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SPACE AND TIME FACTORS AS RELATED TO SCHIZOID CONDITIONS

HENRI REY

In this paper I shall discuss the concepts of space and time and their relation to schizoid conditions. I will start by giving a brief summary of what I intend to explore.

First to give a solid basis to our theories and interpretations in psychodynamics, I will consider the changes in the brain during phylogenesis and then a recapitulation of phylogenetic stages during ontogenesis, that is, during the maturation of the brain in the human being. Then I will discuss what Freud and Jung had to say on these topics. There will also be reference to the relative role of soma and of the environment.

It will be necessary to consider how in the baby and child's notions of space, movement and speed, then later time, gradually develop. Schizoid conditions have been influenced by the work of Melanie Klein and others on analysing young children, and observing infants in a great outburst of later research.

Following the description of schizoid states I shall present clinical examples of patients showing pathologies of these earlier phases still at work and directing their behaviour through adulthood.

The fascinating history of the evolution of the human brain

It is necessary to elaborate more on brain function. Sir John C. Eccles (1989), a Nobel Prize Winner, is one of the greatest neurologists and scientists of the twentieth century. Before him in the words of the Editors of his book, there have been very few attempts to describe the evolution of different zones of the brain from the apes right up to man. Sir John Eccles presents a reconstitution as detailed as possible according to actual knowledge of the essential stages of the origin of the human being. He demonstrates how the neural structures have developed to account for the passage to 'bipedia', language, the expression of emotions, and apprenticeship. Going through diverse series of neurophysiological and paleontological facts we arrive at an interdisciplinary genesis of the human species.

Karl Popper has written this foreword to Eccles' book:

> 'I consider this book as unique. The problem of the descent of man has been intensely discussed since Darwin, but never before has a neurophysiologist presented thus the most important question of all: the evolution of the human brain and of man's consciousness. This book is a synthesis of comparative anatomy – and specially the comparative anatomy of the brain – of paleontology and archaeology (which has rarely been done before), and particularly of language – and of philosophy. All that is inscribed within the framework of Darwinian evolution, taking into account the latest development and criticisms of Darwinism. The result which was never achieved before, is a detailed panorama of our history presented in: *The Evolution of the Brain. Creation of the Self*, by John Eccles.'

Thus there is a concrete factual study of the stages of brain development in the course of evolution. As new parts of the brain were developing together with new phases of behaviour, the capacity for the representation and memory of those activities was recorded in the brain thus making it possible to repeat them.

I wish to clarify the notion of memory during phylogeny and ontogeny. It is not suggested that it means recalling ancient happenings as they occurred. However, the 'interpretations' made by the brain neuronal mechanism at the time thousands of years ago and more, are still there and could 'interpret' present events such as learning to speak in a very short time during ontogenesis as they did in the past but taking an immensely long time. For those interested in the subject there is an interesting book *The Invention of Memory: A New View of the Brain* by Israel Rosenfield (1988). It deals with the history of localisations of functions in the brain compared to the brain functioning as a whole. This is relevant to part-object and part-functions in psychodynamics.

There is one more point that must be mentioned about the brain which is the asymmetry between the right and the left sides. This can only be seen in man. It is a very important step in evolution. Functions of each side of the brain are in part different but not completely so and this difference is important for it saves brain space by not reduplicating the functions of each hemisphere.

This means that in right handed people, the left hemisphere is responsible for the more advanced functions such as conceptual thinking, verbal activity, logical, mathematical and so on, whilst the right is occupied by activity of a spatial nature. The left side, as if to say, is more advanced in evolution and matures later than the right side.

The great neurologist and research worker Sperry (1982) writes:

> 'The functions of the right hemisphere are non-sequential, non-verbal, non-mathematical by nature. They are largely spatial and pictorial. The functions are to recognise faces, to rediscover a drawing in a more extensive picture, to reconstruct a complete circle from the fragment of an arc, to recognise and discriminate complex forms without a name, to achieve mental transformations in space, to differentiate musical notes, classify sizes and forms, perceive the whole from its parts and to have an intuitive perception of geometrical principles'

In *Universals of Psychoanalysis* I write:

> 'The very first level of the hierarchical organisation of the body is clearly at the level of chromosomes and genes. They represent the dynamic memory of what Freud called the pre-history of mankind: an ontogenic recapitulation of phylogeny. As the genetic programme unfolds and materialises, another kind of memory is constituted by its action on the formation of the brain. The genes have passed onto the brain their knowledge and "memory" in the form of neurological structures. This neurological knowledge itself plays an important part in the structuring of the first primitive mental processes. The latter in a way contains the former as tendencies but are not completely identical. This is how we psychoanalysts are in touch with the somatic processes by means of concepts such as instincts, drives, symbolic representation and object relationships. Freud writes: "Somewhere the id is in contact with the somatic processes from which it derives instinctual energy and to which it gives mental expression." Can one ignore those early and primitive borderline layers between matter and mind when we see them persisting in the archaic primitive phantasies of our very ill patients or in the dreams? These processes are very important, practically as well as theoretically.'

Fundamental to the understanding of the relative role of soma and environment is the difference between 'elective' and 'instructive' instructions (Medawar 1959). Thus, genetic instructions are performed in the sense that they are already there. The environment brings out potentialities in the embryo in a way which is exact and discriminating and specific, but it does not instruct the developing embryo in the manufacture of its particular ferments or proteins or whatever else it is made of. These instructions are already embodied in the embryo. The environment causes them to be carried out. This is Darwinian heredity, an elective method. With the evolution of the brain another kind of hereditary system has evolved. The brain has emerged to accept information from the environment acting in an instructive way, not an elective way. By contrast with the Darwinian system this one is a Lamarckian one. As the information can be passed on from one brain to another and from one generation to another, a non-genetical system of heredity has been evolved of tradition in the most general

sense. (Freud's superego or precipitate of cultural experiences would be an example!) Medawar borrows two words from Lotka to distinguish the two systems of heredity enjoyed by man: **endosomatic** or internal heredity for the ordinary or genetical heredity we have in common with other animals; and **exosomatic** or external heredity for the non-genetic heredity mediated through tradition. Medawar distinguishes four stages in the psycho-genetic evolution of the brain. Firstly, a brain responding in an elective way to stimuli of the environment, ie. instinctive or role behaviour. Stage two involves the beginning of the capacity to accept instructive stimuli from the outside world. Stage three involves a more complicated brain which is not only capable of receiving instructions but also able to pass them on. A non-genetical system of heredity. Stage four involves a considerable acceleration and development of the process.

Thus the human brain in terms of phylogenesis and ontogenesis will react differently at different stages of its ontogenesis to instructions from the environment. Not only will it react in an endosomatic manner at a certain stage and in an exosomatic manner at a later stage, but there will also be a stage of borderline differentiation with the same signal procuring these stages of more advanced but limited instructive responses. Thus we can understand the difference in quality and fixity of experiences in early and late stages of development and the critical periods of imprinting described by Freud.

Here are two quotations from Freud on the subject of phylogenesis and ontogenesis. In the *Interpretation of Dreams*, Freud (1900) writes:

> 'Nor can we leave the subject of regression in dreams without setting down in word a notion by which we have repeatedly been struck and which will recur with fresh intensity when we have entered more deeply into the study of the psychoneuroses: namely that dreaming is on the whole a regression to the dreamer's earliest conditions, a revival of his childhood, of the instinctual impulses which dominated it and the method of expression which were then available to him. Behind this childhood of the individual we are promised a picture of a phylogenetic childhood – a picture of the development of the human race, of which individual development is in fact an abbreviated recapitulation influenced by the chance circumstances of life. We can guess how much to the point is Nietzche's assertion that in dreams "some primeval relic of humanity" is at work which we can now scarcely reach any longer by a direct path, and we may expect that the analysis of dreams will lead us to a knowledge of man's archaic heritage, of that which is psychically innate in him. Dreams and neuroses seem to have preserved more mental antiquities than we could have imagined possible; so that, psychoanalysis may claim a high place among the sciences which are concerned with the reconstruction of the earliest and most obscure periods of the beginnings of the human race.'

And at the end of his life in *An Outline of Psychoanalysis* Freud (1940) writes:

> 'Beyond this, dreams bring to light material which could not originate either from the dreamer's adult life or from his forgotten childhood. We are obliged to regard this as part of the "archaic heritage" which a child brings with him into the world, before any experience of his own, as a result of the experiences of his ancestors. We find elements corresponding to this phylogenetic material in the human legends and in surviving customs. Thus dreams offer a source of human pre-history which is not to be despised.'

Jung and phylogenesis and ontogenesis

Jung (1915) suggests that

> 'We draw a parallel between the mythological thinking of antiquity and the similar thinking of children between the lower human races and dreams.' He adds: 'This train of thought is familiar through our knowledge of comparative anatomy which shows us how the structure and function of the human body are the result of a series of embryonic changes in the history of the race. Therefore the supposition is justified that ontogenesis corresponds in psychology to phylogenesis ... . The state of infantile thinking is nothing but an echo of the pre-history of the ancient.'

The growing infant and the gradual structuration of space through movement, speed and then time

Before Piaget, the gradual re-emergence of factors of space through action, that is, movement and speed of displacement and then the concept of time in the infant and growing child, have not been systematically studied. He is the one who more than anybody else has observed these experiences from birth and then done beautiful simple experiments with infants and children. I shall not follow Piaget in his detailed investigations of the subject but rather be inspired by his work and its links with psychodynamic knowledge.

For an adult there is 'empty space' which has dimensions and objects placed in it. It is not so of course for the new born infant and the child. First the infant must discover the 'object', for instance by sucking the breast. This is done through hunger. But it is not only the action of sucking that he has learnt to do even in-utero by sucking his thumb.

There are also other reflexes and informations, for instance touching or grasping with the hand, and using vision, auditory and other capacities. These factors are the result of action. Then through the coordination of movements there follows the beginning of a structure for the object. Subsequently the object becomes a permanent object. Obviously it is not only the mother's breast or substitute, but also other objects which are structured by coordination of parts and become important. This structuration takes place in well-defined sequences.

It takes a series of actions to coordinate sucking, feeling with the hands, and then seeing of the object, its hardness and softness and physical support during action. The infant learns the movements necessary to pass from one activity to another in a definite sequence. Gradually these activities are coordinated to form a very primitive object together with the beginning of the same processes for the construction of the subject in a very primitive way.

At first the actions are experienced with no actual separation, but felt to be wilfully achieved by the baby although he is physically separated from the objects in the environment. This spatial separation stimulates the desire to overcome the distance between subject and object, for there is a need to survive, eg. for food or for pleasure or for preventing pain caused by separation and having to wait. This separation and duration of waiting provide the spatial basis for future experiencing of time. The baby uses arms and hands to close the gap with the object, or sight or sounds to get in touch with the object when present. Slowly with the putting together of the parts of the object through action and the beginning of sensori-motor representation, a more permanent object is being constructed. The disappearance and reappearance of the object plays an important part in the permanence of the object, as an object that disappears but may reappear in a repeated sequence. During that time the baby has also started to move all his body, in ways such as crawling and thus has spatially increased his own space.

At this time the baby's love and hate drives are increasing. Aggression becomes a most important factor. It has been said that it is impossible to ever believe that infants are capable of such feelings. You will remember all the controversies on the subject. People have not always considered the role of phylogeny and recapitulation during ontogeny as described in the early part of the paper. Not only is there the gradual structuration of space but also the experience of the necessary drives to achieve this task.

It is also necessary to consider space in three dimensions and as a container of the objects we have been describing. Before being born the fetus is in a cavity inside mother. He is surrounded by an enveloping space and that space is a topological one. We know nowadays that a great deal of information has been acquired about uterine life and of the amazing capacities of the fetus. Thus phylogeny and ontogeny are still with us.

As for the new born infant, we have followed the structuration of his space, step by step, increasing his own personal space within the space of mother and taking a greater share of it. This is done by action and movement. But in that space he also grows taller and is able to do more things in a vertical position. He constantly wants to reach physical objects positioned at increasingly high levels. He is competing with his parents and grown ups. Getting taller means acquiring more power and knowledge to reach the level of the adults. Furthermore, the number of 'partially' whole objects for the baby is increasing. This is very important for now the idea of his space is the space that he occupies and that his objects occupy. Space is therefore being structured in terms of his objects and himself. This limits his space to that of reaching the desired objects. These objects are viewed as giving or not giving satisfaction. Thus, so called 'good and bad objects' are beginning to be structured. This will form the basis for the splitting processes and the relationship to the objects, or rather part objects.

At this point I must consider in more detail feelings of the infant from the beginning of his relationships to the most important object, the mother and moving later to the mother substitutes. The experiences I have described about the beginning of spatial structures, and of the object, depend during ontogeny on the brain developing according to models acquired in the course of phylogeny. However, without instinctual impulses, drives, feelings, emotions and needs of one kind or another, progress would never happen. What are these constitutional drives which ensure life maintenance and progress? Obviously hunger for food and its energy supplying role is one. The desire for food involves the growth of attachment to mother and loving feelings towards her. However, when baby is frustrated, anger and hate and aggression also appear. Spatial separation becomes more important at this time. Also when other objects appear in his space, the infant experiences envy, jealousy and the wish to eliminate the rival and preserve his own territory. At this time love and hate increase

and aggression becomes a very significant factor influencing the infant's development.

Until now I have not adequately discussed aggression and its relation to the appearance and disappearance of objects and the permanency of objects. Also requiring discussion is the part aggression plays in expressing feelings of envy and jealousy, and in activating symbolic activity as well as defensive measures. Construction follows destruction. Freud postulated that in every cell of the body there was a physical substance that would ultimately cause the death of the cell. This amazing intuition at the time is what is now in modern science called **apoptosis** or the programmed death of the cell. For Freud it meant the emergence of a death instinct partially projected externally on objects with the consequences he described. Melanie Klein was able to demonstrate this activity in children and infants. I will only mention briefly its spatial role in the construction of the permanent object. The infant had to learn how to surmount this inherited drive called aggression in phylogeny and ontogeny, which in certain circumstances led him to wish the disappearance of an object or a rival, and to temporarily succeed wishfully in thought when frustrated and in anger. But the reappearance of the object led him to also understand his good feelings and some kind of pleasure in the reapparition or reparation of the object.

Let us not forget that temporariness and death are our lot. The projection of this aggressive drive partially externally explains the destructive aims in human beings. They may place the object of aggression as a substitute for the subject as a defence and as a means of discharging energy.

I cannot refrain now from saying a few words on violence as I have often thought of how to explain an act of violence. Some time ago I came across the title of a book by Murray Jackson and Paul Williams called *Unimaginable Storms* (1994) and began thinking of cyclones in my native Mauritius. I thought of the incredible speed or velocity of winds in these cyclones and the destruction and havoc they bring about to plants, buildings and human beings in a very short time. There was also the nearly absolute calm at the centre of the cyclone, moving slowly across space. Human violence is such an aggression stored actively in a split off part of the personality which is stimulated to act by taking over the whole structure of the personality, thus causing violent behaviour. This means concentrating in a certain space and for a certain time the discharge of intense energy and action at a great speed and with destructive results.

Identity, sexual identity and identification

We must deal now very briefly, first with the determination of identity, of sexual identity and identification with adults. Then it will be necessary to say a few words on the emergence of the spatio-temporal basis of spoken and written language.

Both female and male infants follow their genetic endowment and normally develop as females or males. Psychologically the unconscious imitation of mother determines an identification with the mother in a primitive way. Then the baby must begin a de-identification with mother. Father or father substitutes play a very important part in helping this separation from mother and for enhancing learning of other aspects of father's functions. This process takes place by father becoming an object with which to be identified. Then there follows a de-identification with father who like mother, becomes an external object amongst objects with special emotional significance for the child.

However, I have suggested elsewhere that the partial success or failure of this identification and de-identification with father leads to disorders of female and male identity. For the girl it leads to keeping too many male attributes, such as penis envy and homosexuality. For the male it leads to non-deidentification with mother through failure of male identification. This involves retaining a great deal of female behaviour, seeking a male partner and homosexuality. For both females and males the failure of separating the combined parents also adds to the bisexual attitudes and failure of definite normal identification with one sex or the other. The sexual spaces become mixed up and life becomes complex. Of course in all those instances an infantile relationship to mother survives and influences the choice of objects.

Symbolisation

A word now about language. As sensori-motor representations develop, leading to symbolic activity, language, metaphors and analogies, the importance of object formation is of extreme relevance. First there is the distinction between the subject and its objects and their representation. At the same time the various actions performed by the subject or the object leads to a relation between the subject and the object and vice versa. One can see how the connection between sounds and vision and the subject and objects through representation and symbolic activity leads to a certain order of action between subject

and object giving meaning to words and to the order of words. This later leads to syntax of a primitive kind. As Rene Thom (1973) has pointed out, it is practically impossible to find an example of a transitive sentence in which the subject perishes in the action and the object survives, eg. 'Eve eats the apple'. This aspect is elaborated in my book, *Universals of Psychoanalysis* (1994). With regard to drawing and writing, I must refer to phylogeny and ontogeny. The young child starts drawing clumsily at first, improving as he goes on and then painting with the colours of one kind or another. Does that remind you of how primitive man started painting on cavern walls by first representing animals he depended upon and then by copying an extended hand. On the *Musée de l'Art* in Paris there is a French inscription which reads: 'Within these walls devoted to things beautiful I keep and I welcome the works of the hand of the artist, the equal and rival of his thoughts.'

Space is now beginning to acquire a new meaning for us. It is a container for the various objects the child has constructed. Some representation of empty space begins to appear as objects appear and disappear from the container space which itself acquires some sort of meaning.

I must now say something of the steps leading to the concept of time. What is the sequence of steps in the construction of space, and the speed of passing from one step to another? For instance, the child can catch an object more and more quickly as he matures. Thus waiting for something he wants depends on the speed with which he can pass from point A to B, then B to C, but he cannot still pass from A to C or return from B to A. He then learns to move from A to B, B to A, B to C, C to B, then to bypass B and reach A to C, then the reverse C to A. That is reversibility. The past, the present, the future. At first all that is at the sensori-motor level, then at the level of sensori-motor representation, then at the symbolic level and subsequently in memory.

Each series of actions takes place in a vital, very graduated way. The child becomes able to compare two objects travelling the same distance but at a different speed, or travelling at the same speed. He does this by pulling a string along different distances. If v = velocity, s = space and t = time, we have the new relationship $v = s/t$ or $t = s/v$. Time is gradually becoming more understandable. Further transformations will follow, such as the duration of a process or the 'time' it takes.

Adult 'time' is an unknown quality. Many books have been written about time from early thinkers to modern philosophers and scientists including Newton and the great iconoclast Einstein. I will therefore simply describe a simple notion of time that we use. Think of a clock or watch. It records time by having a circular space and a needle that pivots around the space whose circumference is divided in strictly equal distances. The needle moves at a very regular velocity and the circumference is divided in equal distances on the face of the clock. This is what we call 'time'. Time is measured by space and velocity.

However the problem of finite and infinite space and time demands some consideration in schizoid conditions at this point. It can only be said that there could be a finite space and a finite time when an object disappears either temporarily or permanently. Consideration of infinite space and time would seem to depend in certain cases on feelings of omnipotence and omniscience as a defence when the child compares his power with the adult in aggressive and wishful phantasies. With the sense of omnipotence and omniscience there is a sense of infinite power. What is the relationship of the 'infinite' and that of boundaries to space and time?

Einstein postulated that the speed of light was the ultimate speed in the universe and that space had to contract or expand. Newton before him discovered gravitation, that is action at a distance. His father died before he was born and his mother left him when he was two-and-a-half to three years old, to marry again. Suffice it to say that the need to make contact at a distance and attract objects seems to be a possible phantasy underlying his discoveries but not its external proof, the result of a unique mathematical mind in the history of the world.

Survival after death is the transformation of finite space and time into infinite dimensions, irrespective of whether this is right or wrong beliefs and whether it happens or not.

A most serious attempt to deal with the infinite and the part being equal to the whole has been attempted by Matte Blanco (1975) with his ideas in Bi-Logic. He postulated that in the deeper part of the UCS (unconscious) the relationships between subject and object are symmetrical but as consciousness increases that asymmetry appears and increases. Thus in the UCS using symmetrical logic, Peter is the father of Paul and then Paul is the father of Peter. As asymmetry appears and increases with maturation, the normal relationship of father and son becomes established. But in some instances there may

be regression in the UCS and symmetry reappears. Time past is time present which is time future.

For instance in anorexia–bulimia states there is what I have called the double identification. The patient identifies with the infant he or she was and is still now in phantasy in a state of feeding on mother's body and devouring her and at the same time identifies with the mother devouring the baby to get pregnant.

I may just add that Freud himself has written about the equivalence of part-objects, although not using the term, eg. heart, faeces, food, penis, etc. Karl Abraham enlarged on the concept but it is finally Melanie Klein who more fully develops this subject in psychoanalysis, more specially in schizoid conditions, and in her views of the normal schizoid-paranoid and depressive positions.

Before leaving the subject of symmetry and asymmetry, of part-object and of double identification, there is a point I would like to discuss. It is an idea that keeps on reappearing in my mind repetitively. It deals with the relation between feeding with the umbilical cord in-utero and dependence on drugs.

In-utero the fetus is fed by the mother non-stop through the umbilical cord and with no active participation by the fetus. At the time it may be the very primitive beginning of an infinite experience of being taken care of forever. This could or could not be so.

In drug addiction the drug addict wants to be taken care of for ever or constantly by the drug he uses. He cannot bear to be without its supply. It is either by repeating faster and faster the supply by mouth or by injections or also by choosing drugs that have a long duration and create in the user a state of euphoria. In that state he is cared for by something other than his own care. He has to start to care in a frantic way when the euphoria or feeling of well-being fades away. It is like a fetus being born and having to participate in sucking the breast.

The patient I described in the paper on Anorexia, when in a dying state and having to be fed by an intranasal tube, was noted to have developed a marked 'affection' for the nasal tube and fully accepted receiving food in that way. However, she still vigorously refused to masticate and chew food.

Many ideas seem to emerge here on how to treat drug addiction by a team in a specialised unit. We shall see later with the help of clinical examples how this notion of time, relating space and velocity, occurs in patients according to what moment of their maturation the particular behaviour occurs. Examples will include catatonia, hebephrenia,

depressions, manic and hypomanic states and hyperactive children as well as retarded ones and borderline patients.

Nowadays so-called cultured people talk about space as something where a certain activity takes place. For example they refer to cultural space, a familial space, musical space, feeding space, sporting space, maternal space, home space, internal space, sexual space, paternal space. I have deliberately put these spaces in a disordered order. We shall see why in a moment.

As the child matures he discovers new activities and new spaces that he tries to integrate into more complex systems. Within the order of happenings and the duration of these systems they become temporo-spatial systems. The most important point is that each of these temporo-spatial systems can act as a part system before being integrated into greater wholes. They remain isolated (schizoid) at the level of progress they have reached before attempting to act on their own. The other parts of the personality may proceed ahead. The chain of progress has become pathological. According to circumstances those isolated temporo-spatial systems try to take over. They have their own needs, love or hate, persecution, violence, paranoia, incest and certain infantile attributes which have reached a certain level of expression. Testing external reality does not take place because reality is what they experience in that temporo-spatial part-system. The degree of pathology will depend on the level the part-system has reached.

