnicott was engaged in another task. This was to raise sufficient money for Oscar Nemon's statue of Freud to be cast and erected. During the last two years of his life, which were interrupted by a serious illness in New York in the autumn of 1968, he devoted much time to chairing a committee for this purpose, and to arranging an appeal to every member of the International Psychoanalytical Association for help, and then to its component societies, and finally to non-affiliated psychiatrists. This work must indeed have seemed onerous to Dr. Winnicott at the best of times, but doubly so in his failing state of health, when he was trying to get his own work ready for publication. The task was fulfilled when, on 2nd October, 1970, three months before his death, the statue was unveiled at Swiss Cottage. In a special way it is a symbol of Freud's ability to survive.

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Key to Winnicott's Books

TPP	(1975) <i>Through Paediatrics to Psychoanalysis</i> . (First published 1958) Hogarth Press.
MP	(1965) <i>The Maturational Processes and the Facilitating Environment</i> . Hogarth Press.
FID	(1965) <i>The Family and Individual Development</i> . Tavistock Publications.
PR	(1971) <i>Playing and Reality</i> . Tavistock Publications.
DD	(1984) <i>Deprivation and Delinquency</i> . Tavistock Publications.
PP	In preparation or process of publication.

MIRRORS ON GIRLS AND MATHS

Ena Blyth

It is not for everyone, said Freud, to be continuously investigating the dark ravines of the unconscious, with only an occasional glance at the light of day (Rank, 1929, p. 184). Nor is it for everyone to move in the world of mathematics with pleasure or understanding. The look of panic on a child's face during a maths lesson hints at a terror more in keeping with Freud's dark ravines than with a modern classroom. There are people who retain a lasting horror of mathematics. And yet there are others who take pleasure in its challenges.

In the classroom, a child may sit silent and withdrawn. She may look frightened. She may say she is bored. She may, if she finds courage, attempt to disrupt the class. Only the most sophisticated children will find it possible to say, with surprising vehemence, that they hate maths, that they loathe it. A teacher, who is not a mathematician, describes maths panic vividly:

It's just like being lost. There's nobody you recognise. You don't know where you're going, you don't know where you've been. There's nothing on that page that you can actually relate to. Nothing at all.

Something about the language of mathematics can induce this feeling of loss of self. It takes children back to the black and white world of very early childhood, Melanie Klein's paranoid-schizoid position. Maths often seems a black and white subject. It is either right or wrong. This sense of absoluteness, implying the possibility of absolute failure if absolute success is not achieved, links it unconsciously to very primitive states.

A degree in mathematics does not by any means give immunity from maths panic. In spite of their skills, maths teachers may experience at times that sense of terror. But for the most part we have learnt to handle it. We have made a successful relationship with mathematics, within which we can tolerate the frustration of feeling lost at times. It is that capacity, to make a relationship with mathematics, that seems to distinguish those who are able to pursue it with understanding and enjoyment from those who cannot.

This paper looks at the emotional response to mathematics of girls and women who have successfully made that relationship. As opposed to Laurie Buxton's study, which looked at negative feelings (Buxton, 1981), the aim of this study is to explore positive feelings towards mathematics. I have based my study on interviews and discussions both

with teachers in the maths department of a girls' school and with a group of sixth form pupils, most of whom were in the first year of an A-level maths course.

My interviews were unstructured. In them I tried to find out what mathematically able girls and women felt about the subject. I wondered why they had chosen to study mathematics, and what early memories they could recall which might have led to their choice. I wondered too what encouragement or support, if any, they had received from their parents, their families, or their primary schools.

The two writers on psycho-analysis who speak to me most strongly are Winnicott and Kohut. In this study I have looked at the material through the mirror of my ideas about their work. But I have tried to follow where the teachers and girls have led. After a case history and some thoughts about creativity, I look at family relationships, then at school experiences, and then in greater detail at the reasons why the women I spoke to chose careers in mathematics. The emphasis of the whole study is on feelings, and I finish with an account of feelings towards numbers themselves, the building blocks of mathematics.

By way of a preface, I begin with an account of responses to the idea of infinity. It reflects my own feelings about the infinite nature of the subject of this paper.

INFINITY

Infinity is implicit in mathematics. Mathematics is based on numbers, and numbers go on forever.

A teacher recalls her feelings about infinity:

It was all part of this idea that the whole subject of mathematics was huge in various senses. It was huge because it dealt with some huge numbers. It was part of the mysteriousness. You couldn't say what infinity was. I liked it. It still does fascinate me.

But not everyone is fascinated by infinity, particularly as a child. Another teacher, who later made a very creative relationship with mathematics, remembers her first feelings about infinity:

When I first thought about infinity it meant something just going on forever. At the time, I perceived it in terms of the universe just going on forever. It really used to worry me, it used to frighten me, the thought of this universe never ending. I just could not perceive it. I realised the limitation on our minds. I remember lying awake at night just worrying about that. And I linked that to death. I was quite young then. I remember it was something that worried me as much as realising my parents' mortality, that they were going to

die. I felt the same way about the infinity of space. I suppose they were the two things that were outside my own experience.

And a sixth form A-level student writes about what she feels about infinity now:

I find it impossible to accept the concept of infinity. How can something go on forever? I find the hardest concept to grasp is that the universe has no boundary. It is not possible for me to imagine anything so massive and completely impossible to measure.

Infinity implies boundlessness. And loss of boundaries can be very frightening. It may also put people in touch with unconscious feeling states which are very primitive. Matte Blanco has used the mathematical logic of infinite sets to explain the logic of the unconscious (Matte Blanco, 1975). He describes the infinite feeling states of very early childhood. Omnipotence, total helplessness, terror, idealisation, grief, these are all primitive feelings in which there are no boundaries. The implicit infinity of mathematics may put some people powerfully in touch with those parts of themselves they find too threatening. Maths panic, itself an infinite state, may be a response to this.

On the other hand, all creative work occurs on or beyond the boundary. Creativity is a breaking of boundaries in order to establish new forms, new boundaries. The history of mathematics itself shows how each great mathematician has broken with the boundaries of his predecessor and created a new mathematical world. Pythagoras himself believed infinity was part of the original act of creation. The first unit, the heaven, took in the infinite, and produced the universe. It is this capacity to use boundaries, and to free oneself from them, that distinguishes the creative mind. Newton paid tribute to the boundaries of others. "If I have seen further it is by standing on ye shoulders of Giants" (Newton, 1675/6, p. 416).

Infinity is therefore implicit in creativity. If boundaries can be broken, infinite possibilities present themselves. I believe infinity is a key to creativity. Creative people have a capacity to remain in touch with the primitive black and white world of early childhood, and its infinite feeling states, and to integrate these with the world of boundaries. I see creativity as the imagination, oscillating between the finite and the infinite, in an attempt to find form. And for some people mathematics can provide this.

Sixteen-year old girls who have made a creative link with mathematics describe their feelings about infinity.

I think of infinity as endless waves resulting from a stone thrown into water. The ripples carry on and on.

I have some idea of infinity being like obscurity, of not having control of it, of being frightened. It's like history. There's so much before us, so much will come after.

Even though I don't think of infinity as a number, I do think of it as even.

I can imagine space growing infinitely big, but not at any one instant being so. I once wrote a story about a man walking round a circular corridor, shaped like a ring. It was a nightmare for him when he realised.

Infinity is a useful name people give to things they don't understand, or can't explain. It's like qualities in people that never stop. Not like a machine which breaks down. Energy in your body is infinite. I feel I can never get physically exhausted. I eat, and energy is restored. I carry on and on.

Infinity is an endless source. It is something going outwards. It is something getting smaller and smaller. It is impossible to imagine.

I remember sitting in the back of the car, and sometimes if I could count to three in a special mood it worked really strangely, and had to do with infinity. We don't know anything about comparative size. Our solar system, or galaxy, could be a tiny bit of dust in another world.

It's like the chicken and the egg, which came first? Imagination is infinite.

I think of infinity in the form of a circle. I think of it as a ring that you can follow round without beginning or end.

I can believe in infinity when I am standing between two opposite mirrors and I see my reflection repeated as far as I can define it.

A CASE HISTORY

Anna is in her middle twenties. She has a maths degree, and began teaching soon after leaving university. She is a spontaneous and original teacher, who very much enjoys maths. She finds maths "so exciting and beautiful" that she feels frustrated when she cannot share it with her boyfriend. He is not a mathematician.

Anna's earliest memory is of always being put second to a boy in primary school. They sat in rows, in order of ability, and however hard she tried the teacher always put the boy first and Anna second. She felt it to be a great injustice because she believed she was cleverer than he was. It was the first thing she recalled when she talked about her childhood.

Later, in her last year in the junior school, when the children were being given different assignments, another boy was given more

challenging and more interesting work than she was.

He was treated quite specially. And that used to rile me. I was never given the sort of thing that he was given in the first place. Nobody gave me a chance. The teacher would give him some quite advanced stuff, not straightforward, and yet I wasn't given a chance. I resented that.

The problem disappeared when she went to secondary school, because she was then with girls only. They were clever girls. It was in the days of the eleven plus, and the school was the top school in the area. Anna recognised that some girls were more able than she was, but the feeling of resentment and the sense of competition stopped. She felt she was being treated more fairly.

At this stage she did not think of herself as particularly good at maths, though she was in the top division. In the third year of secondary school she began to worry about some exams.

There were things I didn't understand. My father had always been very keen on maths. In fact quite a lot of the time before that he'd been trying to encourage me with it, and saying what a good subject it was. And I was arguing with him, and saying that French was actually more interesting. He definitely loved maths. He always used to help me anyway, and was willing to spend time doing maths with me.

I remember before this particular set of exams he sat down with me, and he spent a long time going over everything. I did the exams feeling more confident. And it turned out I came first or second in the whole class. And this quite surprised me. And I can remember being quite shocked when the teacher took me aside afterwards to say that. I couldn't believe it really. And I thought, perhaps Dad's right, perhaps I am good at it.

Later still, after a move to a different school, where the standard was generally lower, another teacher recognised her talent.

I found myself excelling more in things that I hadn't felt I was particularly good at. And the teacher noticed very early on.

She thought at the time that it was because she was among less able girls.

