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LEARNING HOW TO FORGET – REPEATING THE PAST AS A DEFENCE AGAINST THE PRESENT

COLINE COVINGTON

Perhaps the most important distinguishing feature of identity is memory – our individual capacity to remember over time and through memory to be able to construct a personal history which is inevitably unique. Our memory provides us with a framework within which we can locate ourselves, our feelings and our actions in relation to our external world. It is our capacity to narrate the ‘story’ of our lives that enables us to be agents of our fate – not merely its passive subjects. Without the ability to remember the past, there can be no history and no perception of a present or a future. Time collapses and there can be no experience of an evolving ‘I’ or of an external reality.

We need to be able to remember the past, both as individuals and collectively, in order not simply to establish our identity in time but to be able to differentiate the past from the present, so that memory does not lock us into the past. Indeed the importance of recovering ‘lost’ memories is the cornerstone of psychoanalysis – it is at the heart of Freud’s archaeological project. It is essentially through this process of recovery that Freud postulated that the past, once buried, could be brought to light so that it could no longer haunt us in the present. In other words, it is the repression of our ‘bad’ memories that forms the basis of our neuroses. Therefore the recovery of memory can be likened to a modern day form of exorcism, in which the bad spirits must first be identified and then expelled, or in analytic terms, assimilated by the ego. Forgetting the past can then open the way to the present.

Memory is not only important as a means of recording and storing data out of which some narrative of the past can be carried over into the present, thereby establishing a being-in-time or continuity between past and present. It is also important as a tool of perception from which we can ‘know’ something. On writing about consciousness, Jung points out that:

‘Knowing’ is based ... upon the perceived connection between psychic contents. We can have no knowledge of a content that is not connected with anything, and we cannot even be conscious of it should our consciousness still be on this low initial level. Accordingly the first stage of consciousness which we can observe consists in the mere connection between two or more

psychic contents. At this level, consciousness is merely sporadic, being limited to the perception of a few connections, and the content is not remembered later on. It is a fact that in the early years of life there is no continuous memory; at most there are islands of consciousness which are like single lamps or lighted objects in the far-flung darkness. But these islands of memory are not the same as those earliest connections which are merely perceived; they contain a new, very important series of contents belonging to the perceiving subject himself, the so-called ego. This series, like the initial series of contents, is at first merely perceived, and for this reason, the child logically begins by speaking of itself objectively, in the third person. Only later, when the ego-contents – the so-called ego-complex – have acquired an energy of their own (very likely as a result of training and practice) does the feeling of subjectivity or 'I-ness' arise. This may well be the moment when the child begins to speak of itself in the first person. The continuity of memory probably begins at this stage. Essentially, therefore, it would be a continuity of ego-memories.' (Jung, 1931, para. 755)

For Jung, the connection between knowledge and memory clearly refers to Plato's idea of the archetypes or true Forms which lie waiting to be perceived. It is the fit between the true Form and its external manifestation that creates our conscious perception, that creates an image which can then form into a memory, much like Plato's metaphor of the imprint of a seal on wax.

But what Jung also draws our attention to here is the link between ego function and memory and the role the ego plays in this process. He argues that the presence of an ego is necessary to contain conscious memories. Or, in other words, without some form of functional ego (however that is defined) there can be nothing to contain memory. This is first established, according to Jung, when the child begins to separate from mother and to view itself as object, not subject. This presupposes that a certain psychological development has taken place, that the child has internalized a good enough mother who allows its ego to come into being without impingement. It would follow that with the development of a strong enough ego, the memory of events can be recovered consciously because of the internal 'togetherness' (Delgado-Aparicio, 1995) which makes them thinkable (or bearable in the case of bad memories). Without this togetherness, the ego cannot assimilate them and the memories retreat into the unconscious. What is then remembered is the reflex which accompanies the original event.

It was through their work with hysterics that both Freud and Jung were able to discover the link between affect and memory. They discovered that when certain memories could be recovered by their patients in the course of their treatment, that their symptoms would

disappear. This led to the idea for Freud that symptoms were mnemonic symbols referring back to memories which had been 'lost' (through repression) and were expressed somatically. Jung's view of symptoms was to develop in a different way; he saw them as also expressing an attempt to correct what was lacking or needed by the patient in the present. This difference was perhaps also linked to the different emphasis Freud and Jung placed on the efficacy of abreaction, or the recovery of traumatic memory. In addition to abreaction, Jung argued the need for the patient to integrate the dissociated or split off part of the complex (e.g. to be able to integrate the positive aspect of the complex) which could be accomplished through the relationship with the analyst. (I will come back to these differences later.) Nevertheless, they both shared the idea that what was manifest in their work with hysterics was the presence of an unconscious within which certain memory images were active and yet which had no relation to the ego. Jung wrote:

'The fact that the affectively toned memory images which are lost to consciousness lay at the root of the hysterical symptom immediately led to the postulate of an unconscious layer of psychic happenings. This layer proved to be, not 'somatic', as the academic psychology of those days was inclined to assume, but psychic, because it behaves exactly like any other psychic function from which consciousness is withdrawn, and which thus ceases to be associated with the ego.' (Jung, 1951, para. 231)

It could then be assumed that the memory images which were 'lost' to consciousness were 'lost' because of their traumatic nature, meaning that they could not be re-membered or thought about because they presented too much of a threat to the ego. Freud initially introduced the idea of *nachtraglichkeit*, which Strachey translated as deferred action, to explain the way in which the ego revises or re-arranges memory-traces from the past when it is confronted with circumstances which bear some similarity to these past events in the present. In a recent paper on 'The synergy of memory, affect and metaphor' (Modell, 1997), Arnold Modell chooses to translate *nachtraglichkeit* as retranscription rather than deferred action and in so doing highlights Freud's insight that 'memory is essentially retranscriptive' (which Freud expresses in a letter to Fleiss dated 6 December 1896). Modell writes: *'Freud believed that psychopathology resulted when something interfered with the process of retranscription of memory. He thought that the stages of psychological development were analogous to foreign languages and the failure of nachtraglichkeit was in essence a failure of a subsequent developmental experience in translating the language of the preceding*

epoch. Repression therefore could be understood to be a failure of retranscription – a failure of *nachtraglichkeit*.’ (Modell, p. 13) Here again Jung differed from Freud and argued that, to put it very simply, it was not so much the ego’s difficulty in dealing with or retranscribing the past that was at issue but rather it was the difficulty in dealing with the present ‘demands of reality’ that caused the ego to hark back to an imaginary past. Jung emphasized that the failure on the part of the ego is in its adaptation to the present, rather than the past. Whereas Freud’s key to psychopathology was repression, Jung was clearly more interested in psychopathology as a defence against reality.

In 1920 Freud introduced his idea of the death instinct in his essay, *Beyond the Pleasure Principle* (Freud, 1920). It was with the idea of the death drive that Freud attempted to explain both the need to repeat painful experiences as well as that aspect of the psyche which resists change and growth in favour of conservatism. In this essay Freud replaces his earlier formulation that symptoms are a repetition of needs, representing an arrested point in development much like the way a needle becomes stuck in a broken record, with the idea that the psyche also contains a regressive, and ultimately self-destructive, drive towards an earlier state of being. Modell, in the same paper, goes on to comment that, ‘*Had Freud linked this theory of nachtraglichkeit with the repetition compulsion this would have been much more consonant with our current clinical experience. If one accepts the concept of Nachtraglichkeit one also accepts a cyclic view of time and memory. This in contrast to the linear conception of time that Freud described in Beyond the Pleasure Principle.*’ (p. 13) Modell makes the important point that, at least from what we can see in our consulting rooms, ‘*the individual does not appreciate that the correspondence between past and present is only metaphoric.*’ (p. 14) As far as memory is concerned, and especially so in the case of trauma, it is the metaphoric similarity that will activate a certain response. And presumably, the degree of trauma (and ego strength) will effect the degree to which there is a failure to differentiate between past and present. (There is no time in the unconscious.)

I think it is interesting to conjecture here to what extent Freud’s theory of the death instinct – as an explanation of repetition compulsion – may have been influenced by Sabina Spielrein’s paper, ‘Destruction as the Cause of Coming into Being’ (Spielrein, 1994), which she read at one of Freud’s psychoanalytic gatherings in Vienna in January 1912 during a period when she was trying to understand and resolve her intense transference to Jung. It may also shed some

light on Jung's own experience and how this may have affected his view of psychopathology and his differences with Freud.

Spielrein had come under Jung's care at the Burgholzli Hospital in 1904 as a young woman of nineteen, diagnosed as a hysteric. Within a period of three months her symptoms had disappeared and her erotic transference was beginning to unfold – a transference in which she was undoubtedly searching for a new experience of a loving father (and mother) to internalize while at the same time provoking Jung in the countertransference into enacting the part of the seductive and cruel father she had known in order to repeat her past. In the history between them, Spielrein's struggle between her loving feelings towards Jung and her destructive ones, aroused by her frustration, is poignantly clear. (For Jung's part, he may also in his countertransference have been looking to Spielrein for the loving mother he longed for but by whom he had ultimately felt attacked and rejected, thereby repeating his own past.)

In her paper on 'Destruction as the Cause of Coming into Being', Spielrein writes:

When one is in love, the blending of the ego in the beloved is the strongest affirmation of self, a new ego existence in the person of the beloved. If love fails, the image becomes one of destruction or death, a psychic or physical alteration in the individual image under the influence of an exceptional power such as the sexual act.' (Spielrein, 1994, p. 174)

It is possible to understand this passage as a recapitulation of Spielrein's relationship with her father (and perhaps with her mother at an earlier point), the failure of which led to her symptoms of hysteria. Significantly, Spielrein goes on to link the idea that failed love results in an 'image of destruction or death' with the instinct for self-preservation. She continues:

'The instinct for self-preservation is a simple drive that originates exclusively from a positive component; the instinct for preservation of the species, which must dissolve the old to create the new, arises from both positive and negative components. In its nature, preservation of the species is ambivalent. Therefore, the impulse of the positive component simultaneously summons forth the impulse of the negative component and opposes it. Self-preservation is a 'static' drive because it must protect the existing individual from foreign influences; preservation of the species is a 'dynamic' drive that strives for change, the 'resurrection' of the individual in a new form. No change can take place without destruction of the former condition.' (Spielrein, p. 174)

Here we can see the seeds of Freud's concept of the death instinct. What is not clear in this passage, however, is why self-preservation, according to Spielrein, must entail protection against foreign

influences, as if all foreign influences were undesirable. Why cannot self-preservation discriminate between those influences which may be life enhancing and those which may not be, just as we need to discriminate between which foods are nourishing and which foods are not rather than not eating at all? Is it not possible that the 'static drive' Spielrein describes refers to, or is derived from, 'the image of destruction or death'? In other words, has Spielrein transformed her experience (and memory) of failed love into a masochistic attitude which she can continue to repeat in order to avoid the 'foreign influence' of a love that might succeed? Is the negative component of self-preservation merely a continuation of the fixed idea that all foreign influences must be fought against because of her powerful association between love and pain? Spielrein points out that '*no change can take place without destruction of the former condition*' (i.e. the 'static drive').

It is not clear how much Spielrein was able to resolve her own transference to Jung and to stop repeating her tragic history. But what is interesting is how Jung and Freud chose to understand this form of resistance. As I have already mentioned, Jung emphasized the importance of the therapeutic relationship over and beyond abreaction and, although he did not develop a differentiated model of regression, he viewed some forms of regression as resistance against a present reality. Certainly in relation to his treatment and subsequent relationship with Spielrein, it makes one wonder if Jung was not questioning Spielrein's malignant fixation on him which, at least for a time, perpetuated the frustration and suffering she had experienced in her past, so that she was unable to establish a 'new ego existence' of her own.

Freud, of course, also experienced the limitations of his methods, which we can see most notably in his treatment of Dora and the Wolf Man. But whereas in his earlier work, in his concept of *nachträglichkeit*, Freud had regarded the root of psychopathology as essentially a failure to recover (and re-transcribe) memory, he nevertheless continued to be confronted in his work with his patients by what appeared to be insuperable obstacles to remembering. Furthermore, as Ricoeur points out, what remained '*unexplained in the compulsion to repeat (was) its "instinctual" (triebhaft) and even "demonic" (demonisch) character.*' (Ricoeur, 1970, p. 289) It was perhaps this demonic quality in particular that led Freud to postulate the idea of a death instinct and which Spielrein, struggling with her own demons, was able to offer him.

The debate surrounding the treatment of hysteria, which factors were of therapeutic significance and what this meant in terms of the

underlying dynamic structure of the psyche, continued throughout the psychoanalytic community and in particular in the work of Janet and Ferenczi, who, like Jung, placed great importance on the role played by the therapeutic relationship in effecting cure.

Following Freud's work with hysterics, Janet made the distinction between two types of memory – traumatic memory in which the unconscious repeats the past and narrative memory in which the past is narrated as the past. The former is re-lived as a reproduction of past actions directly linked to a particular event or set of circumstances, the latter is reproduced independently of the event and can be narrated rather than enacted. In the case of traumatic memory, the repetitive nature can be ascribed to the need to repeat in order not to remember, as a form of resistance. This assumes, as Janet indicated, that it is the recollection of that which cannot be remembered that enables the traumatic memory to be transformed into a narrative one in which past events can be differentiated from the present. In addition to the recollection of memory, Janet identifies the narration of memory, the recounting of memory to someone else, as an essential feature enabling psychic change. He writes:

'Memory, like belief, like all psychological phenomena, is an action; essentially, it is the action of telling a story. Almost always we are concerned here with a linguistic operation. ... The teller must not only know how to (narrate the event), but must also know how to associate the happening with the other events of his life, how to put it in its place in that life-history which each one of us is perpetually building up and which for each of us is an essential element of his personality. A situation has not been satisfactorily liquidated, has not been fully assimilated, until we have achieved, not merely an outward reaction through our movements, but also an inward reaction through the words we address to ourselves, through the organisation of the recital of the event to others and to ourselves, and through the putting of this recital in its place as one of the chapters in our personal history.'
(Janet, 1919, pp. 661–62)

The presence of an audience, or a witness, according to Janet, is what distinguishes a traumatic memory from a narrative one. In the case of a traumatic memory, there is no other to see or recognize the bad experience and the ego is left in an intolerable state of aloneness. There is no holding environment within which the memory can be contained safely without threatening the ego. When there is someone who can hear the memory, a togetherness can be established which can then be internalized as the observing (and containing) function of the ego.

While Janet makes it clear that it is the recollection and narration of the traumatic event that allows for therapeutic change, he also refers to an additional process of liquidation and assimilation that must take place. He writes in 1923:

'The well-known expressions one repeats without cease, 'to act, forget, pardon, renounce, resign oneself to the inevitable, to submit,' seem always to designate simple acts of consciousness. ... In reality these expressions designate a complicated ensemble of real actions, actions that one must perform, other actions that one must suppress, new attitudes to adopt, and it is all these actions which liquidate the situation and make one resigned to it. A woman is very gravely ill since the rupture with her lover. You will say this is because she cannot resign herself; no doubt, but this absence of resignation consists of a series of actions which she continues to make and which it is necessary for her to cease making. The physician must help this woman stop carrying out these absurd actions, teach her to make others, give her another attitude. To forget the past is in reality to change behavior in the present. When she achieves this new behavior, it matters little whether she still retains the verbal memory of her adventure, she is cured of her neuropsychological disorders.' (Janet, 1923, p. 126)

Janet describes a woman who, having been left by her lover, remained caught within a morbid series of actions, within some form of repetition compulsion which sustained her attachment to the past. While Spielrein, who understood this from her own experience, explained this resistance as due to a destructive, self-preserving instinct, Janet regards the compulsion to repeat as specifically linked to an event of the past but also as a habit which the physician must help the patient to break by encouraging the patient to perform some actions and to suppress others. In this latter respect, he advocated direct intervention on the part of the physician (Janet remained a strong supporter of the use of hypnosis as a therapeutic technique).

I think what Janet was touching on, and which perhaps allied him with Jung, was a view that the compulsion to repeat was not a function of the death drive, as Freud later postulated, but rather it was a function of memory which operated in a pathologically defensive way, becoming part of the patient's identity and preventing her from adapting to the present. If we see the compulsion to repeat as a defence of the ego, then the emphasis Jung and Janet (and, of course, many others subsequently) placed on the therapeutic relationship makes sense in terms of enabling the patient to experience a different object in the present which can then be internalized so that the ego structure can be strengthened and altered, allowing it to let go of its old defences.

The morbid attachment that hysterical patients of the past (and the present) so often continue to demonstrate raises questions not only

about the extent to which traumatic memory can be recovered and released but also how the response to trauma can become incorporated within a defence system protecting the ego. The obvious physiological similarity is that of an allergic reaction whereby the body produces allergens to protect itself from a substance which in the past was harmful but which may no longer be harmful in the present, the body memory being incapable of discriminating in the present. Here we come back to Freud's concept of *nachtraglichkeit*. But I would like to take this concept a step further and argue that repetition compulsion is not sufficiently explained on the basis of it being a failure of re-transcription of memory. If this were the case, then the compulsion to repeat would cease when the originating memory could be recovered (as hysterical symptoms usually disappear under these circumstances). Instead I would argue that, at least in some cases, the compulsion to repeat goes back to such an early stage of ego development that it has been transformed into an ego-defence, the dismantling of which is at the peril of the ego. I would now like to illustrate through some case material how the compulsion to repeat can be used as an early defence of the ego; how it becomes part of a false identity, a kind of fixed idea which inhibits ego development; and how it also serves, in the absence of a true narrative memory, to provide an experience of continuity in the case of a weak or fragile ego.

My first example is of a man, Mr. A, who has been in analysis with me for many years who suffered from projectile vomiting as an infant and continued to have stomach problems throughout much of his life until shortly after he started analysis. The main symptom which Mr. A. continued to complain about was a lump or blockage in his throat which would make him feel as if he was choking. Initially, Mr. A. was hardly aware of having any feelings, either in his body or in his emotions, and described an extremely isolated and deprived childhood devoid of tenderness or affection. Mr. A. had been an only child and remembered his mother as being overly anxious about him, especially about his physical well-being, and constantly finding something wrong with his body which needed to be corrected. As a young child he was given eyeglasses for his sight (he has perfect vision still), orthopedic shoes for his instep (which was in fact also not needed), his knees and feet were scrubbed to prevent the skin from hardening, his throat was swabbed regularly to prevent cold sores, and his bowel movements checked vigilantly every morning. Mr. A.'s mother was herself always suffering from some physical complaint and it was clear that this was the only way she knew how to express care for her son or to receive

care herself. At the same time, these expressions of care were experienced by Mr. A. as life-threatening impingements and it was possible to relate his early vomiting to his need to defend himself against his mother's intrusive control. We could then think about the lump in Mr. A.'s throat, which would sometimes make him gag in our sessions, as not only this controlling mother with whom he had become identified but as a symptom expressing the tenderness which he was longing to receive from me.

When Mr. A. was able to receive some warmth from me, the lump in his throat would ease, only to recur the following day or so. This reversion happened in a number of different ways, e.g. he would sometimes blank out completely on what had happened in the previous session, and would give us both the feeling that he could not retain anything good from our sessions and had to spit it out in one way or another. In the countertransference, Mr. A. made me feel frustrated to the point of having sadistic fantasies of wanting to hurt him in order to make some impact on him and I could imagine the unbearable frustration he might have felt as a child with a mother who was unable to keep him in her mind and to think about his needs. When I could speak to him about the impact he made on me in this way, it had a powerful effect in showing Mr. A. that he could get inside of my mind (albeit in a negative way), that I could be different from his impenetrable mother, and that I could withstand his attacks without retaliating or collapsing. Had I retaliated or responded to Mr. A.'s provocation by becoming cold and unresponsive as he had experienced his mother, I would have confirmed his conviction (and memory) that he could only be treated as a machine and not as a person who needs to know he exists inside other people's minds and that they can exist inside of him.

One of the turning points in Mr. A.'s analysis occurred when I was accidentally late to arrive for one of his sessions. Mr. A. had left and explained the next day that it had not crossed his mind to wait, although he had in fact been looking forward to seeing me. When I questioned this, it became clear that Mr. A. had no idea that he could be missed by anyone and so he had left. We could also see that the frustration of waiting for me reminded Mr. A. of the terrible frustration he had experienced as a child in having to wait for an unresponsive mother and he had chosen in his mind to assume that I was like her in order to repeat what he had known before so that he would not have to acknowledge the difference and what he had never had. But most importantly, Mr. A. had used his indifference and his conviction that he could not exist in someone else's mind as his primary defence. In

this way he was able to conquer his frustration by effectively destroying the object of his frustration (e.g. by his vomiting) along with his need.

Recently Mr. A. returned from a holiday which he had chosen very carefully and during which he had been looked after better than he had ever allowed himself to be. Throughout the holiday, but particularly towards the end of it, Mr. A. reported he had had diarrhea and had also been very tired, although in every other respect he had felt well. He said that when he had felt sick in the past he had never had diarrhea without also vomiting and remembered how in the past he had always had to keep on vomiting until he had nothing left inside of him. Mr. A. said that the thought of stopping while there might be something left in his stomach had been impossible and terrifying, it would have meant still having this interfering mother inside of him. Emptying himself entirely had been a matter of life and death. But this time, having diarrhea felt like something new and different and Mr. A. interpreted this as his ability to keep things inside without having to spit them out because he was able to tell the difference between being with his mother and being in an environment with people who were able to think about him and his needs without interfering. He was then able to tell me how in the previous session he had become tearful when he told me about a man, whom he had never met before, who had noticed him on holiday and had spontaneously offered him some fruit. He also remembered the smile I had given him when he returned and explained that in both instances being noticed and welcomed still felt like a 'shock' to his system, something which he could not quite digest yet, like the rich foreign food he had discovered on holiday. He was also able to recall how in the beginning of the holiday he had been constipated and how this had not happened to him since he was a child. Mr. A. linked this to his memory of holidays with his parents by the sea which he had always dreaded. These had been holidays when his parents collapsed from exhaustion and he would either be left alone entirely, feeling non-existent, or with his controlling mother. Mr. A.'s constipation was another way for him to 'win' the battle with his mother over who would control his body. It was the unconscious memory of these holidays that initially triggered off this somatic response in Mr. A. When he was able to remember these family holidays and to differentiate them from the present, he was able to relax and to enjoy what was being given to him and to be more spontaneous with others.

Here we can see how Mr. A. was able to re-transcribe a memory association from the past and to adapt to a different situation in the

present. But in addition to this, something else had changed for Mr. A. because he was no longer blocking out people's desire to give to him and his own need to receive. For Mr. A., this had been a fundamental way of defending himself (like his vomiting as an infant). He had had to deny his need for relationship in order to survive, but this had, of course, not only prevented his ego from growing and developing but had also served as a kind of narcissistic shell which had enabled him to maintain an unresponsive mirroring and in this way to establish some form of identity, albeit negative. By having his needs recognized (through my interpretations), Mr. A. was able to internalize a togetherness for the first time and to see that despite his attempts over time to vomit me out, I remained with him and refused to be ejected. It was perhaps my persistence and survival that ultimately defeated Mr. A.'s image of himself as someone who could only cut people off.

My second example is of a young woman, Ms. B., who also suffered from psychosomatic symptoms, including sexual frigidity, when she first came to see me. She regressed rapidly and became extremely dependent and demanding, wanting constant gratification (e.g. finding my silence unbearable) and becoming hysterical whenever she experienced a certain degree of frustration. Her mother had had a history of being abused by men, including her father and husband, and Ms. B. was always made to feel that she was in some way responsible for the strife between her parents and for their eventual separation as well as failing to alleviate her mother's evident depression. While Ms. B. experienced her mother as always critical of her, she saw her father as treating her very seductively as long as she behaved like a mindless doll and paid attention to him. When she failed to act in this way, he would coldly reject her. The result was that Ms. B. was frightened of her sexuality because she felt she would pose too much of a threat to her parents' already unstable marriage, but also because it meant being rejected by her father.

As Ms. B. began to internalize me in the transference as an accepting mother and a protective father who did not need her to satisfy his narcissism, she was able increasingly to enjoy her sexuality, to establish a close relationship with a man for the first time, and to embark on a career of her choice. But all of this was constantly jeopardized by what she called her witchy side which would appear whenever she had received something good, whether from me, her boyfriend, or at work, to undo it. This became most evident at the ends of sessions when, having felt close to me, she would become possessive and clinging, wanting even more from me. Ms. B. would either threaten to refuse

to leave or would have a temper tantrum, throwing my cushions around the room and slamming the door behind her in a fury. It became clear to us both how her witchy side was attempting over and over again to destroy her relationship with me and with others and in this way to be left alone as she had been in the past. Her new experiences of being given to became frightening insofar as they kindled her anger about how frustrated she had been in the past. By reverting to her witchy side, Ms. B. could once again triumph in her conviction that she could only destroy relationships and in this way maintain her old defence against needing someone else.

As with Mr. A., it was important not to collude with Ms. B.'s attempts to provoke me to reject her. At the same time it was also important not to enter into and perpetuate the sado-masochistic way of relating that Ms. B. had always known. Janet's advice that '*the physician must help (the patient) stop carrying out these absurd actions, teach her to make others, give her another attitude.*' is relevant here. By making it clear that I was not prepared to communicate with Ms. B.'s witch or at times even to see her (by suspending sessions), Ms. B. was gradually able to discover that her witchy side no longer offered her the satisfaction it had in the past. But perhaps more importantly in the case of Ms. B. she had to experience a maximum level of destructiveness towards me – which I survived – to be able to become conscious for the first time of the way in which she avoided new experiences and tried to repeat receiving the old treatment she was used to. She was also able to do this at this point in her analysis because she had developed enough of an observing ego (an internalized togetherness) to be able to think and to know about what she had not had in the past.

In the case of Mr. A. and Ms. B., as with many other patients, they were compelled to repeat their experience of destroying the possibility of having or continuing a loving relationship as a means of remaining in the past. What is then established is a perverse relationship with the self and the external world in which everything must be reduced to an object in order to create and sustain an illusion of omnipotence – a leftover from a time when the ego felt an overwhelming degree of powerlessness. The result of this defensive denial and destructiveness is, of course, internal emptiness and a self-image based on destructiveness that disallows any experience of creativity or potency. Early on in his analysis, Mr. A., for example, dreamt of himself as a tortoise. When he turned over the shell he could see that the tortoise inside was shrivelled and emaciated and it was not clear whether he could be brought

to life. Similarly, Ms. B. had an image of herself as a dried up nut whose seeds had decayed inside and who could only be discarded.

