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JOURNAL

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Editorial Comment

This issue of the BAP Journal celebrates the 40th anniversary of the Journal. We are marking this achievement with a weightier edition than usual. Midge Stumpfl (Editor 1989-97) writes a short resumé of the evolution of the Journal, and five senior members of the BAP, representing the three Training Sections, each contribute a paper. There are also the usual number of Book Reviews.

As the Journal moves into the next Millenium we are exploring ways of publishing it in a different form. The next Journal, January 2000, will have a different look.

The Editorial Board

THE EVOLUTION OF THE JOURNAL

MIDGE STUMPFL (Editor 1989-1997)

In 1959 when the Association of Psychotherapists was young and not yet the BAP, a few intrepid members decided to launch a 'magazine' to circulate to the membership. It was called the 'Bulletin'. There was no Editor named in its pages, although it seemed to be produced under the auspices of the 'Honourable Secretary of the Association of Psychotherapists'. It came out sporadically, at the most every two years, and was virtually a newsletter rather than a journal. It contained news of activities, announcements, book reviews and a few clinical papers. Certainly it provided a forum through which members could be in touch with and informed about the activities of the Association. By the third issue the clinical papers had increased in number. Funds were obviously limited and the Bulletin was thin, the cover cream coloured and flimsy.

Bulletin numbers 4 to 10 were more substantial both in fabric and in content; it appeared that the publication was gaining in confidence and establishing an identity of its own. But while there were sometimes references to 'the Editor', search as I might I could find no name to attach to the title. Perhaps those who put so much work into it preferred to remain anonymous! Bulletin Number 8 in 1971 was costed for the first time: 50 p.

In 1976 we became 'The British Association of Psychotherapists' and thus the Bulletin became that of the same. The layout, quality of paper and printing, were becoming more attractive and professional. But still no Editor. In Bulletin Number 10 I found an Editorial address and traced it to Josephine Klein who told me that she had been asked to 'take over and make it better'. And indeed, by now the improvement was consistent. The cover colours kept changing before settling on the blue it remains to this day. My fantasy was that this reflected an ongoing search for identity in keeping with the growing stature of the BAP which was rapidly making its mark as a respected professional association.

At last, in Bulletin number 12, 1981, Editors were named: Denise Taylor was Editor, with C. Bollas and M. Tonnesman listed as the Editorial Committee. Its 'newsletter' days were long gone and it had grown into a publication consisting of clinical papers and book reviews. Jungian, Freudian (as they were then) and the Child Section members submitted papers as did writers from outside the BAP.

In 1986 Judy Cooper became Co-Editor with Denise. By now there was an ISSN number and a steady flow of advertisements. In 1988 the Bulletin became the Journal of the British Association of Psychotherapists and was

circulated not only to the membership but to the public as well with all the attendant responsibilities that entails.

In 1989 I became Editor, with Michael Lane and Helen Alfillé comprising the editorial board. We took on this task with considerable trepidation. We were aware that we were following in the very competent footsteps of Denise and Judy. We knew, as well, that the Journal was now one of the faces of the BAP and as such was open to the approbation or otherwise not only of members but, as mentioned, of the public. At this time the Publications Committee was formed embracing the Journal, the Newsletter and, later, the Monographs. I was Chair of the Committee to be followed three years later by Kay Mordecai. This created a wider forum for exchange of ideas and one from which we derived much valued support.

Until now the Journal had appeared only once a year. It seemed to us that the time had come to publish twice yearly in order to attract more papers and to further establish its public identity. We put our case to the AGM in February 1992 and to our great delight it was unanimously accepted. Jane Pettitt joined shortly thereafter and we formed a compatible and mutually supportive team, spending many hours 'around the kitchen table' working on sometimes tedious, often of necessity obsessional, but always interesting work of editing.

In October 1992, Michael Lane died very suddenly. He left a yawning gap in the Journal team, but with difficulty we moved on. Things changed: Jane Pettitt returned to the United States, Helen Alfillé left, Ruth Berkowitz joined us as did Jessica Sacret and John Clay.

Then it was time for me to leave. There had been challenging and sometimes difficult times, as indeed there must be if we are to grow and change. But always there was the warmth and unending support of colleagues, and the rewards that come with work accomplished.

In 1997 a new Editorial Board took over: Mary Adams, John Clay, Arna Davis, Viveka Nyberg and Jessica Sacret. Julia Mikardo later joined as a representative of the Child Section. Under their management the Journal flourishes and all of us in the BAP wish it continuing success.

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40th Anniversary Issue 1959-1999

LEARNING FROM BION

SHEILA SPENSLEY

Recollections

Wilfred Bion was one of the foremost thinkers of this century and modern psychoanalysis is still in the process of integrating his ideas and his contributions to theory and clinical practice. In my own attempts to understand his work, I was fortunate to have been able to attend the last two series of seminars he gave at The Tavistock Centre. It was the only time I had heard him speak, and I found in those seminars an opportunity to gain a fresh understanding of what I had only read about (and frequently not understood) in his writings, and to begin to understand the wider and deeper implications of these advances in the understanding of human nature.

Bion was eighty-eight years old at the time of the first series, organised by Mattie Harris, at the Tavistock Clinic in 1978. The second series took place the following year, the year he died. That he was getting old and that he tired easily was known. He had returned from California to spend the final years of his life in England. He did not give a paper, but it was clear that this was not for lack of material but wholly consistent with his thinking and philosophy. He was making himself available in a spirit of exploration, to answer questions or pursue any ideas put to him. Indeed, his fortitude in maintaining this position *vis-á-vis* his large audience and in resisting pressures from the group to put him into an 'expert' role, was impressive. His presence, even at eighty-eight years and in failing health, was formidable. Bion was a tall man, broad-shouldered and physically solid ; he sat alert but impassive before us, waiting for thought to occur and making no concessions to the relief of the group's growing anxiety. It was a disturbing experience, simply to sit there as part of an audience seeking to learn from him but failing to find anything to say and at the time, it seemed to me that we were making it a difficult experience for Bion too. Little did I know! As I was to understand years later, Bion saw that real learning was not possible *without* disturbance and he did not attempt to shield himself or others from that uncomfortable fact. Grotstein's (1981) title for his *festshrift* to Bion, 'Do I dare disturb the universe', (a quotation from Eliot's poem) encapsulates this insight and recognises the courage required to face truth.

It was a very large audience with a closed circuit TV 'overflow'. Needless to say, the first thing that he demonstrated to us was the power of the group to arrest thought and exploration. There we were, psychotherapists and

psychoanalysts all, most of whom had considerable knowledge of Bion's published work, yet no one was able to think of anything to say. Bion was willing to help develop or facilitate our thinking but he resisted any pressure to be put in the position of the 'knower', supplying ready-made or fast food-for-thought. It was an impressive learning experience for me that he was able to wait for enlightenment. He regarded the dramatic reaction of silence as itself worthy of note and clearly did not feel he had to say something in order to relieve the embarrassment and growing tension within the room. He sat there, in apparent ease while all of us in the audience grew increasingly anxious. He encouraged, and seemed to expect some kind of interchange of ideas, out of which a new thought might be born and he made it clear that he expected that a new thought might emerge equally well from the mind of anyone in the room. *'Would someone'*, he mused, *'give a home to a thought?'*

Bion directed our attention to the curiosity of the phenomenon; that we had all come to the seminar out of interest in his ideas, yet no one could think of anything to say to him! The mental integrity needed to withstand anxiety and to go on waiting for some real thought to emerge, created a tension in the group that was telling and gripping. Furthermore, even when people began to speak, he continued to discriminate between what was and was not worthy of attention. He maintained the group's interest in the task of thinking and helped it to resist being deflected by defensive pseudo-thinking. The lure of mindless criticism was also carefully avoided, so that thinking did not become submerged in cross-purpose talking. This enabled the seminars to proceed, if falteringly, as people tried to use the opportunity to ask questions or to clarify their ideas, and I was left enormously impressed by his warmth and strength and his capacity to tolerate hugely anxious silences as he diligently maintained the group's interest in thinking.

I can divide into two areas my recollections of what Bion talked about in the course of those memorable seminars. In response to questions or comments from the audience, he spoke about the clinical practice of psychoanalysis, but he would also keep returning to issues concerning the nature of mankind and the future of society. He took questions about understanding and thinking far beyond the confines of clinical treatment and it was clear that he saw no less at stake than the future of civilisation. Failure of thinking is being witnessed more and more in our own society, where the issues of the day are presented in emotional and adversarial ways with little tolerance of space for thinking. Scandals and alarms sell stories; careful thinking about an issue does not. Equally, inequalities now give rise to demands for immediate action to eliminate them rather than an attempt to identify and understand how differences may have come about and what they might mean.

