JOURNAL

OF THE
BRITISH ASSOCIATION
OF PSYCHOTHERAPISTS

Number 30 Vol. 1 Part 1 January 1996

JOURNAL

of

The British Association of Psychotherapists

Subscription Enquiries:

Administrative Secretary: 37 Mapesbury Road, London NW2 4HJ

JOURNAL

Number 30 Vol. 1 Part 1 January 1996

CONTENTS

WHY AM I HERE?*

NINA COLTART

Sometimes I wonder. I am not asking one of those huge ontological questions, like 'Is there a Purpose for me in the Overall Plan?' or 'What is the meaning of life?' Many people ask themselves – and other people – variants of these at different stages of their development, and a few seem to find answers which satisfy them, usually in the sphere of religion. My question is localised and specific. I have spent the greater part of my waking life, since I built up a full time psychoanalytic and therapy practice, sitting in an armchair either behind a patient on a couch, or facing a patient in another, similar, chair. The idea of the armchair traveller comes to mind; and travel we do, and not only when a patient returns from a long journey, or when we take our holidays. We enjoy the ever-new fascination of travelling deep into inner space, both ours and the patients'. The people with whom we go need a companion, and, sometimes without any clear idea that this is what they are doing, they ask us to go with them. Why do we offer to accompany them?

Oddly enough, I did not give much thought to this question at the beginning of my life as a therapist. I felt completely sure that it was what I wanted to do. I shall say more about this certainty later. The question can crop up in various ways, and one of the first I came across was about twenty years ago, when I was asked to give a paper at the Bart's Decennial Club evening. A Decennial is a meeting attended by people who all qualified, or joined a firm, or started doing something momentous for them, at the same time; they gather for a reunion. The events being celebrated cover entry from a block of ten years at a stretch; hence Decennial. The Bart's Decennials are always enjoyable, convivial occasions; two or three people are asked ahead of time to prepare papers either on their specialities, or about a particular piece of work they have concentrated on, during the last ten years. I went to the second Decennial that was available to me,

*In order to avoid too much repetition, I try to refer, throughout this paper, to 'therapy' (occasionally 'analytical therapy') and 'therapists', to indicate people who have been dynamically trained to practise as psychoanalysts or analytically orientated psychotherapists.

by which time I had been an analytical therapist for about ten years. And at this point, by the definition of my own analyst, Mrs. Eva Rosenfeld, I was just about ready to call myself a psychoanalyst. This definition first appeared on the day I qualified (as it is called) when, of course, I was still in my personal analysis. I was in a relaxed, rather triumphant mood, on the couch, and enjoying the sense of achievement – when my analyst said in her blunt way, taken from her own analyst, Sigmund Freud: 'Right – now in ten years' time you will probably be a psychoanalyst.' Incidentally, I am, so far, a unique product of the Royal Hospital of St. Bartholomew, which tended to produce general surgeons and specialist physicians, especially paediatricians and haematologists, and recently oncologists; *but*, with only a couple of marked exceptions, not psychiatrists, and certainly never psychoanalysts. As far as I know, I am still the only psychoanalyst they have managed.

I called my presentation *A View from the Couch*, and instead of what I feared could become a rather boring, and perhaps incomprehensible, essay on psychoanalysis and how I got there, etc., I wrote very little text, in which I made some jokes and sounded a lighthearted note, and I illustrated it lavishly with slides. Each slide followed hard on the heels of the last, and each was of one of the numerous cartoons about psychiatry and psychoanalysis which are such rich subjects for cartoonists the world over, and which I had collected for many years. I would say something like: 'Of course, one has to learn to assess a patient's psychological state, and often convey something of one's opinion to him – next slide, please – ', and along came that familiar old chestnut: 'No, you haven't got an inferiority complex, Mr. Smith – you *are* inferior.' I managed to describe quite complicated therapeutic manoeuvres and supply some detail about psychopathological states, as I had a huge collection of cartoons, many of them applicable to various different subjects, including therapeutic techniques. Thus I included one, for example, which turned out to be about the biggest hit; a posh therapist in a grand room is sitting behind his couch, and saying to the large, elegantly-dressed man who is lying on it; 'Now you're a little boy of three again, Sir Hereward – all except your bladder, that is.' I used another of the cartoons as the cover for my second book, *How to Survive as a Psychotherapist*. An analyst is looking in a bewildered way, from his vantage point, at an empty couch. The patient is lying underneath the couch.

By the way, have you noticed that two universal staples of these cartoons are (a) a framed diploma or certificate on the wall, and (b) a

note-pad and pencil in the therapist's hands? Both of them things which, at least in our branch of the profession, we would never have at any price. At least, I am taking it fairly confidently for granted that we wouldn't, and yet cartoonists seem to feel they are essential to recognition.

In the cheerful, ready-to-laugh atmosphere of the Decennial, *A View from the Couch* was a success, and this may well have emboldened me to start writing in earnest a year or so later; and writing, always about case material or points of technique, always has, since then, felt as if it has been an integral part of the complex structure, composed of so many different elements, which go to make up, or confirm, rather, Why I am Here. Also, in a way I had not encountered before, questions came thick and fast from the floor following my paper at the Bart's meeting, and included, I suppose inevitably, in that gathering of what I call 'proper doctors', 'Why did you choose to do that?' and 'What are you *there* for, really?' I suppose I scrambled together some answers, but since that day, I have often thought about what those questions evoked in me; one of the first things I realised was that, although accidental, it was right that those two particular questions came together. They are closely linked, although they do not refer to the same thing.

That is, 'Why did I do it?' connects up with 'What am I there for?' but I do not think it necessarily always does in quite such a unitary way. It depends on the personality, and inner attitudes, of the therapist, on the original meaning of the choice, the motivation, even the philosophical stance. It was perfectly possible that at the point of the Decennial Meeting, when I had about ten years' experience behind me, the complex motivations which had prompted me to set out on that journey might have radically changed, and in ten years, have changed into motivations-to-continue which were quite different. As it happened, this was not so in my case, but I knew some therapists for whom it was true, then – and for whom it is true now. They go on doing therapy because it is there, rather like climbing Everest; it is simply what they do, and after a few years they couldn't do anything else with any degree of skill. Although this attitude may be to some extent true of most of us, it is more like that of a business man going to the office. I do not intend this as a criticism; a businesslike attitude to one's job, whatever it may be, can be productive of detailed efficiency. But who is to say whether it is better or worse than the retention of excitement and wonder, and some of the other more

emotionally-coloured states that I had felt in the beginning – and at times still do?

One person during that discussion asked if I had wanted to be different from everybody else at Bart's. I could not answer this except in a rather long-winded way. It certainly wasn't a primary or strong motive, but I did have a sneaking liking for being different from other people (don't we all, I ask myself now); however, in regard to this choice that we are talking about, I truly thought that difference from all the others was irrelevant. As an immediate urge to action, or a long-term feature, I cannot think it would be very sustaining. Another enquirer wanted to know if I had been attracted by the prospect of making a lot of money, indicating by his question that he was possessed by the widespread misconception, amounting almost to a myth, that therapists are fabulously rich. I had enough information right at the beginning not to subscribe to this myth, and the early lean years were proof, had I needed any, that I was far worse off than if I had continued up the promotional ladder in psychiatry, which I had abandoned in order to enter the field of therapy. I said that most of them were probably doing far better than I financially, and that as N.H.S. consultants, with a solid N.H.S. pension at the end of their working lives, would continue to do so forever. But such is the power of myth, I do not know whether I was believed.

After the Decennial, I continued to reflect on the two questions that had been raised, with the intention of clarifying my mind. One of my strongest and deepest reasons for wanting to be a therapist was that, ever since early childhood, I could think of nothing that gave me more intense enjoyment than listening to people telling me their stories. There is an important distinction to be emphasised here; I do not mean *any* stories. I never cared much for fables and fairy-tales and sagas. I still don't. There is a type of novel which has become rather popular and fashionable, under the general description of 'Magical Realism'. Examples are the works of Angela Carter, Salman Rushdie and Gabriel Garcia Marquez. Fantastic elements play a part in them – animals talk, people fly – bizarre incidents of this nature. I find this aggravating to say the least, and it gives me no pleasure to read. Life can be quite bizarre enough in its ordinary course. The story I enjoyed had to be from the teller's own life and experience. The dawning awareness that it was possible to do this for a living was quite slow in me. I am not sure that the Superego did not have something to do with the slowness; could it be true that something which seemed to

offer pure pleasure could also be called one's '*work*', in inverted commas, and actually enable one to be *paid* for it?

Fortunately, it did gradually become convincingly apparent that people not only like, but need, to tell their stories, especially to an attentive listener equipped with certain skills. Such skills assist in creating the next chapter when some painful, confused climax has become the sticking point of the narrative thus far. Of course, there is a spectrum of cathexes involved; the natural raconteur, who is usually already fairly mature in object-relations development, will obtain some direct gratification from telling his story, even while maybe crying with the overall sadness and suffering in his account. Whereas the person who is naturally reticent, who tends to silence rather than speech, is described as someone who 'never talks about himself', and uses a different set of defences from the first type, will experience severe difficulty, and has to be helped and prompted, and rarely obtains any immediate sense of relief at unburdening. Technically, the first type is probably a hysteric, and the second, schizoid. Hysteria, though it has become downgraded through misinformed popular use, is a useful and valid term for a quite advanced stage of development, whereas the schizoid character arises from an intensification of a certain developmental state which occurs earlier in life. But on the whole, whatever the characterological development, human narcissism is such that there is very rarely *no* benefit at all experienced through a concentrated presentation of the most absorbing of all subjects: oneself.

From time to time, one meets somebody who says the following, or a variation of it: 'I wish I had your job. It must be pretty nice just to sit all day listening to people, not feeling obliged to do anything much about them or even speak to them at all unless you feel like it.' Of course, in a slightly sinister way, this caricature of our working lives comes rather close to the truth, and to one of my strongest and deepest reasons for wanting to be a therapist, i.e. liking listening to people's stories. I find that, as is usually the case, the soft answer turneth away wrath (the wrath, not uncommon in the speaker of such words, usually arises from a sort of malicious envy, itself based on ignorance and fantasy.) I tend to say: 'Well, it's not quite like that . . . ' and, indeed, it is not. But one can hardly embark on a description of the subtle richness which informs the art of listening, and of how many interlocking psychic manoeuvres it contains. I have written of these elsewhere (Coltart, 1993: chapter on Paradoxes) and, as that chapter heading suggests, I have seen these psychic manoeuvres as inherently

paradoxical. For example, one is focussing directly on what, and in what way, the patient is saying, yet at the same time scanning the whole situation, and the surrounding content and mood; one studies the nature of the transference as it manifests each day, and at the same time, scrutinises oneself for one's own reactions and signs of counter-transference. One is intricately related to the patient and his inner object world, yet one is also detached in order to be able to reflect on them, and on oneself both as subject and as the patient's object. It is these and various related paradoxical states which constitute the therapeutic skill in the act of listening and which provide a continuous challenge and source of interest for the listener. There is another popular myth which I have already touched on; that telling one's story, 'getting it all off one's chest', is inherently healing; this is essentially the idea of catharsis, but I do not think it is always true. Apart from the people I have referred to who find it very difficult, and whose efforts may be followed not by relief, but by shame or a sense of loss, I do not believe that pouring it all out to a picture, or a dog, would have a cathartic effect at all. Therefore, there must be something essential in the act of *telling another human being*; and, I would add, one who listens in a particular way, not just any old human being who may have none of the learned paradoxical skills, and may anyway be preoccupied with affairs of his own. This is the argument against people who are scornful of psychotherapy, and hold the opinion that 'talking it over with a friend' is just as good. Apart from the facts that a friend has not developed the skills, that the context is rarely conducive to confidences of a certain sort, and that a very particular sort of trust has to be developed slowly in the special contexts we provide, there is the danger that if one embarks on this kind of thing, one will soon find one has not got many friends to talk it over with.

In connection with the remarks from people who envy the simplicity of our job, 'just sitting all day listening to people,' I am inserting this passage two years after writing the original paper. I have now been retired for six months, but I still see, on occasion, certain long-term patients whose lives would have been very much impoverished by a completely arbitrary termination of their relationship with me. These are often people who are in some fundamental ways so scarred by life that the loss of a person who had become of special importance to them could set them back a long way after the years of careful work we had achieved together. Why I refer to them here is that the sessions with them really bring to my attention that we use a lot of (presumably

psychic) energy in our chosen therapeutic work; more than I ever would have thought to be the case when I was doing it all day and every day. I notice that I have to make a real effort to adopt the 'third ear' listening stance, and even more, to think and speak, in the reflective, interpretive, 'analytic' way which used to be second nature to me. I enjoy these sessions, and would not now abandon these few people for the world, having made the decision to go on seeing them indefinitely; but they are tiring, in a way that nothing else that I now do is, in the peaceful atmosphere of retirement.

The specialised, highly skilled and complex listening, which can take a long time to learn, is one of the primary reasons why I am here. It was a skill I wanted to learn, partly to promote enjoyment in listening to stories, and partly because it is something intangible, immeasurable and invaluable to give to people who are in need, who very often make one feel peculiarly powerless. What this healing wish was about for me I will say in a moment. But first I want to add a little more to my description of the skill itself. As we listen to a patient, for the first or the 500th time, we observe with our inner, image-making eye that he is laying out pieces of his personal jigsaw puzzle for us to ponder over; as the patient speaks, so we process the pieces, both consciously and unconsciously, recruiting theory and free associative imagination to help us in the task. And for us, the task is continually absorbing, filled with challenge and revelation, repeatedly testing our mettle; I do not believe that I could ever be wearied or bored by a task such as this. And a job which does not hold the prospect of boredom sooner or later is rare, and to be highly prized.

Intuition, so relied on by Bion that he was prepared to back it as the vital element in all analytical therapy, leads us into and through the deeper inner worlds of the patient, and comes into its own when silences fall between the working pair. Then, if it is one of those good days when one's own machinery seems to be in top working order, one may be ready to speak into that silence almost at once. Very occasionally, as intuition shines a beam of clarifying light straight on to the darker recesses of assembled puzzle pieces, and all our strategies combine to form the next interpretation, there is a strong sense that one's conscious mind is not the prime mover in what one sees, or knows, or says. And, of course, it is not. It is as if one *is lived* from depths within oneself for a brief period, depths that one can trust, and which yield up the nearest thing to 'inspiration' that we ever experience. The patient shares in its creation, and, at such moments, is open to receive what emerges, resistances abandoned. A form of communi-

cation is in process which it is almost impossible to describe or define accurately. Perhaps it should be called meta-communication. These are peak experiences, and cannot be summoned by the voluntary will; we can only continue faithfully to work to the best of our ability, and prepare the ground for their occasional arrival. But when it happens, it is memorable, and worth working and waiting for; I cannot imagine any other work which could produce these unique moments as often as ours does.

Let us proceed to another, perhaps less obvious, answer to the question under review; why am I here? Psychotherapy is about relationships. The early papers of Freud, when he was setting out so much that was, and is, important about analytic theory, convey a lot of information that was later to be defined and discussed in terms of object-relations theory, yet from Freud himself there is a distinct, and at times rather eerie, sense of paradox about them. For years, Freud wrote from the viewpoint of one-person psychology (that is, the patient's) in spite of having 'discovered' transference, which is essentially about two-person psychology, as far back as his days with Breuer in the late nineteenth century. It is in the five papers on technique (written between 1912 and 1914) that Freud began to demonstrate his instinctive, rather than theoretical, grasp of the importance of what later came to be more incisively defined as 'object-relations theory'. This was the work of analysts such as Klein, Fairbairn, Balint and Winnicott. At present, the most vivid and readable writer on the whole subject is Christopher Bollas. And recently, David Scharff, Director of the Washington School of Psychiatry, has concentrated on bringing over to the States British Independent Group analysts, and introducing object-relations theory and technique to the American literature. But, in spite of the distinct object relations flavour of his technique papers, Freud mainly continued to concentrate on the unitary workings of the patient's psychological structure; for example, although it was he who introduced ideas about projection, these did not progress, then, into an expanded awareness of interacting inner worlds constructed of internal objects, nor did he have very much to say about the dynamic connecting implications of the therapist's person and presence. One-person psychology, in theory and in modes of thought and expression, continued to dominate our field for over thirty years, through the enormous influence of Freud who was patriarchal, didactic and intolerant of rivals. There is something quite amusing about the sustained adherence to one-person psychological theory, while writings about transference and the influence of early important figures in the patient's

life, by the Freudian contemporaries, were also on the increase. I sometimes wonder how on earth I worked as a therapist without object-relations theory; it was really only in the sixties and seventies that it became widely available in journals and books; yet it has always been taken as a self-evident fact that prospective therapists are drawn towards their chosen field because their interest in personal relationships is of paramount importance to them.

By the way, this is not the same as saying that psychotherapists are good at 'human relations', which is a more abstract, sociological subject. Indeed, they are not. It is another of the paradoxes of our professional world. It is often, I am sorry to say, sharply evident to lay people outside the profession, especially when members of our professional organisations are operating as representatives *of* the profession. As a group, our handling of relationships with the 'real world', whether social, political, or on any other level, leaves a great deal to be desired. Frequently it is distinguished only by clumsiness, lack of worldly sophistication, patronising authoritarianism, or paranoia. There is a marked insensitivity to the feelings of others, redolent possibly of an inadequately matured narcissism; all this comes as a disillusioning revelation to people who, at the very least, expect of us that we will be rather specially skilled in human encounters. I think our inadequacy in this respect may well be connected with something that Neville Symington (1993) was finally bold enough to say in a recent paper. He is of the opinion that a long personal analysis, which we all have as part of our training, leaves the narcissism stronger, and the ego weaker, than they were at the beginning of analysis. This is a condensed comment, and a significant one, and it repays a lot of careful thought. Only then can one decide whether one agrees with Symington or not. I certainly do.

Rather as one might expect, the atmosphere inside psychoanalytic societies only serves to increase one's understanding of their ineptness in handling the real world. There is a considerable amount of gossip, and a readiness to believe malicious hearsay about one's colleagues, accompanied, rather naturally, by poorly-handled paranoia. Analysts, who are entrusted during their daily work with confidential material to a degree even exceeding that of the priest in the confessional, are not trustworthy or even ordinarily decent in their relations with each other. With a few notable exceptions, I would never expect an analyst to be loyal and supportive to me through thick and thin, if a subject at issue happened to be one which rouses such an analyst to unnatural pitches of defensive frenzy, and his opinion did not concur with mine.

This could be true even if he had appeared amiable and friendly in some social situations; the ordinary bonds of affection and trust which hold friends together unchangingly, even if they happen to disagree over some matters, do not seem to develop between analysts, meeting, as they do, either at conferences or seminars, or more likely, on the numerous committees which have burgeoned in our growing bureaucracy.

Some of the unpleasantness of the atmosphere is due to the uneasy cohabitation of groups whose theories differ deeply, many of whose adherents feel bound both to proclaim and defend them with a fanaticism bordering on the religious. Analysts like to think of themselves as scientific and detached, yet the members of different theoretical schools all too often bring apparently unworked-through passions to their views on psychic development. Lamentably often, I have heard it said, of someone bold enough to criticise a passionately-held theory: 'Oh well, of course he/she isn't really properly trained,' or 'isn't doing real *analysis*.' Is it any wonder that a young analyst, unsuspecting, who steps naively into one side of a controversy, and encounters this sort of demolition from some heavy-weight senior to himself, begins by feeling hurt and shocked, and goes on to develop a sort of anxious paranoia?

The Controversial Discussions, as they have become known, were recently edited and published by Pearl King and Ricardo Steiner. They give the detailed picture of the British Society in a state of open civil war, between the (Anna) Freudians and the Kleinians. It was probably both bold and correct to publish them, but they are by no means edifying, especially to anyone who has tended to idealise psychoanalysts, or at least hope that they may be rather mature and thoughtful human beings. The war is supposed to be long over, and it is true that an uneasy, shallow peace has reigned for some of the time since those years. It is said that the tension nearly split the Society completely, and it is supposed to be a triumph for some sort of 'British diplomacy' that we all stayed together, fragilely protected by a cumbersome, ultimately irrational device known as 'the Gentleman's Agreement'. Along with several others, I have often failed to detect any advantage gained from our still being one Society, in which an unpleasant undercurrent of internecine sniping still goes on, inadequately concealed by the ingratiating and untrustworthy personal interactions to which I have referred.

In spite of this, and however it comes about, we come to 'be here' in the first instance through a combination of personal factors which

includes, almost always, a lifelong curiosity about other people, a desire to know more about how they function, what makes their engines work, how one understands abnormalities and suffering which have no obvious cause – to name but a few. In some people, this combination of factors can authentically be called a vocation, and is experienced as such. I believe it is valid to use the concept of vocation, about our choice of psychotherapy as our life's work; it is limiting that the concept has become associated mainly with moves towards the religious life. But there are five features which distinguish a vocation, and I see them as bringing people into the field of therapy with the positive sense of direction and dedication, hope and faith, which has often been more characteristics of religious life-choices.

The five features which, together, characterise a vocation are giftedness, belief in the power of the unconscious (indeed in the unconscious itself), strength of purpose, reparativeness, and curiosity. With reference to curiosity, I would say that, as with all epistemological drives, the knowledge sought needs to be deep and detailed. It is not satisfying otherwise (nor will superficial acquaintance prove beneficial to our patients). The search is hardly ever satisfied anyway, or at least, not for long. This makes our job all the richer; one never comes to the end of *knowing*, about other people. One can never sit back and say: 'Ah, now I know what makes this person tick,' let alone 'what makes *people* tick.' The most we can say is: 'I think I know something more than I did about why this person is as he is,' or 'behaved as she did in those particular circumstances.'

Belief in the power of the unconscious is taken as a given among us; but I do not think it should be, at least about the world beyond our own. There are people, of whom Jean-Paul Sartre was one, who deny the very existence of an unconscious mind, unbelievable as it may seem to us. I know at least two intelligent, well-educated doctors who simply say there is no such thing. If we challenge them, or offer what seem to us to be incontrovertible examples, they will say 'But that's not unconscious. It's obvious.' Psychosomatic symptoms are a good field for argument on the matter. I can never decide whether such people (e.g. the doctors who think the unconscious is 'all obvious') are extraordinarily talented at reading the unconscious, and so think it is self evident (which they often are) or very obstinate and stupid!

The need and wish to make reparation is probably the feature which, above all others, displays the object-related nature of the therapeutic relationship most clearly; and also leads into the counter-transference. It is a complex state, which I hesitate to call a drive, because of the

special instinctual use of that term in classical Freudian psychology. Nevertheless, a constancy of wish and purpose, and a deeply unconscious origin with, usually, a conscious component, makes the idea of 'drive' accurate for this context in reference to reparativeness. I am not speaking of whatever fantasy it is that makes rather unsophisticated people say innocently, often sweetly, that they 'want to help people'. Individuals with a strong reparative drive *do* want to help people; but in my view, this is, of all the vocational qualities, the one which most urgently requires analysis before it is put into practice. This it does not, by any means, always get. There is a double need here; usually one can locate a somewhat pathologically narcissistic element in it; and also such people have very often undergone severe trauma of their own, usually during childhood or adolescence, which frequently leaves unhealed wounds. (This is part of my own personal motivation.)

The concept of the 'wounded healer' has received a certain amount of attention in our field; there is no final consensus as to whether one *has* to be in some way wounded to make a good healer, as some people would contend. Indeed, unless one's own pathology has received adequate therapeutic attention, there can be danger in it. One may continue to try to heal oneself by continual projections into others, which may effectively obscure the quite different traumas existing in them. Or one's own behaviour may be disturbed and wrong-headed, and result in damaging acting out with patients. Whether or not one believes that the 'wounded healer' brings a special sensitivity to psychotherapeutic work, what is of primary importance is that the case for some solid analytical treatment of would-be therapists is strengthened if they are themselves already wounded by life.

Giftedness is hard to define, and even harder to write about. We are in the borderlands of the invidious and the unspeakable here. It may be the crucial factor which decides whether a student is selected or whether a therapist is really good at the work. It is easier to recognise, during a careful assessment interview, than to describe. As a concept, between therapists, it is freely used, and, in my experience, no one ever stops and says: 'What do you mean?' It is common currency, and its meaning is taken as read, perhaps because it is so hard to speak about in detail. However, one feature, I think, tends to distinguish it, although I would find it difficult to test out as it brings into play the other quite difficult term, which we have touched on already and are examining; my impression is that people who are naturally gifted also experience a sense of vocation. I have observed,

particularly in the United States, where the profession has always had more 'respectability' than it has in Britain, that some prospective therapists are drawn to the fold by reason of the fact, not that they are gifted or have a sense of vocation, but that they can envisage a life in which they are respected and safe. The job is seen as not too challenging (although this is obviously a matter of personal opinion), not too publicly exposing of limitations in the practitioner, and financially secure though not wealth-making. This view of it may draw in from general practice and general psychiatry people who are unadventurous, sometimes anxious and often socially ill-at-ease. Whereas the gifted person, who may well have received earlier input from an appropriate culture, brings to the work creativity, imagination, adventurousness, curiosity, a strong reparative drive, and, as with any other art-form (which I believe good therapy to be), an ingredient X which permeates the whole, and marks out the person who has an untaught talent for certain sorts of subjective interactions with a naturally therapeutic quality. The sense of vocation which these people discover in themselves *will persist.* After an awful, exhausting day in which they may have seen ten or twelve patients, all in various states of suffering, they know without any shadow of doubt that there is, nevertheless, nothing else they would rather be doing. Such people do not really have to choose or decide what to do with their lives; it is just a question of searching out the best way of receiving an appropriate training; or to put it even more simply, the best way of getting going.

In good-enough circumstances, one enters a personal analytical therapy as part of this training and a considerable amount of care will be taken to uncover the complex reasons underlying the wish to be a therapist, which, in the gifted, will amount to a sense of conviction and faith in the choice. During the course of therapy, some people experience changes in their sense of self. For example, even in people with a strong desire for the work, the reparative drive may be revealed as deeply mixed up with fantasy, and also much more narcissistic than it at first appears. Very occasionally a student in training may discover, as may an otherwise devoted religious, that he was mistaken about the vocation, and he may leave. No shame attaches to this, though sometimes it is felt by the ex-student, or by an ex-postulant, for a while. However, it is ameliorated by relief. Unless features such as pathological narcissism are available for mutative analysis, the wish to heal others will not be sustained, and it is as well to discover this probability in good time, before long and difficult treatment processes are undertaken by the new young therapist. As I indicated earlier, a

strong root may be an unworked-through traumatic life event, and this urgently needs attention if it is to be a source of strength. A therapist, I repeat, should not be treating projected aspects of the still-suffering self; envy of the patient, for example, may enter the picture and could be a severe disturbance. This is not to say that a qualified therapist should never again experience neurotic symptoms or depression, so long as these are accessible to continuing self-analysis. One of the enjoyments of doing psychotherapy is the capacity to identify closely, if fleetingly, with one's patients over a whole range of emotional experiences; a person who has become too detached, or developed, for him, a necessary armour as a result of personal analysis, may be disabled in his sensitivity and empathy.