Not surprisingly, it can take a long time before such patients are able to retain anything inside. Another woman patient, who had had many years of analysis before she came to see me, explained that she could not keep me with her in her mind unless I was actually physically present; if I was not with her, I did not exist for her. However, she had recently gotten a cat which was the first time in her life that she had cared for something else. She discovered that she could remember her cat and her feelings for her when she was apart from her and observed, 'It's only when I love that I can have the feelings and the memory.' What she could recognize in her relation with her cat was that the cat was always there for her and therefore presented her with very little frustration. In addition the cat was always loving towards her, despite this woman's occasional taunts and attacks. With an object that presented too much frustration (as I did when I was not available to her), it produced too much hate and her memory disappeared, leaving her once again empty inside. In this woman's case, as with Mr. A. and Ms. B., it was possible to see how her repeated experience of frustration with her mother had become so unbearable that she could not keep any feeling of mothering inside her; she could have no memory of an object but instead was left with the residual knowledge of having destroyed the object of her frustration which became attached to a feeling of relief. This then becomes the sequence, or habit, that is remembered and can only be forgotten when there is enough togetherness to survive these repeated attacks.

Returning to Freud and Jung, perhaps we can see that they were both 'right', as it were – that the compulsion to repeat is both a reflex from the past (that has not been re-transcribed) and a defence against the present.

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JOSEPH AND THE SPHINX: DIFFERENTIATING SPIRIT AND PSYCHE

DAVID M. BLACK

When, in February 1991, at the age of 71, Nelson Mandela was released after more than 27 years in jail, he made his first speech in the Grand Parade in Cape Town. These were his first public words, which inaugurated the new era of South African history. He began his speech:

Friends, comrades and fellow South Africans. I greet you all in the name of peace, democracy and freedom for all!

I shan't go on with the words of this great speech. What I want to draw your attention to here, is the phrase 'in the name of'. At a moment which he knew could only be a climactic moment, both in his own life and the life of South Africa, Mandela chose to speak 'in the name of' something.

I shall come back to the importance of names, but for the moment I just want to suggest that we only maintain our contact with the spirit by naming it.

Here is another story. You will recall that the Biblical Joseph was one of the twelve sons of Jacob, ancestors of the twelve tribes of Israel. If you remember the story in a little detail, you will perhaps also recall that he was the eleventh son, the youngest being Benjamin.

Let me spell out the clinical history a bit.

The father, Jacob, is a somewhat problematical character. He is a twin, his mother's favourite, and with his mother's support he pretended to be his twin brother Esau, and therefore fraudulently got his father's blessing. Jacob, in other words, was blessed by his father, but only because his father was deceived as to his identity. He was blessed, but was he really blessed? (Profound matters of male identity lie hidden in this question of blessing.)

Jacob then sets out to seek his fortune, and he finds work with his mother's brother, his uncle Laban. He has fallen in love with Laban's daughter, Rachel, his cousin on the mother's side of the family. He agrees to work for Laban for 7 years, in order to win Rachel, and after 7 years, Laban tricks him exactly as Jacob had tricked his own father: at the wedding, at this most intimate and important moment

of connexion, all the feelings are present, and Jacob awakes in the morning to discover they have been directed, not to Rachel at all, but to her elder sister, Leah. As the Bible so memorably puts it: 'And in the morning, behold, it was Leah'.

Jacob, however – and here we may be impressed with him – doesn't give up. He works another seven years in order to win the woman he really wants – fourteen years in all. We have to imagine he was very much in love with Rachel.

But his troubles are still not at an end. Rachel was unable to conceive. With Leah, the wife he did not choose, Jacob has son after son; he also has sons – I'm sorry this is such a patriarchal world – with his wives' two maidservants, and finally he has ten sons, along with one daughter who plays little part in the story. And then, at last, Rachel falls pregnant.

And she gives birth to Joseph. Soon after, she becomes pregnant again, and she dies giving birth to Benjamin.

So if we are to think about Joseph, we need to remember, not only that he is the eleventh son of Jacob, but that he is the first son of Rachel, the first son of Jacob-and-Rachel, the first son of the couple in which Jacob most longed to be. And we should also remember that his mother died when he was two years old, leaving Jacob in grief.

This, I think, helps to make sense of the sequel, the tremendous envy of his brothers – properly of course half-brothers – for Joseph, and the very special love that Jacob had for Joseph. Thomas Mann has suggested that Joseph actually looked like Rachel, and if so, I suggest he may also have looked like Jacob's mother, Rachel's aunt.

Whatever the truth of these speculations, it's clear that Joseph is Jacob's undisguised favourite. This favour is represented in the Bible story by Jacob's gift to him of a coat-of-many-colours. If we hear that gift symbolically, I suggest that it stands for a richness of sensitivity, a richness, we may say, of soul or internal world. Partly this richness may be inherited from his complex parents, but partly I think it is derived from Jacob's special love for Joseph, his identification of him with the loved and lost Rachel, who in turn unconsciously echoed for Jacob his own mother. Everything we are told about Joseph suggests someone who is thoughtful, clever, verbal, charming; someone very conscious of his own individuality, very unlike the stolid mass of the ten older half-brothers.

And in this of course he has something in common with his father Jacob, so different from his hearty, hairy, noisy twin-brother Esau. It is this quality of liveliness, of individuality, of contact with the

many-coloured register of human sensitivity, that causes Joseph to come into this talk as a representative of the psyche, the soul.

That then is the background of Joseph. He grows up to be a dream-interpreter – you remember Freud liked to identify with Joseph – and his dreams tell him he will be pre-eminent over his brothers. They can't stand him, plan to murder him, finally sell him as a slave to a family of travelling merchants. They go home and tell Jacob that Joseph has been killed by a wild beast.

The merchants are travelling down to Egypt. Egypt, both in reality and in Biblical symbolism, stands for temptation. The Egyptians are urban, sophisticated, sensual. Their gods demand elaborate ceremony, but are not much concerned with morality. Joseph is, of course, cut out for the world of Egypt: with his good looks, his cleverness, his generosity, he will be prodigiously successful, and end up as Pharaoh's right hand man. But when he first arrives in Egypt, he is very vulnerable: a sensitive, homeless teenager, owned by merchants who plan to sell him as a slave. Almost anything could happen to him. What will guide him?

You will remember that the adolescent Oedipus, fleeing the prediction of the oracle, was also in this betwixt-and-between position, without parents, without employment, without wife or girlfriend – and it was then that he met the sphinx. The Sphinx, with its ambiguous sex, its human and animal features which don't belong together, and its riddling mode of speech, represents the shapeless world of too much possibility, which confronts the young human on the threshold of adult life. What will guide him, or her?

Joseph, however, is not, like Oedipus, fleeing from a destiny. Joseph is intact, innocent – perhaps naive, perhaps arrogant, but what has happened to him has been inflicted on him from without; inwardly, he is complete, he has good internal parents. Like Oedipus, he too at this betwixt-and-between point meets a Sphinx; but his reaction to it is very different.

The story now is not told in the Bible, it is only in Jewish legend. I shall tell it in Thomas Mann's words. Joseph has gone out from the camp one evening, and suddenly comes upon the vast stone image, ancient even then. He is shocked and disturbed by it. He wonders what sex it is, and what it promises.

(Helen Lowe-Porter's translation) –

'Joseph stood there and tried his heart upon the voluptuously smiling majesty of that endurance. He stood quite close ... would not the monster lift its paw from the sand and snatch the youth to its breast? He armed his heart

and thought of Jacob. Curiosity is a shallow-rooted weed; it is but youth triumphing in freedom. Eye to eye with the forbidden, one knows the sonhood of the spirit and holds with the father.'

'Joseph stood long under the stars before the giant riddle, leaning on one leg, his elbow in one hand, his chin in the other. When he lay again with Kedema in the hut, he dreamed of the sphinx, that it said to him: "I love thee. Come to me and name my thy name, of whatever sex I am!" But he answered: "How shall I commit such a deed and sin against God?"'
(Mann, 1978, p. 501).

What I invite you to notice about these two stories, about Mandela's speech 'in the name of' freedom and democracy, and about Joseph's 'holding with the father', is a twofold thing. On the one hand, in each case a *choice* is being made: Mandela is choosing in the name of what value he will speak, Joseph is choosing whether he will be drawn by the sphinx or 'hold with' the father. And yet, in each case, the value chosen is also already given: Mandela is not inventing his values, Joseph is not inventing his father's God.

This complex characteristic, of being something given, and yet also something that is chosen, gives us a first bearing on the nature of the spirit.

Vocabulary

We have a serious difficulty, speaking of the internal world in English, because our language in this department is threadbare and inconsistent. It is a measure of the extent to which English-language culture has lost touch with inwardness. Psychoanalysis has attempted to deal with the situation by giving ordinary language an extra-ordinary precision, and we all know the discomfort of using everyday words like *envy*, *aggression*, *depression*, *object* and so on as technical terms with defined meanings. At the same time, other inner-world vocabulary has become more difficult to use because of psychoanalysis, and above all, perhaps, the very ordinary words *soul* and *spirit*, which have embarrassed psychoanalysts because of their religious associations. When James Strachey chose to translate Freud's *Seele*, soul, as 'mind', he was I think escaping to a sort of 'psychic retreat', away from a whole group of important related issues.

I shall take the liberty of translating the theme of this Conference into soul and spirit, *psyche* and *pneuma*; I shall say that these are two definably different things; and I shall say that psychoanalysis knows a great deal about one of them, and speaks without authority when it

comes to the other. In giving this talk as a psychoanalyst, therefore, I feel I am committing an act of respectful transgression.

I am also well aware that there are quite different uses of the words *spirit* and *soul* which I shall be ignoring. For example, when people speak of the souls of the dead, or the spirits of the departed, the two words seem to have become synonyms. But I shall not use these words in that sense.

There is also and most importantly a very special ontological use of the word *spirit*, by which it connotes a being, perhaps even God himself, distinguishable to some degree from the individual human person; something like a psychic wind, creative, meaning-filled, blowing or failing to blow unpredictably. I shall not follow this usage either, but I believe this usage is always present, as a sort of root metaphor, whenever the word *spirit* is used.

Summary of the argument

Let me summarise the basic position, out of which I am going to speak. As I do so, please bear in mind the two stories, of Mandela and Joseph, that I have just told.

1. The soul or psyche is in its own nature almost infinitely malleable. The expertise of psychoanalysis lies in understanding and attempting to modify what influences psychic structure, i.e. soul-structure, particularly at its deep unconscious levels. The word *spirit*, however, points to those motives in the soul to which we *choose* to give duration and priority: it points to our *conscious* efforts to influence psychic structure.

2. These chosen motives become foci around which the person attempts to integrate him- or herself.

3. There *is* such a thing as a correct choice of spiritual motives, which is one that allows for a full-enough integration of the personality.

4. A wrong choice doesn't do this, and leads to self-stultifying splitting and conflict.

5. It turns out, empirically, that a correct choice is not of a namable ideal, but of an unnamable ideal approached by namable subsidiary ideals.

6. What, if anything, this unnamable ideal may correspond to *outside* the individual personality is a question that goes beyond the reach of psychological enquiry. I have argued elsewhere (Black, 1993) that

it has usually been socially constructed, often by a very lengthy and complex historical process. That much is understandable. But the ontological metaphor that lurks within the word *spirit* will require eventually to be addressed, and there we have to leave it to the philosopher and the theologian.

This argument raises a host of questions. As time is limited, I shall single out three issues, and simply speak briefly about each in turn. These three are:

1. The idea of *choice*: how are we to think of it, given what we now know about the influence of unconscious psychic factors?
2. What does it mean to speak of right and wrong choices in this domain of the spirit? and
3. What is at stake in the choice of a namable or unnamable ideal?

1. *Spirit as choice*

I'm suggesting that *the spirit represents those aspects of the soul to which we choose to give duration and priority*.

In the Mandela story, Mandela is quite deliberately choosing and stating the values that he intends to be guided by, and that he intends to guide the future of South Africa. He says 'in the name of' these values, because without their name they can't be held on to. Names are the instruments of consciousness which enable us to hold on to psychic realities. This is why, in all deliberate attempts to build psychic structure, such as religious or idealistic political systems, names acquire such an enormous importance. For the Jews, God's name was so sacred it might not even be spoken. Or, under Communism, people could lose their humanity by being re-labelled as the bourgeoisie, the landlords, the Trotskyites, the capitalist-roaders, the counter-revolutionaries. New names transform the spiritual landscape.

The Joseph story is richer, psychoanalytically, because in it we see the internal object in which the value-system has been embedded. Joseph 'holds with his father', and the values the figure of his father contains. What exactly is happening here? Clearly, Joseph has had his father as an internal object all along, and has no doubt been influenced by him, and through him by the God whom Jacob worshipped. But in this moment of crisis, which symbolises his conscious lonely encounter with all the temptations of youthful adult life, he is impelled into thinking. The allure of the sphinx, and the moral and other values of

his father, confront one another in his mind with arousal and affect, and he is compelled to consciously decide who he more fundamentally is. Being essentially psychologically healthy, Joseph is stirred, but he is not for long in doubt, i.e. not for long split. He makes a decision which he will be able to stick with. In the long run, on the basis of this solid decision, he will even be able to reintegrate some of what he is renouncing in rejecting the sphinx.

We are accustomed in psychoanalysis to speak of the unconscious determinants of identity and psychic reality. Conscious decision-making also is a main determinant of the shape of internal reality, and the values we call spiritual are the ones that, on reflection, we consciously choose to guide us. In the Mandela story, we see such values in a mature form, in a mature man who knows his values and doesn't hesitate to name them; in the Joseph story, we meet them in an immature man, who is discovering them, and we can see them coming to birth out of their unconscious container.

There is a question whether choices of this sort are always conscious, or may be unconscious. Undoubtedly, a similar process can take place unconsciously, but I should prefer to confine the work *choice* to the conscious process. When it takes place unconsciously, without conscious conflict and decision, some aspect of the ego hasn't been withdrawn from its projection into the internal object, and therefore hasn't clearly taken responsibility for its position. Knowing what we know psychoanalytically, we must assume that a conscious choice will only be successful if it receives a great deal of unconscious support.

Ronald Britton (1995) has made a related point in speaking of belief. He says that belief is what 'gives the force of reality to that which is psychic'. Beliefs may be conscious or unconscious, but, he says, 'cannot be relinquished without becoming conscious'. This is because, as with mourning, to relinquish a belief requires conscious work, and conscious learning.

Freud famously wondered why we have consciousness at all, when so much mental activity takes place very adequately unconsciously, or preconsciously. He spoke of consciousness as 'a sense organ for the perception of psychic qualities' (Freud, 1900). Perhaps one of the principal functions of this organ is to make possible mourning, the relinquishment of beliefs, and the commitment to enduring values. It is only through the accumulation of these acts of decision and self-knowledge that true integration of the personality can gradually take place. This formulation helps us, I think, to understand what we

intuitively know, that consciousness does have a very special importance in psychic functioning.

I have written in the past (1993) of religions as socially constructed systems of internal objects, kept in being by repetition and ritual, and designed to influence in various ways the believer's state of mind and relations with external objects. What I would add now is that *worship*, the affective response to *worth* or felt value, is one of the central ways in which spiritual values are kept alive in people's minds. It's a great challenge to the religionless to keep alive their affective commitment to the values they sincerely wish to hold. This is particularly the case with succeeding generations, as the oxygen of religious affect is increasingly burned up.

2. *Right and wrong choice*

I have said that the spirit represents those aspects of the soul to which we choose to give duration and priority. But we might, of course, choose almost anything. Don Giovanni might say that his first priority is always his sexual impulse. The celebrated slogan of the 1980's: 'Greed is good', set out to make a positive spiritual value of something traditionally thought of as one of the seven deadly sins. There are even said to be Satanists, who systematically invert the established order of religious values, and do things precisely because they are held by Christianity to be wicked. This range of possibilities is part of what I was getting at, earlier on, when I described the soul as almost infinitely malleable.

I would say that all these choices, if held to as a matter of principle, are 'spiritual', and they can have something of the peculiarly impressive quality that accompanies spirituality. Don Giovanni's refusal to repent, at the end of the opera, comes across as a kind of heroism: it has a sort of disconcerting nobility. So the fact that a choice is spiritual, doesn't mean that it's commendable. How do we distinguish among the spirits?

I think the answer to this in principle is quite simple, though in practice it may be more difficult. A right choice is one that permits integration, both in the self and others. I am influenced here partly by the existentialist Christian theologian, John Macquarrie, who speaks of God's creative action as a 'letting-be' (Macquarrie, 1966). A psychoanalyst, standing lower on the ladder of being than the theologian, can't usefully talk about God, but the notion of

'letting-be' is a helpful one: we can see that prioritising greed, for example, or the sexual impulse, is unhelpful because these things continually return one to a starting-point, of acquisition, or seduction, and cut off the richness and deepening of growth and development.

It can happen that psychoanalysis itself becomes a false god in this way, and causes a patient to believe that the truly important thing is all the minute fluctuations of his feeling life. In all these examples, except perhaps the peculiar aberration of Satanism, the mistake made is to take something with a limited value, and elevate it to an overriding value. In that sense, we might compare false gods to perversions, which Freud said were 'component drives', that were failing to be held in place by an overarching appropriate motive, in that case genitality.

3. *Choosing namable or unnamable ideals*

This leads directly on to the third topic, which is the choice of namable or unnamable spiritual values. Mandela, you will recall, named his values very clearly: peace, freedom and democracy. Joseph's adherence to the spirit took a much more obscure form: first he sided with the father, then he used the name of God.

The twentieth century has been a sort of carnival parade of movements adhering to namable values: equality, freedom, nation, race, sexual freedom, market forces, and so on. I think all these names represent our essentially intellectual emphasis: when modern thinkers reflect on the inner world, they tend to find *ideas*, just as James Strachey, to get away from the embarrassment of the soul, came up with the word *mind*. A mind is an instrument for mentation, unlike a soul which is above all sensitive, or feeling-full. Mentation results in ideas, and ideas give rise to ideologies, systems of thought built upon namable abstractions. You might say that an ideology is a one-vector spirituality.

Isaiah Berlin is extremely helpful here. He has described his shock when he first read Machiavelli, and realised that Machiavelli, despite his bad reputation, was actually standing for a *valid* system of values. Only it was not a kindly, Jewish or Christian, system of individual or family-related values; it was of values that made for the greatness of the state. Machiavelli said, quite explicitly, that he loved his native city more than his own soul. (Berlin, 1981). If a state is to achieve greatness – and many good things may flow from that, including artistic greatness and social brilliance – then it must, said Machiavelli,

commit crimes without compunction, be reckless and cynical in its foreign policy, close its borders to the needy, and so on.

What Berlin learned from this shock, and then tested in many other situations, was that there are many different sets of values, which are not necessarily compatible with one another. A belief in freedom, for example, conflicts with a belief in equality. Fairness to one means unfairness to another. Values, said Berlin, are real but not commensurable.

This insight, though simple, is profound. For instance, it means that one cannot live without sin, in the Christian phrase; we are bound to offend against some values, however much we observe others. Psychoanalysis gets at something of the same truth with its notion of the depressive position.

It follows from this that the use of abstractions, such as freedom, to name one's ideals, is sooner or later going to lead to conflict. One can't successfully integrate oneself around an abstraction, because one has other values, also important, which are not compatible with it. It is for this reason that all the 20th century ideologies, exciting as they have often seemed on starting out, have floundered, finally, in disillusion and futility. The history of Communism, which began with much genuine benevolence and idealism, is so far the most poignant and dreadful illustration of this. Jung Chang's father, described in her book *Wild Swans*, is a touching example (Chang, 1993).

One solution, if we try to learn from the history of the great religions, may be to think in terms of an unnamable ideal – by which I mean, an ideal not named after an abstraction. Judaism, Christianity, Buddhism, have all (so far as I know independently) arrived at the extraordinary idea of saying that *nothing can be said positively* about the object to which supreme value is attributed. We are so familiar with this thought, that we may not notice how extraordinary it is; it seems to me at least as remarkable as the invention of the wheel. Buddhist *śūnyatā*, Meister Eckhart's abyss of the godhead, the cloud of unknowing, the empty space in the Jewish Holy of Holies – are all different versions of this same insight. The name God itself, though it is of course obviously in one sense a name, is another version of it: it is a name containing many signposts, but without finally definable content. It is a name that is both full and empty.

When Joseph, rejecting the sphinx, says: 'how should I sin against God?' he is speaking profoundly psychoanalytically. One etymology of the word *sin* links it with the word *sunder*; a sin is a psychic act which causes sundering, splitting, in the soul. In choosing not to sin,

Joseph is staying with the strong root of psychic wholeness that he has by his internal relation to his loved and loving father, which gives him the extraordinary poise and self-confidence which will mark all his dealings, henceforth, in the world of Egypt.

And he demonstrates yet further his intuitive psychological insight by passing, in what he says, from his father to his father's God: his allegiance is not to the personal quirks and accidents of Jacob, always a problematical man; but to the inner essence, the love and wisdom which Jacob embodied for Joseph. This thought, not easy to put into words, is symbolically conveyed by declaring allegiance – and we might in another context say 'worshipping' – not Jacob, but Jacob's God. This vocabulary allows a movement of great psychic sophistication to be made with impressive adroitness and simplicity.

If we say that the namable abstractions are signposts, ways of approaching the unnamable ultimate spiritual value, then our values are set in an ever-deepening perspective, and the barrenness of the merely intellectual ideologies can be overcome.

The implications of all this are very far-reaching. For example, it might seem that what I have said here favours an impersonal, non-anthropomorphic account of the spirit. But perhaps an impersonal account conforms too easily with our intellectual prejudices, and ignores one of our principal signposts in this area, that we find value supremely in, and are supremely energised by, persons, and personal relationship. How can we do justice to this fact, if we don't allow it to influence us in our thinking about spiritual matters?

At this point again we are approaching the ontological implications of the use of the word *spirit*, and the psychoanalyst reaches the limit of his terrain.

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Conclusion

In many ways, I'm aware that talking as I have done about 'the spirit', and the conscious choice of the values by which one will be guided in life, may seem shallow and intangible, compared with the deep contact with bodily and infantile affect and phantasy with which psychoanalysis is usually and rightly concerned. Often, too, when people speak of spiritual matters, they are implicitly denying the insight of psychoanalysis, and talk as if a conscious relation to spiritual truths can replace the need for the deep root in unconscious phantasy which is recognised

by psychoanalysis as the essential base of personal psychic integration. I don't wish at all to speak with this implication.

What I do wish to say, however, is that psychoanalysis needs to add to its very profound understanding of the dynamic forces that build psychic structure two further factors. One is, that values consciously apprehended and adhered to are also a dynamic factor in the psyche, and if, as in Joseph's case, sufficiently supported by unconscious structure, may contribute considerably to maintaining individual psychic health and direction.

The second is to do with the social and historical dimension. We find, over generations, that these spiritual choices, now encountered as powerful external forces by the individual psyche, become magnified with effects that are quite unpredictable at the individual level.

Chaos theory's 'butterfly effect' is dramatic enough at the physical level. In the history of spirituality, the impact over time of a Joseph, a Buddha or a Jesus Christ is at least equally astonishing.

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'FOR DAYS DISOWNED BY MEMORY': NOTES FROM AN INFANT OBSERVATION

MARTIN KEMP

Introduction

I first visited Sue and John a month before their first baby was due. Though of essentially middle class background and occupation, the couple shared a cramped one-bedroomed council flat in South West London. Sue, a writer and actress, came across as a person confident of her worth, spontaneous and warm yet also calm and interested in others. John, an architect, seemed an altogether more private person. Now in their late twenties, both had their origins in the West of England, with families described as emotionally close though now geographically distant.

Sue and John were looking forward to the exciting new challenge of parenthood. There was a strong sense of having undertaken a joint project, of a shared and equal undertaking; and it seemed natural for them to look to the baby to be their chief guide in finding their way. I was to have the opportunity to see how these assumptions, facilitative and flexible though they were, would stand up to the reality of the demands of a newborn baby.

First adaptations

I arrived for my first observation one week after the birth of a son – named Dan – to find the mother already regretting the end of an '*idyllic few days*'. After a difficult delivery the baby's eating and sleeping patterns had at first accorded with Sue's expectations. She remarked with pleasure and pride both the emotional impact Dan had made on her, and her discovery of how responsive she could be to his needs: a heavy sleeper, she found herself waking to his slightest sound. However, she was concerned that Dan had now become more difficult to manage: he protested every time she tried to put him down. Dan's need for her body and Sue's wish for a degree of mobility were both met by the use of a sling. Though shaken by Dan's fretfulness, Sue's

belief in taking a lead from the baby remained: *'if we leave him to establish his own rhythm he'll be comfortable with it and will settle down.'*

For most of this observation Dan remained awake but limpet-like, clinging and still, on Sue's body. Later, in sleep, Dan presented a surprising contrast:

'The eye muscles moved continuously: sometimes the kind of eye movement associated with dreaming, but sometimes more of a spasm or sudden blink. Then the movements seemed to accelerate, and spread until his whole body seemed to be flexing and unflexing ... His head moved from side to side and his hands started mauling at his face.'

For the first weeks it seemed that Dan was responding primarily to internal stimuli and was less concerned with what went on around him. I was drawn to contrast this state with the apparently purposive exploration of self and environment, and pronounced motor capacities, of the foetus *in utero* as found by Piontelli (1992). The comparison seemed to offer some gauge of how traumatic the birth might have been, as if Dan might now be experiencing his first benign regression. Though attracted to light and responding to movement, he did not seem to notice even abrupt or penetrating noises around him – a car alarm, a saucepan being dropped, the radio being switched on much too loudly.

The exception was his relation to the mother's body and the demands he made on it, such that during the second observation Sue was approaching a state of panic. The sense of distress in the mother had been exacerbated by an attack of mastitis. But the worry remained fixed on the fact that no matter how she tried, Dan would not let her put him down. However relaxed, even to the point of sleep, he appeared to be when in her arms, he would become distressed when, or soon after, she tried to detach him from her.

On this occasion I was witness to a sustained and sensitive attempt by the health visitor to induce a greater capacity for reflection, and consideration of a wider choice of coping strategies than Sue seemed able to manage unsupported. I was struck by the effectiveness of the health visitor in exploring the mother's assumptions about childcare, exposing potential areas of conflict and inhibition, and by Sue's ability to take advantage of the help on offer by clearly articulating the nature of her worries and fears:

'Sue admitted that she had reached the point where she was so desperate to put him down that she felt guilty if she did try to. She dreaded the nights; she felt overwhelmed; she had not left the house since returning from hospital; she had been in bed since Tuesday (it was then Friday); she couldn't even have a shower or a meal in any ordinary way ...'

It emerged that Sue was not making optimal use of the father and others to share in any of the direct handling of Dan. Advice was given and additional professional input arranged to help Sue through this period. The health visitor's intervention could be read as an attempt to help the mother adjust to the new situation of caring for a baby that no longer formed part of her own body. One might speculate that (like Dan?) the mother's approach was conditioned by an unconscious perception of the baby as still physically one with her: at one point, referring to the approaching end of a feed, Sue said '*I am just wondering at what point to break him off*'.

In the midst of this crisis of adaptation the mother was the focus, the person whose anxieties needed to be contained so that she could resume her capacity to perform the same task for Dan. By the following week she seemed to have regained her balance. The situation no longer appeared overwhelming, and it was noticeable that she was soon working hard to enable John to take more responsibility for Dan as well as herself. This, I think, illustrates a pattern of change. Sue was a 'good enough' mother in the sense that she allowed her fantasies over the role of the mother and the nature of the infant to be influenced, both by her experience of Dan and by the views of others around her.

