# THE ASSOCIATION OF PSYCHOTHERAPISTS

BULLETIN No. 4

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The

# Association of Psychotherapists

and The

# Society for Psychotherapy

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# BULLETIN

No. 4 1963

## CHAIRMAN'S REVIEW

Eight years ago the Association was a much smaller group of people. In those days it was primarily a meeting place for psychotherapists who felt the need to belong to a body which could be a focal point for their views and which could further their professional aims. About that time we had a series of seminars in which the purpose and form of the Association was considered. We were then too young to be fully aware of what Society wanted from us and what we in turn could offer Society. Today the picture is clearer.

We are still primarily a professional body serving the needs of our members ; the need for the exchange of knowledge ; the need to meet their fellows ; the need to belong to an association. In addition to this service for members we have now become a teaching organisation. We have had student members in various stages of training for psychotherapy over a number of years. We offer training in aspects of psychotherapeutic knowledge and skill which social workers of several kinds find useful.

Our latest venture is the Well Walk Centre for Psychotherapy. This is our infant, still not a year old, so that we cannot tell yet how it will develop. At present the service we can offer rests on the skills of individual members working there. Our hope is that in a concerted effort to meet the requirements of those who come to the Centre for help we shall also provide a means whereby psychotherapists may increase their skills and find added strength in corporate work. Our growth towards corporate work will depend on sensitivity to what is happening to us in our relationships with each other. From time to time the proper study of ourselves is ourselves. This part of our work is never easy and sometimes painful, but our essays in group experience together have proved to be worth while.

P. U. de BERKER.

## ACTIVITIES OF THE YEAR

**Seminars for Members**

Three short courses of seminars were arranged during 1962. Melanie Klein's work was the subject for the Spring term. Mr. Money-Kyrle gave a comprehensive introduction to both her theory and practice, which is printed later in this bulletin. Miss Glanrydd Rowlands, a Freudian analyst, followed, relating Kleinian and Freudian concepts, and Dr. William Kraemer reviewed the subject from the Jungian standpoint.

In the Summer term Dr. R. D. Laing conducted three seminars on Existentialist Psychotherapy. He communicated his concern that psychotherapists should keep alive to what is going on in their consulting rooms, and avoid the danger of fitting their patients into convenient "pigeon-holes" provided by systems and labels. He discussed an original approach to the schizophrenic patient in his family situation.

In October, Dr. Rosemary Gordon gave a lecture on Transference phenomena related to Jung's concept of the Self. She illustrated it by an account of a patient in treatment with her. The primitive form in which her patient experienced the Self enabled both Freudians and Jungians to gain some understanding of this concept of psychic totality.

The third course was given by Mr. H. Guntrip, who spoke on his theory of ego-structure and the analysis of patients who need to undergo deep regression as part of their treatment, because they have made a "schizoid compromise," which is overlaid by neurotic defence. Such patients need a long analysis, often in three stages, and their management and care make heavy demands on their analysts. Mr. Guntrip, however, is an enthusiast, and the effect on his audience was encouraging to those with severely ill patients.

The seminars took place at 36 Queen Anne Street at 8.30 p.m. and nearly all were well attended. Neither smog nor snow prevented country members making journeys from places as far away as Worcester and Leicester. Guests, who had had some analytical experience, were invited, and there were some lively discussions.

Suggestions from members for future programmes may be sent to the Seminar Secretary:—

Mrs. Marianne Jacoby,
302 Addison House,
Grove End Road, N.W.8.

**Training for Social Workers in Counselling**

These courses have now become a regular part of the work of the Association.

The training offered consists of three parts:—

Part one comprises seven seminars introducing aspects of psychotherapy relevant to social case work. The titles of the last course were as follows:

1. Theories of Psychotherapy in relation to Counselling.
2. The Boundaries between Social Casework and Psychotherapy.
3. Transference, Counter-Transference, Psychotherapy and Counselling.
4. Counselling, Psychotherapy and Drugs.
5. Social relationships and Counselling.
6. Groups, Counselling and Psychotherapy.
7. The place of the family in the therapeutic situation in relation to Group work.

Lecturers have included Dr. S. H. Foulkes, Dr. N. Malleson, Dr. R. Meyer, Miss G. Rowlands, as well as members of the Association.

Part two consists of sixteen sessions working in a group of about eight, with a Freudian or Jungian analyst. This gives the participants some insight into their own psycho-dynamics as well as those of the group.

Part three continues the Group experience, but the members at this stage bring their cases which are discussed, with the help of a psychotherapist.

Some organizations have paid the fees for their employees for all or part of the course, which is spread over about a year.

It is hoped that those who complete the course will remain in touch with the Association.

At the end of 1962 five social workers had completed the whole course, another group had completed parts one and two, and a third group had finished part one.

The courses are usually over-subscribed soon after applications have been invited, and there are already some applicants waiting for the next course, which will begin after Easter.

The Tutor and Organiser is:—

R. G. Andry, M.A., Ph.D.,
44 Cholmeley Crescent,
Highgate, London, N.6.

## The Well Walk Centre for Analytical Psychotherapy

It has always been a concern of this Association to make psychotherapy available to a wider section of the community. Members have been fully aware of the need of many people for eitheir full Analytical treatment or short-term Psychotherapy, which is not being met.

It is largely due to the initiative of Mrs. Penelope Balogh, who is lending rooms in her house, Wellside, Well Walk, N.W.3, that the Association now has its own Centre for Psychotherapy.

The Centre began work in the early summer of 1962, and by the end of the year some 30 patients had attended for consultation, most of whom are receiving treatment.

The panel of Consultant Psychiatrists has responded very promptly and effectively, and patients have not had to wait long for treatment. Psychotherapists often find it more convenient to treat Centre patients in their own consulting rooms, though some are working at Wellside.

Patients have been referred by Doctors, Universities, the National Association for Mental Health, the Samaritans and Social Workers.

The Secretary is available at Wellside on Monday to Friday mornings, 10 a.m. to 12 noon. Telephone Hampstead 3287.

As the case load grows, we hope to enlist the help of more psychotherapists. Some are already being trained by the Association. Case conferences have begun, and we hope to develop this part of the work in 1963.

## Annual General Meeting

The Annual General Meeting was held at Wellside, Well Walk, N.W.3, on March 10th, 1962. Mr. P. U. de Berker was in the chair.

Reports of the activities described above were read, as well as a financial report.

Members of the Advisory Council and Members of the Association joined in a discussion on the possibilities of an appeal to increase funds, and ways of making the Society for Psychotherapy better known.

After tea, Dr. Kahn gave a talk on the work of the Pioneer Community Mental Health Service at West Ham, which is experimenting with "Family Psychiatry."

# MELANIE KLEIN AND HER CONTRIBUTION TO PSYCHO-ANALYSIS

By R. E. Money-Kyrle, M.A., Ph.D.

Melanie Klein was born in Vienna in 1882, and died in London in 1960. During the 1914/18 war she first came across a short book of Freud's on dreams and immediately recognized in psycho-analysis the dominant interest she felt she had been looking for. From then on—that is, for the 45 years or so from her early thirties till the end of her life—she dedicated herself to it.

Mrs. Klein began her analytic training during the first war with Ferenczi, and continued it, after the war, with Abraham, who encouraged her—as indeed Ferenczi had already done—to take up the analysis of children. This she did; and then, quite soon after, during a difficult session with a shy and silent child, she had the idea of giving him toys and interpreting his play as if it had been verbal associations. In this simple, almost casual way, she found herself in possession of a technique which enabled her to explore more deeply than had been done before into the child's unconscious; and from then on she began making a series of discoveries.

