THE ASSOCIATION OF PSYCHOTHERAPISTS

BULLETIN No. 6.

The

Association of Psychotherapists

and The

Society for Psychotherapy

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No. 6 1965

ACTIVITIES OF THE YEAR

It has been a crowded year, as the reports of activities overleaf show. Stemming from the recommendations of the Training Sub-Committee, our programme has extended to include more of the social studies: the family, the role of the individual in the community and the dynamics of small groups. Our course on the latter was well received, and we shall repeat it.

In all this we do not lose sight of the fact that a focal point of psychotherapy and the major source of knowledge of the psychotherapeutic process is the exploration of the two-person relationship in the consulting room. Here, our understanding of other areas can be used and in turn our knowledge of them can be fertilized. In their own right, too, community therapy, family therapy, therapy via group processes are all the proper study of the psychotherapist and so the concern of the Association.

We now have fifteen Student Members in various stages of training; the activities of the Well Walk Centre are expanding and a research programme is under consideration.

Turning to another aspect of our work, from time to time mention is made of the Association's correspondence with the Ministry of Health concerning the status and salary of psychotherapists (non-medical) employed in the Health Service. This is still far from satisfactory, although some progress has been made. The position now is that the Ministry recognises that the role of the psychotherapist exists, but maintains the right to decide the status and salary of each individual according to his experience. As a guide, the sessional scales for the psychologist grades are considered to be equivalent. The Association has pointed out that this is unsatisfactory and suggested that parity with sessional scales for Child Psychotherapists employed by the better local authorities, (e.g., The Greater London Council) would be more appropriate. There has been no movement on this. The argument is best advanced by individual cases and the Association is always willing to correspond with the Ministry on behalf of its members.

Finally, a personal reflection. It now seems clear to most of us that the Association has defined for itself and in turn is having reflected by society, some of the areas of its social role. This being so, our task now changes in emphasis and becomes the evolution of an organisation which can fulfil these needs adequately.

PAUL DE BERKER.

REPORTS

SEMINARS FOR MEMBERS, 1964-65

The Summer term of 1964 continued the course of seminars given by members with one exception, Baroness von der Heydt, a member of the Society of Analytical Psychology, who gave a lecture on "The Role of the Father in Psychotherapy". This series ended with a paper by Mary Swainson, M.A., Ph.D., on "Problems in Training for Counselling and Psychotherapy". After this lecture the subject of our discussions arose and was looked at analytically. It emerged that while we have lively discussions a considerable degree of oral aggression is often evoked. Subsequent meetings have proved the validity of this.

In the Autumn term four lectures by Kleinian Analysts were given. The first two by Dr. Klein on "The Value and Effect of Interpretation" and "W. R. Bion's Grid as an aid to the Analyst's check-up on himself". Dr. Meltzer spoke on "The Working of Projective Identification" and Dr. Morrison on "Fragmentation and Ego-Splitting" illustrated by the analysis of an eight-year-old boy.

In the Spring term Dr. Murray Korngold lectured on "Problems in Training and Supervision in the United States", Dr. Hilda Abraham on "The Difference in Indication for Psychotherapy and Psycho-Analysis", Dr. Meltzer on "Dream Interpretation" and Dr. Ronald Laing on "Problems in Psychotherapy of Outpatient Schizophrenics".

This series is not yet finished. Attendances have increased this year, and the programme has provided sound and varied teaching.

MARIANNE JACOBY.

THE WELL WALK CENTRE FOR PSYCHOTHERAPY

Between Spring 1964 and Summer 1965, 112 patients were interviewed, of whom sixty-five were taken into treatment.

In order to help make the process of taking on patients and record keeping more efficient we now use four forms.

(1) A letter informing a prospective patient of the need for his Medical Practitioner to agree to his having psychotherapy, or for the patient to consult one of the Centre Psychiatrists.

(2) A form sent to initial interviewers with indications how to delineate the information we feel it essential to pass on to the prospective Psychotherapist.

(3) and (4) Two brief report forms to be returned to the Centre by the Therapist who undertakes the treatment of a patient at the end of three and six months respectively.

Later we shall be using another form on which the Therapist will record the first dream of a patient after deciding to come into

treatment. These later will be correlated with the final reports on patients to find whether dreams indicate the prognosis of the case as Jung postulates, and whether there is a connection between the dreams and the different neuroses.

Two groups of an experimental nature are in preparation. One is to contain four married couples whose marriage problems are acute. This group will meet weekly and will be conducted by Mrs. Seglow and Mrs. Balogh. The other is for patients suffering from obsessional phobias. This will also meet weekly and be conducted by Mrs. Jacoby and Mrs. Balogh.

This Spring Mrs. Sheila Percival, who has for three years helped us build up the Centre, decided that she could not go on working here for so many hours. It was with great reluctance that we parted with her, for many of us had come to depend upon her unvarying good humour and help, and her ability to make references and calculations so quickly.

Our present secretary, Mrs. L. Griffiths, is at the Centre on Tuesdays and Thursdays, 11.30 a.m. to 2 p.m. As the work continues to grow, our demands on her time are likely to increase.

The Centre's potential for service depends very greatly on the generosity and co-operation of the therapists who work for it. With their help it is paying its way, although some patients are only able to pay nominal fees when they begin treatment.

PENELOPE BALOGH.

AN INTENSIVE COURSE IN THE DYNAMICS OF SMALL GROUPS

Psychotherapists believe that knowledge of unconscious processes can enable human beings to live and work together and avoid trying to destroy one another. It has always been an aim of the Association to bring this knowledge to a larger selection of people than those whose difficulties compel them to seek it. Yet this understanding can only be achieved through experience of relationship with others, so that the study of groups is the medium of choice for this task.

The Conference was designed by Paul de Berker, Dip. Psych., B.Litt., who acted as director. It was based on his experience at Residential Courses run by the Tavistock Institute of Human Relations together with Leicester University, and on his work in the Prison Department. Its aim was threefold: 1. To teach from experience the dynamic processes common to all small groups, be they committees, working groups or therapeutic groups. 2. To study the manner of interaction of individuals within their groups. 3. To consider how to apply this knowledge to the students' work situations.

The course took place in a private house in Central London and comprised sixteen sessions, two on each of eight evenings during a fortnight.

The participants were recruited by advertisement and through acquaintances of the Association. Twenty-eight men and women in about equal numbers drawn from the Social Services, Medicine and Industry took part. The staff consisted of the director, who also acted as a consultant, two consultants, Mrs. I. Seglow, D.Phil., and Robert Andry, M.A., Ph.D., and four observers.

The sessions were planned to provide three kinds of experience, small study groups, a large group and application groups. The small study groups filled both sessions on the first evening and the first session on each subsequent evening. For these the conference was divided into three groups of nine members with a consultant and an observer. Their work which was defined in a brief opening session was to observe what happened in these groups. Apart from this there was no agenda and the consultants confined themselves to interpreting what took place. The groups differed in that one group had a consultant (Mr. de Berker) working with W. R. Bion's technique, i.e., defining what was going on in the group as an entity; another consultant (Dr. Seglow) trained in Dr. S. H. Foulke's methods gave interpretation of individual behaviour and of relationships constellated within the group, while the third (Dr. Andry) was more eclectic and drew from both systems.

The three techniques together catered for a wide variety of people. The Bion technique, giving definitions and interpretations in terms of the group, engenders more stress and needs a measure of ego strength. Those whose ego-boundaries are less clear need some personal interpretations at least, to save them from floundering. In the conference all the participants were able to take it, none dropped out.

For the second session on the second, third, fourth and last evenings the whole conference formed a large group. Short lectures by the course director opened these meetings. The first gave a brief summary of Kleinian object-relation theory and the early development of the ego. The second related this theory to Bion's group concepts; the three Basic Assumptions underlying all group work: Dependence (BaD), Fight-Flight (BaF) and Pairing (BaP). The nature of Valency, the human capacity for instantaneous and involuntary sharing and acting on the basic assumptions was also discussed. The third lecture dealt with the more conscious and sophisticated aspect of group work, and illustrated this by the underlying structure of the conference.

Three study groups had taken place prior to the first of the large meetings and it was observed by some members of each small group that they had the fantasy that their own group

took the largest share, or made the most valuable contributions to the discussions. Belonging to a group within a larger group gives another area for study, but it could only be briefly touched upon in the time available.

The second sessions on the first three days of the second week were used for Application groups. For these the conference members were rearranged in accordance with their occupations. The task of the three new groups was to consider how the knowledge gained in the conference applied to problems arising in members' work situations. One group was orientated towards teaching, another towards psychotherapy and the third towards administration.

Both consultants and members found the change to new groups and the more objective work midway in the conference difficult. There was considerable carry-over from the study groups to cope with, and the consultants had to take a very active line in order to keep the groups focused on their work situation problems. The effort of concentration needed to move and translate from the inner to the outer world, is always a strenuous exercise, but was tackled in some measure.

Observing the group whose consultant was using the Bion technique proved to be a fascinating experience. Bewilderment followed the shock experienced when he sat silent refusing to take any part in a round of introductions, and stress was soon felt. Bids for leadership by several members were made and rejected, hostility being directed at anyone who was persistent. During the third session the " fight " became sufficiently alarming for the group to move into flight and take refuge in discussing the opening and shutting of a window for half of the session. At the fourth session a new situation arose because the consultant, who hitherto had been so silent and apparently unhelpful, had given the lecture in the large group and the group now felt confidence in him. Dependence was evident and several of the less articulate members began to express themselves. Bids for leadership this time led into a clearly seen pairing situation.

At the fifth session two members came late and those already assembled showed anxiety and depression as though the absent members were initiating a break-up of the group. This phenomenon was exactly as described by Bion. Later, though this session still continued in a minor key, strong feeling about the consultant was expressed in symbolic form. A spokesman for the men led in by speaking of his fantasy of the eating of the hog's head in Golding's Lord of the Flies, and the women followed this by talking of a locked kitchen and a tell-tale key which turned out to be Bluebeard's key. The consultant interpreted these fantasies.

The sixth session opened the second week of the conference

and members met after the week-end as people who knew one another and had shared experience. They reported dreams and gave interpretations in a way which showed a remarkable degree of cohesion. Then a member presented a personal problem very tactfully leading in through the pairing situation. When the basic assumption and the sophisticated work level of a group are in alignment there is an absence of conflict which was in this case quite noticeable. The theme of therapy was raised at the following session and it became clear that a "good" group was felt to be a therapeutic one, members having experienced gratification at being able to bring some relief to the one who had asked for help. To be "good" was a powerful defence against "bad" feelings.