Finally, there is strength of purpose, the fifth of the qualities which I see as characterising a vocation. I touched on it when I described the sense of vocation as itself persisting. But it is about more than that; it is one of the reasons for working out more clearly for oneself some, at least, of the answers to the main question. It is harder to nurture strength of purpose if one has no distinct idea about what on earth one is doing or why. However, this is not to say that we won't at times feel completely lost and in the dark, because we will. There is an old maxim which simply runs 'the cobbler sticks to his last', and as it is a bald statement without further explanation or dependent clauses, it is hard to see what it is saying unless it is something about carving out one's own pathway, knowing what it is, and demonstrating tenacity in staying with it. In the field of analytical therapy, we undertake relationships with disturbed and unhappy people who are suffering in highly individual ways; no two ways are quite the same, thanks to the infinite variety of human nature. Here we see one of the main obstacles to carrying out controlled series of psychotherapy treatments, a task which is sometimes attempted in units which accept large numbers of patients, but which, to my mind, is unsuccessful. Not only do all our patients and their forms of unhappiness differ individually, but therapists are markedly different from each other in ways that, in our field, have an effect on outcomes. Furthermore, I am sure everyone has the experience of not, in many ways, being reliably the same himself from one therapy to another. Anybody with any experience knows that there are therapists who are more comfortable with some types of psychopathology than with others. Indeed, carrying out large numbers of assessments, and then placing patients with appropriate therapists, as I did for many years, made it essential that I should know something about who likes working with what and who doesn't,

when making patient-referrals. Enjoying the diagnostic category involved makes for better therapy than discomfort, anxiety and excessive effort.

We know, therefore, at the beginning of a new treatment, that we have a long period of work with this person ahead of us, whether we see the person once a week or five times. (And what this means in itself – the frequency of sessions – is another large subject, one which I have also discussed in the book I mentioned, under the general heading of Psychotherapy versus Psychoanalysis.) We need various qualities, such as faith – in ourselves, and in the process we help to create – patience, and, if we can manage to develop and work on it in ourselves, the capacity to love. I do not refer either to liking or to sentimental or erotic feelings here, but to a quality which it is perfectly possible to work on and nurture in ourselves, which is capable of constant critical appraisal, but which is fundamentally warmly and caringly disposed to the individuals whom we come to know in the most intimate detail. Together these features which ripen in ourselves as we grow older combine to produce a steadfast trust in the therapeutic procedure and in the relatively very small group of individuals which is all we can encompass in our working lives. It has been rightly said, and it repays frequent reflection, that it is impossible to get to know someone in the microscopically close way that we do, and not to love him or her, in spite of all their human failings, and unpleasantness; and thus we trust also in our own strength of purpose.

It is quite a task we encounter in our everyday working lives. Doing good analytical therapy with a disturbed and suffering person, in which our only instrument from moment to moment is ourselves, is *difficult*, and you should never let anyone tell you otherwise. Some will try, especially doctors and other personnel in different branches of medicine, or even psychiatry. There is no need to argue the point, in fact it is a waste of time: 'A man convinced against his will/Retains his old conviction still.' There is certainly no need to adopt any quiet airs of martyrdom or suffering of your own, a temptation to which I have certainly seen colleagues succumb. Remember who got you into this in the first place! But if you are exhausted at the end of a long day, during which you sat perfectly still in your chair, apparently doing nothing other than speaking occasionally, take it seriously when I say you need to attend with real care to rest, relaxation and refreshment, wherever you personally find it. Don't let your devotion to the job become too contaminated by superego elements, and certainly don't let guilt percolate into any of your forms of relaxation and rest. If

you have *some* vocational qualities – and everyone has *some*, I believe, else they would hardly be in the field – then remember that not only did you steer yourself into this extraordinary job, but you did it, and do it, because you really want to, and there is nothing else you would rather be doing. It is hugely important to remember that, eccentric as it may appear to many people, we *do* know why we are here. And we are lucky that things came together so that our choice to 'be here' was a real possibility for us. We have the most interesting job in the world.

References

Coltart, N. (1993) *How to Survive as a Psychotherapist.* London: Sheldon Press

Freud, S. (1911–1915) '*Five papers on technique*' *SE* 12. London: Hogarth

King, P. and Steiner, R. (Eds) (1991) *The Freud-Klein Controversies.* London: Tavistock/Routledge

Symington, N. (1993) *Narcissism.* London: Karnac Books

TRANSFERENCE IN PSYCHOSIS AND THE MIND OF THE PSYCHOANALYST[1]

SALOMON RESNIK

Introduction

During my analytic experience with psychotic patients, some problems arose concerning language – verbal and non-verbal communication – used both by the patient and myself. Free associations are not limited to words and gestures, they concern also the tone of voice, pauses and the nature or semantics of silence. And also, I would add, the significance of the ambiance and atmosphere of the encounter as it is experienced by the patient and the analyst. This atmosphere is a language in itself, a true ecology of the encounter (friendly and warm, or unfriendly and cold, etc.) in the same way that there exists an ecology in/of the mind (i.e. the atmosphere is such that one can think or not think). All this is part of a complex cycle of facts and experiences, which can be conceived of as a 'living' transference situation.

Following Freud's concept of transference, we can say that the patient is expressing, trans-ferring, transmitting and dramatising unconscious aspects of his personal world, to which the analyst will react equally unconsciously in his counter-transference.

I believe that the spontaneity and intuitive style of the psychoanalyst is essential for the patient. The patient is concerned with the degree of authenticity of the analyst's feelings, especially if he is afraid of expressing his own feelings and thoughts. The more the patient is disturbed, the more pronounced is his sensitivity and his need to know what is going on in the mind of the psycho-analyst. On the other hand, one of the main concerns of the analyst is to be aware of what is going on not only in the mind of the patient but also in his own mind.

I will try to develop some of these views by narrating and transmitting, from the beginning, the clinical material of a psychotic patient in psychotherapy.

[1]This article is based on a paper presented to the International Congress of Psycho-Analysis in Amsterdam in July 1993 as part of a round table on the use of psycho-analysis in treating psychotic and severely disturbed patients (paper read on July 26, 1993)

A clinical case

One day I received a phone call from a worried mother, who asked me to arrange an appointment for her daughter, Renata. She had heard that I had been able to help Basilio, a very ill boy of the same age and of similar symptoms who used to live in the same neighbourhood. She had contacted me in the hope that I could help her daughter as well. Although I was busy at the time, we arranged an appointment for the following week.

Renata came, accompanied by her mother and her elder sister. The father was busy and could not join them. Renata is the youngest of the family, a good-looking girl of twenty-five. She gave me the impression of being very withdrawn as she moved mechanically. From time to time, she gave the appearance of being a doll – neither girl nor boy, but somewhere in between. She looked like a medieval page from some kind of fairy tale or legend. The mother and two daughters sat in separate chairs. The mother, who was not only worried but in fact very depressed, started to explain in a sad tone of voice that her daughter had been very introverted and withdrawn since childhood. At the age of eighteen, she had become even more emotionally blocked and shy. During daytime she always remained alone at home, hidden in her room; sometimes she would go out in the evening with a boyfriend.

After the mother and sister spoke, they felt that perhaps Renata would prefer to see me alone. Renata agreed. Sitting opposite me, she remained rigid and mute. I found her quite indifferent to me and to her surroundings. She appeared to be in a state of being physically and mentally immobile and paralysed. She remained silent and immersed in her own private world; I felt that talking to her would be taken as an intrusion into this world. When I asked her how she was feeling, it was as if I had woken her up. After a moment she answered in a mechanical and monotonous tone:

'I don't feel alive; I am dead.'

I asked her when she had died. She didn't answer at once, but after a long pause she replied:

'I am very lonely and I feel isolated. I spend most of the time in my bed or alone in my room.' Then she added after a further pause, 'I am not interested in things. Actually, I prefer to be alone.' I could feel that she was locked up within herself, so I asked her:

'Do you ever go out?'

'Sometimes, with my boyfriend.'

'Where do you go?'

'I go to discos, but I never dance.'

'What do you do?'

'I listen to music, it relaxes me and fills me up when I feel empty.'

I asked her what type of treatment she had been following. She replied in her usual sad tone of voice that she had seen several psychiatrists and had also been to see a psychotherapist, but only once. She then added that until now she felt that the doctors did not understand her and that her latest psychiatrist (who had made a diagnosis of schizophrenia) had just treated her with drugs which were not very helpful.

She repeated that she was always alone and withdrawn from people, and she became alive only at night when she went to discos with her boyfriend.

'My boyfriend doesn't always seem to be a real person. He sometimes seems to turn into a silhouette or a shadow.'

She then seemed to fall back into her dream world, far away, like a lonely, lost star in a dark universe.

I must confess that during this first meeting I tried not to get too close to her; I felt the need to remain distant. However, Renata was also estranging herself from me. Both of us needed to keep our distance. I found her cold or inhuman at times like a doll or a statue, and at others more alive when a certain warmth would be emitted from her eyes. I was touched by her loneliness and moved by some aspects of her unusual personality.

When the session was finished, her mother and sister came to collect her. We arranged a new appointment before they left. I must stress that she always needed a companion to take her outside because of her agoraphobia.

A few days before the second session, the mother called to tell me that Renata's father wanted to join us. On the day of the second appointment, Renata had decided not to come; her parents, however, did come. The father explained that Renata was opposed to coming this time and resisted any sort of suggestion or supplication.

In my experience, when a patient's relative, in this case the father or mother, still keeps an appointment without the presence of the patient, this often means that unconsciously the patient is indirectly communicating through this mediator something that he or she cannot express directly. Psychotic patients are frightened of having a close and straight-forward relationship. They need a spokesperson or vehicle to communicate for them in order to avoid the 'danger' of falling into

a state of confusion and loss of identity. The representative becomes her eyes and ears; Renata's instruments of detecting whether I am trustworthy and a 'good hospital' for her recovery. Psychotic patients tend to project themselves into the analyst (projective identification) in order to test him or to be protected inside the analyst's mental space and/or body ego. They need to avoid the unbearable feeling of being outside in the world (agoraphobic in the transference) or too closed and lonely inside themselves (claustrophobic feelings). Both extremes are intolerable. Renata probably wanted to know through her parents, the father in particular who seemed to be more active than the depressed mother, if I was the right person to take care of her and to tolerate and understand her. I was therefore the good containing mother capable also of assuming paternal functions. (This does not mean that the father or mother did not also have their own personal reasons for meeting me.)

According to the parents, it was quite exceptional for Renata to come to the first meeting. 'She needed time,' was the father's opinion. The father, very tense and upset, was concerned about his daughter and wanted me to help him deal with the difficulties of his paternal responsibility at home. He liked to be able to be in charge of the situation and to manage the family successfully. The mother, a frightened and insecure woman, was not able to make decisions by herself. She therefore expected her husband to decide for her.

Finally Renata decided to see me again. It was her father who phoned me, on her behalf, to ask for an appointment. I understood that Renata was 'indirectly' expressing through her father that she wanted to see me.

When she arrived, I opened the door and as expected her parents had accompanied her. They left her alone with me and told her they would come back later to pick her up. I asked Renata to wait for me in the consulting room.

When I went in, she was standing. She looked at me, scratching her left shoulder with insistence. I said to her:

'You don't look dead today.'

'Why?' she replied with detachment.

'Because I have never seen a corpse scratching itself.'

She smiled pathetically and said:

'My shoulder is itchy and I feel uneasy.'

'Are you cold?' I asked her, remembering her coldness during the first session and keeping in mind that at the end of our last session, I had felt that she was able to transmit to me some warmth. I became,

then, the formal container of her own warm feelings. Psychotic patients tend to be cold because they cannot contain warm feelings, which are perhaps too painful to experience. If they cannot keep their own warmth, they need a subsidiary body to act as a preserving, containing 'storage heater.'

She responded to my question about being cold:

'Perhaps less cold, but still cold.' And then she added, 'You know, I am still dead.'

'But what about the scratching?' I asked her

She answered:

'Perhaps I am trying to awaken a corpse in me.'

'Through scratching?'

She sat down opposite me. She relaxed for a moment but then immediately became stiff and tense. She gave me the impression of being pensive, but then at other moments she sat looking vacantly into the distance. She remained for some time in this immobile state. I thought that she was once again immersed in her dream world. After a long silence I noticed, looking at one of her fingers, that she was wearing a bandage. I asked her about it, being aware once again that I was going to wake her up from her personal dream world. She replied:

'I am absent-minded... Oh yes, the cut on my finger,' looking at her bandage. 'Yesterday I went to the kitchen to cut myself some bread but instead I cut my finger.' She looked at her finger and then let her hand fall. She paused and said:

'I am still isolated.'

'Cut off from life?' I suggested.

'Yes I am cut off, I am cut off from everything,' she said in a lonely sad voice.

I said to her that her illness could mean that she needed to be cut off from the rest of this world and probably from her own. While talking to her I felt that she was looking beyond to another space, another world. She wanted to run away from this present world from her own body and her own mental space. But where to go? Psychotic patients are experienced travellers of the mind[2]. They have a need to

[2]The term psychosis is relatively modern and was created in 1850 by Ernest von Feminbersbaben in Vienna. Etymologically, psychosis comes from the Greek word psykyhoem, which means to animate. I find that psychotic patients often abandon unconsciously their own unbearable body in order to inhabit other objects or body egos and to animate them. This is related with the Greek and Oriental myth of metamsykhosis. The prefix meta, connotes the idea of beyond; the psyche or the soul after death enters into another body.

escape from their own feelings mainly when they are in pain and feel persecuted. Sometimes I feel that they run away from any feelings – even pleasure, if it is too much for a fragile self. When the internal objects feel in danger, especially during an acute psychotic breakdown[3], they run away from the body ego, like panicking sailors escaping a sinking ship (Karl Jaspers's metaphor). Even though our conversations were in another language, I could not avoid translating at this point in my mind, this experience into English and equating a sinking ship with a 'thinking ship', i.e. the thoughts were sinking.

I could feel she was in an ambiguous state: it was unclear whether she was sleeping, daydreaming or awake, so I asked her about this. She replied:

'I don't usually dream.' After a pause she added: 'Oh wait, I just remembered some fragments of a dream'

'Can we look together at some of these fragments?'

'Yes' she said 'but they are just moments when I am struggling and arguing with somebody.'

'But, to argue means that you are alive!' And then I added 'What sort of arguments?'

'Well, I quarrel with my father, and at other times with my elder sister, I've always had problems with them both.'

After a pause she said:

'Some of the dreams have dogs in them.'

'Do they quarrel with you, or you with them?'

'Not at all' she replied 'I like them.' And as she said this, she looked at me and touched her nose in a rather affectionate manner. (The patient's reaction made me aware that my mind had anticipated aggressive feelings, which were not necessarily present, related to the word 'DOGS.')

'They have a good sense of smell, don't they?' I added, taking into account her non-verbal communication.

'Certainly' she said touching her nose again.

I was 'touched' by her words and playful gestures and said to her:

'Do you think that we can relate to each other like friendly dogs?'

I felt as though at this point that some 'lucid' (from the Latin ludere – to play) or playful aspect of her infantile Self was wakening up, which is an important sign of transference development.

[3]The psychotic is mentally in pieces during the acute crisis and he tries to run away from his own body – he tries to leave his his own sinkink ship, said Jaspers – and to enter other people's bodies, objects or things (projected identification) in order to be reborn again somewhere else (metempsychosis).

Herbert Rosenfeld says that when infantile transference comes to the fore in psychotic and delusional patients, it becomes easier to work with the psychotic part of the personality. Infantile transference requires an analyst who has not forgotten how to play and how to be in touch with his own infantile self.

To Renata, a dog was not only a good object or an idealized 'dog-god'[4] – a 'mirror' play on words suggested by Bion. A dog, for her, was also the infantile mask of a person who can play with her.

After a pause, Renata said: 'Dogs can communicate without words.'

'They're good at smelling; they feel.' I added, touching my nose. 'When they scratch a part of their body, they must feel something.'

'They can have lice.' she interjected.

'Something parasitic but alive in them?,' I asked, keeping in mind the scratching of her dead body at the beginning of the session.

'I feel alive at night' she said 'when I go to listen to music at discos.'

She paused and reflected:

'I used to like to paint and to draw. I used to draw quite a lot as a child.' she said nostalgically.

'Do you feel like telling me something through a drawing?'

I gave her a piece of paper and some coloured pencils. She chose only the dark-coloured ones. I had the impression that she wanted to express in her drawing something that she could not put into words.

She drew a tree, a lonely sad tree. When I asked her about it, she said:

'The tree is sad. It has neither leaves nor fruit. It is sad and lonely.'

'What about the roots?' I asked her.

'It is a well-rooted tree.' she answered.

Looking at the picture I had some doubts. It seems to me that this rigid, melancholic tree was not as well rooted as she believed. Rather, I had the impression that the tree was standing on a surface like a piece of furniture. It resembled a table or a chair in the shape of a tree with its legs 'standing on' the earth, rather than 'rooted in' the earth. I felt that she wanted to see herself rooted in life, alive and fruitful, feeling the living landscape.

Then she drew a moth which gave me the impression of being flat and mechanically designed.

A long, pregnant silence ensued, in which I felt that Renata was trying to think and to remember something. As there were two circular

[4]In Italian, a useful expression to defame or swear against God is *Dio cane* (God is a dog).

marks on the wings, I asked her what they were. She was able to associate to them:

'They are like two holes, perhaps two round wombs.' I found her expression of two round wombs rather strange but it made sense later on, as we will see.

She continued: 'One is an old, painful hole in my life. When I was around six or seven years old, I used to play with a boy of my own age. We got on very well together. He was like my little brother, like a twin brother. One day he left the village with his family and went far away. After that, I became very sad and withdrawn. In fact, it took me many years to overcome this painful loss.'

She continued to tell me about the time when her mother was pregnant with her and her father had wanted a boy. I thought that what Renata had lost at birth and then as a small child was her 'good' double, her masculine self. The description of the boy, who stood for her masculine side, was a picture of a lively and playful part of herself. Her painful mourning process, as Melanie Klein suggests, was not only due to the loss of an object, but also the loss of an object relation and therefore a precious part of her own ego.

When I asked her about the second hole in her life, she said that it had happened much later in life when she was twenty and was pregnant.

'I was mixed up. I wanted this child, perhaps a boy. But I felt frightened and unable to cope with the situation. Finally I had an abortion. My mother and sister knew about it but did not tell my father. They were too frightened to tell him.'

'And you feel cut off from life ever since?'

'Yes', she simply replied.

I saw her again a third time. She arrived very angry because her boyfriend had decided not to take her out to the disco but to go out with his male friends.

'I was crying the whole day; it was as though he took something away from me.' Then she spoke again about the abortion and associated to the good lively boy in her childhood who was taken away from her (aborted from her life).

I asked, out of curiosity, if she had seen this boy again. She was reluctant to answer, but after a while she told me that she had, in fact, seen him again when they were both twenty. This was an important event in her life, but unfortunately became a disappointing and painful one.

'He was not the same child whom I had kept alive in my mind. He

was cold with me and did not remember the happy times we played together.'

This was a tremendous shock to her. It was like losing him for the second time and forever. It was as if he aborted himself from her life and left inside her a big hole, a painful feeling of loss.

The image of the patient whom I was able to help called Basilio came as a vivid *interference-cum-association* into my mind. So therefore, in my mind, Basilio, whom I successfully treated and still continue to treat, could also stand for the lively boy-part of herself. I assumed, that in Renata's mind, her former friend personified the illusion of restoring or curing the degraded and disappointingly cold image of her idealized boy-part when she met him again. The illusion of restoring the playful boy-part of herself coincides, for me, with the family's romantic idealisation of my capacity to repair Renata. Helping Renata signified to me, in my countertransference, the realization of her personal myth of reuniting the lost male playful part, with her female, infantile part like in the Greek myth of the divine Androgynous[5]. Perhaps, in her romantic role of a sad, nostalgic moth wandering through the discos at night, she was searching for the idealized lost object and object relation. The wandering moth was also a wandering womb trying to find its place or the right 'locus' to give birth to or find again (rebirth) the beloved hero.

I experienced in the transference her fantasy of the reunion with her lost object relation when I became her little boy-dog playing with the little girl-dog part of herself. Playing together meant finding the lost link or building a new ludic link.

The problem was how to relate Renata's mind or her fantasies with my mind through an understanding of the 'double' transference exchange situation which was taking place between us and also inside my own mental apparatus.

Renata spoke again about her temper tantrum at home when her present boyfriend let her down. She then looked at me inquisitively and said:

'Were you expecting me to come?'

'Yes, I was waiting for you to come to my disco.' I replied.

And when I said disco I was thinking not only of her discotheque,

[5]Plato speaks about the idea of Androgynous in the Symposium as the ideal reconciliation of two parts or two beings, one of which is masculine (andros) and the other feminine (gyn), who long to be reunited with each other and to grow together again.

but of the way in which my mind was the right 'disc,' recording, and understanding at the same time, what was going on in her mind.

'It takes two to tango.' I thought to myself. However, to be the right couple, one needs to dance together for a long period of time and to feel the same rhythm. The psychoanalytic process takes time and understanding, as well as the knowledge of the optimal distance in each transference. When life is monotonous and sad, the musical background is melancholic – a slow, heavy rhythm becoming a repetitive record always playing the same monotonous, lethargic melody. 'Why did I lose my boyfriend, my little boyfriend, my lively 'Me'?' seems to be Renata's song as an echo in my mind.

Renata looked at the couch and asked me if she could lie down. 'Yes, indeed' I said.

She lay down and became stiff and silent. I was trying to listen and to understand her dense silence. I felt that at the very moment I was trying to listen to her, she was listening to somebody else. I communicated this thought to her and she responded by saying:

'Yes, in fact I am listening to somebody talking in my mind, somebody very critical and nasty. He always says "No" to everything that I think or do.'

I asked what sort of a person was this voice. She answered saying that it was a boy of her age.

I related this super-ego critical voice to her beloved friend, or her beloved child part, which she had lost. The fact that when she met him again later in life he was disappointingly cold and nasty had 'materialized' itself as an hallucinated voice in her mind. I knew that she was hungry for affection and jealous of her elder sister's relationship with her father. I could imagine that she projected these feelings into the voice, which in fact could not tolerate a new link with someone else – in this case with me as the analyst.

I then knew that to propose a formal analysis to her directly would be difficult at this point. However, she wanted analysis, but knew at the same time that the voice, in another part of herself, was saying 'No', hence her ambivalent or rather di-valent feelings (term utilised by Dr. E. Pichon-Rivière).

It seemed that she was herself thinking about this problem because she said:

'I would like to be cured like that boy whom you treated. At home, nobody understands me and nobody can help me. Do you think that I need to be hospitalized, like the other boy?'

I thought about her recovery, but I preferred to wait. I know that

psychotic patients in particular tend to test the analyst (as I suggested before) in order to know if the analyst's mind is the right container or the good 'hospital'. She also needed a psychoanalytic mental space where she could project or split off bad, stressful, persecuting feelings. She was trying to project not only persecuting or depressing feelings, but also good living aspects that she could not preserve within her own mind. Sometimes patients need to separate the good or bad aspects inside or outside themselves in order to prevent them from being contaminated. Inasmuch as Renata felt unable to preserve the good aspects of her personality, she needed a 'subsidiary' psychoanalytic body or a good hospital to keep them safe. The subsidiary body or maternal function needs to be completed by an organising, paternal subsidiary ego.[6]

During the next session, she again lay down on the couch and said:

'The voice is now accusing me for having had the abortion,' and then she added 'Oh I just remembered a dream that I had about two girlfriends, whom I lost when I was fourteen.'

'How did you lose them?' I asked.

'Well, they were cross with me, and gave me the cold shoulder.'

She paused and added: 'I know that I wasn't always very pleasant with them. I tended to be extremely possessive and stubborn. So they obviously wanted to get rid of me'.

'And the dream?'

'Well actually, I don't know if it is a real dream or if I was just sleepily thinking about it in bed.'

What the patient called a dream was in fact an oneiric vision of her thoughts, which had been dramatized in the transference.

Who were the two girlfriends who gave her the 'cold shoulder' during the session? One of the girls was the jealous or envious part of herself who was against the transference link, and whom she projected into the contradictory voice saying 'No'. The other was probably her own frightened self, her little scared girl-part apprehensive of this new experience. To become close to someone, me in this instance, could also entail the danger of being abandoned or being 'aborted' each time at the end of the session, or after a long separation such as the approaching Christmas vacation. In this case, it would be me who would be giving the 'cold shoulder.'

[6]One can also speak in terms of maternal and paternal reverie. Maternal reverie corresponds to Bion's (1962) description. But the notion of paternal reverie was suggested to me by Dr Flavio Nosé (personal communication) from Verona as an organizing and structuring paternal function in the transference.

In the fifth session she wanted to make another drawing. She drew three geometrical figures with a dark pencil: a pyramid, a cube and a hexahedron with a rectangular base. The three objects, or characters, were inside a three-walled room; there was no ceiling, and the room was open to the audience like a theatre stage. I could see them as three geometric, 'futuristic' actors, standing close together trying to relate, but not necessarily communicating amongst themselves. The curious thing was that the shadows were on the front surface of the geometric figures. It made me think about shadowy imaginary companions: in this case three people; the boy who abandoned her, and the two girls who gave her the cold shoulder. From the point of view of her mental space, they represented three internal objects or thoughts that are trying to connect with each other and are showing their sad, shadowy sides.

The open stage represented her mind opening towards me, but also her geometrical, rigid way of thinking. I communicated this to her and she replied:

'I am thinking at this moment about a pyramid in a desert. I am also thinking about camels and nomads in the desert. Sometimes I think I'd like to be alone there.'

'It's strange,' I said to her, 'the moment when you are supposed to open your mind to me, and to show what is going on inside your intimate stage, another part of you separates from the other two figures and becomes like a nomadic pyramid and part of another landscape. I can imagine the other two figures changing into camels carrying your heavy baggage.'

'I don't always like to relate to people.' she said, and went to lie down on the couch.

Sitting opposite me and showing me directly what was happening in her inner stage, was too risky. By lying down, she wanted to be more relaxed, but she also wanted to hide herself from my direct gaze. However, since she could no longer see me, she felt isolated and started to talk again about her feelings of loneliness.

She was dramatizing a split in her mind: on the one hand, wanting to open her stage and to communicate, and on the other wanting to escape into the desert: to desert me.

She became aware that in her deserting mood, her life was often dark and rigidly difficult. She told me several times that she tended to 'square up' and be stiff and stubborn and remain immobile like the geometrical figures in her drawing. It also meant to me that her internal objects or inner actors were often static; or perhaps on strike.