Arrival of a different kind

Mahler's use of the phrase 'a psychological birth' (1975) to denote a process of becoming distinct from a baby's physical arrival seems helpful in characterising the changes through which Dan now passed. Visit by visit, increasingly complex forms of communication could be observed coming into the interaction between mother and child. At four weeks I noted '*continuous exchanges*' in which Dan appeared to focus on Sue's face while being talked to; where Sue's 'bless you' mirrored with warmth and concern the tones of the sneezes that seemed powerful enough to shatter the cohesion of his tiny body. A game was played in which Sue presented facial expressions to be copied, and where she imitated Dan's facial movements in return. The connection here was broken by Dan shifting his attention to look out of the window.

While demonstrating in myriad ways the essential adaptiveness of a mother to a newborn infant, respectful of his limited powers of self-determination, I feel that Dan's extremely basic level of ego development had an inhibiting effect on Sue. It is as if there was a gap between

the period of pregnancy, when Sue could people her mind with her own fantasies of the person the baby would become, and the time when one could recognise in Dan the attributes by which we recognise others of our species: a long delay before preconception would be met by a realisation. At times she seemed to hold him more as an object than a person. Dan's own inscrutability was matched by her appearing extremely self-contained. In particular she seemed rarely to take full advantage of the opportunities that presented themselves to relate to Dan verbally. This comment from the fifth visit (at six weeks) became for a time typical:

'... Dan started crying again. Sue tried various tactics, including occasionally talking to him. I had the impression throughout the rest of the observation that though Sue did talk to Dan, and was focused on him, she did not talk very often and her contributions were brief. I remember thinking that she didn't mind the silence.'

A fundamental change in Dan seemed to come quite suddenly, during the eighth week (Dan had slept through the previous two visits, perhaps exaggerating my sense of a great leap forward). In the following extract both parents are active in the kitchen, with Dan in a bouncy chair on the floor:

'Dan remained at a high level of contained excitement and kept watching around the room at the adults as they got on. Occasionally one or other of them, more often John – perhaps because he is not there so much – would make noises and expressions and touch Dan's face. At one point John made sheep noises to him, and in response Dan engaged in a brief vocal interaction with John. Dan's arms and legs made synchronised movements, as if he was crawling excitedly in the air. Dan clearly grinned.'

I added the following reflection to the observation:

'I was thinking that since I had last seen him awake he had changed in quite a fundamental way. His face now has the look which he will always have, however much his appearance changes as he grows older. He strikes one as a being with character, or personality. I thought that this had to do with the physical maturity of the face and the coherence of its expression. His body doesn't seem to be kept together only by its joints; it felt as if there was a will to greater co-ordination and sense of oneness.'

It seems to me that this 'arrival' was the first confirmation of an assumption that had been implicit in the mother's attitude from the start. It signified perhaps the successful outcome of Winnicott's period of 'primary maternal preoccupation', the treating of the baby as a person on trust, filling in ego functions for him where they were still absent, before the baby had given adequate evidence of his humanity on his own account. It suggests, following Winnicott (1962, p. 56),

that there had been an ego which had 'covered and catalogued and experienced' in such a way that it now had the means to give more active evidence of its presence. From at least this time, as the next extract from the same observation shows, Dan rewarded the care of the mother by demonstrating the power of his love for her quite beyond her function as a provider of sustenance:

'Sue soon moved him again, saying "Do you want to look at the cupboards?" and placed him on the floor ... He did not look at the cupboards but Sue then switched on a row of lights in the shape of dragon's teeth that run underneath a shelf the length of the kitchen wall. She said: "You like those, don't you?" as Dan cooed loudly. It was a beautiful sound. Sue and Dan then had their most intense and sustained interaction, vocal and excited, with Dan grinning, and with a feeling of attention while Sue was active, then a shuffling and noises coming from Dan while Sue was quieter. Sue then got up to get something from the sink – quite a sudden movement, and I looked to see its effect on him. There were no tears or folding up, but there was a lost expression, an emptiness, and then as he saw Sue's legs reappear he cooed again and became more agitated.'

It can be inferred from this, perhaps, that the increase in Dan's integration had been equalled by his ability to tolerate a transition from viewing the mother as a 'subjective object' to an 'objectively perceived object' (Winnicott, 1962, p. 57). From now on there was a rapid elaboration of Dan's motor capacities and, in tandem, signs of the increasing range of interests and potential for interaction with others. I think that these enhanced capacities in the baby may have helped break down inhibitions that seemed evident in the mother. During the same session I noted: *'Sue was also talking to Dan more'*. From a situation where there had been very little verbal interaction, the mother's voice became a primary means of communication, rich in emotional significance.

While it was possible to think in terms of Dan expressing a definite awareness of the presence or absence of the mother, there were further signs that the process of distinguishing 'me' from 'not me' was still on-going. At fourteen weeks Sue and I watched the baby absorbed in the movement of his hands in front of his face (as if playing the flute), and even making the same gurgling noises to them as he was then using to communicate with Sue. The mother remarked: *'He's really interested in his hands now. He'll sit like that for minutes on end. But I'm not sure if he knows they're his own yet.'*

Indeed his hands appeared to be a distinct object of curiosity, quite unrelated to the eyes that followed them. Language can so easily be

misleading here: if this was indeed the case it makes little sense to say that 'he' was moving them.

My interest at the time was as much in the mother's remark as in its subject. It was another example of an openness to Dan's experience and of her acute capacity to observe and speculate about the nature of the child's world.

At nineteen weeks the hands which shortly before had appeared to be of questionable ownership were now essential tools in Dan's attempts to manipulate objects as he wanted:

'Sue was holding the caterpillar with two plastic rings on it. With his mouth already open Dan moved his head forwards towards the toy. It was out of reach, so he brought his hands in, grasped the toy and brought it up towards his face. As he gnawed on the toy, he turned it round so that he could chew the hard rings.'

In this period Dan was seen demonstrating progressively more complex attempts at muscular control, which included organising all his limbs and using his bodyweight to achieve (or fail to achieve) a desired end. There was another stage in this process of self-knowledge and control which seemed particularly important for the mother. There was a long mirror in the hall, and from the earliest age she would briefly pause as she went past to let Dan get a glimpse of himself. At sixteen weeks he seemed to let his eyes rest on his reflection, and Sue said *'I don't think he knows it's him yet'*. The next week the following occurred:

'Sue liquidised a pear, telling Dan about the juice she was making for him. While talking she presented him in the mirror that lies lengthways along the back of the kitchen surface. I saw that he was maintaining eye contact with himself. There was a short while during which he just watched, and then he suddenly became agitated, twisting his body as if to try to escape, or to get Sue to move away: then he became openly distressed. Rather than move, Sue started to play a bee-boo game with him in the mirror using her own reflection. Dan went quiet for a moment and then seemed to laugh and cry at the same time.'

Dan appeared emotionally disturbed at what he had seen in the mirror, and I felt that by perpetuating the game Sue was frightening him even more. Was he confused at the sight before him of a person that, it must be assumed, he could not recognise – himself – with the mother that he could feel holding him from behind? It was an example, perhaps, of the mother's failure imaginatively to put herself in Dan's place, where, instead, she assumed a level of maturity that reflected her own wishes rather than her experience of Dan.

While Sue's attempt to accelerate his cognitive development had backfired, it did have the result that Dan appeared to articulate and direct aggressive feelings in an entirely new way. From being frightened and then distressed, Dan became simply grisly, resisting Sue's varied efforts to divert and sooth him:

'Sue gave him the bottle and his hands immediately came up as if to take control of the situation. He gave the bottle a few sucks in silence, then became agitated again. He pushed the bottle away and moved his head back in a gesture of avoidance. Sue presented the bottle again – a few more sucks – then Dan started to choke, and she lifted him up. When she held Dan up in front of her he appeared not just unhappy but angry. This was in his movements and his facial expression. While crying in this position he became more agitated again, and then he hit her several times across the face.'

For a short time Sue succeeded in entertaining him, but:

'As soon as Sue stopped the grizzling started again. Sue picked Dan up into her arms and held him against her, but rather than be soothed he became more clearly aggressive. He was not just frustrated and miserable, but frustrated with her, using his arms to push against her while his expression was contorted. Sue said, in a voice that conveyed as much surprise as concern: "You seem really angry Dan ..."'

Whether or not the actions of his limbs had been intended to hurt, this episode seemed to mark a change. Up until this time Dan expressed levels of stimulation and agitation in a largely physical way, as if the movements of the limbs were primarily a means of relieving excess tension. Now he seemed more able to express anger as a distinct emotion, with physical, vocal and facial expressions all consistently giving vent to his feelings.

The experience of breast feeding

From conception Dan had been dependent on nourishment from his mother's body. But within the womb the flow of nourishment had been biologically regulated, impinging – one assumes – on the unborn child's consciousness little more than the flow of his own blood. On leaving the mother's body the dependence remained, but now mediated through highly sensitive organs of both the baby and mother.

After a difficult birth, Dan had taken several hours before successfully feeding from Sue. Medical staff were concerned at Dan's low blood sugar level, but Sue refused to allow formula milk to be given and, indeed, kept herself awake all the following night to prevent the nurses from giving him a bottle without her knowledge. Following their return home Dan was well-nourished and put on weight at some

speed, but his relationship to the breast remained problematic. Talking to the health visitor at three weeks, Sue anxiously described her problems in encouraging Dan to take the nipple into his mouth.

In the fifth week I witnessed an example of this:

'Sue laid Dan across her lap ... She raised her shirt, opened her bra, and presented him with her right breast. I noticed that the nipple looked raw and that the breast was bruised. She talked to Dan, encouraging him to take the nipple: "Come on, open wide ... open your mouth ..." He clearly did not want to accept the nipple without a struggle. First he got his hands in the way, and Sue moved them aside; but he moved them back again, still crying.

Then Dan drank and was quiet. I watched the sucking movements in his cheek. After a couple of minutes he was off again, and distressed. Sue sat him up and jogged him around, patting his back, but he did not look comfortable and continued writhing as if something could not be relieved. He burped and Sue said "That's it" but Dan did not stop crying. She put him to the breast again, and this time his left hand grabbed hold of her nipple and clung on, preventing his mouth from getting close ...'

On each occasion the adults sought explanations in physical discomfort; that he was full of mucus; the impact of the mother's mastitis and the effect of anti-biotics affecting the milk's taste; that he had a bad cold. Each of these might be thought of as being psychically experienced by Dan as highly distressing, leading to a confusion as to the source and object of his frustration, physical discomfort and aggression, and thereby contributing to an ambivalence towards the breast. I wonder too at the possibility that the transition between different states of being might be frightening – for example the process of 'losing oneself' in a fantasy of fusion such as the act of being suckled at the breast might engender.

Once established and comfortable, Dan appeared happy to remain at the breast for what seemed to the mother interminable periods. At three weeks, Sue was bewildered that Dan could appear to feed for two hours at a stretch: it took the health visitor to suggest that desire as well as need might feature in Dan's experience of the breast. Having surmounted what appeared to be an obstacle in beginning to take milk, the sense of struggle disappeared and feeding seemed rather to provide periods of peace and serenity for both mother and baby. However, as the situation settled, another pattern emerged that would remain constant throughout the observations.

I have already mentioned how there often seemed to be a lack of verbal interaction between mother and baby, particularly – and perhaps not surprisingly – during feeding. Sue acted as though the

less there was to distract Dan from the work of feeding the better. During the first months, though, this was accompanied by arranging the feed in a position which discouraged eye contact, and suggested something stiff and mechanical. The baby lay horizontally along her body and facing directly into the breast; Sue's attention would rest on his hands rather than his face. Perhaps as a consequence Dan adopted the habit of feeding with his eyes closed. There were few verbal contributions from Sue, and while at other times she would make observations of her own to me, during feeding she was quiet and absorbed.

What early in the observations struck me as mechanical gave way to a practice that was its very opposite, but in which there was still little space for any more active communication during feeding. Sue continued to discourage play and active social interaction and it was not until fifteen weeks that I noticed anything like the following:

'His eyes were wide open and looking intently at her face while he equally intently sucked. A free hand wandered about, sometimes on top of the breast, sometimes holding her hand, sometimes resting freely. At one point he lost eye contact with her, and seemed to be gazing into the middle distance, and then his eyes started moving from side to side with a very sleepy look, until he brought himself together again looking into Sue's eyes.'

From this point on eye contact became increasingly common, though on the following occasion, now in the twentieth week, Dan had to remind his mother:

'Dan could not see her face because of the bulk of the jumper that she was using her left hand to hold out of his way. After a few moments sucking he moved his head back to look at Sue's face. Then he moved back in again to find the breast. Sue seemed to understand the meaning of the gesture and from then held her jumper in such a way that he could feed and watch her.'

It is clearly becoming simply conventional to talk of Sue as arranging situations, as we can see here how Dan is now actively expressing his own wishes and preferences. Soon after this, at seven months, Dan started another practice during feeding which seems worthy of note:

'At first Dan's right hand came up to her face, touching her neck, lingering over her nose and mouth. Then the same hand took hold of her left hand which was gently holding his waist. He found a finger, and pulled on it rhythmically with sharp yanks from the shoulder. A pattern was established: he would let go of the finger and immediately start exploring for the hand again, and when found he would start pulling the finger back towards his shoulder. Sue smiled and said "You're always doing that now, aren't you."'

To me Dan was repeating with his hand and Sue's finger what his mouth was achieving with his mother's nipple. The scene brought to

mind Stern's discussion (1985, p. 47) of how infants translate information 'across perceptual modalities' (even though in this example the repetition remains in the area of sensory touch), but in a particular context described much earlier by Freud:

'In this connection [with sucking] a grasping instinct may appear and may manifest itself as a simultaneous rhythmic tugging at the lobes of the ears ... Many children proceed by this path from sucking to masturbation'. (1905, p. 96)

It would seem that Dan's actions might reflect a progression that would lead from oral erotism to auto-erotic satisfaction in the tactile manipulation of a nipple substitute.

Again and again I experienced the atmosphere during breast-feeding as something reverential and serene, and any noise that intruded as somehow sacrilegious. A striking contrast was being built up between this and other types of more playful interaction: both were richly interpersonal activities but they could not be confused with one another.

Given the importance of the breast – its inseparability from the mother, the quality of the scenes described, the extra-curricula gratifications associated with feeding there – I was surprised at the ease with which supplementary bottle feeds and spoon-feeding were introduced. In one paper, Klein (1952, p. 101) discusses weaning exclusively in terms of deprivation. Judging from my observations of Dan it was a more balanced experience and evidently held many positive compensations. He seemed to enjoy taking a more active role in meals, and to quickly find a variety of foods that were to his taste. Although Sue continued to breast-feed him, and this was evidently highly valued by Dan, it was perhaps a relief too that nourishment could be secured free from the intensity of the breast-feeding situation.

Negotiation in a situation of profound dependence

Viewed objectively, a baby might be considered vulnerable at birth, and his own lack of understanding of his needs or how to have them met is a major aspect of this vulnerability. However, it means that his needs are uppermost in the minds of his carers. From this perspective the baby can appear almost tyrannical: an absence of awareness of his dependency and of any toleration of frustration being aspects of a psychological omnipotence. However, change is rapid and while by one measure we might see the baby accruing strengths and capacities, on

another this process entails coming to terms with the loss of this omnipotence.

There is disagreement, on a theoretical level, of the factors which determine how the infant copes with this, and how it affects his feelings towards his primary carers. Klein considers the constitutional endowment of envy to be highly important, and the nature of the actual object relationship secondary. Giving relative weight to such factors is beyond the scope of a baby observation, but here we can gain a view of the interaction and speculate how the mother's management might contribute to the infant's ability to tolerate his dependent condition.

From observing Dan going through this process, it is clear that there are endless opportunities for the mother to either emphasise her power over the child, or to concur in the fantasy of a more collaborative or even subservient role. In Sue's case it seemed that her narcissism was satisfied at having created the baby, or rather perhaps was continually being gratified by her stated wonder and pride in her child as potentially creative in his own right. (The importance of the mother's conscious attitudes to her baby, and the unconscious phantasies that inform them, is highlighted in Raphael-Leff, 1986 and 1989.) Sue was able, therefore, to forego the chance of competing with him.

Following what struck me as the rather mute phase in the first weeks, Sue used her voice to demonstrate how closely she followed and attempted to understand Dan's movements and expressions, and to show an emotional rapport with him. While there were inevitably lapses, the mother seemed adept at both recognising Dan's wishes, fears and frustrations, and in dealing with them through a process in which he was recognised as an active participant – even when in reality he couldn't be. At sixteen weeks I watched Dan being changed:

'Dan, whose hands until now had not been near his face, immediately burrowed a fist in his mouth. The other hand came up too, his fingers fanning out while one hooked onto a finger of the first hand. Again his face was a picture of delight as mother bent over him, taking his clothes off, talking and making expressions to him. "You like this bit, don't you ... You love getting undressed. Yes you do. Off with that one. Does that feel better?" She had to negotiate removing his body suit: "Let's have one arm. Yes, that's the first one. Now, what about the second? Can I have it just for a minute; ready (shaking the embedded fist slightly): one, two, three, there that's done ..." Everything was commented on, each move prepared for, talked through, and its completion indicated through speech. "Now we're going to have a wash. Ready. One eye; and the other one; and under the chin". Dan giggled and Sue giggled with him.'

To be undressed was not, for Dan, to be exposed and vulnerable, but to deliver his body into the elaborate and adoring care of his mother.

When it came to getting dressed, however, the exchange was not one of shared delight but of minimising Dan's displeasure. Still the fundamental nature of the communication, acknowledging Dan's role in the proceeding, was the same.

In another sense Sue seemed to anticipate and school Dan's growing awareness:

'Sue gave him the caterpillar and he started to chew on it. He lifted his face to watch Sue and his left hand left his chest and was extended back over his shoulder holding the toy. He dropped the toy. His face did not react at all, but continued to look up at Sue, just as his arm stayed in the same position for a while, empty handed. Sue bent down and picked up the toy: she made it squeak in the place where it had fallen, and then continued to squeak it as she brought it up to where Dan could see it, as if to say: it hasn't disappeared, its fallen down behind your chair, and one day you'll realise it too.' (nineteen weeks):

At a much later stage in the observation, at seven months, Dan was happily sitting up and reaching into the space in front of him to pick up toys and books. However when he keeled over he still resembled a beached whale with the free arm flapping in a frustrated attempt to right himself. Twice running Sue knelt in front of him, took his hands in hers and pulled him to his feet in a motion for which Dan could receive the praise for having supposedly pulled himself up. From being in the most helpless position Dan could emerge in triumph with the pride of his mother's voice ringing in his ears.

Sue's way of dealing with such situations appeared essentially enabling. However, there is perhaps a question as to how far she might have been motivated by a wish to protect Dan from a necessary awareness of his need for help – cushioning him unduly from reality lest the resulting deflation should be overwhelmingly discouraging. Such a possibility gains some credibility from another area. To the end, Dan would not go to sleep on his own, and slept most readily while at the breast. Sue expressed her dissatisfaction with this, and she tried different techniques to break the pattern. It might be thought, however, that it was the level of suffering she experienced at Dan's distress which undermined the success of these attempts.

Contrasting approaches to infant care

Sue's spontaneity provided much of what felt to be best in Dan's early life, but it seems that Dan was never enough of a preoccupation to soak up all of her creative juices. During the first few months she

wrote a play using as material her experiences of pre- and post-natal health clinics. From four months she was going to auditions and occasionally working in radio. Dan was only one of her creations, though clearly the most cherished.

To balance her needs as a mother with her wish to write a baby-minder, Julia, was engaged for two days a week. This happened in the same period that Dan was introduced to solid foods. As I have already indicated, Dan had in many ways determined his relationship with the breast; at the very least he had to suck actively for any feeding to take place at all. With spoon-feeding there were more possibilities for either party to impose themselves on the situation. The mother and Julia used different approaches to this issue.

'Sue took a spoonful of the banana and as she moved it towards Dan his hands came up and held the spoon. She laughed, saying "You want to hold it too, don't you". Eventually the spoon went into his open mouth, where he seemed more interested chewing on the plastic than eating the food.'

The mother allowed for both her agenda and Dan's to be met simultaneously, including Dan's need to exercise a wide degree of discrimination for himself. Sue would let Dan use food as a plaything, would allow him to indulge his curiosity as to how it felt despite the resulting mess. The situation was dealt with very differently by Julia. Here the care-taker was not prepared for a shared experience, or for providing Dan with the illusion of regulating the meal. Instead she was focused on achieving the result of emptying the bowl. What was presented in the form of play was actually a manoeuvre to disempower the infant and prevent a mutuality of aims from being met:

'Julia moved the spoon in front of his eyes. Dan's hands came up towards the spoon, but Julia moved quickly to get the spoon into his mouth before his hands could grasp hers. She let him hold it there, chewing on it, for a short while, then extracted it from his grasp. Julia used the next spoonful as if it were a friendly contest to see whether she could get the spoon into his mouth before he had a chance to grab hold of it.'

During my first experience with Julia I noted the following:

'Julia was rocking Dan. I was immediately aware that I had never seen Dan being handled as he is now. It is not that Julia was rough, but she holds him at an awkward angle across her body, which seems too far down, giving Dan the appearance of being about to fall. Dan reacts to the constant, fairly fast rocking. He cannot keep his eye fixed on anything, so he fixes first on me, then on something near the door, then me, and so on. He looks very alert. His arm moves around, especially up to Julia's face, but each time it does so she shakes her head to get rid of the hand.'

I noted differences too in the verbal interaction (*'Her voice does not match his, she is almost whispering to him, and then only rarely. Perhaps she is shy at my presence ...'*), and in the lack of variety in the strategies which Julia has at hand to soothe or stimulate Dan. I did not see Dan smile once during the first three observations with the childminder, though thereafter she seemed to become a more accepted part of his life. But it was during those visits that I saw Dan expressing more desperation and fear than I had witnessed previously: it threw into stark relief the distinction Winnicott (1964, p. 59) makes between cries of pain and rage as a communication, and the aimless crying of despair and panic.

Dan became fearful of Sue leaving him, listening out for her voice when she left the room, apt to cry if she was absent too long or if she suddenly stopped talking while out of sight. This anxiety was not helped, it seemed to me, by Sue's decision not to tell Dan when she was actually leaving for fear of upsetting him.

In one instance where Dan was in Julia's care, and Sue had popped back for some lunch, the following was noted:

'Julia placed a caterpillar with two teething rings on the table in front of Dan who picked them up and whirled it around. He brought it crashing down onto the table, then picked it up over his shoulder and dropped it. Julia bent down and put it back on the table, saying "Do you want it back again?" Dan had shown no awareness that it had gone. He picked it up again, and leant forward to concentrate intently on the toy. Then he raised it up behind his head and let go of it. A few seconds later his face crumpled in utter misery, his body gulping in air heavily between wails.'

While I could not help but be reminded of other examples in the literature of children using such objects to manage separation and loss, I was and remain unsure of whether such intentions can be imputed to a child of only six months. My own anxiety was whether I would again experience the joyous and confident baby enraptured in the presence of his devoted mother. The following week my concerns were put at rest as Dan's resilience was amply demonstrated in a full display of sensual love between Sue and Dan.

These changes in Dan's circumstances did enable me to compare the level of environmental mismatch to which Dan was subjected by his mother, to that of another competent, loving and child-orientated woman. The difference was vast. One could not but appreciate the range of Sue's creativity in finding ways to divert Dan when restless and to stimulate him when he wasn't. However Sue may on occasion have misread Dan's signs, seeing Dan in the care of someone else

threw into relief the depth of Sue's knowledge of Dan, the closeness with which she followed him, the innate skill by which she protected and cared for him while maximising his scope for experimentation and discovery.

Impact on the observer and the observed

I began the observations with some idea of the conflicting views on infant psychological development within the analytic literature. I expected the observation to help to sort my way through my resulting confusion. This was an unhelpful starting point, as it predisposed me to look for continuities in the material, to search for meaning before meaning was apparent in what was being observed.

The question of the relevance of the material to theory remained even after I realised that there was something healthy in the absence of stark themes. David Bell (1995, p. 223) has recently written that 'Observation of infants can never be evidential for psychoanalysis, as it excludes that which is central to psychoanalysis, namely the internality of experience and its roots in the unconscious'. This at least leaves the field open: when Klein (1952, p. 94) broached the same issue she suggested that while we cannot derive theory from observation, theory could illuminate the meanings behind the raw material of observations. This is no doubt true, up to a point, but in Klein's own hands it seems to legitimise a certainty in delineating the nature of the early infant's experience which is not to me wholly convincing. On the other hand, I could feel the pressure of another kind of bias: I found myself attracted by those writers who have given most theoretical significance to the phenomena that are readily accessible in the course of an infant observation.

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I was aware that my role was to be that of a non-participant observer. There were two pressures that I encountered here: my own difficulty in remaining neutral, and the various ways in which, despite my inactivity, the subjects of the observation came to react to my presence.

After strong positive feelings for the parental couple when I first visited (no doubt reflecting my wish to be liked by them in turn), I become more critical in the early months of the observation. This was followed by a long period where I derived something positive in Dan's own pleasure at being well cared for. Though concluding that it was important to try to explore the impact of the beautiful and ecstatic in

the baby's early life, I am also aware of Martha Harris's (1987, p. 228) warning that students can defend against their destructive criticism by idealising the situation they observe.

In the course of writing up and discussing the observations the question arose of how much to see in these counter-transference reactions a potential source of information about the observed. Brafman (1985, p. 51) warns that 'it is incorrect for the observer to assume that his thoughts or feelings reflect, by definition, elements of his subjects' internal world'. Stern argues that we should beware of confusing the 'clinical infant', built up through access to the affective experience of adults, and the observed infant as he presents himself to us. Waddell (1988, pp. 313-4) states that the struggle 'to prevent observation being clouded or distorted through preconception ... requires the observer to be minutely cognisant of his or her internal processes as of those of the subject of observation'. In some circumstances the distinction was clear: for example, I felt a flash of pain and foreboding at the moment when I perhaps also first appreciated the rapturous quality of Dan's intoxication with his mother. A permanent fall from this state may be inevitable, but Dan was still in blissful ignorance of that. At other times, however, even the check of my own analysis provided no conclusive test of the relevance of particular affective reactions.

On two occasions I found myself preoccupied with thoughts of death, the first when Dan was seven days old:

'I stood a yard away while Sue undid the straps and laid Dan on the bed. I was surprised that she did not support his head better as she put him down. The baby lay on the bed as if dead. I thought: "That's what a dead baby looks like". There was no sign of life at all and he seemed to have slumped exactly where gravity pulled him down, head on one side, no apparent breathing or movement indicating a reaction to what was being done to him. After disentangling the straps, Sue put her hands under his shoulders and picked him up. The head fell back and, as she tipped the baby's body towards her own at the shoulder, his head fell forward with a crack. A shudder of panic went through me, as if there was an urge to do something ... Sue did not appear to notice that anything untoward had happened.'