During the last two sessions the part the time factor played came into evidence. At the penultimate session mourning was the first topic to be raised, and the group had to relinquish some fantasies in the face of the coming change back into ordinary conditions of living. At the last session attempts were made to get the consultant to sum up, though no surprise was shown that this plan did not work.

The consultants and observers met alone together for the twenty minute coffee break between the sessions and again after the second session each evening. The consultants taking two sessions each evening after their usual day's work were stretched considerably and these meetings gave an opportunity for them to talk over difficulties as they arose, and also to watch the progress of the conference.

It was noted with surprise that the three groups, though differently conducted, were following similar patterns, sometimes the same topics arose simultaneously. This could be explained if members of the groups were tapping the same strata in the collective unconscious (Jung) or sharing a common Proto-mental Matrix (Bion).

At the time of writing this report it is too early to find out how the members feel about the conference and how the experience relates to their work. Part of the work, the assimilation of new understanding, takes place after the conference is over, but in due course we may be able to get some hints at least of how people were helped, and some guidance for the planning of future conferences.

ROWENA PHILLIPS.

TRAINING IN GROUP-WORK FOR SOCIAL WORKERS

Several members of the group I conducted last year for the "Family Welfare Association" wished to continue with some kind of group-work. They were chiefly interested in receiving training as group conductors, because they had been asked to lead social-therapeutic groups with certain of their clients. These members organised an Interdisciplinary group, consisting of nine highly-sophisticated and fully-trained Social Workers of both sexes from various fields and different age groups.

So far, we have met ten times at fortnightly intervals. The group has gone through many different phases of aggressiveness, hostility, helplessness, competitiveness, jealousy and dependency, as well as attempts to rationalise and project feelings.

As a rule, the session started with one of the participants bringing a case of an emotionally-disturbed client towards whom he or she had strongly ambivalent feelings. The other members were usually able to detect this ambivalence, and—during the hostile phase of the group experience—accused that particular member of having mishandled the case. This kind of reaction repeated itself as case presentation followed case presentation until the group was eventually able to accept and understand my interpretation that ambivalence was in fact a determining factor for all of them, in the pattern of their relationships, both inside the group and outside in their professional life.

Although only one of the group members had had an analysis, they all found it possible to acknowledge this pattern of ambivalence and, within the framework of the training group, to reveal something of their personal life and history without fear of endangering their professional status and integrity.

Having worked through this experience, the group then went through a phase of helplessness and dependency on me. By focusing on their own personal and professional response, they gradually detected some of their clients' problems in themselves, and revealed how they often tried to solve them by projecting their own infantile drives on to them.

We subsequently concentrated on these themes and difficulties of group members which were similar to those of their clients.

As the group developed further insight into their underlying feelings of hostility and guilt towards their clients they understood that these feelings were often covered up by an attitude of excessive concern and kindness. At the same time, and as a result, the group gradually seemed to be able to "dethrone" me as the leader. At the beginning, as they expressed it themselves, I represented their idealised mother or sister image. Then, however, I became a rival in their growing belief that they had worked through their main difficulties and ambivalent attitudes.

I felt that a somewhat unorthodox experiment might help to clarify the dependency/competitiveness climate which began to envelop the group.

I tentatively suggested that we might try out a change round of the conductor's role, so that each participant would be able to experience a taste of leadership before embarking on the leadership task in his own professional setting. The group seemed more than pleased.

We have had, so far, only two sessions in which to explore this experiment. In order to observe its process more closely, we decided to add an experienced Observer to our group who could feed back to us anything of importance, including such group behaviour, as facial expressions, spontaneous smiles, gestures, postures, etc., which complemented, negated or emphasized statements made in the changed group situation.

These two meetings surprised everyone, including the social worker who took over the leading role. It was demonstrated quite clearly how an authoritarian attitude can be a compensation for a vague and wavering one. The group was rather perplexed at this and is now awaiting quite eagerly the further development of this experiment.

I. M. SEGLOW.

THE PSYCHOLOGICAL ASPECTS OF AGGRESSION

Penelope Balogh

(Reprinted by courtesy of the Medical Association for the Prevention of War)

Since the title of this talk is "The Psychological Aspects of Aggression", I shall begin with what I think is the heart of the matter and quote from Melanie Klein. On first reading it, one may feel that the world has not changed in any noticeable way since it was written and that her recommendation is as far from being implemented as it was in 1933. Then one may remember that she wrote it before nuclear weapons were thought of, before the cost of juvenile delinquency loomed so large in European budgets, and before psychotherapy became at least considered during the training of doctors and social workers.

She wrote:

". . . . one cannot help wondering whether psycho-analysis is not destined to go beyond the single individual in its range of operation and may eventually 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 depth and vigour of the instincts of aggression innate in each individual. Such efforts (these previous ones) do not seek to do more than encourage the positive well-wishing impulses of a person, while denying, or even actually suppressing, his aggressive ones (as most religions try to do). And so they have been doomed to failure from the beginning. But psycho-analysis has rather different means at its disposal for a task of this kind. It cannot 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 achieve some resolution of *early infantile anxiety,* this not only lessens and modifies the aggressive impulses, but leads to a more valuable employment and gratification of them from a social point of view; 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 much pleasure and benefit, and further lessening of anxiety is derived from the fulfilment of this desire—when we see all this we can believe that what would *now* seem a Utopian state of affairs might come true when, as I hope, child analysis becomes part of every person's upbringing just as school education is now. Perhaps then, the hostile attitude springing from fear and suspicion, latent more or less strongly in

every human being, and which greatly intensifies 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."

Freud attributed anxiety to what he called " object loss " and never departed from this view. That he tried to describe anxiety minutely and never really succeeded is indication that he wished anxiety to be apprehended in a rather different way from fear. Yet for purposes of the domestic reassurance of children, of interpreting to phobic, or even to paranoid patients, I find using the word " Fear " more direct, unequivocal, and in some way better understood.

So if we take the Kleinian and Freudian views we are faced with the inescapable fact that every human being has within him anxiety such that he will inevitably need to express the sort of aggression that springs from fear and involves anger, rage, hostility. Here I want to take steps to define this word " Aggression "—for it has infinite shades of meaning. In America, the adjective from it is often used instead of " forceful ". Aggressive Salesmanship is highly thought of! It seems to me that we ought to be much clearer about what we mean. I wish we could come to an agreement to use the words " Hostile " and " Hostility " implying angry and anger, when we are talking about the sort of impulse that Melanie Klein mentioned, thus keeping " Aggression " for the forceful salesmanship type of behaviour.

Unless one makes this distinction, one clouds one's understanding and mixes two very different aspects of behaviour. They *are* different even if they seem to shade off into each other. If you look carefully it isn't really difficult to distinguish aggression from hostility. I would think that one could always recognise hostility by observing that it is present *when aggression by itself is felt to be inadequate*—when the aggressive person appears unsure as to whether his particular way of getting what he wants will succeed. Therefore if the goal—conscious or unconscious—is felt to be unduly threatened or frustrated, hostility accompanies the expression of aggression and some fear and rage reaction is physiologically experienced. As a simple illustrative example, one can take the different reactions to frustration shown by secure compared to those shown by insecure persons. The latter become enraged much earlier. This has been proven both among animals and among humans in various experiments.

Most people accept Instinct Theory in some form whatever other explanations they also employ in their comprehension of human activity. So that there is some agreement in thinking of man as motivated by a drive to preserve his life, mate and reproduce and to keep the young alive. Dividing Instinct up into separate drives—Self-protection, Hunting, Feeding, Sex and

Nest-making—has afforded interest to many thinkers, biologists and experimental psychologists. Debate as to whether there is a Death Instinct frequently takes place today where we are confronted by so much evidence of hostility turned against the self (e.g., smoking despite cancer statistics, driving when drunk, despite the frequent warnings, etc.).

I myself still find it more workable to conceive of instinct as an omnium gatherum of all innate drives—a total gestalt with parts than can become separated from the whole and even distorted. So I relegate the death instinct to a category of gross distortions of the life instinct—no doubt such a preference springs from a manic defence in myself which I am unwilling to surrender.

In this way, it is possible to think of Aggression as the expression of the Life Drive, and Hostility as the angry expression of a sense of threat to the success of the Life Drive. Gross threat to life is probably felt at birth, during most weanings, and at those times when the individual feels that he, or his group, are weak and helpless, castrated. This really means then that Melanie Klein's recommendation for universal child analysis could only be dispensed with if the majority of the world's parents could arrive at ways and means of bringing up children so that early insecurity was minimised and learning to tolerate and cope with frustration was acquired without such anxious hostile responses, which are the usual accompaniments to this.

Since both these contingencies—universal child analysis or universally adequate parents—are, in the foreseeable future, completely unlikely, we have to accept the fact that the neurotic or psychotic trends within the majority of the world's population make us excessively war prone—that is, liable to incite others or be incited by others to initiate or to accept states of war. Margaret Mead's study of comparative cultures illustrating how warlikeness grew out of one which made tenderness to child or wife taboo and which forced early weaning and submission, and how absence of real hostility grew in a culture where there was extreme permissiveness to the young and a high value placed on woman, should now be followed up and compared with research in similar but sophisticated groups.

Paranoia is the term used to describe the sort of fear or terror a person feels who is actually afraid of his own thoughts and impulses, but treats his fears as persecutory. There are, of course, infinitely various degrees of paranoia.

Such fearing seemed incomprehensible until psycho-analysis slowly learnt how to make sense of unconscious processes. It was the first technique able to demonstrate that paranoid patients projected on to others, or on to the environment, threats or threatening attitudes really situated in themselves. These might be castrating or death wishes towards those who at one time, or

currently, frustrated or rejected the patient, or they might be seen to be the method of inhibiting expression of sexual overtures. Hence text book cases of children terrified of a comparatively mild parent, guardian, teacher or even of animals, or of old ladies convinced of the clergyman's desires to follow and rape them.

People who recover from phobias are those who come to realise fully that the superego, the primitive conscience, at work in them cannot tolerate libidinous, that is life-preserving, drives which ordinarily are accompanied by pleasure, having outlet in the way or ways needed.