How to link or relate Renata's two images: the open geometric stage and the deserted one? I felt that Renata was facing a conflict between two states of mind: being e-motional or a-motional[7]. The static actors stood for a paralysing of affective motion; an a-motional state. When the actors, 'players' or internal objects come alive, they open and move and become 'moving,' then the infantile self, the playing part, is reborn. But were this to be the case, she would have to pay the price of feeling and suffering: the price of living. To enjoy life is not always permitted; it depends on the superego and the environmental circumstances. For a fragile, sensitive ego such as Renata's to experience feelings of pain, and perhaps joy, is much more than she can bear.

In fact, she is suffering from profound grief, part of an old painful hole and/or a disturbing mourning process. The two big holes or wounds in her life were related to two important object losses: her 'real-imaginary companion' from childhood (who also stood for the lively boy-part of herself) and the abortion at twenty, when she became 'formally' ill.

She became ill at twenty but her parents and sister described her as always having been very withdrawn and secretive. She used to be very attached to her father but at the same time frightened of him. She describes him as being attractive and violent at the same time. She remembered scenes as a little girl, when her father used to spank her and her mother remained immobile, unable to intervene. Apparently the mother was also frightened of and dependent on the father. This nightmare image remained in her mind. She confessed to always having been scared of her father and, as a result, of men in general. On the other hand, she was nostalgic about the playful, idealized boy-part of herself.

I saw her life as an Odyssey in which she tried to 'reunite' the female and the male parts of herself as an expression of her personal androgynous unconscious myth. I felt that my role consisted in helping her to travel through her nomadic quest, in opposition to her static and sometimes stubborn way of being. Hesitating between immobility and mobility, she had to deal with a double conception of life: on the one hand to avoid suffering and joy, to stop feeling, to be a-motional and apathetic, and on the other to return to life and to become emotionally alive again.

[7]The term 'a-motional' (without affective motion) is a neologism, which I created in earlier papers in order to differentiate from the term 'e-motional'.

Conclusion

I am still seeing Renata, and I find that sometimes her resistance and her immobility is stronger than her wish 'to move' inwardly and to experience feeling. From time to time, the hallucinated male voice emerges and tries to occupy her mental space, filling it with his resounding 'NO.' His systematic opposition does not leave enough space for her female part, who still says 'YES' to psychoanalytic help. She wants to understand what is going on her mind and to be helped, but she is afraid of suffering. Her old wounds (holes), which are now more sensitive, less dormant and therefore more painful, are more open to analysis. She is still afraid of being in touch with her old scars. She is afraid of her 'coagulated' mourning process which, should it be awakened, could become rivers of blood. Mental bleeding is an expression of threatening, uncontrollable affective motion, strong e-motions, and frenetic drives. When insensibility and anesthesia (feeling dead) are removed, sensitivity and pain are a difficult experience to bear; but of course they are inherent to the meaning of life.

During our most recent sessions, the playful, infantile aspect of the patient has come more to the fore. Through the infantile transference, the delusional aspects have become more and more accessible to analysis. Renata is, therefore, less blocked and able to experience, from time to time, moments of joy and to express some humour. There is therefore some life-sustaining hope able to react against the persecuting voice which prevents her from 'mobilising' her coagulated wounded feelings. This is the way that Renata's girl-part and boy-part try to relate and play together during the transference situation like 'old times.' When the idealized playful boy-part of herself turns into a deflated, disappointing object (the encounter with her childhood boyfriend), it becomes a persecuting, hallucinated figure – a criticising hallucinated voice trying to stop her analysis.

From mind to minds

The point I want to make concerning the mind of the psychoanalyst and the mind of the patient is that being able to play or to experience a playful transference was an essential component of our work. The analyst must be in touch with his own infantile self, the child within him; his child-part which has not forgotten how to play.

I would like to add a few words about my own analytic mind.

As I was imagining 'in front of me' Renata's desert existence, I kept in the 'back of my mind' the image of Basilio – our 'imaginary companion' and mediator. She came to me asking to find in her the lost, playful boy-part, the part she had loved and idealized in her childhood. The lost object of her childhood (into which she had projected a part of her ego) had changed and had become a persecuting figure after the painful reality-testing when she met him later in life, and he did not correspond to her expectations.

I understood during the sessions that Basilio, her 'imaginary twin,' was supposed to be the container of the boy-part of herself that she was trying to re-discover, repair and cure. This latter figure also represented in her mind the 'good boy' part, which played such an important role in the golden times of her childhood.

There was as it were an imaginary encounter in my mind between some of Renata's and Basilio's material, and I would like to recall a dream that Basilio related to me during the period I was seeing Renata.

Basilio's dream was as follows:

He was watching a television documentary film about China. It was a desert landscape with no vegetation or houses. As the film continued, he was able to see some empty castles in the landscape. The castles sometimes seemed to be empty or to consist simply of two-dimensional façades. He added afterwords the word 'geometrical' to the description of the castles and associated it with the neoplastic geometric painting that he had seen in my waiting room. As he continued watching the film, the nature of the landscape changed. Some vegetation appeared and he was able to see, in the distance, a group of inhabited houses with smoke coming out of the chimneys. All of a sudden, he was no longer a spectator of the TV film, but became part of the scenario. Thereupon everything became real, and he was alive in a living, real landscape. He was quite happy to be no longer emotionally blocked but alive, experiencing people, houses, and nature in their own reality. He continued walking and arrived at a marsh that had been transformed into fertile ground. He discovered some strange-looking frogs and tadpoles eating small mussels in a pond. In this fairytale atmosphere, Basilio was very happy and feeling very clever, he decided to eat the tadpoles who had eaten the mussels. He was very pleased with himself and playful in transmitting the fairy tale atmosphere.

In this dream, I found the word 'geometrical' and the lack of vegetation, which reminded me of Renata's geometric drawings and her flat, bi-dimensional tree without roots. I was perhaps comparing

in my own mental space two patients' minds, which were for me inter-related.

Basilio's dream was telling me something important concerning the progress of a psychotic patient in analysis. The dream is telling Basilio and me that he was becoming aware of his developmental transformations during the analysis. In the dream, he became aware of the passing of time and how the flat, rigid, geometrical internal object parts of his sterile landscape had changed through the analytic process into a living time appearing spatially as a fertile, playful, colourful picture.

The dramatization of Basilio's dream describes his progress, his positive transformations during the treatment. From a sterile and barren state, which is part of a desert-like illusion ('false, flat castles in the air'), everything becomes inhabited by his own feelings and playful internal objects in the real and joyful context of his own inner world.

I thought in the front of my mind looking at Renata's material and comparing it with Basilio's in the back of my mind (through an inner perspective) that if everything goes well in Renata's analysis, I will be able to help her as I did with Basilio.

In my mind I was connecting Renata (as a girl-part) with Basilio (as an idealized boy-part). In her mind, I felt that she was also trying to reunite this boy part (also personified by Basilio: remember that she was referred to me by Basilio's parents – so, though she did not know him, she knew of him) with her girl infantile part in order to recreate the golden age of her childhood. But conversely, it is important that I should not confuse my mind with Renata's and Basilio's minds. This is one of the problems in our work concerning counter-transference and transference. We must be careful not to mix up two histories, which seemingly have some common aspects and facts, but always remain singular.

It seems to me that the mourning process in Renata's mind was also introjected by me in my counter-transference. In my 'psychoanalytic ego', Basilio stood for an anticipatory or wishful desire for Renata's therapeutic future. All these pictures are part of my past-present memories concerning my patients and my personal experiences in life, in which my own childhood and infantile fairytale fantasies come together to complete my transference experience. I believe that we psychoanalysts do not react only as professional people to the patients in the classic sense of counter-transference, but sometimes also as 'experienced patients' (by that I mean to be in touch with our

own personal analysis and therefore with our own ego-patient part) and most importantly, in a wider sense, as persons. What is going on between the patient and me, the psychoanalyst, is a confrontation and exchange or 'inner transference' between two entities – the patient part of each of us and the analytic one (the intra-transference situation in its involvement with the inter-transference situation).

I must confess that at the start of any psychoanalytic experience, especially with psychotic patients, I have to accept and understand that most of the unconscious language will be for me and for the patient like an unknown foreign language, the 'Chinese' in Basilio's TV dream. For a period of time, we need to put up with the feeling of not understanding Chinese pictographic signs and 'sounds', until (as the psychoanalytic process develops) we can change Chinese into a more comprehensible language. It is at this point that we are better able to understand each other. Therefore, if all goes well, I will be able to understand and to help Renata, as I was able to do with Basilio and other patients.

All this implies that it is my responsibility to make use of my mental apparatus in order to understand those of others. In musical terms, our mental apparatus is like a delicate musical instrument, and therefore fragile, it needs care. In this case, we must conceive of our mind as a valuable instrument, which needs retuning from time to time. Our work during the transference requires us to recall our own training – and our own therapeutic experience as patients – and to be aware of the difficulty and responsibility entailed in helping people whose 'mental instruments' have become tuneless, discordant or broken.

Summary

As a psycho-analyst working for many years with psychotic patients, I try to transmit my experience of transference with respect not only to the mind of the patient but also to what is occurring spontaneously in my own mind.

The term counter-transference, as Freud pointed out, denotes the reaction of the psycho-analyst towards the patient's transference. Money-Kyrle (1956) speaks of normal and pathological counter-transference, a very useful concept. But what is normal counter-transference? Under what conditions can the mind be enriched or disturbed?

I study my own reactions towards a psychotic patient who is able

to observe intuitively (and therefore unconsciously) some of my attitudes in the transference situation. This patient was referred to me by the family of another patient who lived in the same area, and who had very much improved. During the psychoanalytic process certain aspects pertaining to this latter patient, and in particular a dream, came back into some 'areas' of my mind. This was not an interference or distraction on my part, but rather an association 'between minds' in my own inner landscape and led to a better understanding of the patient.

The counter-transference feeling was a 'syntonic musical experience' calling upon the different tones playing in the analytical mental space, with various melodies reverberating simultaneously. In order to communicate feelings or to give imaginary shape to the analyst's sensations, I need to make use of metaphors. Nietzsche himself used to say that words are not enough, and this is particularly true of psychotic patients. Besides, how else can we deal with associations which sometimes are confusing deviations but also may turn out to be enriching? Sometimes we should speak in terms of free *dis*-sociations in order to understand that there is indeed some meaning there. The psychotic mental apparatus is very vulnerable and sensitive, and also weak in confronting the reality principle. Herman Nunberg's concept of ego strength and ego weakness is relevant here, and leads to the notion of the plasticity of the ego. Nunberg's paper was very much appreciated by Enrique Pichon-Rivière, who was my mentor in Argentina before my analysis in London with Herbert Rosenfeld, and who introduced me to the world of the psychotic. Perhaps one of the preconditions for dealing with psychotic patients is the capacity to tolerate, with flexibility, 'distraction', some degree of confusion and intuitive sensations. The key is perhaps to put up with as much confusion as one can from the patient, and from one's own mind, and thereby go further towards a new constructive awareness as part of the adventure which is the psycho-analytical process.

References

Bion, W. (1962) 'A theory of thinking'. *Int J. Psychoanal*, 43: 306–10.

Klein, M. (1940) 'Mourning and its relation to manic-depressive states'. *The Writings of Melanie Klein* I; p. 344 (1975), London; The Hogarth Press

Money-Kyrle, R. (1956) 'Normal counter-transference and some of its deviations'. *Int J. Psychoanal*, 37

Nunberg, H. (1948) 'Ego strength and ego weakness'. *Practice and Theory of Psychoanalysis*, Vol 1, New York: Int Univ Press.

WASSILY KANDINSKY: GENIUS AND NARCISSISM

RUSHI LEDERMANN

Introduction

Some time ago I came across a book by the German writer, Gisela Kleine (1992). It is a profound study of the relationship between two great painters: Wassily Kandinsky and Gabriele Muenter. The author explores in depth the effect these two artists had on each other. This book inspired me to examine more thoroughly the psychology of Kandinsky, one of the greatest and most influential painters of our century.

With the help of my experience as an analyst I should like to fill in what I believe to be an important gap in the understanding of his personality and in particular to throw further light on his extremely problematical relationships with women.

Furthermore I should like to suggest ways in which his psychopathology influenced the development of his art in a fruitful way. It is not my intention, however, to offer an analysis or interpretation of his art.

Kandinsky's pictures are exhibited in many leading museums all over the world together with Franz Marc who was in 1911, the founder of the group called 'Der Blaue Reiter' (The Blue Rider) which comprised other notable painters and composers including Paul Klee, Jawlensky and Arnold Schoenberg, a group which had a lasting influence on the development of modern art in our century.

Biographical sketch

First I should like to give a brief biographical sketch of Kandinsky based on the many books which have been written about him, including Kandinsky's Autobiography called '*Looking Back*' (Reminiscences) (1913). I shall try to highlight the seeds of what I shall call his narcissistic disorder, which lie in the early years of his life.

Kandinsky was born in Moscow in 1866, the only child of a Russian nobleman, and a Moscovite woman of aristocratic origin. His parents belonged to the liberal upperclass. His father was a tea merchant.

Russia was then experiencing a period of high cultural achievement when great artists like Dostojewski, Tolstoy, Mussorgsky, etc. were active.

When Kandinsky was three years old he travelled to Italy with his parents. Later he recalled a black carriage in which he crossed a bridge in Florence with his mother and a long black boat with a black box in the middle in Venice where his mother left him at a children's nursery. He mentions in his autobiography that all of Italy is coloured by two black impressions, the black carriage and the black boat on the very black water. These black objects appear in many of his pictures over the years. One can discern them even in his almost entirely abstract paintings. He does not appear to have connected these experiences with a premonition which he seemed to have had at that time, the premonition that his mother was going to leave him. Kleine (1990) speculates that he may well have overheard talk about the splitting up of his parents. On both these occasions when seeing the blackness of the boat, the water and the carriage he screamed with unspeakable terror. The presence of his mother did not seem to calm him. He describes the black barque which is not anchored and only hangs on a thin black thread. I shall come back to this 'thin thread' and to his dread of the black colour when I discuss his psychopathology.

Judging from the family photographs reproduced in the various biographies, Kandinsky's mother was an aristocratic looking, beautiful woman but somewhat remote and unrelated to her little boy. (picture 1) On this picture of mother and child the little boy sits on the arm of the chair, not on mother's lap and his mother appears somewhat remote.

He spent the first few years of his life in Moscow. His father loved him, his only child, but it appears to have been more the relationship of an older to a younger brother, than that of a father to his son. As Kandinsky grew up, father and son discussed many issues together; but it seems that his father never asserted his authority over him or gave him paternal guidance as to his professional career.

In 1871 the family moved to Odessa. Shortly after this a catastrophe happened in the child's life. When Kandinsky was five years old, his mother, apparently without warning or preparing the child for this shock, one day walked out to live with another man. She eventually had four children by him. It is interesting that there is no mention of this momentous event in Kandinsky's Autobiography (1901) nor in other biographies I have come across except the book by Kleine

Mother and child, from Grohmann, Will p. 19 (1)

(1990). Only Roethel (1979) in his biographical sketch records the fact that in 1871 Kandinsky's parents were divorced. His mother was replaced by her stepsister who from now on brought up the child.

There is no mention anywhere of grieving or mourning by either Kandinsky's father or by the child. His mother's replacement by her step-sister is mentioned in a factual manner like replacing one member of the household staff by another. Understandably, Kandinsky hated Odessa ever since. No mention is made that the reason for this hate is that it was in Odessa where his mother left the family for good; where, at the height of his oedipal attachment to her, she left him for another man. From then onwards he was craving for continuous reassurance that he was loveable. Not surprisingly this traumatic event played an important part in the development of his narcissistic disorder and, in particular, was the cause for a great deal of instability in his future relationships with women.

He went to high school and then studied economics and law. In 1896, aged 30, he was offered a professorship at the University of Dorpat. This offer coincided with an event which, interestingly, seemed to have shaken him so profoundly that he gave up his academic work for good. The event was the discovery of the spontaneous disintegration of radio-active atoms which was, in fact, the starting point of enormous developments in science. Kandinsky wrote in his Autobiography (1901) many years later that he thought if the elements of which the world consists can disintegrate, then all science is built on a delusion and hence invalid. He stated that 'the disintegration of the atom equalled in my soul the disintegration of the whole world.' When I discuss his psychopathology I shall return to the decisive effect of this momentous event that changed the course of his whole life. He married Anna, a cousin, whose face had great similarity to that of his mother. Anna was gentle and devoted to him, attributes of an infancy mother for whom he presumably longed all his life. He decided to leave his academic career and Russia and become a painter. He persuaded his wife to go with him to Germany although she was very reluctant to leave Russia and was not in the least interested in art. He went to study painting in Munich which was at that time an important centre of art in Germany. He felt an affinity with Germany as his aunt, his mother's step-sister, who took his mother's place, was of Baltic origin and talked to him in German. He loved the German fairy-tales which she read to him, and felt that he had roots in Germany as well as in Russia. Already as a child he had been fascinated by the colours of the paints which he could squeeze out of tubes. They replaced playmates for him. He felt that he could control them like another child does his toy soldiers. These colours took on an anthropomorphic character: yellow; reliable and calming, green; permanence,

red; promise, etc. He observed their course of life from what he called their 'birth' when they leave the tube to their 'death' when they become dry and brittle.

He stated that in his youth he was, at times, very sad, that something was missing, for which he searched but never found. He called it the 'Lost Paradise'. There is no mention that in all probability it referred to the absence of his mother, (picture 2). This picture shows the sadness of the child with a forlorn look, bewildered about what has happened to him.

In Munich he became a student at the Azbe Art School and then studied under Stuck at the Munich Royal Academy. A year later he founded the Phalanx, an association of young artists, and was elected their teacher and president. He was happy to find young people with whom he could associate, as, interestingly, he had never had any playmates or companions in his childhood. Among his pupils was a young woman, Gabriele Muenter, eleven years his junior. He was fascinated by her and greatly admired her gift for drawing which he thought was superior to his.

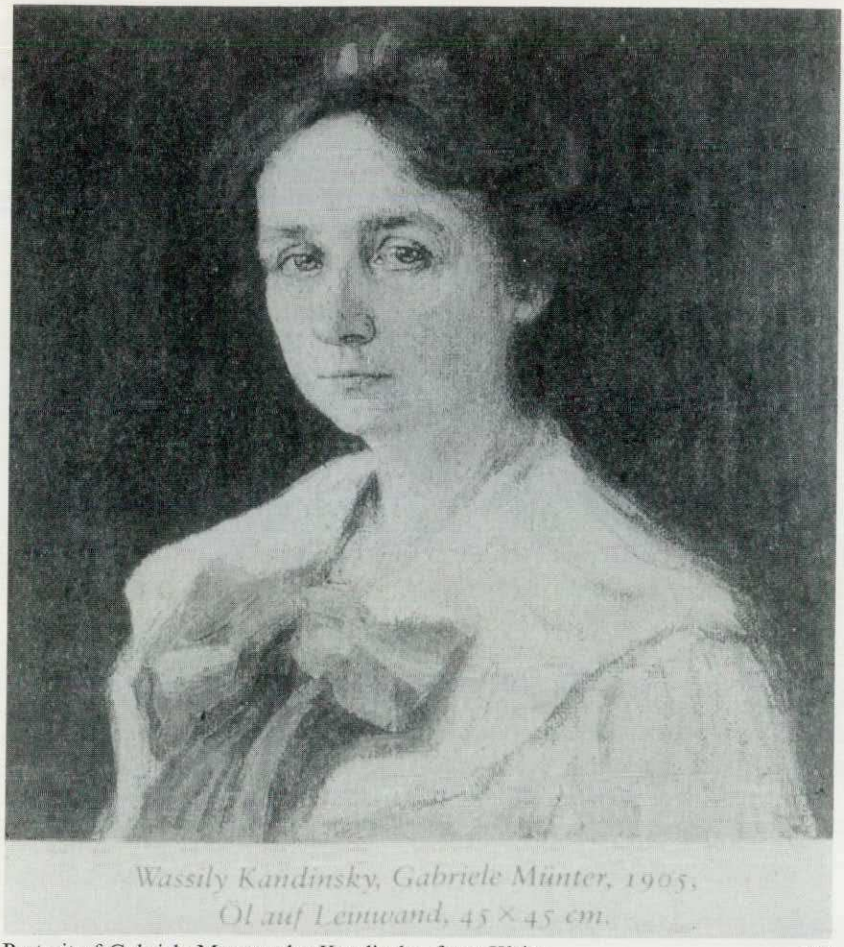
Her judgment of his work was enormously important to him. They fell passionately in love with each other and decided to spend their future life together. They entered into what they called a 'marriage of conscience', although he was still married to Anna. They exchanged engagement rings but, significantly, Kandinsky lost his. One night, when he noticed that his ring was not on his finger he broke out in a cold sweat. Picture 3 shows what Kandinsky looked like in the early years of his passionate relationship with Muenter. Picture 4 is a portrait of Muenter painted by Kandinsky at that time.

Although Kandinsky earnestly promised to marry Muenter, a promise which he repeated many times during the fifteen years of their life together, to Muenter's grief a legal marriage never took place. All their friends considered them to be husband and wife. Muenter insisted on Kandinsky divorcing his wife Anna which, after some hesitation, he did. From then on until the outbreak of the first world war they lived and travelled together all over Europe. In 1909 Muenter bought with her money a charming house in Murnau, a picturesque village in the Bavarian Alps. Kandinsky stated that he wanted to spend the rest of his life in this house at Muenter's side. The house still stands and is now a museum, the staircase and some pieces of furniture attractively painted by Kandinsky in the manner of Russian folk art.

The years that followed saw Kandinsky at the height of his artistic creativity. He founded an association called the new

Sad child, from Kleine p. 124 (2)

Kandinsky (photograph in my possession) (3)



Portrait of Gabriele Muenter by Kandinsky, from Kleine (4)

'Kuenstlervereinigung' (the new 'Association of Artists') and became their President. He met Klee, Arp, Macke and Franz Marc. As I mentioned, with the latter he founded the famous group called 'Der Blaue Reiter'.

This group had their first exhibition in Munich in 1912. In this year he also saw the publication of his celebrated treatise 'On the Spiritual in Art' (1901). During this time he painted what most people consider his most outstanding pictures, among them his world famous 'Improvisations', 'Impressions' and 'Compositions', blazing sym-

phonies of colour, which over the years established him as one of the most important artists of our century.

Picture 5 is Kandinsky's Improvisation 9, painted in 1910. It has a remarkable richness and intensity of colour. Kandinsky states that it depicts a Russian fairy-tale but not a particular one. The figure lying in the foreground is supposed to be a dead giant. The author is particularly related to this outstanding work of art. It was given to my father, an art historian and friend of Kandinsky, in 1912 in appreciation of his deep understanding of Kandinsky's work at a time when ridicule and scorn was poured on his art. In those days the Museum attendants in Munich had to wipe dry Kandinsky's pictures every night because the Munich art public spat on them. The picture remained in my family home until my father's death and is now in the Municipal Art Gallery in Stuttgart.

Kandinsky exhibited his pictures in Munich, Zurich and Berlin. He

Kandinsky, Improvisation 9, from The Moderns and their World (5)

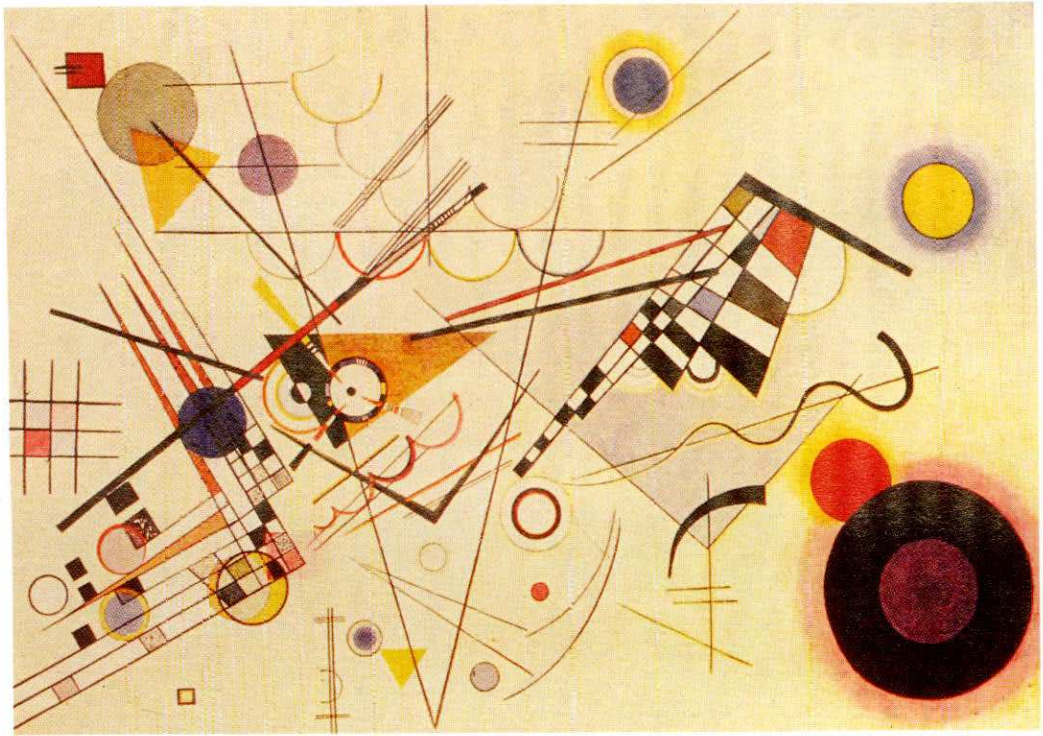
states in his autobiography that the years he lived with Muenter were his very best years and that he never again was able to work so much. In fact, after he left her, there was a fundamental change in his style of painting. His symphonies of colour gave way to cool constructivist paintings full of geometrical shapes. Nothing in them was any longer reminiscent of human form or nature. Picture 6 is an example of his new style of painting.

Only decades later did he revert to more dynamic paintings though nothing comparable to his work during his life with Muenter. During those years of Kandinsky's spectacular development Muenter, under his guidance and stimulation, also reached the height of her artistic work. She became and still is considered to be a reputable painter in her own right.

The years of 'marriage of conscience' came to an abrupt end when at the beginning of the first World War in 1914, Kandinsky had to leave Germany. He went to Switzerland to meet his mother and then to Russia. Muenter took it for granted that he would return to her at the end of the war. In 1915/16 they met for a few months in neutral Sweden. All the time he wrote passionate love letters to her. But Muenter sensed that Kandinsky was becoming more distant. Back in Russia he continued to write affectionate letters. Muenter had no idea that by then he had met Nina, a young girl, more than 30 years his junior, from a Russian aristocratic family. She was just finishing High school. Kandinsky was then 51 years of age.