I was quite surprised still, which is funny because all the time I must have been given a lot of encouragement, and been told that I was pretty good. But I didn't really believe it until this happened, and I was getting 95% on O-level papers.

Then Anna said

I'm sure that if I hadn't had all that feed-back I wouldn't necessarily have gone in for it. It was definitely in my case an

example of all the positive feed-back, giving me more confidence and more pleasure in it, because I knew it was something I could succeed at, and I could do well at.

Anna spoke about her father's strong influence. He had loved mathematical problems of all sorts. He used to give her problems to solve, even those he could not do himself. She remembered being on a family holiday, and sitting with him on the beach, trying to work out some mathematical puzzles. She was the eldest of three children, and the only child who shared his interest.

There was an awful lot of time we spent together, doing things like that. There was quite a close bond between us, the fact that we both liked doing maths.

In adolescence she had argued with him about her preference for French. Because of the closeness of the bond between them, arguing with him was one way of asserting her independence.

What finally drew her to maths was not just her father but also the encouragement from school. It gave her confidence, and became a challenge. So she went to university to read mathematics, the first member of her family to go to university.

My dream would be to be a good mathematician doing research, but I know I'm not that good. I'm not good enough for that.

This dream was with her all through her university career. She felt that to be good at maths was intellectually rewarding, but that it also gave her status. Other people would admire her. It was unusual for a girl to study maths.

At the end of her first year at university, she met and fell in love with a man in the third year who was generally regarded to be a maths genius. He achieved firsts, in spite of not working hard.

He was really clever. And I admired him so much. That was exactly what I would have liked to have been. I wanted to be like him, so I started adopting his approach to it. I desperately wanted to be like him.

After he had taken his degree he moved to another university to do his Ph.D. Anna wanted so much to be associated with someone who was doing a Ph.D. in maths that she interrupted her course, and resumed it at his new university in order to be with him.

It was just too much. It was wonderful, the thought of getting some kind of appreciation from him as well. He would be there to praise me if I could do things and understood. And I would listen to what he was learning about and try and get involved with it. It was all again to raise my self-esteem and the esteem of others.

But she did not in fact work very hard, and she did not get a first class degree. Before the end of her course she and the gifted mathematician split up.

During the last six months of her course she nevertheless became very involved in her dissertation. She enjoyed working on it, and thought it might be good. But she was scared when she finally handed it in. Some of the proofs were her own. She had not been able to find any in the literature. She feared that her work might be trivial, too basic. But it was commended. A lecturer took her aside afterwards, and told her that she had done a really original piece of work. She was very excited.

When he said that to me it was just wonderful, because it made me feel that what I had felt about it was right. I felt I really got something out of doing it, my own piece of work, and I did do bits of original maths in it.

Anna became more confident of her ability after this experience. She had used maths creatively. She is now taking it even further by taking an M.Sc. in the subject.

Anna's story illustrates two needs of a talented child. One is to be recognised, and the other is to find someone with the same talent to idealise. When these needs were not met, she felt angry and frustrated. But when she found them, in her father, and in her boyfriend, she shared in their skills in order to develop her own.

CREATIVITY

Anna's search, both for someone to recognise her, and for someone to idealise, suggests a link with the work of Kohut on the development of the self (Kohut, 1977 and 1978).

Kohut shows that a small child needs two different types of relationship in order to develop a sense of himself as a person, a sense of his own individuality. These are relationships, in Kohut's terminology, to self-objects. A child needs a mirroring self-object, and he needs an idealised self-object.

At the early stages of development, the mirroring self-object is likely to be an empathic mother, who understands her baby's feelings. If she is able to contain them, and reflect them back to him, she gives them meaning for him. He learns through her to make sense of his feeling world.

Kohut's mirroring self-object has much in common with the later stages of Winnicott's good-enough mother (Winnicott, 1965). At first, the good-enough mother provides an environment for her baby that protects him from too much disruption. He needs to be allowed to be, simply to exist. Any impingement, of hunger, or of pain, for example,

interrupts this continuity, and he is forced to react to the stimulus. If his mother can keep the impingements to a level the baby can tolerate, he learns, by repeatedly surviving the interruptions, that he has continuity, and that he exists. And so a sense of himself as separate from his environment begins to develop. At this stage mirroring begins. He begins an emotional dialogue between himself and the world. In her mirroring response, the good-enough mother makes sense of his feelings for him. The emphasis at the earliest stage is on the mother's face. This is a move away from the breast, central to the work of Melanie Klein.

Kohut shows that the need for mirroring continues well after the first few months. In order to create himself a small child needs reflection from an empathic parent. Part of mirroring is recognition. The mirror needs both to recognise, and to reflect back.

In addition to the mirror, a child also needs someone he can idealise. To begin with he feels merged with this person, and shares in his power. This is the stage of omnipotence, the stage of Kohut's grandiose self. Later, as he becomes more aware of separation, he wants to be like his ideal, to identify with him. And he needs recognition from his ideal for his own talents and skills.

Both parents may at any time take either role. But both types of relationship are necessary for a child to establish a sturdy sense of self-esteem, to create himself. If he does so, he has made the first and most important step towards a creative life. "Kohut's baby is born strong, not weak" (Pines, 1984, p. 28).

Kohut describes the rage and frustration that follow when the self-objects fail and there is narcissistic injury (Kohut, 1978, pp. 615-658). Anna's resentment, when her primary school teacher failed to recognise her, has echoes of this early anger. Kohut describes too how patients whose needs have not been adequately met as children become more creative as they work through these needs in analysis.

As the child develops, he needs both objects in order to be creative. He needs to make creative links with the ideal for the growth of his own individuality. But he still needs the mirror to record and reflect back to him each creative new move between himself and his ideal. A simple image would be of a small child, needing his mother to smile while his father is helping him to walk.

I see the triangle between the small child, his mirror, and his ideal, as creative space. In that space the child at first creates himself. Later, when the first self-objects have become internalised, the space remains for other creative activity. But the need for recognition and for an ideal remains. The need is strong through all the learning processes, and is important, I believe, in education. Later it exists in a modified form in

adult life. Friends, colleagues, partners become mirrors. A career or leisure activity may become an ideal.

I believe too that the first triangle is also the source of envy. My experience does not suggest, as Melanie Klein does, that envy is basically innate (Klein, 1957). I see it occurring when there is a failure in the creative relationship between a child and his ideal. If a child feels his own talent remains unrecognised and his creativity is frustrated, he will use his energy to create an envied object instead. Envy breeds where creativity has failed.

It may be useful to look at the development of mathematical ability as part of the creative activity within the triangle. If the talent for maths is not recognised early enough, or if there is nobody with the talent for the child to idealise, the talent may simply die. Or it may lie so securely hidden that it remains undiscovered.

Research in America in 1964 showed that a group of boys whose fathers had been absent during their early childhood were later less mathematically able than other boys of their age (Hudson, 1968, p. 21). It would suggest that part of the triangle was missing for them at an important stage.

The anger that mathematics often stirs up may be related to what Kohut describes as narcissistic rage following a failure by the self-objects. If the talent cannot be used creatively, it becomes a source of envy, and later of self-envy, which leads to spoiling and self-denigration. The complacency with which women sometimes say how hopeless they are at maths hints at a strong drive to disowning whatever ability they may have.

FAMILY RELATIONSHIPS

The first creative triangle occurs in the family. Before children meet teachers, they meet parents. And their first mathematical experiences will be at home and not at school. For this reason I was interested in what girls felt about their families.

The girls' parents were predominantly middle class and in professional careers. In several cases both parents had professional jobs. They attended regularly at parents' evenings at the school, and they showed interest and involvement in their daughter's work. One girl was the daughter of two doctors, another of two actors. The parents of a third were both philosophers. Among the other parents were more doctors, an architect, an accountant, an artist, a businessman and an English teacher.

What came across very strongly in the interviews was the warmth of feeling expressed by the girls towards their parents. It surprised me. I

had expected among the group to find some signs of irritation, to find some girls who were more rebellious.

The girls spoke of having discussed their choices of A-level subjects with their parents, and of being encouraged in their work, without, it seemed, being under undue pressure from home to achieve.

One girl spoke with great pleasure of being able to share her maths with her mother, who had been re-training to be a maths teacher. There seemed to be a strong bond between them. She denied that her mother had had any influence on her choice of A-level subjects. But when I said that maths, Greek, physics and art were an unusual combination, she said with warmth that her mother thought the subject were all pure,

all clear, all very logical and clear, and they come together in this purity. My Mum always insists that it has to have some point where it all meets; they're very pure subjects.

This girl is the elder of two daughters. At primary school she always identified with the boys, and all her friends were boys. During her interview with me she made a point of telling me that her interest in maths probably stemmed from her friendships with boys at that time.

But relationships with fathers seemed important in more cases. Maths seemed to provide a bond between father and daughter. Anna's strong attachment to her father has already been described. Another colleague thought she might have studied maths partly because of her father. He was more interested in maths than her mother.

I was always closer to my Dad anyway, always wanting to get his approval, as well as Mum's, but to a greater extent with Dad, whether or not that affected me, in the sense he could do maths, and so I felt I ought to be able to do maths.

She remembered a time when he had helped her, early in the morning while he was shaving, because she was worried about some homework. Ironically, she said, he had got the answers wrong, but she did not mind because she had got her work done on time. She admitted too to having been very competitive with her older brother, who was not good at figures, and had a block about arithmetic.

The choice of maths for one girl in the group seemed linked to her need to surprise and impress her parents. She was the eldest of five children, and had always been very competitive with a brother who was a year younger than she was. She spoke with delight of the attention she was given in the family for being the mathematical one while her brother had settled for the arts.

Whereas a boy should be good at science and maths, and the girls should be good at arts, it's the other way round in our family. It's

like an achievement really. My father and my uncles are proud of my interest in maths. And my parents are always boasting in front of friends that I like maths.

Another girl spoke of her father helping her with her homework, even though her mother was good at maths.

I find I'm turning more and more to my Dad as it goes on. If I'm not quite sure of something he can explain it to me. He understands better, and he's more patient than Mum is.

She said her father enjoyed helping her.

He wants me to understand it, and he can shout his head off, but I don't let that worry me. The other day, on the way here, he parked the car in the road for twenty minutes while he was explaining this question on the way to school. I do like learning from him.