I have not yet found a phobic patient whose unconscious did not harbour exaggerated ambitions. Tho phobia is, as it were, unconsciously " called in " in order to keep the patient tied down and yet still able to have the sort of phantasies that help him believe he could achieve great things if he were free. The difference between people who have phobias and those who appear paranoid is the difference between neurotic and psychotic illness. The phobic knows he is ill when he fears, for instance, to travel or climb up stairs, while the paranoid person really believes he is justified in complaining, for example, that his bedsprings are cameras fitted into his room by a spy organisation. His fears then are delusions.

Roger Money-Kyrle defines abnormal conflict as that which would not have taken place but for delusion. He rates the Cuban Crisis as having been based on realistic fears and Suez on the illusion that Nasser was the equivalent of Hitler.

To understand the nature of conflict, he recommends that each individual make a study of his own (a) aggressive, and (b) hostile feelings and reactions, and to this end one of the present seminars organised by the Conflict Research organisation is collecting personal evidence of conflicts experienced and is trying to classify these.

To give you some idea of how brief and various such a collection must be, here are three—in the hope that if any of you feel able to add to our collection you will send them to me.

A. Conflict Among Educated and Young

Organised conflict of long and traditional standing between two university colleges where it is held to be essential to self-esteem to have contributed to the discomfort or *mild* destruction and debasing of the opposing college, e.g., Unobserved one night, one group poured a chemical on the lawn of the enemy college in such a way that ten days later, just before a garden party, the grass died off in the shape of letters spelling out a rude message. The attacked college gave up all pretence of study and athletics till they had devised a revenge to equal the insult.

Revenge being agreed on (to paint all enemy lavatory seats with invisible, slow-drying varnish), a small team was delegated to complete the task in secrecy and college life returned to normal.

Compare this with the realistic story in " West Side Story " where the Sharks and Jets had, all the time, to be on guard lest the rules of the game were outraged and so, because of this, the three leaders are killed defeating all the efforts of painstaking but ham-handed probation officer and police. No evidence of anxious hostility here.

B. Conflict Among Educated and Old

Disorganised, sporadic conflict between different factions of a single committee set up to propagate certain techniques in psychotherapy teachable to, and usable by, social workers. The factions never stayed constant, some members leaving one to join another and even to join a third in the course of 3-4 years. The question over which dissention was seen to be most rife was whether to try out and adopt some less known, less respectable methods or whether to restrict the training to well-tried, established practice.

Here time and experience were healing. Each member began to observe his own movements within the various factions and to discuss this intelligently, humbly and to continue introspection. This began to show up the personal motives and the externalisation of these into " principles ". Compromises were arrived at. Each item on each agenda was decided on separately on individual merit in line with " principle " agreed to be of major importance each time. Much hostility here until open discussion of motives made threats to self esteem less.

C. Conflict Among Uneducated and All Ages

Riots in Paris to demonstrate anger at the news of Government corruption. Police were called in to prevent further destruction after a bus was turned over and burnt in a public square. Spectators angered by the random brutality of the police, joined with the rioters,

(a) to help them escape;
(b) to vent their anger on the police.

These were then treated as rioters.

No peaceful solution, only brute force (of the police) quieted the mob who became split up and disbanded.

In Dr. Bion's book " Experiences in Groups ", there is the observation that unorganised groups often throw up their sickest member as leader.

There are surely two sorts of group internationally, if not domestically in each nation: The Envious and the Greedy. The Envious being those who see themselves as " Have Nots " and it is

these of whom it is thought they are likely to be led by sick men while the Greedy are those who think of themselves as "Haves" but who fear to give up anything of that which they have.

Joan Riviere in a book called "Love, Hate and Reparation" notes among other characteristics the following as being certainly concomitant with a state of hot or cold war—delusional hate, rivalry, love of power, falsity and realism.

The presence and absence of these characteristics in crowds as opposed to individuals, is our concern. For co-operation in an enterprise inevitably has the effect of altering it from any enterprise undertaken alone and the difference between individual and group activity requires so much more study than has yet been given to it. Half a million years ago (according to Sir Arthur Keith), we were cannibals. Presumably the taboo on killing and eating members of one's own family and tribe was well established before any taboos on incest.

Ruthlessness is more easily established, and deviation from it less likely, once a group is formed for the purpose of conducting an enterprise or enterprises requiring ruthlessness. Not only is there safety in numbers when it comes to an out and out struggle with an enemy, but there is also safety in numbers when it comes to the application of rules of behaviour and tradition out of which civilisation has grown. We owe the sublimation of primitive, self-seeking drives to the ever-lengthening period of dependence, suggestibility and submission in which human young are reared. In the course of evolution, man has developed an increasing sensitivity to the mores and codes of his group, particularly to those of his family and parents. That children introject their parents' modus vivendi, attitudes and morals is common knowledge. The content of this introjection is called the superego by psychologists; that an exaggeratedly severe, disapproving superego cripples people emotionally has been seen in consulting rooms all this century and seen in patients who, quite often were not brought up strictly. This is perhaps best explained by seeing the original anger felt in response to the fears and frustrations of early childhood as turning inwards upon the sufferer and expressing its cruelty internally towards the self who is conceived of as a tempter or internal rule breaker.

Groups who have either been coherent for some time, or who are in the throes of becoming coherent, will automatically have principles or rules which forbid total self-seeking. The primitive hostility of such men and women will therefore have, at least a little, turned in upon themselves sharpening their consciences into activity and self-criticism. If then, another group from outside invites resentment or appears threatening, the introverted hostility can, without guilt, begin to deploy itself in an extroverted way and so become released in hating an external enemy.

It is not that "Patriotism is not enough", it is that Love without something to Hate is not enough. Anxious and neurotic members of any society are noticeably healthier and happier when there are crisis conditions to contend with or while they are at war. These conditions render it respectable to indulge in hatred. Not only is the self-hate diverted but antagonisms within a group which is at war can vanish overnight—coalition governments get to work and demonstrations of brotherliness and affection are allowed to take the place of the cool, mechanical relationships existing in times of peace. Excitement is everywhere and every member has a value. All in all, except for comparatively few deviationists, selfish behaviour during a war ceases to be a threat to the coherence of the group and fellowship and self-sacrifice is ever at the ready.

Thus we can see that War—or the earnest preparation for War, provides Hate and Love objects with little or no accompanying guilt or ridicule.

How can Peace—or an earnest preparation for Peace—possibly compete? *Without an outside threat, it can't* This is surely why one can be a tiny bit more optimistic now, after the last war, than we had a right to be after the one but last; for radioactivity should—if publicised *enough*—be an outside threat to all and every nation.

If, during peace, we could somehow emulate war conditions, never forgetting that we have to remake these conditions for each succeeding generation, then we might escape destruction.

One of the things war provides, is change and the promise of change. We should pause to consider the Lange-James type puzzle (expressed originally by them as "Do I cry because I'm sad or am I sad because I cry?") in terms of: "Is man competitive and in need of his hostility in order to go on effecting change, or does his way of life depend entirely on change and so compel him to exercise his competitiveness?" Let us not forget Goethe's saying that "Nothing is worse than an unbroken chain of happy days." Some sort of competition or challenge seems to be the spontaneous response to social contact. (Child studies confirm this, also studies of adult groups.) Presumably this form of measuring up to another is part and parcel of getting or maintaining a view of the identity of the self. In fact, Dr. Storr defines aggression as "psychic energy serving to differentiate the individual as individual" and, after spending much time with adolescents, I am often tempted to agree with him. Making changes certainly seems a way in which both single people and groups enable themselves to feel distinguishable, even distinguished. Consciously change is envisaged along conventional lines, better sputniks, more schools, better pensions, more hospitals. Unconsciously, change is phantasied as bringing

with it further pleasure, further power, furthering life in some way.

Female bodies live through more change, especially if they reproduce, than male bodies do. Psychologically female children experience a change of love objects too. In rearing young, many outlets are available for aggression, in fact they demand aggression. Also, at first, the young seem inevitably to be more part of the female's self than of the male's, and while they are young they are continually changing. The male's expression of aggression, his "ceaseless quest for change" has less psychological outlet nowadays and a proper "Pecking List" is impossible among humans, for the list cannot remain stable. In the animal kingdom, the pecking list rests on unchangeable factors like physical strength, utility, beauty, but human groups soon alter these. For instance, manufacture of nuclear weapons completely alters a nation's status. Civilisation therefore, I think, demands more of men than it demands of women. Freud's observation that more women were neurotic than men cannot now be substantiated.

Civilisation may demand of men more sacrifice of libidinous pleasure but in rationing his primitive sexual and predatory drives it seems that the hostility aroused by the enforcement of such rationing makes his relationship with others of his species precarious, often suspicious. Men are sooner enraged, readier to fight than are females, unless, of course, the latter feel they have to protect their young, when they fight with equal ferocity.

What solutions towards a more secure peace are feasible? Space racing? No, such competition as that could not employ nearly enough members. It is doubtful if occupying the Moon is anything that millions of people could feel personally involved in.

Obviously, it is important to continue space research but even more important not to put faith in it as a substitute for war.

It is essential to face at once, publicly and internationally, that:

(a) Paranoid behaviour between nations is likely, dangerous but avoidable if proper communications can be kept open, i.e., trade, inter-marriage, and reciprocal visiting and student exchange.

(b) Hatred is inevitable if clumsy handling brings about either:
  (i) Loss of face.
  or (ii) Loss of existing material benefits,
  or (iii) Too hurried compulsion to force an alien ideology on another group whether it be about property, class, colour, creed, marriage, birth control or world rule.

First of all, the means of dispelling the sorts of anxiety leading to hate must be thought out much more thoroughly by the United Nations. If such means can be thought out, openly discussed,

tried out, with conflict situations predicted to be internationally troublesome say two years ahead, then violence might not take so many world powers by surprise. After all, Aden and Malaysia might well have been foreseen and in some way forestalled.

We need to try experimental methods of ascertaining how and where individual hostility is similar, and how and where dissimilar, from that of large groups with complex governmental structures.

The group conscience per se is not only cruder, it works towards primitive ends rather than sublimated ends and group leaders' motives are distorted by all sorts of pressures which do not necessarily apply to individuals or to those people who are not leaders. As yet the study of the psychology of leaders has hardly begun. Examination of thoughts and motives of men leading nations towards conflict seldom takes place even retrospectively.