There is, however, an intrinsic difficulty in teaching others about what

has been learned from within psychoanalysis. A very great deal has been understood in the last fifty years about the functioning and dysfunctioning of the human mind, much of it deriving from the advances of psychoanalysis. However, Bion was acutely aware of the problem of communicating the results of psychoanalytic experience to those who do not or cannot have a knowledge of the experience referred to. It is no less than the problem that exists between therapist and patient. A way has to be found to communicate a different perspective of the problem to those who may be most unwilling to adopt any other point of view.

The Legacy of His Work

Bion's ideas about the processes of thinking and learning have been radical and I shall consider their impact in the light of my own experience: the experience of studying Bion's writing, the experience of clinical work with patients and the personal experience of attending those last seminars. It was a remarkable experience to have him 'lead' the seminar in the manner which he preached and his way of conducting the seminars had a great deal in common with his understanding of human mental and intellectual development.

The topics discussed in the seminars covered a broad range of Bion's thinking, leaping from one focus to another as the interests of the audience were followed. I did not find this confusing but rather consolidating in the way that his basic understanding of the human predicament kept shining through. This paper will not therefore follow any sequence in terms of Bion's papers. The intention is to convey his overall grasp of the existential struggle, the growth of civilisation and the threats to its survival, of which he seemed painfully aware. All of this struggle he saw in terms of the effort to gain some comprehension of the life of the mind.

In his book *Learning from Experience*, Bion (1962) describes in fine detail what he means by 'experience' and what he means by 'learning'. He goes to the biological roots of our existence to examine the evolution of thinking from which all intellectual development stems. The human organism, learning from its experience of the universe in which it exists, via the primitive neurological pathways with which it is born and the mental processes initiated at birth, is prone to 'system failure'. Bion distinguishes two stages of mental development and two forms of 'system' failure which can be associated with one or other stage or both. (Bion, 1967). Such failures interfere with the capacity to learn in major ways. Broadly, there can be a breakdown of the apparatus for processing experience (thinking) or there can be a failure at the level of input of experience. If breakdown is at the

receptor level, the consequences are catastrophic, for then the problem is not one concerning misperception or distortion of experience but one of (apparent) absence of the experience from which to learn and when the only resort is psychotic omniscience.

The Capacity to Think

Like Freud (1911), Bion took as the starting point of mental functioning, the primary processes of the unconscious which both he and Freud regarded as the earliest form of thinking. At the outset, he believed, the human organism is equipped with its sensory apparatus plus certain preconceptions. Preconceptions are innate expectations or a priori knowledge, a biologically determined predisposition like, for instance, the expectation of the infant that there is a nipple to go in the mouth or that there is somewhere for a penis to go. Thus equipped, the infant begins to build his experience on the basis of balanced projection and introjection - an interaction on the model of tongue and nipple working together to promote feeding and growth. If this continues to be the dominant model, there are optimal opportunities for the growth of intuitive understanding of the self and others and for learning in open creative ways. Along with this go all the further implications for the development of the individual's relationship to the group and relationships between groups. Unfortunately, the early developmental hurdles are also points of potential hazard and disruption to these processes.

The institution of a mental apparatus to mediate or process the results of the projective-introjective sensory and emotional experiences was first described by Freud as necessary to meet the demands of reality (Freud, 1911). Briefly, these were the ego functions, consciousness of the sense impressions, attention, memory, judgement and thought. These might be considered as a kind of computer centre for the projective-introjective data. This is Bion's starting point too and he acknowledges his indebtedness to Freud for his conceptualisation of this developmental response to reality. However, Bion (1962a) also suggests some new and startling corollaries, which immediately challenge commonly held beliefs about thinking.

> *'It is convenient to regard thinking as the successful outcome of two main mental developments. The first is the development of thoughts. They require an apparatus to cope with them. The second development, therefore, is of this apparatus that I shall provisionally call thinking.'*

This idea differs totally from the notion of thoughts being the *product* of thinking. Thinking, according to Bion, is a development forced on the psyche

by the pressure of thoughts, not the other way round. One does not think thoughts as is commonly supposed, one has thoughts that have to be 'thunk'! Thus, the first thoughts are likely to be unconscious, pre-verbal and related more to sight and ideographs than to words because they derive from the first projective-introjective impressions. With the development of language and words to aid the processes of discrimination, great advances of clarification are later possible.

Under certain unfavourable circumstances and when the personality shows four crucial characteristics which are the pre-conditions, a pathological over-development of projective identification takes place. These personality features are: a preponderance of destructive impulses; a hatred of reality; dread of imminent annihilation; and premature and precipitate object relations (Bion ibid). Under these conditions all the apparatus of awareness is subjected to minute splitting attacks and expulsion of the fragments into their objects. In this way, when projective identification takes the place of introjection and repression, a very different developmental path lies ahead. Instead of a feeding mind, capable of digestion of food-for-thought and capable of feeling satisfaction, the hypertrophy of projection creates a 'bowel' mind, fit only for processes of expulsion and relief, not satisfaction. This then becomes the means of dealing with tension and results in the absence of the experience from which to learn, a situation commonly found in the verbally articulate but experientially inarticulate patient.

The Aims and Objectives of Psychoanalysis

Although it is not always easy to understand his writing, because of the succinctness of his language, Bion used simple English, free of jargon, and simple metaphors to explain his way of thinking. During these seminars, for example, he began to talk about the objectives and methods of psychoanalysis by considering the basic starting point: two people in a room trying to communicate and understand one another. What has to be understood, he said, is how much gets in the way of communication and learning and it should not be taken for granted that either person is fully motivated to seek the truth.

Bion described the fundamental problem as one of 'interruption'. However well-intentioned, neither patient nor therapist is free from interruptions to their search for truth. Interruptions may come from inside or outside the patient and from inside or outside the therapist. Among the many forms of personal and interpersonal interruptions to understanding and communication, Bion counted psychoanalytic theory! The openness to truth which he outlined in his paper, 'Opacity of memory and desire' (Bion, 1970)

requires, as Freud also emphasised, (Freud, 1937) the cultivation of doubt and the tolerance of not knowing; a capacity to wait (as I experienced him do in that seminar), waiting to let the experience evoke some thought as opposed to bringing 'saturated' thoughts (i.e. closed ideas), to impose on the experience. To come to the task of understanding the patient's communications with a mind full of ideas and conceptualisations, whether in psychoanalytic form or not, constitutes a major interruption to the exploratory process. It preempts thinking, by directing the attention of the therapist to established conceptualisations and thus obscures the opportunity for fresh observation of the phenomena. Such an approach contracepts the possibility of new fertilisations of the mind. The difference is between looking for facts to fit with a theory, and discovering that a theory is illuminated by some facts.

Another image he offered of the psychoanalytic task of understanding another human being was that both patient and analyst were coming together with vast amounts of mental debris. This, he said, is all the patient can offer - his mental debris; all the bits and pieces that remain of his experience - thoughts, memories, feelings. But the therapist also comes full of debris, so the analytic task is to sift through the debris. All must be observed and sieved through to see if some remaining spark of life can be found that can be fanned into a rejuvenation of the personality. Everything must be scrutinised and to do this the analyst has to denude himself of all his preconceptions and simply talk to the patient about his 'self'. The 'self' is not a mind in a body, he said, but a personality with somatic and mental attributes. Observation of all these qualities has to continue until a pattern emerges that offers some meaning. It is not a question of applying a theory to the observations. This is an observational task requiring the greatest patience and attention to detail and, Bion said, liable to drive the therapist to long for an end and to ossify something that could be a solution.

The remedy for this feeling, said Bion, was to treat the patient as new every time and to resist the urge to fall back on what is already known. This is what allows the possibility of a shift of vertex, of seeing the same phenomena in a different way, much as a mountain will look quite different from different viewpoints. The analytic work has to leave space for the development of new conceptions and the theory has to be such that it both provokes growth and leaves room for growth to take place.

In the course of one of the seminars, Bion gave an example of this kind of open-mindedness and how it could lead to a shift of perspective on the patient's problem.

He took the example of a patient who claims to have no imagination and no dreams and might have been coming to analysis for months, perhaps

years, before the analyst takes note of the fact that he always lies down on the couch in exactly the same place every day, hardly disturbing the couch and with little movement during the session. This might then go on until eventually the analyst thinks of a cataleptic state. The mental counterpart to a cataleptic state would be to be lying between what is conscious and what is unconscious so that the patient makes no distinction between the two. It is then that the analyst can see in a different light, the patient's claim to having no dreams and no imagination. The vertex has changed. No longer is it simply a question of withholding and how to help the patient release that defence, it becomes a very different problem which is seen to be gripping the patient and which needs to be understood in a quite different way - paralysis, rather than attack or defence.

Observation

The primary task and the primary problem is that of observation, as in all science. Bion discussed this important task with us. What are we to observe and what equipment do we have to carry out the observations? Were we to observe the mind, the personality, anxiety? He agreed that we might employ our intellectual and sensory apparatus to make observations of the patient, but by what sense, he asked, could we detect anxiety? In our use of the psychoanalytic method, Bion likened our position to that of the blind man who uses a stick to feel his way forward. Psychoanalysis is a tool, a stick for finding our therapeutic way.