Picture 7 shows Nina and Kandinsky in 1916. It would appear that he made Nina pregnant in February 1917 and subsequently married her. While he was still professing his love for Muenter in his letters he was, unbeknown to her, expecting a child by his new wife, Nina, in October 1917, eight months after their marriage. They had a boy who died at the age of three. He is buried in Moscow next to his mother's ancestors. This child and his death are not mentioned in Kandinsky's biography nor in that of his wife, nor to the best of my knowledge, in any other biography except by the Kandinsky scholar Vivian Endicott Barnett and in the book by Kleine (1992, p. 489). A few years ago Kleine went to Russia and photographed the child's big tombstone. Muenter was still under the impression that Kandinsky would eventually return to her but her hopes increasingly faded. She no longer received letters from him. She instigated a search procedure but no sign of life came and she feared that he was dead. It was a truly cruel way in which he treated her.

Kandinsky's friend Paul Klee wrote to his wife that Nina was a



Kandinsky, Composition VIII, 1923, Roethel

(6)

Kandinsky and Nina, Nina Kandinsky (7)

somewhat superficial butterfly with the emotional age of a child, full of inconsequential chatter, vain and coquetish. It would appear from her little book called '*Kandinsky and I*' (1987) that she adored him, idolized him and looked after him in a somewhat subservient way. They never had a day without each other and perhaps she became the nearest to an infancy mother he could ever find. But they had very little in common. She adored his paintings but they did not know each other as persons in the true meaning of the word. It would appear that she had no idea of what went on in his inner life. She did not know about the tremendous storms during the years of his relationship with Muenter. She plays it down as an unimportant phase in his life. Neither did she know why, at times, he was very depressed.

Kandinsky never confided in her and was withdrawn. At meal time, even when they had a guest, he frequently read a book. During the first three years of his marriage to Nina, Kandinsky held important Government posts in Fine Arts and Public Education in Moscow. He founded a Museum for Pictorial Culture and organised twenty two provincial museums and in 1920 he was appointed Professor at the University of Moscow. In 1921 he founded the Academy of Arts. In that year he finally returned to Germany (Berlin) with his wife Nina. He never again set foot in Munich nor did he ever see again his beloved country house in Murnau. He wrote to Muenter and his letters to her were now written in a distant, cold manner addressing her formally as 'Sie', the German equivalent of the French 'vous'. He demanded that she send him his belongings including the many important paintings which he had left in their country house. Muenter was fuming with rage against him and full of recriminations about his breach of promise. Finally, she agreed to send his underwear but took her revenge by refusing to send him his pictures. Only many years later she somewhat relented and sent him some of his work. She managed to keep his pictures hidden in her cellar in Murnau throughout the entire Nazi time when her house was searched. Thus she saved some of his most important paintings for posterity whereas fifty seven of his pictures in German Museums had by then been confiscated, and many of them destroyed by the Nazis as 'degenerate art'. After Kandinsky's death in 1944 Muenter bequeathed Kandinsky's pictures together with her own to a Municipal Gallery in Munich, the Lenbach Haus, where they are now on permanent exhibition.

In 1922 Kandinsky was invited to join the Bauhaus Faculty in Weimar and subsequently he moved with them to Dessau, and later

to Berlin. During the following years he had many important exhibitions, among them a first one-man show in Paris.

In 1933, when the Nazis came to power, the Bauhaus was closed by the Nazi government and Kandinsky and his wife moved to Neuilly near Paris. There he lived until his death in 1944. Many years later his widow was murdered in her Chalet in a Swiss holiday resort. This was not on account of her possession of her late husband's valuable paintings but to steal her priceless jewellery which she had acquired over the years by selling her late husband's paintings.

Narcissistic personality disorder

Now I come to the main part of my paper. It is with the help of analytical psychology and my experience with patients who suffer from severe narcissistic personality disorder that I think I can throw some light on Kandinsky's personality. Above all I hope, as I said, to make some sense of the tremendous difficulties he had in his relationships with people, particularly with women. To the best of my knowledge no biographer has as yet given a satisfactory explanation of the intense suffering Kandinsky himself experienced and inflicted on Muenter in the years they were together, nor has it been explained why he betrayed her and his wife Anna, in such an abysmal way. At the same time these years of passion and betrayal were also the years of the height of his creative work.

It would appear that no satisfactory explanation has been given anywhere as to why he broke his solemn promise of marriage to Muenter which caused him agonies of guilt and contrition and plunged her into a deep depression for the rest of her life. In those days living as a couple without being married was deeply disapproved of, particularly in a village like Murnau. The villagers called their house the 'whore-house'. It is my contention that the tragic events in Kandinsky's life can be explained by understanding that he suffered from a narcissistic personality disorder with psychotic borderline features. As a Jungian analyst I have studied this disorder over the years in my clinical work. (Ledermann, 1979, 1981, 1982, 1986).

Here is a brief outline of my view of this disorder based on Fordham's theories and model of the psyche; I speculated that at the root of this disorder lies a catastrophically bad fit between the baby and his mother coupled with the lack of adequate support from a father. This leads to a spontaneous defence springing up from the

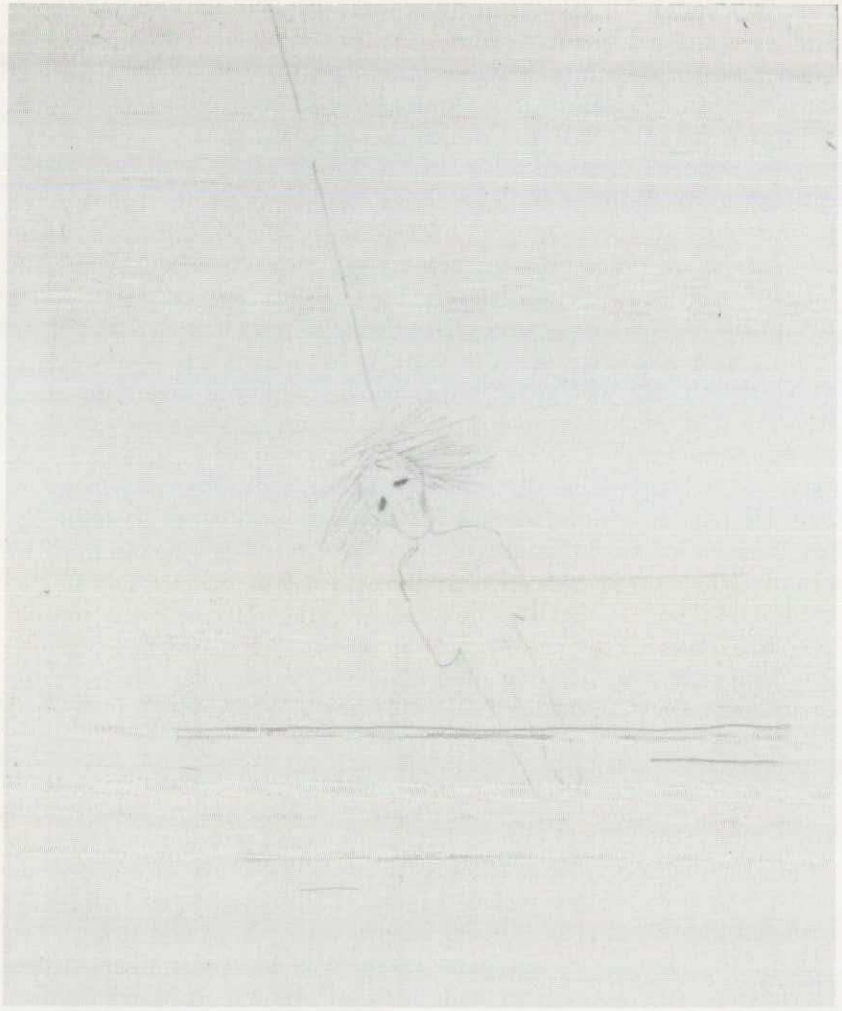
baby's original self which Fordham (1974) calls the 'defence of the self'. I should, however, point out that Fordham himself did not contribute to the study of narcissistic disorder. Since then there has been substantial research into narcissistic disorder, notably by Nathan Schwartz-Salant (1982) and Mario Jacoby (1990).

This defence of the self discovered by Fordham saves the baby from disintegrating and becoming psychotic. It is a powerful, primitive and total defence. It comes into action before the baby has formed an ego which later on takes over the healthy function of defence. This cuts him off from developing a relationship with his mother. A baby with this primitive defence of the self, surrounds himself with a protective 'wall' which will keep his mother and subsequently everybody else at arm's length. He will grow into a person who will create an abyss between himself and people in his surroundings. Moreover, so as to preserve the integrity of his self, he will make violent attempts to 'do away' with his mother whom he experiences as useless and therefore bad. He will, as it were, abolish her in his inner life; or, alternatively, he forms a distorted image of her, in a positive (idealisation) or negative manner. It often leaves him with the experience that he has annihilated her. A healthy love/hate relationship with his mother becomes replaced by a tendency to control. He becomes what is frequently described as the do-it-yourself-mother. This leads to the experience of feeling deserted and of feeling omnipotent and impotent in alternation.

In the analytic situation such patients keep a hostile distance from the analyst and it takes years of arduous analytic work to bridge the abyss which the patient creates between himself and the analyst.

Not having been able to feel rooted in their mother such people do not feel anchored. One patient expressed this in picture 8 where he depicted himself as a 'dead thing suspended by a broken string'. The 'dead thing' has no sense organs: no mouth, no eyes, no ears. It has no hands or feet to connect with anybody. Its hair is like dry straw, a truly gruesome creature.

Such patients frequently express this terrifying experience of not being anchored by imagining that they are in a ship that can never drop anchor in the harbour or in a space ship which circles in space forever unable to land on earth. I found with such patients that their imagined annihilation of the mother leaves them with the experience of a large threatening area of blackness in their inner world or a black hole which threatens to swallow them up. On picture 9 this patient painted himself as sitting at the edge of such a hole holding on for



'Dead Thing', Drawing from my clinical practice (8)

dear life not to be swallowed up by it. His evil mother is depicted as an archetypal witch presiding over him. (As I said I shall come back to the significance of black for Kandinsky which I have mentioned in connection with his childhood experiences in Italy.)

Furthermore I found that such people are tormented by irrational guilt feelings because they feel that they have annihilated their mother. In the case of a man he will find it difficult to feel truly close to a

'Black Hole', Drawing from my clinical practice (9)

woman, to trust women and, at the same time he is tormented by his extreme neediness of being wanted by a woman. This frequently leads to entering into numerous short-lived sexual affairs.

Contrary to the usual (O.E.D.) meaning given to the term narcissism as self-love, psychoanalysts of various Schools use the term narcissism for the inability to love others and oneself. This is based on Ovid's rendering of the Narcissus myth, in which we are told that Narcissus

spurned the love of the nymph Echo and after this, spent the rest of his life alone, gazing at his image in the water until he eventually faded away and became a flower. Hence analysts have chosen the term narcissism for the inability to love and to relate to other people. Like Narcissus in the myth, a narcissistic person is wrapped up in himself, self-absorbed and isolated.

I found in my clinical work that narcissistic patients frequently feel flooded by cosmic hate of an impersonal archetypal nature. They cannot form truly personal relationships and people close to them become experienced as possessing archetypal rather than personal attributes. Furthermore such narcissistic people manifest chronic doubt about their personal value; this is coupled with ruthlessness towards others. Grandiose fantasies about themselves go along with feelings of personal unworthiness.

Picture 10 was taken in 1901, the year Kandinsky was co-founder of the artist's Association Phalanx. He is posing as a knight with a conceited expression on his face. In his left hand he holds a magnificent sword, in his right hand a big cigar which could be seen as a phallic symbol emphasising his masculinity.

Another picture expressing his ideas of grandiosity was taken in 1927 when he was together with Klee on the staff of the Bauhaus in Weimar. The two men are posing as Goethe and Schiller, imitating the famous sculpture of the two great men by Rietschel in Weimar.

Narcissistic people feel lonely and isolated. They do not want to reveal themselves. One of my patients for many weeks used literally to hide behind an armchair in the consulting room so that I should not see him.

Because narcissistic people cannot interact with their mother they lack a healthy body-based ego which normally develops in the first year of life on account of latching on to the mother and interacting with her. Instead of it they construct with their head a kind of pseudo-ego which helps them to make a superficial adjustment to the world. But they frequently have a terror of corporality. The pseudo-ego, not unlike a false self, helps them to make a smooth social adaptation and to manipulate people for their own purpose. Feeling that they have not had a real mother they tend to burst into mindless rages as their unconscious quest for a mother is never fulfilled.

Kandinsky's psychology

I should now like to show how Kandinsky manifested many of these typical features of narcissistic disorder.

55. Kandinsky posing with a sword
(photograph c. 1901)

Kandinsky posing with a sword, 1901. Roethel (10)

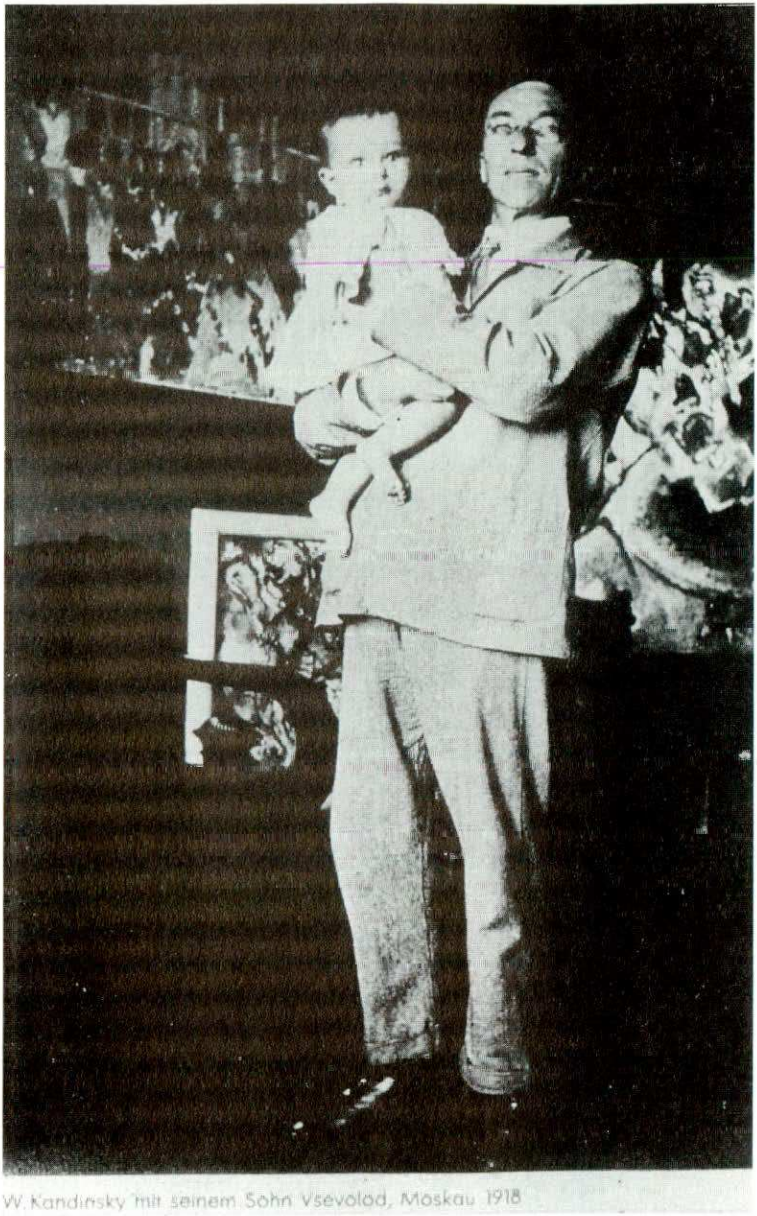
From the way his personality developed we must assume that he had a very unsatisfactory infancy mother. She does not seem to have been a person to whom he could truly relate in his infancy. We have seen the photograph of his mother holding him well away from her body and a photograph of him as a six year old boy where his eyes have a bewildered searching expression as if to say 'where is my

mother?' Also, as I mentioned, his father was more an older brother than a father to him.

We also know that, like narcissistic people who have not formed a healthy body ego, he hated corporality. He was repulsed by the models which he had to draw in Stuck's Academy. He said 'I felt like a monkey caught in a net'. He hardly ever painted people. The few he painted usually were archetypal mythological figures. He never painted a self-portrait and his art became abstract very early on in his career. He showed the narcissistic person's experience of not feeling anchored. He described the terrifying black barque of his childhood which I have mentioned, attached to the shore with only a thin thread. 'Poor, pathetic little, little thread' he wrote, meaning, no doubt the poor inner child who felt adrift, not anchored to his mother. (See picture 8, the 'dead thing', suspended on a broken string.)

He very frequently painted castles in his early days of object representation, before his paintings became abstract. The castles were surrounded by a moat but often there is no bridge over the moat. This seems to convey his feeling of isolation, grandiosity and unassailability. He said 'I am lonely and must remain lonely. I make everybody who loves me unhappy'. It would appear that he blamed himself for his mother's leaving him. As I said, narcissistically damaged people are not only unable to love in the true sense. They can only fall in love and they are also cut off from their personal hate.

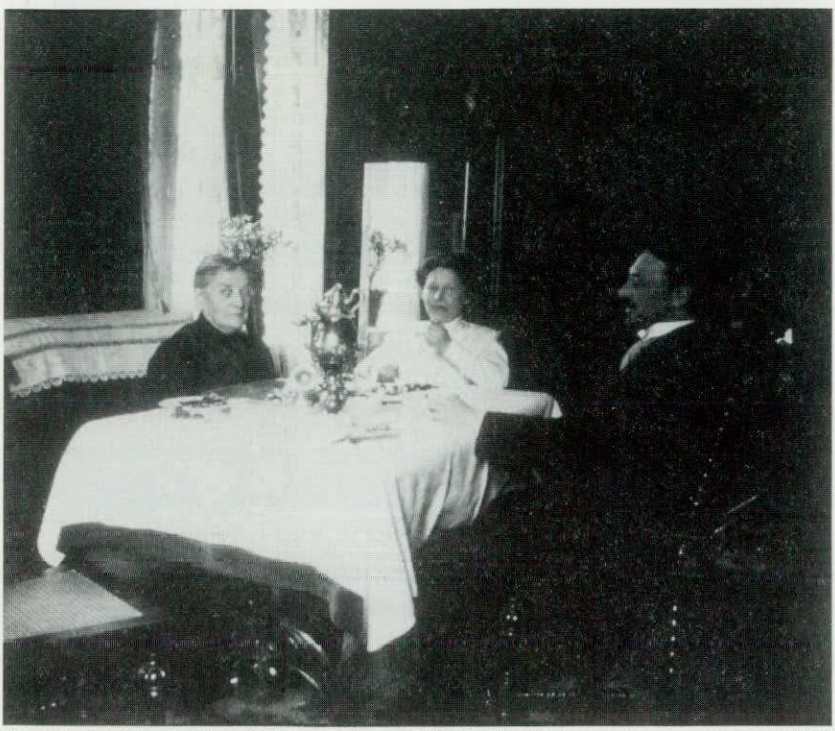
As one would expect in the case of narcissistic damage, some of Kandinsky's biographers noted, without giving an explanation, that he surrounded himself with a wall from early childhood onwards and fenced himself off from everybody in his surroundings including his family. He made no friends as a child and all his life his body posture was stiff and cramped. At art school he was disliked and even mocked because he appeared unapproachable, a loner; silent, introvert, ambitious and somewhat magisterial. He always leaned back, away from people. This posture is strikingly visible in the photograph, picture 11, where he holds his little boy, far away from his body. His biographer Grohmann observed that there is a strong autistic component in his art. Attributes people used about him were aloofness, reserve, standoffishness. He functioned smoothly socially and made friends but made no relationships of any depth. Marc, supposedly his friend and a close collaborator found Kandinsky difficult to relate to. Grohmann, the author of his big biography was supposed to be his friend but he commented in his book that Kandinsky 'fenced himself



Kandinsky with his son, 1918; Kleine (11)

off from the environment, even from his own family on his visits to Moscow.'

As a grown-up he frequently visited his mother who lived for a time in Switzerland. Against the advice of his doctor who mistook Kandinsky's nervous heart symptoms for heart disease, he, together with Muenter, one day undertook a manic bicyle trip over the Alps to visit his mother. When he got there he felt cold and distant and completely unrelated to her. He states that he felt plunged into melancholy and that the meeting was beset with quarrels. Picture 12 shows him with his mother and first wife. The same happened in relation to Muenter. When he was away from her he yearned for her and when he was with her his feelings froze. I mentioned that in narcissistic persons grandiose ideas exist side by side with feelings of worthlessness. Kandinsky wrote in 1904: 'if destiny will grant me enough time I shall discover a new international language which will endure forever and which will continuously enrich itself. And it will not be called



Kandinsky at the table with his mother and first wife, Kleine (12)

Esperanto. Its name will be painting, an old word that has been misused. It should have been called counterfeit (forgery); up till now it has consisted of imitating. Colour was seldom used for a composition or, if so it was used unconsciously'. These are conceited words, but they also indicate that he perceived that he had a divine spark. As a person however, he felt worthless and unlovable. He said 'I bring only suffering to those I love.'

As I said, the disintegration of the atom seems to have made him re-experience unconsciously the dissolution of his inner world and made him give up academic work. Like all narcissistically damaged people he could fall in love but was unable to love in the true sense of the word. He himself spoke about his 'ocean of egoism so big that he could drown in it'. He replaced loving by controlling. He himself says that already as a child he had a tyrannical nature and made people do what he wanted them to do.

Hence painting was for Kandinsky not only a tremendous healing discharge of pent up feelings which he could not express towards other people from whom he had walled himself off. It also stood in the service of his need to control, an act of controlling the canvas. I mentioned how, as a child, he felt already a powerful ruler in the realm of colour tubes. Now, as an adult painter he described painting as an aggressive phallic act of submitting the canvas to his attacks. To rape and overpower the canvas was erotically exciting to him. He says: 'first the canvas stands like a pure virgin and then comes the wistful brush which conquers it with the whole energy it possesses.' He compared himself to a European colonist who penetrates into nature, the wild virgin which has not been touched by anybody and submits her to his desires. He also compared the conquest with his brush to tearing the bridal veil, no doubt synonymous with the tearing of a virgin's hymen. One could speculate that, unconsciously, an important factor in this attack on the canvas was the fantasy of raping his mother who had deserted him and for whom he had strong oedipal and destructive impulses.

As I have mentioned, he desperately needed women who renounced their own needs, were devoted to him and adored him. Kandinsky's first wife Anna seemed to satisfy this need. Also she had a marked physical likeness to his mother. She was his mother's cousin but after some years of life together, he became bored with her as she was not interested in art and, of course, he was not able to commit himself and truly love her.

Then Muenter took her place. He fell madly in love with her. It

would appear that Muenter, in the early years of their life together, took on for him the significance of the idealised infancy mother he never had. Like an insecure baby, he desperately wanted to merge with her, be inside her. This may also have been a defence against his destructive impulses towards her.

When he was away from her, her letters took on the meaning of a transitional object, like a teddy bear for a child, Kandinsky carried them in his pocket to hear them rustle. This calmed his terrors of separation. When she was away and he found the letter box empty he describes how his breathing stopped and his blood curdled. In hypnagogic images before falling asleep he saw a sinister picture of a woman in a crinoline skirt. His mother wore such a skirt when he was little. This was followed by nightmarish dreams. He did not seem to connect this with his trauma of losing his mother.

He suffered intense separation anxiety when Muenter moved to Paris while he lived in Sevres. He lay on the floor and howled all night. He wrote exalted letters to her full of idealisations: 'I adore you, I kiss your feet, only through you can I create great things, you are my saviour.' But, as I said, when he returned to her his feelings froze and he was distant and even cruel to her. This made him feel tormented by self-disgust.

One day Kandinsky was to meet Muenter at the railway station in Kallmuenz, the place where they intended to seal their marriage bond officially and where the first intimacy took place. When Muenter did not turn up he feared that he had lost her for good. He felt extreme despair. It would appear that, unbeknown to himself, he relived in an agonising way the disappearance of his mother which, it seems, he could not let himself feel about when he was five years old.

He thought that Muenter had rejected him, that she got engaged to somebody else. He sat paralysed on the platform, 'his thinking and feeling hollowed out by feeling powerless'. Then giddy with happiness he found a letter from her at the Post Office which explained that she would arrive later. When they finally met their being together was loaded with tension. He said 'ghosts of the past appear. I cannot tell you how much I suffer, stupid, stupid, childish, senseless.' He thought that she loved him very little and, as if with a premonition of the future, asked her never to love him more. 'It is better, better for you- I am lonely and must remain lonely, lonely joy, lonely grief, lonely deep unexpected feelings. Solemn and infinitely sad thoughts arise in me and then disappear without communicating them to anybody. I must remain like this until death.' At that time he also said: 'God

knows - I don't know - why I am suddenly consumed by deep sadness. 'It would appear that he did in no way connect these terrible experiences with the loss of his mother. Then a heroic feeling pulled him out of this sadness as it presumably did after the loss of his mother. He said 'the great and solemn stands unchanged in front of me. I would like to say I am sadly happy.' After many years of being utterly devoted to him Muenter became more and more a person in her own right and pursued her own development. Also she became increasingly reproachful that he had not yet kept his promise of marriage. This seems to have been unbearable for Kandinsky and I speculate that Muenter's demand for Kandinsky's commitment contributed to his break-up of their relationship. His betrayal of her could also be seen as acting out with her what his mother had done to him; a kind of retaliation. It is interesting that Muenter was the only woman who sensed that underneath Kandinsky's smooth surface, his false self, there was secret despair in him. She discovered in him the 'poor nervous impractical rabbit' and that under the mask of the superior teacher was the poor trembling man. He told Muenter that since childhood he had suffered from a constant inner trembling. He was terrified of every night as he had such frightening dreams. Moreover he experienced terrible rages every night which made him roll on the floor 'like a mad fellow', as he put it, 'pull his hair out, howl and scream'.

This points to the borderline psychotic nature of his psychopathology. Other borderline features manifested themselves in his grandiose ideas which I have mentioned. Also the poems he wrote have a somewhat psychotic flavour. Kandinsky stated that he regretted 'having come down from his lonely tower as human relationships are a repulsive heavy burden.' He told Muenter that he did not want to reveal anything of his feelings in his pictures. He wanted to remain a mystery and express the mysterious by mystery. He said that he hates it when people know what he feels. Finally, after the break up with Muenter, it would appear that his infantile needs were being met to a considerable extent by his second wife Nina. She was Russian and beautiful like his mother, and not far from the age his mother was when she left him.

She circled round him like the moon round the sun, pampered him and adored him. She never had a day away from him. But, as I said in the biographical section, she had no access to his inner world and what was going on inside him. As he was not able to relate to his mother as a person she took on archetypal dimensions and attributes

in his inner world. Moscow became the representation of the idealised mother. He called his mother the 'white stone gold-crowned Mother Moscow in human guise.' Moscow was also for him the seat of Eastern orthodox religion with all its saints which played such an important part in many of his paintings.