Perhaps she would not have got so far, even with this new technique, if she had not also started with the conviction that she ought never to be afraid of interpreting whatever it enabled her to see. In particular, instead of avoiding or delaying interpretations likely to reveal, and so for the time being to stir, what seemed at any moment to be the child's deepest anxieties, she directed the analysis specifically at them. It is true that, in one of her early cases, she did get anxious about the amount of anxiety she seemed to be stirring up. But, after consulting Abraham, she persisted and found that by so doing the patient's anxiety was soon very much relieved—after which experience she never again doubted that this was the correct approach.

It is clearly illustrated in her posthumous book on the analysis of "Richard," where she gives a "Primal Scene" interpretation in the very first session. I know that many child analysts still feel this direct approach to anxiety situations to be dangerous. And, although I certainly believe she was right, I am not myself a child analyst, and so should perhaps leave it to others to defend her point of view. But at least we can agree that it implied a high degree of confidence of two kinds: confidence that the interpretations given were right, and confidence that it was right to give them. As to the first, Melanie Klein never seems to have had any difficulty in abstracting, from the often rich and complicated material of a child's play, just that pattern which symbolized his main unconscious preoccupation

at the moment. So she seldom had much doubt about what was there to be interpreted. As to her confidence that it was right to give the interpretation, and not withhold it, I would add that a determination never to shirk from interpreting anxiety situations to a patient—whether child or adult—implied a determination to face the attendant anxiety which might be aroused in herself. This required a lot of courage and, indeed, there was no emotion, however painful, which did not come under the scrutiny of a self analysis which Melanie Klein continued to the end of her life. She used to free-associate aloud and said she could do this without any difficulty; but that many people could not, as talking to themselves alone made them feel a little mad.

At any rate, the result of her confident and courageous technique, supplemented, no doubt, by her own self-analysis, led to a whole series of discoveries. Each of them, not only increased our theoretical understanding of early stages of development, but also the therapeutic power of analysis.

That they did not also shorten the process of analytic therapy may seem a paradox. In fact, the analyses Melanie Klein conducted tended to be longer—at least with adults—than had been usual before. In the case of "Richard," her understanding of the deeper sources of his anxiety—in particular, his crippling fear of other children—and her frequent interpretation of it, enabled her to reduce it in only three months; and this may well have been enough to save this child from a much more serious breakdown in adolescence. With adults, too, her more frequent, and deeper, interpretations brought quicker relief. But, at the same time, the target was raised. Freud had already shifted the emphasis from symptom to character analysis, which, of course, took longer. Melanie Klein's discoveries—particularly about early splitting mechanisms—by exposing the extent to which we nearly all fall short of what we might be in character and understanding if we were more fully integrated, raised the standard again.

Moreover, as Freud had already found, even the easiest and most co-operative patient has to understand what is pointed out to him in an interpretation, not once, but many times in differing contexts, before he can assimilate it and make it his own. This is what Freud calls "working-through," and there seems to be a limit for the extent to which it can be shortened.

To come now to Melanie Klein's particular contributions to analysis. These can be listed under the following heads: early stages of the Oedipus Complex and super-ego formation; early operation of introjective and projective mechanisms in building up the child's phantasy about his inner world; the concept of a "paranoid-schizoid" and of a "depressive position"; a clarification of the differences between two sorts of identification,

introjective and projective ; and, lastly, the uncovering of a very early form of envy. I will try to say a little about each of these.

Freud discovered the Oedipus Complex and also the way in which it was inhibited and repressed by the internalization of the rival parent as a kind of jealous God of super-ego. He saw, too, though he did not work this out in all its details, that since everyone is bi-sexual, both the positive and negative Oedipus Complex exists in everyone ; and from this it follows that there must be a maternal as well as a paternal super-ego. Indeed this is not difficult to find ; for example, in such dreams as that of a woman patient of mine who dreamed she was trying to get to some place associated with her father and found her way barred by a woman in a tall witch's hat associated with her mother—that is, by a jealous maternal super-ego who was, at the same time, endowed with the father's phallic authority.

However, Freud's preoccupation was mainly with the paternal super-ego and specifically with the final stages of its incorporation at about the age of five, when the boy's rivalry with his father is, in the narrow sense, clearly of a sexual kind. Melanie Klein found clear evidence of an extremely strict super-ego in much younger children, and this can be either of a paternal, maternal or "combined parent" kind. The character of the early super-ego is determined far less by the actual character of the external parent than by what the child projects into this parent. At any rate, a phallic super-ego that wishes to deprive the child of the breast altogether, and so starve it to death, can hardly correspond to any actual father, however jealous. But it can and does correspond with the jealous part of the child which would like to keep the breast entirely to itself, and starve the father, who at this level is felt to be a rival. So there can be no doubt that such a super-ego—or forerunner of one—is formed by the splitting off and projection into the father, or a part of him, of this intensely jealous part of the child's self.

Such phallic figures, which may be described as early forerunners of the developed super-ego, themselves have forerunners. In Melanie Klein's view, the child's ambivalence to the breast, loving when satisfied, hating when frustrated, causes him to split their object into two: thus the loved breast is felt to love the child, and the hated one to hate him. And as both figures are internalized, the child can feel alternately supported and attacked from within himself.

It is clear that this splitting of ambivalent feelings, and their projection into two aspects of one object to turn it into two objects, involves both the schizoid and the paranoid mechanisms. So Melanie Klein named it the paranoid-schizoid position—choosing this word "position" rather than the word "phase" or "period," because, while it is characteristic of the first half-year

of life, it is neither continuous within this period, nor is it confined to this period.

Meanwhile, of course, the infant is gradually becoming more integrated, and in Melanie Klein's view it is round about the sixth month that integration is sufficiently advanced for the child to become periodically depressed by the feeling that his hated, and in phantasy attacked, objects are the same as his loved ones. In other words, what she called the depressive-position comes clearly into play at this period. She also believed that traces of it could be found still earlier, at a "part-object" level.

This is a very crucial position, and in her theory most of the defences we have to deal with in patients are ultimately to be understood as defences against it. Clearly, no-one can be analysed in the first six months of his life when the paranoid-schizoid position first appears. So when we try to analyse a patient who is in a paranoid-schizoid state we are faced by someone who has regressed to it as a defence against the depressive position. This is particularly clear when what is being split off and projected is the patient's sense of guilt. Others are continually being accused of his offences, and they confirm his own very persecuting conscience, so that others seem to be accusing him unfairly.

Similarly, in dealing with manic states, we are again dealing with what is basically a defence against depression: namely, the manic denial either that a loved object is injured in phantasy, or that an object injured in phantasy is loved. This is also true of hypochondriacal state, which, significantly enough, often appears transiently, and just before the depressive position is reached, in patients who have never suffered overtly from anything of the kind before. It may happen, for example, that a patient who, years before, has been unable to feel much sympathy with a dying parent, becomes hypochondriacally convinced that he is dying of the same complaint. Then such a concrete sense of identification with an "internalized" and suffering figure may be understood as an approach to the sympathy he still cannot experience as such—because to do so would involve the most painful sense of being responsible, through callousness, for this parent's death.

Therefore in a successful Kleinian analysis, the defences against the depressive position are analysed to make it again manifest. And this, in turn, is analysed by trying to bring the now depressed patient into still closer contact with the split off parts of himself which, being unintegrated with the rest of him, are still in phantasy attacking his good objects and maintaining the depression.

Only so far as this can be done—and the extent to which it

can be done is always a matter of degree—can we regard an analysis as satisfactory.

These discoveries about the paranoid-schizoid and depressive positions in relation to the infant's first object also threw more light on his relation to his parents. For the child not only has an Oedipus Complex, he is also persecuted and depressed by it. On the one hand, the sense of frustration aroused when the child feels his parents are giving to each other what they should give to him arouses destructive jealousy, which is projected into the parents to make them seem hostile, so that they are re-introjected as a very persecuting combination. On the other hand, his attacks on this "bad" combination are felt to destroy the "good" combination, on which the happiness of his parents and also his own life and security depend, in the inner and in the outer world. And this can be a source of very deep depression—a depression which is enhanced by the fact that his attacks are not only on his parents' love relation to each other, but also on the rival children they are felt to be making. This increases his loneliness by depriving him of companions. He cannot look on his outer world playmates as siblings, at least not as friendly ones, since his inner world siblings are felt to be dead.