He suggested *sortilege* as the process which he thought might come closest to a description of what he felt was involved in the psychoanalytic process. The patient presents a total personality minus and needs to discover what is missing. He wants to know his future and he casts his lot before the therapist who then intuits what is likely to lead to insight. Bion was confident that psychoanalysis was on the right track as a treatment for mental suffering, but he was also careful to point out that patients suffering mental pain, do not feel pain but rather something else, usually referred to as feeling awful, terrible or anxious.

This is related to the fact that an alienation has taken place within the patient, between thoughts and feelings. Because the alienation has been brought about by destructive attacks on the capacity to join and relate, synthesis is reduced to a process of compression and fusion and this is what takes the place of joining and articulation. In addition, the capacity to join, because of its eviction from the mind is, at the point of its return, then felt to be worse than before. Thus, when the joining process recommences, it does so with a vengeance. Insight is an emotional experience and a deeply

disturbing one. The regaining of capacities for thinking is not, therefore, an intellectual task but an emotional one. Bion pointed to the evidence of this in the words used by patients. The experience of truth and reality is 'felt' as an emotional state and is illustrated in the difference between the responses 'I know', which is of a quite different order from the response 'I see', or, 'that's right'.

The clinical example to follow will illustrate the states of fusion or compression which result from attacks on linking and on relationship. The agonies of trying to restore articulation between subjective and objective experiences which had become so fused and compressed as to threaten all meaningfulness are also described in this clinical example.

Clinical Experience

The patient, Miss A., has a history of obsessionality and eating disorder. That the obsessional pathology pre-dated the eating disorder can be seen in the pattern of her anorexia. She does not simply avoid food, as is commonly found in anorectics, but is constantly preoccupied with the calculation of the number of calories she can allow herself. She permits herself to eat, but her intake of food has to be rigidly monitored and controlled. Miss A. began treatment as an in-patient when she was referred to a specialist psychotherapy ward from a hospital admission following impulsive suicidal behaviour. She was a recent graduate with a good honours degree.

As an in-patient, her relationship with the nursing staff is worth reporting as a demonstration in itself, of the operation of projective identification and the depletion of the capacity to learn from experience. When she first arrived on the psychotherapy ward, her panic and desperation made a considerable impression on the nursing staff who all became very concerned about her and responded, every one, by giving her particular attention. Soon, they found themselves devoting more time to this patient than to any other, but before very long they also began to question what effect this attention was having. It was becoming clear that the care lavished on her was ineffectual and that the more she received, the more demands she made. The nurses' initial sympathy turned to frustration and irritation and they began to see her as 'attention-seeking' and insatiable.

Nurses were baffled because there did seem to be genuine distress, yet the patient never seemed to be able to gain any comfort from all that was being offered. In her highly projective mode of being, she expelled distress, panicking, crying and feeling more and more frightened and desperate. She used the nursing staff to relieve herself but the more she was given opportunities to relieve herself (and at the same time failing to find

satisfaction), the more she was driven to keep repeating her behaviour.

In line with Bion's counsel, mentioned earlier, to divest the mind of preconceptions in order to allow for new perceptions of the material and a new vertex to be taken, I have to say that I spent many hours experiencing the same frustration described by the nursing staff. The experience of being treated as a receptacle for all the patient's anguished complaints and despair, with only the most grudging acknowledgement of my being of any help to her, made it extremely difficult to maintain contact with her very real panic and terror. As she loudly attempted to fill the therapist with her terror and despair, she could seem much more threatening than threatened.

I shall return to this patient's excruciating experiences of the reversal of projective identification. First I shall present a short account of the confusion and frustration brought about when the patient is imprisoned in an unreal world of non-experience, in which she assumes she will have to acquire the missing experience from someone else. As Bion put it, she presented herself 'minus'; she did not have the experience to learn from, but she was assuming that she would have to acquire that missing experience from someone else.

Excerpt 1

Miss A. *'Yesterday, I tried to think about what was really me. I can't really understand what's me. I know it's going to be difficult to explain and I won't be able to say what I mean because the language breaks down.'* (She is growing very tearful). *'I looked at myself in the mirror. I don't do that ever. I avoid it. I mean I do, to comb my hair, but not to see who's there. But then it was very confusing, because I didn't know if I was talking to me or you. I sometimes talk to myself as well, but I never know if it's me or you.'*

(Confusion mounted as I tried to grasp the issue she was trying to explain).
Miss A. *'I knew this would be impossible,'* she said, desperately. *'The language is inadequate. When I talk to myself, I think of you and then I don't know whether it's me or you.'*

(Eventually, we established that what she meant was that she could refer to *herself* both as 'you' and as 'me', i.e. 'you' (the patient, Miss A.) or as 'me' (the patient, Miss A.)).
SS *'In this way, you live in a world in which both "me" and "you" refer to yourself, so it is very difficult to differentiate between "you" (Miss A.) and "you" (Mrs Spensley). You have us tangled up and it seems impossible to disentangle us.'*
Miss A. *'That's right'*, she roared, crying loudly.

(I went on to say that when there was no distinction between subject and object, relationship was not possible. We were indistinguishably fused

together, not linked).
Miss A. Whispering, she then said *'I can't stand it. I don't understand it, I don't think I ever will. I don't want to go on. Don't make me.'*
SS *'Language seems to break down and thinking breaks down when you refer to yourself, Miss A. rather than Mrs Spensley as "you".'*
Miss A. *'Do you mean I think all "you's" are Miss A's? That's not right. I do sometimes talk to other people and call them "you".'*
SS *'I don't think that is where the real problem lies, rather that when "you" and "me" are indistinguishable, then you look to the "you" (Mrs Spensley) to know about the "me" (Miss A.).'*
Miss A. *'That's right'* she screamed, *'because how can I know what I feel if someone doesn't tell me what it is, so I can check whether I'm right? How do I know whether I feel love or hate or anything else, if I can't find out what it is? How does anyone know what these words mean?'*

This dearth of experience, of an experiential basis for identity, starkly conveys the predicament of someone in whom there has been, in Bion's words, a catastrophic expulsion of all emotional life. There has been an alienation between intellectual and emotional life such that she now thinks she has to get emotional experience from someone else. Dominated by her expelling, evacuating mental mode, she does not have the means of taking anything in. The following excerpt illustrates this aspect of her dilemma, where she describes the feelings associated with something being taken in as an 'uncomfortable fat feeling', feeling 'creased up' or feeling that she is being stabbed or killed.

Excerpt II

The patient had been experiencing increasing difficulties in getting herself to leave the session. It embarrassed her to feel stuck in the chair, when she was also intellectually aware of the reality of having to leave. Nonetheless, she would feel powerless to move.

In this session she began to speak of this problem, saying that she felt she was going to die when she had to leave. She thought that this was a silly thought and that it must be related to her panic. I said that she was telling me about an experience of panic and terror about leaving, which she feared would paralyse her.

Miss A. *'Why did you say terror?'* she asked. *'That seemed to make something come alive. What did you mean by terror? It makes me feel alive but it kills me too. I don't understand it. It's a turmoil. It's confusing.'*

SS *'You are feeling something that the word terror seems to fit?'*

(At that point she burst into a crescendo of loud cries which gradually died out leaving her lungs empty. When she finally drew breath, she resumed speaking in a calm voice).

Miss A. *'What do you mean, terror? How do you know I feel terror?'*

(I said I didn't know, but I was suggesting that to feel she would die if she had to leave might mean she was terrified. That might be a correct description of what she felt, or it might not).

Miss A. *'It makes me feel alive, but something feels it's killing me too. How can that be? If you say I feel terror, how do I know you are right?'*

SS *'You seemed to find some meaning in the word and it seemed to fit the experience you were having.'*

Miss A. *'It's strange. I don't know what my mind feels. I just feel things physically. It just feels uncomfortable in my abdomen.'*

SS *'The word terror seemed to fit what you were experiencing in a way which might be able to help you to identify the discomfort.'*

Miss A. *'That just makes me panic. It kills me. How can I feel alive and feel something is killing me, too?'*

SS *'When you begin to identify feelings of panic and terror, they seem too much to contain and you feel they will kill you.'*

Miss A. *'It makes it a bit better to hear your words, as if hearing you speak of terror somehow made it less and I needn't feel so terrified.'*

SS *'The terror is reduced when you feel it is understood and can be shared?'*

Miss A. *'I can't understand how it happens but it does somehow feel less.'*

(This time she left calmly and normally when the session came to its end).

Discussion

I was particularly impressed by what this patient had to say about the absence of experience. Her evacuative and destructive mode of achieving a reduction of tension by ridding herself of her emotional experience leaves her with no experience to learn from. She is left with a nameless dread of something happening, like that she will die, or she experiences sensations in her body disconnected from her feelings. Even in this excerpt, she demonstrates the evacuative mode when she howls or roars in response to an interpretation and seems to expel every breath from her lungs before she regains equilibrium. She has expelled all but her intellectual understanding and still barely knows what she feels.