And then at nineteen weeks:

'He fell asleep at the breast ... She brought him up to her shoulder where he clung to her body in a foetal position while she patted him on the back for a while. Then she moved to put him down into a little crib-rocker that was on the floor. I noticed that there was instant distress in the sleeping baby as his body lost contact with hers: his body shuddered and jerked. She lowered him into the crib, and started rocking it. He soon settled with his arms across his front and she pulled a white blanket around him in a way

that left me thinking that he looked as if he were dead. She remarked that he looked like an old man. He stayed there throughout the rest of the observation, making me think quite deeply about death and infancy. Dan himself was dealing with an excess of mucus somewhere in the system, and continued to snore throughout.'

In both cases my ruminations could be seen as illuminating the anxieties of either the mother or infant. The first one occurred during my first contact with the new born baby when, perhaps, there is a universal anxiety about the capacity of the infant to survive (Negri, 1994, pp. 84–8). The mother's inadequate handling of Dan (as I perceived it) could have had consequences for his physical health, and it may be useful to think of her expressing her unconscious hostility to the extraordinary demands that Dan was already making on her and which were so disruptive of her usual way of being (cf Rustin, p. 19, in Miller *et al.* 1989).

In the second case the situation was more complex. Dan frequently fell asleep while feeding and at seven months the mother noted how she still could not get him to sleep except while being held. I wondered if this implied a technique that Dan had found to minimise his experience of separation, one which allowed the phantasy of fusion with the mother to be kept alive until he slept. The shudder I saw as Dan was separated from the mother's body was perhaps an indication of how this minor repetition of a former major trauma was experienced, as something vital leaving the body, necessitating a muscular spasm to take over for himself the function of keeping body and soul together. I noticed how instinctively the mother moved to maintain the illusion that he was still being cradled by a larger being, in order to prevent him from waking.

Perhaps another factor in my reaction was that just prior to this scene Sue had given indications that there were tensions within the parental couple, and that these focused around the father's relationship with Dan. I felt dismayed, as if the sleeping baby's world were about to be torn apart around him. Thus it remains unclear how much of my association of each incident to death reflected issues within my own psyche.

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I was anxious about how my relationship with the family would develop: would I be able, and would I be allowed, to maintain the position of observer? And how would they feel about me as a male wanting to witness the intimate aspects of the mother-infant relationship? In the event the mother seemed to understand my role, and to

respect my wish to remain a detached observer. At the same time I believe that my visits became a source of pleasure for her. She did appear to be on her own a great deal during the day-time, and she had a natural pride in having Dan's rapid advances the subject of serious on-going interest to another. She seemed confident enough of her own role as mother for my presence not to add significantly to her anxieties, or even her spontaneous playfulness with Dan (perhaps having benefitted in this from her work as an actress).

The pleasure that Sue derived from my interest was perhaps heightened by her worries about the father's relationship with Dan, an area of difficulty which I occasionally witnessed.

In the first few visits she praised John for his housekeeping activities, and for the way that he was looking after her. This in itself contrasted with the view presented prior to the birth, in which infant care itself was anticipated as a shared activity. Both parents had to adjust to the reality of their new roles here, and of course it is common for fathers to have to manage a sense of being excluded from something wondrously close between mother and child. John was perhaps needy of the exclusive relationship he had previously enjoyed with Sue, and he was certainly less well compensated for its loss in the first months of Dan's infancy.

Sue's early efforts to forge a more active role for John in Dan's life often went awry. Sue reported the father as becoming frustrated and angry, and consequently extremely guilty, at his inability to calm the baby. At seven weeks, John was left alone with Dan for several hours. Beforehand Sue had told me how she hoped this would mean that he would have to manage, as he would not be able to pass Dan over to her when things got difficult. The following week I observed the following:

'Soon after the end of the feed John arrived. He was dressed all in leather ... Sue made some remark like "Here comes the bomber" but it was said lovingly and taken as such. He did not speak to Dan, except to say "There's the monster", at which Sue explained that when she had gone out a couple of nights previously Dan had cried for three hours and John hadn't forgiven him yet. John said "and he was like that this morning again, wasn't he?". He came and stood beside the mother and child, and waved his finger in Dan's face. Dan was bobbing around and John almost poked him in the eye twice. John explained apologetically that he was trying to touch his nose. He brushed Dan's cheek and then enclosed Dan's face with his hand and gently squeezed both cheeks together.'

Throughout the first five months my own meetings with the father generated anxiety in me. This was partly because I felt that my own

observations were being observed and by the person most likely to object to my presence. As in his interactions with Dan he seemed to let me know quite directly how ambivalent he felt. He frequently made ambiguous and unnerving statements, calling out at the end of my first observation 'Hope you got what you came for!', and another time 'Hope it was worth it'. At fourteen weeks Sue had to ask John twice to hold Dan so she could cut some onions; John's response was to ask me 'Aren't you allowed to hold him?', as if indicating his feelings both that I wasn't making myself useful and that he would be happy if someone else would look after Dan for him.

Something changed in John's relationship to both myself and Dan around the end of the fifth month. The issue of John's relationship to Dan had clearly been openly discussed. Sue had reassured John that he did not need to pretend to have feelings for Dan, and she made arrangements for them both to attend counselling sessions and a course on baby care. At the same time she noted that he had looked after Dan one evening that week which had been 'a real breakthrough'. Two weeks later an observation presented a more settled picture:

'John went over and bent right down over Dan, and started making noises to match the animal figures on the cubes as he turned them round. Sue said "John's an expert at animal noises". Dan giggled, and then giggled again, looking up into John's face. I realised it was the first time I had seen real pleasure in Dan's face at anything that John had done.'

Sue was laid low with a severe flu the following week, and John took her place with confidence and love. It seemed that Dan had reached the stage where child-care could begin to reflect the shared activity which had been originally envisaged. At the same time he asked me directly where I was going for my holiday. The reply provided an opportunity for John to establish some shared ground with me, and he was keen to make the most of this. In fact it enabled him to show unambiguous envy, but expressed with an affection that had been absent before. He offered to lend me books on the area, as if he was relieved that he might also have something to offer me that did not concern Sue, and which reached back to a time in his life before Dan had even been thought of.

On the difficulties in reporting states of bliss

In observing Dan at play I was interested in how the nature of his environment might influence his experience. The parents' own personalities and interests appeared to contribute in particular ways, of

course in the ways they engaged with him, but also finding a reflection in the everyday objects that he encountered. For example, the father's architectural background seemed to find expression in the high quality design and material of Dan's toys which were often well-used but sturdy wooden objects.

While the mother's creative pursuits sometimes took her away from Dan, the spontaneous use she could make of her body and voice must also have been a significant factor in his experience of her. Sue would sing nursery rhymes to him rather than recite them; similarly animal noises were presented as they might be on the stage rather than as an attempt at matching actual animal sounds, and this was done with an unaffected but pure sound. Whether they were linked or not, Dan made beautiful sounds of his own, apparently experimenting with the whole of his own vocal range, as a means of expression, of communication and, it sometimes seemed, simply for the pleasure of hearing his own voice. Here, I think, could be seen 'the mother's idiom of care', to use Bollas's (1988, p. 32) phrase, extending a sense of value to all his encounters and enhancing the quality of the aesthetic experience of being.

I have referred several times to the frequently rapturous, idyllic quality of Dan's interactions with his mother. He would express his pleasure through facial expression, salivating and gargling, whoops of delight, the excited flapping of his limbs as if he could hardly contain himself, and by burying his fists in his mouth. In particular the feeling of a shared, almost secret collusion would come over the couple, as they gazed with pleasure and adoration into one another's eyes.

There is a difficulty in writing about this joyous connection of mother and child in clinical terms, something raised by Susan Reid and which also felt to be true of my experience. She links a qualitative change in the way a child of two came to experience the world, with a point at which a baby might be thought of as seeing the beauty of the mother, and simultaneously seeing himself reflected in her eyes and perceiving her sense that he too is beautiful. She felt that this discovery – belated in his case due to earlier environmental deprivation – gave the child a new impetus for life. However, she is concerned at the way her paper might be received:

'I have been very much aware of the dangers in trying to describe beauty and a beautiful experience in the analytic relationship, of sounding unscientific and at worst sloppy and sentimental ... there is a deep-rooted fear that any "confession" of a beautiful experience will be automatically met with words like idealisation ...' (Reid, 1990, p. 51)

And indeed, there is a danger of losing one's balance. Freud once wrote:

'A mother is only brought unlimited satisfaction by her relation to a son; this is altogether the most perfect, the most free from ambivalence of all human relationships.' (1933, p. 168)

The ardour with which this view is expressed does suggest that we might learn here more about Freud's fantasy about his own infancy than it tells us about the experience of motherhood. Yet it seems to me that recognising and appreciating the quality of moments of joy as well as terror is necessary if we are to be true to what we observe.

The difficulties, though, go beyond appearing or actually being foolish. As Bollas (1988, pp. 31–2) emphasises, we are talking of 'fundamentally wordless occasions ... where the experience of rapport with the other was the essence of life before words existed'. Stern too writes movingly of the 'double-edged sword' of the acquisition of language:

'Experience in the domains of emergent, core- and intersubjective relatedness, which continue irrespective of language, can be embraced only very partially in the domain of verbal relatedness. And to the extent that events in the domain of verbal relatedness are held to be what has really happened, experiences in these other domains suffer an alienation ...' (1985, p. 163)

It is a question of what means can be used – in a paper like this – to infer the quality of being in love. Many writers address this difficulty by bringing to their aid words organised so as to invoke feeling rather than describe or analyse. As I watched Dan and Sue together it was lines from Wordsworth and Donne ('Our eye-beams twisted, and did thread/Our eyes, upon one double string' from *The Ecstasie*) that often came to mind. In harnessing the poets' art we are not, I think, necessarily being pretentious. If we follow Bollas, then aesthetic experience is in fact the only means by which we can recollect the 'intense memories of the process of self-transformation' by which the baby is first transfixed in a fantasy of intermittent union with the mother in the course of being cared for by her. Poetry introduces an ambiguity as to subject and object – as to who an experience belongs to – that allows an interplay between fantasies of fusion and separateness. Maynard Solomon, discussing the nature of music, brings out this point:

'In the last analysis we bring to the entire continuum of such states derivatives of feelings having their origin in early stages of our lives, and in particular the preverbal states of symbiotic fusion of infant and mother, a

matrix that constitutes an infancy-Eden of unsurpassable beauty but also a state completely vulnerable to terrors of separation, loss and even fears of potential annihilation ... [music] has the power to mobilize both the memory of and the yearning for a fusion that we can never recapture in reality, but that we can experience symbolically through the measured movement of tones, thereby partially undoing an archaic separation and momentarily fulfilling an ancient wish.' (1995, p. 197)

In the tapestry of interpersonal encounters that lead from first infancy towards childhood, there is an evolution involving loss as much as gain. During my visits it was possible to observe that those times of a coming together between mother and baby where the ego boundaries of each might be blurred, were increasingly displaced by situations in which two increasingly autonomous beings could be seen in communication with one another. One response to this was, I think, for Dan to use his increased autonomy to seek to regulate the quality of his contact with Sue. At 11 weeks I first heard Dan call out to her, successfully initiating the repetition of a loving interplay between them. Henceforth, perhaps, he would be seeking increasingly sophisticated means to recapture – fleetingly – the kind of transformational experience that had been a frequent and unsought aspect of his early handling by his mother.

Freud (1931, p. 384) noted with surprise another feature of infant life: 'I was unable to credit this last behaviour ... until my observations removed all doubt on the matter'. He was referring to the way the child 'actually makes the mother into the object and behaves as the active subject towards her'. At eight and a half months, Dan seemed to use just this device: he would offer toys and other things, but in particular he held up pieces of food to Sue, who would make a show of gratefully taking a small bite. It became another game that elicited gleeful laughter from both. In the essay quoted above Freud was interested in the child's need to move from a passive to an active relation to the object; it is a phenomenon which could also be thought of in terms of its reparative value. I am interested in considering this behaviour as marking another stage in the process of differentiation between himself and his mother. Dan has, I think, internalised a loving object (as a response in part to the sense of loss resulting from a greater awareness of separation from his mother), enabling him to take up a different position vis a vis his primary relationship. Where before Dan sought to maximise the experience of being loved, he is now able to access feelings of gratification by expressing a particular kind of caring back to Sue. It is the germ of a feeling, perhaps, which

for Dan will lay the foundation of the capacity and desire to become himself, in later life, a transformational object for another being.

Concluding remarks

It is a shared assumption of psychoanalytic writers of all traditions that the nature of maternal care has a profound influence on the infant's prospects of future mental health. A narcissistic rigidity in the mother can distort the baby's development, and might be expected to find its reflection in the child's personality, much as a knot forms around a parasitic intrusion in the growth of a tree. A child whose parents are more adaptive, responsive and capable of change is in a happier position: such was the nature of the family that forms the subject of this paper.

Dan was born in auspicious circumstances. His arrival was anticipated as a blessing, and it was Sue and John's stated intention to regard the baby as their chief guide in helping them exercise their parental responsibilities. Their expectations were severely tested in the early weeks: they did not seem to have prepared for the imbalance in their respective roles. Sue showed signs of strain faced with a baby whose needs appeared limitless and yet obscure, and who was often impervious to her best efforts.

However Sue appeared able to manage her anxieties and to find the strength with which to resume a flexible learning approach to mothering. Though there were innumerable examples of Dan having to deal with frustration, and a few more significant instances of a lack of empathic attunement, the overall position was one where the mother was able to convey her love through consistent and age-appropriate techniques of infant care. From the little contact I had with him, it seems that the father took rather longer to adapt, and was more prone to acting out his ambivalence towards the presence of a son.

A factor which impressed itself powerfully on the observer was the quality of the love relationship between mother and baby: more than anything it was this that took me to the places 'where the wild things are'. In vicariously sharing moments of ecstasy I have been drawn to consider how far their intensity – perhaps including access to states akin to a sense of fusion – might have influenced aspects of both Dan and Sue's behaviour, particularly in breast-feeding and sleeping patterns.

Although of necessity structure has been imposed on the material,

and only a fraction of the observations included, I hope I have conveyed something of the particular manner in which one couple became a trio, and of the way that each member negotiated the extraordinary changes that affected their lives during these nine months. Attempting to write this essay has depended – however imperfectly – upon processes of discrimination and synthesis which parallel, perhaps, the attempts by which Dan has been trying to make intelligible his own place in the world. The essay, however, is now complete, while Dan's struggles have only just begun. Trite as it may sound, I feel privileged to have witnessed their beginnings.

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THE UNDERSTUDY A CASE OF ADHESIVE IDENTIFICATION

MARY ADAMS

Introduction

In her fourth year of therapy a patient, Miss A, told me a fantasy she has in which she is the understudy to a leading actress and will eventually step in and take over the star role. This fantasy seemed to encapsulate her view of the world and to highlight, in particular, issues around the development of a sense of identity which I wish to discuss in this paper.

In their work with autistic children, Esther Bick (1986) and Donald Meltzer (1974, 344) made an important discovery regarding processes of identification. They found that a striking characteristic of autistic children was the lack of a sense of an inside either in themselves or their objects. As a result, projective identification was not happening because there was nothing for them to project into. Instead a form of identification by *imitation* had been adopted. They describe these children's worlds as two-dimensional and their objects 'paper thin' as though there were no enclosed spaces, only surfaces.

Like *Tintern Abbey*, Meltzer (1991, 19) says, the maternal object was experienced as '*open to the weather and the marauder alike*'. Wandering through *Tintern* as it is now, one can go through a doorway, as if to go from outside to inside, and find oneself outside again: unless in the imagination one re-creates the sense of an internal space. The mind of the autistic child, however, if unable to imagine an 'inside', sees only a concrete structure of exposed surfaces. The implications of experiencing the maternal object this way are profound, as it affects not only the child's conception of the object as a container, but also its sense of space and time. No feelings or images can be taken in and thought about because there is no inside in which to hold them. Beginnings and endings, like the inside and outside, merely converge leaving no space for experiencing and developing in between. (Meltzer 1991, 235.)

* Reading-in paper for Associate Membership of the British Association of Psychotherapists.

Another aspect of this picture concerns the question of emotional contact, something that was also seen with my patient. It seems that however hard Miss A and her mother tried to make contact, they kept 'missing' each other and were unable to interact in a satisfying way. To use an image from Meltzer, it was as though they were continually passing like the proverbial ships in the night, with each left feeling 'at sea' and 'in the dark' about the other. Thus deprived of real contact, no meaningful boundaries could be found and no safety internalised.

This seems to have been a difficulty between them from the beginning, leading to Miss A adopting defences of a typically autistic nature, in particular extreme possessiveness of the maternal object, a dependence on her objects to perform mental functions for her, and an obsessiveness. Most striking, and most disabling of all, however, has been the lack of a sense of internal space in her. What I wish to convey in this paper is the dramatic transformation which occurred in the therapy as, together, we became aware of this constellation of factors.

From the beginning, Miss A seemed strangely two-dimensional, and for a long time I was puzzled by the feeling that there was something missing in her or between us. My interest in her continually seemed to evaporate and I would come away from sessions feeling mindless. There was usually plenty of activity in the session as she was full of complaints and demands, wanting me to 'manage her feelings' for her. But behind all this there seemed to be no substance to her.

She reacted defensively when I commented how little interest she seemed to have in herself: 'I already know myself. I am deeper and more complex than other people,' she said. This was quite the opposite to how she came across, however, and we seemed unconsciously to share the fear that if we did become interested in her we would find there was nothing there. Occasionally she would sink into despair, but we neither of us seemed to know what it was about. 'If only something awful had happened to me in my childhood', she cried, 'then people would be sympathetic. But this nobody will understand.' I shared her wish to find something tangible that would help us make sense of things. Instead I was left frustrated that there was 'nothing there'.

Adhesive identification

Miss A came into therapy worried that she had never had a boyfriend. She could look very attractive and she felt that at her age as a young adult she should have one by now. Although not brought up in this

country, she had quite a large circle of friends. However, her attempts to get close to people quickly ran into problems as she was seeking 'total exclusivity', wanting others to provide constant reassurance as well as advice as to what to do, think and feel. She mainly looked to women friends who were already in relationships thus constantly setting herself up for rejection and feeling excluded. With men she rarely got beyond a first meeting and when she did it was again usually with someone already in a relationship, a pattern that looked Oedipal on the surface but lacked any sense of the third.

She wanted therapy to make her 'perfect' so that she would be the envy of all and would attract the perfect boyfriend. It became clear, however, that she feared the idea of having a relationship, that any boyfriend she had would be in essence merely an adornment in her life, a trophy. In fact she had little idea of how one has a relationship, or what constitutes intimacy. She felt surrounded by couples but at a loss to know how they put up with each other. Instead she had arranged her life as a 'single unit', as she called it, unable to cope with 'other people's mess'. The energy that she put into her living space, shared with several others, trying to keep it (and them) in order, however, felt like a desperate attempt to create some kind of container for her own sense of mess.

She had an overriding preoccupation with external appearance reminiscent of the autistic child's fascination with the surface rather than the inside of objects. If she could just buy the right clothes, look the part and say the right things, then the world would be hers and she would be the person she wanted to be. She described herself as obsessively watching other people, memorizing what they say, their facial expressions, the clothes they wear, and trying to be like them to become the perfect person. She used to come to sessions wearing a top identical to one of mine and said she wanted me to be 'super-perfect' so that she could become like me and that way be perfect herself.

Already here we can see elements of an understudy in the making: watching and imitating, and waiting to *become* that person. In talking about adhesive identification, Esther Bick (1986, 299) referred to it as a passive rather than a participant attitude towards life, 'a clinging with the eyes and ears as well as skin-to-skin'.

... [Such] patients could not use projective identification very much, their conception of their relationships was a very external one, their values were very external and not generated by internal relationships, not based on internal principles, not based on observation of themselves, their own

reactions, but as it were, looking in the mirror of other people's eyes all the time, copying other people, imitating, fashion-conscious They did not learn in a very experiential way from really having experiences but merely by imitating other people. (Bick, as quoted by Meltzer, 1974, 344)

The autistic retreat

In Miss A's work, she described her talent as being in 'copying rather than creating'. Her job consisted of copying in meticulous detail, while using a personal radio all day to 'block out the world'. She had always worked for the same small company and sometimes feared she would 'just grow grey there'. 'Nothing ever changes,' she said, 'but I like the security of the archives to give me ideas'. After visiting another company she said:

The girls there were bubbly and open, able to reach deep into themselves and to find creativity. Other people's designs are so bold and bright and varied. Mine are all tiny strokes, no bright colours, all the same.

This has something of Frances Tustin's (1991, 588) description of the autistic child's 'shapes' which are repetitive and unchanging and tightly controlled – 'more primitive than masturbation in that they are not associated with fantasies. They are a kind of autogenerated hypnosis'.

As well as distracting the child's attention away from the 'not-me' outside world, the perseverative recurrence of self-induced, familiar 'shapes' is important in calming autistic children ... The amorphous softness of auto-sensuous shapes is soothing and comforting. They are like a self-induced warm bath which is always on tap ... The more their attention becomes focused upon these autistic procedures the more remote and strange the everyday world of ordinary people becomes. Thus, the effect of these practices is that of alienation. (Tustin, 1986, 128–132)

Trying to relate to 'ordinary' people was a constant source of frustration and confusion for Miss A. She distanced herself by claiming superiority over others, but at the same time she was constantly trying to learn their 'secret'. 'Others have views on everything, strong views on politics and things,' she said. 'I have no views on anything at all. I am constantly trying to copy other people's views.' She found breaks in therapy particularly difficult because, as well as feeling 'ripped apart' from me and 'left floating', she had no wish to go on holiday herself. The idea of 'going away' elicited terror in her as though the world was some great vacuum with nothing that she could latch onto. 'While other people my age are out being trendy and hanging loose', she would

say, *'I am at home making sure everything is clean and tidy. I don't know if there's something missing, like love, or if there's nothing missing.'*

Such thoughts frightened her, which explains some of the force with which she fought my attempts to explore them with her. Mostly she would just tell herself she was better than other people and must wait until someone perfect came along. Concepts such as growing over time and learning through emotional experience were not part of her vocabulary. Instead her experience seemed to point to a need to protect herself, physically almost, from any painful feeling and hence any thinking. She would tell me in sessions that she was trying to 'close all the doors', 'batten down the hatches' so that she would not hear me and be left in pieces at the end of the fifty minutes. Once she explained, tearfully:

When you say things like that about therapy and things, at first I feel shock and then I feel rage. But at the same time I find tears coming to my eyes. I feel confused and angry as though I lose control over what I am feeling. Usually I just agree with what you say to keep you happy but I don't really know if that is what I am feeling.

At other times she would let me know that everything I said was going right through her and out the other side, as though she had adopted the kind of 'in one ear and out the other' defense of a busy and distracted mother. (Meltzer, 1991, 19.)

For a long time her dream life seemed barren. In the dreams she did have, either she was meeting the perfect man and saying all the right things, or the dreams expressed her frustration that her omnipotent wishes were never met, that her 'mother' would never change, for example. There were dreams that she herself seemed to control, waking up at times to change the story, and dreams in which she was acting to avoid feeling pain, such as asking to drop her Friday sessions as they were too difficult. The quality of the dreams was striking for their lack of symbolisation and little differentiation between dream states and reality. To bring dreams to sessions would imply an awareness that we were there to think about her and the meaning of her internal world, something not yet developed in her. Without a defined internal space, not only can no genuine thinking happen, no symbol forming dreaming can take place either.

'Ensconcement in the object'

She had entered therapy almost demanding it as her right and proceeded as though on a single-minded course with me. She declared

she was a 'therapy person' and could not be expected to have a life as well. The message, quite openly stated, was that while she curled up and protected herself, I was to do whatever was necessary to make her 'one hundred percent perfect'. This included my doing the thinking and feeling so that she should be spared any more pain.

I have since come to see this 'single-mindedness' as a way she has of holding herself together, the way the infant will focus on the 'nipple-breast-attention' of the mother. (Alvarez, 1992, 64) At the time, however, it was all I could do to withstand the pressures she put on me to conform to her wishes. This is particularly a feature with autistic children who, being psychically 'open to the winds' and lacking adequate filtering mechanisms are vulnerable to a kind of 'bombardment of their senses'. Meltzer (1991, 21) points out how this leads to an unusual degree of dependence on the mental functions of the maternal object:

... [the therapist] had the function not merely as a servant or surrogate, but as a prime mover in the situation; he was not only to carry out the action, but also to decide what action was to be taken, and therefore to carry the responsibility. In this sense the child could be said to act with a politic type of incapacity.

Miss A said she felt like a 'sponge' around other people, soaking up everything they feel and unable to manage it all, a sponge being only a series of surfaces, not a genuine container. My early comments to her about her unwillingness to take responsibility for her own feelings were in fact missing the point and only roused her fury. She seemed in the impossible position of needing to push people away because she could not manage their feelings while at the same time needing people there to manage *her* feelings. All her own energy went into trying to fill herself up and hold herself together, always keeping her body 'rigid and tense', she said. And yet nothing could actually be taken in.

There was an arrogance and a relentlessness to her demands, an arrogant pushing me away and a relentless pulling me back. While I was to make her perfect, she said, all she had to do was put in her time *waiting*. She was an expert at that and had the ability to 'wait patiently 'til the bitter end'. Her power, she said, was that she could 'out-wait' the other person. There was an ominous tone to this, conjuring up images of her as understudy waiting for as long as it takes to step in and replace the star lead. What she lacked was a capacity to relate to the other person.

My attempts to talk to her about unconscious phantasies or feelings seemed to produce genuine despair in her. She felt I was out to humiliate her as she knew nothing of all this. My words, she said, 'cut right through her', or were like a 'knife in her back'. With no concept of a container either inside herself or in me where she could deposit the pain, all she could do was try to shield herself from my thoughts as though they were hostile entities, missiles almost. Any thoughts that she 'gave' me felt to her like 'the kiss of death', that I 'wrap them up after each session as ammunition to use against her.' Any feelings she had she wanted to be rid of and she would literally pummel herself on the face or stomach in an attempt to beat them out, sometimes to the point of severely bruising her skin.

It was hard to feel that we were making much, if any, progress except that in her wish to have me act perfectly *for* her, she struggled rather magnificently to try to explain where she felt I was going wrong. In the process, she both taught me a lot and found herself engaged in a real relationship, and with someone who was not perfect, was not able to manage it all for her, and who, much to Miss A's annoyance, 'kept on about' trying to *think* about it.

By the third year she had begun to bring more interesting dreams. In one she was a black woman rushing around with a pile of *padding* on her head. We looked at how she tries to protect herself both by physical 'padding' that acts as a buffer between her and the world and by rushing around, doing her 'frantic self-sufficiency bit' as she calls it, to prevent the black feelings descending. Her 'black' feelings are not *in* her, they are *on* her, her black skin in the dream. At this time she had also developed excema on her head. She talked about her 'cotton wool' fantasies, wanting to be 'wrapped in a duvet' and not hear what I was telling her, even though she knew it was true. I made her dependent on me, she said, so I must look after her, not make her have to *think* and face the world. Her fantasy was to be enclosed in a glass bubble with me, the two of us cut off from the rest of the world inside this protective skin.