I believe this distinction between introjective and projective identification is implicit in Freud's "Group Psychology and the Analysis of the Ego"; but it tended to be overlooked, so that, when we thought of identification, we were in the habit of thinking only of the result of identifying with an internalized figure. Melanie Klein's introduction of the term "projective identification" and her studies of the process corrected this one-sidedness and led to clinically important advances.

I have two aspects of this concept particularly in mind. First, its value in unmasking a specific defence, which, if not recognized, can well defeat an otherwise well-conducted analysis. This is the defence of evading envy and jealousy by projectively identifying oneself with an admired rival—such as the parent of the same sex who arouses jealousy. For example, the little boy may project himself into his admired and envied father, and so in phantasy become his mother's husband; or the little girl may identify herself in this way with her mother, and become her father's wife and the mother of his children. Except, of course, in megalomanic insanity, a phantasy of this kind does not override the conscious conception that the child is not the parent. But if it dominates his or her unconscious phantasy, it can nevertheless save him from the pain of fully appreciating the real state of affairs in which the parents, but not the child, have what the child wants most. Moreover, since it is a defence built on an illusion, it is always insecure.

This can recur in an analysis when the patient establishes an unconscious identification with the analyst, or with the analyst's

spouse, with the result that he largely shields himself from the emotional re-experience of the problems of infancy and childhood—the frustration of discovering that the breast is a separate object over which he has only a limited control, and the jealousy of the Oedipus situation. Meanwhile, he may get a fairly good intellectual understanding of these things, but as he has not been able sufficiently to re-experience them in himself, he will not be deeply convinced of their existence, and will tend to relapse again after the analysis, when the close contact with the analyst is over.

With patients who are apt to do this, the discovery and interpretation of what they are doing may be expected to lead to a period of unusually intense hostility to the analyst while they are experiencing what they had before managed, in some measure, to shield themselves against. But if the analyst can understand and interpret these wrecking tactics with sufficient clarity, though they may be very complex and disturbing, the end result will be much better.

In this phase, one of Melanie Klein's last contributions—that on Envy and Gratitude—is extremely helpful. For the analyst, when he interprets the identification, is felt to be rejecting the patient, putting him in the subordinate position of a child, and this, of course, arouses an enormous amount of envy. The analyst may experience its effects in the first instance simply through his sense that the analysis is going badly and that he himself is failing in the task he set himself. This is an indication, which of course has to be confirmed by other material, that the patient who consciously complains that he is not getting better may be unconsciously sacrificing his chance of health to an envious revenge which has as its aim the exposure of the analyst as a failure.

Here, too, the second of the two aspects of Melanie Klein's concept of projective identification can be very useful. It is not merely that the patient may in phantasy identify himself by projection with the analyst as an admired and envied parent figure. What is common to this, and other forms of projective-identification, is that they can have an emotional effect on the recipient. Instead of getting the ordinary material, dreams, associations and so on, which he is accustomed to interpret, he may become aware of emotions arising in himself which, at first sight, seem to have little to do with the patient. But closer attention may show that it is the patient's behaviour which has aroused them. And the only indication which the analyst may have of the patient's motive in so doing may be the quality of the feelings aroused in him. Of course, the analyst must be able to understand and discount the secondary emotions—particularly the anxieties and the defences against them—which may be aroused in himself as the result of what is being done to him.

But if he can do this, he can begin to understand a fascinating form of primitive and pre-verbal communication.

To quote first an extreme example described to me by Dr. Rosenfeld, a patient may go to sleep in analysis either as a rejection of the analyst or to express a union with him, leaving the analyst with nothing to go on except his own feelings to guide him in interpreting the patient's motive. If the patient remains awake there is, of course, more to go on, but this may still be something in his general behaviour which is noticed first only in its emotional effect on the analyst. It might happen, for example, that after a period of progress in which hope has been aroused, sessions occur in which the analyst feels a good outcome is, after all, quite hopeless. If the analyst can be sure this is something the patient is doing to him (and not an independent problem of his own) his next question—and again he may have little but his own feelings to guide him—is why the patient is doing it. The patient may be envious of the analyst's previous success and may wish to rob him of his satisfaction, or he may wish to get rid of his own feeling of despair because of a sense of his inability to defend the progress, which represents the establishment of good internal objects, against his destructive impulses. Allied with this is an aspect recently stressed by Dr. Bion: he may be behaving in very primitive innate ways which have the function for the baby of communicating distress to the mother in order that, by her behaviour, she can help him understand and deal with it better. The analyst's own sense either of resentment against or of compassion for the patient may cause him to interpret either an envious or an anxious motive. And if he can be sure of being free from bias in himself, these interpretations arrived at in this way are likely to be right. But it is, of course, important not to interpet as an envious attack what may be an attempted communication of anxiety or despair—lest the patient be discouraged from ever making the attempt again.

It seems likely that, as far as the Kleinian school is concerned, the next step forward will be in the theory of projective identification. Dr. Bion, for example, in a very recent paper,[1] has extended it to explain some disturbances in thought and to throw light on the origin of thinking. I will say here only that, in his view, projective identification, when not carried to excess, is the infant's normal method of communicating with his mother; that his first steps in learning to understand himself depend on his mother's capacity to receive and respond appropriately to communications of this kind; and that, if she cannot do so, he is likely to reinternalize and become identified with her as an object which robs the information to be derived from

[1] Now expanded in his book "Learning from Experience." Heinemann. (1962.)

his sense data of almost all its meaning—and which, in particular, turns specific anxieties into nameless dread.

At first sight this may seem applicable only to a better understanding of the gravest disorders. Dr. Bion himself makes no more claims for it. But whenever, in the past, anything new has been discovered in those who are gravely ill, it has been discovered later to be present, of course in a much smaller degree, in everyone. So as no-one can claim that his thinking is as faultless as that of an electronic computer, these new researches may end by improving the capacity for thought of the human species—which is surely much to be desired.

This, of course, is no more than speculation. But I mention it to illustrate my belief that Melanie Klein's work is not merely something to be preserved and defended, but also actively developed. She was not among those who wish to believe they have achieved some ultimate illumination. She continued certain lines of research, which had been started by Freud, and believed that these lines were themselves capable of much further growth.

I hope I have given some indication of the many contributions Melanie Klein has made to psycho-analysis, and of the way in which they can increase the effectiveness of analytic therapy. I would like, once again, to stress the central rôle occupied by the depressive position, both in Kleinian theory and practice, and, in conclusion, to make a further deduction from this.

The depressive position of infancy arises, as we know, when the infant is sufficiently integrated—that is, when he can know himself enough—both to mourn, and to feel responsible for, the destruction of his own good objects in his inner world. The analytic aim of those who agree with Melanie Klein about the importance of this position is first to analyse the defences against it, so that it is re-experienced in the analytic setting, and then, by continuing to analyse the split-off destructive components in the patient, to integrate them, and so to bring them under the control of the rest of the personality. Of course, this includes the reintegration of the constructive parts too, so that they become available to the ego.

Since Melanie Klein emphatically agreed with Freud that conflict between love and hate (Freud's Life and Death Instincts) is ineradicable in the human psyche, she did not believe that the depressive position could ever be wholly overcome. And this is perhaps equivalent to saying that the aim of integrating the personality, of bringing the destructive components under control, and so removing the source of depression, can never be wholly achieved. But even if it is something we can only achieve partially, it still remains the aim.