The process of learning, in this case, has to begin with the identification of a state of mind. As the patient pointed out, she is not familiar with feeling states of mind, only states of bodily sensation. A new vertex has to be adopted

to encompass this problem as the non-sense of talking to this patient about relationship to her feelings becomes apparent. She cannot learn from experience because, having evacuated it, she has none to learn from. This is not to say that she is incapable of talking about feelings and relationships. Indeed, this is greatly what adds to the confusion. She can use the words, even though she does not understand. She does not understand because she has alienated her emotional awareness and so cannot link feeling and intellect. A question like *'how do I know what I feel, if no one tells me?'*, has meaning for her but none for those who do recognise their own feelings and therefore understand that feelings have to be experienced and cannot be known about second hand. For such patients, the effort required to allow feelings to be experienced can seem unachievable and almost impossible. The experience of trying to think may be associated with huge dread and threat of breakdown or with overwhelming tiredness.

In Miss A.'s case, the tone of voice and her general demeanour changed dramatically in the course of the session as she began to interest herself in the word 'terror'. I think a name was provided and this offered the possibility of some means of identification and containment of her fears. In this instance, insight was partial but enough to modify the paralysing fear which had previously been preventing her from getting out of the chair at the end of the session. Similar experiences and similar interpretations continued to be necessary for some time and on each occasion were felt by the patient to be like having something forced into her stomach, not her mind, causing her considerable panic.

It is as well to remember, too, that Miss A. was not a retiring or inactive member of society. She was intelligent, educated and vociferous in the pursuit of her 'rights'. In modern society, the pursuit of unquestionable 'rights' is frequently resorted to in preference to thinking and discussion, and is a demonstration of one of the ways in which thinking can all too easily be treated as either irrelevant or redundant.

Conclusion

Despite all that seems to have been learned about the life of the mind from the advances of psychoanalytic knowledge, there was a sombre note in all that Bion had to say about it, in those last seminars. He was not optimistic that society would use this knowledge for the advance of civilisation and warned that the future of psychoanalysis would always be precarious. The individual, he said, was a dangerous animal and the basic dilemma for human development was that while we aspire to civilisation, we also retain our basic animal nature. In man, communication has developed from primitive grunts,

through the use of axes to club one another, to articulate speech. The change which has taken place is the change from primitive fear and rage towards the communication of these states in verbal form. Yet, *'reason is emotion's slave and exists to rationalise emotional experience'* (Bion, 1970) and we have to be vigilant of the ways in which verbal communication can be used. The function of verbal speech may be to communicate experience to others but it can also be turned to the miscommunication of experience to others.

In Bion's view, it was by no means certain that sanity and civilisation would prevail. Ten years ago, he was emphasising that considerable effort was required to maintain the superiority of verbal communication and as we look around the world today, this is no less urgent a message. It is true not only in relation to centres of political conflict in the world where force so frequently still supercedes thinking, but it is also increasingly evident in our own internal politics where waves of popular emotional reaction can prompt action, well before any real thought can be brought to bear. In this connection he was not optimistic either about society's interest in truth, and foresaw problems connected with intolerance of the truth. This is not necessarily expressed in direct opposition to truth; considerable resistance can be mobilised in complacency, a much more insidious process of opposition to the thinking processes. This idea has more recently been explored by Britton (1998) in his book, *Belief and Imagination.* Bion thought it would be a considerable time before civilisation could be reached . By civilisation he meant a society in which there was respect for the 'self' and respect for other 'selves'. A society that could tolerate thinking and bear to see truths.

Bion was concerned to comprehend the life of the mind itself. *'Psychoanalysis seen through Bion's eyes is a radical departure from all previous conceptualisations which preceded him.'* (Symington & Symington 1996). Neville and Joan Symington regarded Bion as the deepest thinker within psychoanalysis, *not excluding Freud* (my italics). Their statement is intended to startle, even to shock so as to draw attention to such an advance in psychoanalytic thinking. They consider that all that was previously understood is now in the balance and that we have to start again if we are to follow this new and powerful insight into the understanding of life, interpersonal relationships and the evolution of civilised man. This is a bold and courageous statement for the Symingtons to make and it is one with which I am wholly in agreement.

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PSYCHOTHERAPY AS A TWO-WAY PROCESS

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Introduction

In this paper I wish to reconsider the time-honoured analytic relationship initiated by Freud over a century ago. Originally based on the medical model of the doctor and his sick patient, it inevitably presupposes a well-functioning analyst engaged in the treatment of a dysfunctional analysand. It assumes that just as the doctor knows more about the patient's body than the patient does, so the analyst knows more about the patient's mind. A hundred years of clinical experience has increasingly exposed this medical parallel as not quite fitting the facts. As analyses have become progressively longer, and probed more deeply into unconscious, inter-subjective, processes, the relation between the two parties is seen to be much less unequal. Indeed I would argue that the therapeutic encounter, at least in its closing phases, can come to resemble a *reciprocal* healing process. If this is the case, then we may be advised to view the whole analytic relationship from quite a different perspective.

The possibility of a two-way therapeutic process is not new. It was recognised quite early in the history of depth psychology. In 1923 George Groddeck wrote:

> *'And now I was confronted by the strange fact that I was not treating the patient but that the patient was treating me...It was no longer important to give him instructions, to prescribe for him what might be right, but to change in such a way that he could use me.'*

To illustrate my theme I shall first describe my attempt to treat analytically a seriously disturbed young woman I shall call Rachel. The second section looks at the dynamics of early trauma, which played such a crucial part in Rachel's psychopathology. In the third section I describe the change in my attitude towards her. In the final section I shall speculate on the implications of working from the overall perspective of a two-way therapeutic process.

Portrait of a Victim

I am aware that in recounting this case it may read like a catalogue of errors and fortuitous recoveries. In my defence let me quote what Jung (1954) said regarding a taxing case of his own:

> *'(It) is not in the least a story of triumph; it is more like a saga of blunders, hesitations, doubts, gropings in the dark, and false clues which in the end took a favourable turn. But all this comes very much nearer the truth and reality of my procedure than a case that brilliantly confirms the preconceived opinions and intentions of the therapist.'* (para 564)

I first saw Rachel in the early years of practise. She was then in her middle twenties, unattached, and had never had a relationship with a man. She lodged with a divorced woman friend whom she had met during her stay in mental hospital. In the case notes Rachel had been described as a 'depressive schizoid, with paranoid features', and that was how she looked as she shuffled into my room, putting one foot in front of the other. Her head and jaw were thrust forward like someone about to explode, in marked contrast to her large blue eyes which had the most dreadfully hurt look. I remember thinking: *'O Lord, this girl is really sick. What am I getting into?'*

I said hullo, and there was a very long silence. Eventually she managed to utter that she did *not* want psychotherapy. Instead of asking what she *did* want, this remark virtually stopped my thinking processes, and the remainder of the hour was spent in a mutually tormented silence, punctuated by my tentative questions which all remained unanswered. In the following months she came to each session as if it were that first meeting: her averted gaze, brooding antagonism, and silent lip biting conveyed how desperate she was - yet when I spoke to her, she would hardly respond. I found this phase agonising in a way I had never experienced before: I felt utterly useless, mentally paralysed, and full of some obscure dread. After some time I began to wonder if this was the mental state Rachel herself habitually lived in and that she had succeeded in inducing it in me? If so, I don't know how she endured it. It was as if she silently screamed to me for relief but forbade me to make the least move to help her.

Gradually I managed to piece together, from the case notes and her barely audible utterances, something of her history. Even before birth Rachel had a traumatic start in life, since her mother had told her that she had tried to abort her. At birth she was nearly strangled by the umbilical cord and took two days to be born. She was barely a few weeks old when her brother, then aged

two, drank a bottle of cleaning fluid and nearly died. For months afterwards he occupied her mother's whole attention, which presumably left almost nothing for Rachel.

She was a very docile child, and on the rare occasions she showed any temper her mother said: *'That's not really you.'* Her mother continued to dote on her older brother. Rachel's father was a security guard: she said she could not remember a time when she was not terrified of him. As a child she felt he couldn't stand the sight of her, because she was fat, slow and stupid. But she slimmed down in her later teens and his attitude took a marked turn. She noticed he would kiss her on the lips and if she stood by his chair he would idly run his hand up her thighs. She said she did not know this was sexual but she was so grateful for these gestures of apparent affection she would have done anything to please him. Such attentions also meant that she 'put one over' on her mother to whom she always felt immensely hostile. She had never forgiven her for the abortion attempt.

Her mother now became openly reproachful about Rachel's dubious closeness with her father and blamed her that she and her husband no longer *'acted like man and wife'*. Rachel's memory of this period is confused, she vaguely remembers being very depressed and subsequently admitted to mental hospital. While there, according to the notes, she went through a psychotic episode, 'with terrifying visual delusions', which she never remembered. She stayed for nearly two years. After discharge she lived on supplementary benefit, did no work, and attended a psychiatric day hospital. Her prognosis was very poor.