Any projective identification that was happening seemed to be of the very invasive kind typical of the autistic child and described by Doreen Weddell (1991, 130) as 'violent and intrusive in the sense of piercing, robbing the mother-analyst's body and mind in a manner experienced as violent and exhausting in the counter-transference.' Miss A was quite clear about her 'evil' wish to get right inside other people and control them from the inside, the concrete solution of the child who has not learned to split off feelings into a containing object.

At other times she would try to reverse the situation so that I would be the one left feeling confused, cruel or guilty, for example. No doubt she would have made any actress to whom she was understudy feel most uncomfortable and pressured to move aside. And yet, if I had 'moved aside' she would have been lost without someone she could imitate.

Feeding & 'taking in'

While I was concerned with the feeling that there was no substance to Miss A, what seemed to preoccupy her was the question of how much she was getting, and how long she had to wait before she could have me on demand. She complained continually that I cut her off after fifty minutes and took breaks. It was an obsession with her that dominated the sessions, leaving little space for her to enjoy or value the time we did have together. Certainly, her image of an understudy is not one of enjoying life while you wait. Instead, your sights remain firmly focused on the day you will replace the one currently in the limelight. When we did engage in a more productive way she complained that the time went too quickly and she felt 'done out' of a session. At the same time she limited herself to coming three times a week as though this too had to be kept strictly under her control. It was a commitment that drained rather than nourished her.

The image that frequently came to mind was of an infant who has been bottle-fed in a perfunctory way rather than there having been a loving and interactive experience between mother and child. It was hard for her to lose herself in any kind of timeless reverie within a session. Instead she had to remain acutely aware of the end in sight. She was always in a panic to make sure she arrived on time to get her full quota. She believed that my focus was on the end of the session or my next break rather than on her.

Miss A's desperate monitoring of and clinging on to the time she is given, whether in therapy or in any other aspect of her life, conjures up pictures of fear of the supply of milk constantly threatening to run out and the bottle and mother's attention removed. Of course, we cannot be sure about the reality of her infancy and how difficult a baby she may have been. The story she tells is that she was bottle fed because her mother was 'tired of breastfeeding babies' by the time it came to her. Her mother had a busy career and Miss A seems to have adopted the fantasy early on that if she just waited quietly her mother would

eventually reward her with her total attention. Only more recently has she been able to consider the waste and pointlessness of her fantasy of waiting in hope. What followed, in her mind, however, was a feeling that she was never really wanted and should not have been born.

A dramatic turning point in the therapy came in the fourth year when it became clear to me that her two-dimensional quality was the key to the difficulties we were encountering. I was suddenly struck by the realisation that she had no awareness of there being an internal space or internal world. I had been missing the obvious even though everything I described about her had pointed to that vital fact. I quickly began to explore what images she had of inside herself and to question with her what, if anything, she was 'taking in'. The picture which began to emerge was a disturbing one of how she either blocks anything from going in, or she spits everything out in hate and envy. We began to talk about her difficulty taking anything in that might be of comfort to her and how, while she is preoccupied with making sure she gets her due, there is no space to actually absorb what she is given. We looked at how she feeds herself, filling up on food, pointless fantasies and hateful thoughts. Now for the first time she seemed to be taking in what I was saying rather than dismissing it as cruel. I felt this exploration was reaching her in a significant way and eliciting a new state of curiosity in her. Suddenly we both felt intensely interested in her and in this way she began to think *about* herself, a development dependent on being able to step outside oneself thus implying a move from a two- to a three-dimensionality.

I have been struck by how in accounts of treatment with autistic children a dramatic shift occurred with the discovery of an enclosed inside space. Integral to the discovery, however, is a new awareness of a separating boundary between self and object. Miss A's first reaction seemed to be extreme panic and a wish to flee, as expressed in the following dream:

She was in a hotel room with her brother who had just committed a murder and there was blood everywhere. She knew she should call the police but instead she was trying to pack her clothes and get away before it was too late. She was in a panic as there were so many clothes and she thought she would never get them packed. But all she knew was that she had to get away.

In the dream it is as though the brother part of her has killed off contact so she needs to escape with all her external selves (the clothes) that make up her 'carapace', her pseudo/surface self. This wish to escape was also reflected in her emotional state generally. The world suddenly became a very frightening place. Whereas before, for

example, she used to drive the long distance to her sessions speeding in the fast lane at 'eighty miles an hour' focused on the road ahead, now she was crawling along in the slow lane afraid of everything around her.

It seemed that as soon as Miss A began to focus on herself rather than her objects, she felt as if she were falling to pieces. To look at herself confronted her with her emptiness and separateness from her objects and how vulnerable and dependent a position it is being able only to cling and copy. The moment she is thinking *about* herself, she is beginning to emerge from her autistic retreat, from a two-dimensional world in which she is fused with her objects to a three-dimensional perception of herself as a separate person with a mind of her own and responsibility for her own thoughts and actions. Until this point she had been looking to blame everyone around her and ignore how impoverished she felt within herself. Instead of speeding down the motorway to take refuge in me she was now looking inside, even *being* inside herself and feeling very shaky. As John Steiner (1996, 436) explains:

When the patient is able to emerge from the psychic retreat where unreality reigns, he comes into contact with psychic reality. If he comes to have a belief in the psychic reality of phantasies and takes what happens in phantasy seriously, the fact that the destructive attacks on the object have occurred in a dream or day-dream does not mean that they can be dismissed as unreal ... Even though the revenge has been perpetrated in phantasy, it is a phantasy with consequences that does affect object relations in the real world. The individual has to face what we think of as the depressive position.

She wanted to 'gouge out her eyes'. She now felt she was to blame for the mess she was in. She did not want to see or be seen. She wanted to rip her 'downturned' mouth off her face so that people would not see what she is like. At the same time, however, she seemed able to listen and think with me about what was happening. After a silence she volunteered the following:

I was thinking about my inability to take in any warmth or caring from you. All I can take in are your words.

'Perhaps even those are only used to try to see how you're "supposed" to be and what you are "supposed" to say,' I replied.

Yes. They just bounce right back. I can only let a tiny drop in, if anything, and that I have to squeeze in. I am so tight and rigid inside. I also can't let any warmth out, there's such a tiny hole nothing can get out of it. If I relax at all I just fill up with knots.

I suggested this might be ‘not this’ and ‘not that’ as she tries to reject or spit out what I offer.

She had been watching two friends feeding their new babies. Previously she would have wanted nothing to do with babies, all the mess they make and the attention they demand, but now she was observing with curiosity:

They allow their babies to feed on demand and for as long as they like. One baby even fell asleep while it was feeding! she gasped.

‘That’s a very different picture from feeding from a bottle which runs out and is taken away’, I replied.

Never in my life have I ever had enough or when I wanted it.

She went on to say that she would not be able to feed a baby on demand or for as long as it wanted. She thought she would get a ‘perverse pleasure’ in stopping what the baby was being given. Although it is not a word I used with her, she often used the word ‘perverse’ about herself, aware of the way she twists and distorts things. Perversion in this case seemed linked with stopping or distorting what is being given, whether it is mother’s milk or my thoughts and thinking. If she has no internal space in which to hold and think them, any uncomfortable thoughts or feelings she has are distorted, expelled, externalised. She explained:

I have all these bad thoughts about other people, observing them closely and assessing them on a scale of one to ten. Someone will say a simple ‘good morning’ to me and in a few seconds I will have twisted it around in fifty different ways, swearing all the time in my mind, when all they said was a simple ‘good morning.’ When other people are talking I am busy twisting it around and pushing it deep inside so that it gets stored up as a well of hate.

Feeding on grievance

*Anger’s my meat: I sup upon myself
And so shall starve with feeding*

(Shakespeare, Coriolanus IV, ii.50)

In a patient like Miss A, there seems to be a complex interplay between the autistic-like wish to escape into a passive mindlessness for her very survival, and the more active and aggressive attack-on-linking kind of mindlessness to do with Oedipal rivalry (Meltzer, 1991, 11). Gradually in this more recent phase of therapy there were moments of painful

awareness of a third, both in memories of the relationship with her mother and in the transference relationship with me.

What seemed to exist inside Miss A was a monstrous sense of grievance, a grievance against her mother and hence the world. Anger was her meat – like Coriolanus' mother, Volumnia – and as she fed upon herself, she was starving with the feeding. In the transference I was expected to compensate for this starvation and for all her mother had cruelly denied her. When she was quite young, her father left and Miss A felt she took over as her mother's 'helper/protector', always at her mother's side. When she was just entering adolescence, however, her mother had a lover move in permanently. This felt an unforgiveable blow to Miss A and left her consumed with hate and resentment and determined to make her mother feel guilty and see the error of her ways, 'no matter how long it might take'.

She had hoped that her mother would feel sufficient guilt to repent when she told her she was coming into therapy, but that did not happen. Instead, and more hopefully perhaps, the battle, in all its force, was transferred to me. Now her aim was to have *me* be the one wanting *her* while she could just 'bugger off', take a break and leave *me* feeling 'gutted'.

We talked about her sense of grievance as her *Grudge* and in the therapy this 'grudge' took on a life of its own trying to block any movement. Miss A would say, miserably, 'it's huge!'. She wondered how she would ever dislodge it and whether she could actually give it up. Indeed, what would she be left with; the emptiness we both feared? She worried that she needed all the bad because the good in her was too fragile. I talked about our need to chip away at the grudge. She wasn't so sure. Maybe that was the 'real' her she said. We have long talked about what was the real her as none seemed to exist, she was all appearance.

John Steiner (1996, 435) talks about this kind of grievance becoming a form of psychic retreat and certainly Miss A seemed locked into a life of waiting for justice to be done. To abandon this stance would mean losing face. It would mean accepting reality and life with all its imperfections when she has devoted her life trying to eliminate imperfection.

The 'Oedipus situation' ... is particularly provocative of revenge because it shatters the assumption of the exclusive relationship between mother and child that so often forms the basis of a prior narcissistic object-relationship ... When the child feels a promise has been broken (mother takes in lover) and feels not only wronged but betrayed it is often at this point that the

demand for justice turns to the thirst for vengeance ... When the parents are seen to be accomplices in the child's betrayal they both become the objects of hatred and envy. In this situation, self-deception is difficult to avoid. The sense of right is easily transformed into an assumption of righteousness as the original split needs to be strengthened by projection of bad feelings, especially of guilt, into the third object. In this way the betrayal by the other is denied and the belief is re-established that she will see the error of her ways and return to the idealised relationship.

Miss A's sessions became full of fury that everyone else has someone to turn to. She became aware of a feeling that her mother's biggest crime was that she had a partner. Her wish was to sleep in their bedroom and 'spoil their little paradise, disrupt any serenity'. She wanted to 'steal someone else's partner', and mess things up for all these happy couples she began to see around her. 'As soon as I leave here,' she said, 'I picture you having sex with your husband. If he walked in now you would go with him and I would be left in a heap on the floor.' Her great pleasure in being with me, it seemed, was that it meant everyone else had been kicked out.

Perversion and the understudy fantasy

In her work with autistic children Frances Tustin (1991, 586) described the autism as insulating them against the experience of the discipline of sharing the mother with father so that their omnipotence remained unchecked and was allowed to become 'monstrous'. Unaware of their actual weakness and neediness, she explains, they would say such things as 'I am God' or 'I am a King'.

Miss A, too, relied on self-idealisation, waiting to leap directly to stardom rather than engaging in real life. Some of the attraction of the understudy fantasy was that she saw it as a way of making that leap as if by magic. It fits neatly with her attempts to *become* the other person by imitation (Gaddini, 1969, 21) and through someone else's misfortune and elimination! It is an attempt to by-pass all the pain and struggle of the depressive position and to deny the reality of generational differences. It is the perverse solution described by Janine Chasseguet-Smirgel (1985) and John Steiner (1993).

Miss A had no time for being 'human'. 'Other people are human beings, and I hate them!' she said. Like Coriolanus, feeling deprived of mother's milk herself, she finds it outrageous that others should not be. She can only disassociate herself from the 'multitudinous mouth of the crowd' and fill up on contempt. (Adelman, 1992, 154.)

By denying that any good exists outside herself she circumvents the problem of having to take in anything from others. This leaves her trapped in a state of self-idealisation and with no one outside herself whom she can admire and strive to become worthy of, a capacity which is crucial to introjection and hence introjective identification. (Meltzer, 1994, 342.)

Creating an internal space

Given the intensity of her focus on her therapy, I was most surprised when she decided to volunteer at a small village theatre designing and building stage sets. Although also hoping to make new friends there, she became very involved in the work and getting the stage sets perfect. She even resented having to leave the theatre early to come to her sessions explaining that she could not concentrate on both. She expressed relief that, so far, each play had only required *one* set. To have to picture more than one at a time was beyond her capability. I felt I was being squeezed out and interpreted her triumph at doing to me what she felt I do to her. She denied this: '*My thoughts about all I have to do at the theatre don't have any relevance here,*' she insisted. However, when I pressed her on this, to my astonishment, speaking rapidly she said:

You don't want to hear that I'm lying here looking at your brass curtain rail and thinking that's exactly what I need for the set and where am I going to get brass curtain rings for it, I'll have to go down town and I won't be able to find brass ones so I'll have to paint some, then I have to get a chair and rug like these. And the red I'm seeing is really the same as the curtains here.

It seemed she was recreating my whole consulting room on stage. When I suggested this was a way of bringing together her inside and her outside worlds, creating an internal space for herself in the form of my consulting room in the outside world, she responded indignantly:

That's absolute rubbish. The only reason I'm setting it up like here is because it lends itself to the period of the play.

Despite this reaction I began to feel something very important was happening. She had also been focused on buying a flat and moving to live on her own for the first time. Both developments seemed to represent an unconscious attempt to begin to create an internal space for herself. She worried that buying a one-bedroom flat was continuing her life as a single unit. How would she ever have a relationship and

‘let someone in’, she asked. Not only was she beginning to ask questions and think about herself in a new way, she was also beginning to develop the concept of there being an ‘inside’.

Thinking symbolically

It was equally striking how quickly she could then allow me to talk to her more symbolically without feeling confused and defensively ‘rubbishing’ my use of metaphor (Segal, 1955, 169). When, for example, she had two friends sleeping on the floor in her new flat, she worried all night that the fireplace surround, which was not yet secured to the wall, would fall and crush them. I wondered about these ‘sleeping couples’ that she wanted to crush, and marvelled at the concreteness of her image – how insecure the boundary, the fire surround, between the inside and outside of her flat was. But she began to join in when I spoke about moving into a new home as her moving into a new state of mind with things not yet securely in place and how her temporary solutions (her manic fantasies) leave her at risk and afraid that everything could come crashing down.

She became unusually relaxed and dreamy in the session and talked about loving her flat so much that she could even allow herself a lie-in on weekends now. She reflected on how much better her feelings towards her mother were. When I suggested she was also having a lie-in in the session that evening and seemed more easy-going with herself, she agreed, saying: *‘I am pushing myself ahead slowly’*. ‘Pushing yourself ahead and letting more things in perhaps’, I suggested. *‘Yes, letting more of myself in’*, she replied.

It was as if in the four years of therapy she had begun a process in which introjection of a ‘thinking breast’ was becoming a possibility, letting her therapist in, allowing herself in (a lie-in/reverie), and as a consequence discovering that she herself was becoming more of an alive, thinking person.

Conclusion

It is unclear in her experience with the theatre, how much her stage-sets are scenes copied from elsewhere (like my consulting room), and thus still represent her attempt to *become* the other person by creating an identical setting on stage. Are her sets merely an open shell like

Tintern Abbey, or are they the externalisation of a developing sense of internal space? I believe that increasingly, gradually and painfully, she is moving from the former to the latter.

The changes in her seem similar to Meltzer's (1994, 347) description of an autistic child's drawings in therapy:

At first [the] pictures seemed to be of terrible things happening – absolute chaos, disorder ... Gradually over a period of time ... order seemed to settle. Then he began to draw pictures of the inside of the clinic where he was being seen, in which there began to be rooms. There began to be doors, rooms began to have separate functions, and these pictures were very exciting, because they all looked like the inside of bodies. They did not look like the insides of buildings at all. So something could happen with these children that enabled them to take an object that was so open that getting inside it was impossible because you fell out and the inside was like a house without a roof, it rained inside as well as out, so you might as well stay out. They gradually began to close the orifices of their objects to make a space, and development – particularly language development – began to take place as it had not occurred before.

Miss A remembered recently that as a child she played for hours with a doll's house, rearranging the pieces of furniture into perfect order. The doll's house was empty of dolls as though she was exploring inside the mother's body having rid it of its internal babies. She was happiest, she said, when her mother made her outfits identical to her own. Although now scornfully calling herself her mother's 'clone', she said she was 'in heaven' when her mother made her a little ironing board and warmed her toy iron from the real one so that she could pretend to be ironing alongside her.

Despite this picture of obvious affection (and concrete exchange of warmth) between them, Miss A did not seem actively to seek out comfort from her mother. She remembers being frightened and having nightmares as a child, but rather than look to her parents for comfort, she would just stay on her own, waiting for the fear to go away. Like the autistic child, she seemed unaware of the fact that other people can be a source of comfort (Hobson, 1993, 23). To her mind, either you get inside or attach yourself to the object, or you are on your own. The kind of lively intercourse inherent in real relating remains a mystery to her.

Perhaps by creating a second consulting room (or mother/therapist's body) in her outside life and going back and forth from one to the other she was attempting a kind of practising and rapprochement as a first step to existing separately from her objects (Mahler, 1975). Her difficulty focusing on both therapy *and* the theatre may be some

indication of how easily she gets lost the moment she is separated from her object and how little comfort she was able to take in to hold onto. It is encouraging that she has continued to manage both.

Isca Wittenberg (1991, 96) has described a similar kind of back and forth testing out by a young autistic patient, John, when he began putting his finger first inside her mouth and then into his own:

At one stroke ... John, the passive participant fused with his object, or alternatively the excluded outsider, became John the explorer. A space had arisen which he could traverse hopefully, his finger risking to make a path into my mouth and travel back into his own. This space between us, close enough to be creatively bridged, also gave birth to the idea of a claustrum inside me; and in identification, it allowed the idea of a claustrum inside himself. The achievement of a three-dimensional object, with internal space and thus capable of containment, meant that the foundation for mental development had been laid. Pain could now be projected into such a container, and in turn John could internalize an object which contained the frightened baby-John. This concept could be extended into that of a 'lady' separate from John and made it possible for him to have a space within his mind where he could store the memory of her voice and hold onto it in her absence. It even raised the possibility of contemplating the fourth dimension, that of time units, of some sweets today and some tomorrow.

Anne Alvarez (1992, 64) talks about the infant's need to learn to tolerate a space between himself and his mother *in her presence* in order to 'overcome the dread of losing the life-line of mother's nipple-breast-attention which holds the baby's mentality together'. She stresses the importance of the *noticeability* of the object whether through its absence or availability. She states that, '*What provokes thought must surely be the noticeability of the object*'. Noticing the object is also a first step to reaching the object and being able to find safety and nourishment.

What Miss A now finds so difficult is that 'noticing' her object leads to noticing much else too. If she is no longer exclusively focused on the point ahead she must look around her. As she put it: '*If I look around me I see the life I'm not having, and if I look inside myself I see nothing there*'. However, she is increasingly able to take in the fact of my continuing existence for her while 'practicing' being in the world. She wondered recently if I make notes about her when she leaves her sessions, an indication that she can now picture and hold onto the concept of 'keeping someone in mind' in their absence and perhaps feel that she is interesting in her own right. She has also grasped the concept of learning from experience, says she 'keeps getting it wrong with people' and has been wishing, despairingly, for more situations to happen in order to 'try herself out' again. What we are trying to

sort out is how much these 'situations' are still seen as the understudy's chance to step directly into centre stage, and how much they are attempts at learning genuinely to relate to others and engage in a life of her own.

She was able very quickly to conceptualise her difficulties in the ways I have described in this paper and now seems struggling to make up for lost time. She has transformed herself from a most difficult patient who wanted to 'leave it all to me', to being hard working and insightful. Any hint that we are mis-hearing or mis-understanding each other is what upsets her most. Instead of grievance and blame, Miss A has begun to feel the tragedy of her and her mother 'passing like ships in the night' and to feel sad for her mother as well as for herself. As a result, rather than merely trying to copy her objects, she is starting truly to identify with them, to think what it must be like for them. This both differentiates her own self from others and establishes a genuine way of relating to them.

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THE TREATMENT OF NARCISSISM: A CASE OF ARCHAIC MERGER TRANSFERENCE

MARJORIE NEWSOME

People who come for therapy today are often preoccupied with feelings of emptiness, aloneness, alienation and lack of purpose. Frequently they complain of not being able to 'connect'. Broadly speaking these are the so-called narcissistic personality disorders or borderline conditions. This paper addresses the theoretical developments and treatment implications of a psychology which evolved to deal with this group.

Introduction

In this paper I shall consider the major features of self psychology, the psychology of Heinz Kohut. After placing it in its historical perspective, I shall describe the basic concepts of self psychology. Then I will go on to compare Kohut's system with traditional analysis and will continue with a consideration of the major contributions of self psychology together with an examination of some of the traditional concepts of traditional analysis in light of the newer conceptual developments.

History

The narcissistic patient has always proved an obstacle to analytic study. Nevertheless, beginning with the Schreber (Freud, 1911) case repeated efforts to adapt the techniques of psychoanalysis to patients suffering from narcissistic personality disorders have been made. But since 1954 (Stone) such efforts have been more in word than in deed (London, 1985). The result has been that up until the work of Kohut and Kernberg no coherent and mutually agreed theory for the treatment of the narcissistic personality disorders was evolved.

* Marjorie Newsome submitted this paper to the Journal prior to her untimely death in 1996. We are pleased to publish it with the kind permission of the Executrix of her Estate.

Because the corner-stone of classical psychoanalysis is interpretation, anyone unable to make use of this technique has been an obstacle to analytic study. The narcissistic patient lacks the capacity to enter into a cooperative endeavor with the analyst. Consequently, his use of interpretation is also restricted. For, unlike the neurotic patient whose symptoms are the result of a struggle between ego and id, he suffers from an ego defect. This means his capacity for self-observation is defective, as well; and this severely limits his use of interpretation (Basch, 1984). Often, in fact, these patients reject interpretations outright, instead demanding compensation for their grievances and insisting on gratification. Not uncommonly they leave therapy dissatisfied, feeling misunderstood and cheated yet again of what is rightfully theirs. On his part, the analyst may be left feeling inadequate because he has been unable to relieve the patient of his distress.

The appearance of self psychology follows on two major trends within psychoanalytic thinking: on the one hand, the ego psychology of Hartmann and Rapaport and on the other hand, the object relations schools of Melanie Klein, Fairbairn, Bowlby and Winnicott (Grotstein, 1983). It is the direct outgrowth of a shift in emphasis in Kohut's technique in the case of Miss F. away from trying to persuade her that he was the object of her instinctual desires, to empathizing with what was happening to her in the analysis and interpreting that to her, instead. That is, instead of insisting that he, as analyst, knew *a priori* what she must be experiencing in the analysis, he listened to what she was communicating to him and interpreted that to her (Basch, 1984).

The Self

The major emphasis in self psychology is its focus on disturbances of early object relations in the genesis of the ego (Rothstein, 1980). Basically, it is a psychology of developmental failure and structural defect rather than dynamic conflict (Eagle, 1984a). It focuses on the notion of the self as an intra-psychic structure; the 'I am,' 'I think,' 'I act,' experience of the psyche. The self is viewed as an integrated, continuous entity, an historical whole with a past, a present, and a future. In other words, it is not a fourth agency nor a content of the ego, but a central organizing structure; a centre of initiative with ambitions at one pole, ideals at the other and containing the person's

skills and talents; a supraordinate organization. It grew out of Kohut's awareness of the fluctuation between states of cohesion and disintegration – states that could not be explained adequately in terms of the Freudian mental apparatus and drive conflict. He argued that his theory of self was conceptually independent of the Freudian model (Mollon, 1933).

More importantly, in this system the self is considered as having its own development with definite maturational landmarks. This makes possible its deeper analytic study via the narcissistic transference. By viewing the 'self' experience as having its own developmental directions and maturational landmarks, Kohut's position represents a major point of departure from Freud's which considered the movement of narcissism from auto-erotism to object love as representing the course which analyzable transference phenomena followed (Freud, 1914; Schwaber, 1979). Moreover, until this time it had been accepted that object transference represented a higher maturational level than auto-erotic transferences. However, Kohut now called these, together with other basic ideas of traditional analysis, into question.

Originally Kohut's theoretical developments did little more than complement Freud's instinct theory; and he thought he was only making a clinical contribution to psychoanalytic thought by applying the analytic method of empathy to the narcissistic disorders (Kohut, 1971). But, as I have indicated already, not only were certain of his concepts at major variance with Freud's, but eventually his work with narcissistic disorders led him to a theoretical formulation which replaced the primacy of the sexual-instinctual drive with an emphasis on a psychology of the self and object relations (Eagle, 1984c).

Major concepts of self psychology

Self object

The pivotal concept in self psychology is the selfobject. According to Kohut, at birth the baby has a rudimentary self made up of innate potentialities (1977). To initiate and maintain it this nascent self requires certain sustaining experiences which are provided by the selfobject. But the course which these take and their eventual outcome is largely determined by the particular early experiences. That is to say, they are either thwarted or nourished depending on the particular interactions with the immediate environment (self-objects). And out of these responded to potentialities evolves the nuclear self, i.e., the 'cohesive and enduring psychic configuration [which] forms the central sector of the personality' (Kohut, 1977, pp. 177–178).

Strictly speaking selfobject refers to the intrapsychic experience supplied by an object or person that provides and maintains the experience of self and selfhood (Wolf, 1988). As Lichtenberg explains the term: 'Selfobjects refer to aspects of caretakers ... who are experienced as providing something necessary for the maintenance of a stable, positively toned sense of self. The mother of an eighteen-month-old who, at about the same time as the child recognizes his hunger, functions as a selfobject (close to self as an empathic perceiver of his need, close to an object in her providing the food' (Lichtenberg, 1983, p. 166 f.n.). Psychologically the selfobject is experienced either as a part of the self or an extension of the self, not as a separate, independent entity; or it may be 'used in the service of the self and of the maintenance of its instinctual investment' (Berkowitz, 1982, p. 17). The sum total of these experiences make up the holding environment, the overall feeling element which carries the person through life.

Self-object unit

A related notion which incorporates the idea of the self and selfobject into a working system is the self-selfobject unit. The self-selfobject unit refers to the way in which the self that is not yet an integrated, cohesive whole makes use of the selfobject to provide certain functions such as anxiety reduction, soothing, and self-esteem regulation which it is not able to provide for itself. By furnishing these functions to the child, eventually through internalization, the child is enabled to provide them for himself from internal sources (Berkowitz, 1983). The give and take, the flexible interplay between the members of this unit, provide the basis for the formation of a cohesive self and self-esteem. Out of this dynamic interplay the supraordinate self evolves from the nuclear self, i.e., the core of the personality or that which makes up the basis of our awareness that we are an independent functioning unit in time and space is formed (Kohut, 1977; White & Weiner, 1986).