It has been said, sometimes with approval and sometimes as

a reproach, that this implies a moral judgment about what patients ought to be. Certainly, patients who have reached the depressive position, and partly worked through it, tend to become more conscientious, more considerate and in this sense more moral than they were before. Or, if they had been moral only in that ever-anxious avoidance of transgressions which often characterises submission to a persecutory super-ego, the form of their morality changes into something less obsessional and more helpful to others for this is the outward expression of the replacement of fear of the super-ego by something which might be called a sense of gratitude, and so of obligation, to it.

If Kleinians are accused of setting a higher value on this kind of character than they set on a paranoid or manic one, I do not personally believe that they could be acquitted. But it would be false to infer from this that they use any kind of persuasion to achieve it in their patients. They endeavour to practise pure analysis, to "hold the mirror to the patient," so that, by seeing himself as he is, he may become more integrated. That patients, as they become more integrated, tend to approximate to a certain type of moral character was not foreseen at the outset, nor was it aimed at, it was discovered.

Retrospectively, this is not perhaps surprising. If we had been solitary animals, as Neandathal man is supposed to have been, no doubt the outcome would have been different; for it is hard to imagine a Neandathaler, however integrated, having much concern about his neighbour. But, although we may be potentially no less aggressive, we are social animals and are likely to have evolved a disposition to develop the sort of conscience which would enable us to function as such.

What Melanie Klein has discovered is that this sort of conscience is a product of the depressive position, and that failure to develop it results from defences which arrest the full integration of the ego and therefore restrict self-knowledge and so prevent maturity.

The remote social implications of these discoveries are obvious. One wishes they could have been made several hundred years before the discoveries of sub-atomic physics.

I will end with a quotation from one of Melanie Klein's own papers ("Early Development of Conscience in the Child," 1933) in which she permits herself a glance into the future: ". . . one cannot help wondering whether psycho-analysis is not destined to go beyond the single individual in its range of operation and influence the life of mankind as a whole. The repeated attempts that have been made to improve humanity—in particular to make it more peaceable—have failed, because nobody has understood the full depth and vigour of the instincts of aggression innate in each individual. Such efforts do not seek to do more than encourage the positive, well-wishing impulses of the person

while denying or suppressing his aggressive ones. And so they have been doomed to failure from the beginning. But psychoanalysis has different means at its disposal for a task of this kind. It cannot, it is true, altogether do away with man's aggressive instinct as such; but it can, by diminishing the anxiety which actuates these instincts, break up the mutual reinforcement that is going on the whole time between his hatred and his fear.

When, in our analytic work, we are always seeking the resolution of early infantile anxiety, this not only lessens and modifies the child's aggressive impulses, but leads to a more valuable employment and gratification of them from a social point of view; how the child shows an ever-growing, deeply rooted desire to be loved and to love, and to be at peace with the world about it; and how much pleasure and benefit, and what a lessening of anxiety it derives from the fulfilment of this desire—when we see all this we are ready to believe that what would now seem a Utopian state of things may well come true in those distant days when, as I hope, child analysis will become as much a part of every person's upbringing as school education is now. Then, perhaps, the hostile attitude, springing from fear and suspicion; which is latent more or less strongly in every human being, and which intensifies a hundredfold in him every impulse of destruction, will give way to kindlier and more trustful feelings towards his fellow men, and people may inhabit the world together in greater peace and goodwill than they do now."

# JUNG'S ARCHETYPES

## An Introduction by Marianne Jacoby

"Archetypes" is one of those words which has been, on the one hand, too readily accepted by literary and art critics and, on the other, too readily discarded by psychologists as sounding nebulous and mystifying. Yet the archetypes, in the theory and practice of psychotherapy, constitute one of Jung's most important contributions. Outside the Jungian school, however, little is known about the actual meaning of the term.

Jung himself used several definitions and approached his subject from the individual, collective and historical points of view. His researches traverse the whole history of human evolution. He interspersed his theoretical formulations and empirical material with passages, which make demands on the reader's willingness and capacity for non-directive thinking and evoke an immediate and intimate response from the reader's own experience of himself. Whenever necessary, Jung adapted his mode of expression to communicate to the reader the nature of unconscious phenomena. He also addressed himself to a great diversity of readers, ranging from the layman to experienced psychologists and physicists. This difficulty in following Jung's methods prompted an Analytical Psychologist, Dr. Murray Jackson, to say: "I sometimes think we need a primer on how to read Jung."[1]

As is known from Jung's own history, he collaborated with Freud for some eight years and parted from Freud on the grounds of a controversy about the theory of libido. Jung found Freud's exclusively sexual theory of libido untenable and extended the concept to comprise all psychic energy. As a result Jung made further observations on quantity and quality of psychic energy, as well as its specific forms and patterns. He found that dreams, fantasies and delusional ideas of patients showed striking similarities with mythological motifs and that individual as well as collective patterns adhered to the same formative principles or structures. These definitions refer to the archetypes. Jung proposed a theoretical model, according to which collective structure and individual contents are related to one another in a particular way. He wrote:—

"Archetypes are not determined as regards their content, but only as regards their form and then only to a very limited degree. A primordial image is determined as to its content only when it has become conscious and is therefore filled out with the material of conscious experience. Its form, however, as I have explained elsewhere, might perhaps be compared to the axial system of a crystal, which, as it were, preforms the crystalline

structure in the mother liquid, although it has no material existence of its own. This first appears according to the specific way in which the ions and molecules aggregate. The archetype itself is empty and purely formal, nothing but a *facultas a priori*. The representations themselves are not inherited, only the forms, and in that respect they correspond in every way to the instincts, which are also determined in form only."(2)

This is one of the shortest, comprehensive statements which Jung made about the archetypes. He actually differentiated between the unconsciousness or archetypal forms which are imageless and therefore pre-psychological or psychoid—Jung's term—and the contents of the id—Freud's term—which have become unconscious by repression.

Jung did not underestimate the importance of the id, certainly not in the practice of psychotherapy. He ascribed the repressed fantasies and ideas as well as the super-ego to his more metaphorical term the "shadow." He repeated emphatically that the realisation of this "shadow" is indispensable for the growth of the whole man. However, the depth of the personal shadow is inevitably drawn into the negative aspects of the archetypal images. For instance, infantile aggressive fantasies gradually merge into the alleged deeds of the devil, the latter being an archetypal image.

In his later writing Freud made statements which point beyond the id. He wrote: "There probably exists in the mental life of the individual not only what he has experienced himself, but also what he brought with him at birth, fragments of phylogenetic origin, an archaic heritage, (3) and again that "the archaic heritage of mankind includes not only dispositions, but also ideational contents, memory traces of the experiences of former generations."(4)

Jung remarks about the heritage, "just as the human body is a museum, so to speak, of its phylogenetic history, so too is the psyche. We have no reason to suppose that the specific structure of the psyche is the only thing in the world that has no history outside its individual manifestations."(5)

The psyche-body analogy points to the core of Jung's theory: the conception of the archetypes as interacting between the body and its relation to the material world and the essentially human experience of this fact. Expressed in another way, the archetypes form and guide the specific human patterns of behaviour and the images of those situations on which the fulfilment of man's instincts depend. "There are," Jung wrote, "in fact, no amorphous instincts, as every instinct bears in itself the pattern of its situation. Always it fulfils an image, and the image has fixed qualities."(6) "We may say that the image represents the meaning of the instinct."(7)

For instance, at a certain stage after the beginning of psychic

life (to which I shall return later) the infant's oral disposition will emerge. He is then able to suck, take in the love substance, as well as the object from which he sucks. Gradually an image will be formed that embraces the whole highly emotional situation of "the nursing couple." The baby will take in, i.e., introject, the external objects and their behaviour with the innate structure of his oral instinct. This, true to the nature of all instincts, insists on a maximum of satisfaction and therefore gives rise to impelling desires of an ideal gratification. These desires are projected on to the mother, who, if she accords with the projected image, is the ideal need fulfiller. But even under the best conditions there will be frustrations, and these will be fused or matched with the infant's innate disposition to anxiety and aggression.