In the first part of the paper I have considered some of the steps the infant and young child has gone through to acquire some knowledge about the structuration of space, through the construction of his objects, by means of displacement and action, the experience of duration, the comparison of speed of displacement of objects, leading finally to some experience of time. What I shall try to do now is to consider through the knowledge of Freud and Klein and others, what the schizoid phase of evolution of the infant and child is thought to be. Using clinical examples, I shall proceed from the schizoid position to the depressive position, trying to understand how fixation to any stage and lack of progress as earlier described when discussing the relationship between space and time, can explain schizoid pathology later in life.

Clinical examples illustrating concepts of space and time

First it will be necessary to describe how, simultaneously with the construction of external objects by the subject himself, there is also

the structuration of his own inside and of the inside of objects and of the inner world of inner objects. Thus we will approach what we call the 'mind', and the mechanisms of some of the functions of the 'mind'. This will include the role of inner objects, their assimilation or projection, the number of their inner objects or part-objects or whole objects, the role of inner objects in the creation of memory and performance of many other functions, including the formation of groups.

Structuration of the inside world and its inner objects

The notion of phylogeny and the representational functions of the brain repeating partially in ontogeny what took place in time applies equally to the mind. As a child matures during his development, his mind and the inner world representations and inner objects increase in complexity. Even in utero the fetus becomes 'conscious' of aspects of attributes of the inside and outside of his body through his thumb and in his mouth, the swallowing of meconium, the evacuation of his bowels to outside his inside into the uterine meconium. Dreaming in-utero must be mentioned only in so far as we know that there is a change in the brain neuronal activity that corresponds to dreaming in the child and the adult. We shall never know if he dreams.

When any infant is born he comes out of inside, that is from inside mother into the outside of the uterus, that is he comes out of 'mother'. Thus this 'external object' mother has an inside uterine space for him. Of course he continually learns about the inside of his body through his bodily activities. It is important to understand how this 'mind' represents this inner world and the structuration of inner space out of external space. The clinical examples of schizoid states and schizophrenia are very useful for these patients seem to have an unconscious knowledge of what happens through phylogeny and ontogeny and their present experiences of the external world.

I have described in my book *Universals of Psychoanalysis* (1994) the experiences of a little obsessional schizophrenic boy of about twelve to thirteen years. His phantasies, felt as real, were lived with great intensity. He played a 'game' where he and I were in a train wagon. The site of the treatment became the wagon. It was night and all the windows and doors had to be closed. He indicated that I did not have the right to make any kind of noise at all. If I did, everything had to be started again. The listener in the play was very important as we shall see. He made me listen to his tummy with my ear close to

and touching his tummy. Believe it or not he could at will cause body borborygmi to happen in his tummy. No other noise was allowed. Afterwards he would blow air from his mouth which was the wind while furiously moving his body, arms, legs, head. His body represented a special tree whose branches were moving and making a special noise. Later he would sit on a chair and rock his body forward and backward as if it were the movements of the train, tchach-a-chach, tchach-a-chach .... Then without me making any noise he would open the windows and let light come in.

I need not explain that he was probably imitating his parents' sexual intercourse at night. He did this first in the inside of his tummy, then projected onto the tree moved by the wind, a special wind, and then projected into the movement of the train. We could suppose that he had listened and witnessed his parents or somebody else's intercourse. What is important is that he had internalised the sexual scene inside his body in a very concrete way, had made me play the role of listening to the scene without revealing my presence. He made certain that I understood it was taking place inside his body. He had then projected those happenings onto the external world by the tree getting 'excited' by the wind. It was not only the train wagon which was containing his performance of sexual movements, but also the motion of the train itself. I also participated in the act. By his behaviour he showed he wanted me to 'know' what was happening. We can also see the process therefore of sensori-motor representations and the mechanisms of symbol formation. But the play was even more elaborate than this. The train had to go from London to Brighton and then come back to London, in a very special way. It went from one station to another station in the exact way stations were situated in the external world. He knew the route by heart and we had to go on the exact route from London to Brighton and returning from Brighton. If there was the slightest noise on my part revealing I was there, everything had to be started again. Imagine how it was when sometimes we had nearly returned to London and then had to start all over again! I have related for a special reason the steps from station to station and his inability to pass from Brighton to London without taking the exact route from station to station as occurred in reality. This is a remarkable illustration of Piaget's statement that the child in progressive steps begins to understand 'time'. In my book I have explained Piaget's description of the emergence of the time concept.

I should add that this twelve to thirteen year old boy was an in-patient in a children and adolescent department in the Bethlem

Royal Hospital. He came to see me at the Maudsley twice a week. He wanted to be seen at the same time on both days. Because this was not possible for me, he would take my watch and put it on the time he wanted and thus create the particular time he desired. I explained earlier the role of the watch in describing time and the role of space and speed. I cannot refrain from describing how the boy felt it was to be an in-patient in Bethlem Hospital with its great park and gardens. He drew the site of the Bethlem and its park in his own rudimentary way and immediately covered the drawings with a painted wall as if to suppress that which was drawn of the place that is in a greater space, the park.

To show how a baby started to exist form the beginning of life he drew breasts with a nipple. Then in the place of the nipple he drew a baby with great excitement. He then painted a kind of wall over each drawing, thus covering the nipple, the breast and the baby. At first he did not talk in any understandable way but made noises of his own and then demonstrated all sorts of actions with his body. He tried to pee on things in the room, to fill the cupboards with water, to pull his prepuce with his hands. I did not talk to him but imitated all he did as much as possible. In his own peculiar handwriting he wrote the exact time at which he did everything at home and with me, when this or that was started or what events happened previously and at what precise time. He was particularly interested in 'number one' and 'number two'. He would not pee or defecate for a considerable time. In previous therapy he had smeared walls with feces. He explained that he felt very unhappy when he felt empty inside. He kept on wanting to eat chocolates non-stop and he felt better and happier when he had not urinated or defecated to keep his inside full. The peculiar noises he kept making were also remembered with great mirth.

One remarkable thing was the way he had identified himself with people he liked. He said I am Ivy. I am Hazel, and so on. He was 'in love' with 'Hazel' and at one time he said 'I am a girl'. At home where he apparently talked more than with me, he incessantly talked about Doctor Rey and said how he loved me. There was also the importance of naming things to make them exist. I have wondered now if the noises which indicated certain actions he was interested in, were the beginning of learning about words. I have also thought whether the non-stop desire to eat good things and keep them inside represented an attempt to introject them and possibly articulate them. That would imply that these lasting introjected objects were a part of beginning to contribute to memory and so to the mind. After many sessions one

day he said to me: 'Why do you repeat everything I do?' I was very happy when a more normal speech finally appeared. Much later I realised I was providing a model to understand projective identification.

After this boy had eighteen months of therapy an old friend of mine, a consultant in the Bethlem children's ward said, 'You know John was so much easier to control when he was so ill, he is a little devil now. You know what he does, he climbs on the water pipes outside the hospital wall to get into the room of the girls on the second floor'. Needless to say we both laughed with great pleasure!

Now, using the model of the mother, I wish to describe how external objects without an inside are given one in phantasy. The example I shall give is that of an obsessional schizophrenic patient of eighteen to nineteen years old. He is the one I have described in my book as having been one of my most important teachers and to whom I am most grateful for his allowing me to learn from him. He explained to me that he wanted to get into mother. He was a tall, well-built adolescent, but he felt if he did get into mother his legs would project outside mother and his father would be angry with him and cut off his projecting legs. Also his mother would not like his going into her and would be angry. So he thought he would make her die first, then he could penetrate inside her, investigate and come out unknown and unseen. Then he would resurrect mother in a kind of rebirth. This patient would not lie on the couch for fear it would encircle him completely and give rise to the same fears as those with mother. I need not describe his sensori-motor primitive representations, his primitive symbolisation and his structuration of external space into an internal space with internal objects.

This nineteen year old young man was extremely fond of me and I liked him very much. After his treatment ended he wrote to me later and kept in touch with me for a while. It was this same patient who described to me that he had thought there was a hole on the side of a person in the place of where the breast should be. Then he described to me how he had thought when there was a hole in the breast with the nipple missing, he could repair the breast by inserting his penis in the hole and thus restore the nipple. Shadows of reparation!

I began to understand then how the infant passes from the female nipple to the penis and how that helped the passage in graduated steps from mother's breast to father's penis without losing mother completely. This later led me to developing thoughts concerning the crucial

role of reparation, especially reparation of important internal objects, to that which patients bring to analysis.

After describing the appearance and structuration of an internal world, it is relevant to consider some other examples of spatial and time dimensions. As I said in the earlier part of the paper, there is a spatial relationship between the small infant and the tall parents as well as with other people or objects. The following story illustrates my point. A man who had enrolled in the army was repeatedly offered promotion as he was very capable and intelligent, but he systematically refused to accept a higher grade. At a certain moment he started wearing a crown of barbed wire on his forehead and became interested in religion. I was supervising his treatment. I suggested that the therapist interpret to him that he was identifying with Christ and becoming as important as Christ. I added that nevertheless he could not compete with God the Father and in the end was crucified. He was interested by the interpretation but nothing changed in his thoughts and behaviour. I then suggested interpreting to him that he had remained fixated on the original spatial differences between him the small infant and his father, who was a much bigger adult in size. I suggested that all his ideas, phantasies and beliefs were based on this difference. At that point a remarkable change took place. A wealth of new material appeared in his treatment and he started making spectacular progress.

Another patient in treatment insisted that he should sit on the floor so that in respect to my position, he was looking up at me and thus showing respect for my rank and knowledge.

He also felt that he was in bits and pieces because his parents were built of uncoordinated parts of different nationalities, professions, being conservative and socialist. He felt he would become a Jew because Jews belonging to a group scattered all over the world, not belonging to a particular place, with different languages, yet they were all united by being Jewish. A remarkable example of parts being united by identification with a more whole object.

The young schizophrenic adolescent of nineteen I described earlier, used to feel his body elongating or diminishing in size until he felt he had a solid column inside him extending from his anus to his head. There were reasons to believe that his body was identified with his penis in and out of erection. He later started having religious thoughts, wanting to be a preacher and challenging the parson preaching in church. One can see here the relationship between size, power and omnipotence.

In a number of the patients I have described, they sometimes have started by feeling small and then by identification with taller more powerful and more omnipotent models, they have ended in a schizophrenic condition by identification with religious figures. The reverse seems also to occur. Starting by being identified with religious powerful figures in their psychotic mind, during psychotherapy they gradually re-experience a time when as infants and children they experienced their smallness and weakness. It is possible that this applies more to males than females. Although I have no experience of patients in cultures undergoing psychoanalysis other than principally Christian and Jewish, I think this remark about schizophrenia may apply to other religious cultures. Identifying with God all powerful, omnipotent, omniscient, could be the ultimate end to achieve. Is there also a possible relation to symmetry in the unconscious and asymmetry when becoming more normally conscious and having to face reality?

Size, speed of movements and action require consideration. In mania, during the manic state, speed of movements and thoughts become abnormally increased together with manic omnipotence. In the depressive phase retardation takes place in all these activities as well as in thought. Equally in catatonia there is a fixation to immobility of body and speech.

A woman who was very depressed when she finished a session with me, very slowly left the hospital. She explained that she walked away extremely slowly because when the hospital disappeared from sight, everything else disappeared as well. I suppose a kind of separation from mother and the therapist was being re-experienced as in infancy. It involves the role of sight at a distance between mother and child mentioned earlier.

Another example is that of a highly intelligent man, perhaps the most intelligent patient I ever treated, who used to explain that he should not make love to his wife. He said she was made of her mother and father and therefore if he made love to her he would also make love to her father and mother. He refused to have another daughter with his wife because if he slept with his wife he would also have sex with his daughter. Here we can see the part-object giving total identity to an object to which it has contributed only in a very distant way and the extension of that primitive 'family' space and time to infinite magnitude, perhaps as an extension of genetic influence.

This leads us to projective identification. A part of the subject or of an object, split off from the whole, is projected into another object or a part of the object. It can remain a foreign object in that part of

the object or become identified with it. That means giving it all the structure, drives and intentions of the part projected. Therefore we can see a spatial area of the object having been transformed as being a part of the subject. The object, or part of it, is transformed into being not a part of the subject projecting but instead becomes felt as a real intrinsic part of the object. That part can then become persecuting and is accused by the original person of his own actions now directed against him. The schizoid person often uses a person with certain characteristics to serve as an area of projection and thus it becomes difficult to disentangle what is the projection and what are the characteristics of that particular person. Sometimes, of course, the projected part is not persecuting but is projected to preserve it from internal attacks and destruction. Thus we have here in these processes the very source of confusional states so frequent in schizoid conditions.

Another most relevant point is the identification with inanimate objects by projective identification, that is, part of the subject feeling self becoming identified with an inanimate object; or part of an object feeling self, being projected and then identified with an inanimate object. This results in a particular form of depersonalisation and lack of feelings of a special kind, and most important of all, in states of autism. To my mind this is the fundamental process in autism starting very early in life.

In Donna Williams (1993) book *Nobody Nowhere* she describes her autistic state of mind. In this state I do not think there is an absence of object but an early transformation and identification with an inanimate object.

The adolescent schizophrenic who wanted to have his mother die, investigate her inside and then resurrect her, I would suppose wanted to transform her temporarily into an inanimate object.

I wonder if violence and death are not sometimes transformations of living beings into inanimate objects. For example, the man who said he had killed at least thirty people but it did not matter because he would resurrect them at will. However, both this death and resurrection were to be on a kind of screen and not in reality, except in his own psychotic belief.

We must also consider regression to the uterine state. A highly intelligent undergraduate young man, diagnosed as a very schizoid person, had finally retreated to a room where he lived. He did not move from this room but remained there to cook and sleep. In order to correspond with the external world, he used to telephone or he

would watch people in the outside world through his window; audition or sight had to be at a distance.

Another schizoid young man had a dream that he was living in a sort of tunnel-like building and he was moving about the tunnel in a trolley. At intervals there were openings from which he could see the outside world. Sometimes he would get out and meet up with the outside world for sexual purposes. Then he would resume life inside the tunnel. But one day he was seized with the fear that the tunnel would close and he would be enclosed for ever. He felt he needed to get out urgently. I believe that in claustrophobia there is a regression to a state in between being claustrophobic inside the uterus and agrophobic outside at a time when the self is too primitive to deal with anxiety. A severe claustro-agoraphobic patient dreamt he had passed a stool several hundred yards long. It remained attached to his anus. At the end of the session with me he shouted in a state of extreme terror: 'Help me! Help me! If I leave the room when outside I will only be a mass of liquefied shit.'

A young schizophrenic girl who had lost her father dealt with his death through denial and kept him alive inside her. She explained that she had a nice little home inside her where the father lives. She ate good food to feed him. The house was blue 'of course' because his eyes were blue. She wanted to keep him alive so that he could look after his wife, her mother. Her ideas about spatial relationships were very disturbed. For instance, she was afraid that birds flying above her head could have sexual intercourse with her.

Dreams and dreaming

What is there to be said about dreams and dreaming? In *The New Psychology of Dreaming* Richard Jones (1970) describes a dream as follows:

> 'A dream can be characterised as a form of thought which is experienced as action. It thus occupies a unique place in the spectrum of symbolic functioning in that it seems to be what it is not, that is, action, and is what it does not seem to be, that is thought.'

Thus a thought or symbolic activity is felt to be an actual concrete sensori-motor action performed by a concrete person. Human beings use this method in dreams to express their thoughts and phantasies, giving them a sense of reality as if they were in the waking state and in action. This is what Freud has called 'thing representation' and

primary process as opposed to secondary process. A place or an object in a dream is first of all a spatial area. It is unnecessary to stress what an extraordinary experience it is. This could be one of the descriptions of an inner object, thus indicating that there could be a clear connection between dream objects and inner objects. Clifford Scott (1975) writes:

> 'We learn about sleep and the place of dreams and the forgotten. We learn to place the I, the me, the self, within and put these to sleep and preserve them and wake to them. We may remember part of our dreaming and hold part of our dreams as "dream residues" into our waking life. In the dream we remember part of our previous life. We sort out how all dreaming is not memory and all memories are not dreams. We sort out day-dreams from night-dreams and facts from dreams and fancy. Perhaps "phancy" may be a good word for what we wake up to before we sort out facts from fancy.'

On the one hand we have external reality, that is something happening in the external environment and then we have phantasies and dreams which is what we will call virtual reality. In dreams, hallucinations and delusions, this virtual reality cannot be distinguished from 'real' reality. However in dreams, waking up brings about this distinction. This is what distinguishes dreams from hallucinations and delusions in waking state. Thus we have the space of external reality, the space of dreams and the space of hallucinations and delusions. Should we add the space of phantasies?

It is also important to situate the 'borderline' state and its space. As I have explained earlier, the schizoid core of the personality consists of sensori-motor activity transformed in time into sensori-motor representations, then into more complex representations useful for subsequent symbolic activity, metaphors, analogies, comparisons. There is an equilibrium between internal and external realities. During maturation, each level of such processes becomes integrated into a higher level of hierarchical structures and meta-systems.

At a more primitive level of structuration the schizoid structure breaks down into schizophrenic manifestations. At the other end we have the depressive states. In between we have the situations that nowadays we call 'borderline states'. These states are characterised by splitting processes, part-objects and part-domains activity, together with an absence of communication or defective communication between those dynamic structures which go on functioning separately while remaining incapable of being integrated. They have not reached the depressive position and are not capable of allowing themselves to develop sufficiently towards feeling depressed. Frequently these processes depend on how much the mind is split into fragments or is

sufficiently integrated to go on facing life. I have fully described living in 'a limitation state' in *The Schizoid Mode of Being* (Rey 1994) and in the previous clinical examples in this paper.

Fundamental to those schizoid states is the role of the inner objects. The representations of those inner objects at a certain time in their evolution and maturation have not proceeded further. They are felt internally as being actively there in a partially damaged state. They are waiting for a reparation which the patient cannot do. They are kept inside the inner space in the hope that someone will come who will know how to help repair them. It may or may not be possible to repair the external objects but the internal object is there waiting for reparation, psychic reparation.

In this way there is hope for the patient and hope for the therapist. We have moved from 'real' physical objects to levels of representations of this 'real' reality which have become increasingly distant from the original situation in memory. This has taken place through changes in spatial dimensions and through duration in time. In dreams we have seen the confirmation of what has been called 'virtual reality' because objects are experienced as really existing physically. Yet they are only representations and perhaps distorted ones. The same applies to the individual's waking phantasies and interpretations of his experiences in the world. We cannot change the physical past. However, we can 'change' representations and interpretations of the past in the present. This means that the interpretations of the past can be reconsidered and a more correct assessment of these events can be achieved. That is psychotherapy. Hope for the patient, hope for the therapist.

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A MESSIANIC DELUSION([1, 2])

SALOMON RESNIK, M.D.

Introduction

The aim of this paper is to show the psychoanalytic progress of a psychotic and non-psychotic transference in the analysis of a delusional state concerning religious and messianic ideas. My main interest here is to discuss the changes and meaning of the patient's delusion during his individual analysis. I should point out that he decided to stop his individual analysis when his psychotic delusional part improved. As we shall see during the clinical report, another reason for his decision to put an end to his analysis was that he was finding it impossible to pay my fee, since during the time he was ill he was unable to work properly. I was pleased with his general progress, but I remained concerned about his future and felt it would be useful to see him at least once a week. After much thought, I felt it would be better for him and for me – and not only for economic reasons – to have him come twice a week to a group. To my way of thinking, the group would help him experience his delusional and non-delusional conceptions of the world in a complex network (the group situation) in which the reality principle could be discussed from different angles in this new setting.

In a schizoid personality or in a multiple personality, to face multiplicity (the group) can be upsetting; but when the analyst has long experience with psychotic patients – as I have – he can establish a dialectic exchange with both inner and outer complexity. Bion himself at one point preferred to give up groups in order to deepen this plurality in the individual patient. As I was able to take private supervision with Bion with my individual psychotic patients in London until he left for Los Angeles, I can confirm that at that time he was trying to use his earlier experience with groups to develop his understanding of the mind of the patient and to see psychotics as a conflicting multiple and group inner mental situation: he would describe the

[1]A version of this paper was given as a lecture to the 1st International Congress of the European Federation for Psycho Analytical Psychotherapy, Brussels, October 1993
[2]Translated by David Alcorn, Caen, France

psychotic as a group-patient. In our discussions together, I suggested that perhaps we should rather think in terms of multiple complexity, multiple personalities, as in earlier times when the fact that some patients would play different roles with no apparent connection between them inspired much of the literature of the time.

This was not exactly the case with Isaac, the patient who is the subject of this paper; in fact he was still functioning as the father of his children, and a working musician (though with some difficulty), while being from time to time in his delusional world. While I was still in London (I left for Paris just after Bion's departure), I thought that the mind of the psychotic functions – as Bion (1970) suggested also – in an acting-thinking way, as though the brain were an organ of action (Bion used to talk of a stomach-brain). I would suggest the idea of an acting-in or acting-out of the mind (of the brain). I shall not develop all of these points, but I wish to make clear to the reader my own personal way of working and what my principal aim in writing this paper is: the understanding and use of psychoanalytic theory and practice in the treatment of psychotic and delusional states acted or dramatised in the transference.

Clinical case

First encounter

This paper describes an acute delusional psychotic crisis during which the patient felt that he was the Messiah.

I saw the patient, Isaac, for the first time in October 1986. I treated him in individual psycho-analysis for a number of years, and then in group analysis for a further six years.

Let me try to describe our first encounter: there stood in front of me a young man of about thirty-five years of age, very slim and tall, with a long black beard and wearing a hat.[3] He looked exactly like a rabbi or someone with mystic inspiration, pious and contemplative. He walked in a solemn manner, looking upwards as though inspired. In his presence I felt small and outlandish. He was in some kind of ecstatic dream, and I was afraid that if I got too close I would awaken him. After a pause, I invited him to take a seat facing me. Suddenly he appeared less formal and ceremonious, in fact quite insecure. He said in a dull, sad tone of voice: 'I feel dizzy'. He then lowered his

[3]Sometimes he would wear a kipa [skull-cap]

eyes and began to look at me as if he had just wakened up and was noticing me for the first time. My impression was that Isaac was falling from heaven and coming down to earth. He came out of his oneiric rapture; the wonderment and fear that could be seen on his face were indicative of his landing on earth.

Then he said: 'I feel pain in my eyes'. My native language is not French, and I understood him to say, 'I feel pain-God'.[4] The phonetic equation between 'eyes' and 'God' was undoubtedly meaningful and apposite, for in his ecstasy, as he told me, he was communicating directly with God. He said that some time previously he had had an extraordinary experience: as he woke up in bed beside his wife, he discovered he was having the privilege of sexual intercourse with God.

I will come back to this phenomenon of spiritual and physical possession, but for the moment I must also indicate that in reality Isaac did have an eye infection. He was almost blind and had suffered for several years from progressively worsening pigmentary retinitis.

As this first meeting developed, Isaac was able to look at me and so discover me more and more. He became more relaxed, and said: 'I can't see, when I'm out of doors I feel defenceless. I lose my bearings. I am a musician, and in spite of everything I manage to compose music even within my world of darkness: music illuminates me'. At one point he placed his hand on his heart as if he were feeling faint, and said: 'I'm afraid of my stomach, I suffer from colic'.