Another girl who also seemed to have a close bond with her father spoke of being encouraged to do science by him because of his interest. He was a doctor. She said she had at first liked her father's encouragement, but then became annoyed because she feared he was pushing her.

I was a bit afraid I would do something because someone else wanted me to do it rather than that I wanted to do it.

She admitted to "being scared" that she would not be independent. In fact, though she insisted to her father that she was not going to be a doctor, she is doing maths, physics and chemistry in the sixth form. What came across as she spoke was a strong affection for her father, within which she was trying, and succeeding, to establish her own identity. And she felt pride in her growing independence.

To be "the bright one" in the family was a theme in another girl's feelings about herself and her parents. "My parents thought I was the intelligent one, and they encouraged me". No-one in her family was mathematical. An older brother and sister had not distinguished themselves academically. She seemed to respond to her parents' expectations and enjoy them.

When I looked at the girls' and teachers' positions in their families, I was struck by some curious facts. Of eleven bright A-level students, seven were the eldest children in their families. Of five maths teachers, four were the eldest children in their families. Of a total of sixteen mathematically able girls and women, eleven were first-born children. There were no only children at all. Two girls were the eldest of five, two girls and one teacher were the eldest of four, and one teacher was the eldest of three children.

Several questions remain with me. A first-born child is the child on which parents learn. How much do the impingements of this particular

experience lead to precocious and abstract intellectual development as a defensive measure (Winnicott 1958, p. 185)? First-born children often have difficult births. Is this experience, again, an incentive to abstract thinking? First-born children will identify more strongly with their parents, and later with adults, than others. What effect does this have? Does the trauma for first-born children of the subsequent births of their younger brothers and sisters, particularly in large families, lead to a need to abstract and order this experience; and is mathematical thinking one way of doing this? Addition, for first-born children, can be a real and painful experience. An image from one of the teachers seems to illustrate this. She was a member of a family of five. Her association to the numeral five was that it was a frustrating, pregnant woman.

Finally, how much does the eldest girl in the family need to find common links with her father that exclude both her mother and her brothers and sisters? Mathematics, still regarded as an unusual skill for a girl, may be a way of doing this. She may be responding too to what her father is seeking in his first-born child, a reflection of his own mathematical ability.

PRIMARY SCHOOL EXPERIENCES

The girls' memories of primary school showed evidence of early positive mirroring.

Maths was really good fun. Half the point was impressing the teacher. I used to love getting the work back, that's the whole pleasure. I think it's partly because you want to impress someone. I wanted to know I was good at something.

I had a really good teacher. We had maths every morning, an hour of it, and she wanted us to do it. She was very serious about it. It was an important subject to us. I enjoyed it because I could do it.

One girl said that in her primary school class everyone had been enthusiastic about maths straightaway. They had had a good teacher. She could remember doing fractions and really enjoying them. "I used to look forward to the lessons because I could actually do the work". Another said that all she could remember about primary school was that she had been good at long division.

One of the teachers recalled during her interview with me that she had not learnt from her mother until much later that her junior school teacher had always believed that she would one day do a maths degree. She herself had not thought of herself as being very good at maths. But she did in fact go on to take a maths degree. So some early recognition,

perhaps not adequately mirrored back to her at the time, had sown seeds which led back to maths later.

A mother's mirroring role, supporting work at school, came up in the following memory:

In Infants I used to come home if we'd done something new, and I would think a bit further ahead, and I'd say "We've done this, Mum, but can you show me how you do it a bit further on". That meant that when we did it at school I'd already done it because I was interested.

It may also be possible to use a friend as a mirror. Two girls from the same primary school recalled enjoying doing things together, without any element of competition.

We always went really fast. It was the one lesson that we really worked in. We always went as fast as we could.

Most vivid of all was a girl who said, with great animation,

I remember in primary school enjoying maths. I remember beginning to enjoy it because I was good at it. I remember a teacher told me "Oh, you're good at maths", and then suddenly I really loved it. I think I only decided I liked it because I was told I was good at it.

What comes across so strikingly in this last account is the power of the mirror to recognise, to reflect, and then to give back something that was not consciously there before.

The particular mathematical topics and insights that the girls remembered most clearly showed their pleasure in puzzling over relationships, and their delight when they made sense of them.

I was amazed that if you did two times six, then six times two, it came to the same thing. I remember that really amazing me.

Another early memory was of learning to add. After talking quite vividly about the satisfaction of seeing how things fitted, seeing the relationships between things, a girl said,

I've always been able to do it. Even when you're learning to add. You've got two numbers, and you make them into special little columns, and you have your units and you have your tens, and you bring things down in something that does not seem to be related, and you get an answer that is related to the first two numbers.

The way she described this memory suggested a strong emotional content. I wondered whether she was recalling an early unconscious experience of relating maths to relationships at home. For her, addition seemed to symbolise the relationships between her parents, and her own arrival in the family.

Another girl, talking about fractions, said she remembered thinking "*How* do I do those?" But she had had a teacher who made us understand everything, and we could apply them, add them and subtract them, and divide them, whatever, and generally manipulate them. It's the achievement factor again. It's encouraging.

Fractions came up as a good memory for another girl too.

I loved it when I understood fractions, because they did seem difficult. And now it turns out that a lot of people find fractions difficult.

She then went on to describe, with animation, why she thought they were difficult.

You know when you're taught it, and they give you a big circle, and quarters, and eights, and sixteenths, they're all fine. It's the other ones, the thirds, and the fifths, there's no way you can actually draw them and you get really frightened about them.

I wondered whether at an unconscious level she may have seen the circle as the family, and subsequent divisions were a symbolic way of looking at creation, and of generations reproducing themselves.

It is perhaps this ability to use maths symbolically to puzzle over family relationships, and to explain them, that distinguishes some of those who achieve in the subject from those who do not. At an early unconscious level some relationship between the family puzzle and the maths puzzle seems to be necessary.

SIXTH FORM EXPERIENCES

No single clear theme emerged when the girls talked about their feelings about maths in the sixth form. They seemed to enjoy its structure, they enjoyed understanding how things fitted — a development, it seemed, from the interest in relationships in primary school — and they enjoyed manipulating, which seemed a sophisticated way of describing play. Perhaps most strongly of all, they enjoyed finding answers.

Most of the girls in the group had chosen maths as one of their A-level subjects because they enjoyed it. One girl said

I like it, and I think I'm quite good at it, and anything you enjoy and feel you're secure at you should continue.

Another girl, describing particular aspects of mathematics, said she liked what was abstract. She enjoyed manipulating and solving, "tidying things up, working with shapes, with circles and triangles, particularly with circles."

A pleasure in manipulating was shared by several girls. The spoke particularly of their pleasure in algebra.

I've never thought of maths as related. That's why I like algebra better than geometry.

Another said,

I like the way things work out. I like playing with numbers, I like shifting things around.

She added that it "felt so good" when she had solved a difficult problem. Another girl enjoyed being able to resolve things, "seeing how things work, all the theories work in with each other".

A girl who had chosen to do maths because it was her favourite subject — and easier than Greek and physics, her other academic subjects — said,

One thing that's nice is that you know what you've got to do and where you're going. It's got a structure in a way. It's also nice the way it's all so formal and it all fits together. I don't like it for any useful reason. It just appeals to me.

This girl, and several others, said they enjoyed the abstractness of maths. They preferred maths to physics for this reason. One girl said

I find it's less to do with anything, it's a bit more detached than physics. It's more relaxing.

But she admitted that she sometimes found maths hard. And then, when she was stuck with a problem, the detachment was irritating.

You can't relate any of the figures to anything, you can't see any point to anything, and that's a bit annoying. I think it just depends on the sort of mood I'm in.

Another girl said she liked maths because she could do it without getting too involved, as she did in English or music.

I can do it, and I can get it out of the way. I can never do that with English.

This girl, whose other A-level subjects were English, physics and music, spoke imaginatively about the links between problem solving in maths and getting at the meaning of a poem in English. A poem was

like a problem, and you're piecing bits together. If you read a poem, there's some kind of core meaning you've got to grasp, and the rest is like a muff around it. You've got to get through to the core.

Her enjoyment came from finding out what the core was. This pleasure she described as

always looking at what people are really meaning, in any situation, and what they're really saying, forget all the fluff.

Perhaps this is the great satisfaction many people find in mathematics. There is no fluff. It speaks simply and clearly to those who understand its language. This same girl related this pleasure to music too, which she found very mathematical in its structure.

Even a Mozart string quartet, it's so balanced, and each little bit coming and doing its little part, and it sort of fits together. Like a puzzle that fits into place.

But some girls said they were frustrated when they had difficulties with their work.

I get depressed. I hate it. It's really frustrating. It makes me feel thick at times.

I just get very annoyed when I keep on getting the wrong answer. It's very nice when I eventually get the right answer.

There are times in maths when you *want* to be told the right answer.

This last girl said that maths lost the quality of play for her when she did not get the answer for a long time. Then she got angry with herself. But another girl said firmly that she did not get frustrated if she had difficulty. Her satisfaction came both from struggling to achieve the right answer, and from getting it.

It depends what kind of a person you are, if you're quite a secure person. A lot of people can't cope with not being able to get things right.

It was clear from all the interviews that getting things right did add greatly to the girls' pleasure in the subject.

One of the nice things about maths is that you get an answer in the end. In some things you don't.

It's just really good fun. You can actually get answers to hard questions.

It's just nice when you finally do understand something, to be able to apply it, and see it come out right. Because you know you've got it right, which is something you're never quite sure with things like essay writing. You're never quite sure how well you're doing.

In English there's no right and wrong. In maths it's got to be right, it's got to fit together in a special structure in order for it to work. I love that.

It seemed from what they said that maths had itself become a mirror for most of them, in which they were able to see their own success. A maths

problem gives back an answer. If the answer is right, it mirrors back a smiling face. Each success reflected back to them their own ability.

TEACHERS

My interviews with the teachers revealed complex reasons for their choice of careers in mathematics.

Anna's pursuit of mathematics, which I have already described, has been a search for the development of a creative talent, in order to establish a stronger sense of her own identity.

Another teacher, Sally, has had a more complex and frustrating relationship with mathematics. She seems to have made it an idealised object, with which she has had some difficulty in establishing a satisfying creative link. But her persistence comes over strongly nonetheless.