Assessments as to whether a leader is more schizoid or more manic depressed are possible and distrust of the former as more likely to take dangerous risks could well influence a U.N. body to press for a nation to give up its allegiance to such a leader.

Being an optimist, I find it just possible to imagine an International Body of Doctors and Academics being less influenced by local national pressures. If we make a co-operative group of independent-minded peacemakers, extrapolated from their original group, new views of conscience and life preserving might slowly be exerted by such people on to contributing countries; these eventually might take the place of local national views and consciences. At present, the U.N. membership is still tied and dependent on the changing policies of leading national governments. So for a start, the status of this Nobel body would have to be made exaggeratedly splendid and honorific, given the greatest honour in their own lands and the Body known as the "Nobel Royalty" or something of the kind. This Body would have to be at work—observing, recommending and calling in experts continuously. At first in places where international conflict threatens and later perhaps they would have time to give hearings to internal domestic grievances. I know that what I outline seems little different from the work of present U.N. organisations—but in so far that Nobel Royalty would come from the top of studious and life-saving professions and not be dependent on political or diplomatic careers it might come to more objective and less power motivated conclusions.

When I read this paper over last night I thought how very depressing it was—the day had been sunny but, believing what I believe, the prognosis for peace looked bad. Then I remembered that perhaps the point of feeling despair is to discover new ways. When we become convinced that we carry the germs and virus of war within, and are not content with just hoping for the best,

generation after generation, then perhaps we shall co-operate and in desperation appoint these " overlords " to guide us into peaceful co-existence.

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PSYCHODRAMA GROUPS IN A DAY-SCHOOL FOR MALADJUSTED CHILDREN

Ilse Seglow

For the last year I have been conducting, with the co-operation of a young teacher, several children's Psychodrama Groups at a London Day-School for Maladjusted Children.

Pupils attending such schools are, in general, children who made little progress in the ordinary schools they attended before, or who have been manifesting behaviour difficulties. All these children are of normal intelligence, but because they are maladjusted they fail to do justice to their abilities and consequently may suffer from intense frustration.

To help these children is not easy. The quality of their work is usually very poor, and they seem to have lost what interest in their work and what urge to learn they ever possessed.

The teacher's main function in such a School is thus primarily not that of teaching, but that of helping each child to release the emotional tension which prevents him or her from learning, from growing up and from adjusting to the requirements of everyday life.

This School has, therefore, in the first place a *therapeutic* purpose. It provides the opportunity for the child to feel safe and to express his maladjustment in various different ways. He experiences only gradually where the boundaries lie, within which he can act out his difficulties. This means, that the staff of such a school must, at least in the early stages, tolerate aggressive, hostile, withdrawn or strange behaviour. Such maladjusted behaviour may take many forms. For instance, a child may viciously attack another child or teacher; he may scream incessantly, he may refuse to speak, or to move from a particular place, he may start to sing or talk to himself continually, he may display eccentric and compulsive symptoms, or withdraw completely from his environment.

The teachers in these schools need great skill in order to establish a balance between tolerating such attitudes and, at the same time, prevent complete chaos and disruption. The teachers must, therefore, always be ready to change what has been planned and to evolve spontaneously new methods and ideas, according to the needs of the here and now tensions of the children.

The teacher's burden is shared by the psychiatric staff in these schools. The Psychiatrist, the Psychotherapist and the Psychiatric Social Worker are called upon to carry out their special tasks in dealing with day-to-day problems and difficulties.

As these schools are still very young, everything which happens within is in an experimental stage.

In a similar way to the teachers, the members of the psychiatric staff have to evolve new ways and methods of reaching these very ill children. One of these new methods is the Psychodrama Group, which must be looked upon as an experiment. Its curative effect cannot conclusively be judged until the children have a chance of participating in it for at least two to three years.

In establishing Psychodrama Groups it was my aim to investigate three aspects of such groups. I wanted to find out firstly whether a Psychodrama Group composed of children receiving individual Psychotherapy would develop differently from a Psychodrama Group consisting of children who are not in treatment. Secondly, I hoped to discover whether and to what extent children, who act out certain behaviour patterns in their reality life, will act and function in the same or a similar way in the Psychodrama Group. Finally, I wanted to see whether Psychodrama Groups in the particular setting of a Day-School for Maladjusted Children could be of any diagnostic and/or therapeutic value.

The first of these projects has taken the form of two parallel Psychodrama Groups. One, to which I shall refer as Group I, consists of children in individual treatment with me, while the children in the Control Group are not in individual therapy. Both groups consist of eight boys and girls, aged six—twelve.

It is difficult to convey in a brief paper the reasons why some of the children were selected for individual treatment and others not. Selection there must be because shortage of staff and time make it impossible to treat all children individually.

My main criterion for selection was the capacity of a particular child to verbalise his feelings and thoughts in some way or other and his wish to have treatment. These are usually children who have not been able to build up strong defences, who have a weak ego, a great need to regress, and who are over-anxious and helpless in any reality situation. They are the children who are troubled mainly by fears relating to their internal security, who are confused regarding their identity and in despair at being in a "nut school", as they call it. In this category also belong the children who are excessively timid, who cannot establish relationships and who express a large part of their emotional life in the form of fantasies only, which claim their whole attention. This is much more satisfying to themselves than the usually sad reality they encounter. It is very common in these cases to find a multiplicity of symptoms. Often these children alternate in their behaviour between being either apathetic, withdrawn, depressed and unresponsive, or, on the contrary, restless, excitable, hostile and cruel.

This then was the type of children who participated in Group I. They found it very easy to act out a theme suggested by myself and the teacher who helped me.

The children told us first where the scene was going to take place—in the street, school, at home, at the seaside, country, etc. —and also who they were going to be—a man or a woman, a boy or a girl, an animal or an inanimate object—and also how old he or she was going to be. It often happened that the scene developed quite differently from how it was explained at the start, and we always let it develop completely freely and spontaneously.

What is important to note is that though the themes, scenes and roles changed from session to session, each child maintained his own central role and theme which he repeated again and again. He remained the attacker or the attacked, the persecutor or the sufferer, the omnipotent or the helpless, the man or the woman, and set the scene either within the family circle or outside, among animals or humans, in a dangerous situation or a neutral one.

Themes such as the following were given: " Staying out late at night ", " Being in a fairyland where three wishes are granted ", " A fortune-teller and his client ", " A prisoner visited by a friend or relative ", " A Psychotherapist with his patient ", " Picking a quarrel with someone ", " Animals in the zoo talking about people ", " Breakfast at home ", etc.

The members of Group II, the Control Group, who had no individual treatment, are the more typical latency-children, who have built up stronger defences against their internal and external fears and are, superficially, better able to control their infantile impulses than those in Group I. They, so to speak, refuse to be unhappy and depressed and project their inadequacies into the outside world. These children are often extremely obstinate, contrary and tiresome. They argue about obvious matters and defend their unco-operative behaviour with the excuse that no one likes them. They are often listless and unable to concentrate and show no feelings or animation. They are, in short, trying so hard to defend themselves against their inner fears that they have little energy left for anything else.

A typical case of a child participating in the Control Group (Group II) is that of Dawn, aged seven. She is excessively timid, tearful and constantly whining and grizzling. She is hypersensitive, irritable and anxious to please. According to her mother, she was like this already as a baby and the mother never felt real affection for the girl, allegedly because of the child's poor physical health, lack of vitality and apathetic responses. Dawn's father is a very sensitive, effeminate, passive man and the mother strongly resents his personality and inability to help with Dawn's difficulties and the strain she feels to be a mother to both her

husband and child. As Dawn grew older, the mother's disappointment increased, for Dawn remained dependent on her mother in everything and refused to be with anyone but her. Dawn never allowed herself to acknowledge her mother's unconscious rejection and her criticism of her shyness and inadequacy. She maintains that she is happy and that her mother loves her deeply.

Another member of Group II is Peter, aged twelve. He is depressed, listless and seemingly dull. His father is docile and incompetent, his mother domineering and powerful. Peter is unable to identify with either and is in a permanent conflict regarding his loyalties towards his parents. He remains fixated to an infantile level of development and is afraid to grow up, and afraid also of his homosexual phantasies. He played a scene in which he was a Taxi-driver, caught up in a traffic jam. He pretended that he could neither drive forward nor backward. He was stuck. He then asked another child to be the policeman and gave him the order to arrest him because it was *he* who had caused the traffic jam. When the other children shouted, "But it was not you who caused the traffic jam!" Peter replied, "No, but it could have been me."

Peter in this scene, thus, showed us how responsible he feels for his own weakness and lack of drive and how much he believes that he himself is the cause of all the conflicts and arguments at home.

In both Psychodrama Groups the eight children were asked to act a number of different scenes of which the following are some examples.

Theme 1: *Staying out late at night*: They played Hansel and Gretel, who got lost late at night in the forest, and could not find their way home. In Group II there was nothing personal in the way they acted this scene. Most of it was what they remembered from the well-known fairy tale.

Theme 2: *A fortune-teller with his client*: This took place at a fun fair and the fortune-teller made lots of jokes and predicted all the traditional things such as "that they will go on a long journey across the seas", "win the football pools" or "fall in love with a beautiful girl (or boy)".

Theme 3: *A Psychotherapist with his Patient*: In this scene they copied T.V. programmes like "Emergency Ward 10", "This is Your Life" and "Dr. Kildare". The Psychotherapist was called "Trick-Cyclist" and the patient the "nutcase". The Psychotherapist worked in a Hospital in a white coat and it was all very funny and jolly.

In Group I, the group consisting of children who are all in individual treatment, things worked out very differently. One of

its members, Marion, a girl of twelve, is a compulsive thief. She steals from home, school and shops. Her home conditions are adverse in the extreme. The father, whom she adores, is an alcoholic and persistent gambler and has been in prison for fraud and robbery. The mother, a weak but socially unobjectionable person, is trying to get a divorce. Marion is in acute conflict between her instinctual, unconscious love for her father and her loyalty to and rationalised love for her mother.

When given the theme: "Staying out late at night" Marion chose to be the mother and demanded that her boy-friend should be the drunken father. When her "child" came home late (which, in reality, Marion frequently does) she, as the mother, accused the child of being as bad as the father, of only caring for him and wanting to go to prison, like him. In the end she threw both father and child out of "her" house.

A second example: the theme "A fortune-teller with his client" was acted very seriously and in an almost depressive mood. All the children, telling their fortune to each other saw some horrible future lying ahead of them, some cruel fate impending.