The bipolar self

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After the rudiments of the nuclear self have been laid down, as the self moves towards consolidation, three major developments occur. The first is the consolidation of grandiose-exhibitionistic fantasies as ambitions. Nuclear ambitions are best acquired in response to an

approving, confirming, mirroring relationship with a maternal self-object during the second, third, and fourth years of life. The second is the internalization of the idealized parental image as fundamental ideals and values. It is made up of idealizing selfobject experiences with an admired, idealized, largely paternal selfobject and is mainly gained during the fourth, fifth and sixth years (Berkowitz, 1983; Kohut, 1977). By sensitively holding, carrying and quietly being with the infant a merger experience with the idealized, valued, selfobject is possible. The third major area of self development is that of skills and talents and forms a 'tension gradient' between the ambitions and ideals. The foundation for skills and talents is laid down in latency. To Kohut, ambitions and ideals are so important in motivating the self that he conceptualized them as forming two poles of a nuclear self. The psychological activity that oscillates the self back and forth between these poles he talks of as a tension arc. Along this arc are found acquired skills and inborn talents that push and pull the individual between these poles and to specific ends. Originally he termed the self the bipolar self to emphasize its bipolar structure with ambitions at one pole and its ideals at the other. But before he died he conceptualized a tripartite theory of self to emphasize the importance of the tension gradient in motivating and giving direction to the nuclear self. Thus, Kohut's model of the nuclear self incorporates the importance of ambitions, ideals and skills into a tripartite theory of self. When the constituent parts of the self are present in roughly equal strength we have a harmoniously balanced self. Realization of the ambitions, ideals and skills leads to a feeling of accomplishment and satisfaction not of pleasure from tension discharge (Lee & Martin, 1991).

Narcissistic transferences

To Kohut the narcissistic transferences represent arrested developmental needs. They are not pathological states (Lee & Martin, 1991). In these relationships the patient seems to need the therapist as an extension of himself, as the child needed the parent. Unlike the neurotic, narcissistic patients have not moved beyond this point in their capacity for relationships. Thus, to the narcissistic patient the therapist does not exist in his own right, but only as a need-fulfilling object. It was this point that made these patients so difficult to deal with by traditional analysis. For as long as the analyst interpreted within the context of resistance and defense against the oedipal dynamic and

failed to recognize that the patient was engaged in a transference that had to be dealt with in its own right, the therapy was at an impasse (Basch, 1984). In his work Kohut found that interpretation and resolution of the selfobject transferences do not always lead on to the formation of an oedipal transference and object love (Schwaber, 1979). But instead, they may lead to a maturation of ambition and ideals so the patient can lead a satisfying life.

In his work with narcissistic patients Kohut found two main types of selfobject transferences: the mirror or grandiose transferences and the idealizing transferences. The mirror transference represents the therapeutic activation of that phase of development when all narcissism was directed to the self: the grandiose self. Faulty mirroring results in arrested development and a search for meaningful validating, confirming experiences of the grandiose self. The purpose of these transferences is to share with the therapist the patient's exhibitionistic narcissism (Chessick, 1993, 1985). And the therapist has the task of praising and validating the patient's performances. But because active mirroring of the grandiose self may enhance the patient's feelings of omnipotence, patients who develop a mirror transference need help in transforming their primitive grandiosity into pride in actual performance so that what develops is self-regulation and self-discipline (Lee & Martin, 1991).

Three forms of mirror selfobject transference may emerge as the result of the therapeutic activation of the repressed archaic grandiose self: The archaic merger mirror transference, the twinship or alterego mirror transference and the mirror transference proper. In the archaic merger type of mirror transference the patient experiences the therapist as part of himself, expects the therapist to have total knowledge of him and to be completely in tune with him, and demands total control of the sort one expects to exert over one's body. In the twinship transference the patient experiences the therapist as having an essential likeness to himself, having a closeness yet separateness, providing understanding and support of a sort unique to the twin experience. Although the twinship transference was an underdeveloped concept in Kohut's formulations, surprisingly little attention has been given to it in the past twenty years. In the mirror transference proper, the patient accepts that the therapist is separate physically and psychologically but the therapist is given the job of praising and mirroring the patient's performances and thus in validating the patient's core self (Chessick, 1993, 1985).

To Kohut (1971) idealization is viewed as a narcissistic transference in which the patient seeks to overcome arrested, unmet developmental

needs, not a defense against libidinal drives which need interpreting (Lee & Martin, 1991). As the child becomes aware of his own limitations, he tries to preserve his original global narcissism by giving it over to a good selfobject, the idealized parental imago. The idealizing transferences represent the revival in the therapeutic relationship of this stage of development. It reflects the need for soothing that comes from merging with a strong and good selfobject (Wolf, 1988) and the need to gain inspiration and strength from an admired and powerful figure (Basch, 1988).

A third transference, the adversarial selfobject transference or function, was examined by Jill Cooper at the seventeenth Conference on Self Psychology in 1994. The purpose of this transference or need is identity or self-delineation. Commonly it is expressed through anger growing out of invigoration. The person expressing this need does not dislike his adversary or want to hurt him. Rather, the encounter is more highspirited, in the nature of challenging play that involves brinkmanship – he wants to see just how far he can go, how much he can get away with. Often this need or transference is seen in the rebelliousness of adolescence. Much of this behaviour is challenging the adult world in order to separate himself from it and to show both his parents and himself that he can function independently (Cooper, 1994).

Empathy

Empathy is another key concept in self psychology. For gathering subjective data Kohut turned to introspection. According to Kohut, this is the main tool of the subjective world. By the use of introspection a person can observe his own inner world and by vicarious introspection or empathy, the inner world of another person (Lee & Martin, 1991). Empathy is a neutral process in which the observer's self is not threatened by the other person's experience (Wolf, 1988; Schwaber, 1979). It is an attenuated knowing, a process by which the analyst knows the subjective self of another and in which the important factor is empathic understanding, not quantity of experience (Lee & Martin, 1991). In the empathic process the analyst does not draw direct conclusions between himself and the object, but determines whether there is a similarity between what he feels and what the patient experiences and feels, either consciously or unconsciously (Basch, 1983a).

Transmuting internalization

Transmuting internalization is a process which describes the building of the bipolar self in which aspects of the other are taken over by the self and used by it (Chessick, 1993, 1985). Thus, it is related to the concept of the self-selfobject unit; and can take place only after sufficient idealizing experiences have occurred. Transmuting internalization is the result of non-traumatic failures by the idealized selfobject which forces a gradual replacement of the selfobjects and their functions by an expanded self. Over time as the function is securely woven into its structure the psyche is able to exercise the function for itself instead of the object. In the therapeutic setting transmuting internalizations take place through interpretations by the therapist of his empathic failures; and these are most meaningful when linked to similar failures on the part of the parents (Lee & Martin, 1991).

In one of the best illustrations of this process, Tolpin has used the concept in her study of the transitional object and the early development of a cohesive self (Tolpin, 1971). She describes how, in minute amounts, as a result of repeated non-traumatic failures the toddler withdraws his psychic investment from the mother and transfers it to the blanket. Gradually, with the assurance of the mother's presence 'just in case', the comforting, soothing effect of the mother becomes woven into the fabric of the psyche until eventually the child can perform the soothing function for himself. In such a way, the qualities and functions of the other become a part of the self and the self is strengthened (Mollon, 1993).

Although there are both similarities and differences between the concept of transmuting internalization on the one hand and the traditional terms introjection, identification and incorporation on the other, the basis of the differences lies in orientation. That is, whereas the idea of transmuting internalization assumes accepting the orientation of Kohut and is related to the bipolar self, these other concepts assume the traditional drive theory and are related to building the ego and superego (Patton & Sullivan, 1980).

Aggression

Aggression in self psychology is not an inborn tendency or instinct as it was to Freud. Instead, self psychology distinguishes between two kinds of aggression: normal aggression and narcissistic rage. At the

seventeenth Conference in a personal communication Wolf developed the idea of normal aggression to include:

- a. Competitive aggression,
- b. Adversarial selfobject aggression, and
- c. Frustration.

Competitive aggression is a healthy reaction to any obstacle that stands between the individual and his goals. It is the source of much constructive energy and disappears as soon as the obstacle is removed. Even intense competitive aggression based, for instance, on sibling rivalry or the oedipus complex is non-pathological in itself. It is the response of the selfobject to the aggression and the effect on its cohesiveness that is potentially pathological. Thus, for example, if the boy's oedipal aggressiveness and sexuality are met with contempt and derision, his developing sexuality will not disappear altogether, but will be driven underground and surface in symptomatic form, as will his normal competitive-aggressiveness and self-assertiveness (Wolf, 1988). Adversarial selfobject aggression grows out of invigoration. It is not a destructive anger, but is rebellious and challenging; and has as its function self-delineation. Frustration is aggression which is the realization that self-expression is blocked. This is the type of aggressive behavior seen in the two year old.

Narcissistic rage is a reaction of a self that values selfobjects only as long as they fulfill their function of strengthening and maintaining the self. When they fail in this function and leave the self feeling helpless they must be destroyed. As a term narcissistic rage covers a wide spectrum of aggressive responses ranging from mild irritation to vicious destructiveness. All have in common the feeling of injury that knows no bounds, the need for revenge, and the righting of a wrong at all costs. The irrational quality of the anger and revenge, the way they smolder on even after punishment has been exacted, the relentlessness with which the offending object is pursued are not characteristic of aggression called up in the service of a mature ego. As Kohut explains it, such aggression is more likely part of an immature ego which distorts reality within an archaic construct.

Critical evaluation

Criticism of self psychology has ranged from tolerating the new conceptual framework only as long as it supplemented Freud's theory, to

considerable disapproval when it was thought to be a separate but equal paradigm, to outright rejection when it was seen to be a replacement for the old theory (Lee & Martin, 1991). In some ways Eagle represents the school of thought that rejects Kohut simply because he is different. We find Eagle condemning Kohut because he advances a psychology of developmental failure and structural defect rather than dynamic conflict (Eagle, 1984a). Also Kohut, according to Eagle, is proposing that neurosis involves primarily dynamic conflict, while narcissistic personality disorders and other similar pathology consist primarily of structural defects which develop apart from, and can be considered separately, from dynamic conflict. But, as Eagle himself says, such a dichotomy is an over-simplification, since structural defects and dynamic conflict are most likely different aspects of the same continuum; and that for those with self defects and developmental arrests along the continuum there are also conflictual wishes and aims.

London (1985) questioned whether the new psychology idealizes the concept of empathy. Although Kohut had tried to avoid this difficulty by defining empathy as vicarious introspection, i.e., a particular method of data gathering, and in spite of his concept of attenuated or controlled empathy which was largely designed to avoid this pitfall, his writings do, nevertheless, distinctly convey the impression that in his conceptual framework empathy has been given an exalted status; that as long as the analyst listens 'empathically' all else will fall into place.

London (1985) goes even further and criticizes the new psychology for focussing on subjective experience to an extreme that obscures the usefulness of its self concepts. Related to this Leowald (1973) questioned if Kohut was sufficiently concerned about the problem of over-identification with the patient's narcissistic needs. He doubts it and cites this as a serious oversight on Kohut's part since all analysts must deal with problems from that period.

Rothstein (1980) finds fault with Kohut's system for stressing the deprivation that derives from being treated primarily as a narcissistic object by the mother and, in so doing, failing to do justice to the whole spectrum of parenting experienced by patients with narcissistic disorders. Kohut, according to Rothstein, repeatedly emphasizes what is lacking and deficient in the child's selfobject. This perspective, it is claimed, encourages the avoidance of recovering, remembering and re-experiencing painful and at times disorganizing memories of real parental abuse.

Another major difficulty with Kohut's psychology is that his concepts are the result of his assumptions rather than based on solid empirical grounds. Nowhere does he present reliable evidence for his ideas or a single longitudinal or follow-up study. Instead, his assertions seem based mainly on adult patients' reports. Thus, for example, although the grandiose/exhibitionistic self is a key concept in self psychology, the grounds for his assertion that this is a normal stage of development are arbitrary. In the final analysis it seems that Kohut's theorizing created the concept (Eagle, 1984).

One of the most damning criticisms Kohut has to confront is his unnecessary vagueness (Wallerstein, 1986). In reading his *Analysis* (Kohut, 1971) or *Restoration* (Kohut, 1977) it is hard not to ask oneself if this degree of obscurity is really necessary, whether, though processes and feelings are so elusive, they cannot be described more precisely. Take, for instance, the concept of 'transmuting internalization' which is crucial to Kohut's theoretical framework. This is an ambiguous term used to designate exactly how self psychology is therapeutically effective. For Kohut (1977) it means the gradual acquisition of hitherto missing, adaptively essential psychic structures through repeated reliving of certain childhood experiences in the transference. But, exactly what is a psychic structure? And exactly how does such a sequence of events repair a structural defect? (Gedo, 1980). Or, take the term 'archaic'. This term is regularly applied to behaviour associated with the narcissistic personality disorders. Yet neither the self psychology literature nor its critics pay much attention to exactly what it is 'archaic' refers to. Thus it seems to designate either normal pre-oedipal or pre-verbal behavior persisting in the adult. Nowhere are these basic terms clearly defined; instead, the confusion is added to by the term 'archaic transference' (London, 1985). Until the terminology is satisfactorily defined these questions cannot be adequately answered and the reader is left with only an approximate idea of what Kohut intended.

Against the negative appraisals the positive contributions must also be assessed. There are perhaps three essential contributions that self psychology has made to current psychoanalytic thought: 1. An original conceptualization of an independent line of the development of narcissism (Kohut, 1966, 1971) and/or the self (Kohut, 1977; Rothstein, 1980); 2. The empathic-introspective mode of investigation as defining the domain of psychoanalytic inquiry (Stolorow, Brandschaft & Atwood, 1987); and 3. The central emphasis on the primacy of self experience (Stolorow, Brandschaft & Atwood, 1987).

1. Kohut's conceptualization of an independent line of development for narcissism provides his whole framework for 'shifting emphasis away from a preoccupation with the pathological and toward a focus on the potentially healthy and more adaptive aspects of the personality' (p. 137) (quoted in: Wallerstein, 1983, p. 325–326). In addition it provides Kohut's structure for seeing many aspects of the psychopathology of pregenital development not as regressive defenses against the emergence of oedipal transferences only, but in addition and mainly as recreations of deficient and impoverished childhood constellations within mirroring and idealizing selfobject transferences (Wallerstein, 1983).
2. The empathic-introspective mode of investigation refers to an attempt to understand the person's experience from within the individual's frame of reference rather than from a perspective outside the individual. It requires a particular focus of the analyst's attention which is tuned more sharply to how it feels to be the subject rather than the target of the patient's needs and demands (Schwaber, 1979).
3. Following closely from their empathic-introspective mode of investigation, Kohut has made the central emphasis of the new psychology the primacy of self experience both conscious and unconscious in psychological development as well as pathogenesis. This, in turn, leads to an important theoretical shift from motivational primacy of instinctual drive to motivational primacy of affect and affective experience (Stolorow, Brandschaft & Atwood, 1987). For the analyst this may mean tuning into the feelings and experience of the analyst and rather than his needs and drives.

Finally, a general contribution made by Kohut is the extent to which he facilitated the re-introduction of the concept of 'self' back into psychoanalysis. And, related to this is his discovery of the predominating importance of the cohesion of the self or what has been referred to by Jakobson and Lichtenstein as a stable sense of identity (Gedo, 1973).

These newer conceptual developments demand a re-examination of some of the traditional concepts in psychoanalysis. In particular four are called into question by the new psychology: 1. The therapeutic alliance; 2. The place of the oedipus complex in development; 3. Conflict theory, and 4. Aggression.

1. The therapeutic alliance. Kohut himself is unclear about the place of the alliance in his theory. He does definitely refer to an alliance

in the narcissistic disorders – he talks about how the observing segment in the personality of the patient acts in cooperation with the analyst and that in both transference neuroses and narcissistic disorders an adequate area of cooperation derived from positive experiences in childhood is necessary to assure a sufficient trust in the process during stressful periods (Kohut, 1971, *Italics mine*). However, the clarity is lost as the significance and meaning of his concepts are considered; in particular, an important implication of the developmental perspective is that analytic treatment is possible in the narcissistic disorders only after the emergence of self-object transferences, i.e., at a point when the patient needs the therapist to function as a stabilizing structure to give cohesion to his self. Presumably, at that level the patient is not sufficiently independent to function in a rational and cooperative capacity with the analyst (Adler, 1979; Berkowitz, 1982).

But aside from this the therapist's appeals for collaboration may not be experienced by the narcissistic disorders as attempts at understanding him, but as intrusive, empty appeals to grow up and may damage his already precarious self-structure. And, in addition to these various difficulties, as Kohut himself observed, once selfobject transferences do emerge, rational cooperation is so tenuous that 'empathic failure can rupture this bond to a degree not present in neurotic patients.' (Adler, 1980, p. 549). Thus, it seems more likely that what sustains the therapeutic relationship is not an alliance, but the selfobject framework necessary to promote and maintain the selfobject transferences and that it is these that provide the essential therapeutic structure for the work of therapy. A therapeutic alliance may eventually emerge but only gradually and through the analysis of the selfobject and later transferences with the accompanying internalizations and resolutions of early conflict (Adler, 1980). Clearly spelled out the sequence is:

1. The selfobject transferences themselves sustain these patients in a stable, holding environment.
2. The holding environment enables the narcissistic patient to internalize qualities from the analyst that have been missing in their own self and ego.
3. As their ego is thus strengthened the capacity to observe and appreciate the objective qualities of people increases; and
4. This capacity enables these patients to join forces with the analyst to work towards a common goal, i.e., to form a therapeutic alliance (Adler, 1979).

2. Oedipus complex. Basic issues about the oedipus complex are raised by certain fundamental differences in Kohut's theory. With the importance of conflict resolution through interpretation and working through leading to insight gone as the hallmarks of the analytic process, the oedipus complex as the organizing nodal point of character formation is eliminated (Wallerstein, 1986). And since the aggressive and libidinal drives as innate instinctual forces which demand discharge do not have a place either, the position of the oedipus conflict on the normal/pathological spectrum is also shifted (White & Weiner, 1986). Not only is the oedipal conflict not necessarily central for all development, but it does not have to be a time when permanent internal conflict is generated. Instead, it is a time of particular mirroring and idealizing needs which, if met, result in healthy self-esteem and the possibility of establishing object love. That is to say, the sexualization of normal assertiveness and competitiveness which form the basis for neurotic conflict is the result of selfobject failure at this particular phase of maturation and does not represent the average course of human development, as Freud thought (Basch, 1984).

Rather than the oedipus complex and its attendant anxieties with which we all have to come to terms individually, we have an oedipal phase which the child of healthy parents enters gladly since this achievement elicits a sense of pride from the side of the oedipal self-objects. It is this kind of oedipal phase that is normative; castration anxiety is derived from the neurotic oedipus complex and is considered pathological. This sort of pathological formation of the oedipus complex arises from defective empathy by the parents to the child's needs. That is, castration anxiety is a response to the defective selfobject matrix that does not sustain the child.

Thus, Kohut maintained that maturation could take place other than through the resolution of the oedipal conflict (Basch, 1984). The oedipal phase with its potential conflicts reflects but one stage of the child's development while it ignores others. It is limiting to see all developmental problems in the instinctual-sexual-competitive context (Basch, 1983b).

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Notes on Contributors

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| Martin Kemp | Second year Psychoanalytic Psychotherapy trainee, BAP. |
| Mary Adams | Associate Member BAP. Previous publication in British Journal of Psychotherapy on working with survivors of sexual abuse. |
| Marjorie
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Book Reviews

Psychoanalysis, Literature and War: Papers 1972–1995

By Hanna Segal. Routledge. 1997. pp. 178, p/b £14.95

Hanna Segal's personal contribution to the development and enrichment of psychoanalytic thought is very considerable. Her papers on symbol formation, aesthetics, psychosis and dreams are rightly regarded, across the theoretical spectrum, as classics. Although the range of her interests is quite diverse, I think her particular contribution has been more focused on psychotic processes, especially psychotic thinking, thereby extending the work done by Klein, Bion and Rosenfeld in this area, and also extending the boundaries of what we can regard as comprehensible and treatable.

The present volume, her fifth book, is a collection of papers which mainly date from 1982 to 1995, though there are also two papers from the early 1970's included. It is therefore more akin to her third book, 'The Work of Hanna Segal', published in 1982, than to her last book, 'Dreams, Phantasy, Art', which was written as a unified whole. If, however, a theme does emerge in the present volume to tie many of the papers together, then it is a resurgence of interest in the death instinct. This is represented by a paper devoted solely to this subject, and it also appears throughout a number of the other papers, especially those on psychosis and the application of psychoanalytic thinking to literature and politics.

I think this renewed prominence given to the concept of the death instinct is an interesting trend in recent Kleinian thought. Since Freud first proposed the concept in 1920, it has had a rather rough ride in psychoanalysis, being, I think, more attacked and disparaged than almost any other 'basic concept'. I would account for its recent revival as an example of how, as ever, practice is ahead of theory. It is as a result of the clinical papers on narcissism (Rosenfeld), masochism (Joseph) and psychosis (Segal) that the death instinct becomes necessary and essential to account for the inexorable pull towards passivity and death which we see so often in our more disturbed patients.

'On the clinical usefulness of the concept of the death instinct' is the first paper in this collection, and contains Segal's clearest and most succinct statement of the Kleinian view of the fundamental battle between the life and death instincts:

'Birth confronts us with the experience of needs. In relation to that experience there can be two reactions, and both, I think, are invariably present in all of us, though in varying proportions. One, to seek satisfaction for the needs: that is life-promoting and leads to object seeking, love, and eventually object concern. The other is the drive to annihilate: the need to annihilate the perceiving, experiencing self, as well as anything that is perceived.'

This formulation is then illustrated with clinical material from four patients, showing, variously, the pull towards annihilation to defeat the libidinal self and the experience of need, the excitement of destruction, and the particular mental pain evoked by the workings of the death instinct. I would argue that this paper achieves exactly what its' title indicates – to show the clinical usefulness of this much maligned concept – and as such ranks among Segal's most important papers. It deserves to be more widely read and known than I suspect it is. Many readers, I fear, would not get beyond the title.

Two other clinical papers deserve special mention. 'The uses and abuses of countertransference' (not previously published) builds on her earlier work on this topic. Here, a 'good countertransference disposition' is defined as one which 'allows us to be receptive to projections without becoming identified with them'. We could reasonably predict what Segal would have to say about the uses of countertransference, in terms of the various types of projective identification, but in fact the abuses form the more interesting part of the paper. The notion of countertransference is described as having become 'too easy', that 'we must be aware of the dangers of trusting our countertransference too much', and of how this can lead to the sort of analytic 'knowing' which can be wildly inaccurate; just such a situation is well illustrated in the example of a supervisee. One senses, from this paper, that a balance is being redressed, and that a crucial concept is being rescued from the clutches of oversimplification and restored to a satisfying complexity.

'A delusional system as a defence against the re-emergence of a catastrophic situation' (published in 1972) is a compelling account of the analysis of a patient whose deeply entrenched obsessionality masked underlying psychotic anxieties and psychotic states of mind, particularly pertaining to murderous impulses. This is understood in relation to a catastrophic experience of loss in early infancy, in which both parents are unconsciously believed to have been murdered. Of particular interest in this paper is the importance Segal gives to the patient's actual history – a common criticism of Kleinian work being that this is neglected – as well as a vivid sense of the technical difficulties

and strain incurred by the treatment of such an ill patient. Our literature has too few descriptions of the unmodified analysis of psychotic patients, and this is a welcome addition.

Other clinical papers deal with such topics as symbolism and phantasy, paranoid anxiety, the Oedipus complex, termination and narcissism. Several interesting ideas emerge, such as the distinction between omnipotent phantasy and imagination ('as if' versus 'what if' thinking), between Oedipal and pseudo-Oedipal relating, and the ubiquity of paranoid anxiety. I found less that is striking and new in these papers than in those that I described in more detail above. They suffer, when read in sequence, from a degree of repetition, not only of ideas but of clinical material.

The second group of papers relate to applied psychoanalysis – two on literature (Conrad and Rushdie) and two on nuclear warfare. I am not sufficiently acquainted with the novels Segal discusses to know if she does justice to them, but I found the papers interesting and cogently argued, especially the Conrad, which applies Jacques' work on the mid-life as a herald of depressive anxieties to three of Conrad's stories. Each story is seen to offer a different pathway towards the negotiation (or evasion) of these anxieties, and an acceptance (or not) of the fact of limitation and death.

The final papers offer a psychoanalytic understanding of what Segal calls 'the nuclear mentality', with particular reference to the cultural and intrapsychic defences which permit a tolerance of and a complacency towards potential total annihilation. In a sense these papers function as a rallying call to the psychoanalytic community, to use our understanding of processes such as projection, paranoid anxiety, the lure of the death instinct and the denial of reality, to halt a rush towards mass destruction. While one might well argue about the applicability of what we see in the consulting room to social and indeed global processes, and while it would be tempting to view these papers as less relevant now because we live in a period of relative (or apparent) nuclear stability, there can be no doubt about the passion and concern with which she writes about this subject.

Overall, this volume demonstrates that Kleinian thinking at the end of this century is in an alive and agile state, and that this particular leading contributor to that body of thought has much to tell us about both our work and about aspects of the kind of world we inhabit. There is much to enjoy, argue with, question, and challenge. The death instinct paper is a classic.

NOEL HESS

Thinking about children

By D. W. Winnicott Edited by Ray Shepherd, Jennifer Johns, Helen Taylor-Robinson. Karnac Books, London, 1996, pp. 343, p/b £19.95

The title of this book is very apt – one feels one is actually in Winnicott's presence and that he is simply thinking out loud about children even talking to himself – while one is reading.

In part this is due to the nature of the collected papers themselves, many of which originated as talks to audiences as varied as the Eighth Form of St. Paul's School, psychology and social work students at the London School of Economics, the Royal Society of Medicine, directors of the Cruse Club, nursery school teachers at the Nursery School Association, The Association of European Paediatric Cardiologists and the Society for Autistic Children.

By glancing at the list of the original sources of each chapter, which is given at the end of the book, the reader is immediately reminded of Winnicott's love of speaking to varying groups of people – he enjoyed addressing young people and parents directly as well as groups of professionals. For this reason the reader of this book gets a 'well-rounded' view of Winnicott as well as an introduction to some of his ideas.

The text is organised into nine parts and covers different areas of work with children: observation, intuition, and empathy, early infant development, the family, starting school, case studies and observations, adoption, psychosomatic problems, autism and schizophrenia and professional care of the growing child.

The Editors state that the book contains the 'barest bones' of some of Winnicott's contributions and the reader who is familiar with Winnicott's work will recognise them instantly. For example, tucked into 'Child psychiatry: the body as affected by psychological factors', a three page fragment of a paper written around 1931 at the very beginning of Winnicott's writing career, he makes the following statement which he calls

a somewhat artificial and arbitrary division of psychoanalytic scientific progress into three phases:

1. The understanding of personal instinctual life and of interpersonal relationships.
2. The understanding of moods and of the origin of ideas of persecution both within 'hypochondria' and without.