After several months of this intense yet stultifying silence I came to the conclusion, with my supervisor's agreement, that the basis for analytic psychotherapy did not exist. In desperation I decided that since we could not work together perhaps we could just play together? I knew, again from the notes, that she had a talent for art, so I bought a large drawing pad and some crayons and suggested she might wish to draw? She flatly refused. Perhaps she could just doodle? With the greatest reluctance she conceded she might co-operate if I doodled first. So I drew some pink flowers on the pad and handed it to her. With a fiendish glee she defaced my flowers with black jagged lines, and handed it back. I responded with green leaves growing from each of her jagged points: so it went on, and at least it gave us something to talk about. By now, at her insistence, we both sat on the floor, like two children at play.

The drawing lasted a few months, then she got bored, so I introduced plasticine which she would mould with great rapidity, while I fumbled like a clumsy child. Once she produced a perfectly formed little dog and placed it on the mantelpiece with its muzzle up against the breast of a figurine that sat

there.The plasticine also petered out. Instead she became so playful it became difficult to control her: she turned the chairs around, covered the face of the clock with plasticine, or brought black plastic spiders to the sessions and threw them at me. I would interpret each of these actions, but they never seemed to register.

After several months I returned to my chair and tried, with little success, to get some sort of analytic dialogue going, often about her fear of lying on the couch. I suspected it had to do with repressed sexual anxieties, but it felt impossible to talk about it. Her principal theme was how much she hated therapy. This left me feeling always in the wrong: wrong when I saw her and wrong when I didn't. Because she made it clear that she found it even worse when she couldn't come. During each holiday break she developed quite painful physical disorders, such as abscesses under her teeth.

Since her verbal responses were minimal, I was obliged to ask first one question, then another, to each of which she responded as if helplessly yielding up yet another layer of protective armour. I would sometimes catch the tone of my own voice: it sounded hard and inquisitorial. To my discomfiture, I realised I was enjoying a certain excitement in pursuing her hidden thoughts. Under further questioning, it emerged that she was indeed repressing sexual fantasies. Their disclosure was especially difficult because they involved being hunted down and anally raped. I got the impression that she fantasised obsessively on this scenario, while at the same time feeling that it was wickedly perverse. I interpreted that, although it depicted an abusive form of contact, reminiscent of her connection with her father, it *was* a form of contact, something she'd been deprived of by her mother in the earliest months of life.

She never made it clear if I was her imagined rapist, but then I realised that she and I were actually re-enacting her fantasy in the therapy itself; her evasiveness provoked my insistent questioning, which turned me into a hunter and her into my prey. As her rape fantasies disclosed, she derived a masochistic excitement from imagining herself in subjugated states. She found this very difficult to accept, but I insisted that she recognise how, throughout her life, she had repeatedly contrived to become a victim, originally her father's and now mine. I wanted her to understand that she actually felt much safer when she was a victim: better the devil she knew than the devil she didn't. Even more puzzling: better the devil she knew than the *angel* she didn't. By angel I mean a good experience such as feeling safe, loved, valued, successful or happy. I felt my analysis of her wanting to be a victim an important insight. The trouble was, to be labelled a 'victim' made her feel even more persecuted. It also crossed my mind that she had succeeded from the time we met, in making me *her* victim, and that we were

deeply entangled in a reciprocal sado-masochistic relationship.

I was wrong, too, about her fear of the couch. It had nothing to do with sex. I gradually gleaned that, on the contrary, for Rachel it offered the promise of a state of inexpressible *contentment*, and this terrified her even more. She kept imagining that, if she lay down and got really comfortable, her body would involuntarily perform a bizarre backwards loop-the-loop and disappear into thin air. Only by puzzling over this fantasy did I grasp the intensity of her longing for fusion with me. She imagined it as something so blissful she would simply melt into the couch, as if returning to my womb. As well as the rapacious father, I was also the idealised mother she had never had, not even *in utero*. To avoid melting away, she did this strange loop-the-loop, but only to disappear for ever. Either prospect filled her with dread.

By comparison with this dread, her chronic states of anger, anguish, humiliation, regret, yearning, grievance, complaint, frustration and failure, however painful, were almost like old friends. Any alternative threatened the dissolution of her very self. In regard to her therapy, it meant that she could not risk getting better. I explored this with Rachel, time after time, but it changed nothing.

The Lure of the Bad Object

The tenacious resistance, in some patients, to getting better comes as a shock to us all, as it did to Freud, (1923): *'One becomes convinced,'* he says in 'The Ego and the Id'

> *'not only that such people cannot endure any praise or appreciation, but that they react inversely to the progress of the treatment...They exhibit the so-called negative therapeutic reaction.'* This arose, he said, *'from a sense of guilt, which is finding atonement in illness and is refusing to give up the penalty of suffering.'*

Freud himself became so shaken by this deep unconscious resistance to getting well, with its attendant 'compulsion to repeat' self-destructive behaviour, that he eventually formulated the notion of the death instinct. By this he meant that there is a power at work in all of us that opposes the life force, and therefore opposes the therapy. In those early months, when I sat in agonised silence with Rachel, I really felt in the presence of something deathly. The Object Relations theorists offer an alternative hypothesis. They assume that we are endowed at birth with a pristine, undivided, self which Fairbairn (1952) calls the Central Ego. With good-enough parenting this self reacts to the inevitable traumas of life by developing a strong but flexible

ego. But when early trauma happens to be excessively severe, which was certainly the case with Rachel, the ego barely develops, leaving only an archaic, neo-biological, survival system as the sole defence of the self.

Let me clarify what I mean by trauma. It ranges from life-shattering mistreatment in childhood to the 'cumulative trauma' of parental rejection, impingement, instability, failure, criticism, actual hatred, and emotional deprivation. Trauma may also occur in the womb, due to attempted abortion, as in Rachel's case. Birth experiences, again like Rachel's, can be traumatic; some infants are born prematurely and need to be incubated, others are born with a serious physical or genetic defect, and all these may leave lifelong damage.

The archaic defensive system that early trauma activates has quite a different character from normal ego defences. This is graphically conveyed by the Jungian analyst, Donald Kalsched, (1996). He compares it to *'a kind of inner "Jewish Defence League"'* (whose slogan after the Holocaust was *'Never Again!'*). *'Never again'*, says our tyrannical caretaker, *'will the traumatized inner spirit of this child suffer so badly.'* The author then goes on to identify some of the drastic methods it uses to 'protect' the trauma victim:

> *'...before this happens, I will disperse it into fragments* (dissociation), *or encapsulate it and soothe it with fantasy* (schizoid withdrawal), *or numb it with intoxicating substances* (addiction) *or persecute it to keep it from hoping for anything from life in this world* (depression)...'

Most of these defences could apply to Rachel. In the face of such severe trauma the would-be protective super-ego becomes, in effect, a jailer. As Kalsched describes it:

> *'Once the trauma defence is organised, all relations with the world are 'screened' by the self-care system. What was intended to become a defence against further trauma becomes a major resistance to all unguarded expressions of self in the world. The person survives but cannot live creatively.'*

Nor is this all. The self-care system, like a corrupt secret police force, breaks loose from the psyche and actually wreaks deep damage on the injured spirit from within. He observes (Kalsched 1996):

> *'This diabolical inner figure is often far more sadistic and brutal than any outer perpetrator, indicating that we are dealing here with*

a psychological factor set loose in the inner world by trauma - an archetypal traumatogenic agency within the psyche itself'.

But there is a complication in understanding this 'diabolical inner figure'. Sadistic it may become, but its original purpose is to protect the individual spirit from the ultimate catastrophe of schizophrenia. In fact Ferenczi, observing the way it functioned in the case of his horrendously abused patient Elizabeth Severn, actually called it her 'guardian angel'. Unfortunately the price of her protection proved almost as damaging as the madness from which it saved her (Stanton 1990). In brief, early trauma places the victim between the devil and the deep blue sea, and in most cases they cling to the devil they know.

Giving Up

About the end of the third year, after a period of relative co-operation, Rachel became again consistently negative. Every intervention that I made was ignored, every interpretation nullified or ridiculed. I felt we were back where we started, or worse. In my more benign moments I compared her to Rapunzel locked up in her tower, guarded by a fearful witch. But unlike the Prince I could find no way to reach her; I met only the witch. Some time in our fourth year I reached the conclusion that we were hopelessly stuck. Rachel herself clinched it by actually saying to me: *'I'm just not going to give you the satisfaction of making me better...'* I recall that, as I heard these words, I had a distinct sense of the presence of a demonic force. Several times I decided to notify her of my decision to finish, but I knew that with her minimal income she could never find another therapist. I couldn't quite bring myself to end it, and we carried on.