A boy of eleven, Michael, looking at an imaginary crystal ball, said to a coloured girl of seven, "You will have twenty illegitimate children and you will all have to live in one room and you will have no money to buy food and the children will all die from hunger, and then you will have to go to prison and there you will die too because the other prisoners will kill you."

This boy's mother has, in fact, been living with a coloured man since Michael's own father left her. She has had five children with him and all live in two tiny rooms. Michael, when he was four and a half, tried to set fire to the cot of one of the babies because, as he said to the Magistrate of the Juvenile Court, "he hated his whole family and wanted to go to prison to get away from them." Underneath his hate, however, was all the guilt connected with his attempt to kill the baby, so that the fate he foresaw for himself was to be killed himself by the other prisoners.

A third example: in the theme "A Psychotherapist with his Patient" a girl of ten played the therapist and asked Robert, a boy of eight, what was the matter with him. Robert said, "It's my head, it feels funny inside". The "therapist" told him that he was mad and that she had to put him away into a madhouse. "But", she added, "I shall come and visit you when the doctor has opened your head and taken the madness out."

In the same scene one little girl, Betty, whose mother is in and out of Mental Hospitals where she usually receives drug treatment, said, as the therapist to her patient, "You have to take lots of pills every day to get better because there is some-

thing wrong with you. You haven't cleaned your teeth, your feet are dirty."

One theme, "Kindness", was acted out in various ways. Rosemarie, an outwardly placid and controlled girl of twelve, decided to be the mother of a very naughty girl, Linda, aged six. Linda acted a really very difficult, disobedient girl, provoking her "mother" in the extreme. Rosemarie remained friendly and patient, but when Linda threw herself on the floor and screamed, "I hate you, you are horrible", Rosemarie lost her composure and became helpless and frightened and said, "I am not going to be angry; I am going to be kind, I shall call the doctor and tell him you are a lunatic". Rosemarie, in reality, has a very punitive mother who consistently loses her temper and introduces her to others as "my crazy daughter".

Another scene on the topic of kindness demonstrated the extent to which these children identify madness with crime.

Malcolm, a boy of nine, was supposed to be an old, poor beggar. He sat in his hut, lonely and deserted by everyone. Then Stephen, a ten year old boy, highly intelligent and imaginative, with strong sado-masochistic tendencies and a history of hysterical epileptic fits, broke into the beggar's hut to kill him. Malcolm, the old beggar, saw him coming and offered him tea and biscuits. Stephen refused and shouted, "Are you mad offering me tea? I have come to kill you; it's mad to be kind." Stephen then turned to us and said, "You all see that the beggar is mad and therefore one should be nasty to him; one can't be kind to him because he is kind, he is mad and no one is ever kind to me."

I will elaborate the above examples a little further. To begin with Marion and her exceedingly ambivalent relationship to her parents; when, in the first episode, she accuses her "child", when she comes home late at night, as "being as bad and horrible as her father", she is, in fact, acting out her own insoluble love/hate conflict towards her parents. She loves her bad father and hates her good mother. Before treatment she knew nothing of this; she stole indiscriminately, in order to relieve the tension aroused by her acute conflict regarding her parents.

The boy of eleven, who told the little coloured girl that "she will have twenty illegitimate children," is, in fact, now living in a hostel. His mother, whom he hardly ever sees, is now expecting another baby by her coloured friend. The child's deep distress, disappointment and so understandable hostility towards his mother expressed itself very vividly when acting the part of the fortune-teller.

In the next example, when Robert, the boy of eight, was the patient of Betty, the "Psychotherapist", Robert's father, who is a very robust, normal and strong man and whom Robert adores,

tells him very often, " You are mad, you are in a Nutschool and I am very ashamed of you ". The girl who promises him that the doctor will operate on him and take his madness out of his head has a very strong positive transference to me and assures me time and again that, one day, she will become a therapist herself.

The little girl, whose mother is in reality in a Mental Hospital, and who says, " There is something wrong with you, you haven't cleaned your teeth, etc." is trying to cope with her extreme anxiety about her mother's illness, by giving as the cause of this illness, the dirty teeth and feet. Rosemarie, who tried to "cure" her little girl's naughtiness by kindness and who, finally, calls the doctor for help, conveyed in this scene her despair over her mother's inability to understand her. The child confided in me, in her individual treatment sessions, and told me with tears in her eyes that she knows she is mad. " Mother ", she said, " only seems to know that when we are with others; then she calls me mad too, but when we are alone she punishes me and says I am just naughty ".

From all this we may tentatively conclude that Group I differs from the Control Group in some of the following respects. The children in Group I seem to be much more personally and emotionally involved in the group experience. They act out some facet of their own inner feelings towards people close to them. They seem to be more aware of their conflicts and thus less defensive. They show more affect and are not afraid to express what they feel about their home, parents, siblings, teachers and themselves. They are very much concerned with the image they have of themselves and the image they think others have of them. They seem to be more serious and manifestly depressed about their personality, their life and their future.

The Control Group, on the other hand, seem much more factual, impersonal and detached in their approach. Their acting is taken from material outside their own selves, from fairy tales, television, stories, etc. Nothing they acted had any close connection with their conflicts, with their innermost experiences.

This would seem to indicate that Psychodrama Groups of this kind have little or no impact on maladjusted children who have had no experience of individual treatment.

From the comparatively brief experiments so far, I have gained the impression that such disturbed children will begin to drop their defences and become accessible to group influences only after they have discovered in a personal transference relationship something of their own feelings of love and hate. It would seem, however, that once this stage has been reached the Psychodrama Group can be of definite additional therapeutic value.

This impression was strengthened by the second project. Let

me call it the " Acting-out Group ". It consisted of four boys and three girls between the ages of six and twelve, whom I selected mainly on the basis of their particular " acting-out " symptoms. Some of them were in individual therapy in Child Guidance Clinics, others not, but none were in treatment with me. All of them were patently unable to adjust to organised groups in School, where they are only accepted and tolerated if they fulfil—to some extent at least—the demands made upon them by their teachers and fellow pupils.

To begin with the children were very suspicious of me. They had all experienced severe early deprivations and frustrations. Any adult who, like myself, did not frustrate them by making demands on them, therefore, seemed sinister and threatening to them. They had, moreover, great difficulties in verbalising any of their feelings. However, I soon discovered in them a great urge to *act out* their emotions and I hoped—by making use of this urge—I might perhaps be able to penetrate some of their defences and so gain a deeper and quicker insight into their world of feelings. By this means I also hoped to help them develop what they lack most, namely, some form of group feeling and group cohesion.

When the children assembled, all they were told was that this was supposed to be the " Acting Group ". However, so as to let them express themselves through group action I left them, at first, completely to their own devices with regard to choosing a theme, selecting a role and presenting the scene. However, I soon found that these very disturbed children were too frightened to feel able or willing to take charge of themselves

Each session, during this first phase, developed within five minutes into a battle, a free-for-all among the children. They ridiculed and provoked one another, and when they got into real difficulties and felt threatened they came to me appealing for protection. Some minutes later they again went on abusing and intimidating each other and I felt that they gained very little real satisfaction from this " game ".

After three sessions they themselves seemed to get rather tired of their behaviour in the group and spontaneously asked me to give them a theme which they could act.

I deliberately chose themes in which some stark emotion could be expressed. The interesting result was that those children who in reality were the wildest and least controlled, were in the group least able to act a corresponding role.

One group member was a girl of eleven who had violent temper-tantrums nearly every day when she threw her shoes or stones or furniture about or viciously attacked other children. But, in the group, when she was expected to show anger, she just could not or would not do it. She was supposed to play a

mother with two children in a park, and to get cross and angry with them because they kept on running away. When this little scene was over we talked about it—as we always did—and one child remarked, " Isn't it funny that Ann couldn't get cross, she usually does! " Thereupon Ann threw her shoes at the boy who had made this remark and shouted, " I show you that I am angry! " The children seemed genuinely puzzled by Ann's contradictory behaviour.

A similar situation developed in the group during this phase when a boy of nine, who was on probation for compulsive stealing, was supposed to play at robbing a Bank. He flatly refused and said, " I am not a criminal, I want to be a detective ".

Another incident of this kind occurred when one of the boys, aged seven, who is pathologically cruel to animals, was supposed to play a keeper in the zoo. The other children pretended to be all sorts of animals and John walked around the room with a gentle smile on his face and fondled and hugged the " animal children ".

One boy in our group, Martin, who is twelve and highly intelligent, but extremely withdrawn, timid and passive, repeatedly asked to be allowed to be the presiding judge in a Court-room. The sentences he pronounced were harsh and given in a loud, powerful and commanding voice, in great contrast to his normal voice which is barely audible.

And so it went on. Most of the children seemed to act out something in themselves which they had never expressed in their reality situation, as if they suddenly and quite unexpectedly had conjured up another and contradictory self, which—until then—had been lying dormant.

Slowly, by observing the others and comparing their behaviour in the group with their behaviour in school—and probably at home—the children became aware of their own contradictory attitudes, actions and reactions and began to ask me why it was that they were so different in different situations.

This was the first time that I noticed a desire in the children to talk about themselves, about the roles they were acting in the group and the roles they were playing in school and elsewhere. They gradually began to sense that there was something in them which they had not been aware of before. From this discovery developed a growing interest to explore with me their phantasies and dreams, their fears and hopes, their symptoms and their illnesses.

In the next phase of our group experience the children became eager to act out something which they felt, not as another self but as their own. They decided that two of them should always think out a story and the others must guess whether it was a true story or not. They pronounced a story as true when they felt it

was not too painful to bear and to tolerate. The story or scene thus became a symbol of their own predicament.

For instance, two children pretended to be in a "Luny-Bin". When the others suggested that the story was true the two children objected and said, "Of course it's not true!" On the other hand, when another child acted as the winner of a football pool and the group acclaimed the story as not true, the acting child triumphantly pronounced it as true.

At the same time, the story also became a means for making observations about the other group members. As a result, the children became, for the first time, interested in each other and in the group as such and talked about it to the other children in the school as of something very secret and very precious and something in which only *they* were privileged to participate.

Thus a feeling of belonging was slowly developing along with an awareness of a special relationship to me, a person who did not reject them but who accepted them as they were.