Sally has been teaching maths for several years. She has a degree in mathematics and philosophy, and, like Anna, she is doing a further degree in mathematical education.

She was a clever girl at school. Being good at exams gave her status. As a younger child she had always found maths easy. She said she could do it "curled up in an armchair, without great mental preparation". She wondered whether she had liked it because she was lazy. In the sixth form she had found applied maths hard, and though she had achieved — with luck, she thought — a good grade at A-level, she later wondered whether it would have been better if she had failed then, and not attempted to read it at university. But she admitted to being more concerned with status than she realized. And she saw maths as a status subject:

It produces a strong reaction in other people. It makes you feel you've got something special. There's something about wanting to be a bit special, a bit different, that's part of doing it.

She sometimes regretted her decision to read this subject while she was at university.

It was just too hard. And then it began to frighten me, really. I'd embarked on this thing that I'd got to pretend I was some sort of expert in. Now there were people who were heaps better, and just had an instinctive talent and gift that I couldn't hope to emulate at all.

Sally herself feels she has not got the gift. She sees it in other people, even in some — her husband, for example — who are not mathematicians. She recalled during her discussion with me several humiliating experiences, at school, at university, and at teacher training college, where maths had made her feel inadequate. She said, "I think I

remember more the times that show me that I wasn't in the first flight".

She saw maths as a huge subject. It fascinated her, but she thought she could enjoy it better as a sort of spectator. She would be happy being a member of the audience, being a layman in it. "Whereas because of what I've done, I have to pretend to be a mathematician." And yet Sally teaches maths — with great sensitivity — and is putting herself under strain in her attempt to achieve a further qualification in it. Her sense of inadequacy and frustration have still not prevented her from trying to make a creative link with her ideal.

At the end of her discussion with me she spoke with great feeling about what maths meant to her. What she said underlined the powerful need, in any creative learning experience, to make a strong link with an ideal. Kohut's strong child, in search of himself, and having difficulty with his idealised object, might have spoken with the same feeling.

Maths is a subject you can't let go, in some way. It's sort of got me. I'm hooked and fascinated, even though in lots of ways it's given me experiences I haven't cared for, because it's made me feel a failure, and I don't enjoy that. Yet still I can't relinquish it.

The two youngest teachers, Mary, a student teacher, and Catherine, in her first year of teaching, both spoke with mixed feelings about their reasons for having chosen maths as a career.

Mary had always wanted to be a vet. But she had not been clever enough at school to pursue so competitive a career, and this had been a great disappointment to her. She had always been fairly good at maths, and so she went to university and took a maths degree. What she enjoyed about maths, she said, was its logic. She put great stress on this.

I find I use logic all the time. When I'm having political or religious discussions, I'm always coming out with "Yes, but logically ..." It really frustrates me when friends and relations come out with silly illogical statements that don't follow. I think that's why I like maths. If you can think mathematically then there'd be a lot more logic.

During her interview with me, Mary spoke with some irritation and embarrassment about her father. She called him eccentric. He had been a brilliant scientist, after reading maths and physics at university. But when she was ten years old he had had a breakdown. He now worked in a factory. He had tried to discourage her from taking A-levels, and going on to further education. He believed everybody should work in a factory.

I felt her passionate attachment to the logic of maths was a longing for some logic from her father. It is likely that she had had early positive

maths experiences with him as a small child. His breakdown, and subsequent change of interest, must have been disturbing and disillusioning for her. It seemed that she was using maths as a defence both against her disappointment with her father and against her disappointment about her failure to become a vet. Some sense of this came over when she owned to having a bad memory. She thought this was one of the reasons she enjoyed maths. "It doesn't require a memory. I do it from basic principles most of the time."

Catherine, in her first year of teaching, had a different, much closer relationship with her parents. It was they who had encouraged her in an academic career, and had advised her into teaching. She recalled how keen her parents were that she should do well in exams. She used to do multiplication tables in the garden with her mother. She got tremendous satisfaction from tables.

Just learning a bulk of knowledge you thought important, or other people thought important.

Later she said

I was very frightened of letting Mum and Dad down, but the failure as it related to my self concept — that didn't affect me. It was more how Mum and Dad's reaction would relate to me.

She added that she wanted to go to university because her parents had wanted her to go. Her parents had high hopes of the children. They had not been to university themselves. And it was her parents who had always thought teaching was a nice occupation for a woman.

Her mixed feelings revealed themselves when she said she had really wanted to be an art teacher. Her regret was that by teaching maths she might be losing something of her creative side. Because of her parents, she had concentrated on academic subjects at school, and so she was not qualified to teach art.

Her own reason for going into teaching was because she enjoyed activities with children. She loved teaching pupils who were interested. It upset her when the children she taught were not. She had gone into teaching "to have fun with kids"; when she and the children did not have fun with maths, she said, they got fed up with each other, and with maths.

She admitted that she got on better with children than with adults. She felt she had the same sense of fun as they did. What came across as she spoke was her sensitivity to their needs.

Maths teaching for Catherine seemed to be a means of pleasing her parents. Behind this there were wistful echoes of a different Catherine, who seemed to find herself in the children she taught.

My own experience shows ambivalence too. My path to maths teaching was not straightforward. At school I had been expected to read classics when I went to university. But in the sixth form I retreated with relief into the ordered, black and white world of mathematics when the symbolic freedom of classics became too threatening. I needed the structure of the clear right and wrong of mathematics to hold my adolescent turbulence. Changing subjects in this way was partly defensive, and I studied maths at university with little deep inner satisfaction. Though I achieved a good degree I was glad to leave mathematics behind when I left university. It was not until nearly twenty years later that I picked up a maths book again, and went with pleasure into maths teaching.

My experience, and possibly also the experience of Mary and Catherine, suggests that maths used partially as a defence is a way of ensuring an ordered world, where things can be right. And the need to get things right is very strong in those cases where a relatively insecure ego is protected by a false self built on compliance. Where a relationship has been made with numbers, and the necessary skill has been achieved, mathematics offers an excellent way of ensuring the approval of the environment. The answer will be right. Creative spontaneity has been lost, but the true self can retreat from the complexity of the emotional world of words, and hide behind the certainties of numbers. As with Hudson's convergers, the true self retreats to a haven "from embarrassment, from criticism, and from emotions which are disruptive and inexplicable" (Hudson, 1966, p. 134).

It may be that mathematicians who have used maths as a defensive strategy in this way in childhood or adolescence enjoy teaching because it offers them an outlet for a more creative use of their skills. In their relationships with children, they may be seeking those parts of themselves that retreated early from the too heavy demands of their parents. Among the teachers I spoke to, those most sensitive to the needs of their pupils are those most in touch with that part of themselves that was left behind.

It is as though the creative triangle, which partially failed these mathematicians as children, can be reached a second time when, as adults, they are trying to pass on their skills to their pupils.

NUMBERS

This paper has shown the complexity of feelings towards so rational a subject as mathematics. Even the rational alphabet of mathematics, numbers themselves, can carry a strong emotional content. One of the girls disliked numbers because, unlike words, they were too definite. But

for many people, associations to numbers, whether conscious or not, are far from definite. So I also looked at emotional responses to numbers themselves.

Numbers are symbols. And symbols are associated, consciously or unconsciously, with feelings. We symbolise in order to make sense of the world, and our feelings about the world.

Pythagoras believed the number three represented perfect harmony. He interpreted the world through numbers. One represented unity, or deity, and two represented diversity, or strife and evil. The sum of one and two, therefore, represented the integration of unity with diversity, or the integration of good and evil. (In Kleinian terms, I suppose, he might be interpreted as saying that one and two were elements of the paranoid-schizoid position, and three showed that the depressive position had been reached.)

Three was an important magical number in the ancient world. Greek gods were invoked in threes, the dead were invoked three times. The Etruscans, and later the Romans, also grouped their gods in threes. And this triad later became incorporated into the Christian symbolism of the Trinity.

In *The Interpretation of Dreams*, Freud refers to the number three as a symbol of the male genitals (Freud, 1900, p. 476). A more feminist view might be that its shape was more likely to represent the female breasts than male genitals. For one teacher, the number three represented a child, "quite young, a bit aloof".

Hanna Segal has described the process of unconscious symbol formation using Melanie Klein's work on object relations (Segal, 1957). Before the depressive position is reached, symbols are used primitively and are felt to represent the object itself. According to Hanna Segal, they are "symbolic equations". This leads to concrete, rather than to abstract, thinking, and there may be a clue here to the difficulty some children have in relating to numbers at all. If numbers for them have become associated at a primitive level with bad objects, they become terrifying and must be destroyed. But by the time the depressive position is reached, and good and bad objects have been integrated, a child's growing sense of reality leads to an inhibition of his instinctual aims. This becomes a powerful incentive for him to form symbols of a different kind. A child now creates symbols to engage with them creatively. And numbers will one day be symbols for him, both at a conscious and unconscious level.

Because of this I wondered what girls and women who were good at maths actually felt about numbers. The most vivid account came from a teacher.

I make numbers into personalities.

Number one goes into everything, either he's nosey, or he's friendly. My feelings go more towards the masculine feminine thing.

Two is obviously curved. I feel a bit doubtful about number two, he's not too friendly. It sounds ridiculous, I tend to do that with most objects. I put a personality into them. I get vibes from things. They have personalities, traits, friendliness, unfriendliness, masculinity, femininity. Different ideas present themselves to me. Number seven, as you'd expect, is a fairly angular character, rather aloof. If he were a person he'd probably be a salesman, a spivvy type, with a little moustache and a little trilby.

Number five is rather a ponderous type, a woman, a pregnant woman, because of the shape. Rather thick as well, a bit frustrating.

Number four is quite pleasing. I think masculine, but very sensible.

Eight is a nice number. Eight is feminine.

When I asked her about nought, she said "I didn't really come into contact with nought. It's not part of my nice little family of numbers".

This teacher has clearly articulated a process of giving numbers personalities, in order to relate to them. Though numbers are conscious symbols they may have unconscious symbolic associations. For this teacher her associations were more conscious than most. She needed them in order to relate to numbers.

When I asked the girls about their feelings about numbers, several said they did not have any. But I then asked them to write down some thoughts about particular numbers. Their feelings about nought and one I found especially vivid.