For Kandinsky Moscow was mother's city and he stated that he really never painted anything else but Moscow. 'Moscow is my tuning fork: the gold heads (copulas) and white stones of Mother Moscow.' Even when he painted the village church in Murnau it had a Russian copula on top of its Bavarian baroque tower. A medieaval German town which he painted also had the copulas of Moscow.

It is interesting and seems deeply meaningful that he frequently painted the sunset in Moscow, his mother's town in which she was no longer. He said 'the sun melts the whole of Moscow into one patch which, like a mad tuba, makes the whole soul vibrate.' In his treatise 'On the Spiritual in Art' he says 'a red sky suggests to us sunset of fire, splendour or menace. Like the final climax of a giant orchestra Moscow (in the sunset) resounds victoriously. (Fortissimo).' Did Kandinsky unconsciously experience that the loss of his mother led from menace to an internal victory in him?

Not surprisingly as his mother had left him, he could not believe that he was lovable. You will recall that many narcissistic people insatiably seek proof of being lovable by having numerous affairs.

I have mentioned Kandinsky's horror of black and I have described my narcissistic patients' terror of black. I recall Kandinsky's intense distress when, as a child of three he saw the black coach and the black gondula of Florence. Black was for Kandinsky the annihilating principle. I quote from his book 'Concerning the Spiritual in Art': 'The ground note of black is a silence with no possibilities. Black is something burnt out, like the ashes of a funeral pyre, something motionless like a corpse. The silence of black is the silence of death'. As a child black had already for him the character of loss and grief. He describes how, after his mother had left, he painted a white horse with his aunt. The hooves still needed painting when his aunt went out. She did not return when he expected her. He felt despair and covered the hooves of the horse with thick black paint which then frightened him. He said: 'such a misfortune of a child throws a long, long shadow on many future years of life.' Later on, as a mature painter he often painted big black patches in his pictures.

Finally I would like to refer to his picture 'Lady in Moscow' (picture 13). It is full of biographical clues. There is a woman in a protective

Kandinsky: Lady in Moscow. Kleine (13)

mandala. He tells Muenter in a letter that this woman gave birth to a little girl who looked exactly like him but her husband accepted the child because the couple was childless. He obviously had had a love affair with this woman, as he had with numerous others. Then there are the horrifying objects of his childhood: the black coach and the hounds from hell. And on top a big black patch threatens to eclipse the sun. Kandinsky said that he needed colours to keep the terrifying blackness at bay.

I hope that I have able to show how, on the one hand, Kandinsky's personal life was blighted by his narcissistic disorder. On the other hand, the tension created by deep passionate feelings which he could not transform into real person to person feelings, may well have played an important part in his creation of immortal art.

Kandinsky's apparently enigmatic character has been observed and

pondered over by many of his contemporaries and by his biographers. Roethel (1979) states that the outstanding feature of his character appears to have been his secretiveness both in his capacity as a creative artist and as an individual: 'Kandinsky drew attention to his inborn tendency to conceal his feelings and, consequently, the essence of the supernatural or metaphysical messages in his paintings . . . . One also must accept his personality as an enigma for which there is no easy explanation.'

However, I trust that by using my understanding of narcissistic disorder I have contributed to throwing light on the hitherto unresolved enigma of Kandinsky's personality and his fundamental change of style in his artistic expression after his break with Muenter.

Summary

Based on my analytic work with patients suffering from narcissistic personality disorder I have attempted to throw light on the personality of Kandinsky, which has hitherto been an enigma to his biographers and to the world at large.

References

Fordham, M. (1974) 'The defences of the self'. In *Journal of Analytical Psychology*, 19:2, 192–199.

Grohmann, Will (1960) *Wassily Kandinsky Life and Work.* New York: Harry M. Abrams Inc.

Jacoby, M. (1990) *Individuation and Narcissism.* London: Routledge.

Kandinsky, Nina, (1987) *Kandinsky und Ich.* Munich: Knaur.

Kandinsky, W., *Complete Writings on Art* (1901–1921), ed. D. Kenneth, C. Lindsay and Peter Vergo. London: Faber and Faber.

Kleine, Gisela (1990) *Gabriele Muenter and Wassily Kandinsky.* Frankfurt a. Main: Insel Verlag

Ledermann, R. (1979) 'The infantile roots of narcissistic disorder'. *Journal of Analytical Psychology* 24: 2

Ledermann, R. (1981) 'The robot personality in narcissistic disorder'. *Journal of Analytical Psychology* 26: 4

Ledermann, R. (1982) 'Narcissistic disorder and its treatment'. *Journal of Analytical Psychology* 27: 4

Ledermann, R. (1986) 'Pathological sexuality and paucity of symbolization'. *Journal of Analytical Psychology* 31 (1)

Roethel, H.K. (1979) *Kandinsky.* London: Phaidon

Schwartz-Salant, N. (1982) *Narcissism and Character Transformation.* Toronto: Inner City Books

CHRONOS AND KAIROS: TWO DIMENSIONS OF TIME IN THE PSYCHOTHERAPEUTIC PROCESS

YVETTE WIENER

Introduction

> Then the Scholar said:-
> 'I cannot imagine Senor Don Quixote, how your worship in the short space of time you have been there below, could see so many things and talk so much'.
> 'How long is it since I went down?' quoth Don Quixote.
> 'A little above an hour' answered Sancho.
> 'That cannot be' replied Don Quixote, 'for night came upon me there and then it grew day, and then night came again and day again, three times successively, so that by my account I must have been three days in those parts, so remote and hidden from our sight.' (p. 688)

That short exchange between Don Quixote as he emerges from the 'deep cave of Montesinos' and his servant Sancho reminds me of a little anecdote one of our tutors told us in my first training: A five year old boy has quarrelled with his parents and decides to leave. He puts a few familiar toys in a plastic bag and walks out of the front door, down the steps which lead into the garden, and then stops. The parents, being enlightened parents, do not interfere and watch anxiously through the window. The child remains immobile for a good five minutes, looking thoughtful, then he picks up his bag which he had dropped, turns round and re-enters the living room. Again the parents do not react, but the child looking at the family cat sleeping on the floor says: 'I see, you still have that old cat!'

Of course he was saving face, but I have also wondered how many battles he had fought, how many damsels in distress he had rescued in those few minutes, and what fears eventually brought him back? He, like Don Quixote, had experienced the maverick time keeping of the unconscious.

This dichotomy is familiar to us: like Sancho Panza, we keep an eye on the clock, but within the rigorous discipline of the fifty minute session, we experience time in a very fluid way: it expands, it retracts, we move forward and backward within it, and, often, we stand still, we seem suspended in timelessness or enclosed in the moment.

The paradox of Time has preoccupied philosophers and thinkers since Antiquity, from Aristotle's Fluid Time versus Constant Time,

Plato's timelessness of the Forms as opposed to the becoming of perceived objects, St Augustine's perplexities in the Confessions, Heidegger's Time and Being, Bergson's Moment and Duration, Bachelard and the Dialectic of Duration.

In 'A Note Upon the Mystic Writing Pad,' Freud (1923) addresses the problem of constancy and change and presents a hypothetical structure of the perceptual apparatus of the mind which combines two separate but inter-related systems, one, an ever ready receptive surface of unlimited capacity for the registration of successive impressions, the other, a repository of permanent traces.

Lola Paulsen (1967) in her paper: 'The unimaginable touch of time' makes the distinction between ego time, both in the way it was experienced by the infant and is now acted out by the patient (wasting it, stealing it), and archetypal time which she calls free time and links to the devouring mother.

When I reflect on our experience of time in our clinical work, two dialectical aspects strike me: One is that time is, on the one hand, the culture, the dimension in which the work takes place; on the other, it is also its achievement, its fulfilment, in as much as we succeed in reconciling our patients with its irreversible fluidity, and its cargo of losses, and help them to emerge from their unconscious timeless world to take responsibility for their own history. The second is that the process involves our moving along two different and perpendicular axes: one is horizontal, linear as in 'the arrow of time', the 'thread of time' – aiming or weaving. The other is vertical, like the dropping of a plumb line to fathom the depths. It may feel like falling through a hole like Alice, or opening a door into another world like the Magic Wardrobe in C. S. Lewis's Narnia, but it always carries the numinous quality of a privileged moment, a 'moment of being' in Virginia Woolf's words, apparently unconnected to the linear, historical time, but overwhelming, precious, seminal and, I believe, often mutative.

As Virginia Woolf again says: 'To tell the whole story of a life the biographer must devise some means by which the two levels of existence can be recorded – the rapid passage of events and actions; the slow opening up of single and solemn moments of concentrated emotion.' (Vol. IV p. 6)

I shall refer to these two dimensions as Chronos and Kairos – Chronos being the god of linear time in both its destructive and constructive aspects, and Kairos the god of the opportune moment (the moment which links and provides meaning). 'Chronos brings out the quantitative, calculable, repetitive elements of the temporal

process, while Kairos emphasises the qualitative, experimental, unique element. Chronos points to clock time, Kairos points to moments in which something unique can happen or be accomplished.' (Kelman 1960)

Two metaphors have helped me structure and amplify my reflection: a picture and a text. This picture is Goya's sketch for the Allegory of Truth, Time and History. (picture 1)

When I first looked at it I saw the figure of Truth as the Self and my immediate understanding was that only the benign figure of History could stop its being dragged by Time into darkness and almost out of the picture. But having read the catalogue and seen a print of the final picture I readjusted my vision and understood that Time was, in fact, under the radiance of its wing, pulling Truth itself out of darkness into the light of consciousness and history.

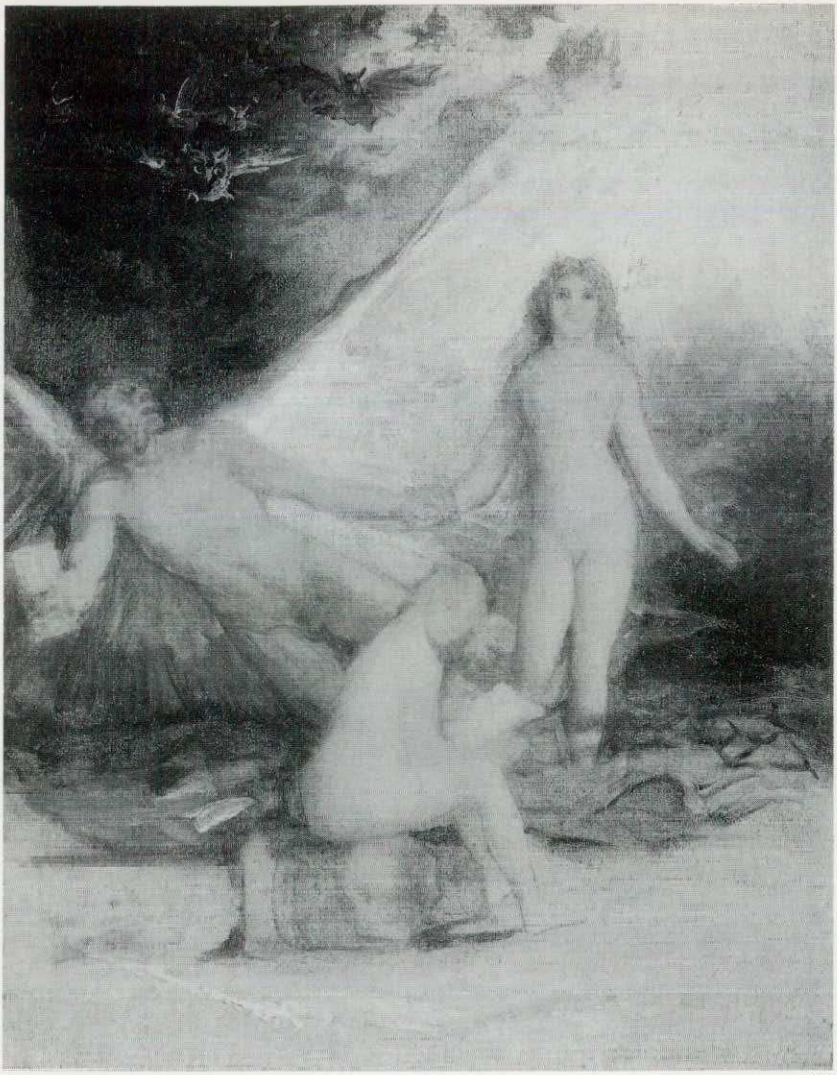
This change of focus in our perception of time is very familiar. When, a year ago, I agreed to give this paper, Time was opening its wings in a benevolent way offering a dimension in which something could be created and grow; in the last few weeks it has become a persecuting figure, dragging me mercilessly towards exposure, shame and probably annihilation.

But looking at the picture again yielded another set of thoughts, linked to what Elie Humbert says in *le Temps et l'Imaginaire*. Reflecting on the appearance of the first sundial, the gnomon, in a time which had been until then experienced rhythmically through the succession of night and day, and the return of seasons, he comments that in order for time to unfold, to move forward, what is needed is not only a projection (that of the rod on a given space), but also a narration. Without it the projection would go round and round: there must be someone who records when the second turn follows the first, the third the second and so on.

A projection and a narration!

This brings us back to the Aristotelian claim that without anyone to count, there is no countability and therefore no time.

'One may be puzzled, whether or not time would exist, if soul did not,' he writes, 'For if there cannot exist someone to do the counting, then there cannot be anything countable . . . Time cannot exist if there is not soul, but at best the substratum of time'. (Sorabji p. 90 and 93) And of course, this counting, this 'keeping time going' for the infant



(1)

is also one of the aspects of the Winnicotian mother's function as auxiliary ego.

Finally, it is interesting that the figure of History is looking round as if she were a bridge not only between the Self emerging from the

sea of the unconscious and consciousness but also between the past and the future.

As Gilbert Rose says, 'Narration aims at transforming the transitoriness of past history into the permanence of the living tradition . . . it turns the loss of "it was" into the continuation of "it is".' (p. 155)

The text is familiar to all students of French literature and Proust lovers – almost a cliché: it is the passage of the biscuit dipped in tea from which the whole opus is born. If you can bear with me I should like to read most of it to you.

> I feel that there is much to be said for the Celtic belief that the souls of those whom we have lost are held captive in some infirm being, in an animal, in a plant, in some inanimate object, and thus effectively lost to us until the day . . . when we happen to pass by the tree or to obtain possession of the object which forms their prison. Then they start to tremble, they call us by our name, and as soon as we have recognised their voice, the spell is broken. Delivered by us, they have overcome death and return to share our life.
>
> And so it is with our own past. It is a labour in vain to attempt to recapture it: all efforts of our intellect must prove futile. The past is hidden somewhere outside the realm, beyond the reach of intellect . . .
>
> Many years had elapsed during which nothing of Combray . . . had any existence for me, when one day in winter, on my return home, my mother, seeing that I was cold, offered me some tea . . . she sent for one of those squat, plump little cakes called 'petites madeleines', which look as though they had been moulded in the fluted valve of a scallop shell. And soon, mechanically, dispirited after a dreary day with the prospect of a depressing morrow, I raised to my lips a spoonful of the tea in which I had soaked a morsel of the cake. No sooner had the warm liquid mixed with the crumbs touched my palate than a shudder ran through me and I stopped, intent upon the extraordinary thing that was happening to me. An exquisite pleasure had invaded my senses, something isolated, detached, with no suggestion of its origin. And at once the vicissitudes of life had become indifferent to me, its disaster innocuous, its brevity illusory – the new sensation having had on me the effect which love has of filling me with a precious essence; or rather this essence was not in me, it *was* me. I had ceased now to feel mediocre, contingent, mortal. Whence could it have come, this all-powerful joy? I sensed that it was connected with the taste of the tea and the cake, but that it infinitely transcended those savours, could not indeed, be of the same nature. Whence did it come? What did it mean? How could I seize and apprehend it? . . .
>
> It is plain that the truth I am seeking lies not in the cup of tea itself. The drink has called it into being but does not know it . . . I put down the cup and examine my own mind. It alone can discover the truth. But how? what an abyss of uncertainty, whenever the mind feels overtaken by itself, when it, the seeker, is at the same time the dark region through which it must go seeking and where all its equipment will avail to

> nothing. Seek? More than that: *create*. It is face to face with something which does not yet exist, to which it alone can give reality and substance, which it alone can bring into the light of day.' (Vol. I. p. 47. 49)

That is the most famous of the instances of involuntary memory which sustain the narrator in its meticulous reconstruction of the past. What happens in this short scene? Like many of our patients, the narrator, in a state of profound depression, 'dispirited after a dreary day and the prospect of a depressing morrow', apparently by chance, encounters a forgotten part of himself, the faint taste of the lime flower tea which like a genii out of a bottle grows and magically brings with it the whole of Combray, the whole of the narrator's childhood. What is striking is how feelings, and very powerful feelings, precede the memory itself and appear almost unconnected with it. What comes first is a sense of joy, followed by an intimation of a sense of self, 'the essence was not in me, it was me' and is accompanied by the excitement of a task to fulfil, of a potential for creation: 'Seek, more than that create.' (As Winnicott (1963) says, 'perception is almost synonymous with creation'). What I believe happens in that 'moment', in that instance of Kairos, is that the narrator regains what Winnicott would call 'continuity with the personal beginning', and Kohut describes as a sense of the self as 'a continuum in time'. What is important is not the memory itself, but the fact that *he does* remember: it is the *connection*.

I quote Kohut (1977): 'We can say that the healthy person derives his sense of oneness and sameness along the time axis from two sources: one superficial, the other deep. The superficial one belongs to the ability – an important and distinguishing intellectual faculty of man – to take the historical stance: to recognise himself in his recalled past and to project himself into an imagined future. But this is not enough, clearly, if the other, deeper source of our sense of abiding sameness dries up, then all our efforts to reunite the fragments of our self with the aid of a Remembrance of Things Past will fail.' (p. 180,81) He then goes on to describe Proust's novel as a failed attempt on the part of the narrator to hold together the fragments of a self broken up by the loss of parental self-objects, as a 'massive shift from himself as a living and interacting human being to the work of art he created.' Well, although Kohut is very much one of my 'idealised self-objects', I believe that in this instance, he has got it wrong or that, at least, he has missed the point. What I believe he misses is that the novel would not have come into being at all without the two or three privileged moments of which the most famous is the one I have just read, and

that in those moments Marcel has a glimpse, maybe more: an awareness of the continuity, the wholeness of his nuclear self and that it then becomes imperative to give it a voice. The novel is not a shift from himself to the work of art, the work of art *is himself*, or *his Self*. The joy, the excitement, which pulsate through the passage are the joy and excitement of discovering that the novel he so much wants to write is not out there, in new experiments, in external models, but within himself. As Georges Poulet (1956) says: 'It is the novel of an existence in search of its essence.' (p. 297)

The famous reclusion of the past few years then no longer appears as a neurotic withdrawal but as a necessity because the other dimension of time, linear time, historical time, is running out: death is everywhere: in his crippling asthmatic attacks, in the war outside, and the writing of the novel becomes literally a race against time. It is essential to find time again before relinquishing it.

I should like to linger a little longer on this text and look at what is happening in the background, in the Chronos dimension. It has been described as a moment of 'memoire involuntaire' and I have placed it in the Kairos, but what has made it possible? Could it be the faintly sketched-in figure of the mother? the narrator is not alone but in the presence of a significant other: 'My mother, *seeing that I was cold*, offered me some tea . . . she sent for some cakes . . .' So here is an empathic mother who is able to recognise, even anticipate, fantasise the need of her child (in a sentence I did not read to you, he says that he did not usually take tea . . .) and instantly, magically, to satisfy it. She is also the same mother who in the years of his childhood used to come up to his room every night to give him the goodnight kiss which alone would enable him to face the anxieties of the night and its association with separation and loneliness.

These are the words he uses: 'the calm and serenity she had brought me when she had bent her loving face down on my bed, and held it out to me like a host, for an act of peace-giving communion, in which my lips might imbibe her real presence and with it the power to sleep.' (Vol. I. p. 14). So the little cake dipped in tea does not only connect the narrator with memories of individual paradise and fusion with the personal mother, but with a deeper timeless level where the madeleine, the biscuit, might be seen as the host in another symbol of union: an archetypal eucharist. Marie-Louise von Franz (1978) writes: 'In synchronicity the timelessness of eternity or at least the incommensurable time of the archetypes crosses the linear time of human consciousness',

and as Jung (1952) says, 'Synchronistic events are acts of creation in time.'

I feel that that passage is a template of the pattern which runs through our work although it is usually less easily discernible.

'Time is screaming by . . .'

These were almost the first words spoken by my very first patient in my first training.

He was a potter, thirty years old but looking like an overweight baby. He had just come back to London after two years abroad, which had seen both the failure of the pottery he had started and of a significant relationship. He was back in his parents house, surrounded by unpacked boxes full of books of which he had forgotten the titles, keeping his essential belongings in carrier bags. Before returning, he had with his own hands dismantled the kiln he had built and 'buried the bricks between the pottery and the river, and landscaped it into a gentle slope; it had completely disappeared.' He would picture in his dreams the ideal pot which he would then lovingly describe to me, but he was unable to throw it, to produce it. He took refuge from the emptiness, the futility of the days, by making plans, establishing rigorous programmes for the future, the next day, the next year, actually plotting it on paper and pinning the charts to the walls of his room – of course, he never kept to them. He had also lots of blank notebooks and sketch pads; as soon as he wrote or drew on a page, or corrected a sketch, it became spoilt, and the page had to be pulled out, torn off, so that he could start again.

My patient was obviously disconnected from his own 'time continuum', the past packed away, forgotten like the books, or buried like the kiln, the present unvalued and discardable (in carrier bags) and the future unattainable. In fact he was locked in the negative poles of both the Puer and the Senex archetypes: the Puer, with his predilection for dreams, new beginnings, perfection, and the destructive Senex which prematurely smothers the future by the rigidity of his plans and programmes. There was no possibility of movement, of an unfolding of his own time. He was in turn a wingless Puer or a castrated Senex.

To use a different language, he lived in a monodimensional time like a narcissistically omnipotent baby immersed in what Andrea Sabbadini (1983) calls an 'infantile omnipresent' which ignores the

suffering of memory and the anxiety of waiting. For as Elie Humbert says simply and poignantly: 'La succession qui est dans le temps nous oblige à revivre à chaque instant le décollement d'avec notre mère.' 'Succession which pertains to time forces us to relive in each moment the separation from our mother.' 'Time,' writes Lola Paulsen (1967), 'implies division, definition, discrimination and finiteness. . . consciousness, activated by the spiritual principle and having masculine connotation, separates itself from the mater, earth or materia.' There is a familiar situation in which I become physically aware of what this means: it is in the early morning, in the warmth of my bed, in that somnolent state where the inner world of my dreams and the one evoked by the noises outside are not easily separable, and suddenly the alarm clock rings and I have actually to pull myself out of bed, tear myself away from the arms of Morpheus and enter my own time and its inexorable succession of obligations and challenges; it is always in some measure a painful passage from a situation of security to one of potential anxiety.

I will not retrace here an aetiology of the sense of time. It has been done often and in different terminologies, for example by Andrea Sabbadini and Lola Paulsen in the papers I have quoted and also by Sharon Raeburn at the BAP conference on Infancy. All conclude in one language or another that it is the ability to internalise the image of the mother, to *remember*, which alone can compensate for the void left by her absence, which alone can make separation possible. Maybe it is appropriate to remember what Winnicott (1971) says in *The Location of Cultural Experience.*

> 'It is perhaps worthwhile trying to formulate this in a way that gives the time factor due weight. The feeling of the mother's existence lasts x minutes. If the mother is away more than x minutes, then the imago fades and along with this the baby's capacity to use the symbol of the union ceases. The baby is distressed, but the distress is soon mended because the mother returns in x+y minutes. In x+y minutes, the baby has not become altered. But in x+y+z minutes, the baby has become traumatised. In x+y+z minutes, the mother's return does not mend the baby's altered state. Trauma implies that the baby has experienced a break in life's continuity so that primitive defences now become organised to defend against a repetition of "unthinkable" anxiety . . . After 'recovery' from x+y+z deprivation, a baby has to start again permanently deprived of the root which could provide continuity with the personal beginning. This implies the existence of a memory system and an organisation of memories.'

Recently one of my patients said: 'What I want to know is how I can export outside what I experience here? Maybe if I came only five

minutes, then I would be able to hold it [and he brought his hands together] but fifty minutes is too long.'

Although it sounds almost the opposite of what Winnicott says, I believe it is very much the same. He cannot memorise the whole of the session, the whole of me, the image he takes away with him is incomplete.

So what is the analytical task? How do we help our patients to recover a memory system, a sense of themselves as a continuum in time? I believe that we do it both in Chronos and within Kairos.

I. *Chronos*

In the Chronos at the simplest level, we live our common history, that of the patient and the therapist: it has a beginning and an end, it has its own rhythm, its wars and its truces. It is integrated in the time outside, the time of day, the change in the seasons. I notice when I first switch on the light and close the curtains for an evening session one moves into winter and the mood itself often changes, becomes more introverted, quieter.

One of my patients in the country is a farmer, traditionally busy in summer, with long periods of inactivity and depression in winter. It seemed natural, when he asked me, that I should agree to see him once a week only during the three months of the summer and the usual three times a week in the winter. It felt appropriate and it worked well.

I remember the smile of one of my patients one day, when it was snowing hard and London traffic was in chaos but she had 'made it'. The smile and the 'being on time' on such a day were an important moment in 'our history', a commitment, a profound sign of alliance.

The significant dates can also belong to the private history of the therapist and the patient: 'that was before you shrank', one patient used to say, referring to the painful day when I had fallen off my pedestal.

And of course, there are the breaks which threaten and often disrupt the unfolding of that particular history. They do so for two reasons. On the one hand, they reintroduce the subtle equation of $x+y+z$, and of what our patients' ego can bear, but also, I believe, because they set afresh, every time, an Oedipal challenge and the inescapable realisation that the mother/analyst has her own separate history, that there exists a multifaced third.

However, the analysis goes on, unfolds, and moves towards its own unpredictable future, but at the same time and within this, the two protagonists also move back towards the past; like archeologists we dig among the ruins, try to find the foundations and reconstruct from what is left. Our task is in fact more complex than that of the archeologist for we can never be sure that what we find is a historical reality or a no less real fantasy.

Sometimes, and I think that this is the most dangerous, the most potentially damaging aspect of our work, what we find in our enterprise of exploration and reconstruction cannot be integrated into the history of the analysis; it is touched, it trembles at the edge of consciousness, but it cannot be uttered, it cannot be named, it cannot be shared. It is like finding a bomb among the ruins; unless it is diffused very gently, very expertly, it will explode and maim those who are near.

There is a possibility of abuse in the history of one of my patients; there are no memories, but very vivid, almost photographic dreams and a pervading feeling of badness, of self-disgust. Sometime last year, before one of my breaks, she got very drunk, telephoned her parents, spoke to them both in turn and, the next day, could not remember what she had said, only how angry she had felt. Her mother was later able to talk about it, but her father has kept an angry silence ever since. After this, during my absence, she made a suicide attempt. She survived and the work goes on.