After a long pause, he made an effort to think, then said: 'My father is Jewish and my mother is a Catholic who converted to Judaism. I still have great admiration for my father, who is also a musician, but I'm afraid of him too'. He spoke of God: 'For a long while I was afraid of God, of a superior presence sitting in judgment on me. After the crisis which I'll tell you about, I became religious, an observant Jew'.

He touched his eyes, adding: 'The illness I have is transmitted through the female line, but only males suffer from it'. Another silence, then: 'I'm suffering from a very serious crisis, I feel blocked-up, I'm often in a state of constriction and contradictions overwhelm me' (another phonetic equation). 'Sometimes I feel paralysed', said Isaac. 'I must tell you what happened one day when I was in bed with my wife. I woke up during the night in rapturous exaltation and, astounded and anxious, I said to my wife "I've just had a spiritual orgasm with God". It was like a mental intercourse, a mystical coitus. Immediately

[4] *d'yeux'* – literally 'of eyes' is pronounced exactly as 'Dieu' – 'God'

afterwards I was convinced I was the Messiah, and, full of sexual exhilaration, I announced to my wife, "I am the Messiah!" My wife was astonished by my attitude of radiant certitude. She thought for a moment, a worried look on her face, then told me I ought to consult a psychiatrist'.

Isaac did indeed see a psychiatrist, and a few weeks later made his first appointment with me. And that is how my transference itinerary with Isaac began.

Individual psychoanalysis

I saw him three sessions per week. His solemnity gradually diminished, turning into a wearisome melancholic mask, studded with traces of worries present and to come. He said:

> 'I told my wife that if I go on like this, I'll go mad. When I said that to her, she looked worried, yet strong and unruffled at the same time. I needed that. I couldn't sleep, I was suffering from insomnia. In the end I agreed to come to you'. Isaac added that his first psychiatrist thought he was really quite mad, and had prescribed Haldol and sleeping pills. 'My parents live in Israel, and a few days after this crisis I felt a compelling desire to go and see them. In Israel I felt euphoric for about a week, but completely mad, out of my mind, I was floating somewhere on high. I began to have hallucinations and bizarre perceptions. One of my brothers, a pianist who lives in Israel, was very worried when he saw me. When I went to visit him, he was with an abandoned dog which he had just taken into his home. As he stroked the dog, I suddenly understood the animality of my brother, and that made me think of my own animality, i.e. my irrepressible sexual drives. At one point, I was behaving like a seven-year-old, jealous of the dog being pampered by my brother. I was jealous of my brother too, all the more so now that he was beginning to make a name for himself as a pianist, like my father.'

I realised just how severe his delusional state was when Isaac declared that as he looked at his brother's dog he understood 'everything'. This phenomenon is typical of the onset of every acute psychotic crisis. The patient feels that he is suddenly faced with irrefutable and unshakable reality and truth, just like Isaac did. The absolute certitude of truth acquires the status of a new revelation. Hidden reality is unveiled and takes the form of a psychotic condition, a mystical and paranoid delusion (Sérieux and Capgras, 1921). As Isaac discovered his animality, he became aware of his physical, bodily existence – a discovery which was both exciting and overwhelming.

In a subsequent session, Isaac returned to the discovery of his animality, saying: 'Everything became clear to me with the dog. One day I was eating steak at my brother's; I was convinced that the meat was almost alive and I could even smell the animal's blood. I felt unfaithful to Jewish ritual observance. The meal wasn't kosher, I was therefore in the realm of impurity, I had lost my spiritual and carnal purity'. In another session, he touched his hat and said: 'I'm thinking of *Sukkoth*'.

Sukkoth, the Jewish Feast of Tabernacles, commemorates events narrated in the Old Testament. It is also the name of an ancient town in the Holy Land, where Jacob built dwellings *(Sukkoth)* for his cattle. The children of Israel wandering in the desert built shelters for themselves in their first camping-place, also called *Sukkoth*. Present-day Jews commemorate these events by ritually building makeshift shelters with straw roofs in their garden or on the balcony of their apartments, and live in them for a period of seven days. In a symbolic sense, the descendants of Abraham are grouped together under the same roof (the ingathering of nations).

When Isaac touched his hat or his *kipa* and mentioned *Sukkoth*, I understood him to be talking of his need to protect his head, his personal roof, at some point in his psychotic wanderings.[5] He was trying to find his place in the world again, his private dwelling, his mental space, in order to experience his body and to protect his head from God's inquisitive gaze. His first crisis of mystical revelation in fact occurred during *Sukkoth*. He told me he had stayed for a long time in the straw-roofed hut, feeling sheltered. He could then relax and become like a pampered and greedy infant, able to eat fruit and sweetmeats.

Isaac described the crisis both as a grandiose experience of revelation and elevation (the manic phase), and also as a down-fall or collapse (the depressive phase). Internally, he sometimes felt broken and catastrophic. Later he told me that one of his sisters had been admitted to a psychiatric hospital after she had thrown herself out of a window. He identified with her during his psychotic crisis. The depressive aspect of the crisis was experienced by him as falling into nothingness. During the manic mystical phase, he was propelled by an unexpected force which transported him heavenwards and endowed him with

[5]Like the *kipa*, the *sukkah* does not cover the roof-head entirely, allowing wind, rain and the transcendental powers of God to impinge on what has been left uncovered; the *sukkah* is a place of protection open to contact with the divine

extraordinary strength and energy. This was Isaac's way of describing what Bion (1992) calls 'athletics of the mind'. The idea of 'athletics of the mind' in fact originated with the great French visionary poet Antonin Artaud. He invented the expression after experimenting with *peyotl* in Mexico in 1935.

During this experience, Artaud was able to make gigantic leaps into space and to contemplate the world from a new and extraordinary perspective. He describes this experience of revelation in *Les Taharumaras*. Artaud at that point felt that he was the personification of what was to become perhaps his best-known work *Le Théâtre et Son Double* (1964). Poet, actor and stage-director, Artaud – when he was mentally stable – represented for French youth of his time the kind of hope which aroused in the more responsive of them the feeling he called 'revolutionary' in art as in life. In associating Artaud and Isaac I am trying to help the reader grasp the experience of mystical revelation and the whole aesthetic dimension that an encounter of this calibre may entail for someone with such an intense inner life.

As to psychotic crisis and drugs, I will always remember a chronic delusional patient saying to me quite sanely: 'You know, I'm constantly having delusions, but I can't give up this way of life, it's like a drug'.

Isaac told me of the occasion when he went to visit his sister in the Parisian psychiatric hospital where she had been admitted after her suicide attempt. This sister survived her fall physically but remained mentally broken for quite some time. Isaac greatly admired her courage, especially her capacity to defy nothingness. Isaac then spoke of his own void. One of the typical features of transference is the vertiginous anxiety it arouses in some patients, particularly psychotics, when they reach the point where they are looking into their own inner emptiness. They often feel that they are in danger of defenestration into their own mental space.

One day as he was about to visit his sister in the hospital, he noticed there was a party going on in the doctors' staff-room and he went in. When he saw the doctors and medical students drinking and enjoying themselves in a manic fashion, he felt happy but confused, as though he were drugged, unable to differentiate between sanity and madness. He could see cigarette smoke around the table, and it was as though he could feel vapours inside his head.

> 'I felt I was possessed, mad, with no limits. I could see myself, pathetic, speechifying like a court jester. This frightened me, and I left the hospital quickly, before anyone could lock me up. When I got back home, I couldn't breathe, I felt paralysed and possessed by

madness. It was unbearable. For a moment I wished I had the courage to jump out of the window, but I didn't do it. I decided then to protect myself against any kind of impulsive drive, and not to dive headlong into emptiness or into the fumes of hell. I had myself 'admitted to hospital' in my own home, with my family, my wife and my children. I tried to fill the harrowing emptiness I could feel by listening to music all day long. This was the time when I became highly creative; an abundance of ideas and sounds gushed forth inside my head.'

I understood Isaac to mean that he had managed to give musical form to his shapeless fumes. Also, what gushed forth was not cold and mechanical, but 'warm'. In the transference during this phase Isaac was in a state of mental turmoil which found expression in a profusion of dreams which he would reel off excitedly. My impression was that part of the function of narrating these dreams was to fill up the void he projected into my own mental space. Some of his dreams, however, were important and meaningful.

He brought three dreams to one particular session.

'In the first dream, I see my sister trying to jump out of the third-floor window. I go up to the window, and I see a troupe of dancers all dressed in red and blue. They wave to me. It was hot in the dream.' Then he adds: 'I witness an important transformation: my sister changes into one of the multi-coloured dancers. She jumps out of the window, but manages to survive thanks to acrobatic movements'.

'In the second dream, I am in a jazz cabaret, where I meet a musician I haven't seen in twenty years. I feel he has aged a lot. I am moved, and I embrace him. He used to be a very competent saxophone player.' (Isaac also plays the saxophone.) Through the idea of age he associates this man to his father and to me, saying: 'He must by now be about the same age as my father and as you too. In the dream, it's as though I found my father again; I've had so many problems with my father. I could feel tremendous inner warmth, I was very touched'.

'In the third dream, I am at home when someone rings the door-bell. It's a music producer and his wife; they suggest I record an album. In order to welcome him in, I have to cross a long corridor in which my piano is standing. I see that three of the keys are broken. I think of my own brokenness.'

After this third dream, corresponding to the 'third floor', I understood Isaac to be communicating his sensation of vertigo and his temptation to jump into his voluminous inner space through the private window of the first dream (the 'first floor'). In my book on dreams (Resnik, 1987) I describe a phenomenon which has to do with windows and which came into mind when I read the philosopher Eugen Fink's

Studien zur Phaenomenologie; it is what he calls 'windowing'. The panoramic image of the internal landscape which we see through the dream window is the manic demonstration of Isaac's 'mental unbalance', which he transforms into an acrobatic sister jumping out of the window and magically finding his/her balance again. But his feeling of being broken in a psychotic state, of himself being a damaged musical instrument – a piano with broken keys – reappears in the 'third floor' of the dream. Isaac associates the black keys to depressive or melancholic feelings when he projects himself into a gloomy future. He mentioned also in the third dream that in the corridor is a door which leads to a kitchen. His wife was standing calmly in the kitchen.

Together we managed to understand that, in the maternal transference, the psycho-analytical space was from time to time a tranquil kitchen waiting for him to do some good work of restoration and repairing. In the following session, Isaac said:

> 'The dream about the piano in the corridor is an important one. Piano, saxophone and the other instruments I can play are my paramount means of expression. I recall also the dream about the red and blue dancers.
> Last night I dreamt I was walking in the park with my ten-year-old son, Joseph. As we walked along, we came upon apples which had fallen from a tree; they were half-red and half-green or half-blue. That makes me think of a walk I took with my father when I was six or seven. I felt good, my father adored me, he thought I was an angel. By then I had recorded songs for my father. I played two roles, daddy's little boy and an established star.' This double role in a split personality shows up in the apple divided into two halves, red and blue (two mind-sets, two aspects of his chromatic spectrum). He associated the apple to the fact that when he first came to see me he felt he was going 'nuts'.[6]

The psycho-analytic process and work are described in the dream as a father and son walking together in the space-time of the transfer-

[6]In the original French text, *pomme*=apple and *paumé*, the word used by Isaac, have strong phonetic resemblance; '*paume*' is a colloquial term for 'confused' or 'lost', often in a psychopathological sense. In keeping with the fruit metaphor, the term 'nuts' or 'nutty' will be used here as being the most appropriate. Isaac's mother, converted to Judaism from Roman Catholicism. Theodore Thas-Thienemann (1967) speaks of the fruit of the Tree of Knowledge (of Good and Evil) as being interpreted in many different ways, including the generally-known equation of woman and tree: 'fruit of the womb'. In Hebrew, apple is *tappuach*, a derivative of the primary root n.f.sh (to blow). The confusion between fruit of the womb and fruit of shame and sin (exposure of the genitals or nakedness) may come from the Latin translation of the Bible – *malum*, means both evil (*corporis mala*) and apple (Gk. melon). This interpretation of the misunderstanding originating in a phonetic equation (Resnik, 1985) was suggested to me by David Alcorn

ence. After the session I did in fact pursue my counter-transference mental walk, and it took me to a point where I 'acted': I consulted the Bible, and read in Genesis, Chapter III that '... *the eyes of them both were opened, and they knew that they were naked; and they sewed fig leaves together, and made themselves aprons.*' Then, in the following paragraph: '*And they heard the voice of the Lord God*'. Isaac was with his wife when he heard the voice of God '*coming down from the heavens*' in the midst of the spiritual orgasm of his physical contact with Him. This was the moment when the voice of the ideal sexed father designated Isaac as the Messiah.

According to Dr Joseph H Berke (in a private communication) there is a Messianic experience or at least the possibility of 'Messianic consciousness', in each of us, i.e. the realisation of the interconnected of all creatures. For Berke, psychotics are making an attempt to reach a place where ordinary mortals fear to tread, and he criticises the rigidity of psychiatric thinking in this regard.

Bion explored Messianic unconscious phantasies and states of mind in his work with groups and wrote several papers on the subject. *Experiences in Groups* (1961), he talks of pairing groups as a Messianic hope, waiting to be materialised, born from the ideal 'combined' parents but never fulfilled (*op.cit.* p. 151). In *Attention and Interpretation* (1970, chap 6, p. 62) he talks of the mystic and the group as a binding ideal fantasy which will give birth to a mystic leader who will preserve coherence and the ideal or exceptional identity of the group. The mystic may declare himself as revolutionary or he may claim that his function is to fulfill the laws, conventions and destiny of the group. Later, speaking of the psychotic patient, Bion adds that he sometimes behaves as if he is convinced that certain actions have a symbolic and mystical meaning, though for Bion, they are innocent of any symbolic significance. What the patient is experiencing as a symbol indicates that 'the patient is in private rapport with a deity or demon.' In one of his unfinished papers (1992) written in 1971 he says: 'The Messianic idea is an unknown idea; it is hated and feared. It is dealt with by projection, materialisation.' What Bion calls materialization has to do with concrete thinking and hallucination. Idealisation of reality or hyper-reality is part of any conception or ideology based on conviction, therefore with the rigid certainty characteristic of delusional thinking, and no place for doubt or misunderstanding. I would add also that all this is a matter of degree, from micro- or macro-delusions to various states of ontological or religious beliefs. Those degrees go in every human being from discovery,

unveiling (as in the interpretation of a dream), revelation, to hallucination. An hallucinated object, like dream thoughts, are more than real; in fact, to hallucinate is part of hyper-reality.

In the case of Isaac, the dream of the apple acts as a revelation of his inner deluded splitting between red feelings and green feelings. The idea remained in my mind that Isaac and I were sharing the same transference apple, admittedly an apple in which the frontier between red and blue was clearly delineated, but nevertheless a single apple: one body for two individuals.

The splitting of his 'nutty' narcissistic personality is even more pronounced in another dream in which he is alone in a theatre, the only spectator applauding the only actor, himself or his double on the stage. This is his way of representing an auto-erotic version of one type of narcissistic object relationship (Rosenfeld, 1965) in the transference, through which the psycho-analyst becomes either the patient's own mirror-image or his ideal ego. Here, Isaac's megalomaniac ego ideal is looking at his symmetrical ideal ego on stage. His reflected projective identification is repeated on several occasions as the drama of the dream and the drama of the transference unfold.

Isaac pursued his analysis for three years with four sessions per week. He gradually became more aware of his 'nutty' state, and in the transference the narcissistic object relationship became an authentic object relationship, i.e. less narcissistic and more object-oriented. In this way his ability to appreciate the work of the analysis deepened, together with the possibility of reconciliation with the father-analyst inside the psycho-analytic kitchen (the space of the maternal transference). Isaac could therefore enlarge his self-observation and introspection[7] and explore his private landscapes in walks with me.

The psycho-analytical process continues, following its own itinerary. In psycho-analytic reality he was more able to orchestrate his splitting and his discords, and this translated into real life as restoration and rebirth of his creative ability as a composer and musician.

Group analysis

At one point, when his delusional state was more or less resolved, he no longer wished to pursue his psycho-analysis. I myself felt that Isaac was less deluded; his Messianic idea changed into religious belief and

[7] *Selbstbeobachtung* [Freud]

vocation and interest in his Jewishness. He began to study Hebrew and to follow seminars on *Thora* and *Kabbale*. In his music, he discovered also an authentic mystical side, in the sense of being in touch and developing fantasies, feelings and ideas unknown to him until then. These ideas were related to his idealisation of the father figure, i.e. a curiosity about the 'real values' of the ideal ego: the great model. At the same time, he acquired a healthy capacity for disillusion, which means being able to be critical both about the analysis which helped him and me as a father figure. In one sense, in the paternal transference, I represented a guide (father-function), sometimes very idealised and sometimes less so. Little by little, we were able to deal in the maternal transference with his incapacity – and his need – to contain within himself (the maternal function of his mental space) different and sometimes contradictory feelings which his ego was not yet able to synthesise (to tolerate contradictions). I described years ago following Gabel (1962), a pupil of Lukacs, that one of the characteristics of the psychotic mind (particularly in schizophrenics) is an anti-dialectical position: forces working against any possibility of according antithetic feelings. At that point I thought it would be useful for Isaac to go through a group experience in which multiplicity of beings and views could help him to face his own inner contradictions. Isaac thought about it and discussed the possibility with me, and finally accepted the idea. I find in my experience as an individual analyst working with groups (and groups of psychotics, in particular) that it is extremely useful to undergo both experiences, if possible at different moments. There are aspects of the mind of the patient and of his system of ideas (a delusion is a system of ideas) in which the presence of other persons allows him to dramatise externally and internally aspects of the mind which appear also in individual analysis but in a different dimension. I suggested therefore he continue the analysis in one of my groups of neurotic patients (two sessions per week, each of ninety minutes). I chose the group which seemed most suited to him, because it was made up of people from various horizons and with good cultural and artistic backgrounds. The interruption of his individual analysis was due also to financial reasons because during his illness he was unable to work properly and ensure his family's upkeep. On the other hand, I felt, as I said before, that the group experience could be a way of completing his analysis in a group context, which I sometimes call my little 'day hospital'.

Isaac had great admiration for his father, an orchestra conductor. For Isaac, the group was akin to an orchestra which, in a formal

sense, was under my direction. Like all group members, he often had the phantasy[8] of taking my place. One of the things I find useful in group work is the fact that a participant may suddenly complete an interpretation or orchestrate it in a new way, i.e. introduce a new point of view or highlight a blind spot. A given participant's point of view, his 'windowing' as we might put it, may help me to see or to introduce elements of the individual or group landscape which hitherto had remained unnoticed both by me and by the rest of the group.

Now that Isaac was less delusional, he could transform his internal chaos into a capacity for helping the group to integrate former incoherencies in a much more cogent fashion. He had a very important role to play in the group, but he did of course navigate between personifying the group Messiah – which corresponds to Bion's (1961) 'pairing-group' phantasy – and accepting the idea that he was one of the group-mother's children in a basic assumption of dependence.

The group to which Isaac belonged had male and female members. They worked in various professions – mainly psychologists, but there was also an architect and a professor of literature. The group was not composed of psychotics, but psychotic mechanisms did surface occasionally, as in every 'working' group. Isaac's delusional state *per se* was over by the time he joined the group, but I would like to illustrate how some of his delusional aspects were evidenced in the group environment, with particular reference to one of his dreams. I would also like to show how something previously analysed within the analyst-patient dyad can re-appear in group work.

The dream was as follows: Isaac is in a loft-cum-granary full of straw, on the uppermost floor of the house. In this loft, he is apprehensive because he is alone in the room with the various bits and pieces of a set of drums scattered around him; he has to gather them together and put them into four boxes or cases so that they can then be properly stored away. At first he finds this difficult, but in the end he manages to put the drum in its corresponding big round box; he can then put the other elements into the other two boxes, and the cymbals into the fourth one. The whole sequence is a sort of physical and mental jigsaw puzzle, through which he has to integrate and give coherent shape to something which was fragmented and incoherent in his mind, i.e. his private musical instrument.

The important thing for me is to discover how the group uses dream

[8]I continue to use phantasy for unconscious and fantasy for conscious fantasies, as suggested by Susan Isaacs

or other material proposed by a patient and how each member makes use of the group. This is why I say that group experience taken as a whole always makes me think of a schizoid image. The group is never a person, even when it is particularly apposite to use such a metaphor in the interpretations we make to the group. (The phantasy corresponds to the phantasy of a common mind (Bion) or a common denominator (Ezriel).

I am convinced that one of the reasons why intra-group communication is difficult is not simply that there is a danger of confusion or contamination among members' mental space (Bion, 1961); what is even more salient is the fact that every group is *ab origine* schizoid in nature. In the initial stages, there is often a shapeless multiplicity – or sometimes an over-formal (defensive) one. When I think of shapelessness and original chaos, again the words of the Bible come to mind: '*And the earth was without form, and void; and darkness was upon the face of the deep.*' (Genesis, Chapter I, v.2)

In Isaac's dream, the group is an immense jigsaw-puzzle in disorder; he dramatises in this way his own dismemberment and somato-psychic disintegration. In the dream, when he tries to put the lids back on the boxes, he discovers that they are too big, they overlap. This was a serious problem for him. In group language, we could say that Isaac's projections on to the group matrix or group-body composed of individual bodies were inappropriately powerful lid-projections: what came out of his mental loft and his lid (his hat or *kipa*) did not fit in with the mental space of each participant. In another sequence of the same dream, Isaac had come down from the loft and found himself in the courtyard of the house. Here there is a point of contact with the earlier dream from the beginning of the individual analysis with me. In that dream, he was walking in the park with one of his sons, and they found a bizarre-looking apple (red and blue). In this new dream about the loft, he finds an apple in the courtyard. He says that the apple must have been thrown out of the loft window – a defenestrated apple, or to remain with our fruit metaphor, a 'nutty' person who had jumped or been thrown out of the window. Isaac associated the apple to a woman friend of his who, like his sister, had jumped out of a window. Thus the apple was a dream reminiscence of his falling into delusion: dream memory. The dream took on the character of an evocation, incorporating the notion of time, which enabled Isaac to recompose and revigorate his devitalised shattered life. In the dream we can feel time, rhythm and music. His mind, which used to be an untuned musical instrument, could again function in a more harmoni-

ous fashion. The psycho-analyst is the tuner who works on the piano and repairs its keys in the group workshop, together with the other patient-craftsmen.

Isaac's group was very responsive to the dream-work. The group space was indeed a psycho-analytical workshop-loft. The group had created its own mental space to which each member brought his straw for building the common nest, a place for re-creating and giving birth or rebirth to a broken, 'nutty' mind. The dismembering and re-membering of the group ego lends a warm dynamic touch to this dramatisation and its 'remembrance'. There is warmth both in Isaac and in the other group members. When I began working with Isaac in an individual setting, he was often blocked-up and cold, his mental thermostat unable to function correctly. The group in its role as a nest of straw took on the characteristics of a biblical ritual. It became the native straw on which the grandiose or messianic aspects of Isaac and the inflated or narcissistic ego ideal aspects of each participant found both a place and an opportunity for analysis and working-through. Isaac's messianic hope was embodied in the fruit, a newborn baby-ego kernel, and his delusion had at last found a crib. The group acted as the chorus of ancient times, or, in its group superego part, as a tribunal sitting in judgment on the theatrical drama which the dream played out before it, in what Foulkes (1964) calls a 'basic network'.