Nought is like the middle of a balance. There's nothing added on either side. And the system is at rest. But it's also a starting point — like a clean slate.

Nought is really an abstract number, more abstract than any other. You can't ever say that you have scaled down to nought. There can always be a tiny division on a scale that we can't see, that means nought is not actually there.

I don't like this idea. It's as if there will always be this secret, whether there's actually nothing or not.

Nought is nothing, empty, round, fat, straight, even black, beginning.

I think of nought as darkness. It's empty, quiet.

I think of nought as a middle. Either exact middle, or very beginning.

I don't think of nought as a number, but as an association, such as people with no clothes, or an empty basket.

You can see through it, put your hand through the middle of it, if it were actual.

Lots of noughts going off into the paper into the distance, so the one you see is the head, like a curly dragon. There seems to be lots you can pull out of it. If you grab this nought and take it away, there'll always be another in its place. It's always there.

The number nought seems real, round, solid. Not nothing, but something.

I kind of feel a nought on its own is more a picture and less of a functional figure.

Nought is a negative sounding word, but I think it's got quite positive associations for me. I think it is probably a bit difficult to grasp that it's not really an end or a beginning, and so sort of suspends. It's stationary. Other numbers can move, be negative or positive, but nought is always reliably, but somehow illusively, still.

In noughts and crosses I always want to be crosses.

A cross is a more definite sign. It doesn't have the mysticism that nought does.

We use a circle as our mathematical symbol for nought. If a child draws a circle during a therapy session, a Kleinian therapist might interpret it as a breast. A therapist using the work of Winnicott might interpret it as a face, or a representation of the self. My own associations to the circle are of symbiosis, of union with another. It represents being contained, belonging. I see a mother and newborn baby, enclosed in the same skin, sharing the same world inside the circle of Winnicott's primary maternal preoccupation.

The associations of the girls seem to make a link between the idea of nothingness, which nought symbolises, and the circular symbol we use for it. The unconscious link may lie in a return to the womb. The girls' associations give a sense of being at rest, of being free from strong feelings, of darkness and of mystery. Nought stands for the time before birth. It stands for pre-existence, as well as for non-existence, negation.

The girl who sees it as "either exact middle, or very beginning" may have been voicing an unconscious association with her own beginning inside her mother. One of the difficulties many people experience with negative numbers may be associated with difficulties, at a primitive

level, of understanding the time before birth. An interview in Laurie Buxton's book suggests just that (Buxton, 1981, p. 132).

Though a return to the womb represents at one level a return to the garden of Eden, at another level it implies the loss of the hard-won sense of identity which follows separation from mother. The symbol for nought, the circle, may therefore stir up very strong conflicting feelings. It is perhaps not surprising that the imaginative teacher had no room for it in her family of numbers.

Some associations to the number one, like the teacher's description "he goes into everything, either he's friendly or he's nosey", seemed quite strongly phallic.

Even though it's more than nought, it's substantial, there's less to say.

It's interesting as it has a little cap, a kink, and a long body. Perhaps it's secure, as it has a base. I feel pretty secure with it. It's what you strive for when you're going through all the fractions. Start, positive, countdown, red, not much to say.

Jerky, opposite to nought. It disrupts, it's rigid, both in shape and what it means.

One is the beginning of something. One is a tally, the beginning of hangman.

An easy number, simple. I like finding ones in maths.

I do see one as rather powerful, as if it was always carved out of stone. I remember in history once drawing a pyramid to represent the king at the top, the ministers in the middle and the slaves at the bottom. And the top of the pyramid is how I see one, as the leader, with others coming from it. Also a bit like the original amoeba, always dividing.

My own feeling about the number one is the link with identity, of the successful outcome of the struggle to separate from nought. And the symbol itself is the same as our symbol for our own identity. The link between the girls' associations and my own may be that the number one represents Winnicott's "doing", the masculine element, and nought represents "being", the feminine element (Guntrip, 1968, p. 249). Their integration is necessary for true identity.

It intrigues me that the symbol we use to describe our number base, ten, is a combination of these two powerful symbols, nought and one. I wonder how many primary school teachers, introducing the idea of tens and units for the first time, are aware of the symbolic hornets' nests they may be stirring up in the unconscious of their pupils.

Winnicott made a direct link between the number one, personal development, and the start of mathematical understanding (Winnicott, 1965, p. 100).

Education in terms of the teaching of arithmetic has to wait for that degree of personal integration in the infant that makes the concept of *one* meaningful, and also the idea contained in the first pronoun singular. The child who knows the I AM feeling, and who can carry it, knows about one, and then immediately wants to be taught addition, subtraction and multiplication.

In its simplicity this is a tempting key to mathematical ability. Taken with recent work on women's dependency needs and their low self-esteem (Eichenbaum and Orbach, 1982), it has much to offer. Eichenbaum and Orbach's sensitive work, pursued at the Women's Therapy Centre, has suggested that women's traditional role has made it difficult for them to develop a truly firm sense of self. In their view, the structure of society has led to a psychology in both men and women that makes it impossible for either parent to be truly good-enough for little girls. Society has distorted their creative triangle.

The development of mathematical ability may indeed be linked to this. Several of the girls and teachers I spoke to felt mathematical ability to be a male attribute, and that it gave them special status. Their interest in maths was linked to identification with their fathers, or with other boys, and with rivalry with brothers. This suggests that where both parents can make a more equal contribution, where both father and mother are truly good-enough for healthy self-development, then good-enough teachers may more successfully recognise and foster creative mathematical ability in girls.

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OBITUARY : VICTOR KANTER

Elspeth Morley

In September 1984 a large gathering of friends, family and colleagues of Victor Kanter met together for a Memorial Meeting at which Professor Joseph Sandler, Mrs. Jill Curtis and Mrs. Elspeth Morley spoke, and the distinguished violinist, Harotoum Bedelian, played Bach's Partita in D Minor. Elspeth Morley made the following tribute to Victor Kanter's life, and to his work with the BAP:—

"The last time I attempted to put into words what I think we, in the BAP owe to Victor, was on that Midsummer evening in 1983 when we made a presentation to him as our retiring Chairman. It mattered very little then what I said because I knew that Victor would himself take over; and in his thank you speech, which went on into a brilliant and witty dissertation, all without a written note, about the relationship of psychotherapy to psychoanalysis, in which he prodded, if not demolished a number of sacred cows, he made a success of the whole evening. His gift with words and concepts, and his lovely sense of humour will be sadly missed.

Of course he was very clearly far from well on that occasion. But that too was something we were used to. Even twelve years ago when I first joined the BAP Council, which met then in Rowena Phillipps' lovely flat on the top floor of Queen Anne's Street, I remember meeting Victor at the door and seeing him struggling breathlessly up those three flights of stairs and taking another full five minutes to get to the meeting at the top.

When six years later he was nominated as Chairman I had the temerity to stand for the same office, not because I wanted it, but for the sole reason that I thought the job might kill him. I am thankful that my colleagues had more faith in his stamina and that Victor won that election. Far from killing him it seemed to give him new life and vigour. Indeed unless he was actually in hospital recovering from one of the many distressing operations he had to undergo, I never remember his resisting any part of the workload either as a Council Member or as Chairman. He was my first senior partner in interviewing candidates for training and he initiated me well in the responsibilities of this task. He would almost invariably interview the candidate first, and I knew I could rely on his sound judgement; except on the occasions when the candidate was very musical or very aristocratic or much in need of tender loving care, in which case I would know he relied on me to

balance our partnership by checking out rather carefully the other qualities thought to be desirable in the aspiring psychotherapist.

I am not being fair. Victor had himself the highest standards for the BAP and would consistently point out the gaps between those standards and more opportunist moves. E.g. "No, you cannot use the students of another Course, however reputable, to be the training therapists of our students." Or, "It is one of the unique strengths of this organisation that it has parallel courses in Freudian and Jungian theory and good co-operation between them, but you cannot make an eclectic mishmash of the two, any more than their founder members succeeded in doing". His great strength was his capacity to use what was available and to bide his time and wait, if necessary beyond his own lifetime, for the best to happen.

During his chairmanship Victor enabled us to start the latest addition to the training programme — namely the Child Psychotherapy training. And he came quite near to helping us to get our first accommodation — a project very dear to his heart, to get at least a library and seminar room for the students. That we did not achieve this end, and have still not done so was no fault of his. Another project on which he expended considerable time and energy was the whole issue of Registration for which he attended the Paul Sieghart Committee meetings and added his personal influence to those discussions.

But to get the real measure of our indebtedness to Victor I think we need to go back to long before he became Chairman and see the enormous value it was to us that he should, as a fully qualified member of the Institute of Psychoanalysis, be one of the first two analysts, with his friend and colleague Hilde Eccles, to join the BAP at all. Now when we are a very respectable organisation and have a number of analyst members, and many more who work for our trainings as therapists, supervisors and seminar leaders, it is hard to realise what imaginative courage it must have taken fifteen years ago for Victor to align himself with a young struggling organisation trying to establish itself.

It is my personal view that his single greatest service to us was his enabling of Erich Winter to revolutionise our Freudian training and set it firmly on the road to becoming perhaps the best training in psychoanalytic psychotherapy in the country. Many of us read Victor's intensely moving obituary about Erich when he died three years ago. Victor told me privately that he thought he had himself come in some way to replace for Erich the only son

whom he had lost so tragically as a young man. And I do not honestly think that Erich could have worked so effectively for the BAP without Victor to act as mediator and advocate. Margret Tonnesmann, who took over the Chairmanship of the Freudian training from Erich Winter was saying at a recent Council Meeting that she thought Victor was the BAP's single most influential benefactor. There is no doubt that we had full measure and running over from him, both as an organisation and as so many individuals who have had great kindness and encouragement from him.

The sadness is that he and his family should not have had the longer lease of life after his retirement that they should have been able to enjoy. In some sense he seems to have been cheating death for years into giving him more time; in another sense, still only in his sixties when he died, he seems to have been cheated by death. I know he took a right and proper gamble when he decided to have an operation for the cataract which had been making it impossible for him to read for many months. And despite being in intensive care after the operation he recovered enough to enjoy some weeks at home, gradually regaining his sight. He knew that quality of life was more important than quantity and he would not have wanted to pay the price of semi-blindness to have a longer life. But it is a tragedy that that last gamble did not quite pay off and he was not to live much longer. I personally miss Victor sadly as I know many of us do, and feel such heartfelt sympathy for his wife and daughter in their loss. But we can also feel immense gratitude for Victor's life and service to us all."