3. The understanding of primitive emotional tasks, such as the development of a relationship to external reality, integration of the personality, and the sense of body. (p. 176)

One can identify this statement as being the 'kernel' of thought which Winnicott went on to develop and elaborate in his well-known theoretical papers, 'Primitive Emotional Development' (1945), and 'Ego Integration in Child Development' (1962), to name only two.

In the same 1931 paper referred to above Winnicott makes his point through a simple description of an activity:

For instance, three children run to school. One runs because he is eager to get there. On arrival he wants to get started quickly, or at any rate to see and greet, and be greeted by the teacher. The second runs because he is late. His mother was late getting his breakfast because the baby had an accident. His aim is to get there in time. The third runs because he feels pursued. His life is dominated by imaginary persecutors. His aim is to get into school, and to some protection from his enemies. He may want to sleep when he gets to school, or if there is no rest for him he must create real persecutors out of the other children or out of the teachers, to gain relief from the unknown. (p. 177)

Winnicott suggests that the physiological states of the three children on their arrival at school would vary according to their environmental circumstances and their emotional states.

Throughout the book Winnicott's illustrative material takes several forms, that of clear description, as above, case history and case discussion, direct quotation from parents' accounts, and both actual and imagined quotations from children. When I say 'imagined quotations from children' I am referring to Winnicott's talent of putting into words what he understands to be going on in a child's mind – much like a 'thought bubble' in a cartoon. I particularly enjoyed reading the imagined quotation of an 8 year old who wanted to tell his mother about the happiness he had found away from home.

In spite of the very useful 'Glossary of Medical Terms', because of my own medical ignorance I expected to find the chapters relating to psychosomatic problems to be the least interesting of all. This was not the case. In the chapter, 'On cardiac neurosis in children' (1966), there is a two page statement about history-taking in which Winnicott defines the stance a doctor must be able to adopt in order to allow a clear history of the case to emerge. I personally found the statement very helpful when I came to think about an anti-social young man I was about to meet with a view to beginning treatment. It reminded me that I needed to be free not only from preconceived notions about the patient but also a moralistic attitude toward him.

Harry Karnac's comprehensive bibliography of Winnicott's writings is made available for the first time in this book. It amounts to 38 pages and includes a list of volumes, an alphabetical list of papers and a chronological list of papers. For the serious student of Winnicott, such a bibliography is invaluable.

There is much more I could say about the book, but the reader of this review would do better to go and buy it for themselves than to read an extensive review. In many papers Winnicott is at his most simple, lively, spontaneous and conversational – for the most part the book is less theoretical than some of his other texts, and, therefore, more accessible. For those who are unfamiliar with Winnicott's work, it will introduce it in a way which will whet the appetite. For those who are familiar, it will ring numerous bells.

SUE JOHNSON

The Language of Winnicott: A Dictionary of Winnicott's Use of Words

By Jan Abram. Karnac Books, London, 1996, pp. 378, p/b £23.95

Jan Abram begins her book *The language of Winnicott: A Dictionary of Winnicott's Use of Words* with two frequently used quotations from Winnicott:

'Come at the world creatively, create the world; it is only what you create that has meaning for you.'

'For most people the ultimate compliment is to be found and used.'

In using the first quotation Abram is making two statements about her book – that she has taken up Winnicott's invitation to come at his writing creatively, and that her book is her personal creation of Winnicott's use of words. In using the second quotation she is inviting her readers to 'use' her meanings.

Through his writings, talks to various groups and radio broadcasts, Winnicott addressed a wide range of audiences. He said in a talk given to the 1952 Club four years before his death that 'the most valuable thing has been having to lecture to people who aren't analysts ... having to lecture to social workers and teachers and parents and all sorts of people is tremendously important.' (Winnicott, 1989, pp. 577–578) It was Abram's 'strong desire to make Winnicott's work 'more accessible' which resulted in the book.

Abram has selected twenty-two of Winnicott's words and phrases which represent major themes in his work and has organised them (alphabetically) as chapters into a dictionary. Each word or phrase is followed by a contents list, or what might be called a list of variations on the theme word, then a brief definition of the word or phrase in Abram's own words. Abram then discusses each variation in detail, interspersing many clearly referenced quotations from Winnicott with her own comments. At the end of each of the twenty-two word sections is a chronological list of the papers referred to in that section. Throughout the book the reader is referred to other sections of the book which relate to the idea being discussed at that time.

The shortest chapter is on 'Primary Maternal Preoccupation'. It is broken down into three themes: 1) Ordinary devotion, 2) Going-on-being, and 3) Meeting needs. The chapter takes up five pages in the book and in it Abram quotes extensively from two papers: 1956 Primary Maternal Preoccupation and 1966 The Ordinary Devoted Mother.

The chapter to which she devotes the most space is, perhaps not surprisingly, that entitled 'Mother'. This theme occupies 29 pages of the book, is broken down into twelve variations and in it she uses twenty-three of Winnicott's papers. The cover illustration is a delightful drawing entitled 'Mother and Child' by Winnicott.

Abram's text is varied – sometimes making a point of clarification, at others locating Winnicott's writings within the broader historical psychoanalytic tradition, and at times tentatively taking issue with him.

In her desire to make his work more accessible Abram sometimes seems to make Winnicott's elusive language too lucid.

Occasionally I found myself wanting to enter into discussion with her about a statement she makes. For example, in the section entitled 'Meeting needs' under 'Primary Maternal Preoccupation', Abram quotes two paragraphs from the paper 'Primary Maternal Pre-occupation' which are preceded with the following simple statement of her own:

Meeting the infant's needs is not possible without the mother's unconditional love, which amounts to her entire empathy with her infant's predicament.

On first reading that statement I did not think much about it. But then I began to wonder. Was that what Winnicott was talking about? Certainly at times Winnicott does write about the importance of unconditional love, but my understanding of the mother's ability to meet her infant's needs is that the ability is based on her identification

with her infant as opposed to her unconditional love for her infant, and I would not see her unconditional love as amounting to her entire empathy. But this is the kind of statement I would enjoy discussing.

Included in the book is the bibliography compiled by Harry Karnac.

This book has many uses – for reference, for ‘dipping into’, and, of course, for reading cover to cover – not something one would ordinarily do with a dictionary. Having done just that, however, I can recommend it – it encouraged me to re-read papers of Winnicott’s. I would always want to return to original texts – to do otherwise would be to deprive myself of the experience of grappling with Winnicott’s complicated ideas, and I do not believe there are short cuts to understanding Winnicott. I will use this book principally as a companion – probably when I am reading Winnicott himself.

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SUE JOHNSON

Breakdown and Breakthrough: Psychotherapy in a New Dimension

By Nathan Field. Routledge, London, 1996, pp. 157, h/b £45.00.
p/b £13.99

I found this book both very readable and very accessible. In its 144 pages there is much to think about and much that is very interesting.

The first chapter is called *Interpreting and Relating* and the last, *Psychotherapy Reframed*. Between these two chapters, Nathan Field explores a range of areas in ours and other related fields. In so doing, he explains his theory of breakdown and breakthrough. As with the best theories, familiar ideas have been connected in a new way and brought to our attention afresh.

From the beginning we have a clear sense that this book is compiled from what the author has learnt from the very start of his practice. He has questioned many ‘truths’ that he learnt during his training, although because his training was more than 30 years ago and no doubt because of his kind of questioning, many of these challenges have been met in the more recent trainings. One of these ‘truths’ is

the way in which we relate to patients and the need for that to be human as well as analytical maintaining a 'benign neutrality'. The author describes a case history where he discovers that just at the point where he gives up on a patient a breakthrough occurs i.e. at the point where he shares his breakdown with her he feels deeply connected which results in a profound change in her inner life. He returns to the theme of breakdown for both patient and therapist many times. His definition of breakdown is any instance where the ego 'fails to function' and the place from where change can start to take place. By sharing the breakdown the author makes the patient aware of her own confusion and breakdown.

Looking at breakdown and breakthrough the writer describes the same phenomenon in many different areas. He looks to religion and science and physiology when explaining it. Just as it occurs in individuals it occurs in societies and groups. So breakdown and breakthrough occurs in the psyche and the body of the individual and the group. At this point Jung's concept of the warring opposites occur to me but nowhere does the writer use the concept to describe his state of breakdown and breakthrough. What about the transcendent function and coniunctio I want to ask but I have to wait until page 142.

The writer goes on to describe two different kinds of therapies as he sees it; healing and exorcism. Healing is used for patients suffering loss of the soul and exorcism for those who are possessed. The former would include followers of Jung, Ferenczi, Winnicott, Miller and Balint, and the latter Klein and her school although the two styles are not mutually exclusive. Continuing this theme Nathan Field describes the roots of therapy in shamanism and other ancient forms of healing.

In the most interesting chapter for me there is an explanation of the new developments in science, namely quantum mechanics and holography which takes us into an area familiar to psychotherapists but not to many others; namely that what we are looking at is what we are looking with – that the objective universe is a mental construct. Scientists observing sub-atomic particles change the way the particles behave by observing them and sometimes irrevocably. And so with the author's full and clear explanation, we are lead on from seeing how the scientists can no longer be only reductive in their thinking, to the therapist's experience of projective and introjective identification, or to use Jung's term, unconscious identity. He attempts to explain how these phenomenon, that we know so well in our practice, actually work. Nathan Field quotes Sperry as saying 'In the new view, things are doubly determined not only from lower levels upward but

also from above downward'. The catastrophe theory, well known in science, is related to the writer's theory of breakdown and breakthrough.

The subtitle of the book *Psychotherapy in a New Dimension* refers to the author's view that we can understand the experience of the therapeutic alliance as being divided into four dimensions the new dimension being the fourth one. The writer describes the first three dimensions in one chapter and then devotes the following chapter to the fourth dimension which he describes thus: 'simultaneous union and separation of self and other'. And later on in the same chapter 'in the self same moment that the patient has connected with me they have connected with themselves and I with myself' a definition that I found helpful. This he calls the fourth dimension because 'it is a relationship that goes beyond the therapeutic alliance, beyond the depressive position, beyond object relationship, beyond secondary process into something which incorporates secondary process and underlies and transcends the ego'. The writer readily acknowledges that this is not a new thought but he says that by naming it he is arguing for a recognition that it exists. It is a transition from disconnectedness to connection without fusion. It is a dimension which combines psychoanalysis and analytical psychology.

In his chapter *Psychotherapy and Subversion* Nathan Field considers the tension between relating and individuating. He puts the case for relationships inhibiting individuation and goes so far as to say that nurturing, relating and serving, most frequently done by women, are obstacles to individuation. I think here I would disagree with him and while recognising the tension, say he underestimates the role of relationships in individuation and indeed it is clear from the book that his patients have contributed greatly to his thinking and formulating of ideas and therefore to his own individuation. In the last chapter he reminds us that research seems to suggest that psychological healing depends on the quality of the relationship between patient and therapist rather than method and tries to answer the question is analytical psychotherapy a form of treatment or a way of life?

In the book difficult concepts are dealt with in a very down to earth language and style and it has been very helpful to me taking an overview of the theory and practice of psychotherapy and bringing to my attention concepts and ideas of which I have not always remained conscious. It is a book I shall want to read again at regular intervals to keep these ideas conscious.

HARRIET LOEFFLER

Shame and the Origins of Self-esteem

By Mario Jacoby. Routledge, 1996, pp. 131, p/b. £12.99

Translated from German, this book is a pioneering work which explores shame, shame-anxiety and the origins of self-esteem from a Jungian point of view. Mario Jacoby claims only to incorporate in his study what has served him personally and professionally. With this in view, he draws reflectively from his own clinical experience, relevant psychoanalytic literature particularly that of Spitz, Winnicott and Kohut and the findings of infant research especially in the writings of Daniel Stern. Then he weaves all this into a fabric working from a Jungian analytic base that is steeped in the writings of Jung.

Over the first four chapters of the book, Jacoby reflects on the phenomenon of shame and shame-anxiety, its psychological meaning and its relation to the development of self-esteem. He sees shame as archetypally given; an experience of being uncovered, of feeling worthless and bad even though there are no moral implications involved. Shame, he says, is a deeper hurt than guilt which does have ethical considerations. Whilst distinguishing between shame and guilt in this way, Jacoby points out that guilt can be used as a defence against shame and vice versa. He moves on to link feelings of shame with the individual's ego-ideal, the way a person wants to be seen, and points up how seeming to fall short of this, results in a painful sense of exposure, degradation and scorn by others; whilst guilt, by contrast, involves a sense of having done something wrong. As the book proceeds, Jacoby draws out the importance clinically, not only of understanding the individual shame threshold of a person which is linked to shadow tolerance, (in Jungian terms) but also of having a sense of how the person's ego-ideal relates to the true self. Throughout the book, this sensitivity to the patient's self comes to the fore. Of course, Jacoby is referring to Jung's concept of the Self as representing the entirety of the psyche. As he puts it, change of inner figures in a deep analysis follows, not from acts of will by the patient and analyst, but when 'both parties are drawn into a process orchestrated by that agency Jung called the 'self' ' (p. 102) He links this with the process of individuation, with the Self at the centre in the drive to wholeness.

In his exploration of the psychological meaning of shame and self-esteem, Jacoby invokes the tenth century B.C. Garden of Paradise Myth in the Judaeo-Christian tradition and the recent research of the psychoanalyst and experimental psychologist, Daniel Stern. Inspired

by Neumann, he unpacks the Adam and Eve myth drawing out how their partaking of the Tree of Knowledge led Adam and Eve, not only to lose the initial experience of Paradise, but also to become aware of their nakedness and difference in their sense of shame. Jacoby points out that in covering themselves with the fig leaf, a primal image of the Jungian persona, they are dealing with the experience of shame rather than being defeated by it. Shame is an archetypal emotion but as Jacoby reiterates, this does not imply determinism. Indeed, Jacoby uses this Primordial myth to emphasize that the phenomenon of shame belongs alongside growth of consciousness with its origins in an individual act and a break with conformity, in eating of the forbidden tree of knowledge. From this, Jacoby draws out the dual function of shame in that it works in the interests of both individuality and conformity. It is essentially about trust in one's personal integrity, on the one hand, and social adaptation, on the other, with all the inevitable conflict involved.

Using Stern, Jacoby shows how infant research concurs with the Paradise myth. They both illustrate that when there is a crisis in self understanding, the shame/self-esteem conflict ensues. This happens as Jacoby says, in Stern's fourth stage of the development of the self, that is, the 'verbal self' (15–18 mths, when the infant develops a sense of an 'objective self'), although its origins lie in the earlier phases of the 'emergent self', the 'core self' and the 'subjective self'. In tracing the basis for self-esteem, Jacoby uses Stern's theory of RIGs (representations of interactions that have been generalised). This relates to patterns of fantasy in the infant between the self and the 'self-regulating other' which have become inner psychic representations. Jacoby links this capacity to form general representations with the Jungian notion of the creative power of the archetype. Although Jacoby nearly gets caught up in evaluating different theories of development of the self at this stage (clearly favouring Stern's theory from the classical psychoanalytic, Mahler's state of fusion followed by separation and those of Klein and Erickson), he calls himself back to focus and concludes that the myth of Paradise and Stern's work support his thesis – that shame is archetypally inherent, that its outworkings in an individual depend on the person's self-image closely connected with the development of self-esteem and that this process essentially commences with a crisis of self-understanding.

The remaining chapters of the book; five, six and seven, are more firmly grounded in clinical work with emphasis on a Jungian approach. Jacoby explores the relationship of shame to the inferiority complex

linking it with Jung's theory of Psychological types and functions. He points out how when parental figures have given priority to the inferior function of an individual, this can lead to the preponderance of an inferiority complex with its inevitable shaming experiences, or, to the use of defences such as reaction formation and identification with the grandiose self to try to avert the shame. He also discusses shame in relation to feelings of embarrassment and humiliation and links this with being able to accept all one's shadow side in the quest for wholeness. Throughout the book, he relates shame to the narcissistic part of every individual and, in a small section on masochism, he indicates how sometimes the degradation of children can result in masochistic behaviour rather than lead to narcissistic rage.

Jacoby writes sensitively of the shame-inducing aspect of the analytic setting and indicates how he addresses this with patients before embarking on transference and resistance interpretations. His concern is to gain access to the feelings of the wounded child in the patient which gradually unfolds in the transference. He likens the Jungian complexes which get activated in the work to Stern's RIGs – both carry strong feelings and are mainly about inner images and fantasies. They evoke shame – anxiety which when contained and understood can activate the positive dimension of shame in its work of guarding the inner true self. Jacoby illustrates this with a final detailed vignette from his work using the motif of the fairy-tale, Snow White, which he sees as very common in people with self-esteem difficulties.

Throughout this exploration of the roots of shame and self-esteem, Jacoby remains compassionate and humble in approach and he does not wander far from a clinical base in the therapeutic interactional relationship. Yet what he attempts in this initial study on shame is quite wide-ranging and bold; the integration of pertinent psychoanalytic literature with Stern's infant research and Jungian analytic theory and practice. As I read the book and found myself questioning at intervals whether the writer was moving from his focus, invariably I would find that Jacoby would call himself back to the task. Then he would summarize his developing thesis using Stern's language, especially his 'self-regulating other'. Yet Jacoby does not clearly delineate his thesis and argue a case; as he wrote in the Foreward, his intention was only to set out what he had found useful and the fabric is woven in this unassuming way.

MARIA LYNCH

**Partners Becoming Parents: Talks from the Tavistock
Marital Studies Institute**

Edited by Christopher Clulow. Sheldon Press, 1996, pp. 200,
p/b £14.99

‘What we call the beginning is often the end,
And to make an end is to make a beginning.’

T. S. Eliot (1942)

In tracking the perilous journey from partnership to parenthood and back again, the editor, Christopher Clulow, observes that the papers in this book reflect the kinds of truth expressed above by Eliot in the last of his Four Quartets. Clulow, by carefully assembling the chapters in such a way that allows the main themes to be stated and re-encountered enables the reader, like the couples described, to take a journey which is circular rather than linear.

Partners Becoming Parents is not a book about the practice of psychoanalytic couple psychotherapy as have been other publications from Tavistock Marital Studies Institute (TMSI) reviewed in the Journal. Rather it follows on naturally from its companion volume that investigated the nature of contemporary marriage (Clulow, 1995). This book is based on a series of public lectures originally given in 1995 at the TMSI. The editor and contributors examine what is involved in the process of becoming a parent and sustaining a partnership. From their different disciplines and professional perspectives they address two fundamental questions: How do children change the relationship between their parents and what relevance has the couple for healthy child development.

Penny Mansfield, family researcher, sets the contemporary scene and draws attention to the paradox that marriage, (or a committed partnership) where the partners are supportive of each other, is good for children, yet the child rearing years may be bad times for a marriage. The child's arrival can disrupt, or even weaken, the relationship that should cradle his or her upbringing. She argues that marriage is more likely to provide a secure anchorage for the couple relationship than the process of drift which can characterise the background of many co-habiting partnerships.

Penelope Leach, research psychologist, raises the question of ‘Who comes first?’ in order to argue that the central conflict facing parents and society today is not about who comes first in the family but between earning and caring. She points out that the gendered solutions

provided by marriage in the past (he would earn, she could care) are no longer adequate to the circumstances of today. Becoming a parent often means the beginning of serious conflict between the job and family – a conflict that becomes even more acute as the waning dependency of children overlap with the dawning dependency of their grandparents.

In a chapter which I found particularly valuable and, which to my mind lies at the heart of the matter, psychoanalyst Marcus Johns explores the difficulties of three-person relationships from a psychoanalytic perspective. Johns, together with Rosenthal in a later contribution which also emphasises the oedipal theme, dwells on the loss of the illusion of exclusive possessiveness. He points out this loss is probably the most difficult developmental hurdle to negotiate in life, one that is never completely overcome, and which is particularly likely to be re-awakened in times of change and stress. Johns cites the idealization of the pair, with its attendant narcissistic self-aggrandizement as the biggest obstacle to the development of generous relationships and mutual concern.

Whereas the other contributors are concerned with the effect of children on partnerships Lynne Cudmore, marital psychotherapist, writes sensitively of the experience of those infertile couples who seek medical help to have children. Drawing from her research with couples undergoing 'in vitro' fertilization (IVF) treatment, she highlights a psychological division of labour between partners in expressing their feelings and managing the treatment process. Very often the women express all the longing and distress and their partners try to manage this without getting too caught up in it themselves. As the majority undergoing IVF are faced with a barren outcome the loss for these couples is loss of potential, the never to be born child, the imagined child, genetic continuity.

A further exploration of the differing experiences of women and men is given by Joan Raphael-Leff, a practising psychoanalyst and social psychologist specialising in reproductive issues. In a rather dense paper, but one with a wealth of material which re-pays re-reading, she presents us with the personal stories that women and men construct to describe their experience of pregnancy and parenthood. From the diversity of these narratives patterns emerge that can be assembled into what she describes as a 'placental paradigm'. The women (Facilitators) and men (Participators) who organise themselves and their lives around babies contrast sharply with the women (Regulators) and men (Renouncers) who expect them to slot into the pre-existing

adult scheme of things. Between these extremes are women and men who are more fluid in recognising and responding to the needs of their children and themselves (Reciprocators). Each has outcomes and implications for every member of the newly-formed family.

Jennifer Johns, from a developmental perspective, then takes us on a fascinating imaginary journey charting the long and often perilous process from infant daughter to motherhood. In contrast Andrew Samuels, in an intriguing focus on the father, introduces two new figures whom he portrays as the 'good enough father' and 'the father of whatever sex'. His contribution revolves around two questions: that is, what are the consequences (or lack of them) of lone parenthood on future development, and, what 'father' is in these days, that is the crisis of fatherhood question. Of particular interest is his exploration of the father in contemporary psychoanalysis.

Carolyn Pape Cowan and Philip Cowan, research psychologists from the University of California, have carried out research on the transition to parenthood. Carolyn Pape describes what helps and hinders couples as they make the necessary adaptations to parenthood and gives an interesting account of a supportive programme of groups which help couples manage this transition. Philip Cowan investigates how the quality of the partner's relationship affects parenting styles and child development.

The latest predictions indicate that two in five families are likely to end in divorce. More than one-third of marriages are remarriages for one of the partners, and these remarriages are statistically more vulnerable than first marriages. Margaret Robinson discusses definitions and categories of stepfamilies. As a mediator and marital and family therapist she is well qualified to present some of the issues that step-parents have to face in managing the role of parent and partner. She outlines a 'stepfamily life-cycle', that is, transition points that require family members to resolve basic dilemmas in the process of becoming a stepfamily.

Freud described falling in love as a temporary insanity. Joanna Rosenthal, a marital psychotherapist at the TMSI, focuses on the couple and their experience in forming a second relationship. She perceives that there is a significant period at the start of a family when there is likely to be more than the usual level of idealization. When the imperfections of reality encroach, this frame of mind is likely to flip over into its reverse, that is hatred and denigration. She observes that idealization and denigration serve in the short term as a protective measure against anxiety but ultimately work against resolution of loss.

I found particularly helpful Rosenthal's thoughts on the problem of triangular space and the pain of the oedipal situation in these relationships.

In a useful final chapter Clulow draws together the threads of the book. He concludes that partnership-parenthood dilemmas are essentially dilemmas of the triangle.

One of the difficulties I had in reading this book through in sequence, was in encompassing the richness and diversity of the different perspectives which were brought to bear on the topic. I think readers, no doubt like the audience for the original talks, will first select the contributions that speak most closely to their own perspective and then be stimulated to branch out to learn about other approaches.

This collection of papers offers a valuable contribution to our thinking on partners becoming parents. Not only therapists but those practitioners working with couples and families who attend BAP courses, will be grateful for this book which brings together in one volume so many authoritative and thought-provoking papers.

DIANA DANIELL

What Do Psychoanalysts Want? The Problem of Aims in Psychoanalytic Therapy

By Joseph Sandler and Anna Ursula Dreher. Routledge, London, 1996, pp.141, h/b £40.00, p/b £14.99

This book presents an historical overview of the evolution of aims in psychoanalysis from Freud to the present day. In doing so, the authors begin to build a model on which to formulate a theory of aims in psychoanalysis. The book is neither a clinical expose nor a theoretical treatise, but situates itself in the area of historico-scientific research focusing on epistemological issues of purpose. Arnold Cooper, offers a very good introduction in the foreword preface, welcoming the book in the context of where psychoanalysis finds itself today vis a vis society, namely, its place with regard to the academic and intellectual community at large, as well as vis a vis the public in general. This book, therefore, also offers to define more clearly the claim made by psychoanalysis as an effective therapeutic tool.

Having begun as a form of treatment with the clearly set goal of removing very particular symptoms in ill patients, the authors show

us how, over the years, psychoanalysis has shifted its preoccupation from the achievement of pre set goals, to the pursuit of aims, in constant redefinition through the continuous discoveries made through clinical work. Thus, different schools of thought, often propose different aims for psychoanalysis. In order to clarify the present state of confusion and difficulty in formulating a unified theory of aims in psychoanalysis, the authors engage themselves in the task of investigating the evolution of analytic theory as it evolved over the decades. By paying particular attention to the evolution of the psychoanalysts conscious and unconscious discoveries underlying theory formation, the authors begin to create a model on which to base further research in the field.

The book is divided into nine chapters ranging from Freud's original aims in psychoanalysis, to the beginnings of theoretical divergences, the inevitable widening scope of analysis from 1950 onwards, and ending up with the present state of pluralism in psychoanalysis.

The first chapter, 'Freud's view on aims', points out that from its inception, research and treatment in psychoanalysis coincided. Freud's original goals were to remove symptoms by helping the patient go back to the original source of the conflict, before symptom formation took place, through analysis of the transference. A further goal is defined by Freud as the modification of the original conflict and consequently the redistribution of libido and resultant structural change in the psyche.

Freud refers to aims, firstly when he states that analysis has achieved what it set itself to do, when sufficient internal resistance has been conquered so that there is no need to fear a repetition of the pathological processes concerned. Secondly, Freud regards the 'taming' of the instinct to be a primary aim of analysis, that is, that the instinct does not find independent means of satisfaction but that it is under the control of the ego. Aims are, therefore, deeper, more global than goals. Furthermore, Freud regards intrapsychic conflict as crucial in determining change. Ultimately, Freud saw that resistance to change and development of a viable ego depended greatly on the understanding and taming of the death instinct. This area was to be picked up in later years by M. Klein.

The second chapter, entitled 'The early Freudians in the 1920's' shows how the main development in this period was the realization that psychic change would result out of the modification of the super-ego thus freeing the ego through transference interpretation to deal better with external and internal realities. Sachs, Alexander, Rado,

Reich and Ferenczi set the groundwork which culminates in Strachey's seminal paper on mutative interpretations a few years later.

Chapter 3, 'Consolidation in the prewar decade' shows how, in the 1930's the new formulation introduced by Freud of the structural theory created theoretical confusions, because the topographical model, primarily used as a model for the mind, by a majority of analysts at the time, was difficult to integrate with the new structural theory. The concepts of Ego and Self remained interchangeable but at the same time, their differentiation was also at the center of theoretical discussion. As they began to differentiate from each other, Ego and Self psychological schools of thought began to emerge.