The most important outcome of this experiment was that the children in the group managed to get on with one another much better than before. Their infantile greed, which could not tolerate any rival, was changing into a somewhat surprised interest and even support for one another. Sometimes they even showed a wish to help another smaller, weaker or more disturbed child. A few weeks ago, the group again decided to be in a "Nuthouse". They arranged it all themselves. A smaller boy was made to sit on a chair, far away from the others, crying and screaming. Some acted as nurses and some were doctors. First, no one took any notice of the crying screaming child. Then, suddenly, one boy, a little older than this child, went over to him, took him on his lap and kissed and comforted him with great tenderness and love, like a mother. That was the same boy who, about eight months earlier, in another scene, had been a "Doctor" who treated a patient by pretending to cut off all his limbs!

Slowly, also the group became more structured. The very withdrawn boy gradually emerged as leader and became, in reality, and not only in his role-playing, more flexible, out-going and daring. He began to show signs of increasing competence all round and of using his intelligence much more constructively, so the teachers told me. Consequently he seemed much happier.

The group then went through a further phase during which the children tried to work through their sibling rivalries with a heightened sense of reality and during which they slowly transformed their former image of themselves as mad, ugly and unloved into one approaching the image of more normal children, who may one day be capable of tolerating the pressures of their environment.

This leads me to the third aspect I wanted to investigate in

this experiment, namely, how far the groups contributed to diagnostic assessments and were of some permanent therapeutic value.

It ought to be stressed that the children about whom I am talking in this paper, like most other children in these Schools, are in their Latency years when their defences and inclinations to rationalise are heightened. I know from my own experience, as well as that of colleagues that it can take months or even years on the basis of a weekly individual session before one can even begin to penetrate into the deeper layers of their personality and feelings. I gained the impression, on the other hand, that these same children in the group situation are much less frightened and much less hesitant to express their deeper feelings and are really eager for verbal communication. Without being aware of it, they tend to convey in the group, phantasies and conflicts, particularly regarding their families, which have opened my eyes to many additional aspects of their lives, not seen in individual sessions. They impart something of the image they have built up in themselves of their fathers, their mothers and their siblings. For instance, I had some children in the group who more than others resisted any kind of discipline or order. In the group these children constantly wanted to act the part of a father or teacher or any other figure of authority. As it turned out, whenever they acted such parts they were tyrannical and punitive in the extreme and treated their so-called family in an exceedingly sadistic way. In short, they generally identified with the imagined aggressor of whom they were so bitterly resentful.

That repeated displays of this kind are of value to diagnostic assessments is so obvious as to make further elaboration unnecessary.

I believe, moreover, that such groups are also of definite therapeutic value in conjunction with individual treatment. I think their value lies in various directions: in the way these children discover themselves and others; in the experience that, in contrast to real life, where situations seem irrevocable, in the Psychodrama Group everything is constantly open to change. This becomes particularly impressive to the whole group when they experience reversal of roles, or, when the same theme is acted very differently by different children, they are sharing important personal experiences in the group. They find relief in being able to play out unconscious aggressive, illegal and delinquent material in a legitimate setting, which is accepted by all. They find an opportunity to act out that part of themselves, which is feared, hated, repressed or withdrawn.

Thus, when one day we suggested the theme, " Being in a Wax-Cabinet ", two of our completely unresponsive children who, up to then, had refused to participate at all, volunteered to be the

wax figures. They stood motionless for about five minutes while the others walked around them, touching them, hitting them, pinching them; they remained completely still and unperturbed, with a happy smile on their faces.

In the next group session they asked to act with the others for the first time. It was clear to the whole group that something about them was different and when I asked the group whether they could say what it was, some of them said, "They liked to be made of stone". "No", said one of the wax-figure boys, "No, I don't!" And he was right, from then onwards he gradually began to participate in the group proceedings.

This seems to be a striking example of what such Psychodrama Groups can achieve, although it requires individual treatment in addition to discover why for these particular children the chance to indentify themselves with a dead monument can become a liberating experience.

All in all, if I may draw a general conclusion, I would certainly be inclined to think that Psychodrama Groups provide a very useful channel for a free flow of phantasies and feelings at an age when severe inhibitions often stand in the way of verbal expression and contact. Many things, which these children will never talk about to anyone, they will "tell" in their roles and the acceptance they feel in the group situation may help to heal many potential grievances and conflicts.

It would, perhaps, be over-optimistic to expect that they can effect a genuine personality change or anything that could be called a cure, but they seem to be well able to help in the improvement of some of the children, particularly of those with behaviour disorders of a reactive kind.

PSYCHO-ANALYSIS AND PSYCHOTHERAPY— PARALLELS AND DEVIATIONS

Penelope Balogh

No analogy, no symbol really serves to illustrate the similarities and differences between these disciplines. I have heard people refer to analysis as major surgery, and to psychotherapy as medication, but this will not do at all. Being slowly unpicked through analysis contains no element of cutting, it is quite often reminiscent of nursery nursing as well as reminding one of clinical medication, while some short term "emotional shock" psychotherapy can surely be thought of as casualty ward surgery.

I believe that the word psychotherapy owes its current use and frequency mainly to the fact that those whose training is other than that organised by the Institute for Psycho-Analysis and the Society of Analytical Psychology are forbidden to call themselves analysts. Some umbrella term has had to be found for this increasing number of people, and so the employment of the word psychotherapy grew from the employment of psychotherapists. This, though muddling to the general public, has advantages; for while it gives to analysts a cachet and a label of which to be proud, it allows those who have to practise under the name psychotherapist a margin where they can be rather more autarchic. That such freedom is sometimes misused there is no doubt—but then mistakes can also be made through the application of original sets of rules and adherence to out-of-date techniques.

The Association of Psychotherapists insists on a personal analysis as the first qualification for any candidate for membership and finds it essential to stress that treatment offered by its members is analytically oriented.

Just as there are different schools of psycho-analysis, so are these schools reproduced and reflected among psychotherapists. Parallels in the two forms of treatment then include the following: —

1. Both concern themselves with understanding and often interpreting unconscious processes—phantasies, instinctual drives, reactions, identifications and transferences.

2. Both regard dreams and work by free association as of the utmost help in seeing into the psycho-dynamics of the patient.

3. Both regard reduction of inhibition, greater stability of emotion, and surer integration of unconscious with conscious feeling as ends to be hoped for.

4. Both think of physical and neurotic symptoms as carrying out specific compromises between instinctive drive and inhibition and hold them to be modes of communication which can only gradually be dispensed with.

Psychotherapists and analysts alike usually think carefully before embarking on the treatment of borderline or psychotic cases. I would guess that psychotherapists try to avoid such when they can, yet it is in the nature of their job that they have less choice about the patients they take than has an analyst. Some people, doing what must undoubtedly be called psychotherapy, work as P.S.Ws in hospitals; others as social workers in such organisations as the Family Welfare Association. These may find themselves having to give some sort of treatment—perhaps of a temporary nature—to patients who are virtually psychotic.

I must now try to outline some of the deviations.

I do not think a psychotherapist would expect to "work through" with a patient all the different phases and aspects of his (a) transference feelings, (b) the ramifications of his many complexes (oral, anal, oedipal, homosexual). Nor would a psychotherapist choose, if choice there were, to hold a patient for long in paranoid or depressed positions. Their work would not necessarily penetrate to the depths, nor would the working through involve such long periods of feeling, phantasies and detailed memories. For instance, seeing a patient in hospital every day, for a short period only, or seeing a patient for several years, but merely once or twice a week, renders the time factor of great significance. If one has to treat N.H.S. patients or private patients only able to pay in a limited way—somehow one has to enable them to gain those insights which are going to make the most difference to their lives as they are—and will remain, unless the effects of psychotherapy mature and they return, perhaps to their original therapist, or to an analyst, for further more radical treatment.

The first deviation psychotherapy then can be seen to make from psycho-analysis is that patients are accepted for treatment who have limited time or limited money to use for their drive for health. The complexities of reality and phantasy reasons, the lengthy rationalisations as to why a patient can only spend this much time or money on himself have to be weighed up, thought and felt about by a psychotherapist every time he or she agrees to take such a patient, who in fact, might be suitable for a classical analysis. The complexes, lies and truths behind the patient's claim that daily treatment would be out of the question or that something like £20 a week would be an intolerable burden or debt are numerous. I think quite often the busy psychotherapist does not go into these carefully enough. Possibly, he

is content to project his own attitudes to time and money on to some of the cases he interviews with a view to treatment, and thus, in not insisting on a high enough fee, or in allowing too few sessions a week, he *connives* with the patient's resistance right at the outset.

Nevertheless, there are such things as relatively objective facts. Many patients, suitable for treatment, are never going to break down. They are therefore not going to have the whole day from which to agree to the hours the therapist can offer. They are, unless they are completely leisured (as, of course, a number of the first patients were in the years of original analytic discoveries), going to need to work at their jobs, if possible rather harder, in order to earn the cost of treatment. On top of hours spent earning, the need for one or two evenings for family or social life is very real. Clearly all this has to be sacrificed—and can be sacrificed easily where the neurosis is crippling—but where it is not, and where the patient at the outset of treatment dreads to let anyone know that he is spending time on getting help, the tangled web of conflict about time and money requires thorough analysis. A psychotherapist has to be wise and wary in the extreme, lest in going a little of the way with the patient, in making allowances about expense or number of sessions, he contributes to the patient's self-defeat in resisting the requirements of analysis proper.

If a psychotherapist is working in a hospital, or in similar conditions, the problem of payment may not arise. But substitute problems for payment can be just as thorny. The attention a patient pays, the amount of trust given, are often begrudged, even completely withheld, while ideas of the therapist being demanding and grasping have to be interpreted in N.H.S. treatment over and over again, just as they do in private practice. These obvious deviations from analysis about time and money are clear for all to see.

The use of psychotherapy given either simultaneously, or before and after the use of an abreactive drug, is now well established. The mutual study and scrutiny of his problems by patient and therapist together stimulates the patient to get more out of the narcotic experience than he would do if he were to submit to it without this knowledge. To have begun to realize the connections between conscious and unconscious, and the distortions that repression causes, before being caught up in the primitive sensations and reactions which, for example, L.S.D. evokes, is not only merciful but therapeutic. Strict analysis demands that the patient, *through his own work*, gets into a state of awareness where his feelings and moods reveal to him and his analyst the associations and trauma at the root of his distress. An analytic patient has, over the years, to find his

own way about the maze which his instinctive life has made among the obstacles and rewards of civilisation. Through the help of analytic interpretations and the transference reactions, he learns to arrive at new and better adjustments both to his inner demands and to those which society make of him. If he stays in treatment long, he will become "inner" rather than "other" directed. But there are many patients whose ego strength is poor or whose resistance is so considerable that analysis is too hard and appears out of the question. With these people abreactive narcosis and psychotherapy together can make a difference and is well worth trying, provided the risk of psychotic breakdown is not too great.