BOOK REVIEWS

Jung and the Post-Jungians

Andrew Samuels. Routledge and Kegan Paul, 1985. Pp. 293. £14.95.

This is a book of considerable interest, not just to Jungians, but to anyone concerned with the development of psychotherapy. It is of special interest to those who practise alongside colleagues with different theoretical backgrounds. This is because the author gives not only a very well researched account of Jung's basic concepts and the ways in which they have been developed by various groups of the post Jungians, but he also surveys and makes comparisons with various psycho-analytic developments which have and still are taking place.

Of particular importance to BAP members is the way in which Andrew Samuels has grasped the nettle of the "credibility gap" which is still to some extent associated with Jung's work. He shows in an exact and detailed way how much of Jung's original re-orientation of psycho-analytic theory has been incorporated into modern psycho-analysis. This has, of course, been without acknowledgement because the inaugurators of such changes lacked any knowledge of Jung's writing. Samuels calls them the "unknowing Jungians". There can, in fact, be few authoritative psycho-analysts practising today who would take issue with the essence of the views first put forward by Jung in 1913, although they might well object to the way in which he presented them.

I write from the personal experience of having met fortnightly for the last twenty years a group of Freudian and Jungian analysts convened originally to discuss the similarities and differences in the current practice of each school. What we very soon discerned was that these similarities and differences as they emerged were less a reflection of the schools of thought than of the personalities of the analysts themselves. I have also found working with psycho-analytic colleagues that there are some who find and with whom I find a similarity of approach much closer than with some colleagues from our respective schools of thought.

The reason for this is underlined in Andrew Samuel's book. He describes the three main post-Jungian schools, defining them as "Developmental", "Classical" and "Archetypal". There are distinct parallels in the Developmental and the Kleinian schools of thought. There is, however, more blurring of the boundaries between the Jungian than there is between the Freudian schools simply because the former have not hitherto been clearly defined and recognised. The author's attempt to delineate the Post-Jungian schools is, therefore, a most valuable, not to say heroic, task. Given the comprehensiveness of the

project, there will inevitably be some who may criticize Samuels for failing to do justice to their views. However, in so far as I am competent to judge, his summaries of other people's ideas seem fair enough.

At present the post-Jungian schools do not agree about their differences. They cannot therefore come to that "gentlemen's agreement" by means of which the psycho-analytic schools are able to manage, what to many Jungians seems a very desirable state of affairs, that is: a diversity of trainings under one umbrella. Samuels has the gift of getting to the heart of many very different ideas, being able to assess them from the point of view of their protagonists and at the same time to look at them objectively as an outsider. It may be that the use of these gifts in his attempt to define and then to build bridges between the post-Jungian schools will lay the foundation for that better understanding which could eventually make possible the sort of gentlemen's agreement that now exists, not only at the Institute of Psycho-Analysis but also and most happily between the Jungian and Freudian streams in our own Association.

Indeed it might also serve to bring closer the day envisaged by Dr. Wilson when in 1976 he delivered to the BAP his paper "Can the Streams Unite". He hoped the day would soon come when a basic curriculum for all our students could be worked out. He suggested that it should be constructed on a modular basis some of which would be obligatory to all students and some of which could be selected by students in the school of their choice. As he said we belong to an ever moving discipline where new ideas are emerging which modify and correct former ideas and all serious students of a discipline must engage in some form of encounter with this movement. Keeping our students protected from the cross fertilisation of ideas which can occur, by keeping them segregated, is to deprive them of valuable learning experiences. Andrew Samuels' scholarly exposition, which is non-partisan, would be an essential text book for any student following such a basic curriculum.

ALISON LYONS

On Learning from the Patient

Patrick Casement. Tavistock Publications, 1985. Pp. 256. £6.50 — paperback. £12.00 — hardback.

BAP members have enjoyed, as separate papers in scientific meetings, three chapters from Patrick Casement's remarkable book, *On Learning from the Patient*; and each paper has stood on its own, richly illustrated

by clinical material which is often entertaining and sometimes poignant. But there is considerable additional benefit to be gained from reading this book as a whole. We are told when chapters are presented in a different sequence to the one in which they were written, so we are enabled to see the growth in Casement's thinking and practice during several years of creative psychoanalytic work, with some references even to the long period of social work which preceded his analytic training.

This creativity is grounded in an acceptance of classical Freudian theory and practice, which Casement goes out of his way to vindicate; he cites many examples of 'breaking the rules' in his own practice or in that of trainees he has supervised, or of previous therapists from whose 'unreflecting flexibility' his patients may have suffered; he demonstrates how such failures to maintain the boundaries of the therapy are experienced, often unconsciously, as an assault on the patient and on his relationship with the therapist. On the other hand, 'if firmness becomes rigidity it offers a false security to analyst and patient alike'. Patrick Casement is demonstrating a middle way: a reflective interrelating between therapist and patient within the firm container of the therapy, which allows the therapist provisionally to forego 'the particular theoretical orientation by which he feels supported' and listen instead to the many cues the patient gives of when he feels 'out of tune with what is being said and with how the analysis is being conducted.' Casement shows us how, by using his own internal supervision and trial identification with the patient, even therapeutic 'mistakes' (and he is disarmingly and usefully frank about his own) can be turned to good account as the patient's reactions to them is used to modify the therapist's interpretive response. In this he accords with Winnicott and Bion, from whose work he quotes illuminatingly, in claiming that it is not the technique, or the cleverness, of the analyst from which the patient gains, but from the carefully monitored therapeutic space, in which the patient is helped to reach his own understanding. The therapy becomes a dialogue, with the patient guiding the therapist towards facilitating his individual progress.

This is a book which will be of immense value to psychoanalytic therapists, whether experienced or in training, as well as to those in the helping professions whose work is based on using the relationship with the client. But it is also a delightful book to read, from which the layman (and indeed the patient) could gain much enlightenment. Patrick Casement writes so well, in a deceptively simple jargon-free style, that the profound thought it contains takes the reader almost unawares. I think many of us may endorse Dr. Hyatt William's comment, in his foreword to the book, when he says 'I did not know how much I had

been affected by this book until I became aware that I, quite unconsciously, had begun to use these methods in my own psycho-analytic work.'

ELSPETH MORLEY

The Shoemaker: Anatomy of a Psychotic

Flora Rheta Schreiber. Penguin. 1984. £2.50

Books that chart the course of a criminal career in the form of biography have appeared with increasing frequency on best seller lists in recent years. Truman Capote's "In Cold Blood" and Norman Mailer's "The Executioner's Song" are notable examples. In these, the authors describe the life events of their respective subjects. The reader is enabled to trace the path that leads, with grim inevitability, to the devastating destruction of others and, indeed, of the self. Based on true facts, the books are written in narrative form and read more like fiction than documentary. In "The Shoemaker: Anatomy of a Psychotic" Flora Rheta Schreiber looks at the life of Joseph Kallinger who, in the States of Pennsylvania and New Jersey in the 1970s, embarked upon a series of burglaries, acts of sexual violence, and murder. He was accompanied by his 12-year-old-son who was, in his father's view, not only his accomplice but his "strength". But unlike the above-mentioned authors, Flora Schreiber — who also wrote "Sybil", an account of a woman with multiple personalities — draws upon psychoanalytic theory to substantiate her view that Kallinger was suffering from a psychotic illness which led to his committing the crimes. This diagnosis was not shared, apparently, by all the professional people who interviewed him.

Schreiber reconstructs Joseph Kallinger's life from his birth through his abandonment by his natural mother at three weeks old, his adoption at 22 months by a punitive, pathologically repressed and repressive couple, to the time when, at the age of 45, he was at last in a State Hospital for the Criminally Insane. "At last" because an important part of this story is the all too frequent failure of the legal system, and indeed of some of the medical assessors involved, to recognize, define, and appropriately treat mental illness. It is, again, the old "mad or bad" dispute that too often incarcerates in ill-chosen institutions the perpetrator of a criminal act, thus leaving him at risk both to himself and to others. Had Kallinger been correctly diagnosed as mentally ill much earlier his three victims might be alive today. Indeed, had his deviant behaviour in adolescence been recognised as that of a

deeply disturbed boy rather than of a nasty troublemaker it is just possible — just barely — that he need not have grown up to be psychotic. But such is the tragedy of such men and women: the endless “Ifs”.

Professor Schreiber attempts to show that Kallinger's behaviour, bizarre and dangerous for many years before he committed murder, was the result of a psychotic illness with its onset in early childhood. To this end she has done impressively extensive and meticulous research. In addition to reading every word — and by 1975 there were many — written about the man, she talked with everyone connected with the case who would consent to be interviewed. Most did; a few did not including, most importantly, Michael, the son who accompanied his father on the trail of violence. Most important of all in this account is the knowledge and insight she gained from extensive interviews with Kallinger himself over a period of six years beginning after he was first charged with murder in 1975. She won, most clearly, Kallinger's trust and seems to have become to him an idealized mother figure for whom he unfolded sometimes moving, often lurid descriptions of events, feelings, and fantasies throughout his life. If the acts of violence he committed were horrifying, the accompanying fantasies make them unbelievably repugnant. A small but recurring thought troubled me: given Joseph Kallinger's extremely disturbed feelings and the sexual excitement aroused through his harrowing and sadistic fantasies *about* women, it seems to me that he might well have experienced similar stimulation from describing them *to* a woman. Might not Professor Schreiber's interest and her occasional feelings of horror and revulsion have encouraged him to further aberrant fantasies for her benefit? Sometimes, too, there seems to be an element of voyeurism in the highly detailed description of these fantasies and of his acts of perversion, especially of the latter. Perhaps, however, it is inevitable that this should occur given the nature of the crimes and the particular illness of the man who committed them.