Isaac and some Jewish members of the group associated the straw in the loft to *Sukkoth*, the Feast of Tabernacles which, as I mentioned earlier, was central to the initial stages of Isaac's delusional crisis: group evocation. The reader will recall that it was during *Sukkoth* shortly after his crisis had begun that Isaac felt mentally protected by a roof or 'lid' made of straw. Re-creation of *Sukkoth* in the group took on the character of what I would call a commemoration. Here, it was a group-*Sukkoth*, i.e. recollection and ritualisation of the laborious but necessary road through space and time which each of us travels within the psycho-analytical group process. Through its members and its membranes (the sides of the boxes), the group gave dramatic expression to the group-body, much as the persecuted children of Israel are attempting to reintegrate and give life to the Jewish body through reconciliation with a specific geographical landscape, a sphere for living and locus of their forefathers' history. The boxes in the dream become the containers for the fragmented group-body, the various parts of the puzzle. I have always thought highly of the ideas Glover (1968) advanced on 'ego nuclei', the fragmentary constellation

of an ego at birth. With time and good relational experiences, this ego will become a true whole ego.

One of the group members associated the manger, locus of the birth of Christ, to a Dali painting. The youngest male member of the group, who can personify the group 'baby' part, described his fear of being alive and of being born again (he too had long suffered from emotional blocking). He had the feeling that the inner space of the group was turning into a mine-shaft, a bottom-less pit, an abyss. Here, birth was depicted as a terrifying fall, a dramatic way of expressing Heidegger's (1967) *Geworfenheit* (dereliction, falling, being thrown out) as the primary ontological experience. Psycho-analysis of the transference is a different mode of the same entity: members of the 'network' in movement. The mobility and the orchestration of the different instruments which compose the group ensemble bring the repairing function of the workshop to life. Emotion (affect plus motion), vibration and pulsation surge through the group-body; movement brings life, rhythm and a sense of experienced time (Minkowski 1933) to the group space. For me, the 'mismatch' between box and lid implied the need for complementary integrative adjustment between mental, body, personal and group egos.

The question may be looked at also in terms of personal and group 'ego ideals' and 'ideal egos'. Here too, therapeutic intervention requires fine-tuning of deflation and decompression, just as between 'inflation' and 'deflation' of the delusional ego ideal. Mourning has to be worked through, mourning the loss not simply of an object (in Isaac's case, a delusional object) but of the delusional ego (the psychotic ego ideal). Loss of the delusional ego ideal in psychosis brings in its wake a deep and intolerable depression which can precipitate the sufferer into suicide or throwing himself out of a window if the transference – individual, group or institutional – is not a good nest. I call this phenomenon narcissistic depression, in which the accent is placed on the loss of an important part of the ego. For Isaac, the deflation of his delusion meant a loss which was simultaneously painful and necessary. The group nest rekindled Isaac's infantile need to be re-born differently, to come out of his 'nutty' state and get in touch with the really good aspects of his non-psychotic personality hidden or denied by his delusional narcissistic psychotic personality.

I would like to conclude this paper on Isaac's individual and group analytical experience by sharing with you my own itinerary as a child and adult psycho-analyst, interested in psychosis as well as in group dynamics: the world in living motion. To my way of thinking, my own

individual and group experiences of analysis were complementary. When I first began using them in parallel, more than forty years ago, I brought the tools of individual analysis into working with groups. Nowadays, I have the intuitive feeling that I need to bring the group experience of my mind, in the sense of a variegated and multiple awareness, to the one-to-one context of traditional psycho-analysis. Psycho-analysis can be seen from different perspectives or vertices [Bion, 1967]. Both individual and group analysis partake of human phenomena and enable us to approach neuroses, psychoses, borderline states and institutional problems from a dynamic and constructive outlook-inlook.

Discussion and conclusion

I try to transmit in this paper my experience with a patient suffering from a mystical delusional breakdown. I was able to treat him firstly in individual psycho-analysis and then in group analysis. Through the mediation of the group, the symbolic presence of the Messianic unconscious phantasy helped us to understand better the underlying figure of the child-Messiah in his role as mediator of unrelated or hostile and contradictory feelings in Isaac, an expression of schizoid or multiple discordant parts of the ego of what Bion called the 'group-patient'. During acute breakdowns, the mental apparatus breaks up into parts or fragments, which then operate as a disharmonic group. The therapeutic illusion consists in trying to bring harmony into the 'inner network' of the self, where there is disharmony.

Group analysis, as a follow-on or precursor to individual analysis (but not simultaneously, in order to avoid dividing the transference) interests me from the point of view of the reality principle. When facts and fantasies (both conscious and unconscious) are discussed between two persons only, there is not the same strength of reality-testing as when several people are experiencing the same phenomena. If someone is really deluded it is often extremely difficult to talk about what reality is. One of the characteristics of the deluded mind is that it transforms ambiguity, doubt and misunderstanding into conviction. I find that in a complex setting, such as a therapeutic group or a therapeutic community, in which insight is being developed in the staff (awareness of institutional transference situations), different views may help the patient to look at himself in a way in which conviction can be changed

either into doubt or into awareness of a fundamental unconscious misunderstanding (Money-Kyrle 1968.)

The concept of the reality principle in Freud follows the classical Greek (*aleteia*) and scholastic idea that there is an equivalence between intellect and the thing itself (St Thomas of Aquinas). This concept was discussed metaphysically by Heidegger in his famous paper on the 'Essence of truth'; he suggested that there is an unavoidable truth based on conformity, but that there is also some intrinsic freedom which has to do with emotional agreement (*Stimmung*) as a state of experience (*Gefuhl*) and this requires us in each case to question our formal system of values. This leads us to the concept of normal, abnormal, and pathological beliefs. We know that for classical psychiatry, in any delusional state there is some degree of truth and something which has been misunderstood, but the problem is is whether questioning is still possible. Psychoanalysis should be able to deal flexibly and not rigidly with these different degrees of inflexible beliefs, thoughts and feelings. (These concepts will be developed in a book which will be published in French, *Délire et Réalité*).

My intention was to bring together different outlooks on the same phenomena, thus enabling me to develop some useful working hypotheses and theoretical and practical suggestions. Bion's conception of the Mystic and the Group already present in his first ideas on pairing groups as a basic assumption was helpful to me. The Messianic hope in Isaac implied an idealised and omnipotent eroticisation of a 'mental' primal scene which gave birth to a magical deluded conception. That conception based on infantile and archaic phantasies was dramatised in the transference situation in such a way as to enable me – and then later the group – to deal with fundamental regressive experiences. It was necessary, *pace* H. Rosenfeld, to differentiate all the time normal infantile transference from its deluded and erotic counterparts.

I have shown the importance of dealing in the transference with 'therapeutic disillusion': the necessary grief and mourning when the illusional-delusional state is deflated. The psychotic patient becomes very depressed and sometimes even suicidal when the inflated delusion is deflated. I call this phenomenon 'narcissistic depression'. Sometimes the loss is indeed that of an object; but in the narcissistic depression it is not so much an object, as the disillusion and feeling of loss of the delusional psychotic ego ideal, in which the patient – or the group – has placed so much hope.

How can we help a patient (or a group or an institution) to be disappointed in his ego ideal and in his ideal ego in a constructive and

critical way, and enable him to get in touch with the sane and creative parts of his personality?

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HOPES, FEARS AND REALITY IN A MERGER OF TWO CHARITIES

MANNIE SHER

The decision to merge two organisations – however much determined by economic factors – contains the hope that the new organisation will combine the strengths and overcome the weaknesses of the old ones. Those involved in making the decision often feel undermined and distressed by the resistance and antagonism they encounter when the plan is made known.

The author suggests that managers, preoccupied with planning the shape of the new organisation, fail to take sufficiently into account the anxieties that are aroused. These are concerned with threats to identity at various levels: actual job loss, old relationships, and the implications of changing organisational identity and values. Senior managers are prey to the same anxieties and may well focus their energies on omnipotent fantasies of 'getting it right' – as if thus all pain could be avoided – rather than on containing anxiety and working through the inevitable difficulties.

The case-material of this paper comes from the merger of two charities working with elderly and disabled people, but the issues discussed – especially the need to attend to the human factors – apply to many other kinds of organisational change.

Short background of the merger

Two charities serving an ageing ethnic population have decided to merge because by merging they believe they stand the best chance of survival as an effective charitable service. Both charities serve the same population of elderly and mentally and physically disabled clients and their families with help-in-kind in their homes, short and long-term residential care and professional social work assistance and counselling.

The contributions of Drs. Gordon Lawrence and Vega Roberts in formulating and developing many of the ideas in this chapter are gratefully acknowledged.

Helping organisations, like commercial ones, have to be financially viable. Unit costs in the 1980s rose alarmingly, which together with a diminishing sponsorship population to support their work, compelled the leadership of both charities to search for solutions. The similar nature of the two organisations' work and clientele made the idea of a merger sensible. Discussions between the two Boards were held and most staff were excited by the prospect. Job security was a major concern for the management groups of both charities: savings, it was said, would be made through natural wastage, and a 'no-redundancy' policy was adopted which later turned out to be impossible to support. Management and staff tackled the task of the future merger with logical and practical objectives in mind and ignored the effects of new boundaries and new relationships on people's anxieties. Like most mergers, implementation was rushed when caution would have been better advised. As time passed, managers wanted to go faster, to take months not years, but by then it was their motivation, not their staff's. Winning people over and integrating teams was neglected.

Merger: general considerations

A merger is usually defined in its organisational or behavioural sense, and relates to the subsequent merging, or fusing together, of some or all of the central functions of the two organisations. Mergers are seldom defined in terms of omnipotent hopes that the future must be better than the past, that everyone will gain equally, that envy and competition will be successfully controlled, nor in terms of threats to people's identities, separation anxieties due to people relocating, old relationships given up and new ones started; or the old chestnuts of who will win and who will lose. Thus, in our example all the central functions of two charities were fully merged into what became effectively a new organisation, which we shall call Golden Years. Like so many mergers, this one too was the outcome of a struggle for the hearts of staff and their clients, their financial supporters and the community at large.

Most organisations grow by assimilating others, and for all sorts of reasons they mature, decline, are disinvested, and so grow into something else. The Boards of both pre-merged organisations operated on an accretion model, i.e. by putting one organisation together with another, the expected result will be a combined improved version of the former organisations. In reality, Boards seldom conceptualise a

totally new entity. They utilise the skills and resources of the old organisations, while essentially creating a new entity. They seldom operate on a morphotic model which relies on the shaping and forming of new organisational systems through organic transformational growth, merging and being merged are normal stages in the life-cycle of many organisations. Mergers are usually looked at from the point of view of Economics, Finance and Strategy. Those disciplines seek to answer the essential questions which any Board may ask. What size should we be to achieve our purposes most effectively? Should we diversify or concentrate? Will clients of the newly-merged organisation benefit more than those of the former merging organisations?

However vital these questions may be for the Boards of organisations when they consider joining forces with another, they address only one side of the merger process – the longer term strategic positioning of the organisation in an essentially *external* field. They fail to address the more immediate *internal* question of how best to organise the merging organisations in the short term so as to deliver the longer term goals – the question of how to ensure the people make it happen.

This neglect of the human variable gives cause for concern. The literature on mergers concentrates on the financial and business aspects – very few on the human aspect. (Adams & Brock 1986; Ginzberg & Votja 1985; Heins 1987). At Golden Years the merger ought to have been successful according to financial criteria; the sense of frustration which the management and staff felt six months after the merger date could only be attributed to the neglect of the human factors involved.

By the term 'human factor', we mean the full range of leadership, organisational, interpersonal and unconscious factors – in both merging organisations – that require to be addressed and effectively managed in order to make the merger work in practice. These factors come into play through all stages of the process, from planning the merger through to executing the implementation. Once the merger is agreed there remains the common problem of meshing together into some kind of harmony two quite distinct organisational cultures – two separate management teams with different systems and styles of management. It is at this stage – the post-merger stage – that many of the unexpected difficulties surface.

At Golden Years problems arose as a consequence of very simple acts by key personnel at the pre-implementation stages – often quite simple acts of commission or omission which were either misplaced, misunderstood or which started an irreversible set of quite destructive

organisational dynamics. Some cost the merging organisations dearly and could have been prevented if sufficient attention had been given to them in advance.

Our argument on the human factor is this: financial criteria provide the necessary, but not sufficient, preconditions for a successful merger. Once the organisations have been merged, it is then almost entirely dependent upon the human elements within the new organisation to make it live up to expectations. Unless the human element is managed carefully, there is a serious risk of losing the advantages which the merger could bring to the new organisation.

Planning the merger

> 'Why did we go after them?' (One party in the merger). 'There's the obvious reason: to provide the same level of service at reduced costs. But we could have achieved that through some other means, maybe for less effort. If I'm honest, the real reason is that there is something tremendously satisfying about taking over an organisation and being seen to have turned it around in a very short time.'
>
> (Chief Executive, Golden Years)

This is the stereotype of the decision to merge. In it, the larger and stronger of the two merging organisations has a set of well-defined merger objectives derived from its corporate strategy. Armed with these, the task of scanning for suitable targets devolves onto a small number of key people – maybe the main Board of Directors and divisional heads – who identify likely targets. The Board will commission lengthy and very detailed analyses and projections on the target organisation, which is then submitted to the Board for evaluation. The final decision is depicted as emanating entirely from these analyses – a clinically cold, rational, 'business' decision devoid of sentiment, emotion and self-interest.

The merger which resulted in Golden Years did not correspond to this picture. The reasons for merging were as much of a political nature; the decision was as much emotional as it was rational. The reason was also opportunistic: 'it was there and we grabbed it.' The larger organisation was at pains to point out: 'we do not want this to be a take-over.' But it behaved in just that way.

Ahead of all the other reasons for the merger was the importance given to how the community would rate the new organisation. 'A merger of these organisations would increase our financial support with the community.' (Chairman)

The general picture to emerge from Golden Years, however, was one of frustrated careers, lost opportunities and a demotivated climate. The former merged organisations at Golden Years attached considerable importance to their fields of operations and methods of work. In the period before the merger these were seen as very significant to questions of expansion of the services and in ensuring there would be a proper succession for the Chief Executives. However, many people at staff level in the two pre-merged organisations did not expect the new management to understand their work to invest sufficiently in it. Mainly, the two organisations each hoped the merger would bring benefits: technical expertise, opportunities to work with new client groups; improved management skills, better systems, and help in defining new directions for the new organisation.

False assurances played a part in persuading staff to accept the merger. Assurances about a 'no-redundancy' policy were given to allay fears and to maintain the commitment of senior management, once it was known that the merger was going ahead. Pre-merger assurances are binding in honour only. The Board had gone back on its word, and management were having to implement redundancies.

The theme of trust was always present. The two organisations moved towards merger reluctantly. Discussions between the two organisations were based initially on the impression made by the other side, 'It felt right, they felt right, but...how did we know we could trust them?' Some people were saying privately what everyone felt.

Gaining entry: opening moments in a consultation and their meaning

On stepping out of the second-floor lift for the initial meeting with the Deputy-Director of GOLDEN YEARS, I was met by a secretary who asked me to follow her. The Chief Executive, she said, wished to have a quick word with me before my meeting with his Deputy. The 'quick word' lasted an hour, during which the Deputy telephoned around the building wondering what had happened to his 'appointment' who, between the ground and second floors, had mysteriously disappeared.

From the Chief Executive, I learned that GOLDEN YEARS urgently needed organisational consultancy because the 'no redundancy' policy had caused a pervading sense of injustice to reverberate amongst the staff of his organisation. The smaller pre-merged organisation – and the more wealthy of the two – believed it had been

kidnapped; the larger one felt it had made a good 'catch' acquiring a 'dowry' without exerting itself.

First moments of a consultation often contain vital clues of an organisation's past history, current problems, and habitual ways of solving them. The experience of being ensnared and taken away was probably an accurate reflection of the experience of other people in both organisations, viz. the merger felt more like a kidnap: people had been bullied or seduced into the merger without having had opportunities to work through their feelings of hope of what would be gained by it, and anxieties about what would be lost.

The 'kidnap' experience illustrated in miniature the characteristic nature of transactions in the organisation. Managers at GOLDEN YEARS feel cheated by the hasty merger; they 'grab' the consultant as a potential resource, a hoped-for adjudicator, he is enjoined as a new member of one team, usually the most powerful, and is reluctantly 'let out' to others. In the search for resources at GOLDEN YEARS 'grabbing' seemed to be a criterion for success. My initial working hypothesis about Golden Years therefore was: the organisation is shamed by the mistakes of the merger; the consultant is 'kidnapped' in order to both acquire the omnipotence which has been projected into his role to undo the mistakes, and prevent him from uncovering anything.

Why was golden years seeking consultancy?

GOLDEN YEARS had a public image as a progressive organisation; it had a powerful management team and was well-connected to important backers. It possessed the self-confidence of an organisation that knew where it was going, there were few problems it could not handle independently. The organisation was proud of its achievements in anticipating and planning demographic changes well in advance. Consultancy for the new organisation's managers was meant to be an opportunity for them to grasp the painful realities of their situation, i.e. the managers' responsibility to make unpalatable decisions about redundancies, redeployment, shifting budgetary resources, etc.

What was the management team not addressing? In any relationship involving a request for help, the one requesting help experiences embarrassment and anxiety, which are fended off by making the helper feel them instead. Consequently it was I, and not the Chief Executive, who felt a sense of confusion and inadequacy. He proudly explained

GOLDEN YEARS' history; its undisputed superior service; its rivalry with sister organisations, and the final triumphant achievement of the merger, which was heralded as an expression of faith in its future – a new stream-lined organisation primed to meet the challenges of the next century.

As discussions proceeded with the Chief Executive, who had by now been joined by his bewildered Deputy, (but not by his Co-Chief, The ex-Director of the smaller original organisation, and rival), he hinted that he was himself struggling with the imponderables of an organisation in transition, of the uncertainties of the general environment, and the specific problems of GOLDEN YEARS' client group. His senior management group behaved aggressively towards one another; staff complained that they were not informed of changes and everyone was demoralised. I told the Chief Executive and his Deputy that I thought 'grabbing' the consultant, drawing him onto one side of the senior management team, was designed to provide one more resource for it, even if they did not have a use for him at that moment. Simply having me on their side served as an insurance against future vicissitudes. The Chief Executive admitted that he was unable to articulate just why he really needed consultancy now, – he thought he and his management team needed a 'space' to think about GOLDEN YEARS, to evaluate the effectiveness of the merger, to plan for the future, and their methods of work, and importantly, to consider how they managed themselves in their roles within the new organisation and how they would adapt their roles to meet changing circumstances. In this fairly casual way, the Chief Executive unintentionally outlined the brief for the consultancy event that followed.

Managing transformations

Change is an excursion into the unknown, implying a commitment to future events, that are not entirely predictable, and to their consequences, which inevitably arouse doubt, anxiety and resistance. (Menzies-Lyth 1960). As their consultant, I would be working with management on organic transformations of their organisation. I would be trying to help management get into a role where they could take on authority to manage transformations in a considered way. At the time they were in a dependency situation where they were reacting to changes coming from the outside, and creating a dependency/counterdependency culture. Management had got pushed into a Basic

Assumption: Fight/Flight position. (Bion 1961). They needed to get into a more mature adult role of planning transformations which would involve developing a vision; sharing that vision with others through example; paying attention to its management style, especially to differences, to envy and rivalry among its senior people, and to anxieties about winning and losing.

Staff of the new organisation were complaining about excessive controls, like introducing more centralised management systems, which were considered to be protecting management from their anxieties about an expected surge of new but unrelated work. From the time of the merger, factors such as cost-per-client were discussed interminably, mainly because they were measurable. These discussions created the illusion of certainty as a means of coping with management's feelings about the merger's viability in an eco-environment of larger numbers of people living to an older age and a shrinking financial base to support them. The truth was that the merger had been agreed and rushed through without full consultation as a rescue package for one of the merged organisations which could not keep within its financial limits.

For the merger to be seen to be succeeding, pressures to cut costs were building up. The previously promised no-redundancy policy was now becoming increasingly untenable because there were two contenders for almost every senior post. Some headquarters staff were likely to lose their jobs and their worries were being projected onto the less powerful staff members.

It is commonly understood that good managers are good delegators, but the new management team had underestimated the complexity of the emotional work required to delegate authority to their subordinates. While the senior management team was grappling with problems of balancing the budgets, some of its other management tasks, eg. supporting their middle to junior managers below them, were neglected. Consequently, when unit managers had problems that had to be dealt with directly by senior management, they were talked about elsewhere.

Bureaucratic processes can play a defensive role in organisations. The management, feeling anxious about the merger, and wishing to protect its sense of self-worth in a threatening situation, resorts to a common organisational defence: idealising its own organisation and competence, and denigrating others, principally in this case, the fieldwork staff.

Holding the total organisation 'in the mind': the consultant as surrogate manager or facilitator of transformations from the inside out

As the implications of the merger spread across GOLDEN YEARS, anxiety increased and staff looked to the managers to provide the necessary boundary controls to protect the work. However, if managers are unable to provide proper controls, or are themselves thought of as causing the anxiety, then surrogate managers are sought. The consultant is in danger of being drawn into the role of surrogate manager. But consultancy is a method of collaborating with organisations to help them improve their performance. Staff in the organisation inevitably will regard the consultant as a 'super manager' – able to fix things that present managers are unable to, as the focus of hope and salvation. Yet the consultant is there to help members of an organisation understand the meanings that staff attribute to particular events, the feelings they harbour about their work, and the intentions that shape their relationships to colleagues, bosses, and their own ambitions. (Miller & Rice 1967). Consultancy as a support activity enables the consultant to develop a rich understanding of staff's feelings, motives, and purposes, because the consultant, by studying his or her own feelings, can share them with consultees as a means of revealing processes in the organisation that staff members are unable to see. The consultees can begin to understand their experiences as they really are, and not as they are supposed to be, i.e. reduce denial by containing anxiety.

At GOLDEN YEARS various aspects of the new culture were considered by most staff and many management members to be negative. The new organisation had been turned into a business by the Board and Treasurers and the language was becoming commercial. Emphasis was given to efficiency and economies of scale. Changes in the culture were happening by stealth, and not as a result of debate and consultation and therefore could not be 'owned' by the staff. Suspicion and anxiety about the Board's and management's intentions were widespread. Staff viewed the merger as a takeover and feared this process would continue inexorably to include other organisations. Lack of corporate ownership of the changes had resulted in vagueness about the objectives of the merger, low morale at headquarters, poor communications, and paradoxically, an increase in the number of administrative staff. Change, and the dependency/counterdependency culture produced by it, did not provide for the working through of

feelings. The mind transforms events into experiences: treating staff as mindless individuals means that events are simply reacted against.

Discussion

The consultant is perceived as purveying omnipotence and strengthening defences against reality on the one hand, and the overthrow of omnipotence on the other. An organisation is imbued with omnipotent wishes when it sees itself as the only organisation capable of achieving a particular objective.