But, in admitting defeat, something changed in me. I gave up trying to cure her. I more or less gave up trying to analyse her, because I seemed to have run out of new interpretations, and the old ones had simply become tired cliches. More often they simply made her feel attacked. Once I stopped trying to change her I found, to my surprise, that I could begin to accept her more or less as she was. Not only accept; I could begin to learn from her, perhaps because she had faced sufferings I had never known. In my efforts to identify with her inner world I found I was learning from her about my *own* sadism and masochism and narcissism. In fact, I was not only 'learning from the patient'; I was beginning to be changed by her. Working with Rachel in this spirit, with a minimum of my own preconceptions, was becoming an extension of my own therapy.

Even though I was beginning to accept Rachel just as she was, her

protector/persecutor obstinately resisted accepting that acceptance as her own. If ever we had had a satisfying session, by the time she arrived for the next one she was again hostile. The trust that briefly developed during sessions seemed to been destroyed in the time between them. It was as if the witch, once she got Rachel alone, whispered in her ear: *'You know that was not real, just therapy. He's paid to make you feel better....He can't possibly value you, nobody could. How can he, when he knows you have such depraved thoughts....And even if he does accept such awfulness, what can that say about him? Perhaps he's perverted too? Perhaps he actually wants to abuse you?..'*

Sometimes in the session itself, whenever there was any hint of real closeness developing between us, she defended against it by virtually going into a trance. I could see it happening. A shudder went through her, her eyes drooped and almost closed. It was quite eerie. But there were occasions when the same thing happened to me. No matter how hard I fought it, I found myself afflicted by an anaesthetic condition so overwhelming that I was totally incapable of thought. The experience was very unpleasant.

Drowsiness and sleep in the analytic session, whether it occurs in the patient or the therapist, is professionally regarded as counter therapeutic; the nullification of the analytic work. Yet what followed suggested a different possibility. On one occasion when Rachel was talking, the room began to disappear into a blur, but this time I let it happen, almost out of curiosity. I felt I was passing out but managed to ask her what she was thinking.

She replied: *'I keep thinking I want to eat your foot.'*

My head cleared instantly. I repeated, in astonishment: *'You want to - what?'*

She laughed. I could have made an interpretation, but I simply laughed with her. As she laughed I registered that, for the first time since I had known her, she briefly looked a *normal* person. The next time the agonising drowsiness came upon me I just let it take over. Then something strange followed: the room became very peaceful, filled with a dreamy, warm, energised feeling of connection. Eventually I dozed off. This happened on several occasions and it was after one of these episodes that Rachel said: *'You fell asleep again.' 'Did I?'* She replied: *'But so did I.'*

I realised she regarded it as a breakthrough. It was as if she had briefly escaped from the witch's tower to join me in some unknown realm of the unconscious. It began to happen regularly, just a few minutes of blissful, almost trance-like, quietude. In Jungian terms our experience could be described as a *coniuntio*; but I also came across its equivalent in the literature of psychoanalysis. Marion Milner (1987), wrote that she could reach this trance-like state in the company of certain patients:

'I suspect that the adjective "divine"...can be an accurate description...of what happens when the consciousness suffuses the whole body.'

I think it is what Michael Balint (1964) described as a 'harmonious and interpenetrating mix-up'. Margaret Little (1986) calls it 'primary undifferentiation': the state an infant can enjoy in its mother's arms, when both can drift off into a contented nap. In Masud Khan's (1996) opinion:

'the need for the achievement of this state of undifferentiation is the source of these patients most crucial seeking and their most adamant resistance and negativity'.

The mutative effect of skilled interpretation, especially transference interpretation, cannot be disputed. But I think that with a patient like Rachel, before interpretations can carry any real conviction, they need the mutative effect of the 'primary undifferentiated experience'. It helps to create a basis of trust, and in the absence of trust insight may be at best a cerebral exercise, at worst a wounding criticism.

Orthodox analysis tends to emphasise the need to accept pain. Again, this is perfectly valid: we most certainly need to face painful truths about ourselves. But with masochistic patients like Rachel there was not so much 'gain in the pain' as pleasure in the pain, and it had become a perverse gratification. I suggest that we need to supplement the tolerance of pain with the acceptance of healthy pleasure, otherwise we starve our good internalised good angel while the bad one grows fat. I don't mean by this a programme of positive reinforcement, but sustaining an awareness of whatever is happening in the present, whether painful or pleasurable - whether a *coniunctio* or a *nigredo* - and not invariably to interpret it, but simply to register it. The therapy was becoming primarily an exercise in our shared consciousness of the present moment: sometimes connected in a blissful quietude, at others 'together' in a helpless state of disconnection. It seems essential for the individuation process that this sense of mutual negativity be acknowledged and endured. The same alternation of joy and desolation is recognised in Fordham's 'de-integration - re-integration' cycle, in Winnicott's 'illusion-disillusion' process, and in Bion's treating both positive and negative 'realisations' as integral to childhood development. The wisdom of living in the present, whether joyful or dreadful, is hardly a revelation. Every form of spiritual exercise advocates it, but it is very difficult to sustain in everyday life. I was now discovering, in this phase of our work, that it is less difficult to practise as a shared experience in the therapy.

I noticed that I had stopped becoming anaesthetised. I think Rachel's mind-numbing rape fantasies had just been forgotten; likewise her fear of dissolving and disappearing. Because I had long before given up trying to make her better, most of this went unnoticed until I began to register certain positive remarks she let slip. Once she interrupted a discussion to say: *'You're a strange man...you're really pleased to see me.'* Or she could manage a back-handed compliment: *'You don't always understand. But you do try...'* Another time she said: *'I'll say this for you, you never gave up on me.'*

On this occasion I replied: *'That's not quite true. I did. About a year ago.' 'You gave up?'* She was quiet for bit. *'But you carried on.' 'Yes.'* Again she went quiet, then said: *'I'm going to find it hard to leave you.'* I said: *'I didn't know you were thinking of it?'* By way of reply she told me that the friend in whose house she still lived was apparently having another breakdown. *'Actually,'* Rachel said, *'compared with her, I'm in a different league. Deep down I'm alright. Well ninety per cent alright...'* I asked her: *'How do you know that?'* She shrugged: *'The way I am with you, I know I'm alright.'*

I realised this was true, but difficult to recognise. Outwardly her life was the same as before: she was still on income support, she had no job, no partner, and still lodged with her now-sick friend. But I was using the wrong yardstick. Nothing had changed, but everything was different, because Rachel felt profoundly different about herself. Previously her ongoing experience was contaminated by a pervasive sense of unreality, as if her life had not yet begun. But now, by sharing with me her awareness of the present, good and bad, it had begun to feel real. Previously, you might say, she had been dying, now she felt she was living.

Actually she didn't leave for another year, and it was a very stormy one. We went through a reciprocal 'release of bad objects' where we both said all kinds of angry things. For her this was very important: she realised she could openly voice her anger and not destroy me or our relationship. For my part, having previously learnt to give up being a persecutory therapist, I now managed to give up being the kindly one. Thanks to Rachel I too lost much of my fear of my own anger. We both survived these angry confrontations and parted with mutual regret. She left on the understanding that she could come back after a year away. She never did, except for a cup of tea from time to time. Three years after ending she took her first job in a nursery for small children, and much later became a practitioner in one of the alternative therapies. The last time I met her she said that she would like to find a male partner, but it didn't seem likely, and that was sad. Thus it was not exactly a fairy tale ending, like Rapunzel.

Discussion

I began this paper by presenting Rachel as a patient who refused to get better. This became a self-fulfilling prophesy in that I tried to make her better by means of analytic psychotherapy; instead I made her worse because, as Balint (1964) and other object relations analysts have explained, she possessed insufficient ego to take in interpretations. Instead she found them damaging.

In spite of prolonged efforts I was forced to give up *trying* to change her, and that seemed improve matters. In effect I shifted from analysing to holding, or playing, or tuning in. In effect the case had turned out to be another demonstration of the breakdown-breakthrough process which I have explored elsewhere (Field 1996). But, while I think that giving up played a decisive part, it doesn't comprise the whole story. Without the years of struggle that preceded it, my giving up would have been a non-event, and no breakthrough would have come out of it. This seems to be the way that all creative achievement comes about: long years of struggle, until you are forced to admit defeat - whereupon something emerges; because by giving up you make room for something new to enter. In retrospect I can see that I gave up many times, and each time a new solution presented itself. But only when it was ready. It didn't work until I was driven to the despair that Rachel herself experienced. This sounds a very painful process but with a patient as damaged as Rachel, it may have been the only way.

Did I give up, or did I actually give it *over* to some unconscious interactive process which effectively reduced me to a trance-like state? At first I actively resisted; then, when, almost out of curiosity, I gave in to it and Rachel followed, a third stage was reached. The form it happened to take was an intense, silent, heartfelt mutuality. Something even more intense apparently took place between Jung and Sabina Speilrein. As she wrote to Freud, *'we could sit in speechless ecstacy for hours'* (Carotenuto 1984). In spite of Jung's subsequent transgresssions and betrayals, I suggest that it was his capacity to enter with Speilrein into an experience of *coniunctio* that transformed her severe mental illness into creative capacity.