Of the other aids to therapy with which some, but by no means all psychotherapists work, religion is perhaps the best known. That some psychotherapists consult in vestries and do not regard church worship as opiate or obsessional, renders some analysts and scientists scornful of them. Many a therapist has a public and a private face when it comes to believing or not believing in some sort of Creator. Many, like me, do and say nothing to disturb an existing faith in *short term* patients who seem to need some kind of crutch (which is what organised religion looks like to me) but with other patients it is clearly essential to examine the projections, hallucinations and the effects of these which neurotic religious conversion or neurotic religious upbringing often set going. This, I find, particularly applies to the treatment of seriously ill clergymen and theological students.

As with other forms of search for health, psychotherapy tries to take an overall, long term view. Thus, if an elderly person turns to psychotherapy, it may be wise to avoid the deep distress which Kleinian treatment can sometimes produce. To some older patients I have recommended Jungian colleagues. Treatment based on Jung's teaching that reorientation of values is essential in the second half of life may well be what is needed to enable them to cope with bereavements, disappointments and separation problems and to become constructive again. But where young people seek help, I find it essential to recommend treatment where the analytic basis is Kleinian or Freudian.

Turning to Group-therapy, I find that an analytically orientated group can sometimes achieve results where individual therapy fails. The experience of witnessing other patients wrestling with problems, attitudes and emotions, week after week, can induce in some people an incentive to work on themselves beyond the effect the presence of a single analyst can have in the tête-à-tête situation. It is here, in Group practice, that there is room for experimentation and yet it is also time to establish more clearly defined techniques. It cannot be denied that Group therapy is the sole answer to the challenge set by the large numbers needing

treatment, and it certainly enables many neurotics and even psychotics to gain insight and some stability. Whether it can ever give the integration, the balance, or maturity sometimes achieved through individual analyses is to be doubted.

The very silence of the analyst suggests or indicates to the single patient that there is within himself an answer, a potential, only to be achieved by himself for himself. No group silence, no non-participation of the group therapist, can convey to a patient that which is conveyed by the waiting of his analyst for him and for him alone. The non-verbal moments of individual treatment provide for an analysand measures of love and hate, trust and wisdom, which no other treatment can yet achieve.

The last of the aids to therapy still used by a few psychotherapists—as distinct from analysts—is suggestion. Often the use of the word "suggestion" is anomalous. I am using it in this instance to mean the technique whereby the therapist makes direct suggestions to a patient in or out of a trance condition. Because of the trance, or because of the feeling of relaxation and passivity, the patient can consciously and unconsciously accept ideas of health and potency which in other conditions he could not do. Where the degree of hysteria is such that this method succeeds, and where the patient only requires a *specific* alteration in his state, this can provide, in some cases, a form of relief not to be denigrated.

Suggestibility is still a subject studied mainly by students on a psychology course or by advertisers; it is still regarded as "not quite nice" since Freud rejected it. Yet I would be happy indeed to take part in some research devised to measure the presence of suggestibility during a strict analysis. Not only should we look into the suggestibility of the patient, its increase and decrease at different points during the treatment, but also we should introspect into the suggestibility of the analyst. His attitude to himself in company with the type of patient being treated, and his attitude to the literature on such cases, has, I suspect, direct bearing on the outcome of some of the analyses he conducts.

At this point, it is relevant to look at Psychological Counselling —something about which I know very little.

Practised by unanalysed people, whose technique is virtually to play back to the client his own words and apparent attitudes verbatim, relying entirely on experience as to which words and attitudes to play back, this method appears to help a considerable number of people, providing they are not very neurotic but are perplexed by something in their immediate present. That psychological counselling is being used extensively in American universities makes me glad because it may well reduce the number of those who would otherwise be perpetually tranquillized, or electrically shocked. At Harvard, I know the Counselling Centre

acts as a most valuable sieve and that students are given opportunities for psychotherapy and analysis whose first step had been to bring a current problem there just for counselling.

Before I conclude, I would like to give illustrations of psychotherapy which differ from analytic technique.

Case No. 1 was that of a frigid American wife of a motherbound Englishman. She was slowly beginning to understand something about her castration fears and hatreds. One summer, she complained a great deal about her son's cry-babyishness when he fell or hurt himself. More or less under her own steam, she arrived at the idea of his fears being for his own penis, but then she felt, as she felt so often before, absolutely clueless as to how to help him. She came for two sessions a week, dreamed and worked co-operatively most of the time and made progress in her marital and other relationships. Somehow, until the point in her treatment that I am describing, her greed seemed to stand in the way of her reparative drive. She had once been a teacher. I asked her if she knew a kindergarten book called "Doctor Dan, the Bandage Man". I was pretty sure she'd know it. She rose to it like a fish and off she went on what a splendid tale it was—the cry baby in it ends by treating everyone in the family at different times, Momma, Poppa, kid sister, the doll and the dog. "What a pity it can't be got over here", she wailed. This gave me what I needed for interpreting her own castration, resignation and enjoyment of frustration. "You remember the story", I reminded her. "Tell it to your son instead of reading it."

Nothing of analysis in this, but the boy prospered and was soon standing up to the local bully while my patient began to feel a potential in herself towards understanding and withstanding fear that seemed new to her.

Presumably this illustration is largely about advice and reassurance—aspects of treatment which the psychotherapist does not always shun, although he is aware of many of the reasons for shunning them cited by his analyst friends.

Case No. 2 was an acutely phobic, post-graduate artist who had at one time to be visited because he dared not leave his armchair in a basement. When he was well enough to walk out from his own to another house in the village where he lived, a room was loaned to us specifically for his four sessions a week. One morning, we left this house together—it was several miles from my home. He looked at my car and then at me. His illness had begun with travel phobia. I wasn't at all sure I understood that look on his face but I felt like taking a chance. "Like a lift?" I asked. He hesitated. We both knew the urge to expose himself had begun in a Green-line 'bus—my car was green. "No compulsion", I added, "You can have a lift another time if

you don't feel like it now." "I'd like to try—I may have to get out." "Yes, of course." He got in. It was no fun but he bore it to his front door, and that Spring began being driven about in cars again.

When he was first ill, this boy had been drugged and made to climb up the fire-escape at the local hospital, after he'd confessed his fear of heights. Together, after about eighteen months of therapy, he and I did the same thing to him as the psychiatrists had done, but this time without drugs and he had chosen the time.

Case No. 3 was an experimental psychologist who had a number of uncomfortable psychosomatic symptoms, due largely to her dread and hatred of her mother. She had devised the plan of dreaming to order—namely, suggesting to herself subject matters about which she thought she'd like to dream. The dreams were usually remarkably clear-cut, mainly dealing with the acute anxiety of the original oedipal situation and dread of deprivation.

One day, I left out, on a table in my room, Wolberg's book on Hypno-Analysis among other books. It was almost bound to catch her attention. "That must be interesting", she remarked rather wistfully. "You can borrow it over this week-end." Her great delight was apparent—of course, I recognised a slight unease in me about seducing the patient. This woman of thirty-five had had differing degrees of insomnia since being hospitalised at eight years. Wolberg has a chapter on self-induced hypnotic sleep. This patient read it, practised it, and before long got herself to sleep without pills, five nights out of seven.

I have picked instances which seem to me psychotherapeutic and non-analytic. They stand out in my memory because I use such rarely. When I do, and can analyse myself a bit afterwards, I usually find that the gimmick—or trick—in some way corresponds to a sort of weaning or helping to learn to walk. These imply a healthy rejection in both parent and analyst.

What I have done could be thought of in the same light as leaving out a biscuit near the edge of the play pen or a toy horse with handles to lean on and push along. Mostly it seems to me to need to happen to those patients for whom fear has made such an emotional block that the analysis gets stuck. On two sessions a week, I feel more hopeless about patients being stuck than I would feel if I could see them every day.

Writing this paper has brought home to me the urgent need for close co-operation between all workers in the field of mental health. More precise and more reliable predictions can be made by experienced analysts and psychotherapists in the fields of social and individual psychology than can be made in *any* similar field, say in economics, in politics, or in industry. Yet at present these predictions are seldom asked for, never offered to politically

administrative bodies who might perhaps do something with them. I am thinking here most particularly of the United Nations.

Historians and psychologists know what it means when young men become overconcerned with their looks and adorn themselves. They also know the meaning of " assumed neglect ". They see the same thing in leaping the bulls at Knossos, chariot-racing in Rome, prize fights, or motor bike trials on the Isle of Man. Yet at present no group of psycho-analysts and psychotherapists join with one voice to give any sort of message, nor are they heard debating in public thus: " Now we have made it too dangerous to fight, how can we employ masculinity? *What* can we do with our aggression? *What* shall we do with our craving for excitement, the fascination of death?" That these questions are not heard everywhere is not *only* because politicians and journalists have resistance to psychological change; they are not heard for two further reasons: the first is that we analysts, psychiatrists, and psychotherapists do not seem to want to work together; the second is that we are so immersed in our day to day work that we show no readiness to serve on committees among non-analytically sophisticated people. Yet in this next decade, we must surely rectify this. There is, of course, common ground between those whose work is with mental illness and this must be more widely recognised. Our common knowledge must be acted on and acted on together, or else the discovery of the Unconscious will be of as little use to mankind as will be all the riches of the other sciences.

REVIEWS

SUICIDE AND THE SOUL

By James Hillman

HODDER AND STOUGHTON, 1964. pp. 179, 25/-.

The title does not reveal that this book is specifically addressed to psychotherapists. It deals with their readiness or inadequacy to understand the suicidal patient. The author, himself an analyst, examines the premises of the analyst who meets with the suicide risk as the supreme test of his responsibility and involvement. He feels very strongly on the question of suicide prevention and the official attitude of defence and resistance which drive a patient deeper into his isolation from society. Academic medicine and other disciplines which view the suicide case from an outside position do not escape the author's criticism. He regards academic medicine as having an impersonal approach which does not do justice to the patient's psyche. Dr. Hillman makes a valiant attempt to safeguard the psychotherapist's primary concern with the patient's inner world. The author gives a warning against prejudices which might enter into psychotherapy from other disciplines. Thus he pleads for "a true ontology of psychotherapy" to be built up on its own ground. When he speaks of psychotherapy he means "lay analysis" and supports it by a detailed programme of training.