The theme of merger has within it many elements of omnipotence, because they are mergers on paper, not properly worked through and accepted by staff. The consultant is then drawn into this and is invited to bridge the gap between the fantasy of merger as conceived by the planners, and the reality of the organisations which are thrown into disarray. The consultant's job is seen as 'making it happen'. This is a very different role to the one of analysing on the ground the difficulties that arise in the organisation as a result of the merger imposed on it. The consultant can easily become a champion of change, falling into omnipotence himself and a messianic role. He can find himself performing many roles for different parts of the organisation, believing he can be all things to all people and forgetting that confusion is inevitable when conflicting roles are held simultaneously, and that his pre-eminent task is to struggle with people to enable them to give meaning to their experiences as they are happening. Filled with the wishes of other people on the one hand, and struggling to preserve the consultancy role on the other, the consultant carries two conflicting roles, and like the organisation he is consulting to, he experiences paranoid anxiety which results from destroying something good. His ego functions, like the organisation's, are weakened by splitting. (Klein, 1975). The consultant is confronted with the organisation's feelings of despair, confusion and fragmentation, its guilt and its urge for reparation. In spite of the consultant being available as a container of feelings and wishes, these feelings will still happen, but they can be worked with. The drive to make reparation can be motivated by drawing attention to the management's destructive impulses and splitting processes, and steps towards an improvement can be made. Strengthening management is based on enabling it to become more accessible to the split-off good parts of both itself and its staff, for instance the care functions, which they both hold in common.

The new merged organisation was searching for a single idealisable figure who could do everything, including effecting the constructive merger of two very different organisations. I found myself merging too, i.e. fusing together diffuse roles: where there were two organisations, now there shall be only one; where there were two roles, now there shall be only one.

In organisational terms, if there is overlap and duplication of services, personnel etc., then it makes sense to merge the two. But in human terms the idea of merger is a mad one. If two individuals are merged, the result is not one better individual, but rather a bizarre combined object. So when a merger is proposed, psychotic anxieties are inevitably evoked. There is a genuine threat of loss of identity. The organisation with which one identifies will no longer remain the same organisation. What kind of organisation will it become, and will one be able to identify with it? Or there may be a more direct threat to one's identity – one's job may no longer exist, or it may be given to someone else from the twin organisation. The merged organisations were promised that there would be no redundancies, but instead bitter quarrelling broke out, and subtly or overtly, staff were forced to leave. Was the no-redundancy policy an omnipotent denial of the reality of the merger? Management renege on taking responsibility for unpopular decisions, instead passing this responsibility down into the organisation unprocessed, so that staff have a multitude of roles which they cannot fulfil. The planners seem to want harmony – a single merged organisation that has swallowed up its differences. The managers talk about populations, not people. The consultant, listening one moment to managers talk about population and the next listening to staff talk about people, is drawn into a mad world, where unacknowledged difference is equated with harmony. In this context, harmony is an omnipotent wish, because populations are composed of people, and differences do not go away by splitting. For the consultant, the danger is one of being drawn into the world of splitting (people vs. population; procedure vs. personal experience) or homogeny (can we live in happy harmony?), rather than the more difficult position that there will always be a disruptive influence from somewhere. So the consultant needs to move from the depressing 'one never gets it right' to the socially depressive 'one can never get it right'. (Moylan 1990)

Consulting to organisations contains the hidden hope for the consultant to maintain the status quo, to enable the psychic equilibrium of the organisations and the individuals in them to be maintained. The consultant must be able to engage with the organisation's

experience of its unconscious behaviour. In Golden Years this meant he was to take up the role of referee, to keep the rules, to enable the game to take place, where everyone gets involved, sometimes some people getting hurt, but essentially to make no difference to the status quo. The fear in the organisation is that the consultant may represent catastrophic metamorphosis, fusion, loss of identity, and the organisation revealed as perverse, and the truth about the work and the clients, as unbearable. The consultant is invited instead to become a referee, invited to perform the useful task of preventing the attacking or defensive manoeuvres of the various teams from becoming too murderous.

The ultimate aim of consultancy is the integration of the organisation's purpose, management, staff and client. Splitting processes arise in the earliest stages of an organisation's development. If they are excessive, the organisation can be said to be schizoid in character. In normal organisational development the schizoid and paranoid trends are to a large extent overcome by consulting and interpreting repeatedly the anxieties and defences bound up with envy and destructive impulses. The deeper and more complex the organisation's difficulties, the greater is the resistance the consultant will encounter – hence the need to give adequate scope for the 'working through' of envy, jealousy and competitive attitudes. Where the consultancy fails, it is partly because the pain and depressive anxiety made manifest, in some cases outweigh the desire for truth and ultimately the desire for transformations. With psycho-analytically oriented in-depth consultancy, envy and competitiveness diminish, leading to greater trust in constructive and reparative forces, greater tolerance of the organisation's limitations, as well as improved relationships and a clearer perception of internal and external reality. The original fantasy has the two organisations pairing in order to produce a third – a messiah. The consultant does not collude with this Basic Assumption: Pairing, which has got mixed up with other Basic Assumptions. Our working hypothesis now is: mergers evoke Basic Assumption behaviour, because they are explained as necessary responses to change, e.g. financial threat. If, however, bringing together of resources and skills of two organisations is construed as creating a new task-oriented organisation which is in touch with the realities of both external and internal environments, it is more possible for the people involved to manage what transformations are necessary by relying on the use of their more mature adult qualities.

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CREATING A SAFE PLACE FOR THINKING: UNDERSTANDING DEVELOPMENTS IN A YOUNG NARCISSISTIC WOMAN*

LYNETTE RENTOUL

Introduction

This paper is an account of the first two years of therapy with a twenty eight year old woman, Ms B. In it I hope to describe the interlocking of her narcissistic and obsessional defences into a complex borderline pathological organisation and her struggles to free herself from the constraints of this defensive edifice or 'psychic retreat' (Steiner 1987). It was the deadening effects of this organisation that brought her to therapy. The defensive structure gave her the illusion of stability and integration, but resulted in a limited emotional existence and impoverished relationships. Over a number of years she had become aware of a form of depersonalised depression, which was marked by boredom, lack of identity and interest and a feeling of uselessness. I will describe the course of therapy to date, emphasising the gradual shifts that enabled her to relinquish the shelter of the pathological organisation, achieve more real contact with her objects and find healthier solutions to the 'claustro-agoraphobic dilemma' (Rey 1979) in which she found herself trapped. These shifts were made possible by her growing experience of me as someone who understood her and could contain her anxieties, and by her increased capacity for thinking. I have been influenced by Bion's (1962a) work on thinking, especially his emphasis upon thinking as an emotional experience of knowing oneself or another person. Ms B discovered she was able to develop her own language for thinking, which drew initially upon familiar dance images and later upon metaphors derived from her studies of literature and poetry. Freed from the constraints of body images, the literary metaphors gave her greater scope for symbolic thought and working through.

*Reading-in paper for associate membership of the B.A.P.

Personal and family history

Ms B is the youngest of four children; she has three older brothers and they are close in age (only 6 years separate them). Her father is of Spanish descent, he came to England from Gibraltar during the war. Her mother is English, though a fluent Spanish speaker with a degree in Spanish, and an accomplished flamenco guitar player. Although the only daughter in the family, Ms B described receiving little attention from her parents other than cursory admiration like, 'isn't she cute'. Ms B has powerful memories of a constant struggle to be seen and heard in the midst of loud and strong brothers. Sometimes she simply wept with the frustration of it all and ran to her bedroom (as she did one Christmas). Other times, in her fury and rage, she violently attacked her brothers, but to little effect because of their greater size and strength. Despite this, there appears to be a close and warm relationship between my patient and her two younger brothers.

Her parents spent little time with the children. They worked during the day and developed their main interest in flamenco dance and guitar playing in the evenings. As a consequence, the children were left to fend for themselves much of the time. The parents left food for them when they went out, and my patient remembers having to fight to get enough, and then eating greedily, competing with three big, hungry brothers. The children received little encouragement in their school work from their parents; consequently, they all left school at an early age, with minimal qualifications. Despite early academic failure, Ms B and two of her brothers now attend the same University and are enjoying academic success.

During her childhood, Ms B struggled to develop a clear identity, especially a sense of being female. She remembers feeling isolated and lonely, behaving in strange ways to get attention. For example, when she was eight years old, she talked for some time like a baby to her mother (in a desperate attempt to make contact with her). She remembers feeling so anxious in Junior School assembly, that she had to sit in a separate classroom with a teacher. Between the ages of eleven and twelve she pretended to be a horse, trotting and neighing. At Secondary School, she remembers scratching her face with a compass when distressed.

Following the break-up of her parent's marriage, when she was fifteen, she experienced much chaos in her family life and in her relationships. During this time, she had an abortion, her eldest brother

made sexual advances to her, and her boyfriend punched her, stole all her money, and left her. Slowly, she brought some order to her life. She trained to be a dancer, enjoyed some professional success as a performer, qualified as a dance and aerobics teacher, and recently gained a place at University. She started therapy and University at the same time. When she began therapy she was living with her boyfriend, who was of Afro-Caribbean background. He was working as a clerk for a law firm, whilst studying to be a lawyer; they had been together for about one year.

The referral and initial interview

Following three initial interviews at an NHS clinic, Ms B referred herself to the Reduced Fee Scheme. She had been advised to do so by her assessor because of the extensive length of waiting list there. She found those assessment interviews extremely painful, especially the long silences, but was relieved to have her problems taken seriously. She provided a graphic description of her feelings in her assessment form for the RFS. Her handwriting was quite childish and the writing was full of errors and spelling mistakes, but, nonetheless, she communicated her state of mind with clarity. She portrayed a realistic and hopeful picture of psychotherapy:

> *'I would like to eventually to understand and get to know myself a little better ... I imagine this would be done by talking about everyday occurrences ... I realise this would take a long time and a lot of hard work.'* (her errors)

She arrived a few minutes late for her initial interview, having gone to the wrong address, and began the session by going over her mistake and apologising for being late. The urgency of her need to be accepted, to create a good impression and to get things right were apparent from our first moments together. She is petite and attractive, with very long hair, and gave the impression of being rather younger than her age of twenty-eight. She spoke throughout our first meeting, hardly pausing at all. It was as though she was afraid of silences, and needed to fill them to ward off these fears. I was aware from the beginning that this could threaten real contact between us. She told me about her University course, her family and her current relationship. For the first half of the session she seemed to be putting a bright gloss on her life, portraying it as positively as possible. After I had commented upon this, she slipped into a much more disturbed and miserable

description, as though she felt ordered to do so. She responded like a dutiful daughter, giving the therapist what she thought was required. This highlighted some of the problems that I was to encounter in the course of therapy during the next two years. It was both a defence against her fears and rage about getting things wrong and also an indication of her longing to make things work. The material that she brought to our first meeting threw light on the nature of her claustro-agoraphobic anxieties, for example:

> *'Last summer I went away with my then boyfriend for a week's holiday to Brighton. I was really looking forward to it but then it was a disaster. I couldn't stand not having anything to do all day. I need to be busy all the time. I don't normally take holidays. I felt so empty, like there was a gap inside me. I felt hollow and empty and then I started picking on my boyfriend and having rows and blaming him. I don't know who I am.'*

She communicated to me that she has the illusion of being someone only when she does something; and with this she was describing a terrible loss or lack of identity. Silences in therapy threatened this illusion. She was also anxious about what would have to be faced in the course of therapy with me; the following dream threw light upon this:

> *'I dreamt about my older brother, the one who abused me, he was coming down the stairs and there was doubt in my mind about whether the abuse happened. Then he was there looking at me, in the same way, and I knew that it was all real, that it had happened. It was awful.'*

She also described an episode which had occurred when she was fifteen. She became pregnant and had an abortion, and turned to her mother for comfort and understanding. However, her mother seemed unable to listen and comfort; instead she simply offered practical help. I suggested that she feared that I might be like a practical mother, who was good at sorting out the arrangements (of therapy), but not really what she needed, somebody who could understand and stay with her terrible feelings of misery, rage and anxiety. Her acknowledgement of this was an important moment of contact between us.

Towards the end of our first meeting, when I suggested that she might find it easier to talk lying on the couch during therapy, she asked if it could be right that she would face the door and not me. I suggested that she was voicing her fears that not only would she not see me, but importantly that I would not really see her, thus not truly understand her. Winnicott (1962) emphasises the importance of 'I am seen' as a prerequisite for 'I exist' and 'I am understood'. My counter-transference during this meeting involved my experience of wanting

to get it right for my patient, a mirror version of the urgency of her feelings. It also reflected my anxieties about getting it right with a training patient and my fears of failing her.

Therapy

Feeling understood

Ms B demonstrated her commitment to therapy from the beginning; she rarely missed sessions and arrived punctually. In the early months she filled the sessions with torrents of complaints about failures of others in regard to her. Her compulsive need to fill the silences with a deluge of words gave me little space to comment. She focused most of her complaints on her boyfriend; his inability to hold her, cuddle her, make love with her, and thus demonstrate his affection physically. Through these descriptions she revealed her demanding, rigid and narcissistic characteristics. There was little sense of mutuality or recognition of her objects as separate. She felt starved of attention and unsatisfied, and looked to others to fill the yawning gaps she felt inside her. I pointed out that therapy must leave her with an empty feeling, if she conceived of contact between people in physical terms. She was clearly moved by this interpretation and quietly sobbed.

Following this comment she began talking more of her sense of emptiness and her longing for others to fill this 'gap'. Sometimes she talked of her neediness, but other times it became more concrete and she talked of her greediness, and her fear that she could never be satisfied. For example, she reported a dream in which she was eating food greedily, like an starving animal, watched by her boyfriend, who looked on in disgust. I was reminded of her descriptions of competing for food with her brothers, in childhood, and how the lack of physical contact with her mother may have turned her hungry feelings into greedy ones. I suggested that she was afraid that I would be disgusted by her hunger and neediness. She agreed and said that she was afraid that I could not bear her going round and round in greedy circles of complaints.

She described in great detail an episode when her boyfriend returned home and seemed not only unaware of her needs, but even of her presence. She was disturbed and infuriated by this; and in her descriptions revealed the difficulties she experienced in 'being alone in the presence of another person' (Winnicott 1958). What was at stake was

her sense of being, of existing. In the words of Winnicott (1962), 'I am seen or understood to exist by someone; I get back (as a face seen in a mirror) the evidence I need that I have been recognised as being' (page 61). She communicated in this description a variety of states of mind; a monstrously furious state, a confused and disturbed state and a rigid and controlling state. I interpreted to her that what she needed from me was to be seen and heard. I experienced powerfully, through her projections, the urgency of her need 'to be understood' by me rather than 'to understand' (Steiner 1993). She communicated this to me not only in words, but through the transference, which was loaded with anxiety. I understood that underneath the constant complaints lay a primitive terror, that was linked to the paranoid-schizoid fears of chaos, emptiness and not existing as a whole person. In his discussion of the distinction between being understood and understanding, Steiner (1993) emphasises that the therapist's ability to communicate to the patient that she is understood is a key element in the process of containment. He suggests;

> *'The transference is often loaded with anxiety which the patient is unable to contend with but which has to be contained in the analytic situation... Experience suggests that such containment is weakened if the analyst perseveres in interrupting or explaining to the patient what he is thinking, feeling or doing'.* He continued, *'Successful containment is associated with being understood rather than acquiring understanding.'* (p. 132)

I found I was experiencing a myriad of emotions; a great anxiety that I would not be 'goodenough' to contain her distress, whilst remaining thoughtful; nurturing and maternal feelings, when I wanted to take care of her; and frustration at the constraints of what felt like a trap, which was the prison of her defensive structure. During this time supervision was particularly helpful, not simply in helping me to understand the processes, but in enabling me to contain such high levels of anxiety.

I began to understand better the structures of her mind, which had many of the features described in the literature on borderline pathological organisations (Rey 1979; O'Shaughnessy 1981). Her defences were highly organised, like an edifice that was hard to penetrate. The main character of the edifice was narcissistic, though the defences most apparent were obsessional. She sought control to defend against the mess, chaos and emptiness that lay underneath. It was as though she lived in a fortress that was located in a very barren, desolate and dangerous landscape. At this time, the purpose of therapy for my

patient was not to understand this, but, by being understood, to gain a better sense of psychic equilibrium.

Shifts in therapy that are obvious are the culmination of minor shifts within sessions that seem less remarkable. The first clear shift occurred when I pointed out how difficult it was for her to see a situation from someone else's point of view, for example that her boyfriend might also feel desperate about their situation. This intervention began a process of change. Initially, she responded angrily to it, not directly, but in the flood of material that followed, she spoke about awful women 'around' who didn't understand her and were taskmasters, unhelpful and impossible to please. It was as though I had betrayed her; I was either with her or against her, and any interpretation that could be construed as allying myself with the other person, meant I was against her. When I put this to her she agreed that this had been her experience of my comment. She reported a dream in which there were two beds and her mother, her boyfriend and herself, and she was shocked when her mother got into bed with her boyfriend. It was as though, in pointing out her boyfriend's point of view, I was getting into bed with him and leaving her excluded. In the following sessions, she became concerned with her boyfriend's point of view. In yet another dream she was in the garden of a house; she looked up at a window and she saw him with tears pouring down his face. In one telling moment, she asked me directly to help her understand other people's point of view better because, although this was difficult for her, it was the only way forward. This represented a shift away from 'being understood' to 'understanding'.

With this shift came greater pressure to look at herself more honestly and she began to voice her anxieties about what therapy might reveal. In one session, she talked of her anxieties about coping with a new subject at University, especially when it became difficult. I suggested that she was telling me about her fears of how she would cope as therapy continued. In confirming this she told me that at times she could not imagine what it would get like and how hard it could become; in thinking about it she got headaches or had difficulty in sleeping. She then linked this to a dream, in which the phone was ringing but she refused to pick it up because she knew that it was bad news. Her association to this dream was that she was afraid of discovering something really awful about herself as therapy proceeded. Like the ostrich who wants to keep his head in the sand she did not want to heed the voice of her unconscious.

With this shift began the breaking down of the defensive edifice,

which was heralded in a dream, in which she was being chased by a man trying to kill her. She ran into her childhood home, and desperately bolted all the doors and windows, but somehow the man still managed to get into the house. I suggested that the terrors were inside her and that she could no longer bolt down the defences. She acknowledged directly her understanding of this.

Gaining understanding through the language of dance and literature

> *'If the patient is to develop further, he must make a fundamental shift, and develop an interest in understanding, no matter how small or fleeting. This kind of shift, which reflects the beginning of a capacity to tolerate insight and mental pain, is associated with a move from a paranoid-schizoid position to the depressive position.'* (Steiner 1993 pp. 141–142)

Ms B began to look at herself more critically. The shift was facilitated by her desire to understand and her discovery that she could use the familiar language of dance (and later literature) in an illuminating way. O'Shaughnessy (1983) points out,

> *'Why do words have a special significance for working through? Above all, the use of language is an activity of the ego. A patient hears interpretations, sees his dreams etc. but he stays a passive subject of the analysis until his ego engages actively – as it does when it uses its own language for thinking and communicating'. (p. 287).*

The language of dance gave her a means to think about her dilemmas that enabled her to be more active in therapy. My task was to find a way to tune into this language and build upon her metaphors. Dance was not a familiar language to me, but my patient and my supervisor helped me to use it with increasing confidence.

In one session she reported a dream in which she was choreographing a dance with a male dancer who was talented and confident. This annoyed her, so she began criticising his movements, but to such an extent that he wept and went to pieces. She was shocked that someone, who had appeared confident, could so easily disintegrate. Her associations to this dream related largely to her envy of people, who seemed to be both confident and talented, as if they had no frailties; she longed to undermine them, and realised her destructiveness in this. She then related episodes in her adolescence, when she had behaved in truly enviously destructive and cruel ways. At University she was reading 'Wuthering Heights', and found that one of the characters

really disturbed her. Lynton had been a weak and sickly child (like the sickly child inside her), but proved himself capable of cruelty in his relationships as an adult. She acknowledged that it was her identification with these features that so disturbed her. Later, she described a choreography exercise for a class assessment, in the following way:

> *A woman is dancing all alone and is sad because she has not known true love. Then a male dancer comes on and they gradually began dancing together and it becomes idyllic, as though they are experiencing perfect love and unity. Then he leaves and all is lost and she is left alone, but having known perfect love and lost it, she is in the most tragic of all situations.*

I interpreted to her that through this image she communicated to me her deep anxieties about discovering closeness and losing it; in terms of our relationship the dangers of getting close to me, if she were one day to lose contact, the most tragic of all situations. In her relationship with her boyfriend, it was as though she continually punished him, because one day he would leave her. She found these comments helpful, and in elaborating upon them she communicated the first direct allusion to understanding her fears of separation and loss.

A further pivotal session occurred after a dance improvisation class at University. Most of her dancing comprised tightly choreographed pieces, but she was working with a teacher who was unnecessarily rigid. In the absence of opportunity for free expression, she longed to flout the teacher's instructions and throw her body about in exaggerated movements. She then attended a dance improvisation class. This teacher encouraged freedom of movement; students were asked to imagine placing their feet firmly on stones, whilst running through a beautiful brook. Then the students had to adopt a position, which reflected their inner feelings. Ms B sank slowly to the floor and adopted a foetal position to indicate a hurt deep inside her. I suggested that she was describing two versions of her therapist; what she needed was for me to be the kind of therapist who would help her, through improvisation, to understand herself better. But I could not help her if I felt like the rigid teacher, who made her feel that she had to dance to my commands, as though she were a rag doll. In her response to this, she simply said that this was helpful to her. It was a moving session. Winnicott (1963) stresses the importance of the therapist's capacity to adapt to the patient; like the mother's capacity to adapt to her baby, it enhances ego development and nurtures a sense of self as active agent. The metaphor of therapist as someone with whom she could improvise was used subsequently for a long time. I suggested also that the rigid teacher represented a tightly organised system in

her own mind, from which she longed to free herself. She agreed and illustrated this with descriptions of episodes in which she behaved in inflexible ways, becoming infuriated by other people's inability to fit in with her way of doing things.

In a similar vein, she reported a dream in which her mother was sitting in the back of her car while she was driving. She was giving loud instructions about how my patient should drive and where she should go. Ms B could stand it no longer and began shouting at her, and made her mother get out of the car; although her mother was upset, she drove off without her. This was for her own good. Her first association to this dream was that she wanted to free herself from the rigid confines of her mother's view of her; to separate herself from her mother. I pointed out that, sitting behind her, I could feel like a 'back seat driver', and that it was important that I allow her freedom to drive in her way and follow her route. She responded that it did feel like another version of the rigid versus improvising view of her dance teacher/therapist; but she also knew that I wasn't rigid, and that this experience of me reflected something in her mind. Through this dream she began to understand different parts of her mind and the conflict between them. There was a state of mind that was controlling and constrained the freer more creative parts. She wanted to abandon this rigid, 'back-seat' driver part for her own good. In this way she began to look critically at her defensive structure.