This is a very simplified description in which the birth of the ego and the development of consciousness are merely implied. Jung thought of consciousness as being "not only itself a transformation of the original instinctual image, but also its transformer."(8) He saw the relation between consciousness and the unconscious as either compensatory or as the one dominating the other.

If vital decisions have to be made and there is an initially, timid, conscious attitude, the activated image, emerging in dream or fantasy, will be compensatory and supply the élan vital. This effects a heightened emotional state in which consciousness will be gripped by a new and strange experience, alternating with just as intense a feeling of familiarity as if objects and incidents were recalled and known from time immemorial. The emotional intensity arises from the numinous quality, inherent in the archetypal image. But if the conscious attitude is defensive and dissociated from the unconscious, the activated image, whole or in fragments, far from being a compensatory blessing, will increase its energy potential. The ego, thus threatened and weakened, can no longer defend itself against a powerful image, but will be dominated by what Jung then calls an "autonomous complex."

A reference to Winnicott's "false self" is not out of place here, nor to Melanie Klein's split, part, and inner objects. Yet, as the terms are different, so are the observations and the methods of analysis. However, they may be regarded as equally valid approximations aiming at the same goal, viz., the integration of the personality.

Jung tried to define archetypal structures and to treat them as discrete entities. This led him to discover, or only re-discover, as he puts it, the unconscious contra-sexual dispositions in the psyche: man's image of femininity, called anima, and woman's masculine image, called animus. The unconscious spontaneously personifies and its contents are at first found in projection. He described, often with great wit, the projected anima and animus

images playing havoc with the relationships between men and women.

Fairy tales as well as myths depict such personifications, such as the Sleeping Beauty and Prince Charming, Fatima and Bluebeard, Beauty and the Beast. They culminate in the images of king and queen and their marriage, this being the archetypal motif of the union of the opposites of male and female, Jung's syzygy, which, he asserts, is as universal as the existence of men and women.

Symbolic images representing the union of opposites, whether of male and female, love and hate, the ego and unconscious, the psyche and the soma, or of the inner and outer worlds, always indicate a state of greater integration. Jung pointed out the universality of such all-embracing, integrative symbols, which express "an at-one-ment with oneself and at the same time with humanity."(9) He ascribed this most undefinable and religious form of experience to an archetype which he called briefly and almost affectionately the "Self." This entity is self-operating and spontaneously striving for an equivalence in the distribution of psychic energy, ultimately leading to total integration in death.

This concept of the Self inevitably led to enquiry into the beginning of psychic life, before there are any experiences or splits that could be integrated. But Jung's investigations did not go right back to what he called a too hypothetical beginning. He asserted, however, that the infant's psyche is not a tabula rasa, but no coherent theory was formulated until Dr. Michael Fordham studied the development of ego-consciousness in childhood. He postulated an original self, a dormant psychic unity and observed the self's reverse activity, namely, breaking its unity and releasing its images simultaneously with the infant's new experiences. Viewing this process dynamically, Dr. Fordham termed the emergent archetypal images "deintegrates." He writes: "The original self deintegrates spontaneously as it is a release phenomenon comparable to that discovered from the study of instinct. The deintegrates represent a readiness for experience, a readiness to perceive, a readiness to act instinctively."(10) Since new experiences increase consciousness and embody themselves in the instinctual patterns, thus changing them as well, they would be followed by a new need for integration, to be succeeded by more deintegrates. "This process repeats, so that the self, considered dynamically, integrates and deintegrates in a rhythmic sequence."(11) He refers to this "twin-rhythm" process which "can be seen reflected in different age groups and in myths, and so repeated through life."(12)

My illustrative case will show a deintegrate, emerging in an archetypal dream and in a new element in the transference. But what distinguishes an archetypal dream from other dreams?

Jung's criteria are very exact, but broadly speaking a motif is archetypal, when it occurs in a series of dreams by the same person, when it has the character of well-known mythological themes, when it is not acquired through study or any external sources, and when it is a decisive element in the process of integration.

I am quite aware that the single dream which follows does not satisfy Jung's criteria, and for a real research into this subject I must refer to the literature.

The dream is taken from the material of a patient who was intellectually very accomplished, a man in his thirties, who had reached the top of his profession. But in contrast to the social status he had reached and his intellectual achievements, his instinctual life was split-off, guilt-laden and associated mainly with resentment.

He reported this dream: he was sitting with a girl in his car and driving through the Sudan, while a huge lion was chasing after them.

He explained that some years ago he had really been in the Sudan, engaged in a research job, complete with girl and car. But this pre-conscious memory alone would not explain the dream, as no external lion had ever crossed his path. It was an internal danger and the unconscious inventiveness chose the Sudan, or more precisely, a dream-desert, as the fitting scenery for a dried-up and endlessly lingering conflict with the girl. She is the anima figure, but as yet a nondescript being, just a girl. However, there were also memories of her and of the thousand and one obstacles that marred his relationship with her. He thought that his frustrations were due to the girl and that he had to give her up. But the dream tells a different story.

The problems seemed so insurmountable and dangerous, not because the girl seemed to reject him, but because the dreamer had driven his professional pursuits to such excess as to separate him from his instinctual foundations. These, the repressed and resented contents, are symbolically expressed in the persecuting lion.

Theoretically, the lion, being the embodiment of the dreamer's instinctuality, is a deintegrate, spontaneously released in order to predispose the dreamer for new experience and for acting instinctively. Its positive function is to infuse the dreamer with emotion conducive to his taking action.

The animal's ferocity also indicates the dreamer's shadow problem, demonstrated as being huge. But the animal as an image possesses all the qualities against which the dreamer's ego defends itself. They have accumulated and grown into an unconscious, frenzied desire which has in this dream also a homosexual connotation. The giant, phallic animal expresses virility *per se* and is intent on catching up with the dreamer

to endow the man with the strongest and most wanted aggregate of masculinity. Only if this were integrated would he be "ready" for a decision about the girl.

I want to add here a quotation from an article by a Jungian anthropologist, Dr. John Layard, who describes the initiation rites in Malekula. He writes: "There is a widespread belief throughout this area that homosexual intercourse, by which is meant anal intercourse, promotes bodily growth, not only of the male sex organ of the junior partner, but of his whole body. There is a corresponding belief that psychic growth also results from it."[13]

The greatest obstacle therefore was the dreamer's repressed homosexuality and its particular meaning, being the bridge that would ultimately lead him to the longed-for hetero-sexual relationship. It may seem far fetched to go to Malekula in order to explain the dream of an intellectual European. But archetypal themes contain collective emotions which are the same in primitive and civilised man. Therefore Jung used primitive rites and myths as amplifications and analogies for the fantasy material originating in the unconscious of civilised people. Also the dream lion pertains to myths which will deepen the understanding of the dreamer's memories and associations.