But what was it which had been evoked in our work and which could only break through in the 'out of time' moment of drunkenness and disappear again in the unconscious where it remains unintegrated and persecutory?

'It is as though', writes Freud, 'the unconscious stretches out feelers through the medium of the system *Pcpt-Cs.*, towards the external world and hastily withdraws them as soon as they have sampled the excitations coming from it.' (Vol. 19 p. 231)

Of course, we also make links between scattered periods of time, we connect them, we weave them together, we provide a pattern in which our patients can recognise their own history.

At that level, in the Chronos, we are like History in the Goya sketch, we represent Clio, that special function of the psyche which according to Hillman (1967) is 'the experiencing, recording subjectivity that patterns experiences historically, that makes history possible and is its "a priori".'

Clio is of Apollo's retinue. So in her guise we are Logos, we work

with our ego and speak to the ego of our patients. We use our thinking and our feeling functions.

As Judith Hubback (1987) remarks: 'The therapist on such an occasion is not needing to draw on his or her own deep structures. The use of the therapeutic ego will be all that is required at that point and it will be effective.'

What is achieved is the first part of that Kohut quotation I gave at the beginning of this paper: 'that important and distinguishing intellectual faculty of man: the ability to take the historical stance; to recognise himself in his recalled past and to project himself in an imagined future.'

But maybe, even in the Chronos dimension it is not quite all that is required, required for instances of Kairos to occur. I have intimated in my reading of the Proust text that I did not believe that the 'privileged moment' was quite as spontaneous as it appeared and that it was the presence of an empathic mother which had made it possible.

Recording and elaborating a narration are not enough; we also need to be available to receive and transform the projections of our patients. Maybe we need to be more like Mary as she is described by Luke in the gospel. 'Mary kept all these things,' he says, 'and pondered them in her heart.' (2.19)

II. *Kairos*

The same patient who wanted to hold the session in his hands and 'export it' also said on the same day, 'it is so difficult to speak about this without sounding mystical. When we speak of my past, about my childhood, here, the memories are all there, around us like old friends, but when I want to tell my wife about it, it sounds silly, it has all gone.' In other words, what happens in the Kairos – or should I say under Kairos? – cannot be easily included into a narration; it is contained within the moment and is a shared experience in the analytical set up.

Another patient, a self-made business man in his fifties, is trying to reconstruct his childhood (we are in the Chronos); he remembers and describes the kitchen of his East End house; starting with the gas lighter, he meticulously moves round the room, then ponders what was happening in that kitchen, probably his mother cooking. 'She used to make rock cakes, we used to laugh because they were always hard . . . like rocks . . .'

Then a silence, the feeling that the narrative vessel has capsized (the narrative had been in the preterite, now he uses the present), even the accent changes, tears run down his face, and he says, 'I would not mind having one now, it does not matter if they are a little hard, does it?'

The following weekend he went back to that part of London, actually revisited the street, the school, looked at the house, literally 'A la Recherche du Temps Perdu', but did not meet the little boy who had visited us in my consulting room.

The memory had frozen and he was left with what Proust calls: 'the memory of facts', which tells us, 'You were such without allowing us to become such again, which avers the reality of a lost paradise, instead of giving it back to us through remembrance.' (Quoted in Poulet p. 298)

What had happened on that occasion, and happens in such other privileged moments is not a simple regression into the past; it is an experience which belongs to both the past and the present; the past with its association of warmth and closeness, the present (his tears, the pain we both feel) with the realisation that it has been lost forever; it subsumes and transcends the transference. 'The veritable being, the essential being is he whom one recognises, not in the past, not in the present, but in the rapport which binds past and present together', writes Georges Poulet, 'that is to say between the two.' (p. 313.14)

I always feel ill at ease when I recount such moments, on the one hand because I feel that words are inadequate to describe what happens, but on the other, and more importantly, because I have a sense of betrayal, betrayal of the child who on that day was entrusted to me.

At a meeting of colleagues last year a long time was spent discussing our insistence on 'secrecy'; was it really necessary? Why did we seem so frightened to have assessors, people sitting in? Where we not surrounding ourselves in an aura of mysticism, was it paranoia, were we trying to make ourselves special etc . . .? and I wanted to say: 'Of course we are special, or rather what takes place between us and our patients is special', and, in my patient's words, it is not 'exportable', it certainly cannot be open to the public.

There is nothing mystical about this. It is like the paintings at Lascaux. The caves were open to the public and they faded, they were in danger; they had to be closed again to save the paintings from destruction. But we now have images, reconstructions and reproductions which we can look at, think about, and which enable us to understand better the soul of our ancestors, to make more sense of

our collective history. And so it is with our patients: they allow us to glimpse into the depth of their being, into those moments which were in Marion Milner's (1952) poetic words 'guarded in some secret place of memory because they were too much like visitations of Gods to be mixed with everyday thinking.' And then the door is closed again, but the memory of the shared experience remains and can be integrated dynamically into both the patient/analyst historical time, and the patient's own history.

In Kairos, we are no longer, or rather not only, Clio. What is required of us is something more. We have to be, to quote Judith Hubback (1987) again, in 'safe regression', 'relaxing ego controls, using the Self to link creatively with the Self in the patient.'

Proust stressed the futility of the intellect in the search for the core of his experience. It is the same for us, we no longer use our thinking function but our perception and our intuition. We listen to and with our body. (Judith Hubback (1987) speaks of an activation of the physical breast and I have experienced labour pains). We are no longer Logos but Eros or rather we are both, for it is important that while we let ourselves go with the experience we should also understand what is happening.

The aim in such moments, the link between Eros and Logos is to find an interpretation which may be simple enough and complete enough to encapsulate the experience and carry what Judith Hubback calls 'the hallmark of truth'. I admit that I often feel unequal to the task and remain silent, but when, miraculously, I find the words, I am aware of the depth and completeness of the experience. One feels with one's body and speaks with one's soul. The interpretation can then become the 'healing word' of the Christian liturgy, and the moment, the redemptive moment.

I have been seeing for some years now a 71-year-old man, typically middle-class, public school and a civil servant. About six years ago, he felt smothered, left his wife, his settled life, the boredom punctuated by bridge afternoons and came into therapy. Although I liked him very much the work was often dispiriting. Two years ago he started an art class and something began to thaw: images were less frightening than words, or maybe he was less skilled at hiding behind them. He brought some of his work to the sessions and we could talk about it, it really became a third area in which we could play creatively and something seemed to move until, one day, pointing at a little corner of blue in one of his paintings he said, 'I was really pleased with that. That is me.'

There followed a succession of dreams and drawings which seemed to me like cracks in the rigidity of his persona and expressed paradoxically both a yearning to regress and a wish to change, until one day, he came in, looking rather shaken, 'Bouleversé', he said, using the French word and handed me the following poem. He said that it had come to him 'in one go' as he was standing by the telephone and he had scribbled it on the message pad, not changing anything when he transferred it to his word processor.

I stress that this is a man who used words in a rigid and unsymbolic way, not only in social intercourse but also in the therapy.

Poem

It's not the rags and knotted threads that make up my attire,
nor flakey skin that drifts in still and foetid air,
nor blackened pillow that surrounds my head.
it's not the silent sound that strikes the ear.
And Time has neither weft nor warp to soothe the present pain.

Vacant is this place, bereft of mark or sign; and I am eyeless.

Has this expanse no rim, no *terra* firm to greet the foot,
no canopy to coat the sky?

No holds are barred, they say, but there are no holds,
no line to grasp, no mooring post to tether.

I see no past
no edge
no side
no join to shape the day
I AM THE NOW
and that is all

The feeling of this poem is very different from that of the 'petite madeleine' episode. Whilst the Proustian narrator in his moment of remembering found happiness, the sunny days of his childhood and the certitudes they contained, my patient meets the greyness of his own depression and the archaic anxiety of an infant unheld, lost in space and time. However, these instances of spontaneous remembering both feel like an invasion, a take-over from within, from what Proust calls basement (*soubassement*), deep layer (*gisement profond*) and they

both lead to a creative act; it is as if my patient at the very time he faces the fragmentation of his Self, finds the means to contain it: the poem, the words to say it.

It is interesting to note the privileged position given to the 'I am the now'. I have left the philosophers out of this paper, but reading this reminded me of what Heidegger says in Being and Time: 'Saying "now" is the discursive articulation of a *making present* which temporalises itself in a unity with a retentive awaiting' (p. 417). In other words, identity, memory and potentiality.

And indeed it proved to be so for my patient. The writing of the poem, the ability to say: 'I am the now' seemed to have enabled him to engage in a deliberate search for the past: he researched the origins of his name and the history of the family crest, visited his sister and discovered among his parents' belongings an Eastern box which had figured prominently in one of his dreams; later, he was able to mourn his parents and also his youth and what had been inauthentic in his life. He seems to be able to look forward with serenity to a future fitting to his age and in which he can be creative.

What I have attempted to say in this paper is that I believe that the analytical project can help our patients to become aware of themselves not only as a separate unit in space but also as a continuum in time, that in the Chronos dimension of our work they may experience their coherence and constancy and in the Kairos their wholeness and uniqueness.

I have stressed that, unlike the Proustian narrator, I do not believe that remembering is a state of grace, a succour from 'on high', but that the presence of the therapist is essential to draw the patient from the nothingness out of which by himself he would not have been able to emerge. In the Chronos, to record, remember, establish links, elaborate a narration and in the Kairos to be available to receive and contain the gift our patients make us of their authentic self,' in an act of spontaneous accord between the being who feels and the object felt 'in which the desire of the one meets the solidity of the other.' (Poulet p. 300)

I also believe that these two dimensions are always present and that it is in their interaction that the dynamism of the Self and its potential for movement is released. As in the time-clock of the dream of Jung's patient and in Eliot's words, 'Here the impossible union of spheres of existence is actual . . .'

Union within the patient, union between patient and analyst. It is the conjunction, but it is also in the exquisite algebra of Bion's lan-

guage L and K, the union of love and knowledge. One of my colleagues kept a chart of her work with one of her patients on which she plotted the times when he sat up and those in which he lay on the couch; It reminded me of a temperature chart, or the monitoring of a heart on a computer screen, or the recording of a seismograph, and, of course, it was all that, but recorded on, and contained by, the long roll of paper which is their history.

But what happens when the roll comes to an end, when historical time stops, when the Moerae cut the thread? And I am no longer speaking of our work, of the eschatology of ending, but of that interruption in the Chronos which both our patients and ourselves have to face: death and timelessness.

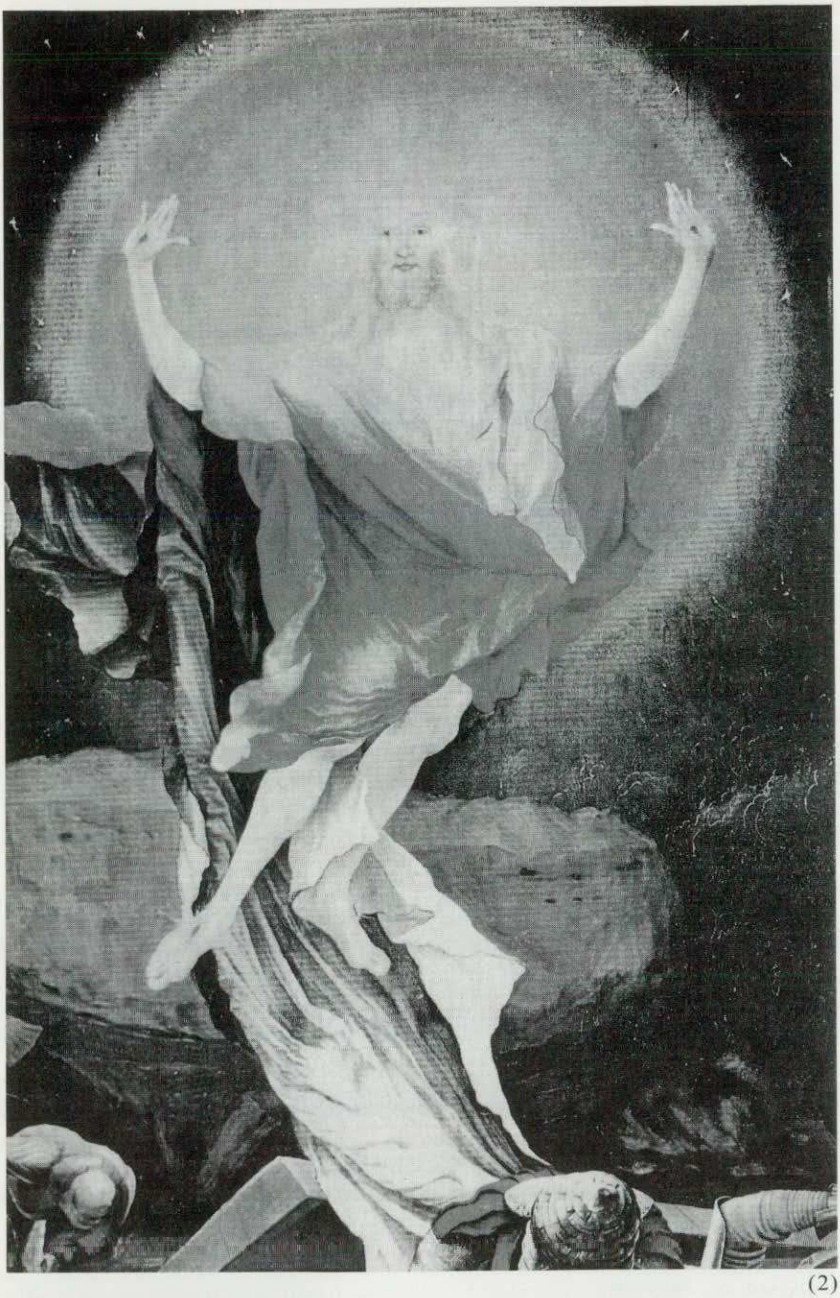
This is the Resurrection panel in the Issenheim triptych at Colmar. (Picture 2) A triumphant image of the Self linking the two circles, that of our time-bound existence to the mandala of eternity: History defeated, the Roman soldiers struck with awe.

Jung (1952) writes: 'the feeling of the infinite, however, can be attained only if we are bound to the utmost – only consciousness of our narrow confinement in the Self forms the link to the timelessness of the unconscious. In such awareness, we experience ourselves concurrently as limited and eternal, as both the one and the other. In knowing ourselves to be unique to our personal combination, that is ultimately limited, we possess also the capacity to become conscious of the infinite, *but only then*.'

Some years ago, I heard the octogenarian Catholic philosopher Jean Guiton in a televised dialogue with Président Mitterrand: 'Mr President,' he said, 'at my age, one must choose between "l'absurde et le mystère" ' – the absurd and mystery.' I am not so sure. Camus (1942) showed in *The Myth of Sisyphus* that being fully conscious of, and assuming one's own destiny can itself provide meaning. 'Il faut imaginer Sisyphe heureux.' 'One must imagine Sisyphus happy.'

Elie Humbert says that it is in the very taming of anxiety and the relinquishing of narcissism, which arise from considering death as an end, that one acquires the freedom to live, a complete availability to experience and to the other. It is what Erikson defines as ego-integrity: 'A final consolidation in which death loses its sting.'

These are the answers in the personal Chronos. What of the collective Chronos? In the beautiful poem quoted by Malcolm Pines in his address at Louis Zinkin's funeral, Rilke says: 'They've finally no more need of us, the early departed . . .', and again I am not so sure. My



(2)

husband has a friend, professor of botany, who writes on senescence and juvenility in plants. He says that trees do not have to die (they do, by accident, or through illness, but not from age), only the leaves fall off and the branches die back. It is for me a wonderful image of humanity, *we* die but our collective history goes on.

Already Newton had said that though we be but dwarves we saw further and reached higher because we stood on the shoulders of giants. It is the Winnicottian Cultural Experience which provides the continuity of the human race, that transcends personal experience.

Let me self-indulgently and almost finally quote Proust: 'The cruel law of art is that people die, and we ourselves die after exhausting every form of suffering so that over our heads may grow the grass, not of oblivion, but of eternal life, the vigorous and luxuriant growth of the work of art and so that thither, gaily and without a thought for those who are sleeping beneath them, further generations may come to enjoy their déjeuner sur l'herbe.' (Vol. III)

But at the mystery end of the spectrum, when we have made sense of our own time through the constructive and integrative processes of Chronos and the intimations of Kairos, we still have to face that other Time God – father of them both: Aeon/Eternity. Can we still connect the timeless and time-bound order of existence?

I can only finally leave you with an image, one described by Von Franz in *Number and Time*; it is of an old Chinese fire-clock in which time is represented by an energic process moving within a pattern. There is a gap in the rim showing where the system is open to human contact. This hole in the mandala of the fire clock signifies the spot at which man relates himself to time.

References

Aristotle, Phys 4.14 quoted in Richard Sorabji p. 90–93

The Bible, Authorised Version. Oxford University Press

Camus, A. (1942) *Le Mythe de Sisyphe*. Essais. Bibliotheque de la Pleiade N.R.F. Paris: Gallimard

Cervantes, M. *Don Quixote* The World's Classics; Oxford University Press

Eliot, T.S. (1941) *The Dry Salvages*. London: Faber & Faber

Franz, M.L. von (1974) *Number and Time*. Evanston: North Western University Press

—— (1978) 'Quelques aspects archetypes de notre idee du temps', in *Cahiers de Psychologie Jungienne*, 3eme trimestre Septembre 1978

Freud, S. (1923) 'A note upon the mystic writing pad', *SE* 19

Heidegger, M. (1926) *Being and Time*. Oxford: Blackwell

Hillman, J. (1967) 'Senex and Puer: An aspect of the historical and psychological present', in *Puer Papers*, Spring Publications

Hubback, J. (1987) 'Change as a process in the Self: What is the mutative factor?' *Journal of Analytical Psychology* 32: 3

Humbert, E. Le Temps et l'Imaginaire. Talk given to and recorded by the Groupe d'Etudes C.G. Jung. Paris (undated) No. 148

Jung, C.G. (1952) *Collected Works* VIII, paras 964 ff. London: Routledge and Kegan Paul

—— (1961) *Memories, Dreams, Reflections*, Fontana Paperbacks

Kelman, H. (1960) Kairos and the Therapeutic Process, in the *Journal of Existential Psychiatry* No. 1(A)

Kohut, H. (1977) *The Restoration of the Self.* Madison: International University Press Inc.

Milner, M. (1952) 'The role of illusion in symbol formation', in *New Directions in Psychoanalysis*, ed. Melanie Klein and Paula Heimann and Money-Kyrle, London: Tavistock Press

Paulsen, L. (1967) 'The unimaginable touch of time', in *Analytical Psychology A Modern Science*, London: Karnac Books

Poulet, G. (1956) *Studies in Human Time.* New York: Harper Torchbooks

Proust, M. *Remembrance of Things Past.* Translated by C.K. Scott Moncrieff and Terence Kilmartin 1981 London: Chatto and Windus

Rose, G. (1980) *The Power of Form. A Psycho-Analytic Approach to Aesthetic Form.* Madison: International Universities Press Inc

Sabbadini, A. (1983) 'How the infant developes a sense of time'. *British Journal of Psychotherapy* 5; 4

Sorabji, R. (1983) *Time, Creation and the Continuum.* London: Duckworth

Winnicot, D.W. (1963) 'Dependence towards independence', in *The Maturational Processes and the Facilitating Environment*, London: The Hogarth Press and the Institute of Psycho Analysis

—— (1971) 'The location of cultural experience', in *Playing and Reality*, London and New York: Routledge

Woolf, V. *Collected Essays* Vol. IV quoted by Jeanne Schulkind in Introduction to *Moments of Being* (1978), London: Triad Panther

INFANT OBSERVATION

EVE WARIN

'What does the baby see when he or she looks at the mother's face? I am suggesting that ordinarily, what the baby sees is himself or herself. In other words, the mother is looking at the baby and what she looks like is related to what she sees there.' (Winnicott 1971)

The paper focuses on a particular struggle that occurred between a mother and her infant when weaning was introduced before the infant was able to establish a relationship with her mother as a whole person. It also looks at the infant's special way of holding herself together in the face of a mother who, at times, did not feel good enough to be seen by her infant.

Central to the paper is the role of the observer and I attempt to describe this role as it unfolded and developed and became one of increasing importance to the mother and infant couple.

Hannah is the name of the baby I observed from birth to nine months. Her parents, Celia and Roger, had been married only a very short time before Hannah was unexpectedly conceived. Celia has long hair which tends to fall over her face and she sometimes, although not always, wears glasses. Her manner, while being friendly, is reserved, as is her smile. Roger is warm and open and frequently uses humour and jokes. The grandparents on both sides of the family are noticeable only by their absence from the observations. One month prior to Hannah's birth the couple moved out of their home whilst it was being worked on, and into temporary accommodation on the opposite side of the same road.

The beginning

It took a week or two for Celia and Roger to make up their minds whether or not they would be willing for me to observe their baby, and it was not until after the birth that they were finally able to do so. They invited me to visit when the baby was five days old. This observation was short, at the request of the parents, and I was not able to see the baby until five minutes before the end of my time.

Celia told me about the labour which had been long, but the delivery was normal. Roger had been present at the birth. I could hear the baby's cries in the next room and wondered if she could hear her mother speaking of her birth. Roger said he would fetch her. He carefully placed the baby across Celia's lap, and Celia, in turn, held her rather loosely. Roger hovered nearby, cautioning Celia to be careful that the baby didn't fall. I was acutely aware of the aftermath of birth: exhaustion, shock, nakedness and wonder were all in evidence, and although the umbilical cord had long been severed, it was as if all were still present.

Two days later Celia telephoned to say they were happy for me to continue visiting, but made it clear that they did not wish to have their relationship scrutinized and wanted to feel free to do whatever they would normally be doing. I felt grateful for their considered decision over my proposed visits, and I believe it set an important tone for the experience that lay ahead.

Introduction to the baby with no name

Observation at 2 weeks

I did not hear either parent call their baby by her name until she was five weeks old. I had the opportunity to observe the infant, alone, over what felt like a timeless period:

> 'At first the infant in the cot is held together, quiet and still. She is lying on her back slightly turned to her right. Her right arm rests close to the right side of her face; her fingers are relaxed with the index finger resting over the top of her thumb so as to enclose it; her left arm falls over her left cheek, with her hand forming more of a firm fist. Something disturbs her. She begins to move and her whole body is involved in this process. It starts with a jerk of her arm. Her hands move independently, fingers unfold and both arms move jerkily, brushing against her face; the fingers of her right hand spread out in a stretching gesture revealing their length and tiny finger nails. This movement of stretching is further maximized, right to the tips. Her left-hand fingers unfold a little but not with the same intensity; she rotates her head further round to the right; her mouth opens very wide in a huge yawn before changing into a rooting gesture followed by a succession of soft cries. Her skin puckers on her face and her whole expression is now a kind of grimace, even one of anguish; her eyelids move up, as though wanting to open and the lower part of her body begins to show signs of movement under the blankets. It is as if she is just about to break, or burst into an alarming cry and wake up. However, she settles down once more and I hear her pass wind. She becomes quiet, her face unpuckers itself and she opens and

closes her mouth a few times. Her left hand falls against her left ear with the index finger pointing up and into the top fleshy part of her ear; her right hand, very slowly (oh, so slowly), closes or rather folds back into itself, this time with the four fingers enclosing her thumb. This movement of her fingers is exquisitely beautiful and makes me think of a flower which, having opened fully, folds back into itself to sleep. It is as if she had expressed all that had taken place in her body through her hand.'

In this first introduction to the infant I am able to see that there is meaning in her behaviour. To begin with she is quiescent and held together; a bad experience takes her over and fills her up with explosive feelings causing her to fragment and fall apart. The strength of her physical sensations were tangible in such a way that I could also feel her internal pain. At the maximum point of tension the image of *The Scream* by Edward Munch came to mind. Her hand and fingers having so fully expressed the feeling of tension, relaxes and folds back into itself, expressing a gathering back together of herself as she became centred and held together inside once more.

The holding environment

> *'The use of the term holding is used here to denote not only the actual physical holding of the infant, but also the total environmental provision prior to the concept of living with.' (Winnicott 1971)*

From the beginning Celia timed her baby's feeds. As a concrete reminder, a watch lay on the table between us. I understood this partly to be Celia's concern that she may not have enough milk for her baby and this was later confirmed by regular reports on weight gain and transitions into larger sized nappies. Celia positively encouraged her baby to wait for as long as possible between feeds. By five weeks breast feeds were established at regular three hourly intervals during the day. Also at five weeks I first heard Celia call her infant by her name. The infant vomited over her mother's neck and rather like a baptismal ceremony, Celia responded by exclaiming in not unkind tones 'Thank you Hannah' and thus she was named!

Hannah was reported to be sleeping through the night by eight weeks; there was, however, a period of time in the evenings when Hannah fed more or less continuously before finally falling asleep for the night. This seemed to express both mother's and infant's anxiety about the pending night-time separation and whether or not each had had enough of each other to see them through the dark hours of the night (Dilys Daws, 1991).

Hannah was put down to sleep in her cot in between feeds and encouraged to stay there for as long as she could. Celia had a belief that it was good for babies to manage on their own with a minimum of interference. This distancing and regulating perhaps served an important function in enabling the mother to permit a great deal of intimacy in the breast feeding relationship, within which both experienced deep pleasure and satisfaction.

Observation at 6 weeks

> 'Hannah lies in her mother's arms and becomes excited, anticipating what is to come. She turns her head and body in an active and purposeful search for the breast. Celia turns towards me and says "you see how she knows what is going to happen". (She returns her attention to Hannah); she cradles her infant's head in her arm whilst at the same time presenting her breast in such a way that Hannah latches on to the nipple immediately; she does not suck for a second or two but waves her arm in the air and kicks or perhaps twitches a little, as if to settle herself before beginning to suck; soon her body becomes still; her hand comes to rest on the skin of her mother's breast; there is no further movement apart from her rhythmic sucking, punctuated from time to time by small pauses. I notice Celia is holding Hannah very closely to her, using both arms to enclose her, and their bodies seem to mould themselves into the shape of the other so that the two appear as one. Celia and Hannah are absorbed in each other. The room is silent for perhaps twenty minutes; Hannah is asleep, I think, on the breast. I'm not sure then, if the infant falls away from the nipple, or the nipple falls away from the infant.'

The holding father

For the first eight weeks following Hannah's birth, Roger stayed at home. He was caring and protective towards his wife and child and actively involved in supporting Celia, both emotionally and practically. From early on I sensed that Hannah was aware of her father's presence and that his voice could soothe and hold her in times of distress. He appeared at ease in his role as father. It was to him that Hannah first smiled and with him that she later preferred to play. His nurturing presence continued to be of great importance to her in that he was able to provide experiences for Hannah which allowed intimacy in the play relationship which for a while was not present between mother and infant.