Regression in the face of the break-up of her relationship

During the summer months she experienced a setback. Her relationship with her boyfriend deteriorated and finally disintegrated, which she experienced as the realisation of her worst nightmare. With the loosening of her defensive structures, she was exposed to the terrors of her agoraphobic anxieties; of abandonment, isolation and to the emptiness and chaos of spaces, and she experienced feelings of depersonalisation and of being immobilised by the terror of aloneness. Under the increased pressure of anxiety, thinking again became difficult (Bion 1962a discussed how the capacity for thinking is undermined by an inability to tolerate high levels of anxiety), and my task reverted to an emphasis upon providing a safe setting and giving her a sense of being understood. Her dreams were pervaded by terrifying images and pernicious and magical forces; for example, one theme was a prison cell, where she was tortured and from which there was no escape;

another was her childhood home, where there were unpredictable forces, that turned lights and electrical equipment, on and off. For example,

> *I was in a prison cell and N was with me and I was looking at a book and I turned to page 360 (I think) and when I turned to that page I suddenly knew there was going to be a disaster, and that we would be stuck in the prison and that there would be no escape.*

Her associations to these dreams were literal rather than metaphorical, as if she could no longer use her newly found capacity for more symbolic thought. She felt trapped and tortured in her deteriorating relationship and feared there would be no escape. I learnt to rely more on the quality of the transference, which was loaded with anxiety and on my capacity to use my counter-transference reactions to understand her states of mind. During these weeks I experienced distress, anxiety, frustration, rage and even ennui, which gradually helped me to understand better her projections and defences. She resisted the break-up of her relationship with frantic attempts to keep it going. In one session she reported the following dream:

> *I dreamt I was with an alsation and I saw a badger running away and I told the dog to get the badger. She was obedient and went after the badger, but had to jump over a barbed wire fence. But the dog couldn't seem to get it right and so she had to keep doing it over and over again. The barbed wired fence was high and it was cutting her, and her paws were bleeding and sore from running, but she was obedient and kept trying, however painful it was. I felt bad because I knew she would keep trying as long as I asked her.*

She identified with the suffering of the alsation in her attempts to get it right with her boyfriend, and thus acknowledged her masochism. I wondered if she chose a badger because she also recognised her ability to 'badger' people; in confirming this she stated that she had difficulty in knowing when to let things go. I also suggested that I might be experienced as the person who kept asking her to go over painful material, and that she felt like an obedient dog in her desperate efforts to get it right for me. She resisted this idea, emphasising that the dream was about her, and that she had been like this dog for a long time. In using the word 'asking' I had suggested that she experienced me as someone who knowingly asked her to repeatedly jump painful hurdles. In her efforts to preserve me as a good object she found it difficult to think of me in this way. At the break-up of the relationship, she reported the following dream:

> *I dreamt I was sharing a bed with a friend, and I realised I didn't have to share a bed any longer, so I went to another bed, which was filthy. I went*

to the bathroom to wash, but the bath was not only filthy but was also full of horrible insects, crawling everywhere. I had the sense that I had to clean the mess up.

She felt that the dream encapsulated her fears about the break-up of her relationship, which was experienced not as a loss but as a terrible and degrading mess that she had to clean up. Perhaps she also recognised that 'to leave the shared bed' was not the solution to 'messy' difficulties.

In the autumn she moved to a new house and returned to University. Under the pressures of work and sorting out her home she retreated into the fortress of her defensive structure, in order to escape the barren wastelands of her terrible fears of expulsion, disintegration and chaos. Joseph (1982) points out that an inner refuge need not be a calm place, sometimes, especially in masochistic patients, it can be a terrifying one that the patient turns to as if addicted to it. She filled sessions with long, detailed descriptions of cleaning her room and building book shelves, often into the small hours of the night. She re-wrote her class notes in a frantic and obsessive way, and became exhausted through her own efforts. She had a dream in which she watered a house plant, but in her efforts to take care of it, she over-watered it and the leaves seemed to droop and melt under the pressure. I commented that she was truly bogged down by her efforts to sort things out.

I will now present a sequence of material to illustrate the gradual shifts that took place at this time and played an important role in her relinquishing reliance on her defensive organisation. She described putting a new carpet in her room, which made everything else look filthy and in need of cleaning. I reminded her of the dream in which separating felt like a terrible and degrading mess that she felt compelled to clean. In further elaborating upon this theme, she suggested that although she felt compelled to clean, she did so in such a mechanical way that she felt empty, like a robot. She returned to this theme later and told me that her urge to clean went far beyond the flat; she wanted everything to be clean and tidy. She then linked this with a TV programme in which people were talking about the break-up of relationships. They said that although it was hard, it was important to look at what you had lost and think about it; to try to think about the good times too. That was hard, because she could not remember any good times, she felt left with the dirty mess of a broken relationship. She then told me about the friendly people in her new house and a helpful University teacher, who gave her the feeling that things

would slowly sort themselves out. I interpreted that I felt more like a helpful teacher, who could help her sort things out. She responded by telling me that she hadn't hoped for much at the beginning of the session, but somehow it turned out to be helpful. In the next session she returned to descriptions of cleaning. I commented upon the compulsive flavour of this and she responded by telling me that it had to be done; that she had to create a sanctuary where she could feel safe and get on with her work. A few sessions later she returned to the link between loss and cleaning, and told me that she felt stuck, because she just kept complaining. I asked her whether progress meant not complaining. She then talked about another way of coping with loss, described by friends, in which you sit around feeling miserable, which she contrasted with her way of frantically cleaning. When she returned to this theme I suggested that there were different kinds of courage; one like the obedient alsation, that kept going over the ground, trying to get it right, the other to stay with the mess and try to understand it. She replied that staying with the mess was the hardest thing for her, but she knew other people had done this. The next session she arrived telling me she was feeling better. She had used a meditation tape and had found two images useful. One was an image of parents sitting on her hand gradually getting smaller, till they became so small she had to take care of them. The other image was of someone who had hurt her. She thought of her ex-boyfriend; she was required to imagine him getting smaller, until he was so small that he could be blown away. I was struck by the similarity of these images to Rey's (1994) descriptions of the way in which size is a preoccupation of young borderline patients, because of their underlying feelings of being small, powerless and insignificant.

I have chosen this series of sessions because I believe that they illustrate small shifts in the direction of the depressive position. These shifts were subtle but formed the basis for more obvious shifts that took place later. She cleaned her flat in a mechanical and routinised way, but nonetheless created a clean, safe and homely environment, in which she could later work. The structure had been erected compulsively, but could be used later, creatively.

Emerging from the chrysalis

She was able to slow down and work with the mess in her mind in the New Year, having been in therapy for 18 months. Her experience

of me in the transference during the storm of the break-up of her relationship, was of a strong and containing force, an anchor that held her safely, and it consolidated the therapeutic alliance (Zetzel 1958). The safe boundaries of the therapeutic setting and the friendly atmosphere of her new home provided external structures, that allowed her to rely less on her internal defensive ones. Once again she used the space with me to think and improvise and a more thoughtful and intelligent side to her emerged. She revealed these positive states of mind in her dreams and descriptions of episodes, for example,

> *I dreamt I was in the shower with my sister-in-law, when we came out of the shower I painted her back green. I had a nice feeling as I filled all the gaps with green. I had the feeling that somebody was looking at my body critically, but I didn't care. Although I was naked I wasn't embarrassed, I just enjoyed painting her back green.*

Green was her favourite colour and stood for growth and spring plants. I pointed out that she was wearing green and I wondered if it stood for her growth and development. She replied, that it was funny that I should say that (she often used this phrase, when my comments were helpful), but when saying goodbye to her mother in Spanish the previous evening she had said inadvertently, 'me quiero' instead of 'te quiero' (I love me instead of I love you).

She found that the language of literature and poetry provided images that helped her to think with me. I found this language more accessible than that of choreography and was able to elaborate upon her metaphors in a way that she found helpful. Drawing upon images from Blake's poems 'On Innocence and Experience', she embarked upon a painful journey, which she referred to as 'looking at the truth'. She was astounded that other students thought that the sentimentalised version of childhood described in 'Innocence' was preferable to the harsher reality of 'Experience'. She found the picture portrayed in 'Experience', although harsh, was truer. This was an important discovery for her. She explained that real contact between people could only be based upon truth; this was what made relationships serious. I pointed out, that on that criterion, ours was a very serious relationship. She acknowledged this with words and tears. She explained that, for her, 'Experience' was not a poem simply about good or evil forces, but rather about the way in which these forces came together in reality.

I linked this to her earlier rather sanitised versions of her own childhood. Joseph (1985) emphasises the need to help our patients make links to the past in order to free them from more distorted versions of it. In response to this she described many painful episodes,

when she was ignored, left alone to fend for herself at a very young age and exposed to dangerous situations. At other times her mother became intrusive, hysterical, demanding attention and wanting her needs met by the children. She often complained about how much she gave up for the children and how indebted they should feel towards her (this included the fact that she prepared meals for them, something that most young children take for granted). She was furious that her mother, a self-professed feminist, had failed to help her own daughter find her voice as an intelligent and resourceful female. A picture emerged of her mother, as a narcissistic woman, who had been unable or unwilling to adapt to her daughter's needs and help her flourish; it was as though she had killed her daughter's sense of intelligence and female identity by failing to nurture and encourage. This reflected her mother's neediness and envy of her daughter. (I was reminded of the words of the queen in 'Sleeping Beauty', 'Mirror, mirror on the wall, who is the fairest of them all?'). My patient described the following childhood episode, as an example:

> *When I was very young I was walking in the woods with my mother and she was walking too quickly and I couldn't keep up with her, so I stopped, thinking that she would wait for me, but she didn't. I found myself alone in the woods and I began screaming in the hope she would hear me and come back and find me, but she didn't come back. Eventually I found her.*

In responding to this story I suggested that it was important that I was the kind of therapist that would not abandon her in the woods of her fears; that I could see her distress and respond to it. I could measure my steps on hers. Her growing experience of me was of someone who could not only see her and respond to her distress, but also enjoy her newly discovered qualities, without wanting to intrude or spoil the experience with envious wishes, as her mother had done. It was important that I did not overwhelm her with my agenda and 'clog' (Winnicott's term) the sessions with my words (I told myself: 'Beware of too many transference interpretations'). She felt not only safer close to me, but she could enjoy the closeness and flourish in it. She had a dream, at this time (a reminder of the earlier 'car' dream), which served subsequently as an important metaphor:

> *I dreamt that I was driving my car on a huge motorway, but there were no motorway signs and so I didn't know where I was going. I was frightened. Then I was aware of my mother in the passenger seat and when she knew I didn't know where I was going she grabbed the wheel. It was really dangerous. I didn't want her to do that.*

Her associations to this dream were that although she still felt lost, and did not know exactly where she was going, she did not want anybody else to take over. This was dangerous for her. I suggested that what she wanted from me was to be a really good navigator; to know how to read maps, and to help her on her journey; but I should trust her to take the wheel and drive through life. This contrasted with her experience of her mother, who intruded in unhelpful and dangerous ways, and failed to help her find her way in life.

In her first long break from me (six weeks) she enjoyed the great expanse of a long holiday, without being undermined by agoraphobic anxieties. She spent the summer in Spain improving her language skills and returned brimming with lovely stories from her travels. This experience helped her regain good memories of her parents and her childhood, as well as allowing her the wonderful freedom to 'improvise'. The open space of the summer holiday did not overwhelm her with agoraphobic anxieties for many reasons, but an important one was that she now felt safer close to me; she no longer feared my intrusiveness, envy or rivalry and felt less constrained by her sense of duty and indebtedness (for example, she no longer felt compelled to pay for her therapy before receiving the bill). There was also a shift in the balance from blaming her mother to understanding her. Two experiences played an important role in this; firstly, long conversations, in which her mother described difficulties in her childhood and marriage. Secondly, during her summer in Spain she regained lovely childhood memories of her mother; such as, evenings spent listening to her playing flamenco guitar in the central Spanish Square. In understanding her mother better, she no longer felt persecuted by her. She also re-established closer contact with her father, whom she found helpful in practical ways.

She began to experience structure in an increasingly positive, rather than intrusive light. Many episodes, in therapy and outside it, were linked to this. In the classroom, where she worked in the summer, she saw that the good teacher provided a safe structure, with clear boundaries, where the children could enjoy their freedom; in therapy, she appreciated the structure of the sessions and my attention to detail, and she saw how Salsa dancing, her new love, combined elements of structure, discipline and freedom of expression to create a wonderful, coherent sense of movement, that was at once free and stylised. Good therapy, like good mothering, recognises the complementary natures of structure, boundaries, freedom and self-expression.

Recently she has returned to the language of literature, especially modern feminist writers, who provided a rich source of images and metaphors, to further her understanding of herself. She described one short story about a singer, who sang only songs written by somebody else, songs that were not part of his experience, songs that he did not understand. This was linked to his ultimate and untimely death. I commented that she was telling me that her psychological life depended upon singing authentic songs from her heart, songs that reflected her experiences and not imposed on her from outside. She agreed that it was important that I understood this, and the real dangers of ignoring it. In terms of my counter-transference feelings I took private delight in her newly discovered intelligence and creativity. I should like to end my report of her therapy to date with a dream, which reflected her growing capacity to take care of herself:

> *I had a dream that I took out one rose from a bouquet and I put it in a glass of water and before my eyes the rose drank all the water and so I gave it another glass of water, which it also drank. I had a satisfied feeling, because I gave the rose exactly what it wanted* (like the rose in de St. Exupery's story 'Le Petit Prince').

Discussion

This paper describes the process of providing a containing therapeutic environment for my patient and the shifts that occurred in her internal structures and ways of relating to her objects. At the beginning of therapy she presented many of the classic features of borderline pathology; she had difficulty in making contact with people, had marked confusion of identity and in her efforts to control the emotional distance between herself and others she was demanding, controlling and manipulating. She inhabited what Steiner (1993) refers to as,

> *'A borderline area which I have called a "psychic retreat". In this area they are protected from anxiety but have grave problems of identity, so they feel neither fully sane nor quite mad, neither completely male nor female, neither children nor adults, neither big nor small, neither loving nor hating, but on a border between these conditions'.* (page 52)

She remained stuck in this pathological organisation, which was a system of pseudointegration under the dominance of narcissistic structures, because it gave her the illusion of integration and safety. In this organisation she felt sheltered from the anxieties of chaos and disintegration of the paranoid-schizoid position and from the pain and hurt of the depressive position.

However, its precarious nature was soon apparent and oscillations between high anxiety followed by retreats into the shelter of rigid, obsessional defences, so vividly described in the literature (Joseph 1981), characterised our early work together. I found Rey's (1994) work on the claustro-agoraphobic dilemma an invaluable framework in helping me understand these oscillations. The closeness that she longed for was transformed into an experience of intrusion or imprisonment (like the prison cells of her dreams), especially if her escape routes felt blocked (for many months she kept one foot on the floor next to the couch). When she escaped from this situation she found herself cut off from her objects and exposed to the terrifying agoraphobic anxieties of chaos and depersonalisation. She felt safe neither close to her objects nor away from them. Only in the shelter of the 'retreat' could she control the emotional distance with her objects, which gave her the illusion of safety, to the cost of her development.

The main purpose of therapy in the early months was to provide a safe setting that would allow a different experience of structure, one that was based upon a containing therapist. The importance of establishing a safe setting in the early phase of therapy was stressed by Zetzel (1968) when describing 'the potential good hysteric' (her description fitted many of the features of my patient), 'the major problem in the analysis of this group of patients concerns the first phase of analysis; namely, the establishment of a stable analytic situation in which an analysable transference neurosis may gradually emerge' (p. 238). During this phase I was able to hold her projected anxieties about closeness, and transform them into more tolerable forms. I recognised the importance of not intruding or interrupting, and through interpretations I sought to communicate my understanding of her. Relying more on the safety of the therapeutic setting and less upon the rigid structure of her defences, she discovered a space in which she could think (of 'shared reverie' described by Bion 1962b). In feeling understood, through the mutative interpretations, she became more aware of her primitive, narcissistic modes of relating. She began to express understanding in her own words, which allowed her to become more active in working through, drawing initially upon familiar images of dance (giving her a strengthened body identity) and later upon her studies in literature and poetry, offering higher levels of symbolic thought. Segal (1957) points out that the word symbol comes from the Greek term for integration, and suggested that the process of symbol formation is one of integrating experiences. This gave her a clearer and more coherent sense of herself.

The break-up of her relationship with her boyfriend precipitated a sudden and frightening breakdown of her defences and interrupted the steady pace of our work together. In this regression she was plunged into agoraphobic anxieties, where her terrors of separation were experienced as panic attacks and states of depersonalisation. During this period the paranoid-schizoid anxieties of disintegration and chaos dominated. I struggled to contain these anxieties, and for a while she sought once again the shelter of the highly rigid, obsessional defences. However, a number of forces came together, which allowed her to relinquish her reliance upon the pathological defences. Firstly, my capacity to contain her anxieties and understand her instinct to retreat to familiar defences; secondly, the growing strength of the therapeutic alliance and finally, her ability to draw upon previous developments, giving her greater understanding and tolerance of anxiety. She made an important discovery; she could stay with the mess and degradation of her loss and try to make sense of it rather than frantically try to clean it up. This regression, although exposing her to terrifying agoraphobic anxieties, played an important role in later healthy developments. Blos (1962) emphasises the positive role of regression ('reculer pour mieux sauter')* in his work on adolescent development. The loosening of defensive structures by regressive forces is a common phenomenon in adolescent development. In the aftermath of the chaos of regression Ms B was able to reconstruct a healthier inner world (like the lovely home she created) and healthier ways of relating to her objects.

In working through the loss of her boyfriend, she became less narcissistic and showed greater tolerance of separateness (Rosenfeld 1964 emphasised narcissism as a defence against fears of separateness and dependence). She became more aware of what belonged to her and what belonged to her objects, and relied less on projective identification as a means of communicating. There were enormous consequences of achieving a greater sense of separateness, because along with this goes other aspects of mental functioning associated with the depressive position, including the elaboration of thinking (Bion 1962a) and increased use of symbol formation (Segal 1957).

Steiner (1993) stressed the parallels between working through and mourning, as described by Freud (1917). Working through means that in accepting separateness and loss, parts of the self, lost through pathological aspects of projective identification, can be regained lead-

*Step back in order better to leap forward.

ing to enrichment of the ego. For my patient this meant gaining a stronger sense of her intelligence, creativity and femininity, which she was able to use to good effect in therapy and outside. An important aspect of this was my capacity to stay with her anxieties and not intrude upon her nascent capacity for understanding. In the words of Joseph (1989),

> *'Our capacity to listen fully and stay with our patients must help them increasingly to be able to observe, tolerate and understand their own habitual ways of dealing with anxiety and relationships, and this is part of the process of changing these habitual ways and becoming what we would call psychically "more healthy".'* (p. 192)

Ms B continues to show great commitment to her therapy, though our work together will be interrupted for six months, when she continues her studies abroad. She looks forward to her travels and has developed a 'capacity to be alone', which has grown from her capacity 'to be' (Winnicott 1958).

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Book Reviews

The Many Faces of Eros
(A Psychoanalytic Exploration of Human Sexuality)

By Joyce McDougall. Free Association Books, London 1995.
pp. 253, p/b £15.95

'Human sexuality is inherently traumatic. The many psychic conflicts encountered in the search for love and satisfaction arising as a result of the clash between the inner world of primitive instinctual drives and the external world begin with our first sensuous relationship'. Thus begins Joyce McDougall's book *The Many Faces of Eros*. The baby and then the toddler have to face two important losses: the mother's breast, the first object of erotic desire, as a separate entity and the discovery of the differences between the sexes and the impossibility of being/having both sexes and possessing both parents. These losses are accompanied by 'frustration, rage and a primordial depression leaving an imprint of confusion between libido and mortido, between love and hate'. These traumas, especially when managed insensitively or cruelly by parents, will have ramifications throughout life and may bring the person into therapy. Joyce McDougall with her ample detailed case histories together with her thinking over many years demonstrates the importance of psychoanalytic work in understanding and resolving these psychic conflicts. Bisexual and primal scene unconscious fantasies in the pre-genital and archaic forms as well as the dynamic reverberations of these fantasies in sexual deviations, psychosomatic symptoms, character disorders and their sublimated expression in creativity are carefully explored and elaborated. The book is divided into five parts:

Part 1 looks at femininity and sexuality focusing on the homosexual components of female sexuality and the female analyst and female analysand including the lesbian analysand. McDougall reminds us that women have many internal mothers. The mother who is adored and desired is often overshadowed by the resented and feared mother. Many women in analysis reveal a fear that they must choose between motherhood and professional activities or experience a dichotomy between their lives as mothers and as lovers. (I am reminded here of Andrew Samuels' view that gender certainty, i.e. women should be mothers, often inhibits women discovering who they really are.) A

delicate balance is required to accomplish these three distinct feminine desires – the sexual, the maternal and the professional. McDougall after 35 years of analytic work with women patients identifies five potential paths for integrating the homosexual oedipal constellation that hold for both sexes viz stabilising self image, intensification of erotic pleasure, enhancement of parental feelings, creative use of homosexual identifications and enrichment of same sex friendships.

Part 2 explores sexuality and the creative process. McDougall sees violence as an essential element in all creative production in that innovative individuals 'exercise their power to impose their thought image dream or nightmare on the external world'. She identifies four factors which form part of the background for any creative thought or act 1) the medium of expression itself 2) the imagined public (both internal and external) for whom the creative production is intended 3) the role that pre-genital sexual drives play 4) the integration or non integration of the bisexual wishes of infancy into the psychic structure of the creator. A long detailed account is devoted to a childless woman writer who had writer's block illustrating these factors. The vividness and immediacy of McDougall's writing caused powerful countertransference feelings of intense despair in me when after six years of analysis and the resumption of writing the patients writer's block returned. This was consequent upon the removal of the patient's ovaries. It is a measure of McDougall's tenacity and professionalism that the intensive work resumed for a further year with a successful outcome.

Part 3 examines sex and the soma. This section revisits and elaborates, from the 'archaic sexualities' perspective, themes and two case histories previously explored in McDougall's earlier books *Theatres of the Body* and *Theatres of the Mind* showing how when psychic pain is too unbearable to be felt or thought about, it manifests itself through psychosomatic complaints. She reiterates her belief that alexithymia is a defense against mental pain and psychotic anxiety rather than arising from neuro-anatomical defects.

Part 4 deals with deviations of sexual desire exploring what constitutes a 'perversion'. She questions whether homosexuality should be regarded as a symptom and stresses that the majority of homosexuals seeking analysis do not wish to change their orientation. Her findings, she states, generally concur with those of Evelyn Hooker (a psychologist-researcher) who concluded that the only obvious difference between homosexuals and heterosexuals is their psychosexual object choice. McDougall uses the term neosexualities (her word) to describe deviant homosexualities and heterosexualities where there is a deep

imperative need to reinvent (hence neo-new) the sexual act to deal with psychotic anxieties and fantasies. She reiterates Freud's view that human sexual patterns are not in-born, they are created and that no one *freely* chooses to engage in the highly restricted conditions imposed by compulsive neosexual inventions. Children have to construct powerful identifications and defensive operations in relation to what they understand about their parents' unconscious sexual conflicts and erotic desires and of the roles they (the children) are covertly required to play. These may contradict what is consciously communicated creating confusion and conflict in the child's mind. The disentangling of these may require years of analytic work. The reinvented sexual act has an addictive quality. McDougall sees three aspects to all forms of severe addiction: desperate need to discharge insupportable affective pressures, repairing a damaged self image and attempts to settle accounts with parental figures. The latter involves a defence of the inner maternal object (you cannot abandon me, I control you) defiance of the inner father (I don't give a damn what you think) defiance of death (nothing can touch me) alternating with a yielding to death impulses (the next fix will be the overdose – who cares?).

Part 5 is devoted to questioning 'psychoanalysis on the couch', its beliefs and value judgments. McDougall makes a plea that we should guard against 'psychoanalytic sects' with their tendency to prevent converts from benefitting from each others discoveries. In that spirit and from a Jungian perspective, I found myself wondering about the archetypal aspects of the parents and the primal scene, about creativity and its source within the Self and its implementation needing a good internal marriage, coniunctio between masculine and feminine rather than bisexuality. I wondered, too, (given that McDougall refers to Estela Welldon's work) that there was no reference to that of Mervyn Glasser describing the 'core complex' and his idea that 'perverted' sex can serve the psyche maintaining psychic equilibrium and preventing psychotic breakdown. This corroborates McDougall's findings.