I want to turn now to the related idea of a two-way therapeutic process. I have little doubt that if I had been incapable of learning from Rachel, she would have remained implacably resistant to learning anything from me. This two-way approach was finely demonstrated in Casement's clinical study, *Learning From the Patient,* first published in 1985.

The idea that healing heals the healer can be seen to operate regularly in different therapeutic settings: for example, in therapy groups. Again and again I saw how beneficial it was for one patient to be told by another how helpful they had been, sometimes even when they thought had been

aggressive or confronting. Reciprocal learning and healing is a basic tenet of marital therapy, where it is virtually an underlying assumption that neither partner can change unless both can. The individual analytic relationship is also a partnership, capable of an intimacy quite unlike any other, even marriage, since it is an intimacy that, at its height, goes beyond the personal. The process of mutual change and mutual learning that it demands of both patient and analyst is a far cry from the conventional role of the masterful analyst who takes the malfunctioning patient apart and puts him together again.

Among the psychoanalysts the idea of a reciprocal healing process was most fully developed by Harold Searles. It culminated in his paper, 'The patient as therapist to his analyst' (Searles 1975) which he regarded as the most important thing he ever wrote. Searles argues that there is an innate need in every child to rescue its parents; and that in a like manner the patient has an innate need to rescue and heal the analyst. In this long paper he demonstrates in detail the therapeutic strivings of his very ill patients towards him. Indeed he largely attributes their original schizophrenic illness to the unconscious sacrifice of their personal integration in a failed attempt to heal their own damaged parents. In Searles's view his patients slowly got well to the extent they could help and heal him.

Searles' view seems diametrically opposed to one that sees the child's love for its parents simply as a reparation for the damage done towards them in fantasy. He acknowledges the role of reparation, but points to the fact that the healing impulse can be found in very young children, or in massively disintegrated patients whose ego organisation could not encompass the notion of reparation. Searles (1975) says:

> *'Innate among the human being's potentialities, present in the earliest months of post-natal life, is an essentially therapeutic striving'.*

In a concluding 'Comment' on Searles's paper, Flarsheim (1975) says:

> *'Freud frequently stressed that he was constantly learning from his patients, learning from them eagerly, and it is my impression that this was perhaps the most important thing he offered to many of his patients, and that it remains quite frequently the most important thing we offer to our patients today.'*

Conclusion

In the forgoing discussion I have drawn attention to two distinct processes

that manifested themselves in the vicissitudes of this case: the first was the breakdown/breakthrough cycle; the second was the recognition that therapy at a deep level is a two-way process. Jung subscribed to the same attitude. He declared, (Jung 1964), that:

> *'A genuine participation, going right beyond professional routine, is absolutely imperative....The doctor must go to the limit of his subjective possibilities, otherwise the patient will be unable to follow suit.'*

Given this orientation, it was no accident that Jung made the unique discovery that psychotherapy is the heir, not to medicine, but to alchemy. The phrase *'solve et coagula'* - break down so that you may build up - is the watchword of the spiritual alchemists. But equally in the spirit of alchemy is the notion of the two-way process. Jung said that:

> *'When two chemical substances combine, both are altered.'* He further observes: *'...often the doctor is in the same position as the alchemist who no longer knew whether he was melting the mysterious amalgam in the crucible or whether he was the salamander glowing in the fire...'*

With the millenium approaching, there is a temptation to speculate on the path that psychotherapy may take in the coming century. Freudian psychoanalysis, which aspired to be a branch of science, virtually spanned the twentieth century and profoundly affected our understanding of the human mind. Is it foolhardy to speculate that in the twenty-first century the Jungian perspective, with its roots in alchemy, spirituality, and the collective unconscious, will at last come into its own?

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THINKING ABOUT GENDER IN THEORY AND PRACTICE WITH CHILDREN AND ADOLESCENTS*

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'...although it is true that the brain is contained in the skull, the same cannot be said of the mind. Like the nervous system, the mind is extant throughout the body' (Gaddini, 1992, p.120).

'The two challenges that confront every human being - the complicated process of acquiring and assuming a sense of individual identity, *followed by coming to terms with one's* gender identity *and assuming a future sexual role - both involve a mourning process' (McDougall, 1995, p.155).*

Prologue: George, Sam and Orlando

George had enjoyed dressing in his mother's clothes and jewellery since he was three years old. Now eight, he disliked boys' games, hated football (the main boys' occupation at break time in his school) and preferred to chat with the girls. He was a gifted young actor, a member of a local children's dramatic society, took tap dancing lessons and was a choir member. He knew the words and music of all the Spice Girls' songs and also the scores of many musicals - *Annie* and *The Sound of Music* were favourites, as was *Oliver* in which he had appeared on stage. George had confessed to his parents that he wished to be a girl.

Sam had also cross-dressed since he was three years old. He recalled the silky feel of his mother's underwear and the sensation against his skin. He had good male friends, experienced no difficulties in friendships and followed stereotypical male pursuits with his friends. At seventeen, he continued to experience a compulsion to cross-dress, got into debt buying girls' clothes and, while quite clear that he was male and had no wish to be female, had a persistent fantasy of an encounter with another male transvestite where they had a sexual relationship. 'I think I'm heterosexual but I can imagine a relationship with another trannie.' Sam has had one girlfriend and noted that his transvestism abated during this relationship.

Orlando recalls being dressed in girls' clothes by his mother, aged three, but says his mother now lies to him about this saying, she did not do so. He

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knew he was really a girl from as early as he could recall until eight years, then he was content to be male. At fifteen-and-a-half, however, he once more felt that he was really female - or, at least, being both male and female, the female side was now striving to become dominant. He thought that his life of being defined by others as a 'divv' or a 'retard' would change if he changed physically. He experienced difficulties in peer relations and in academic work. Orlando, now twenty, expresses himself in very concrete terms: there is no 'as if' quality to his conversation.

Introduction

One is accustomed, in work with children and adolescents, to engage with a fluidity of psychological structure and possibilities, or to work towards the recovery of such fluidity. There is a process of development and a developmental 'track' with which, as therapists, we seek to re-engage the child, as the defences become less inappropriate and the ego strengthens. When faced with issues of gender dissonance and dysphoria in children and young people, however, one encounters not only a most painful disjunction between psyche and soma but at times a rigidity of defence that can be both shocking and challenging. The task, therefore, becomes one of keeping the developmental processes in mind and, if possible, open, precluding the foreclosure of a transsexual defence.

In this paper I hope simply to explore a little of the theoretical understanding reached by those who work with children where gender is an issue, and perhaps to stimulate others to think about theory and the implications for practice. The force to write it has come from my clinical experience and the need to struggle with making sense when there appears to be a drive towards madness - just who is acting out, and where are the possibilities for thought and reflection, when a young person is offered the euphemistically-entitled 'sex reassignment'?

The children in the Prologue to this paper all present with familiar constellations of symptomatology and behaviour. It has been said that it is often in the most rigidly defended children that one hears a story of gender dysphoria from around three years of age or from 'as early as I can remember':

> *'Atypical organisations that develop very early in the child's life may be more likely to become rigidly structured than organisations that develop later in response to some traumatic experience' (Di Ceglie, 1998).*

For George, Sam and Orlando an early realisation of something not right

between perception of body and psychological sense of self was an experience they had in common. Their pathways since then, however, have been diverse. I would hope, therefore, to stress that atypical positions adopted by children in relation to gender may not fit cleanly into our theoretical assumptions and expectations (or our theoretical disputes), and suggest that we retain an openness to the individuality of the young person's experience and psychological stance. Such a position of open-mindedness is not easy to sustain in this work, however, so rigid is the defence and so strong the rush to foreclosure when it involves something as fundamental to the sense of self as gender identity.

Context

The explosion of 'gender studies' in the last thirty years has been paralleled by an equal acceleration of interest in gender in the psychoanalytic world. The influence of the feminist movement, the rediscovered writings of early theorists (e.g. Karen Horney and Ernest Jones) and the re-assessment of Freud's theory of female sexuality from a clinical base (Chasseguet-Smirgel, 1964/ 1970), paralleled the work done by Money (1955, 1994) and Stoller (1968, 1996) on the concepts of gender identity and gender role. A healthy dialogue with Anthropology, Philosophy, Biology and Sociology has ensued, allowing evidence of cultural and biological influence to be tested and to inform hypotheses about the development of internal self-constructs (Brain, 1998; Imperato-McGinley, et. al., 1979; James, 1998). For a more detailed overview of this progression the reader is directed to Person and Ovesey (1983), Young-Bruehl (1996) and to Gaffney & Reyes (1999). From the latter studies, and from the work of Money on intersex disorders, we can assert fairly firmly that there is not a proven biological cause of gender dysphoria in childhood (Brain, 1998). On the issue of biological pre-disposition the jury, according to Brain (op.cit.), is still out -

> *'It is not clear, however, whether any of the specific structural differences so far demonstrated are predisposing factors in their own right, or whether they are a result of some environmental factor or independent external event which itself is the main source of the gender identity disorder' (p.78).*

The psychoanalytic debate today has become preoccupied with the deconstruction of gender (e.g. Dimen, 1991) and is notably influenced by the American relational school of psychoanalysis, in debate with contemporary feminism. For the psychotherapist engaged in work with

children and young people where biological sex has become a denied part of the self or where there is ambivalence experienced, there are several theorists who offer their own direct experience of work with children as well as those who write from a reconstruction of the experiences of adult transsexuals.