Roger's supportive and holding presence for Celia in those early weeks was crucial, and especially so over the period of time when the family moved back into their own home. There were, however, indi-

cations that the strain of holding everything together, which included looking after two homes, was at times rather too much, as illustrated in a comment he made quite casually when Hannah was six weeks old. Celia had pointed out to Roger a slight cut on his face following shaving. Roger brushed his hand across his face along with the remark, 'Don't worry, that's my suicide threat.' Roger's vulnerability was at times starkly apparent and on occasions in those early days I felt the pain of the father who may repeatedly experience feeling left out of the nursing couple's relationship. On more than one occasion when Celia was breast feeding Hannah, Roger poked his head round the door and asked if anyone needed a drink!

Observation at 7 weeks

> 'Celia was breast feeding Hannah and Roger was sitting nearby reading the paper. Celia related an incident that had occurred the previous week. She described an occasion when she had gone out and left Roger with a bottle of expressed breast milk for Hannah. Hannah had screamed each time the teat was put into her mouth and Roger could find no way of consoling her. On her return home, Celia discovered that there was no hole in the teat. The tone of triumph with which she related this story, whilst at the same time feeding her infant, was unmistakable. Hannah suddenly choked and came off the breast. Roger expressed his discomfort and perhaps frustration, whilst at the same time laughing, in the following comment: 'She doesn't have a cut-off point; it's like a petrol pump when the automatic switch doesn't turn off and the petrol goes on pumping out into a tank that is full and overflowing.'

This visual image is one of a father who finds ways of compensating for his losses, involving an internal process of creativity. I was aware of the primitive feelings that were aroused in all of us in the face of the breast feeding relationship, and in this moment I too was not spared. Hannah expressed it all in a choke.

The holding mother and infant

> *'During the holding phase other processes are initiated . . . all these developments belong to the environmental condition of holding and without good enough holding these stages cannot be attained, or once attained, cannot become established.' (Winnicott 1971)*

Whereas aspects of Celia's holding provision would undoubtedly have delighted Winnicott, other aspects brought about a necessary adaptation in Hannah whereby she developed a capacity to hold herself, albeit prematurely, demonstrating her sensitivity to her mother, as well as her ability to take an early share in the function of holding so that equilibrium between the two could, in the main, be maintained.

Hannah was helped in the development of this self-holding function by both her parents as it came naturally to them to allow her to go through as much of an experience as she could without them. I had an idea that this matched an innate quality in Hannah as well.

I observed Hannah attempting to hold and control her own head as early as 6 weeks, perhaps in response to repeated occasions when it was allowed to fall backwards and flop around unchecked. This 'dropping' or falling back of Hannah's head, I believe, was in part to do with Celia's doubts about herself as a mother.

At twelve weeks I observed Hannah clutching the sides of her head and ears when waking from sleep, and at fifteen weeks Hannah had learned to anticipate the exact moment prior to being picked up and was therefore able to prevent her head from falling backwards.

At 24 weeks, when tired, Hannah placed both hands behind her head, perhaps communicating her wish to fall asleep and maybe, too, her anxiety connected with this. This gesture became known as a signal to her parents who responded to it by picking her up, rocking her gently, or putting her to bed to sleep. Hannah not only placed her hands behind her head prior to going to sleep, but also did so immediately on waking.

Moving back in and regulating

The disturbance created by the split housing situation reflected a split of a different nature in the mother-infant relationship. Unlike the closeness that was seen in the breast feeding relationship, where deep satisfaction was apparent in both partners, intimacy of another kind involving face to face contact appeared in some way to be threatening and therefore avoided. Celia kept the curtains drawn across the windows in the front of their temporary accommodation, perhaps to avoid looking into the windows of their home across the road, for fear of what she might see projected in there were she to look inside. Later in the paper it will be seen that Celia drew a veil across her own eyes in the face of her baby who tried to look inside her.

The mess, disorganisation and chaos involved in moving out of their home may in part have influenced Celia's parenting style which was to provide structure and routine for them both.

Joan Raphael-Leff, in her paper on 'Facilitators and Regulators', says:

'The regulator feels threatened by her baby's fragility, helplessness, messiness and greed . . . the routine allows the mother to disassociate herself somewhat, ensuring adequate baby care while protecting the mother from being sucked into the infant's emotional whirlpool.' (Raphael-Leff 1985)

Celia was called upon to give up work and become a mother at a time when she did not feel ready to do so. This may, in part, have brought about a lessening of self-esteem and raised doubts in her as to her capabilities as a mother.

'Much of the Regulator's sense of efficacy is derived from personal productivity which the bewildering and demanding infant threatens to undermine, but which could be sustained by meaningful work in adult surroundings.' (Joan Raphael-Leff 1985)

Celia seemed to associate darkness, sadness and despair in relation to her temporary loss of her home. She described moving back in to her own home as 'moving back into the light of day.' Rather like a baby who on waking finds various ways of getting back in touch with his/her body, Celia, it seemed, began to get back in touch with herself as she moved towards wakefulness within the walls and body of her now secure home. Soon after moving back in, a conversation took place between Celia and I, with Hannah (from her position in her chair) picking up and understanding the emotional content, contributing to it and communicating her experience as well:

Observation at 12 weeks

Celia is talking about how she had disliked their temporary accommodation, but hadn't dared to say just how much she hated it at the time. Hannah becomes restless, she kicks and moves jerkily, turns her head round to the left and makes distressing little cries. She places her hand flat over her face as if blotting something out; she finds her thumb and sucks frantically on it, leaving her fingers spread across her face. [Celia continues] 'It's only now that I realise what an upheaval it has been . . . I feel as though I am just coming out of a long haul, or a trough or a terrible storm, or something . . .' Hannah is no longer sucking her thumb and her hand is no longer covering her face. She is exploring a soft piece of plastic which is attached to her chair; she stuffs it into her mouth, sucks enthusiastically on it and at the same time gazes at me.

Attachment to flowers, balloons and lamps as weaning approaches

When Hannah was thirteen weeks old Celia began to talk about weaning. She was thinking of going back to work in the summer and was keen for Hannah to be weaned from the breast by then, at least during the day. As if in preparation for an early weaning experience,

or perhaps in anticipation of it, Hannah turned her eyes towards objects such as flowers, balloons and lamps which appeared to both delight and comfort her. These objects so clearly and creatively discovered served as substitutes for the breast and were also substitutes for her mother's eyes which were not available to hold her.

The split between Hannah's intense and passionate relationship with the breast and the lack of a whole-object play relationship with mother was distressing for both partners. The disturbance thus created was, I believe, something to do with what did not happen in the space between looking-and-being-in-the-mother's-breast and looking-and-being-in-the-mother's-face and eyes. Perhaps it was something to do with the way Hannah positioned herself when breastfeeding, for she tended to bury herself in the breast, enclosing it with her arm and hand as if to protect it from intrusion from outside. Perhaps this had, in part, come about as a result of the way Celia positioned herself. She described a feeling of 'Hannah being down there' and she 'up here'. It felt to me that Celia was describing a feeling of being left out or 'dropped' from the breastfeeding relationship. I too was in touch with the dilemma of who the breast actually belonged to.

When Hannah was eleven weeks old, Celia commented on the fact that Hannah related differently to her and to Roger. She smiled readily when Roger entered a room but took much longer to respond to her, and when she did, it was in a less forthcoming manner. Celia expressed doubts about her self-image and wondered if Hannah found it confusing that she sometimes wore glasses, and from time to time tied her hair back. At the same time as expressing concerns over Hannah's responses and recognition of her, Celia talked about objects that Hannah liked, and in particular her attachment to a Mickey Mouse face on her baby gym.

Brazelton demonstrated the contrast in an infant's responsive behaviour to an object with that of the mother:

> *'We felt that we could look at any segment of the infant's body and detect whether he was watching an object or interacting with his mother – so different was his attention, vocalizing, smiling and motor behaviour with the inanimate stimulus as opposed to the mother.' (Brazelton 1974)*

The inanimate object cannot, of course, fulfil the mother's gaze. There were, however, occasions when I did observe Celia and Hannah in sensitive, smiling playfulness, but it was often prematurely broken off by Celia who seemed to experience the intimacy of face to face contact as too exciting and therefore threatening in some way. She usually broke off the contact by placing an object between the two of them, directing Hannah's attention to the object and so away from her.

Observation at 11 weeks

Hannah is sitting in her chair in the kitchen, following her mother's movements as she moves around the room.

> 'Celia stands in front of Hannah, who looks at her mother and quite suddenly beams at her, opening her mouth in a wide and full excited smile. Celia leans towards Hannah positioning her face near to hers; she speaks softly and lovingly; 'Hello, you are pleased to see me? What a lovely smile . . . you are beautiful . . . can you see me?' All at once Celia breaks the contact by looking away and picking up an object, a mirror. She holds the mirror in front of Hannah who turns away from her mother's face to look at her own face in the mirror. Celia encourages Hannah to hold the mirror herself, before moving back to her position at the sink.'

Weaning proper

> *'There are those things which having gazed at in vain, I never dare to see, which are all the things I love, in whose presence I no longer see the rest.' (Andre Breton 1927)*

The introduction of weaning evoked, as it always does, memories of earlier separations and losses. Celia had not been able to talk about her experience of giving birth before now, nor the terror she had felt when Hannah was born, and did not at first appear to be alive. The following observation illustrates what I believe to be at the heart of infant observation, from the observer's point of view. In this observation I felt myself drawn into an emotional force-field and struggling to hold on to my balance and sense of self.

Observation at 17 weeks: The start of weaning

> 'Celia sits in the rocking chair with Hannah facing away from her; Hannah looks around the room in an anxious kind of way; her head makes quick, darting movements from place to place, her eyes not focusing on any particular thing. She makes me think of an unsure bird. Celia said she had had a bath with Hannah the previous night; 'she lay on my tummy and I was remembering having a bath with her when she was still inside my tummy . . . she found my nipple by mistake and surprised herself by having a breastfeed in the bath.' Celia smiles and then looks very thoughtful before saying 'Did I tell you about how sad I felt?' Hannah continued to dart from object to object not really able to stay with anything. It was very distressing to watch. Celia continued, 'I have been feeling so sad, a deep sense of loss; I'm only just recovering

now, I know that. I did not bond with Hannah at the beginning; I felt responsible for her but it is only recently that I have felt close to her. I had this long labour that seemed to go on for ever and the most painful part of all was when Hannah was actually born; she didn't breathe for a while; I was asked if I wanted to hold her and I said No . . . I was terrified . . . I thought she needed the paediatrician. I didn't get to hold her for several hours after she was born; I knew I hadn't bonded with her; I still haven't, but I just occasionally get this lovely feeling which comes from deep inside me and I look at Hannah, and think, this is my daughter!' Hannah is still facing away from her mother, looking alternately now towards the window and then the door, repeating this action over and over again. The image of an unsure bird returned to my mind, now trapped and terrified. Celia, who could only see the movement of Hannah's head, not the expression on her face and in her eyes said lightly: 'First this way, no quickly back this way before you miss anything.' A feeling of terror gripped me. I had not been prepared for the emotional depth of this experience. Margaret Rustin says:

'. . . these aspects of learning are linked with W.R. Bion's distinctions between 'learning about' an intellectual activity and 'learning from experience' which leads to a kind of knowledge akin to the biblical sense of 'knowing', being in touch with the core and essence of something or somebody. This is a form of knowledge imbued with emotional depth.' (Rustin 1988)

Separation – mirrors, mothers and mourners

'Separation and individuation are conceived of as two complementary developments; separation consists of the child's emergence from a symbiotic fusion with the mother (Mahler 1952) and individuation consists of those achievements marking the child's assumption of his own individual characteristics. These are intertwined but not identical developmental processes.' (Mahler 1975)

Although Hannah could on occasions be seen to actively invite her mother to play by looking up at her from the breast, Celia was unable to respond sufficiently for this kind of activity between the two to get started. As Winnicott says:

'Many babies do have a long experience of not getting back what they are giving. They look and they do not see themselves.' (Winnicott 1971)

Up to this time, face and eye contact between mother and infant had, in the main, been avoided, and it appeared to me that Hannah now turned her gaze to the breasts, which became 'breast-eyes' in place of the gaze that was unforthcoming in her mother's eyes. Hannah now engaged in breast-eye contact, looking longingly at the breasts as though they were the only source of goodness available to her. Celia's

response to her infant's looking at these breast-eyes was to place something, as she had done before, between Hannah and herself. The object she chose was often a mirror. The veil that Celia drew across her eyes could be understood as her way of protecting her baby from what she perceived as bad. Then as the breast-eyes too began to close with weaning Hannah turned to her own body for comfort and self-holding, in the form of rocking (Mahler 1975). As well as substituting objects such as mirrors for Hannah to look at in place of the face and breast, Celia began to sit Hannah on her lap so that she faced away from her. This turning Hannah around could be understood as a way of avoiding her baby's hungry devouring eyes.

Celia's identification with the weaning process is seen in the following observation at twenty seven weeks, where primitive fantasies of eating, being eaten, incorporating and being incorporated are all in evidence.

Observation at 27 weeks

> 'Hannah is lying on her changing mat holding one foot in each hand. Celia looks lovingly at Hannah's exposed and bulging tummy and says "Just look at that tummy". She bends over Hannah so that her hair falls over Hannah's face and passionately kisses her tummy exclaiming "I'll eat you up!" Hannah grabs hold of her mother's hair. Celia says "Ouch! you rascal" and brings her head back up. Hannah reaches purposefully for her mother's glasses getting a firm grip on them, and pulling them off. Celia rubs Hannah's tummy again and calls her a little monster, a rascal, a wicked little person, and Hannah squeals in delight.'

In this sequence I felt that Hannah's purposeful and determined grabbing at her mother's glasses demonstrated her desire to get right inside her mother's eyes (as with the breast) and physically incorporate them into herself.

Substitutes and the external environment

Hannah developed an anxious attachment to her bottle of juice. At times she played excitedly with the teat, but her excitement sometimes held a note of desperation and the experience became so overwhelming that she turned away from the bottle in real distress. At thirty weeks Hannah's struggle to accept the bottle as a substitute for the breast was still apparent and, positioned in her mother's arms close to her mother's body, Hannah was helped to go through an experience which was painful for them both:

Observation at 30 weeks

'Celia holds Hannah in her arms and offers her the bottle of carrot juice. It is quite painful for me to observe what happens next; Hannah sucks a few times, quite desperately and angrily, but does not seem to be getting much out of the bottle; she is restless with the teat, and her whole body takes on a restless quality; she turns towards her mother's body, whimpering, whilst continuing to suck. Her eyes begin to close as if shutting out something unbearable. Her hands move restlessly over her body; she pulls and plucks at her own clothes; she finds some bare skin on her leg and caresses it, seeming to find some relief; she reaches for and catches hold of her foot. She spreads the fingers of her other hand in a movement of tension before relaxing them and wriggling them in the air. She continues 'doing something' with the teat in her mouth; her hand goes to her mouth and she puts her thumb into her mouth along with the teat. She sucks on both, but appears uncomfortable. Throughout Celia gives her whole concentration to Hannah, watching her all the time. Hannah's eyes close in sleep; her body jumps as if suddenly startled; she sucks a bit more; she becomes still; jerks again and whimpers. Eventually she becomes quiet and with the teat still in her mouth, as well as her thumb. Celia removes the bottle and I notice that it is nearly full. Hannah's thumb falls from her mouth. She does not stir. . . .'

It was clear to see that Celia was able to allow her baby's state of mind to make itself felt within her own mind, without being overwhelmed; and through the largely unconscious activity of her mind her baby's distress was given a shape and a meaning which rendered the experience more tolerable to the baby who was finally able to sleep.

'Through projective identification, the infant is brought into contact with his mother as a container – as an object with a space for the distress which he cannot tolerate, at the same time providing him with the opportunity for internalising a mother who has this capacity.' (Bion 1962)

The preferred position for play continued to develop whereby Hannah sat on her mother's knee or on the floor, facing away from her. Celia placed toys in front of Hannah and talked to her about them, encouraging her to take an interest in them. She sang songs as well, and told me that Hannah would listen contentedly for twenty minutes or so. Celia remembered sitting for long periods of time like this on her own mother's knee and recalled listening to her mother's heartbeat and finding it comforting. She was sensitive and imaginative when introducing Hannah to things in the external environment. Her skill and patient encouragement enabled Hannah to explore and discover at her own pace and in her own way and as a result she developed an ability to concentrate for long periods of time. At twenty eight weeks Hannah developed a strong preference for soft toys. In the

following extract Hannah was sitting on the floor, and her mother had just left the room.

Observation at 28 weeks

> 'Hannah drops her toy. She does not immediately pick up another. She concentrates her gaze on a cloth book. She pants excitedly and rocks her body a little to and fro. Then, in a controlled and co-ordinated movement she envelopes the surrounding area of the book bringing both arms forward at the same time in a kind of embrace, before gathering the book up with both hands. This is done with great concentration and precision. Hannah explores the texture of the cloth using both hands, passing the book from one hand to the other. Finally she takes the book to her mouth stuffing in quite a large section of it. She rocks her body a little and makes small contented sounds as she explores the sensations in her mouth. Eventually she drops the book and continues to gaze at it for a few moments where it lies on the floor in front of her.'

Hannah can be seen here having a relationship with the soft book, exploring and embracing it, filling her experience with meaning.

Mind the gap

Towards the end of the observations and when my leaving was within sight, mourning was given expression on a quiet and warm summer's day, in the garden. Hannah is in her baby walker in which she is now quite mobile.

> 'Hannah is watching her mother watering the plants with a watering can; she is intensely interested in this activity, which clearly is full of meaning for her. She alternates her gaze between the outlet on the tap and the spout on the watering can. Celia goes indoors to make tea. Hannah does a kind of dance in her baby walker. She pushes herself forwards and backwards by using the balls of her feet and to some extent the movement of her body. She waves her arms; her fingers move delicately in a kind of ripple, reminding me of reeds moving below the surface of a fast-flowing river. She dances in front of me, mainly looking thoughtful, smiling and talking as well, quite loudly at times. Her hand movements change. She turns them over so that they are now facing upwards and spreads her fingers. The movement now is more like a rustling, echoing the leaves on the trees, and the impression I am given is that she is feeling the spaces between her fingers . . .'

The spaces or gaps which Hannah is so clearly expressing in her hand movements are spoken of in words a few moments later by Celia, when she returns with a tray of tea. Celia tells me she would like something to fill up the gap in a corner of the garden, and asks me if

I think some ferns would grow there. She points to a small tree and says how pretty it is but is sad because she doesn't know its name. I say I think it belongs to the willow family. Celia replies that she does remember now. It is a weeping fig. As so often happened in the observations, both mother and baby talked to me separately as well as together.

Observer in the family

Before talking about my actual observing presence in this family, I would like to speak of the felt presence of the absent grandparents. 'The grandmother' was, it seemed, present in the form of a rather large chest of drawers which was used as an ample changing area. I wondered if this piece of functional furniture which had once belonged to Celia's grandmother provided the symbolic and necessary grandmother's holding, which was safe and comforting. For it seemed to me that Celia and Hannah were very much at home together on this secure basis. I observed some of the most tender interactions and playful contact between them during long nappy-changing times, perhaps because it felt close to the breastfeeding relationship. It was from her position on her maternal grandmother's chest that I heard Hannah's range of vocalisations develop; she talked to the talcum powder and tins of cream and learnt the joy of 'blowing raspberries'; she spoke her first Da Da's and Mum Mum's as she showed off her latest skill of holding her feet, one in each hand. In a similar way to turning her eyes to objects to hold on to, Hannah turned her ears to listening and using the sounds of her mother's voice and movements about the house to hold her during actual absences from the room. Perhaps it was the symbolic presence of the grandmother that evoked Celia's childhood memories and made it safe for her to think about and make several insightful and interesting connections between herself and her parents during these occasions.

Celia, Roger and Hannah each communicated with me in various ways. Roger's presence at the time of my visits was rare. He did, however, express acceptance and attach importance to my visits by serving tea, coffee and cakes. Celia, who was hesitant at the beginning, came to value my visits and to use me thoughtfully. She expressed interest in my Infant Observation seminar group and would ask about the other babies, and how Hannah compared with them. Her curiosity and questioning put her in touch with her own competitiveness which she commented on, as well as her fears of being judged by me, in some way. One day Celia asked to borrow a book from my course

reading list and I offered her an appropriate one. I felt her appreciation of this gesture, as well as the effect it had on perhaps making our relationship feel more equal to us both.

Celia knew I could see the delights as well as the struggles in her parenting of Hannah. Towards the end of the observations Celia was wondering what she and Hannah would do without my regular visits. In acknowledging the loss, I felt she was wondering who would see what she is unable to see and, as if to confirm this, she invited me to go into the garden with her to look at one of her quite new 'robust' plants which had been almost completely demolished, and she could not understand who or what could have eaten it or if it was diseased. It seemed that Celia, in her identification with the plant, was asking me if I could see with my eyes what was wrong, because she was not able to do so. It was perhaps not surprising that Celia was so hesitant at the beginning about being observed, for Observation implies being looked at with eyes which may scrutinise and threaten to penetrate.

Hannah grew to know me, use me, give of herself to me and communicate a whole range of experiences to me. Most striking was the way in which she initiated contact with me, engaging in full eye-contact for very long periods of time. Fixing her eyes on my eyes and holding me was an active communication, and one from which she clearly derived pleasure, reassurance and satisfaction. Celia would often say how Hannah really seemed to know me and I became aware that she sometimes behaved differently with me when we were alone and on occasions expressed such intense pleasure and excitement on seeing me that it was impossible not to respond. She had 'long stories' to tell of events that had gone on in the week before. The readers of this paper will have seen just how expressive this thoughtful little baby can be!

Summary

I have attempted to show how a number of events, both internal and external may have contributed to a specific disturbance in the mother-infant relationship. The extent to which this disturbance in the mother was compensated for can be seen in the infant's sensitive adaptation to her holding environment, as well as in the mother's capacity to give generously in other ways. Against a background of house-moving with its inevitable chaos, Celia was called upon to give up her professional identity and become, perhaps prematurely, and certainly unplanned, a mother. These events, I believe, contributed to the expression of her

depressive trends, a lowering of self-esteem and related doubts about her competence as a mother.

The father's supportive presence was essential to both mother and infant, whilst the loss of the holding older generation was deeply felt. I wondered about Celia's mother. Perhaps she too wore glasses and perhaps, as we have a hint in Celia's memory of sitting on her mother's lap, facing away from her, she too did not permit intimacy of a certain kind in play. I was left wondering if Hannah would grow up puzzled about mirrors and what the mirror has to offer. Winnicott (1971) says:

> *'When a girl studies her face in the mirror she is reassuring herself that the mother-image is there and that the mother can see her and that the mother is en rapport with her.' (Winnicott 1971)*

Where her mother's eyes were not in the main available to her, her mother's voice clearly was and Hannah developed a capacity to listen and a corresponding reliance on her mother's (and father's) voice to hold her.

Celia was happy to encourage Hannah to look outwards into the external world, to use toys and develop a capacity to play. What she was at pains to hide and protect her baby from were those things which she perceived as dangerous in herself. For this mother wanted her baby to look only at what was lovely and beautiful and what Celia knew for sure was that these qualities lay in her child, Hannah.

I would like to thank Asha Phillips for an unforgettable experience of Infant Observation Seminars.

References

Bion, W.R. (1962) *Learning from Experience*. London: Heinemann.
—— Ibid.
Brazelton T.B. (1974) 'The origins of reciprocity; the early mother-infant interaction'. In *The Effect of the Infant on its Caregiver*. Lewis M. and Rosenblum C.A. London: Wiley.
Breton A. (1927) *Le Surrealisme et la Peinture*. Paris: Gallimard. (New edition 1965).
Daws, Dilys (1989) *Through the Night*. London: Free Association Books.
Mahler M. (1975) *The Psychological Birth of the Human Infant, Part 1*. London: Karnac.
Raphael-Leff J. (1985) 'Facilitators and regulators: vulnerability to post-natal disturbances'. In *J. of Psycho-somatic Obstetrics and Gynaecology*, 4: 151–168.
Rustin M. (1988) 'Encountering primitive anxieties in closely observed infants'. *J. of Child Psychotherapy*, 14 (1) 106.
Winnicott D.W. (1960) 'Parent-infant relationship'. In *The Maturational Processes and the Facilitating Environment*, pp 43–44. London: Hogarth Press.
—— Ibid.
Winnicott D.W. (1971) 'Mirror-role of mother and family'. In *Playing and Reality*, 9; 131. London: Tavistock.
—— Ibid.
—— Ibid.

Notes on Contributors

Nina Coltart M.A., M.B., B.S.	Recently retired from full time private practice for thirty five years. Author of *Slouching towards Bethlehem* and *How to Survive as a Psychotherapist.* Director of the London Clinic of Psychoanalysis for ten years.
Salomon Resnik, Dr.	Full Member International Psychoanalytic Association. Training Analyst. Author of *Mental Space.*
Rushi Ledermann	Full member BAP, BAAP. Training analyst SAP. Author of many papers and reviews. Contributor of chapter in Psychopathology (ed. Andrew Samuels). Invited speaker at International Congress of Analytical Psychology, Chicago 1993.
Yvette Wiener	Associate member BAP. Diploma member IPC. Psychotherapist in private practice in London and East Sussex.
Eve Warin	Fourth year student member BAP. Formerly teacher Child and Family Department, Tavistock Clinic. Consultant to Educational organisations.

Book Reviews

Mental Space

Salomon Resnik. Karnac Books 1995. pp. 144 Pb £15.95

Mental space: a place in which to think, feel and put things, both good and bad; a place which can hold dreams, memories, thoughts and feelings, allowing for self-observation and for an inner perspective which can give the unconscious its due. A space within for creative solitude.

Acknowledging his influences from the British school (Klein, Bion, Rosenfeld, Winnicott, Segal) and illustrating his ideas from the work of artists and patients, Resnik has given us a beautiful collection of essays on psychotic experience. It should be emphasised that this is not a book on psychosis but on the psychotic dimension of experience.

Resnik describes his way of working and his relationship with his patients and how he deals with their neurotic or psychotic material as it comes up. All too familiar to us is the flat world of the disturbed patient with its emptiness and avoidance of feelings. There is a refusal to permit room for anything which may allow emotional links with reality. Because they have no space inside themselves, the emphasis is on what is outside and this so often becomes persecutory. They need to learn to build up 3-dimensional contact through interactions with their analyst. For this to occur the analyst needs to make his presence felt as someone with a voice and body – he needs to become experienced as an object. Then slowly, these patients learn that they are attached to someone who can hold/contain things and they become more in touch with reality.

This is why Resnik stresses the 'double transference' and the tension and phantasy between two people in this special situation. He is concerned with what patient and analyst each contribute to the other in the therapeutic space. He stresses the importance of the analyst containing the patient's transference in his countertransference without losing his boundaries. The psychotic transference is 2-dimensional. It has no depth and is characterised by excessive idealisation or denigration as a way of warding off danger. By accepting a patient's extreme projections of positive and negative the analyst works hard to gradually make the relationship feel safer.