That said, McDougall's openness in exposing herself and her work, her continuing questioning and questing are inspiring, refreshing and appealing. As a previous reviewer noted, McDougall stands out not only as a compassionate and humane analyst but also an astute and intuitive clinician. If there is some degree of repetition taken from earlier books this does not detract from its value. Rather like a long analysis it is a spiralling with the material being revisited rather than circling. *The Many Faces of Eros* is a worthy companion to stand

beside McDougall's other books complementing and expanding them in addition to deepening our understanding of human sexuality.

DR ELPHIS CHRISTOPHER

The Clinical Thinking of Wilfred Bion

By Joan and Neville Symington. Routledge, London 1966, pp. 198, p/b £13.99

This book, by two senior analysts, is an admirably coherent exposition of Bion's work. Whilst of necessity some of his more abstruse concepts are simplified, the great breadth and depth of his thinking, and the underlying unity of his conceptualisations are faithfully conveyed, so that the reader can see the continuity and the invariance – to use an important Bionic concept – between the thinking in the earlier works that most students read, i.e. the work on groups (1961) and on schizophrenic functioning (e.g. 1953, 1956, 1957a, 1958), through the theory of thinking (1962a, 1962b, 1963, 1965) to the later and final more epistemological and philosophical works (1965, 1970, 1991, 1992). With some perseverance those quite unfamiliar with Bion's work could gain a good understanding from this book; whilst those who are more knowledgeable will also, I believe, be able to enhance their appreciation of it. The usage of the Grid as an organising structure of the book helps also as an integrative factor in the exposition. The Grid was a device that Bion developed as a way to assess at one level an interaction between patient and analyst, at another, the status of any statement, in terms of its dynamic qualities and level of development.

The book starts with two chapters firstly clarifying Bion's theoretical stance as it differs from Freud's, and secondly, giving a brief picture of Bion's personality and character. It continues with an exegesis and discussion of the theory of thinking, explicating the concepts of alpha function, beta elements, pre-conception, conception, realisation, and container/contained, giving examples from their own clinical experience. The authors place this discussion in the context of the epistemological theory: 'There are grounds for supposing that a primitive "thinking", active in the development of thought, should be distinguished from the thinking that is required for the use of thoughts'. (Bion 1963). They show how Bion traces his ideas back to their

connection with the philosophical positions of Plato and Kant. There follow chapters on 'Transformations', on the study of groups, on the work on psychosis, and concludes with a discussion of the philosophical and mystical element in Bion's thinking that appears in his later work. These issues are tackled in a way which brings fresh insights into these difficult and complex ideas; although it seemed to the reviewer that the clinical examples given were occasionally too simplistic to bear the theoretical weight that they were supposed to be carrying, and thus sometimes failed wholly to convince.

Part of the strength of the book, however, is to present highly complex ideas in a digestible form. The chapter that particularly worked in this respect is the one on Transformations, which is a notion crucial in Bion's thinking. The authors show how the mathematical idea of transformation is used to elucidate the underlying unity of, on the one hand, the development within a session of an essential truth at different levels of complexity, and on the other, the theory of thinking in general. Thus there may be an invariant element in which a truth may be embodied which can be expressed in many different ways and at different levels of complexity. One expression of this truth will then be a manifestation of the same truth, expressed possibly in a very different way, via what is in effect a transformation. As an example, the authors quote a clinical vignette of Bion's where the situations after, and prior to, a breakdown are compared. On the surface it is totally different: but on analysis '...what present themselves to the outward sense of analyst and patient as anxious relatives, impending law-suits, mental hospitals, certification...are really hypochondriacal pains and other evidences of internal objects in a guise appropriate to their new status as external objects'. (1965, quoted p. 109).

The reader may be wondering why a book entitled *The Clinical Thinking of Wilfred Bion* appears to be so theoretical. Our clinical judgements, of course, are always rooted in theory, whether consciously or unconsciously held. But the title of the book is used advisedly. Bion's starting point is the phenomenology of the analytic session. The thinking that Bion does about his work is only *after* a session. One of the great strengths of this book is that it brings out the continuity between the approach to a session which Bion famously advises should be 'without memory or desire', and the thinking that follows that session. The continuity resides in the fact that the inherent truth in a session can be intuited by the analyst in a containing state of mind, but that the thinking afterwards is fruitful insofar as that

thinking represents a transformation of the former intuition. 'What transpires in the analytic session represents different transformations of the same emotional event, O.' (p. 144). In the judgement of the reviewer, this insight of Bion's is one of the most important for a clinician in that it attempts to answer the question: what is really happening when we think we understand something about what is going on in a patient within a session? or indeed in relationships in general? Bion's suggestion of 'without memory or desire' as the appropriate state of mind in which to approach a session is often quoted as if it has a simple meaning. On the contrary, what is being said is something very subtle about the possibility of intuition of another's psychic reality. 'The intuition grasps the invariant under two different forms.' (p. 170). The meaning of the injunction can only be fully understood when one appreciates Bion's theory of mind, of which one aspect is that the functions of memory and desire have as their objects sensuous realities, as opposed to psychic reality which belongs to a different kind of reality, indeed, relates to what Bion thinks of as an unknowable ultimate reality which he designated as 'O'. In a sense, the authors conclude, Bion is saying that the quest for truth in an interaction, that is, for psychic truth, is the nearest we get to ultimate reality; and this is where the mystical element appears in his thought.

The sweep of the whole body of work can be seen in its grandeur as we are guided through Bion's early thinking about groups and his first formulations addressing the age-old mind/body problem in philosophy. Here he hypothesises a kind of substrate to the personality in which the bodily and the psychological are as yet undifferentiated – the 'proto-mental' system – and he develops this idea into the theory of beta elements and alpha function as the basic elements in thinking. We are progressively shown how this develops into the complex theory of thinking and theory of the nature of mind and the place of the human mind in the greater reality.

The ending point of the book relating to Bion's mysticism is shown to relate to the starting point, where the authors bring out how Bion moves away from Freud in crucial fundamentals. For Bion, the essential human motivation is the desire for emotional growth which can only happen through exposure to truth; and which involves particularly the capacity to tolerate pain and frustration. This clearly differs from Freud's view of the Pleasure Principle as being the basic motivation. Bion thus gives full status to the capacities that make human beings most human. However, it is also true that our mind 'spans too inadequate a spectrum of reality' (1991, quoted p. 182). The mind is

limited in its ability to comprehend reality. He speaks of the possibility of vast worlds of thoughts without a thinker, a formless infinite, where there are no restraints imposed by categories of space and time, past and future. In this Bion sounds uncannily like the present day scientists who talk about the infinity of all potential realities happening concurrently in every instant of what we experience as the present. As the authors put it: 'it is too restrictive to call [Bion] a psychoanalyst because he was also a social psychologist, a biologist and a philosopher' (p. 177).

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1991 *A Memoir of the Future*, London: Karnac Books

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Introduction to Psychoanalysis

Anthony Bateman and Jeremy Holmes. New York Books 1995, pp. 289. p/b £12.99

This book is an updated version of Greenson's *Psychoanalytic Practice and Technique* and more elaborate than Rycroft's *Critical Dictionary*.

I found its brief history of psychoanalysis interesting, in particular its description of The British Psycho-Analytical Society. It goes on to describe the development of psychoanalysis in America and Continental Europe, followed by a provoking section on current developments and controversies.

The BAP, especially members of the Psychoanalytic Section, will find their struggle to define What is Psychoanalysis? interesting. They conclude 'Put simply, more than three times a week – Psychoanalysis; three times or less – everything else.' They state that this frequency of sessions (more than three-times-a-week) 'produces a bias towards the primitive anxieties which emerge during the regression evoked by such intensity'. This last statement has implications concerning the frequency of session for candidates who wish to work intensely with patients. However, the authors add, 'Even the two- or three-times-weekly boundary is not watertight since some French and Latin American Societies accept three-times-a-week training analysis.'

The authors describe, clearly and simply, different models of the mind: Freud's, Hartmann's, Klein-Bion's, Fairbairn's and Kohut's. There are chapters on The Origins of the Internal World, Mechanisms of Defence, Transference and Countertransference, and Dreams, Symbols and Imagination.

The second part of the book deals with Practice, wherein a wide variety of subjects are discussed, ranging from the Assessment Interview, the Therapeutic Relationship, to Clinical Dilemmas. The discussion on Transference Interpretations, Extra-transferential Interpretations, and Steiner's concept of analyst-centred and patient-centred interpretations is particularly illuminating.

The final chapter, on Research, should be of interest to all BAP members. At the beginning, it reminds one that research has, since Freud, been an intrinsic part of psychoanalysis. 'In psychoanalysis there has existed from the very first an inescapable bond between cure and research' (Freud 1930). The authors point out the limitations of the case-study as a research method, and quote some writers who think that psychoanalysis, like the arts, is unresearchable. The authors discount these writers and go on to describe different methodologies and problems specific to psychoanalytic research. There follows a description of certain research programmes that have been carried out, e.g. The Menninger Project (which spanned twenty-five years), two studies from the Cassell and Henderson Hospitals in the UK; the 'Core Conflictual Relationship Theme Method' [CCRT] is described, as is the Adult Attachment Interview [AA], based on Bowlby's

theories. The description of what is known as the 'N = 1' design is particularly exciting. With the help of a computer, the data from a single analytic treatment was examined and found that 'therapy is always "focal", with a gradual shifting focus as therapy progresses.'

I strongly recommend this book, which should certainly be on all students' pre-course reading-list and an excellent resource and refresher text for experienced therapists.

DANIEL TWOMEY

Intrusiveness and Intimacy in the Couple

Edited by Stanley Ruszczynski and James Fisher. Karnac Books 1995, pp. 159, p/b £16.95

On the cover of this book there is a picture of a wooden sculpture, in four pieces: two figures, male and female, and their silhouettes, which fit together into a single block - a three-dimensional jigsaw. It stands, we are later told, on the window sill in the consulting room of one of the authors. She gives an account of how the husband of a couple in therapy with her said that he had for a long while been unable to see these figures as separate from each other. Each seemed part of the other, and he had identified with both. Now, for the first time, he could see each of them as separate, and could also see them as united together. He felt this profoundly, as a revelation, where his perception had been obscured before. I find this image beautifully conveys how the central themes, of projective identification, and the oedipal task of facing the emotions and anxieties associated with the parental couple, are interwoven in this welcome book.

Its theme is the nature of intimacy, and the difficulties involved in achieving this. All couples face the dilemma of how to achieve its closeness and yet be able to recover a sense of separate identity. There are individuals and couples for whom separateness seems overwhelmingly threatening. For these, their apparent intimacy may represent, not the mutual concern of two individuals, but the intrusive need to control the other who is experienced, not as separate, but as an aspect of the self. One aim of the book is to demonstrate how a sophisticated use of psychoanalytic concepts, of the various aspects of projective identification and the oedipal situation can enable such couples'

difficulties to be understood and worked with. It also addresses some of the technical issues encountered.

Stanley Ruszczynski offers a description of how these couples may present, for instance, with relationships of isolated coldness, of fusion with confusion of boundaries, or alternating between these in a rigid yet unstable defensive pattern. He gives an admirably clear account of the concept of projective identification and its importance to understanding intrapsychic and interpersonal relationships; how the concept has been extended, and the problems of definition this poses. This is related to a general account of the development of Kleinian and post-Kleinian thinking, in a way which is both accessible and, does justice, to the complexities of the issues. The problem posed by the extension of the term projective identification, is taken up again by Colman later in the book, from a different viewpoint.

Mary Morgan introduces the term 'projective gridlock' for the rigid organisation created through excessive mutual projective identification. She sees this as a defence established by the couple in order to deny the separateness of the self and the other, and to maintain a state of mind dominated by the phantasy of living inside the other, where separateness is felt to threaten psychic survival. She uses clinical material to trace the effect of such phantasies on a person's intrapsychic experience, on their relationships, and in the transference and countertransference. She draws attention to the technical problems that can be created by the pressure from the patient on the analyst to fit in with the phantasy of fusion – similar to that of 'no conflict' referred to by Ruszczynski. I particularly enjoyed Mary Morgan's economic but vivid imagery (the sculpture-puzzle was hers), her ability to put over complex ideas in straightforward language, and the sensitivity of her approach.

Giovanna Di Ceglie calls the uproar of feelings generated by the parental couple 'much ado about nothing', showing how in Shakespeare's play Don Pedro and Don John both represent our omnipotent attempts to deny and evade the oedipal situation: the former by the fantasy of creating the couple, the latter by envious and destructive attacks on the lovers' bond. She illustrates this from her analytic work with individual patients, and how the resulting failure to work through the oedipal situation affects the patients' capacity to make satisfactory or lasting relationships with others and with her. Two patients seem to use what Britton calls 'oedipal illusions', whereby the oedipal situation has been encountered, but is evaded and not worked through. In the case of her third patient, however, she describes

an internal state in which the parental couple seemed non-existent, as if never acquired, or destroyed as soon as it appeared. This man lived in a timeless world of almost non-existent relationships. No space or thought could be allowed between himself and the analyst. Morgan draws on Britton's understanding of those more seriously disturbed patients in whom the encounter with the parental couple occurs before there is an adequately established maternal object. The resulting relationship with the maternal object is precariously maintained only by restricting the knowledge of her and by splitting and projecting the hostile bad aspects of the mother into father, who has to be kept out. Any thought or other evidence of separate existence by the therapist in these circumstances becomes equated with parental intercourse, in which the hostility is forcibly returned into the mother, threatening the precarious mother–child relationship and life itself. Here I am reminded of the intolerance of separation and the anxieties about survival which lie behind the establishment of the 'projective gridlock'. As often in this book, one chapter throws light on another.

James Fisher approaches the link between the capacity for intimacy and the relationship with the internal parental couple, through Donald Meltzer's description of three types of identification, namely infantile, narcisstic, and introjective, and the different states of mind that can be observed accompanying these. Fisher suggests three corresponding states of intimacy – infantile, delusional (or confusional) and mature. Infantile identifications, in Meltzer's description, are the basis of emotional life, and are characterised by sincerity, spontaneity and their fleeting nature. They may be accompanied by lonely feelings of the 'child in the adult world'. Narcissistic identifications, including both projective identification and the adhesive identification of social adaptation, are delusional in their denial of emotional life and psychic reality. Meltzer uses the term 'intrusive identification' (a term taken up by several of the authors here) to describe the form of projective identification in which the whole self in phantasy invades the (internal) object, concretely experienced as a part of the mother's body: head/breast, genital or rectum (the Claustrum of Meltzer's metapsychology), as in the 'projective gridlock' of Morgan's account. Meltzer's description of the state of mind that results, one of certainty, 'a peculiar optimism, pomposity and snobbish arrogance,' and of the 'delusion of clarity of insight' and an attitude of sitting in judgement are, as Fisher points out, extremely helpful in identifying when this form of projective identification is being employed (in oneself tool) even when

the content of the phantasy is not known, as with couple work, where dreams are brought less often. When Meltzer refers to introjective identification, he means specifically the introjection and identification with the parental couple, as combined object, initially as part-objects, ultimately as the sexual couple in their creative union.

In exploring the nature of intimacy in relation to these states of identification, Fisher starts from Meltzer's discussion of intimacy as a value–free measure of distance, ranging from isolation to fusion, with variations in between from delusional to sincere. Proximity between two people involves, in Meltzer's language, sharing the same geographic space (relating to the same part-object with the infantile part of the self), and emotional world (inside or outside the sphere of good objects). Fisher uses extensive clinical material to suggest the shifts in relationships during sessions with couples. Mature intimacy is left as an aspiration. As Britton says in his foreward, the ability to move psychically between the different positions in the oedipal (triangular) space is the basis for flexibility of intimate relations and of thinking. Mature intimacy then includes the capacity of one to parent the other in distress. This depends on secure identification with both the internal parents, and with the infantile self, so that one can projectively and introjectively identify with the infantile need in the other, in identification with the parents, without loss of the sense of self.

I felt that the wealth of clinical material sometimes obscures rather than clarifies Fisher's theme. It might have been clearer to focus on the descriptive aspects of states of mind rather than on the content of phantasy and interpretation. Meltzer's concepts are complex, and may be hard to grasp here for those not familiar with his language. However, I found the struggle to understand was well worth it as these ideas illuminated the exploration of the themes of intimacy and intrusive control.

The second part of the book takes the form of a conversation between James Fisher and Donald Meltzer. Here Meltzer's ideas are at their most accessible, expressed in his own voice and everyday language. The discussion takes up themes explored by the other authors, seeking Meltzer's views on, for instance, the nature of transference in couple therapy, the use of one or two therapists. But it also ranges wider and, although the conversation may tantalisingly touch only briefly on something before moving on, it conveys an engaging view of Meltzer's approach to psychoanalysis, his work and to life. It

will, I think, give pleasure to those familiar with his work, and offer an introduction to others.

This is a wonderful book. It is deceptively easy to read, mostly clearly written, and using well chosen clinical material to illustrate its themes. The ideas in themselves are complex, and draw on the forefront of Kleinian and Post-Kleinian thought, showing how effectively these can be applied to work with very troubled couples. The book offers valuable insights, too, for those working primarily with individuals. I found each re-reading deepened my understanding of the themes, new links and questions arising out of the differences and similarities in the authors' approaches. That the authors have managed to convey so much in a short book, while remaining readable and enjoyable, is a great achievement.

JACQUELINE FERGUSON

H.J.S. Guntrip. A Psychoanalytical Biography

Jeremy Hazell. Free Association Books. 1996. pp. 356, p/b £17.95

Abraham begat Isaac, and Isaac begat Jacob, and Jacob begat Judah, and so on...

Fairbairn and Winnicott begat Guntrip, and Guntrip begat Jeremy Hazell.

Guntrip, believing that what troubled him could be shifted by psychoanalysis, travelled from Leeds to Fairbairn in Edinburgh once a week for four sessions in 48 hours, for eleven years (1949–1960). Thereafter he travelled once a month to London for seven years, for two sessions in 24 hours with Winnicott (1962–1969). Fairbairn died in 1964, Winnicott in 1971, Guntrip in 1975, aged 74.

In 1975, feeling finally that he had achieved what he had sought from psychoanalysis, Guntrip wrote 'My experience of analysis with Fairbairn and Winnicott' for publication in the new *International Review of Psychoanalysis*. It is a moving personal document, and also an important contribution to theory because his analysis with Fairbairn was a classical Freudian one as done at that time and unlike the analytic theories Fairbairn was evolving at the time, whereas the analysis with Winnicott incorporated Winnicott's (and Guntrip's)

theoretical insights as they were formulating them at the time, of which, more below.

From 1964 to 1969 Jeremy Hazell, the author of this biography, was himself in treatment with Guntrip, and thereafter kept in touch with him. In 1978 a remarkable paper appeared in this very *Journal* (at the time called a *Bulletin*). 'A review of my experiences of psychoanalytic therapy with Guntrip in the light of his last paper' (i.e. in the *International Review*).

Hazell is a Guntrip scholar. He has edited his papers, and now he has written this gripping biography. In addition to his personal knowledge of Guntrip, and access to all Guntrip's papers, he was able to use two sources which any biographer would give much for. Guntrip, astonishing man, seems to have kept a pretty full record of all his dreams, plus his understanding of them, plus the analytic sessions in which they were discussed and what his analyst said about them, and he seems also to have kept a very full record of his analytic sessions. So Hazell is writing from very contemporary evidence indeed. We owe him gratitude for his ability to keep it all balanced in his mind and give us an integrated and coherent account.

Harry Guntrip was born in 1901, and his brother Percy two years later. His father was a quiet man with a quiet job in the City, a lay minister in his local area, Camberwell in South London. Guntrip's mother, Harriet, had been the third of twelve children her mother does not seem to have been able to cope with, leaving their care to Harriet. Four of the children died in childhood – a grim story. Reconstruction, and later experience of Harriet, suggests that by the time her own babies were born, Harriet's capacity for loving was blocked or exhausted. In an angry unrelating managing way she looked after Harry. When Percy was born, Harry seems to have directed his frustrated and indeed punished need for love to this little boy. But Percy died of what I think we would now call failure to thrive, when Harry was three. Harry was desolate and developed numerous physical symptoms to help him cope with his loss and to find some way of having mother focus on him occasionally – a mother, moreover, who went from bad to worse and reacted with violence to differences of opinion and any thwarting of her phantasies for Harry. The discouraged father seems to have withdrawn.

Small wonder that Guntrip had some problems when he grew up. The two major symptoms which haunted him more or less throughout life were a compulsive busy-ness and inability to relax, interrupted by periods of dreadful lassitude which often turned into illnesses.

Characteristically, he girded his loins and set out to do something about it. In 1936 he started to consult London psychoanalysts Crichton-Miller and Clifford Allen, and he was in touch with them on and off until 1942.

> Crichton-Miller identified Harry's hyperactivity, together with the tension that prevented sleep and relaxation, as a reaction-formation against a fear of succumbing to his father's passivity, by means of identifying with his dominating mother whom he had taken as his ideal. He was thus diagnosed as 'a mother-fixated Narcissan, living in defence of an Ego-Ideal' – a diagnosis which he felt to be 'moralistic' and whose effect, he later believed, was to side-track him for many years into a 'self-analysis' based on severe self-criticism for any sign of self-assertiveness, rivalry, jealousy of others' success and so on.

It was the best that was available at the time. The search for a cure for his symptoms was the dominant theme of Guntrip's life, but it does not seem to me that they ever quite vanished. At the end of his life he was still visited by times of overwhelming lassitude when he had to lie down for an hour or so, often more than once a day, and he was still working all out on his books and papers, trying to get them ready for publishers or executors, and he was still seeing the odd patient with enthusiasm, as much as he could.

On the other hand, why not, says some common sense within me. Guntrip loved ideas, liked communicating them, was justly proud of what he could do for his patients. There is evidence in this book that he was an excellent therapist of difficult people – and if it got him tired, well, so did his long mountain walks – so what. To me it seems as good a way to live as any. The difference is that in his seventies, he was at last effortlessly happy, and knew that he was happy, and knew that that state had eluded him all his life until recently. Moreover, he knew that he was valued and loved; he could take that in and enjoy it, and, though his 'symptoms' were there as usual, he knew that only his hard work on the couch and at his desk could have got him to this good state formidable gain, for him. For us, too: he had worked out some important new aspects of psychoanalytic theory, both as regards aims and technique.

Guntrip was the man to tell us of what he called schizoid phenomena, and what was needed by those plagued by them. It took him all his life for him to get what he needed and to understand it, and he wanted others to know about it. This book is the moving story of a man's illness – an illness I would call an inability to feel happy – and

how he had to wait for theory and technique to catch up with the illness and provide adequate treatment. There is a lesson in this for us today, as we all too easily take for granted that we now have all the knowledge we need to deal with anything that comes our way. For humility, look back on Crichton-Miller's diagnostic.