I, for one, find the case Flora Schreiber makes for psychosis convincing. However, I would locate its roots much earlier than does the author. She seems to date Kallinger's condition largely from an incident that occurred when the six year old child came home from hospital having undergone surgery for a hernia. His adoptive parents then subjected him to what was virtually a symbolic castration; a traumatic event which did much, undoubtedly, to determine the psycho-sexual preoccupations of his illness. Surely, however, the seeds of psychosis were firmly sown in the equally traumatic if not as hideously dramatic events of his infancy.

In reading the book I found myself sometimes irritated by what seems to me a conflict of forms: narrative versus clinical account. I was often gripped by a vivid portrayal of events only to be interrupted by a paragraph of theory. Explanations of the aetiology of Kallinger's psychosis were interspersed with fictional devices, e.g. reference to the "lean, firm hands" of a police officer; a victim-to-be "stepped gracefully out of her car", neither of which could be verified objectively. It makes for uneven reading and a feeling that Flora Schreiber, unlike Truman Capote or Norman Mailer, has not decided whether to tell a tale which through narrative guides the reader to certain conclusions about the protagonist, or to present a paper on the psychopathology of a criminal using ample case material to illustrate it.

This book is not, in my opinion, as successful as was "Sybil" in its portrayal of one who suffers from severe emotional disturbance. However, Professor Schreiber writes with sensitivity and authority and her picture of a small bewildered boy who became a sadistic and tortured man arouses compassion as well as revulsion. I hope that she will write another book, one which will not be marred by seeming confusion over form.

MIDGE STUMPFEL

The Words to Say It

Marie Cardinal. With a preface and afterword by **Bruno Bellelheim.**

Translated by Pat Goodheart. Picador. 1983. 221 pages. £2.95.

Marie Cardinal set out to write an autobiographical novel which might convey to others her experience of seven years of analysis, begun after she had been totally incapacitated by a psychotic illness. After consulting many doctors, she had been hidden away in her uncle's private hospital, before making her escape, determined to find analytic treatment. The novel is a living account of her treatment three times a week with a Parisian analyst.

In the course of the book we learn the story of her life as it unfolds in the analysis. At the beginning she is seriously ill, tormented by "the Thing", her image of a terrifying phenomenon she experiences inside herself, and the source of her anxiety. She is also beset by unending menstrual bleeding, which has controlled her life for several years, but which stops, seemingly miraculously, after her analyst has firmly refused to accept it as the focus of her illness. We learn later of a recurring hallucination of a cruel eye staring at her down a tube.

The author is a French Algerian woman who spent her childhood in Algeria. Her parents separated before her birth and she lived with her mother, an apparent paragon of virtue, immersed in the Church and good works. Marie loved her mother to distraction. We learn that there was another little girl who died, now the centre of her mother's morbid preoccupations; that Marie herself was unwanted and should have been aborted. She is told these stark facts as she approaches adolescence, when her mother sets out to warn her against men and sex. As she enters adolescence and later begins her own sexual experience, she becomes anxious. However, she marries and has three children. Her psychotic illness develops, as Dr Bettelheim points out, when she is the same age that her mother was when she tried to abort her. Towards the end of the analysis, her mother deteriorates dramatically into psychotic illness. By this time Marie is all too aware of the link between her own madness and that of her mother.

These are the facts. We learn them through a vivid narrative, with people, places and events from her childhood in Algeria lovingly and poetically described. She recalls childhood terrors, dreams and battles, and the longing for closeness with her mother, which was only ever possible if she was physically ill. By contrast, we see the freedom of her life in the care of loving servants, playing happily with their children. It is a beautiful description of the experience of an imaginative, sensitive and self-willed child.

Her description of the process of analysis as she experienced it, is refreshingly free from theoretical trappings. She sees the analyst as a silent, listening, prompting figure; silent, but strong and insistent. She tries to put her thoughts into words, faces previously unthinkable memories, and makes links which cause unbearable anxiety but bring enormous relief. She describes a feeling of re-birth as she grapples with and understands the madness. She tells of long, grinding periods of resistance, silence and missed sessions, before she can move on to explore the various aspects of her own personality, and then try to come to terms with parts of herself she found unacceptable before. She manages to convey both the rewards and the terrors of her long struggle towards health.

Was it a successful analysis? She becomes able to resume her role as a wife and mother, to become a successful writer, and to live her life free from the terrors of her illness. However, the question arises most tellingly around her relationship with her mother, whom she grew to hate, and of whose madness she is afraid at the end. She rejects her, and can only get back in touch with the good side of their relationship after her mother's death, which also brings her analysis to an end. As Dr

Bettelheim argues, this would seem to be an acceptable flaw in someone who had spent most of her life so harmfully exposed to her mother's unconscious feelings.

I recommend this book, which won the Prix Litt   in 1976, as a well written and very moving novel. From the therapist's point of view, it is a vivid illustration of the life of the unconscious, and a portrait of madness. There is an excellent afterword by Dr Bettelheim, in which he discusses the illness in terms of Marie's introjection of her mother's unconscious disturbance surrounding her unwanted pregnancy. "In analysis she became aware that she had taken into herself her mother's disgust with the foetus that had grown inside of her as a 'self disgust which finally blossomed into madness', a madness in which she became 'that hated and pursued foetus' ".

In conclusion, I feel that the author has succeeded in her aim of conveying the essence of the analytic experience, in all its richness, reward and difficulty.

GILLIAN MILES

Meaning in Madness: The Pastor and the Mentally Ill
John Foskett. Pp. 180.

*Paid to Care? The Limits of Professionalism in
Pastoral Care*
Alastair V. Campbell. Pp. 111.

Letting Go : Caring for the Dying and Bereaved
Ian Ainsworth-Smith and Peter Speck. Pp. 154.

All in the New Library of Pastoral Care. S.P.C.K. 1984 and 1985.  3.95
Paperback.

The Editor of this series, which now contains nine titles, is Canon Derek Blows, Director of the Westminster Pastoral Foundation, a psychotherapist at University College Hospital and an Analytical Psychologist. The series is directed at clergy and lay people who seek to improve their knowledge and skills in pastoral care, recognising that they need to be able to communicate and co-operate with helpers in other disciplines and understand their language and concepts.

John Foskett ("The Meaning of Madness") is Chaplain at the Bethlem Royal and Maudsley Hospitals. Part one of his book consists of

six detailed accounts of exchanges between a pastor and a patient — three neurotics, two psychotics and one personality disorder. These accounts are laid out on one side of a double page with a supervisor's comments opposite. The supervisor was spot on, helping the pastor to understand the importance of sticking to the feelings, reflecting back and where appropriate providing "sanctuary" — which psychotherapists would understand as "holding" in Winnicott's sense. Part two includes chapters on the role of pastoral counselling and on the meaning of suffering in madness or neurosis. Psychotherapists would warm to this book because it sticks so clearly to the material and moves only in proper time to link the material with theory/theology.

Alastair Campbell is Senior Lecturer in the Department of Christian Ethics and Pastoral Theology at Edinburgh University. His book "Paid to Care?" bears the marks of the theoretician with an urge to make sociological, political and theological points. Although the illustrations, collected I assume from the work of parochial ministers, are excellent, Mr Campbell's comments are imposed upon the case material rather than growing out of it, always a temptation for those whose trade is preaching sermons. The question mark in the title of the book suggests a doubt whether it is right to receive payment for work involving the care of others. Surely care should be seen as a desirable part of all kinds of work — management, salesmanship, train driving as well as nursing, social work, etcetera.

Ian Ainsworth-Smith and Peter Speck are Chaplains respectively of St George's and the Royal Free Hospitals, London. Their book on caring for the dying and the bereaved contains more piety than the other two books reviewed — and appropriately so, for inherent in the subject is a turning away from life's preoccupations with work, sex and relationships. However the psychological processes of grief are covered well, as is the pastoral task of helping the bereaved to use their experience constructively for human and spiritual growth. There is a section on the practicalities of death and dying — a list of hospices, how to set about funeral arrangements, leaving your body for medical research and so on.

The publication of this series is encouraging even though the volumes will be uneven in quality, for it represents a serious attempt to use psycho-dynamic understandings to make pastoral interventions more effective.

JOAN BURNETT

Changing Concepts in Psychoanalysis

Edited by Sheila Klebanow, M.D. Gardner Press Inc., New York. 1982. £15.95.

At first sight this book appears to be a collection of papers on five different topics with little to hold them together. However, they are tenuously linked by the common theme from which the book takes its title; all the papers in some way encompass ideas which are not strictly in the classical psychoanalytic vein in terms of concept or technique. The underlying statements implicit in all the papers is that psychoanalytic concepts and techniques continue to evolve and adapt to suit different types of psychopathology: in the debate about whether techniques modified and divergent from classical psychoanalysis are really acceptable, they are all firmly in the affirmative: indeed, they go as far as to say that there is no difference between psychoanalysis and psychoanalytic psychotherapy. Psychoanalysis is broad and evolutionary; its origins are in classical psychoanalysis, but not everyone seeking analytic help is neurotic in Oedipal terms and therefore amenable to establish and work with a transference neurosis. It is natural that theories and techniques should evolve to allow for effective analytic work in other psychopathological states, namely psychotic, borderline and narcissistic. This view of the subject is in direct contradiction to that which maintains that if there are any developments in theory and technique which are divergent in any way from classical psychoanalysis, then it ceases to be psychoanalysis: presumably one would call it psychotherapy. This point of view is very ably argued in "Psychoanalysis: The Impossible Profession" by Janet Malcolm, (reviewed in the BAP Bulletin No. 15, July 1984).

I would argue that the evolutionary view taken by the writers of the book presently under review is creative and constructive, whereas the use of words such as divergent, modifying and diluting are negative and restrictive. The former position encompasses the classical tradition but broadens and expands it with an open mind; the danger in the latter position is that it could become narrow and rigid.

The majority of the papers in this book were presented at the 1978 symposium of the Society of Medical Psychoanalysts 30th Anniversary in New York. Five topics have been taken for exploration, each being focused on some areas whereby the development of a classical transference neurosis is impossible or inappropriate. The overall aim of the book is to demonstrate the evolution of concepts and techniques from Freud until the present day.

In Part I the topic is Myth and Reality. The first paper seeks to explode the myth that there is only one psychoanalytic technique which

is distinguishable from psychotherapy, whilst the second paper differentiates between mythical and actual therapeutic goals to enable the patients "to know what is knowable and unknowable".