Following these important theoretical developments, the main aim in analysis became the internalization of the analyst as a superego function capable of dealing with reality and the Id successfully. The original aims of strengthening the ego were, however not abandoned. What changed in this decade was the definition of the nature of this strength. It was not enough to achieve a strong managing ego but also to include in its qualities, a capacity for depth.

Chapter 4 deals with the 1940's and is entitled: 'The emigration of analysts and a period of transition'. In this decade, the divergences of aims based on differing theoretical considerations became more pronounced. M. Klein's theories, based on her studies of the healthy and pathological developments in the infant, identified the analytic aim as to reducing persecutory and depressive anxieties and to strengthen the relation of the patient to the external world well enough to allow him to deal satisfactorily with the situation of mourning.

Anna Freud's theories, on the other hand, based mainly on the structural model, identified aims in psychoanalysis as those that would increase the degree of awareness of unconscious processes, and consequently, through reconstruction of the past, to limit the scope of the transference neurosis. In America, the emphasis remained attached mainly to Anna Freud's structural model and aims were formulated accordingly.

In Britain, object relation theorists such as Balint, Rickman, and Payne, began to formulate their theories and conceptualization of aims to include a reorganization of internal object life. The main difference between these schools of thought and Kleinian theory being that the latter placed central importance to the struggle between the life and death instincts, whereas the former, considered trauma as being the main obstacle to an otherwise natural development of the libido.

The authors do not stress sufficiently the fact that these important

theoretical differences in subsequent years engendered significant differences in terms of the belief of depth of change possible through analysis. In effect, the belief in primitive phantasy life, introduced by M. Klein in the infant from birth (and as some research has shown, even in intrauterine life) implies the existence of a rich object life and of the mechanisms employed by the infant to channel its instinctual life in terms of object relations. This created the basis for a more positive outlook for change, thus the aims for psychoanalytical therapy became deeper in the sense of changing basic mental structures by modification of unconscious phantasies. The more traditional view, espoused by A. Freud and the more classical theorists believing in an objectless state at birth, implied a less optimistic outlook for deep change and thus the aims became centered around the lifting of repression and the strengthening and development of the ego function, to be able to tolerate and deal with psychic structures which were not perceived as capable of fundamental change.

Chapter 5, 'The 1950's and the widening-scope discussions', shows that although, overall, there were no new aims formulated, important new developments began to take place which led to the formation of definite schools of thought. Because of the realization that analytic technique had to change in order to fit the individual needs of patients, there was a rigidification of technique and at the same time, new formulations, such as object relations, developed in order to find ways of explaining non-neurotic phenomena. Aims therefore began to be re-examined gradually as the discovery of new phenomena became apparent. The question of aims also became pronounced due to the need to differentiate psychoanalysis from other forms of therapy. Comparisons between psychoanalysis and psychotherapy became the center of research and thought, as psychotherapy proliferated with the growth of psychoanalytic thought and its adoption by the American psychiatric establishment.

Chapter 6, 'Heightened Tensions', examines the 1960's and is exemplified theoretically by the clash between the continuation of the different approaches needed both to understand and treat non neurotic phenomena and the reaction by the establishment in the analytic community who were trying to keep psychoanalysis pure and faithful to its original design. The scientific concern revolved around what the factors were to create intrapsychic change and attempted to link the discoveries derived from therapy to metapsychological considerations. Wallerstein's paper written in 1963 'The goals of psychoanalysis' was regarded at the time as a milestone in attempts to formalize the concept

of analytic aims. Wallenstein distinguished between aims of psychoanalysis in general, calling them 'outcome aims', from 'process aims' which related more specifically to intermediate changes brought about during analysis. During this decade, social and theoretical movements were taking place in the United States, including the questioning of established theories in all domains of science. This pertained also to psychoanalysis, permitting the emergence of object oriented and self oriented theoreticians like Kernberg, Kohut and Mahler.

'The 1970's and the flowering of pluralism', chapter 7, saw the introduction of the concept of 'self-object', defined as the 'subjective experience of another person who provides a sustaining function to the self within a relationship, evoking and maintaining the self and the experience of selfhood by his presence or activity' (p. 85). This concept approximated the idea of the good internal object of M. Klein.

During the 70's, there was a reemphasis on superego change as an aim for analysis from an object related and self development point of view rather than the more traditional structural model. The most important reformulations of aims due to Mahler, Klein, Winnicott and Erikson, emphasized developmental issues which implied that analysis had to include in its aim the rectification of mental functions hindered in early life such as capacity for individuation and separation.

The authors highlight a panel of the IPA in 1975, where the aims of psychoanalysis when compared to psychotherapy were reevaluated. The former being more of an open ended situation, the latter more specific goal oriented. A conclusion arrived at was that one of the aims of analysis was to help the patient to tolerate temporary regression and to recover from it.

'Pragmatism, and integration, in contemporary psychoanalysis', chapter 8, covering the 1980's up to the present time, saw an effort towards integration and acceptance of a pluralism of theories. The aims of psychoanalysis appeared to differ according to the various theoretical approaches. For instance, Grinberg from a Kleinian point of view, stressed the pursuit of individual truth, Lacan emphasized the development of the symbolic order, Hartman stressed the importance of ego adaptation and Winnicott the achievement of the true self.

In an attempt to find a way to bring these various theories together, the 1979 IPA Congress was devoted to the development of common ground through clinical work. The most salient aspect in this period of analytic thought was an emphasis placed on psychic change and the factors that create psychic change. Concomitantly, special attention was being paid to developmental issues. Whilst some theoreticians like

Kohut and Klein believed that development deficits could be changed, others believed that they could not, and placed their efforts on creating a better functioning ego in order to be able to cope with deficits.

A more unified understanding between different schools of thought seemed to be emerging in this period, where the main aim in psychoanalysis was to help the patient develop a self observatory capacity and a self analytic function, rather than the more limited goal of either adaptation to a more satisfactory life or to solve the transference neurosis.

In the final Chapter, entitled 'A framework for thinking about aims', Sandler, and Dreher find that any study of aims should include the following three perspectives in order to encompass all the factors that are at stake when considering purpose in psychoanalysis: the historical-conceptual perspective which examines aims from the standpoint of evolution of phases of theoretical development and schools of thought; the socio-cultural perspectives, which considers aims from the standpoint of what constitutes mental health and desirable outcome in a given society, and, finally, the clinical and technical perspective which considers aims in terms of degree of profundity of change, i.e., making the unconscious conscious and the differentiation and definition of attainment of either specific or general goals in terms of process.

With this in mind as a frame of reference, the authors consider that the analyst's unconscious motivation is important when formulating aims for a specific patient. The analyst's countertransference will affect his view on aims. Interestingly, the authors maintain that the degree of analysis the analyst has himself had will influence the depth and range of aims he will have for his patients. In terms of the perspective of mental health, Sandler and Dreher, define mental health as a 'multi-dimensional elastic notion, embracing a very large number of criteria, so large that they probably could not, in the present state of our knowledge, be fully enumerated' (p. 122).

From a clinical and technical perspective, the authors reinforce the idea that analysis, aims to expand the mental apparatus functions, in order to achieve a greater capacity for thought and symbolization, thus enabling the patient to have access to his instinctual life be creative in the external world. The achievement of a three dimensional capacity (or as Bion calls it, a bifocal function), enables the individual to face the hitherto unknown, thus permitting the development of new discoveries. In Sandler's and Dreher's formulation a successful analysis aims at opening the mind to new experiences and enables the patient to face the unconscious which by definition is yet to be discovered. A

capacity for constant transformation due to the internalized psychoanalytic tool is, therefore, an important aim for psychoanalysis.

Although the authors are careful to point out that the book concentrates mainly on developments in the United States, I think it would have benefited from a deeper discussion of ideas introduced in other countries, ie., Lacan, (France), Gaddini, (Italy), and Bion, (Great Britain). For example, from Bion's point of view, an important aim in psychoanalysis is to achieve a mental apparatus, capable of functioning at a three dimensional symbolic level, that is able to dream and confront oedipal issues. The book reads well, it is clear and to the point, although at times the book is too dense and frustrates the reader's needs to see theories elaborated upon more fully. Perhaps, however, that was the intention of this fairly short volume, namely to offer a quick historical overview of psychoanalytic thinking over the decades in order to develop a working model for further research.

Despite these minor misgivings, the book is interesting in that it enables one to look clearly and directly at approaches, other than one's own, particularly the American ones, how they formulate aims and how they evolved, by incorporating some of the findings of the Kleinian and Kohutian theories of the primitive self. It is interesting to compare terminology and concepts from different schools and see how some converge and others differ significantly.

The authors remind us that our discipline, unlike other sciences, uses the subjective-objective method in order to make further discoveries. It is the process of objectivising through the process of subjective analysis which makes our science unique. Analysts like Bion, Klein, Rosenfeld, Kernberg, Kohut, and Lacan emphasized the need to reinforce the analytic technique and method when dealing with primitive mental phenomena, as for example, in the transference psychosis when treating borderline or psychotic patients and how the analytic method must therefore expand itself through the use of countertransference analysis.

Sandler and Dreher conclude that one method of researching aims in psychoanalysis is to create study groups of analysts of different orientations, who, through their clinical work compare and attempt to link their respective ways of conceptualizing developments in the analytic process. This is an exciting and promising project which will advance psychoanalysis as a science.

For the experienced practitioner I recommend this book as a valuable reference guide to the evolution of trends in psychoanalysis as well as offering a good working model for those who are interested in

researching the commonalities of purpose between different schools of thought within psychoanalysis. The book stimulates the reader to think about the connections between one's daily clinical work and phenomena encountered and one's theoretical models. It encourages one to think about the connection between the discoveries one makes in one's clinical practice and the multitude of intermediate aims that appear during the course of an analysis and one's metapsychology.

DR. RICARDO STRAMER

Michael Balint: Object Relations Pure and Applied

By Harold Stewart. Routledge, London, 1996, pp. 129, h/b £35,
p/b £13.99

This book by Harold Stewart is written as homage to Michael Balint whom Stewart describes as his analytic grandfather and supervisor of his first training case. It is written with appreciation both of the work and of the man and goes a considerable way to explaining why, particularly some of the 'pure' aspects of Balint's work, seem not to have been integrated into the body of psychoanalytic thinking in the way they might.

As the title implies, the book is divided into two main sections, pure and applied object relations. The first section starts with an overview, touching on personal aspects of Balint's life, followed by a brief outline of the most important concepts within Balint's theories. At a personal level, Stewart describes Balint as a very direct man, with a capacity to challenge and question everything, with the aim of helping others to think for themselves. He also says that Balint was not a tidy thinker. This is evident in this book which in both ideas and structure follows Balint's work chronologically, giving it a slightly giddy feel. However, there is such a sense of the wealth of ideas that it feels almost as though they were being broadcast, some taking root and growing, others not finding fertile ground, and yet others not realising their potential. The ideas, for example, of the 'basic fault', 'benign and malignant regression', and 'new beginning' have taken hold; the notions of ocnophile and philobat seem to struggle for survival, as one tries to find a mnemonic that would instantly trigger a memory of which was the one that liked the spaces and the one that did not; and, finally, there are his ideas about hatred, narcissism, trauma.

Within this 'pure' section are also Balint's ideas on technique which started with his 1933 paper 'On Transference of the Emotions', followed by 'On Transference and Countertransference' (1939) and 'Changing Therapeutic Aims and Techniques in Psychoanalysis' (1949). This introduction is excellent and gives the reader a very comprehensive overview of Balint's views.

The chapters which follow in this first section are each devoted to one of Balint's books, the first being 'Primary Love and Psychoanalytic Technique' which contains papers from 1930–1950. The idea of a 'new beginning' and its development from biology to psychology is described. The seeds of two concepts benign and malignant regression are here. They are developed and elaborated in Chapter Five of the book.

There is much of interest in this chapter particularly Balint's emphasis on the non-verbal aspects of the relationship between analyst and patient. The shift from the content of free association to other aspects of the patient's behaviour. Changing facial expressions, ways of lying on the couch, were seen as a reflection of the patient's transference to the world and, in the analytic situation, toward the analyst. Balint attended not only to the nonverbal behaviour of the patient, but also to the analyst's responses. This was not only in terms of the correct interpretation but also of the kind of frustrations and satisfactions necessary. While this remains a controversial area, Balint's views of the countertransference responses of the analyst were very sophisticated. He saw the theoretical orientation and the technical terminology of the analyst as potentially influencing, if not perhaps producing, the very phenomena being observed in the analytic situation. 'This mutual interaction between patient and analyst as described here has become the very centre of contemporary psychoanalytic technique and theory.' (Stewart, p. 33)

Chapter Two is about the book entitled 'Problems of Human Pleasure and Behaviour' in which, amongst others, there is a paper on individual differences in early infant behaviour which was to be the basis for his interest in non-verbal experience. Importantly, the second half of this book is devoted to clinical problems and it is in the paper 'The Doctor, the Patient and the Illness' that Balint introduces the ideas of the doctor as a drug, allowing the patient to complain in his own good time, the doctor allowing himself to experience the emotions and fantasies in his relationship to the patient, as well as that of the apostolic function, that is the doctor's attitudes and responses to the patient's complaints together with his expectations of

the patient. At the end of this essay the notion of the Basic Fault which had been touched on in the earlier book, is now added as a postscript.

The book 'Thrills and Regressions' is the subject of the third chapter where the fairground is the venue for psychoanalytic investigation. The ideas in this book are once again ahead of their time. Balint describes very early primitive phenomena in terms of somatic modalities which he says are not instinctual in aim but are vital to object relationships. These are, for example, subdued nondescript humming, the irresistible and overwhelming effects of tastes and smells, of close bodily contact, tactile and muscle sensations, especially in the hands. He writes of 'the undeniable power of any and all of these for provoking and allying anxieties and suspicions, blissful contentment, and desperate loneliness.' Stewart suggests that these ideas of Balint's will become far more relevant in psychoanalytic thinking 'when the influence of the non-verbal, sensual, bodily aspects of the analytic relationship come into focus in our clinical theories.' (p. 46) It is also in this book that Balint describes the ocnophile and the philobat and their emergence from a state of primary object love. The ocnophile lives in a world of objects separated by horrid empty spaces with the compulsive need to be close to objects. To the philobat, in contrast, the world consists of friendly expanses dotted more or less densely with dangerous and unpredictable objects with whom contact must be avoided. These attitudes can also be stimulated in the analytic situation, according to Balint, with too much interpretation leading to ocnophilic clinging, and too little, to pseudo maturity.

The book entitled 'The Basic Fault' is the subject of chapter four. The Basic Fault is defined as something distorted or lacking which produces a defect which must be put right. The causes may be congenital or environmental. Once again what is of great interest in this chapter is Balint's emphasis on technique at the level of the Basic Fault, when the use of conventional language can be misleading. Words can be used when the patient is at the Oedipal level because they can be taken in. Interestingly, Balint compares the lack of fit between the child and the people representing its environment, with the lack of fit between the analyst's correct technique and a particular patient's needs. Stewart notes that Balint believes this 'to be an important cause of the difficulties and failures experienced by analysts in their clinical practice.' p. 50.

The theory of the early development of object relations is the subject of the fifth chapter based on the book 'Primary Love'. The notion of

Primary Love is described in terms of the individual being born in a state of intense relatedness to his environment both biologically and libidinally. Prior to birth, the self and environment are harmoniously mixed up, in fact, interpenetrate each other. When the developing relationship is in painful contrast to the earlier undisturbed harmony, the libido may be withdrawn to the ego, in an attempt to regain the previous feeling of oneness. This would according to Stewart definitely be narcissistic but secondary to the original environment cathexis. The rest of this chapter is concerned with techniques and problems arising in the treatment of the regressed patient, difference in the form the regression takes, benign or malignant, as well as the ideas of a new beginning. Stewart's comparison of the two forms of regression is particularly helpful. He points out that Balint emphasised that the form the regression takes, whether benign or malignant, depends not only on the patient, his personality and his illness, but on the way he is responded to by his object, the analyst. 'This means that regression is not simply an intrapsychic phenomenon but also an intersubjective and interpersonal one.' p58. Balint's technique in his work with such patients is of great interest particularly in his caution against interpreting everything as transference and indeed, at times avoiding words.

There are many other ideas in this first section of Stewart's book including some on trauma and on psychoanalytic education.

He draws the first part to a close with a critique and a section on further developments. In relation to the question of the critique, Stewart asks the question why Balint has not been given the credit he deserves and offers several explanations: firstly, Balint does not give sufficient clinical examples; secondly, there is a mistrust of therapeutic regression and the potential physical contact between the analyst and the patient. The criticisms of other analysts are also described. As regards further developments these are mainly in relation to the question of benign and malignant regression, and he cites Khan, Bollas and himself. On the positive side, Stewart points out that Balint fought with others for the object relations theory particularly in the field of early interactive and intersubjective phenomena, though in its own terms, says Stewart, Balint's theory was not completely satisfactory. There were two lines of development but his focus was mainly on the object relations line and he neglected the instinctual aims.

In reading this section of the book, I wondered why Stewart had structured the first half in this particular way, following the chronology rather than the important themes. It, of course, gives the sense of the wealth of ideas as well as the sense of a somewhat sporadic develop-

ment of some, and withering perhaps of others. On the other hand, it could have been useful to have gathered some of the ideas together to have had a sense of how the ideas had developed.

The second section of the book is devoted to 'applied' psychoanalysis, starting once again with an overview of Balint's work in this field. This is followed by chapters by Gosling on firstly, the development of the General Practitioner Training Scheme, and secondly, the GP training Scheme and Psychoanalysis. The book ends with a chapter by Andrew Elder giving clinical examples of the work of General Practitioners in a Balint group.

Balint was a pioneer of the positive use of the countertransference in a variety of settings. While this book focuses mainly on the work with General Practitioners, there is also mention of Balint's work in focal therapy as well as his contribution to the establishment of both the Institute of Marital Studies and the Institute of Psychosexual Medicine.

Gosling's first chapter describes the development of the General Practitioner training Scheme which was truly a 'voyage of discovery'. There have been an impressive number of papers which have come out of this initiative as well as the founding of the Balint Society, the Royal College of General Practitioners and more attention being paid in medical schools to the problems and techniques of general practice.

In the chapter on GP training and psychoanalysis, Gosling usefully shows how certain psychoanalytic concepts were incorporated into this work. For example Balint communicated the idea that the unconscious mind is at work in all of us, not just in our patients. Gosling comments that Balint's work in this area has been carried forward in many ways and in many settings but says that it has reverted in many cases to the mode of teaching, either good general practice or erudite psychopathology, that would have made Balint turn in his grave.

The final chapter by Andrew Elder is full of interesting clinical examples. He describes the reality of the general practice setting and its limitations as well as those of the GP who he says cannot hope to make all their patients better otherwise they would end by being exhausted and disillusioned. What he describes very graphically is 'moments of change'. These he describes as a sudden enlargement of the focus itself so that the 'whole voltage of his understanding goes up'. (p. 118). The aim is to build the relationship so that the contact becomes fuller and closer to the truth at the time. It enables the patient to experience himself more fully as a result. This may help to bring

about change in the patient but if this is so it is, according to Elder, almost incidental.

It has always been something of a puzzle why it has been so difficult to have a more rounded view of Balint's work, although some of the ideas such as the Basic Fault, benign and malignant regression, new beginning are very familiar. Stewart writes with enthusiasm both about Balint and his work. He very helpfully outlines, explains and at times criticises Balint's theories as well as conveying how much Balint's ideas have in common with important current views on for example, counter-transference, notions of patient and analyst fit, intersubjectivity, non-verbal communication. It was helpful to read Stewart's views on why Balint's work has not had the following it might have had. Hopefully, his book will change this.

RUTH BERKOWITZ

The Baby and the Bathwater

By Nina Coltart. Karnac Books, London, 1996, pp. 172, p/b £17.95

When you read this book you will be travelling with an idiosyncratic guide, never sure about your next destination. The author takes us through beautiful mountains, sad valleys and rocks of uncertain shapes.

We start the journey with her membership paper for the British Psycho-Analytical Society written in 1967. In this the intertwining of the unconscious inner world and the patient's outer perverse behaviour is described with great sensitivity and skill. The unmanageable is rendered manageable by making sense of it. When the patient hopefully re-enacts the bleak despair of his first year of life, the analyst responds by supplying ego strengths, originally unavailable, which he can then make his own.

This paper has a kind of beauty which only solid earth can provide. It fits Pissaro's picture of the potato pickers on the book's front cover. In this he portrays daily hard work together with human companionship. Psychoanalysis is hard work, says Dr Coltart but in her treatment, the human alliance with this 'Psychologically minded' and 'Thoroughly decent' man is all important. The harvest however, will never be perfect. Some potatoes will fail to grow and some will be blighted. The author makes it clear that all was not right at the end of this analysis

and she had to bear not knowing with what pain the patient still had to struggle after he left. Psychotherapists are more akin to potato pickers than magicians.

This down to earth attitude is conveyed in other chapters too. Describing a bewildering experience in a large group at the Institute of Group Analysis, Dr Coltart highlights the importance of explaining to patients what psychoanalytic practice is about. She firmly acknowledges that we do educate our patients; we help them to understand the psychoanalytic process and to think symbolically: a state of mystification is no help to anyone. Reality matters and it matters that everyone should live independently within it; it is therefore unhelpful to collude with patients who move from one analysis to another seemingly without end. These may be patients whom psychoanalysis cannot help. To think it can help everyone is 'omnipotent lunacy' and in retrospect Dr Coltart admits she would not have taken into treatment either of the next two patients she describes. They were both taken early in her career and her attitude to accepting them contrasted with the advice she gives elsewhere about patients who are suitable for psychoanalytic psychotherapy (1992).

The second case study is of a sad professor of philosophy who clung to his mind like clinging to life. The author reflects on her own possible misjudgement about the ending, the fact that object relations theory was at that time largely undeveloped and, perhaps most poignantly and relevantly, her inability to love the patient in the way she describes in some of her other writing (1992).

In the introduction to her third patient Dr Coltart makes a clear differentiation between psychosomatic and hysterical disorders though she then goes on to say that her patient, who was suffering from psychosomatic ulcerative colitis, behaved in many ways like a 'hysterical neurotic'; both disorders may be found in the same person. He did manage to work through some difficulties on an oedipal level but the irreparable damage to his colonic mucosa concealed equally irreparable psychical damage and he probably died of his illness. The vivid description of his mother's appalling cancer and the patient's 'traumatic state of furious grief' helps us to understand how he could only cope with his unmourned feelings by reproducing in himself the awfulness of disgusting physical illness leading to death.

In writing about these patients Dr Coltart is writing about herself as a psychoanalyst in an extremely moving way. She shares her failures and what she has learned from them and she does not despair. The going may be tough but her commitment to the psychoanalytic process

never wanes. This 'excitement and wonder' about her work, which drew her into psychoanalysis in the first place, pervades the book but the case studies illustrate that along with her enthusiasm go some inevitable disappointments.

She is certainly disenchanted with some of her colleagues. 'The ordinary bonds of affection and trust that hold friends together unchangingly, do not seem to exist between psychoanalysts' she writes. She draws the conclusion that there is no advantage in societies hanging together in unpleasant and dishonest carping relationships; differences and the choice of different paths can be survived.

The author values psychoanalysis beyond all else and she profoundly wishes that it should remain in the hands of competent professionals. Her 'five features that distinguish a vocation' provoke further thought. She is reminding professional organisations about their responsibility to choose suitable candidates. Even the best trainings cannot produce good psychoanalysts or psychotherapists and in one of her examples she warns how the interests of the students may be given priority over patients of future years.

Dr Coltart writes beautifully; she uses no jargon and has a warm liveliness which is both reassuring and inspirational. Her 1993 paper on transference invites us to reconsider familiar ideas and ways of working which may have got into a rut over the years. She re-opens the debate about transference cure and gives an example of how she thinks this can be possible if a patient's self image is sufficiently improved to enable ego expansion really to occur.

Ego expansion is also the aim of supervision. The author describes the important contribution of humour and play in her supervisory capacity but also how she adapted her style and level according to the ability of the supervisees. She wanted to increase their faith in themselves and the analytic process and to lessen superego anxiety, thus also allowing aggression to be used in the service of creativity.

Most of what I have so far described is about valleys and mountains; awesome at times and perhaps unexpected but recognizable. The rocks of uncertain shape leave room for speculation. For instance we hear a strange story about this psychoanalyst going in a semi-anonymous guise to join an experiential group at the Institute of Group Analysis. Her unorthodox behaviour comes as no surprise but I could not quite get to grips with what it meant.

Her commitment to Bhuddism is also off the beaten track but here the rocky shapes do have some coherence with the rest of the landscape. Dr Coltart briefly describes the ways in which she sees the

overlapping of Bhuddist and psychoanalytical concepts. She expands on the idea of the 'no-self' which is not nothingness but the real self. The opposite to the illusory narcissistic self which covers a fear of nothingness. I understood it as the self which is like the unimpinging environment; the self of which one need not be aware because it is harmonious. These are philosophical ideas but shift towards religious ones when the author talks of psychoanalysis as a moral system. This could lead to wider debate based on the overlapping of fact and value in the search for truth.

The author starts the penultimate chapter with her own association to the title 'Endings' and arrives at bleakness and death. The free association which she uses in her writing encourages the reader also to wander about. For the Bhuddists there is no self, so dying is different; life is inextinguishable energy and the ego is a delusion. In this sense life gained from analysis could also be looked upon as inextinguishable energy; it is the delusional self which has to be abandoned.

Ending analysis and death, writes the author, have points in common. The most convincing of these, to my mind, is the importance of preparation so that each can be approached with equilibrium and become 'a very interesting experience'. However, as Dr Coltart demonstrates by her rather abrupt ending to the chapter, neither can come without some shock.

In the last chapter the author looks back over her life. She reflects on the changes in her ideas and aims over the years and realises that in order to live without carrying a huge burden of 'stuff' she has thrown out many beliefs and selves along the way just as one throws out bathwater. Mostly this was 'jetsam', goods thrown overboard because they are consciously unwanted. The baby has been kept and nurtured but probably not without some 'flotsam', residues from the wreckages of life, attached to it. Every therapy constitutes a jettisoning of bathwater allowing the emerging baby to know her inner selves and to decide which ones to keep. Some ideas however, are not bathwater but have been mislaid and need retrieving and she cites the rediscovery of Ferenczi's notion that psychoanalysis imparts a corrective experience.

Dr Coltart's generous self-revelation provides the inspiration for this book. She gives us ideas imperfectly worked out and inevitably 'quite a detailed picture' of herself; this is why the journey is unmapped and why it is exciting. The author hopes to have 'conveyed some of my own continual enjoyment in my work to those who have stayed

with me to the end'. You will stay with her to the end and you will arrive enriched and delighted, with much to contemplate. 'If this is her final book', writes Christopher Bollas in his enlightening forward. 'She has left the best for last'.

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ANNE TYNDALE

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