Throughout life, from the terrible shock and trauma of birth and the ensuing total dependency of infancy onwards, we need a good

container. Resnik feels that the analyst should be used as just such a container so that patients can learn to create a boundaried space in themselves, but it is hard to get this just right. If the distance is too close one achieves 'parasitic object relationships' and, if it is too far, it can feel persecutory or abandoning. Because severely disturbed patients have little sense of space or volume they either want to incorporate or push away the other and hence their profound difficulty in forming close relationships.

Inordinate apathy, manic busyness, addictions are all ruses for trying to avoid the pain of feeling by making mental space vanish. Resnik has a marvellous facility for understanding psychotic experience. By focusing on the atmosphere of each session, particularly the body and its emotional life, Resnik monitors how all this unconscious experience reverberates within himself. With his close attention to the patient's exact turn of phrase which he may in turn repeat back, his instinctive response to the patient's words and noises and their associations, Resnik tries to sustain a secure space in which separateness, communication and dialogue can be endured; where difficult feelings can be explored, pauses can be tolerated, playfulness can be enjoyed and interpretations can be heard.

In creating mental space we need to repair our own internal homes and find the warmth (mother) and structure (father) in ourselves. Even more importantly we need to be in touch with the 'structuring combined parents' rather than Klein's 'persecutory combined parents': this benign internalisation of the parental couple is our chief support at stressful times.

In the case of 22 year old Charles who came to his first analytic appointment with his parents, Resnik illustrates how seriously disturbed patients so often come into therapy with their network. It is one way of showing all the split off parts of their ego which they cannot deal with. Kleinians are not happy to dilute the transference by being in touch with family members but Contemporary Freudians and Independents take the external network of these patients into their interpretations with the hope that the analytic space can provide a safe repository for all these ego bits until they can be incorporated into the patient's own psychic space.

Salomon Resnik, with years of psychoanalytic experience behind him, is the ideal analyst to encourage each of his patients to stay inside his/her body and register feelings. Despite his undoubted erudition he is one of those rare analysts who can warmly identify with his patients and in so doing can facilitate their difficult journey towards reality

without being priggish or judgmental about the hazards and setbacks inherent in this developmental voyage.

JUDY COOPER

Special Care Babies and their Developing Relationships

Anne McFadyen. Routledge 1994. pp. 194 Pb £12.99

Alan is a twenty six week preterm baby whose mother and her partner have celebrated his 100th day in the same week that his expected date of delivery passes without notice. He has not yet been able to be weaned off the ventilator.

At the heart of this book are four Infant Observations of preterm babies, and four 'stories or narratives' from these infants' mothers. These are followed by the author's 'pursuit of meaning', the understanding she has of these families which she says is not necessarily different from the families' understanding but 'perhaps making some more specific links in each case than it may have been possible or bearable for them to make'. The author takes us into the Special Care Baby Unit and shares her experience in a most vivid way, then weaves it into the influences on the baby's developing relationships. She helpfully suggests three broad categories that might encompass the tasks which face these children and their families: 'First, after a hazardous beginning, the child has a good neurodevelopmental outcome, and the family have to get on with their lives and "allow" the child to do so too. Second, the child and family have to adjust to the child's chronic disability. Third, after a poor start and a good recovery, they have to cope with hidden disability which presents later on'.

McFadyen did this work while training as a child and adolescent psychiatrist at the Tavistock Clinic in London. Her thinking about this experience is consequently informed by her psychoanalytic experiences there but even more so by the family therapy literature which has struggled with the integration of accepting *what is real*, in this case the traumatic effects of admission to the Special Care Baby Unit on an infant and its family, and *our construction of others and the world*, and the interaction between our construction and that of others – parents, nurses, doctors, etc. She argues for a 'hierarchy of meaning' which fits together different theoretical perspectives and acknowledges the importance of inner world experience, relationships and the wider

historical and social context. 'Infants in Special Care are part of a series of ever-expanding systems which fit into each other, rather like Russian dolls'.

The vulnerable relationship between the mother and baby lies nested at the nucleus and will be affected by differences between family members and professional staff as well as the baby's own fragility. Medical workers may deliberately distance themselves to manage their task of caring for babies, but for mothers 'there is no right distance and no right way to do it'. McFadyen sees that baby, mother and staff must be held safely or 'contained and kept in mind' to facilitate growth and development of all.

The first section of the book entitled *Theoretical Considerations* presents relevant theory about the earliest relationships and illustrates the processes in the development of those relationships. McFadyen examines various theories with the understanding that the properties of the whole derive from the properties of the relationships between the different theoretical schools which include Freud; Object Relations represented especially by Fairbairn, Klein, Winnicott and Bion; Attachment Theory and the work of John Bowlby; and developmental psychology which she notes has made the greatest strides in the last 10–15 years in moving towards rapprochement with other theories and towards a broader perspective.

One of the most valuable aspects of the book for me is the use McFadyen makes of her own responses to her experiences. She uses her personal reactions to the ward – hot, crowded, uncomfortable, noisy, without privacy, and throwing her own sense of herself and her identity into question – as a means of understanding what it may be like for others. She sensitively reflects upon her countertransference experience of the fragile babies, their mothers and the staff. The stories from the mothers reflect their sense of isolation, feelings of being overlooked in preference to the baby, fear of criticism from the staff and other parents, their protective and persecuted feelings about their baby, as well as their difficulties in relationship to fathers and siblings.

In the descriptions of the babies and the interviews with mothers, the author demonstrates the sensitivity required to do an infant observation of premature or very ill babies and these sections would be especially useful reading for anyone planning to do such an observation.

McFadyen shows us the long term effects of such a 'crisis in the family' with the observations and stories of two older girl babies of

6½ and 7 months which demonstrate the importance of the mother's experience during pregnancy and around birth. The mother's own history often reflects a struggle with social adversity, which the author suggests includes poverty, emotional deprivation and difficulties with adult relationships. She gives examples of each child's psychological development and features of the parent-child relationship which reflect that history, especially in the areas of separation and weaning.

The final section of the book, *Outcome and Intervention*, considers the future of Special Care babies. As in other parts of the book, she reviews the literature and research, especially in the realm of follow up studies and the appearance of problems later in childhood and at school age for Very Low Birth Weight infants (usually less than 1000 grams).

The author states that the book was not written in the order presented and she hopes that readers will dip into the book and read what suits them. Having read it through in order, I offer as criticism that although she has carefully subtitled her chapters and areas for discussion, it sometimes seems disjointed and she does not stick to the categories. She tries to separate them out, but there is overlap. As she says, everyone who speaks about the babies ends up talking about the adults. Perhaps this supports her emphasis on trying to hold on to the whole picture. It may also reflect the baby's and mother's experience – not the settling down of a healthy term baby at home, but up to 20 carers in a changing environment. McFadyen's sense of her own lack of status and identity on the ward also seems to reflect what it is like to be a preterm baby on such a ward.

The *Concluding Comments* are an excellent encapsulation of some of the hazards for Special Care infants and some issues which need to be considered. I am grateful to McFadyen for a very good literature search and bibliography. Some very important comments, which might be just one sentence in length, are sometimes in danger of being lost in this broadly defined book.

The book reflects Anne McFadyen's down-to-earth common sense approach to work. The timing of this work, fuelled as she says by her own pregnancies and the infancies of her own two boys, lends an intensity of interest and involvement to her expression and conceptualization.

ANITA COLLOMS

TORN IN TWO
The Experience of Maternal Ambivalence

Rozsika Parker, Virago Press 1995, pp. 299 p/b £12.99

Torn in Two is a book with a mission. Rozsika Parker boldly addresses the fact that experiencing ambivalence towards one's children is an integral part of mothering. She sets out to show that, if recognised, a conflictual relationship can be a source of creativity. She criticises psychoanalytic therapists for seeing it as a matter for reproach and therefore generating guilt and a sense of persecution in mothers; feelings which she sees as compounded by society and by women's own assumptions about motherhood which arise from their life experiences.

Parker regrets that psychoanalytic theory and practice has concentrated too much on the child's point of view to the exclusion of the mother's and she now writes 'on the mother's side' to try to rectify the balance. If hatred is hidden and never discussed, writes Parker, love and hate become polarized and there is no chance of positive feelings mitigating the negative ones. The problem is not ambivalence but how to manage it and her contention is that recognition of mixed feeling promotes reflection, understanding and a knowledge of the child as a separate person. She feels that although Freud and then Winnicott have opened the way to understanding maternal ambivalence and have recognised the consequences of hidden hate turning into masochism, the transformative potential of facing and dealing with conflict has never been properly recognised.

Just as the Kleinian baby learns to tolerate love and hate towards the mother and to see her as a separate person, so does a mother learn to manage polarised feelings towards her baby. This avoids the need to denigrate or idealise and promotes responsibility, concern and a sense of difference. It is only achieved, however, with experience of loss and sorrow; acknowledging hatred for a loved child can be an acutely painful process. If guilt becomes overwhelming the mother will resort to a schizoid state in which the baby is seen as bad and she as unjustly persecuted.

Parker sees guilt as the main obstruction to recognition of ambivalence; a guilt which is augmented not only by women's own hopes for ideal mothering but also by society's ideal of a self-negating mother, ever present and ever loving. It is not always easy, however, to see how she distinguishes guilt from a sense of failure.

The second chapter expands the 'fantasy of oneness'; a mutually

identified, completely harmonious mother and child. The author describes this sentimentalized idea of motherhood as a defence against recognising that at times mothers hate their children and she says it impedes the progress of practical help for mothers such as provision of maternity leave and child care and flexible working hours. Parker repeatedly makes it clear that society does not impose this ideal on women but exacerbates their difficulty in shedding it.

Another exacerbation, she says, comes from psychoanalytic theory which presumes that the analytic relationship, in which there is holding and empathic response giving rise to fantasies of oneness with the analyst, replicates the mother-child relationship. It is considered, she says, that when the patient regresses in treatment it is to the level of a child merged with and dependent on its mother. Mistakes arise when what is beneficial in the consulting room is transposed to ideas about child care. Here it is not entirely clear what she means. As I see it, in the process of psychoanalysis a patient painfully learns to match fantasised 'oneness' against the reality of no 'oneness'. The disappointment involved can only be tolerated in a holding environment such as is necessary to enable a child to separate from its mother.

Although Parker accepts that some mothers (and maybe babies too) experience a joyful 'oneness' when their babies are tiny, the author is somewhat dismissive of the importance of a harmonious start as a help to enable mother and child to appreciate moments of shared experience of warmth and enjoyment, instead of hoping for an uncompromised state of merger. She prefers to emphasise acceptance of hatred as the most important agent in achieving this state.

The author explores reasons for which mothers might hate their children, including projection of unwanted parts of themselves which the child fails to change or repair and unfulfilled hopes of perfect mothering, either directly or by identification. She quotes Fairbairn's and Winnicott's ideas that hatred arises from frustrated need and emphasises a mother's need to feel her mothering is valued. She convincingly discusses the destructive consequences of unacknowledged hate and presumes that the chief reason for not acknowledging it is guilt. This arises, she contends, from society's constant refusal to accept that hatred is an integral element in mothering and a necessary element in separation (though towards the end of the book she says it is not always necessary for a boy to denigrate his mother in order to separate and alliance with her can be equally effective).

One could say, however, that if disappointment is the main generator of hate, then the antidote to hatred is not love but a feeling of

satisfaction and a valuing which leads to acceptance of compromise; this in turn can allow for the emergence of love which means seeing the child as a separate person, bringing with it a capacity for guilt. Acknowledgement of hatred is the first and vital step towards acceptance of disappointment and loss achieved through mourning. Difficulty in achieving this process may be due not so much to guilt as to fear of abandonment and loss which Parker sees as the main reason for idealisation of motherhood and which when talking about bereavement or anticipated bereavement, she acknowledges as a forceful inhibitor of guilt. If the fear is too great compromise cannot be risked.

Inability to recognise hatred therefore, may be more a matter of ego strength than guilt. If hatred is recognised, all is not well and never will be; a bitter blow to those for whom less than perfect has meant in the past far from good enough. Hate can be put to the service of liberation but it can also serve as a binding tie. I agree with Parker that society, which after all is only a collection of disappointed humans, castigates mothers who fail their hopes as well. We could therefore say that hatred exists in proportion to disappointment.

If this is so, acknowledgement of hatred is not enough and although she talks in terms of diminishing mothers' guilt, Parker touches on many ways in which society might help to lessen hatred itself. She recognises that pinning all hopes of repair of past loss and deprivation on a baby is dangerous. A supportive and helpful partner, opportunities to 'engender and love' something else besides the baby and a more highly esteemed place in society would all help to soften disappointment in a baby who can't put the past to rights.

The author admits to being provocative in choosing to write 'on the mother's side'; it leads her into some deep water. Firstly is it true that psychoanalytic psychotherapy operates 'on the child's side'? The outcome of such therapy may often be a much greater understanding of the needs and conflicts besetting a mother who has previously been viewed as monstrously cruel. It is only when the viewpoint of the child has been thoroughly explored that there may be room for the 'mother's side' to be considered. Similarly, as the author repeatedly acknowledges, mothering can give little satisfaction to either mother or infant if the child in the mother has never been attended to. 'Child's side' and 'mother's side' therefore may prove to be a false dichotomy.

Throughout the book the author stresses that mothers have needs of their own and that these are, at every stage, in conflict with those of the child. Guilt about owning or gratifying her own needs may lead to a mother feeling hidden resentment with all its destructive

consequences. 'At heart most mothers worry that a child will not withstand separation' says the author and she thinks this is because an irrational and dissatisfied child in them joins forces with the protests of their own children. She does, however, concede 'Perhaps this is a more rational fear in relation to an infant'.

In some situations it can only be an academic exercise to consider a mother's point of view separately from the child's and not enough is said about the necessity of weighing up comparative ego strengths and setting priorities. Guilt about leaving children may sometimes be appropriate. Parker does touch on the difference between fantasised and enacted aggression but she seems not to include speech in enactment and I wonder if it is useful to talk about mothers expressing hatred without more detailed thought about the effect on children; after all hatred can be acknowledged without being expressed.

Sympathetically and realistically, Parker disagrees with Winnicott's notion that good enough mothers do not retaliate. All mothers retaliate in some form at times and usually wish they hadn't. As Winnicott says, the depressive position, which is the capacity to distinguish between self and other, real and ideal, breaks down in face of helplessness and Parker very usefully considers how little society helps mothers to mourn imperfections and to find self esteem in their job. She points out that in order to achieve Bion's 'reverie', a mother must be able to be in touch with her own turbulence of terror and anger and a wish to shut the baby up.

This book is greatly enhanced by extensive reviews of literature and perspectives on motherhood through different centuries for instance in considering aggression in mothers (chapter six). The chapter examines views in which mothers are polarised between the feminine, self negating and loving and the aggressive, smothering and phallic. Parker quotes Freud's view that a 'mother is active in every sense towards her child' and feels that the initiative that mothers need to take from pregnancy onwards, is unappreciated; in fact society encourages passivity which is not useful. I think she loses an opportunity to consider that hatred, arising from the unmet need to feel worthwhile, could usefully be recognised and responded to, not by seeing mothering as a burdensome unskilled job in opposition to more highly regarded paid work, but by valuing parenting and making it a source of esteem. At times she implies that the only way of dealing with ambivalence is by leaving the child.

One of the main strengths of this book is the author's ability to consider from many different aspects that motherhood is full of

contradictory desires and identifications. No-one is completely grown up and an adult with the ability to regress to the level of enjoying children's games and humour can join in fun with small children; at other times this accessibility of a child within herself may be less useful. There are some adults who cannot play and dictums about playing with children may lead to dutiful 'quality time' of unenjoyed play, whereas there may be other ways in which mother and child can connect which are just as profitable. In other words prescriptions for motherhood are not useful and duty tends to engender feelings of failure and hate.

Addressing the question of whether gender makes a difference to a mother's capacity for love and hate the author gives a full and interesting account of the struggles that can go on between a mother and child of either sex and emphasises how none of these can be stereotyped because they spring from tensions within the mother.

Parker is aware that in writing about a mother's point of view she leaves out the father's and that the two cannot always be considered independently. There is some inconsistency in her attitude to fathers. She tells us that unhelpful fathers can be more trouble than they are worth, and even seems to imply at times that fathers are not necessary. On the other hand she acknowledges that the presence of a loving father in a family can be a huge asset, both in moderating a mother's anxiety and helping her self esteem and by providing the child of either sex with an alternative and essential identification. Psychoanalytic theory, writes Parker, needs to catch up with social changes (such as single parent families, fewer children and different expectations of women). I think we can't cook the books and we need to accept that some changes have brought deprivation with them, but it is important for psychoanalytic discoveries about human requirements in both adults and children to be put to a use which is more imaginative and appropriate to present day life.

Rozsika Parker lets mothers speak for themselves, using many pertinent and moving quotations from women she has interviewed or has met in her consulting room. She urgently wants to lessen the burden with which mothers are faced of trying to be perfectly loving; a burden which has all sorts of destructive outcomes for both mother and child. Despite containing some inconsistencies which lead to confusion this book is very readable and will generate thought, discussion and discomfort among mothers, fathers and professionals; it deserves to be read.

ANNE TYNDALE

Cracking up: The Work of Unconscious Experience

By Christopher Bollas. Routledge 1995. pp. 264 h/b £40.00 Pb £14.99

Once you have read this book you will know I am stating the obvious when I say that the book is an expression of Christopher Bollas' 'idiom'. He prefers to use the concept of 'idiom' (which he derives from Winnicott's 'true self' which he sees as being derived from Freud's 'id') 'as it specifies the dense particularity of personality'. In reading the book one comes into contact with Bollas, the boy who ran in his school's relay team, the antiwar protestor, the husband in imaginative dialogue with his wife, the father who discussed Egyptian history with his young son, the man well educated in literature and music and the talented and creative thinker. These aspects of Bollas appear in the book alongside his own theoretical concepts like that of 'idiom' and 'terminal object' and 'integral object' – again derived from Winnicott – this time from his 'transitional object'.

When I began to read 'Cracking Up' my emotional experience was one of confusion, then understanding, not understanding, leading to feelings of being lost, which eventually resolved into feelings of restoration as his writing began to inform and illuminate my own work and I came to be able to identify with what he was describing.

I doubt that Christopher Bollas set out to write a psychoanalytic textbook with the aim of teaching a tradition – in fact, I imagine the idea would not occur to him. His clinical examples do not contain pompous, well thought out, perfectly-timed transference interpretations, the like of which often leave me feeling inadequate and thinking, 'Why can't I think of something like that to say at a time like that?' Rather, his clinical examples portray a meeting of two minds – sometimes hard at work, at other times more at play – but at all times involved in a live process in a creative space.

Having said this is not a textbook, the first three chapters can be read as chapters on technique. Bollas does not write about 'how to do it'; instead he questions and explores 'what happens' and 'how' and 'why'. And through that very process he frees the reader to question and wonder alongside him.

My favourite chapter is the one on 'Dissemination'. It is, in my view, a brilliant piece of writing. In it he makes clear his ideas about

Freud's 'psychic intensities' through an extended account of what he calls an ordinary life experience of his own. He allows the reader access to his own free associative processes and concludes the chapter with his thesis that fundamental change comes about through the continuous exercise of unconscious freedom.

I found the chapter on 'The Structure of Evil' to be particularly forceful. Here Bollas considers the serial killer and, in the tradition of Winnicott, he seeks to find and make sense of the disturbing but 'positive' use of the 'evil act' by the person committing the 'evil deed' in a way that leaves a judgmental view out in the cold. Having clearly outlined what he believes to be the steps in the evil process, he fittingly concludes the chapter by reminding the reader that the structure of evil is personally knowable to everyone.

In light relief he concludes the book with a chapter on humour.

Bollas writes in a very immediate way – 'yesterday I did this . . .', 'a moment ago I argued that . . .' By permitting the reader to observe his personal way of thinking, he fosters in him the process of creative thought. Often I found my mind wandering – not from boredom or lack of interest – but from reading something which I found released my own imagination.

This book is demanding and challenging. It will appeal to those who want to be encouraged to examine existing psychoanalytical concepts from a fresh perspective.

Perhaps the most meaningful statement I can make about the book is to say something about how it affected me personally. During the week when I was reading it I was particularly stuck with a patient who was stuck in a particular way. By the end of the week something in me and in this patient had changed – her thinking ability had been freed up quite dramatically. It was only when I came to write this review that I realised that what had changed had come about as a result of my reading 'Cracking Up'.

It is a book I will return to when I am at an impasse – I cannot recommend it to you more highly than that.

SUE JOHNSON

Publications received

AGAZARIAN, YVONNE & PETERS, RICHARD *The Visible and Invisible Group* Karnac Books 1995 302pp p/b £19.95

ALDER, BETH *Psychology of Health* Haywood Academic Publishers 1992 208pp h/b £26 p/b £12

ASTOR, JAMES *Michael Fordham: Innovations in Analytical Psychology* Routledge (1995) 271pp h/b £37.50 p/b £13.99

BATEMAN, ANTHONY & HOLMES, JEREMY *Introduction to Psychoanalysis: Contemporary Theory and Practice* Routledge 1995 289pp p/b £12.95

BOLLAS, CHRISTOPHER AND SUNDELSON, DAVID *The New Informants: Betrayal of Confidentiality in Psychoanalysis and Psychotherapy* Karnac Books 1995 232pp p/b £16.95

CAMPBELL, DAVID ET AL *Learning Consultation: A Systemic Framework* Karnac Books 1995 176pp p/b £16.95

CORRIGAN, EDWARD G & GORDON PEARL ELLEN (eds) *The Mind Object* Karnac Books 1995 263pp p/b £19.95

DE BONO, EDWARD *Parallel Thinking* Penguin Books 1995 228pp p/b £6.99

DOUGLAS, TOM *Scapegoats: Transferring Blame* Routledge 1995 213pp h/b £31.75 p/b £12.99

DRYDEN, WINDY *Brief Rational Emotion Behaviour Therapy* Wiley 1995 234pp p/b £12.99

FARMER, CHRIS *Psychodrama and Systemic Therapy* Karnac Books 1995 135pp p/b £12.95

GILLESPIE, WILLIAM *Life, Sex and Death* The New Library of Psychoanalysis 1995 208pp h/b £40.00 p/b £14.99

LEADER, DARIAN & GROVES, JUDY *Lacan for Beginners* 1995 171pp p/b £7.99

NEWMAN ALEXANDER *Non-Compliance in Winnicott's Words* Free Association Books 1995 459pp p/b £25

PERLOW, MEIR *Understanding Mental Objects* The New Library of Psychoanalysis 1995 206pp h/b £40.00 p/b £14.99

RAYNER, ERIC *Unconscious Logic* The New Library of Psychoanalysis 1995 180pp h/b £40.00 p/b £14.99

SCHAVERIN, JOY *Desire and the Female Therapist* Routledge 1995 231pp h/b £45 p/b £17.99

SINGER, JUNE *Boundaries of the Soul* Prism Press 1995 486pp p/b £10.00

SUTTON, NINA *Bruno Bettelheim: The Other Side of Madness* Duckworth 1995 524pp h/b £25

VALENTIS, MARY & DEVANE, ANNE *Female Rage* Piatkus Books 1995 234pp £9.99

PSYCHOANALYTIC PSYCHOTHERAPY

Journal of the Association for Psychoanalytic Psychotherapy in the National Health Service

A·P·P

The areas covered in original articles include the application of psychoanalytic ideas in institutions, audit and evaluation of services, clinical work with adults and children, theoretical formulations and training matters.

Contributors to the journal include psychoanalytic psychotherapists, psychoanalysts and child psychotherapists, from the UK and from the rest of Europe. Most work in the public sector in Health, Education or Social Services, and some are in full-time psychoanalytic practice. A comprehensive Book Review section complements the wide range of subjects included.

Members and Associate Members of the APP receive the Journal automatically. For other subscribers the rates are as follows: Individuals £24 for three issues; Institutions £30 for three issues; Single issues £9. Cheques should be made payable to **Psychoanalytic Psychotherapy.** Or use your credit-card to telephone your order.

The journal welcomes submissions in the form of original articles, clinical reports and theoretical papers as well as book reviews concerned with psychoanalytic psychotherapy. These should be submitted in quadruplicate, typed in double spacing on one side only and with wide margins. A copy should be retained by the author as submitted copies will not be returned.

All enquiries, subscriptions and manuscripts should be sent to:

Psychoanalytic Psychotherapy
24 Middleton Road
London E8 4BS Tel: 0171-241 3696

Therapeutic Communities for Offenders

edited by Bridget Dolan

A special issue of *Therapeutic Communities: The International Journal for Therapeutic and Supportive Organisations* with papers from the UK, Canada, Holland, Finland and Slovenia

Contents include

100 pages

Price £9.95 including p&p
cheques payable to Therapeutic Communities

Available from
Publications Office, Association of Therapeutic Communities
13-15 Pine Street, London EC1R 0JH

Therapeutic Communities is published by the Association of Therapeutic Communities, a registered charity no. 326108

Memory "facts" —

"of the lost paradise —

not glittering the past back through remembrance

"... whom one recognizes not in the past not in the present but in the moment which finds past and present together"

(p 77)

NOTES FOR CONTRIBUTORS

Papers, particularly from Members of the Association, are welcomed and should be sent to the Editor, Midge Stumpfl, 21 Cantelowes Road, London NW1 9XR and books for review to Ruth Berkowitz, 18 Kensington Park Road, London W11 3BU.

Manuscripts should be typed in double spacing on one side of the paper only and be submitted in duplicate. The maximum length of any one contribution is normally 7000 words. The Editor reserves the right to edit all contributions.

Each author must confirm in writing to the Editor before a contribution is accepted for publication that:

a. publication does not involve any breach of confidentiality or professional ethics, and

b. publication does not infringe the copyright of any person and

c. he/she indemnifies the BAP in respect of any claim arising from publication of the material, and

d. he/she is submitting the material on the terms set out on the inside front and back covers of the Journal.

REFERENCES

An important responsibility of the author is the preparation of a correct reference list. In order to be certain that the reference is correct it should be re-checked against an original source. Authors should be listed in alphabetical order. References within articles should indicate the surname of the author followed by the date of publication in brackets, *e.g.* (Khan, 1972), References should include authors' names and initials, the date of publication in brackets, the full title of the article, Journal and the volume number or page reference, or for books with the title underlined (italicized) and the place of publication and the name of the publisher given, *e.g.*:

James, H.M. (1960) Premature ego development: some observations upon disturbances in the first three months of life. *Int. J. Psychoanal*, 41: 288–295.
Winnicott, D.W. (1971) *Playing and Reality*. London: Tavistock.

For further details of grammatical, punctuation style and spelling conventions, please consult a member of the editorial board.

Printed by The Charlesworth Group, Huddersfield, UK. 01484 517077

ISSN 0954 0350