He allows the psychotherapist total freedom from bias with regard to suicide and death; but it may be argued that he is claiming for the psychotherapist a very lonely ideal. Yet, it seems justified to state this ideal. It serves to make the psychotherapist conscious of his very special task. The author is a gallant fighter when he undertakes to liberate psychotherapy from alien systems of thought. His concern is with the meaning of death, mythical and individual, and with the experience of it. "Suicide is an attempt to move from one realm to another by force through death" (p. 68). He frequently repeats that behind it is the need for a radical transformation and that the analyst must confirm this throughout the process which unfolds in the most difficult of analytical sessions. If the patient is suicidally inclined the analyst "dare not resist the urge to die in the name of prevention because resistance only makes the urge more compelling and concrete death more fascinating" (p. 87). He remembers standing still and waiting together with his patient. The ultimate decision as to whether the transformation goes either into physical or symbolical death lies with the patient's unconscious. Neither for analyst nor patient need death be an end.

Dr. Hillman states his reasons for accepting patients who have either tried to commit suicide or might find themselves driven

to do so. His zeal to help matches the despair of his patients. "The analyst has a unique relationship to the other person, a relationship which implies closer responsibility for the other's destiny in this moment than has a husband for a wife, a son for a parent, or brothers for each other, mainly because he is privy in a special way to the other's mind and heart. Not only does he know what others do not know, but the analytical situation itself places him in the role of an arbiter of fate" (p. 87). This last phrase should not go unchallenged, although it is difficult to consider it out of context. It goes beyond the accepted ethical standard of psychotherapy; but it should be borne in mind that in such moments of crisis the analytical relationship is unique. Yet the analyst must keep his feet on the ground, in another passage he is in fact brought down to earth: "*We are not responsible for one another's lives or deaths . . . . But we are responsible to our involvements*" (p. 81).

This statement is one of many which, printed in italics, stand out as if meant for quick reference like a first aid kit. But his readers may find other passages of greater use for their own training and may get bewildered by the large number of italicized formulae.

The book has deeply emotional and descriptive passages which are all the more impressive because they are so unintentionally instructive. Amongst these are passages which, whilst recording and illustrating, leave as intense and vivid an impression as excerpts from a remarkable film. They show the way in which the unconscious meditates upon death: the images, dreams and memories which either highlight or disguise the urge to die or the dread of death. When the unconscious prepares for death it uses metaphors and moods. The conventional medical bias requires that these upsurging feelings of death be repressed, belittled, or if persisted in, drugged away. The author asserts that if an analyst has succumbed to this bias, he performs as a layman, not heeding what the patient's soul needs.

Dr. Hillman gives preference to the word "soul" over the word "psyche", though he says that the two terms are interchangeable. He finds the vision of death more closely related to "soul" than to "psyche". Soul can be associated with spirit, heart, suffering, intentionality, individuality, and with being troubled, lost, immortal . . . . Soul is a central word for him, and so the reader will be introduced to the soul in unexpected contexts. As distinct from the usual case history there is "soul history" which is defined as "the living obituary recording life from the point of death". Gripped by the primordial depth of such experiences the author does not think of himself as an analyst, but rather as a specialist of the soul, of darkness, of the unconscious and of the repressed.

As will have been surmised by the absence of Freudian terminology the author is a Jungian analyst. For readers unfamiliar with Jung's works it should be mentioned that although Jung speaks of the soul, its combinations with other words here are of Dr. Hillman's coinage. Jungian terms are used sparingly and explained in the text.

Apart from Jungian psychology the author feels related to religion and philosophy, and akin to Plato: "The life of the philosopher is but one long rehearsal of dying." Beyond his many references to literature and myth, there arise the images of the two Greek gods: Apollo and Dionysos. They are seen as manifesting polarised modes of approach which support the analyst.

The author states that in the dialectic processes of analysis the analyst needs to keep one foot in and one foot out, the "in" is identified with Dionysos and the "out" with Apollo. "The Apollonian-Dionysiac duality" which lies at the bottom of our culture was first perceived by Nietzsche (in "The Birth of Tragedy").

Applied to the analyst-patient relationship it means, briefly: Apollo was the bringer of light. He gave his heroes clarity of thought, increased consciousness, detachment, harmony and moderation. Accordingly, in the Apollonian mode the analyst is objective, aware of keeping his head above troubled waters, he listens and waits. But in the mode of Dionysos the analyst gets his foot in. Dionysos stood for involvement, exaggeration, orgy of emotion, darkness and madness, moods which draw the analyst into the drama of the patient. In meeting the suicide risk the analyst needs to employ both principles.

The author contends that in contemporary medicine Dionysos is repressed. Only Apollo is present. His bright light ennobles the physician who, rising to hero status, sets about fighting "dark death". This physician's "mark of his assumption to a divine place is his hastening to help, his rage for action, his *furor agendi*". He bears the brunt of the author's scorn. But I disagree with the use of the image. For rushing into action is precisely what the Apollonian mode eschews. Such "furor" looks more like the return of the repressed. It is a depraved Dionysos who gushes through the academic defences of medicine, and not only of medicine.

Dr. Hillman does mention the new trends in medicine which incorporate psychology, including existential psychiatry. But he becomes anxious when he observes the medical method of treating by taking action, of seizing on the pathological symptoms first, infiltrating into analytical thinking. He gives many examples. I select a few: he defines the "pathological bias" as conceiving

illness as a pathological aberration from the norm; as overrating the importance of correct diagnosis; as suspiciously searching for hidden disorders; as returning the patient to the *status quo ante* in which he fell ill; or as tendency to the opposite extreme, increasing the patient's performance and productivity without regard for his age; getting him better by getting him stronger; as prolonging his life at all costs, or postponing his death by drugging him into a stupor; " Medicine links disease with death, health with life." The author's disagreement with this statement is quite clear: he links death with both health and life and regards disease as the enemy of both.

He objects to the tendency of analytical therapy to follow the genetic approach which favours the causal explanation of disease. According to the genetic approach, complex pathological processes are traced back to their origin and examined in their simplest, embryonic beginnings. " We race back along the rails of the fallacious model towards simpler, easier events coming to a halt finally at that only other surety—besides death—Mother. So many phenomena of analysis are now interpreted in terms of the mother-child relation that one must ask whether psychotherapy is not suffering from a collective mother-complex. This 'diagnosis' fits in with its causal genetic approach imitative of natural science, and what is matter in science is mother in psychology." Not that the importance of the mother is overlooked in Jungian psychology. But other images, complexes, dream series and behaviour patterns as well as that of the mother are viewed with regard to what they achieve. Jung says: " Life strives towards a goal and is determined by an aim . . . . We grant goal and purpose to the ascent of life, why not to the descent?"

The greater part of the book is devoted to answering this question. In the last chapters attention is focused on the problems of growing old. They may be helpful to the therapist's understanding of patients older than himself. The delusions of our time come under the author's hammer. He explores and deplores the current obsession with the promise for ever more expansion, more driving force, more productivity, more of what one once was. It is the " wrong hope " for quantitative growth as opposed to what psychotherapy offers the older patient, that is, qualitative refinement. The need for quiet is documented with beautiful quotations.

The tenor of these chapters conveys the author's concern to contrast the biological urge for preserving and prolonging life known as the " normal desire ", with the psychological need to shed, to loose, and gradually to die. " Analysis often leads to conditions when the dynamics of change fall away, ending in stability." Medicine supports the biological urge to live, whereas

the psychotherapist safeguards the reflections of the psyche upon its own development whose goal is to prepare for death.

The medical neglect of the psyche leaves a gap into which psychotherapy has stepped. Ideally, medicine and psychotherapy should be friendly neighbours, each should complement the other. These are the author's conclusions. He drives home his points with force, enthusiasm and rebellion against the probable inertia of the sober-minded reader who will be shaken and, in the end, I believe, greatly enriched by this unusual book.

MARIANNE JACOBY.

THE FAITH OF THE COUNSELLORS

By Paul Halmos

CONSTABLE, 30/-.

This book, published since the " Bulletin " has gone to press, is of sufficient interest to psychotherapists to warrant a brief " stop press " review.

Paul Halmos is Professor of Sociology at University College, Cardiff. His book begins with two short chapters, the first dealing with the question of why political solutions to human problems are not enough, the second surveying the growth of the body of Counsellors. The Counsellors are professional people ranging from Psychiatrists and Analysts to Social Workers, less than 20,000 in Great Britain, and the author believes that they have a far wider influence than their numbers suggest.

The thesis of the main section of the book is that the Counsellors share an undefined and often unconscious faith, which is implicit in their work. Its essence permeates analytically orientated psychotherapy, and it is also present in the modern methods of Non-directive Counselling and the training of Counsellors.

Professor Halmos believes that " psychoanalytic theory has a ' sleeping partner ', who provides much of the capital and possibly lacks the acumen and skill necessary both for the transactions and for self-advertising. The capital, in this case, is the resource of intimacy and sympathy, for a considerately and kindly maintained obliqueness of approach, for intellectual humility, scrupulousness, and for a conscientious denial of personal involvement. . . . The reappraisal of this resource, this capital, in conventional psychoanalytic terms alone may not help, for the resource, the capital, must also ' finance ' the scrupulous psychoanalytical reappraisal itself! "

The literature of psychoanalysis, Freud himself and the many different derivatives stemming from his work, try to convince that

they treat of a scientific skill. Yet evidence of the "sleeping partner" seeps through it all and the author of this book demonstrates this in a closely documented study.

Thus the faith of the Counsellors has a paradoxical structure, and a condition of the work is learning to live with pairs of opposites, sustaining creative dissonance.

The final chapter discusses the effect of this complex ideology on Western morals. The book does not make easy reading; a "raid on the inarticulate" seldom does, but it is a useful one, perhaps even an essential one for the Counsellors to study.

R. M. V. PHILLIPS.

Members are invited to send contributions for next year's "Bulletin". Two typed copies, with double spacing and good margins, should be sent to the Editor and one kept by the author. Twelve copies of the "Bulletin" are sent free to the author of an article which is printed.

EDITOR.

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