At first the dream only seems to utilise a perceptual, easily available, preconscious memory, derived from a lion, which the dreamer will have seen in a zoo or from an illustration in a book; and only if this, as yet indifferent, perceptual object is internalised and matched with the fantasy of the affective, unconscious matrix, will the lion emerge as a mythological personage. As such he appears in many myths, and is also referred to in the Old and New Testaments. But the myth which seems to be most relevant here is the ancient myth of the stars. In astrology, as one of the twelve signs of the zodiac, the lion governs the royal sign of the sun at the zenith. It occupies an exalted position, and the solar emblem, when sculptured, was made of pure gold. Gold has always been thought to be the solar metal and to embody the masculine properties. The golden sun symbolised the supreme, indestructible, inexhaustible source of masculine, fiery vitality on which all life in this world was dependent, and even more than that. As in antiquity, the sun was the main source of light by which the world could be perceived and its objects distinguished, the solar light seemed indispensable for enlightenment and awakening, so that the sun was conceived as the symbol of consciousness par excellence. Therefore the symbolical lion, as the ancient great father of heaven and earth, embraces both the highest and lowest forms of life: an idealised divine consciousness, heavenly wisdom, physical strength and the earthly passion of instinct. It is a numinous image, representing perfection and wholeness which

resembles another better known ancient image, the Sphinx of Giza that bore the inscription: "The living image of the Lord of the Universe."[14] Such an intuitive combination distinguishes a symbol from a mere sign or fantasy, for it conveys an ideal fusion of the opposites.

These, then, are the dream amplifications beheld in the splendour, one might say, of primitive rites and mythological language. They speak directly from the unconscious and stimulate its activity more than if explanations were given in terms of directive thinking. The latter would have failed to rouse the dreamer's emotions, which need some preparation to come to the fore.

To begin with, he found the dream absolutely meaningless, and my attempts at interpretation made him morose and withdrawn. I gathered that I stirred up his unconscious defences, and this made me appear to him like the persecuting lion. An important element in the transference now came into the discussion. His fear of my power over him reminded him vividly of his mother's stern control over him about which he could never complain enough. He described her as of humble origin and relentless ambition and as having driven him to pass one examination after another. Although he admitted that he enjoyed the result, he deeply resented her driving force; from much that he revealed, I could assume that the mother had strong, paranoid ideas. I took it, therefore, that the persecuting lion-king was not only activated in the patient's unconscious, but in his mother's also. The archaic symbol of fatherhood and kingship would have been an apt expression of her animus. Reinforced by paranoid traits, it ruled her so automatically that it obliterated her maternal feelings and persecuted her, herself, as well as her family. It forced the son in his early childhood to be the acme of manhood. The son was the main carrier of the mother's animus projection, and the father also paid tribute to it. Although in contrast to the mother, the father had a quiet and contented disposition; he was, nevertheless, the chauffeur of lords and princes, alas not of the king himself. Hence the car in the dream is no coincidence. It is the father's status symbol as well as a cherished childhood memory; for the father, dearly loved, had taught the dreamer to drive a car in his early youth, whereas the mother, compelled by her ideal, had demanded that he should play with, as well as dress and behave like, the titled children of the father's employers. No doubt, the aristocratic children's behaviour and dress patterns were regarded as perfect!

But what may appear on the external level as social climbing corresponded in the inner world to a need for being close to the images of perfection and wholeness, personified by a king and his entourage. The parents had projected the image of their own perfection on to an external feudal elite.

Although the mythological lion refers to the dreamer's idealised father image, it will appear on closer scrutiny that both parents are present in the dream, but in reverse rôles: the father *is* the car, containing the dreamer as in a womb in which he seeks safety from mother's persecution. The car as the benevolent, sheltering father, and the lion, as the menacing, phallic mother, are the internalised parents, as they really lived in the dreamer.

This view also allows of other, non-Jungian interpretations, of which I will only mention one very briefly. From the point of view of ego psychology, or rather pathology, the car, containing the dreamer, pictures vividly "the closed system," which Fairbairn and Guntrip describe as prohibiting all libidinal needs. Guntrip writes: "The antilibidinal policy is to maintain unchanged the internal closed system of self-persecution of the traumatised child within."(15) However, the closed system is not totally closed in the dream, since the dreamer had admitted the girl into it, obviously with the aim of forcing himself into an adult relationship with her. But his self-persecution mars his chance, and that is the perilous aspect of the dream: the ravaging lion might catch up with the car and destroy both, the dreamer and the girl. But this is only indicated, it does not happen and the danger can still be averted. During the analytic interview, when, instead of racing away from his problem, he came to face it, he was rewarded with a first glimpse of himself as he felt he was meant to be: free from persecution, he could act both emotionally and instinctively.

A last quotation from Jung's "Symbols of Transformation" will bring to an end the analysis of this brief dream:—

"The archetypal structure of the unconscious corresponds to the average run of events. The changes that may befall a man are not infinitely variable; they are variations of certain typical occurrences which are limited in number. When, therefore, a distressing situation arises, the corresponding archetype will be constellated in the unconscious. Since this archetype is numinous, i.e., possesses a specific energy, it will attract to itself the contents of consciousness—conscious ideas that render it perceptible and hence capable of conscious realization. Its passing over into consciousness is felt as an illumination, a revelation, or as a 'saving idea.'"(16)

When this idea has been worked out, a dream may be said to be understood. Archetypal dreams are usually key dreams which contain the dreamer's life problem in a nutshell; and because they express themselves in a condensed, non-discursive irrational and emotional language, they are so difficult to translate into the language of conscious and directed thinking. Their impact is powerful and, even if not understood, such dreams are, as a rule, remembered and referred to in much the same way as

are the incisive experiences and collisions with the external reality. But, then, archetypal experiences are also external to the conscious realm and therefore able to relate the individual to his great collective history or, to use Jung's metaphor, with the " museum " of his inner world.

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# SOME PROBLEMS OF PATIENTS WITH NEAR-PSYCHOTIC TENDENCIES*

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**Introduction.**—The purpose of this paper is to draw attention briefly to the problems of certain patients, whose condition, although classed as neurotic by formal diagnosis, is essentially almost of a psychotic nature. These patients form a fair proportion of the cases coming for out-patients' treatment. The problem they pose is that, while the aspects of their diseases which are essentially neurotic are analysable, and could be dispelled, these aspects are reinforced constantly from deeper and essentially psychotic levels, and the conflicts and resistances of these deeper levels are difficult and sometimes impossible to analyse. Nevertheless, in most of these cases there is a very considerable hope of recovery if the patient can be approached and treated in the right way.

In order to illustrate the problems of such patients, six have been selected for brief consideration. The selection has been based on the illustrative value of the cases, and not on the success of the treatment.

**First Case.**—A very intelligent but almost uneducated man about 20 years of age was sent by his doctor for treatment for what might be called an anxiety state. His mother had died recently. His father had been dead many years. His attitude to his work was unrelated and irresponsible. He was very narcissistic and looked upon employers and other people in general as outsiders with whom he had no personal concern. It seemed to him morally justifiable to keep himself in underwear by stealing from the firm for which he worked, and he offered to keep the psychotherapist in underwear by this means in recompense for the treatment.

The patient reported several long periods in hospital during infancy, when he had had operations on his nose, and his breathing was still difficult at times. These visits to hospital were always felt by him to be punishments inflicted by his mother for his aggression against her, and the operations were like castration to him. As he recalled her threats to castrate him with a carving knife for masturbating, the emotional significance of the operations in the hospital to which she took him was quite clear. These periods of hospitalisation caused definite feelings of rejec-

* Expanded from a short paper read at the Fifth International Congress for Psychotherapy, Vienna, 1961.

tion and unrelatedness, which were connected with his psychopathic tendencies and stealing.

A quick diagnosis might have been anxiety-hysteria. He was sexually excitable, but could not find a partner, except among older women and prostitutes, with whom he was usually impotent. His sexual anxieties, of course, spread to other activities, and he constantly had to change his job because of vague tensions, uncertainties of mood and interests, and sharp conflicts with his employers. He described painful scenes with his mother, going back for many years, and in the last of these, not long before her death, he had thrown an egg at her, which had hit her face and burst. He was depressed at her death and feared vaguely that his aggression had killed her, although he knew it had not.

This patient proved very productive of phantasy material, and analysis was not difficult. He was greatly interested to discover that his early conflicts involved savage oral aggression against his mother, but this discovery did little or nothing to relieve his depression. Similarly, he was interested in the analysis of castration phantasies, but did not succeed much better with women in consequence.