Fairbairn was an innovative thinker, but his analysis of Guntrip seems not to have drawn on his more developed ideas. In spite of what he wrote, or perhaps was finally to write, as a result of his experiences with Guntrip, his work was actually in terms of the orthodox conflict theory with which we all started our training. So here is Guntrip trying to free himself from the blight his early life has imposed on him, being encouraged, in the manner of the day, to regard his troubles guiltily as due to instinctual conflicts which had so depleted his ego-strength that he was repeatedly sapped of physical energy. The theory at that time was that when you become conscious of your conflicts you get better. Instead, he felt worse than ever, at not being better. To take one example, Fairbairn attributed Guntrip's professional self-doubts to unconscious guilt over rivalry with father/Fairbairn. Much later, it becomes clear that we are seeing not guilt here, but fear, fear of mother's out-of-control beatings when things did not go her way. Guntrip's very acceptance of Fairbairn's interpretation is another version of this fear, which at the time could not be recognised within the compass of the theories then prevalent. Hazell writes:

> His deepest need was for Fairbairn to relate to him therapeutically in an area of experience in which he had no relationship at all – an area which continually brought home to him the sheer impossibility of any genuine contact with his own parents. p. 145

Fairbairn stuck to his castration/bodily symptoms view of the case. Feeling in touch in the analysis itself had to wait for Winnicott. There are many examples of this kind, but the fascinating thing is that the relationship with Fairbairn outside the analysis (I know this raises many questions but I cannot deal with them now) was on a quite different and on a healing level. They seem regularly to have talked to each other about their ideas after the analytic session was ended. There and elsewhere Fairbairn does seem to have related to Guntrip in a warm respecting appreciative manner, and this was very healing, at least in those regions (Oedipal and post-Oedipal) which can be reached in this way. So, in spite of awful punitive-sounding interpretations of castration-fears and father- or mother-revenge, Guntrip changed and benefited.

Nevertheless, Guntrip was left stranded with the knowledge which was co-existent with his life from the start, that mother/father/Fairbairn did not want his hidden self, his guiltless suffering infant self. Fairbairn called its manifestations hysterical. Hazell writes of Guntrip's 'need for the therapist to become a "real good object" in his patient's experience, so that the latter might discover an inner incentive to emerge from the closed system of his internalised bad-object world into an open system of emotional equality with the analyst'. (p. 180).

My quotations show something I find irritating and touching about Hazell and Guntrip. Hazell's prose resembles Guntrip's, in sentence formation and in the dense, sometimes paragraph-long sentences which seem to batter the reader into understanding by sheer repetitive adumbration of what still feels barely communicable. Hazell at times uses typical Guntrip clotted sentences which manifest all the awkwardness of saying a new thing for the first time. Here is another of them, Guntrip's this time, and I may be snide about them but I doubt if I could say it as well, nevertheless:

> What in my experience [Fairbairn] assumed was that the IBO (Internalised Bad Object) relations being interpreted would enable the patient to give them up because he had a relationship with the analyst. He did not grasp that it is not a question of taking the place of the IBOs, but of the analyst seeing that the alternative to the IBOs is originally having no objects at all; that that situation disintegrates the infant ego who cannot relate to the analyst unless he specifically sees and interprets that. He must not just be a GO (Good Object) but a 'GO who finds the patient in his empty world' where a non-maternal mother simply did not relate. p. 324

And then Guntrip goes on to say with great clarity: 'What Winnicott did interpret with great clarity was what I had begun to know I was needing, that if IBOs are given up one is left with nothing and cannot do anything, cannot relate to the analyst as a good object, but can only wait for the analyst to do the relating just as the infant has to wait for the mother to do the mothering'.

As Fairbairn's health began to fail, the analysis tailed off and ended. In due course another began. What Winnicott and Guntrip did is a lesson in how to work with people who are unconsciously trying to get in touch with long-dissociated parts of themselves. What patience it needs! It seems to me the process was helped by the way Guntrip dreamt: copiously and in not too encoded a form. Each dream seems to say 'Guntrip now needs Winnicott to behave *thus*:....' Marvellously, Winnicott's interpretations are often reported couched in just that way: 'You need me to behave *thus*...and you need me to give you

permission to behave *thus*....' Transference work, but work in which the therapist obligingly behaves in the way the patient indicated he should behave: 'When I was ill you may have felt I was an internalised bad object masking the internalised bad mother, not there for you. But you have me as a real good object to be alive with, and you see me as such consciously as someone who is creative and enables you to find and release a similar part of yourself. You can only be alive because of a real relationship.' (p. 287)

This was indeed what Guntrip had been searching for: a real relationship which included that spontaneous infant part of himself which had not been permitted by his mother to be a part of his personality and to develop. Winnicott guessed at it and sought and encouraged it, and Guntrip felt he had been reached. The therapy finished with Guntrip noticeably happier, warmer, livelier. But it is clear he went on working like a Trojan just as he always did, and exhausting himself, just as he always had. His strength once more gave way. He felt he needed more help and in 1970 wrote to Sutherland (p. 312), that he felt he could, with Sutherland's help, get to where neither Fairbairn nor Winnicott had reached – a disconcerting thing to do. Sutherland, however, kept aloof from these last-minute doubts, and indeed Guntrip, after a bout of pneumonia, worked things out for himself and again acknowledged his debt to the internalised ever-living Winnicott. Winnicott died in 1971. But not as far as Guntrip was concerned. In his continuing self-analytic work, Guntrip believed he had reached an actual memory of seeing his dead brother in his mother's arms. He now believed that he had felt so supported in his inner world by Winnicott, that this strength enabled him now to face that memory and to integrate rather than shun it.

> With great joy he began to realise that what had given him strength in his 'deep unconscious to face again that basic trauma of Percy's death' and their mother's 'total failure to relate' to them, had been the eternal quality of his relation to Winnicott, who 'was not, and could not be, dead' for him. He wrote, 'Winnicott has come into living relationship with precisely that earlier lost part of me that fell ill because mother failed me'.... 'If the past is never totally outgrown, neither is the whole personal self static... while a genuine therapeutic relationship is being experienced'. pp. 314/315

We are indeed endebted to Jeremy Hazell for guiding us through this fascinating story of a life and its analysis, with an honesty which raises many questions for us to grapple with.

JOSEPHINE KLEIN

Countertransference in Psychoanalytic Psychotherapy with Children and Adolescents

Edited by John Tsiantis, Anne-Marie Sandler, Dimitris Anastasopoulos, and Brian Martindale. Karnac Books, London. pp. 176, p/b £17.95

Therapists differ in their familiarity with countertransference issues. Many working with adults have long been alert to the countertransference feelings elicited in them by their patients. Attention to these feelings, however, is relatively recent in child and adolescent psychoanalytic psychotherapy. Or so the editors of this volume claim. They argue that this delay was due to practitioners in this branch of psychoanalysis long viewing themselves as both educating and analysing their patients. The overlap between these two roles – educational and analytic – often got in the way, apparently, of therapists of children and adolescents attending to the countertransference. Other contributors to this volume also take up the theme of overlap and distance.

Alex Holder dwells on the effects of too much distance between one session and the next. He highlights the point by contrasting two cases. First he describes 7-year-old Jenny who, thanks to the continuity in the transference and countertransference resulting from her seeing Holder almost daily, it was possible, after a year of therapy, to reach the primitive levels of Jenny's underlying fantasy, expressed through a story she then wrote and illustrated called, 'How Mr Holder was a poo'. No such depth, however, could be achieved with 8-year-old Miranda, seen in twice weekly therapy. At one session Miranda got Holder to play the role of a prince inviting her to a dinner and dance at his castle. By the next session several days later, however, although Holder kept this nascent Oedipal fantasy in mind, Miranda had forgotten it. All attempts to take it further, to explore and interpret her now withdrawing into sewing a bag in terms of this fantasy were in vain.

Others dwell on the countertransference impact of the lack of distance between thought and action resulting from play often replacing words in child analysis, from adolescents opting to act rather than talk, and from parents pressing therapists to intervene so they have little room to stop and think. One of the values of infant observation, maintains Judith Trowell, is that it frees trainees from this last pressure.

Most of all, however, contributors draw attention to the countertransference effect of insufficient distance between child or adolescent patients' fantasies about their parents (or residential care staff) and

the impact on therapists of themselves meeting or directly engaging with their patients' parents (or care staff). The therapist's countertransference reaction to such encounters can entirely jeopardise the work of exploring and analysing their patients' inner world, including their fantasies about those looking after them.

Didier Houzel warns against this risk through candidly recounting an incident in which he angrily reacted, on the phone, to the parents of a psychotic boy reducing their son's sessions from three times to once a week, whereupon the parents stopped the boy's therapy altogether. Through over-hastily acting on his countertransference feelings, it transpired, Houzel triggered the re-enactment of a scenario whereby, seven years previously, the boy's parents stopped the doctors transferring their first child, when he was 6 months old, to a hospital specialising in treating the severe metabolic condition from which the baby suffered. Within hours of their refusal the baby died.

Whereas Houzel, Trowell, Holder, and others expose the more or less dire countertransference effects of too much or too little distance between therapist and parent, and between therapy sessions, Anne Alvarez dwells on variations between child and adolescent patients in their capacity to countenance distance, or rather closeness, between their own and their therapists' feelings. She illustrates the point with four cases. She begins with Laura, a mildly neurotic and depressed girl, who could bear the closeness of Alvarez interpreting and giving back to her the feeling Laura induced in Alvarez of having to think for her, just as Laura felt everyone in her family did all the thinking and was more intelligent than her. Next Alvarez describes 13-year-old Angie, a very disturbed and despairing physically handicapped girl, unable to bear, at least for a time, the closeness to her own despair of the despair she elicited in her therapist by binding her legs with Sellotape.

Third, Alvarez illustrates how some children need to experience, at a distance, the therapist being alive to their distress (just as the psychologist, Colwyn Trevarthen, writes that the baby needs the mother to be 'live company'). She cites the example of an autistic patient, Robbie, who represented Alvarez's help in conveying the urgency and alarm she felt when he was at his lowest ebb, through a fantasy of being 'rescued from a dark well by a very long, long, long rope' (p. 117). Last, Alvarez points out that children sometimes only learn about some feelings through others experiencing them first. An adolescent, Harriet, for instance, could only learn how horrifying it was that the hospital she had attended following a car accident had

consigned a piece of bone, then removed from her head (and now needed for re-insertion in her skull), to the vagaries of the post through Alvarez's horror on hearing this news. Only then could Harriet herself feel worried, act on her worry, and phone the hospital to which the bone had been sent to ensure it had arrived safely.

Harriet's story, together with many other vividly recounted examples in this book, provide eloquent testimony to the interrelation between the countertransference and distance – distance between patients and their therapists, between therapists and their patients' parents, between thought and action, and between therapy sessions. This volume thereby highlights an issue otherwise seldom aired. It is crucial to all therapists – whether they work with children, adolescents, or adults – and whatever the differences between them in the length of their disciplines' attention to the countertransference issues, with which I began.

JANET SAYERS

R.D. Laing: A Divided Self

By John Clay. Hodder and Stoughton. 1996. pp. 308, h/b £20

The anthropologist, Claude Lévi-Strauss, claimed that in order to be a good shaman you had to have experienced madness yourself. There is no doubt that Ronnie Laing met this criterion. He had a flair for gaining access into a psychotic patient's inner world. He believed that even the most bizarre behaviour was comprehensible and he was not frightened of it. Above all, he treated patients as human beings, without bullying or terrorising them. He had been horrified by the sadism involved in what he witnessed as a psychiatrist, first in the British army; and subsequently, in a large, gloomy mental hospital in Glasgow. At the time, the standard methods of psychiatric treatment included ECT, insulin comas, lobotomies, padded cells, locked wards. He believed strongly that one should not work in mental health unless one was on the side of the patient, as he undoubtedly was. Indeed, he conferred an elevated status on the mentally ill. It was this championing of the patient's experience and rights that led to his achieving guru status and attracting a world-wide cult following in the 1960s.

Laing's book *The Divided Self*, was a remarkable achievement and brought him immediate fame and widespread popularity. Although it was completed by the time he was 28, it was finally published by

Tavistock when Laing was 33, after having been turned down by 6 previous publishers.

John Clay's fascinating and carefully researched biography gives us a clear understanding of how Laing's confusing, damaging, repressive background led to his subsequent theories. In telling us in an unmelodramatic way what happened to Laing, Clay conveys, with sympathy, the destructive descent of a creative man.

Laing was well qualified to understand madness being a classic product of the double bind phenomenon whereby family communications generate a fragmented, paralysing conformity. He grew up in a working-class district of Glasgow, the only child of extremely repressed parents. He was born after 9 years of their marriage despite both parents' insistence that there had been no sexual relationship between them. As a child, Laing shared a bedroom with his mother and his father slept in another room. His father was a frustrated, ineffectual man who was not able to provide a good enough counter presence to Laing's inconsistent, intrusive mother.

It must be said that Laing's frantic search, both in its creative and destructive aspects, was an attempt to find a containing mother: 'the dream of every man is to be understood by a woman', but inevitably he was forced to repeat the original trauma rather than understand it. Throughout his life he recreated wildly ambivalent relationships, particularly with women, and his relationship with his own mother was never resolved. He was enraged with her until she died in November 1986, less than three years before his own death.

Even during his psychoanalytic training at the Institute of Psychoanalysis, Laing tended to be grandiose. It seems he could not tolerate being vulnerable or a learner. He appeared to have endured his analysis with Charles Rycroft in order to fulfil the training requirements and he frequently missed lectures and seminars. Laing had wanted Melanie Klein as a supervisor but because of the heated internal politics at the Institute at the time, he was given other Middle group supervisors: Winnicott and Marion Milner. The Institute personnel were well aware that Laing was 'very disturbed and ill', but although his qualification stood in the balance, he got through, qualifying at the age of 33 because he was such a brilliant student.

If his career as a clinician is viewed generously, it could be said that Laing paid the price for refusing to don professional defences when working with madness. Or, is it more true to argue that he was clinically dangerous and that many patients were harmed by his messiness and lack of standards?

It is a fact that there are many disturbed psychotherapists although,

paradoxically, the profession tries to project a healthy image so that therapists feel forced to fake marvellous relationships and give the impression of a secure family life. This is an unrealistic goal for many in the profession, but idealisation of the practitioner is still very strong and not just amongst our patients.

Clay is anxious to reinstate Laing in his former glory as the most famous psychiatrist of his day with an international following. The image he wishes to combat is the currently more prevalent one of Laing as a visionary hippy whose own background, charismatic personality and existential philosophical erudition happened to dovetail with the personal, social and political malaise of the 1960s. By blaming parents and society for the psychotic's maladaptive and inappropriate behaviour, Laing managed to provide appealing, humanistic answers to the split-off alienated experiences with which so many people of the day could identify.

Laing dramatically transformed the way madness was seen and was in the forefront of the anti-psychiatry movement, de-institutionalising mental hospitals and humanising treatment of the mentally ill. Nevertheless, his conviction that acceptance, understanding and empathy would modify a schizophrenic's behaviour, was not borne out. The experiments at Kingsley Hall in the East End, which ran from 1965–1970, allowing people to regress according to their need, ended by sorely antagonising the neighbourhood. Although, for a time, the Mecca of the psychiatric counter-culture, it was the local community which had to bear the ongoing brunt of this primitive 'holding' of severely disturbed people.

In a similar way, the environment found it increasingly difficult to contain Laing's own destructive excesses. The Philadelphia Association voted him out, and in 1987 he was struck off the medical register due to excessive drinking and drugs. There were other excesses too: meditation in India, his blinkered views on womb and birth fantasies, his experiments with LSD and hallucinogenic drugs, his anorexia, his aggressive outbursts, his violence, his womanising, his difficulty with commitment (Laing had ten children from four relationships).

Ironically, although he may have understood madness, in the end Laing found it hard to hold patients: to sit quietly and listen to them without *doing* something frenzied or exhibitionistic. And in 1989, at 61, he died, in flight, while still very much a divided self, in precisely this flamboyant way. He had a heart attack, while winning at tennis on a hot August afternoon in St. Tropez.

JUDY COOPER

LETTER TO THE EDITOR

Playing, Mutuality and Interpretation: Comments on Juliet Hopkins' *From Baby Games to Let's Pretend: The Achievement of Playing*

RUDOLPH L. OLDESCHULTE

Playing may indeed take a much larger role in analytic work than we generally acknowledge. We are often called upon to help our patients 'play' – to be playful with themselves, with others and with us. This requires us, as therapists, to be able to be with ourselves and with the other in this way. Winnicott was able to allow such authenticity and mutuality in the analytic encounter and at the same time, to maintain the asymmetrical qualities necessary for analytic work.[1] The expansion of one's subjective experience – our patient's and our own, often through a developing capacity for play in thought and action, is considered by many contemporary analysts to be a central feature of psychoanalysis and psychotherapy. The development of this capacity for play, as Hopkins points out in her thought–provoking article published in the last *Journal of the British Association of Psychotherapists* (July 1996), is a developmental achievement for the young child in relation to her objects.

In this article, the imaginative quality that Winnicott brought to his clinical approach is recaptured.[2] At the same time, it is resonant with issues that are at the forefront of contemporary analytic thinking. These include the current discussions on constructivism and relational perspectivism going on particularly in America and are especially evident in the renewed interest in conceptualizations of transference and countertransference as mutually constructed by therapist and

[1]Following Aron (1996), I am making a distinction between the dimensions of mutuality and symmetry/asymmetry that are present in any psychoanalytic work, regardless of theoretical orientation, but articulated in the so called 'relational' perspective. This perspective is delineated by Mitchell (1988, 1993) and Aron (1996), and has developed in part as a carry on from the work of Ferenczi, Balint and Racker, with considerable influence by the American Interpersonalists, such as Sullivan and more recently, Levenson and others.

[2]I would like to thank Juliet Hopkins for providing the springboard for my considerations of the inter-relationship of play, mutuality and interpretation and her thoughtful discussion of my comments.

patient – that is, within a model of a 'two-person' psychology. This shift in emphasis from a monadic, 'one person' paradigm to a dyadic and interactional one has its earliest roots in Winnicott and Balint, among others. The concept of mutuality is of particular interest in this context, as it is recognized as one dimension of analysis with significant implications for analytic technique. This is especially so with respect to its elements of play and playfulness and in turn, interpretation.

Just as playing can be reflective of the process of growth and development in the youngster, so it may be in the process of psychotherapy. Symington (1983), Mitchell (1988) and others have suggested that interpretation (playing) may reflect the changes occurring in the analysis and include not only the analyst's understanding of that change, but indeed may be a marker of that change. This might necessitate however, an expansion of our view of what interpretation is, broadening the term to encompass interpersonal exploration, inquiry and mutual play. Mitchell (1988) writes of interpretation as a 'complex relational event', as did Winnicott, Balint and Klauber before him. From this perspective, one then can begin to see more clearly both the therapist's and patient's contribution to the exchange and appreciate the imaginative reshaping of the encounter that opens up new possibilities for the patient, both in thought and action.[3] It is in this way that the threads of the relationship between play, mutuality and interpretation may be woven together.

Hopkins begins with a description of a playful interaction between Winnicott and a young boy, following a consultation. She notes how Winnicott presents a challenge to this youngster and how the boy is thus engaged. In taking the challenge, the boy climbs over Winnicott, as the latter blocked his path in the doorway. Hopkins comments on her surprise at what seemed an unorthodox approach and contrasts it with the more usual interpretative method of psychoanalytic psychotherapy. In the current climate of a more pluralistic psychoanalytic society, as well as the renewed interest in Winnicott's work, we are perhaps presented with a challenge – a challenge to what we consider fundamental and basic to our theory and method.

Decades earlier, Ferenczi similarly challenged us. He asked us to

[3]This perspective on interpretation has been discussed thoroughly in the writings of Mitchell (1988, 1993) and Aron (1996). Though not always articulated in these terms, this issue has been addressed variously by Freeman-Sharpe, Balint, Klauber and more recently by Bollas, Coltart and Alvarez. Hopkins seems to position herself within this group, with respect to her ideas on the place of play in the clinical setting.

consider that all psychoanalysis is experimentation – with technique and theory – and how our beliefs and values motivate our varied theoretical orientations and clinical sensibilities. Further, Ferenczi and Freud were aware that one's 'technique' could only be one's own, shaped by one's peculiar and individual personality. Winnicott's was shaped by his ideas about play and mutuality. This may be most evident in his attitude toward the issue of interpretation.

Winnicott was one of the first to suggest a shift in our understanding of the interpretive process – from a process that involves knowledge and insight, that is, an assignation of meaning from one who 'knows' (the analyst) to one who doesn't 'know' (the patient), to a view of interpretation as inter-subjective recognition, spontaneity and play. Three metaphors used by Winnicott are illustrative of his attitude toward interpretation – those of the spatula game, the transitional object and the squiggle game. (For a fuller discussion of these ideas, see Aron, 1996).

As the infant is provided with a spatula and then observed to see what she does with it, the analyst offers an interpretation to the patient. The patient may do any number of things with the interpretation, as the infant might with the spatula. 'The interpretation, like the shiny spatula, "is a glittering object which excites the patient's greed."' (Winnicott, 1941, p. 67, cited in Aron, 1996) From this perspective, the patient becomes a participant, taking what the analyst has to offer (an interpretation) and reshaping it to suit her own needs.

Similarly, the transitional object may represent a link with the mother as an interpretation may do for the patient with the analyst. From all that is offered by the analyst, the patient selects what she will accept or reject, and as Aron (1996) writes, 'The patient can play with the interpretation, cling to it, incorporate it, love it, modify it, attack it, discard it, transform it, or throw it back at the analyst.' (p. 101)

Aron discusses further how the squiggle game illustrates the full development of Winnicott's attitude to interpretation. In these therapeutic interactions between Winnicott and his patients, the ownership of the interpretation, like the transitional object or the squiggle, becomes ambiguous, emerging instead from the space between the two individuals. In this vein, Aron notes that Winnicott came to think of the analytic process as 'an expression of play between analyst and patient'. (p. 102)

My brief comments are intended, in part, to collapse any sharp distinction between playing and interpretation with respect to the

psychoanalytic dialogue. I think that Hopkins develops this idea brilliantly, yet seems at the same time to want to retain such a distinction. She seems to privilege the use of words and explanation, as if they were not only one aspect of the therapeutic interaction between herself and her young patient, one aspect of the process of psychotherapy, and as if that aspect could be demarcated from what had gone before. Like the squiggle, is an interpretation not in the broadest sense also play? Bollas might name it 'musing'. Others name it differently. Hopkins notes that her patient developed a capacity for imagination and self-reflection as a result of the trust in play and, I would add, the capacity for playfulness that evolved between Hopkins and her child patient – that is, within the interaction between them and their co-creation of a transitional realm. I am suggesting that Winnicott did not draw such a sharp distinction between play and interpretation, as is evident, I think, in his challenge to the young boy in Hopkins' example. As she notes, Winnicott thought of play as 'inherently exciting and precarious'. (p. 25) Might we not think of interpretation, in its broadest sense, as 'exciting and precarious' – adventurous and frightening for both participants?

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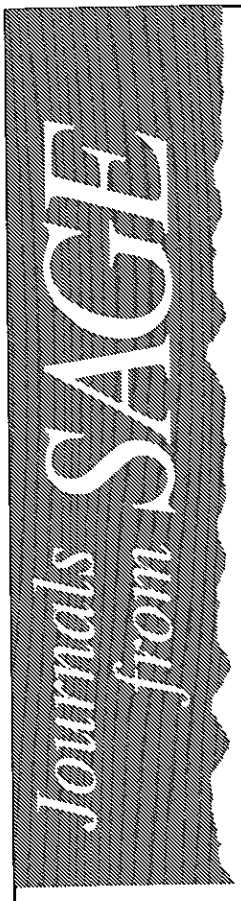

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