Part II takes for its theme "Evolutional theories and clinical applications". This begins with a review of the particular writer's own work in which he concludes that he believes there is no difference between psychoanalysis and psychoanalytic psychotherapy. This is followed by a paper on borderline pathology. It is arguable whether this paper should be here in Part II or in the following section which is devoted entirely to this topic; it is relevant to both parts and also belongs under the heading of this section. The content of this paper will hold no surprises for those who are familiar both with object relations theories and with the writings of such as Modell, Kohut and Kernberg.

The third paper in this section marries cognitive and psychoanalytic theories, whereby psychoanalysis is seen as cognitive repair.

The three papers in Part III are entirely devoted to the Borderline patient. Prognosis is discussed in the first paper where the point is that the outcome is more hopeful if the patient's symptoms are nearer to affective disorders than to "schizophrenic", i.e. that the patient's stage of development is less primitive. I could not help wondering whether or not the writer was familiar with the works of Melanie Klein; also, I think that a far more useful exploration of this subject is to be found in Lawrence Hedges "Listening Perspectives in Psychotherapy" (reviewed in the BAP Bulletin No. 15, July 1984). Having read that book and found it practically very valuable, this paper appears somewhat confused as there is no clear differentiation between psychotic, borderline and narcissistic levels of functioning leading to the use of appropriate psychotherapeutic techniques. Nevertheless, the author is heading towards similar conclusions and ways of working.

The next paper is an interesting comparison between adolescence and borderline states in which the author maintains that this can help one assess whether or not an adolescent's development is psychopathological.

In the final paper the importance is reaffirmed of taking cognizance of reality in the analytic relationship as well as transference. This is seen as evolutionary in analytic thinking rather than divergent.

The two papers in Part IV deal with children. In the first, the link is made between ego and interpersonal deficiency, and failure to achieve object constancy: a major aim in treatment is to build a stable relationship in order to establish constancy.

The second paper again stresses the importance in the relationship of real and transference elements in the service of symptom removal

and structural change.

The final section is devoted to women; there are four papers, the second being a contribution by Jean Baker Miller et al. The first paper examines current psychoanalytic theories in relation to the female castration complex. Miller et al discusses aggression in women, how it poses a threat to self-esteem, and is therefore either suppressed or used in the service of others. It is pointed out that the cause of this is not necessarily solely psychological, but is culturally influenced.

The last two paper in the book are about masochism in women; this is seen as a defence mechanism originating in fear of success followed by retaliation and abandonment by the pre-Oedipal mother, resulting in separation and individuation problems. Therapy can be successful if the therapist is a woman with whom identification can take place as the therapist is seen as a successful and separate woman.

On the whole the book does succeed in linking together the topics with the theme of its title, though at times it seems to be an excuse for a collection of random subjects in which the papers are very interesting if not adding much to our present knowledge.

If this book is seen as a dilution of pure analysis, it will have done a disservice to psychoanalysis, which should never be seen as a static gospel. If, on the other hand, the argument for evolution as the broadening of psychoanalytic concepts and techniques within the boundaries of the classical framework is convincing, then this book is a valuable contribution to psychoanalytic literature.

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HAZEL DANBURY

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Malcolm, J. (1982): *Psychoanalysis: The Impossible Profession*. Pan.

Intimate Strangers

Robert E. Morley. The Family Welfare Association. 1984. Pp. 123. Hardback £7.95, Paperback £3.95.

There have been some dramatic changes in the social structure and expectations of society over the past twenty years. These changes (easier divorce, separation between sex and procreation, women working etc) prompt a feeling of relief in some and generate anxiety over the future of the family and society in many others.

Robert Morley, from a background of probation work, marital

counselling and individual psychotherapy, has written a most useful book from a psychodynamic viewpoint, discussing 'the psychology of relationships and marriage' today and assuring us that despite higher expectations and the precariousness of relating, people are more willing to spend time examining their relationships than ever before. This can, however, be dangerous. Relationships become a cheap, expendable commodity. It seems easier to start again than to put right what is wrong, even if it means repeating the same mistakes. As we all know, there is, today, almost a cult of personal liberation which Mr Morley more objectively describes as 'the claim for more personal space in which the self may flourish'. This presents us with a series of problems and it is indeed a tricky business to achieve the right balance, both within oneself and then, even more precariously with a partner.

As our foundation of self experience is in early social relatedness and the mother/infant pair is our earliest social model, it seems that we need some measure of closeness in order to grow at all. But we need to negotiate this tightrope in such a way that we feel secure enough but do not feel threatened with being overwhelmed or taken over by the closeness so that our very survival feels at risk.

Robert Morley is far from judgemental. Giving clinical examples he discusses all manner of relationship combinations and shows us that there is a continuum of relationships and a whole spectrum of possibilities. Nothing is abnormal or unacceptable and everything can be understood in terms of early experience. Relationships are infinitely complex. How do we ever get the right distance in any close relationship, and once there, how do we maintain it? Morley finds there are four main emotional dimensions which form the basis of relationships and these have to be worked and reworked in the formation and maintenance of close ties. They are: attachment — detachment, commitment — disengagement, intimacy — alienation, similarity — difference.

This way of looking at things makes good sense in terms of my own clinical experience. One can see it continuously operating in the therapeutic relationship where getting the right distance between patient and therapist is absolutely essential and where too uneasy an alignment of these elements can lead a patient to gross acting out or even to a premature ending of treatment. From Morley's illustrative case material one can see how unconscious selection operates and how easy it is to get dovetailing pathology in a couple.

From Morley's book we can appreciate his quote from Bertrand Russell that 'Marriage, and all such close relations, have infinite possibilities of pain ...', but we can see, with Russell's repeated attempts at passion and closeness, how he struggled with all these dimensions. In

fact, all individuals work in a compulsive, repetitive way, at lifelong tasks concerning security and development in their relationships, set by early experiences. Robert Morley shows us that psychotherapy can sometimes offer a simpler route through this exhausting maze.

JUDY COOPER

Psychoanalytic Training in Europe *10 Years of Discussion*

Bulletin monographs. The European Psycho-Analytical Federation £5.00. (The Monograph can be obtained from Mrs Anne-Marie Sandler, The European Psycho-Analytical Federation, 64 Clifton Court, Maida Vale, London NW8 8HU).

This Monograph is a collection of papers read at the Meetings of the European Psycho-Analytical Federation by European training analysts. It deals mainly with problems of psycho-analytic training in various European countries but it also contains some interesting material concerning the differences and similarities between psycho-analytic treatment and the various psycho-analytic orientated psychotherapies, the pros and cons of extending training in psycho-analysis to include a training in various psychotherapeutic techniques and the influence of the theory and practice of psychotherapy upon education for psycho-analysis. The reader will find some selected topics of mutual interest for analysts in Europe discussed in this short book but he/she should not expect to find a comprehensive study of psycho-analytic training and practice in Europe. It is of value for those readers who have a special interest in the subject-matter.

MARGRET TONNESMANN

NOTES ON CONTRIBUTORS

- | | |
|-----------------------------------|--|
| Ena BLYTH
MA (Oxon) | Formerly teacher and administrator. Now a student in her first year of training with the BAP. |
| Joan BURNETT | Formerly General Secretary, British Association for Counselling: psychotherapist in private practice. |
| Judy COOPER
BSc IntMontDip | Psychologist and psychotherapist in private practice: freelance book reviewer. |
| Hazel DANBURY
BA | Deputy Director of the MSc Course in Social Work, Bedford College, London University. Psychotherapist in private practice. |
| Madeleine DAVIS | Editor: Winnicott Trust. Student in her first year of training with the BAP. Co-author Davis M., and Wallbridge D. (1983) <i>'Boundary and Space. An Introduction to the Work of D.W. Winnicott'</i> . Penguin; and co-editor, Winnicott, C., Shepherd, R. and Davis M. (1984) on <i>'D.W. Winnicott - Deprivation and Delinquency'</i> , Tavistock. |
| Robert HALE
MRC Psych | Consultant Psychotherapist, Portman Clinic. Associate Member, British Psychoanalytical Society. |
| Monica LANYADO
BSc | Formerly Senior Child Psychotherapist, Mid-Essex Child Guidance Clinic: Course Tutor, Chelmsford Vocational Training Scheme for GPs. Now child psychotherapist in private practice, Edinburgh. |
| Alison LYONS
Dip Mental Health | Training analyst, the Society of Analytical Psychology. Consultant, Institute of Marital Studies, Tavistock Institute of Medical Psychology, Member BAP Council and Training Committee (Jungian Stream). |
| Gillian MILES
BA (Oxon) | Social worker, Child Guidance Training Centre, London. Psychotherapist in private practice. |

- Elsbeth MORLEY Formerly in probation and with Family Welfare
BA (Oxon) Dip (Soc) Association and Institute of Marital Studies.
BAP Council Member since 1973 and Chairman
since 1982; Clinical Service Chairman and
Reduced fee schemes Organizer 1978-84.
- Sarah SHAMNI Senior Clinical Psychologist, Portman Clinic.
BA MSc Psychotherapist in private practice.
- Anthony STORR Formerly Consultant Psychotherapist Oxford
FRCP FRCPsych Health Authority. Author : *Human aggression*,
1968; *The dynamics of creation*, 1972; *The art of
psychotherapy*, 1979.
- Midge STUMPFL Senior psychotherapist, Brent District Health
BA Authority. Psychotherapist in private practice.
Dip Social Admini-
stration
Cert Mental Health
- Margret
TONNESMANN Assoc. member, British Psycho-Analytical
MD Society, Assoc. member, German Psycho-
Analytical Society. Hon. Consultant Psycho-
therapist, King's College Hospital, London,
Member of Council and Academic Tutor, BAP;
psychotherapist in private practice.
-

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When referring to articles include authors' names and initials, date of publication in brackets, the full title of the article, the title of the journal, the volume number and the first and last pages, e.g.

James, H.M. (1960) Premature ego development: some observations upon disturbances in the first three months of life. *International Journal of Psycho-Analysis*, 41: 288-295.

References for books should include the author's name and initials, year of publication in brackets, title of book, place of publication and name of publisher, e.g.

Winnicott, D.W. (1971) *Playing and Reality*. London, Tavistock.

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