While the formal analysis of such a patient is valuable and no doubt paves the way for future recovery, it has to be realised that his central difficulties were of an essentially psychopathic nature, although he was depressed at his mother's death. His tendency to have macabre sexual phantasies, his introversion and social unrelatedness suggested schizoid leanings. After about two years he gradually improved. In another year he discontinued the analysis, and after about eight years from the start he formed an apparently happy relationship with a girl whom he married, and with whom he was last seen wheeling a perambulator.

In reviewing this case we have to appreciate that the psychopathic tendencies due to early hospitalisation were relatively slight, like the schizoid and melancholic tendencies. The ego was relatively strong, however, and analysis helped to dispel the anxiety-hysteria, so that recovery was not very difficult, although it took a number of years.

**Second Case.**—An essentially schizoid case was that of a man in the early twenties who could not bring himself to sit certain professional examinations owing to anxious inhibitions, and who was obviously in a semi-dreamlike state and very withdrawn, so that the clinic staff called him "the ghost." He had a compulsive tendency to expose himself indecently to girls and older women, and was afraid of being apprehended by the police for an offence of this kind. He had high sexual excitability, but invariably rejected any girl who "gave in" to him, although he

considered, as a matter of principle, that girls should be accessible to men who wanted them. A girl who fell in love with him and gave him presents was suspected of trying to take advantage of him, and rejected although he liked her. It might be said that the analysis covered every aspect of the neurotic inhibitions and ambivalencies, and, had he been no more than a neurotic, recovery would have been assured. After four years of analysis, during which there was some improvement, the schizoid tendencies gradually reasserted themselves, and he finally gave up after eight years of treatment. It is probable that the analysis saved him from entering a mental hospital. It should be added that experienced psychiatrists considered him unsuitable for physical methods of treatment.

It was realised at the start that this patient was schizoid to a degree which might make analytical treatment unsuccessful, but there was no alternative for him and the analysis undoubtedly helped him to adjust himself to his work so that he gained better posts, and to free himself from the need to live at home with his mother and sister. To call such a patient psychopathic is simply confusing and blurs what ought to be better understood. Although he was very productive of phantasy material in the analysis, he always used a rational defence, and in consequence therapeutic regression to the deeper levels necessary for his recovery was never possible to more than a slight degree. The strength of his resistance was, in the writer's view, due to the very real danger of a serious break through of schizophrenic tendencies, and the patient himself frequently complained of the fear that he would go mad.

The work done in the attempt at real analysis on this case seemed largely wasted from a therapeutic point of view, although the vast amount of phantasy material dealt with in eight years of about two sessions per week was extremely interesting and illuminating to the therapist. Nevertheless, the question may well be asked whether there is not a valuable therapeutic relationship in the transference, and in whatever regression of a therapeutic kind the patient was capable of making, quite apart from the verbal analysis itself. Probably ego-weakness is the greatest psychological difficulty with which such a patient has to contend.

**Third Case.**—This gives the picture of a paranoid condition. A middle-aged salesman, who particularly liked the freedom and independence of door-to-door selling, especially because it took him to a different district every day, where he would not be known, came to the clinic complaining of anxiety. He thought the police were looking for him, and he gave up his job precipitately because a friendly colleague used his Christian name with what he took to be a slight levity, and called him "General . . ."

a famous man with the same name as his own. Analytic talks and dream analysis soon revealed that he was really persecuted by the unconscious and irrational fear that he had killed a woman. He was sexually potent, but could never keep to the same woman for long because he became afraid that she would form what he called an "emotional" attachment to him. This, as will be seen from the next paragraphs, was a danger to him because it would involve his deep sadistic and murderous impulses towards mother figures. As long as he could keep his relationship with a woman on an "emotionless" level he was safe from these dangers.

In the early stages of treatment this patient brought notes to every session of various painful incidents he had remembered in his childhood. He tended unconsciously to use his lengthy verbal reports of these incidents to block the analysis, for the therapist had great difficulty in stopping him from talking long enough to concentrate on interpretation. Every time this could be achieved, however, benefit to the patient was obvious.

Later his memory for these incidents was exhausted and he began to report fragments of dreams and phantasies of a kind like day-dreams. It was characteristic of him to report phantasies which could be used admirably to illustrate paranoidal thinking, and it was in this way that his fears of having killed a woman appeared. He would say that he was walking along the road beside Loch Lomond when he saw of piece of clothing hanging on a barbed-wire fence. He would think, "That might be a woman's pants." Then he would see a bush and think, "A woman might be under that bush." "She might be dead, perhaps I killed her. I'd better hurry on and get a bus home." In the bus he would fear to catch a glimpse of somebody else's paper because it might have headlines about a woman's body being found on Loch Lomondside, and he would start making up an alibi in case the police stopped the bus to question passengers. He was afraid to go to Perth on business because he thought the police had seen him there with a woman eight or ten years before, and might be still looking for him. In so far as these phantasies could be interpreted, he was helped, but they recurred persistently in a variety of forms, and it is doubtful if they were ever really dispelled.

During about four years of analysis this patient very slowly came to think of his persecutory ideas as what we should call delusory, although he was never expected to accept logical evidence for this at its face-value. Eventually he detached himself from the analysis, but came back at long intervals for further talks when he felt specifically oppressed by the old fears again. He continued to live in his sister's house, however, and never formed a permanent attachment to another woman.

**Fourth Case.**—Next it would be useful to mention two cases which were basically melancholic in nature. The first is that of a middle-aged man who had found a great deal of interest for some years in civilian work on a special war-time patrol. The constant companionship provided by this work, together with the feeling of usefulness and of being needed, buoyed up a person who all his life had suffered from latent tendencies towards depression. When it ended, he passed into an anxiously depressed mood, which continued for six or seven years, and, although he showed an intermittent tendency towards recovery all this time, he was frequently set back again by incidents such as his daughter's marriage or the threat of compulsory sale of his garden for road widening.

With him it was clear, as in most depressive cases, that formal analysis was not helpful, and often it was clearly unhelpful, because it tended to appear as an oral attack which reinforced the punitive suger-ego. Therapy was, therefore, confined to a sympathetic and encouraging kind of conversation about his problems, without any attempt to offer help which might seem to displace his feelings of independence. Eventually he recovered by very slow and uncertain stages, and decided to discontinue attendance as a patient. It must be added that experienced psychiatrists were consulted, and that they considered him unsuitable for physical methods of treatment.

This patient was particularly interesting to the therapist because he showed the connection between depression and introjected oral aggression very clearly in a variety of ways. He suffered from a kind of asthma, associated with a fear of choking, and with distressing dreams in which he woke up coughing violently and thinking about such things as the possibility that his dog had swallowed a bone which it could not crunch up and was going to die. On one such occasion he rushed to save the dog, which he found sleeping quietly. He had also persuaded his dentist, or his dentist had persuaded him—it is difficult to say which—to have all his teeth extracted because of the supposed fear that they might in some way, or by an obscure infection, have caused his anxiety state. The idea that teeth might have some connection with depression was not a bad guess, but the kind of connection was not what he thought. Instead of his own teeth he had a set which he was seldom able to use because they irritated his gums, and he lived mostly on porridge and soup in consequence. At the end of the treatment he got himself a new set of false teeth which he could wear and use comfortably. The inability to use his teeth saved him from having to bite. It is almost too good to be true that his occupation was that of a butcher, and he often came to the clinic smelling of meat and with blood-stained hands and clothes, or carrying a bag of butcher's knives.

**Fifth Case.**—This patient presented the kind of problem which taxes the psychotherapists' abilities to the utmost. A middle-aged woman, always quiet and industrious, but unmarried because of her sexual inhibitions, had a love affair with a man with whom she could have made a happy marriage, but he was suddenly taken ill and died. Her father also died suddenly quite soon afterwards and she was left to look after a step-mother whom she strongly disliked. She was of a highly moral disposition, and very religious, but she had lived with her lover as man and wife, and felt intensely guilty. Nevertheless, her repressed sexuality was released, and she had several further abortive love affairs, usually with married men, most of whom did their best to repel her advances, at least consciously. One of them brought her to the clinic, and she might be described as an unwilling patient from the start. She was given a diagnosis of anxiety-hysteria, which was correct so far as it went, but the writer, who was her therapist, considered that she was also basically melancholic.

All attempts at analysis were strongly repelled, and the patient was probably right in feeling that they were useless. As in the previous case, verbal analysis usually had the effect upon her of an oral attack which reinforced the punitive super-ego. A specially determined attempt to bring about insight by analysis, on the advice of colleagues who regarded her as an hysteric, resulted in her making an attempt at suicide by taking poison. After this she was in a mental hospital for several months, where she was again regarded as an hysteric, but eventually E.C.T. therapy was tried as a last resort, and resulted in considerable improvement. She again became an out-patient.

Psychotherapy in the ordinary sense was hardly possible with this patient. For about two years of sessions, twice a week, she often hardly spoke, and on one occasion she lost her voice altogether for a time, after being in a bus which knocked a man down, although nobody was hurt. She was always unwilling to leave at the end of the session, and even if the session had been spent in bitter weeping, it was often very difficult to persuade her to leave. In spite of these difficulties, there was an almost imperceptible tendency towards recovery with many set-backs, and in the end she began to find various social activities as substitutes for the clinical sessions. She was a capable woman, and, during almost the whole period of her illness, amounting to about six years, she was able to earn her living in a factory, and could afford to pay small fees for treatment.

This patient's sexual inhibitions had become manifest when she was adolescent, and had a love affair with a youth who wanted to have intercourse with her. She refused in fear. Later the same day she upset a kettle of boiling water on her leg and had to have a skin graft and a long period in hospital in conse-

quence. She was never able to contemplate any relationship with a man again until she was over forty.

The therapeutic sessions with this patient tended to be very monotonous. Much of the time she wept bitterly and often could not speak. When she was able to talk, the conversation tended to repeat the same themes apparently without end—her lover and his sudden death, her father's death, the trials of living with her stepmother and her sister's jealousy. A great difficulty lay in her sexual impulses, which had been strongly excited, and she could hardly bear the enforced continence she had to face owing to her lover's death.

Her underlying oral-aggressive inhibitions were exhibited in many ways, especially in her difficulty in speaking at almost all times, and complete loss of speech for a time after the accident mentioned above, and also by the fact that during the first year of treatment she always insisted on sharing a bar of chocolate with the therapist at each session, which he viewed as something like "funeral meats," that is to say, sharing the lover's dead body in order to distribute and minimize the dangers of eating it. Later she became more able to talk freely and gave up the chocolate-eating ritual. Finally she proudly displayed a real and more comfortable set of false teeth.

It is an interesting point about this patient that she was brought to the clinic by a minister, who considered that the psychological treatment should be conducted on what he claimed to be proper moral lines. He tried to insist that his moral strictures should be inforced and that her sexual impulses should be prohibited by the therapist, and, when this was refused, he tried to involve the therapist in a public argument about the place of morals in psychotherapy.

**Sixth Case.**—This was that of a young man who showed decided homosexual tendencies. A man friend who saw him coming out of a lavatory one day, put his arm around him and jokingly asked him what he might be doing in a gentleman's urinal. He was deeply shocked, but this incident was followed by a number of others of the same kind, which resulted in his doctor sending him for treatment. In the course of almost two years of analysis he became quite expert at anticipating the interpretations which the analyst would make, and at one point he said, "I'm getting quite good at this sort of thing," but there was no change in his condition. After a time, paranoidal-obsessional phantasies came to light, such as the fear that he had a bad smell which caused other people to avoid him. He was very upset when he saw people opening windows in the room in which he was sitting, began to take elaborately obsessional washing precautions, and asked the therapist for reassur-

ances that he did not smell. He was also very much concerned that men should be attracted to him sexually.

This patient was given hormone treatment, which had no effect at all, and he did not show any improvement as a result of the analysis. Eventually he was transferred to a woman analyst because his difficulties were so very infantile. Her verdict was that he needed a nurse rather than an analyst, and it must be admitted that she had little or no success with him. Some time later he discontinued attendance.

This patient's emotional age was about one year, and the statement that he required a nurse rather than an analyst points to a truth which might indicate the way the treatment should be viewed and conducted. The infantile level of his emotional difficulties was the main reason why verbal analysis was ineffective. The split was complete between these infantile conflicts and the super-imposed semi-adult ego, which was quite skilful in talking. Hence he quickly became an expert in analytic interpretations but never in analysis itself. It might have been better to spend the sessions in silence, because therapy is sometimes possible, as will be explained later, at levels at which words are almost useless, but his semi-adult verbalising ego never allowed silent transference effects to play their part. In fact, perhaps the biggest difficulty in such a case is that the early ego is too weak to hold its own against the inroads of infantile phantasies and impulses of an essentially psychotic kind, and gradually succumbs to delusory experiences which are extremely disabling, even if they do not lead to insanity.

**Discussion and Conclusions.**—Many other cases of similar types could be reported. Most of them might be regarded as unsuitable for treatment in some clinics. If patients are not worse than those described here, they are not usually admitted into mental hospitals. If they cannot pay for private treatment, there is almost no help available for them. Even if, like these six, they are fortunate enough to come to a charitably organised clinic in which analytic principles are applied, they may be so unrewarding to the therapist that it almost requires an attitude of professional self-sacrifice to keep the treatment going long enough to see any improvement in them. Drug treatment is only a palliative at the best, and, even if many of them might recover partially without treatment, they are still in desperate need of care and understanding.

In the cases reported here the problem was much more complex than could be indicated, but the salient features of the cases have been noted, and in almost all such cases the central difficulty is the presence of latent and usually minor psychotic tendencies. If a generalisation could be made, it would be that in schizoid or psychopathic cases the prospects for recovery

depend on how far the abnormal condition has gripped the personality as a whole ; in paranoid cases, it usually depends on how successfully the patient will be enabled to view his delusions as unusual thoughts to which he need not pay any attention ; and in depressive cases there is always hope of recovery if the clinic can offer the patient a stable, friendly and insightful centre of interest for the time being, provided it is not critical or demanding.

In the valuable discussion which followed this paper in the Vienna Conference on Psychotherapy, 1961, two interesting points emerged. The first was the significance of ego-strength. In those cases who make good recoveries it appears that the ego has been strong enough to hold its own and to ride out the storm. It might be an advantage to apply personality tests before therapy was undertaken, in order to gauge the patient's ego strength more adequately in such cases.

The second point was the question of how the therapeutic effects were attained. The answer to this was that the therapy was achieved by the interaction of two fundamental factors, namely, the therapeutic regression and the transference. In the therapeutic regression the patient is able to return to situations of early fixation, but to approach them in a new way and with greater ego-strength than he had at the time of the original frustrations, and in a very different environment, to which the original reactions are now inappropriate. Appreciating this inappropriateness the ego is able to make new and more harmonious adjustments to reality. The possibility of ego adjustments being achieved in this way depends very much on the transference (in both its positive and negative aspects) being adequately dealt with. The dangerous and frustrating parent of the original disturbance is replaced by the therapist, who is calm, kindly, insightful and uninvolved, and who does not take sides with the patient's prohibitive super-ego. In this new relationship the patient's ego, if it is strong enough, can bring about beneficial changes even if most of the therapeutic time is spent in complete silence or in talking about matters not obviously related to the illness.

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