Thoughts on theory

Several themes as to causation emerge when one explores the theory in this area. Contemporary Freudians, following Anna Freud's 'developmental lines', have posited a developmental line for the establishment of gender identity, with much work on delineating points on that line (Tyson, 1982; Bernstein, 1993; Fast, 1990). This approach, in tune with others, locates the achievement of 'core gender identity' by the end of the anal stage, around eighteen months of age, 'core gender identity' being:

> *'the most primitive, conscious and unconscious, sense of belonging to one sex and not the other' (Tyson, 1982, referring to Stoller).*

The classical position of castration anxiety in boys is taken as indicative of a core gender identity. In girls, the discovery of anatomical difference, as in Freud's (1905) *Three Essays on the Theory of Sexuality,* is a major factor in feminine identification and the development of the maternal ego ideal, immediate precursors to core gender identity consolidation. One can thus see the move from anal to phallic phases, with the dependence on the environment that this entails, as critical in the establishment of gender dysphoria.

Amongst other writers, several themes emerge. Issues in identification and/or dis-identification (e.g. Winnicott, 1968; Greenson, 1968; Benjamin, 1991; Diamond, 1997), and the process by which one becomes the same but different, have a role. Wilson proposes the interesting idea that, in adopting a position of alienation from his/her gender and body of origin, the child is making a statement of difference (Wilson, 1998). Where similarity is overwhelming, or merging a threat, this would make sense. Indeed, problems of the individuation-separation phase, including the wish to merge with the object, feature in Stoller's understanding of gender confusion (Stoller, 1975).

Sam's parents had a volatile relationship. Married young, they fought throughout their marriage and at one point separated. Sam was the first child, followed by three girls. He has painful memories of his father's violence towards his mother - although it took longer to recall his mother's provocation of this and his father weeping with Sam in the kitchen when Sam was a toddler. Identification with a father whose aggression was fearful or who was

perceived as weak seemed an impossible and unwanted task. Sam, moreover, recalled in therapy his sense that his father was jealous of him, and even when he was a small child he would experience his father's rage at his mother's preoccupation with him. He could not understand why his father did not like him. Later in therapy he managed to stand up to the aggressive father who, with some relief, began to enjoy a relationship with his son.

In addition, Sam appeared to be negotiating his intimacy and distance from his mother - his use of her clothing as a toddler was, he thought, known to her and he described the touch of it like skin. As his fetish developed, it became more apparent that there was a narcissistic delight for him in being cross-dressed: he would let loose his long hair, dress up and delight in looking at himself in the mirror from the neck down, avoiding seeing his face. His individuation and identification problems were solved: he sustained both sexes in one and had no need of any object. Sam's excitement lay in the preparation for this; afterwards he would be disgusted and often gave away his female clothes.

More frequently in the literature, separation anxiety, object loss, abandonment and early trauma (Coates & Person, 1985; Coates, et. al., 1991; Coates & Moore, 1998; Bleiberg, et. al., 1986; Roiphe & Galenson, 1973) feature, and a general agreement that the locus of conflict is pre-Oedipal. A cross-gender fantasy may enable the child to cope with unmanageable levels of anxiety. Many of the children who present with gender dissonance have histories that bear this out:

George was born fifteen months after the death of his sister, Jeannie, from cot death syndrome. Jeannie had been the second child, a much wished-for girl after the first-born boy. George's parents had been devastated; in their grief, they had also found areas for disillusionment in each other and it was in an atmosphere of depression and antipathy that they decided to try immediately for a replacement child. George, as a boy who lived, was both pleasure and disappointment. His parents' depression continued into his toddlerhood. By the time they noticed George's gender confusion, their marriage was back on track and the depression gone. A sister was born when George was three years old. His 'dressing up' and play with girls was looked on as mild eccentricity, it being too painful to think otherwise.

One would wish to add to this list of factors the importance of the body ego as the first 'self' – cross-gender identification, after all, is one of many childhood and adolescent symptoms indicative of the despair with which the arrival of an adult, sexual body may be met. It has at times seemed unfashionable to write of bodies yet it appears to me highly important that we do so. Gaddini's reminder of the entwinement of mind and body seems timely (Gaddini, 1992). If, as seems likely, the location of gender difficulties

lies in the first eighteen months of life, we are dealing with children when they are pre-verbal or 'beginner practitioners' at being verbal. There is not yet, therefore, an arena for symbolisation – or for other than physical expression of the deficit, trauma or absence that influences the later choice of a cross-gender identified position as the only perceivable position for the child to adopt. The affirmation of the body – the physical boundariedness of the baby and delight in its being – would then emerge as critical in the process of the development of a sense of 'male' or 'female' *as wished for and desired by the object.*

Orlando recalled his mother dressing him as a girl. He disparaged his father, an Italian whose wish for him to learn Italian was construed by Orlando as not seeing him but simply wanting 'a son like himself, not me as me'. After more than a year's therapy, Orlando confessed that his Dad was 'not such an arsehole', that he had some recent interesting conversations with him. His wish for a benign father seemed hopeful. He thought that his mother had excluded his father from him, and began to be able to tolerate thinking that this might have been experienced by his father as a loss. An early Oedipal dream demonstrated the power of his rivalry and feared oedipal revenge as he recounted that he had often dreamed that he got up in the night and wanted to go to his mother's bedroom. [This was both parents' bedroom but he had obliterated his father from it in the dream.] As he opened his bedroom door, he was almost flattened by a large express train thundering down the hallway. Over many months he was able to think about the role of his father in affirming masculinity – a theme paralleled by his love of Astronomy and his spending nights in the garden *'with my telescope. I wish I had a bigger, more powerful one, though – it's only little – well, not that little but I could do much more if it was bigger.'*

Part of the oedipal resolution should involve not only the renunciation of the opposite sex parent but also lead to the child's experiencing an affirmation of gender and gender role by that parent. McDougall (1995) quotes an unpublished thesis by Seccarelli who found that girls seeking sex reassignment have fathers who play a predominant role, treating these girls as sons, encouraging them in boys' games. In the Gender Identity Development Service we have found the *absence* of fathers in psychological terms (and hence of any affirmation of femininity by the father) also to be significant in the experience of girls who present with gender dysphoria in latency and pre-puberty. In both cases, the affirmation by the opposite-sex parent is missing.

Stoller (1992) describes one scenario as follows:

'The reverse [of son-mother symbiosis] *dominates the situation with*

extremely masculine girls, where mother was unable (e.g. because sorely depressed) to function adequately as a mother during this daughter's infancy, the baby having been perceived by mother as not pretty, not feminine, not cuddly. And in each case, the child's father moves into the vacuum..... Unfortunately, father and daughter join not in a heterosexual style but with father encouraging his daughter to be like him'.

One can understand this in terms of negotiating the incest taboo. However, the unavailability of a depressed mother who cannot enjoy the baby girl's body appears to me more important as the first step, and the impossibility of identification with a depressed object follows before identification with the father becomes possible. There is an important recognition, in the psychological development of girls, of an internal space (for intercourse, babies) that has to be adopted into the construct of 'body' and 'self'. I wonder if the inability to tolerate this does not also arise from the sense of gap and absence that it entails – the internal space is empty and needs an object in adulthood if it is to become filled. For some girls, penetration, intercourse and pregnancy may be impossible because they remind one of the absent object, the unavailable mother of infancy and childhood, and an asexual transsexual position is sought as a defence against this pain.

It is also important to keep in mind McDougall's caveat, quoted at the start of this paper, that the bisexual nature of the human psyche makes imperative a process of mourning if one is to establish a singular sexuality in adulthood. Indeed, Freud's explication of the fundamental bisexual nature of our psychological constructs of self was later developed by Kubie (1974) into a comment on 'the drive to become both sexes' which he saw in many patients as a further

'source of conflict, namely that which arises out of man's frequent struggles to achieve mutually irreconcilable and consequently unattainable identities' (p.352).

For those of us working with children, an awareness that any developmental gain contains within it a parallel loss is essential; hence the loss of bisexuality and the potential to be and to have both sexual objects is painful. Denial – an early defence mechanism – is a feature in work with gender-confused children and young people. Indeed, with many, an overtly *asexual* position seems to be sought, denying not only bisexuality but also the existence of two sexes.

McDougall (1995), from her work with adult patients, brings together

three issues with great compassion and insight:

a) the wish to have and to be both sexes
b) the ambivalence of unfulfilled longings with the corollary of the reluctance to relinquish, to perceive loss and mourn
c) the importance of the primal scene (pp.xi-xvi).

The last is also found important by Aron (1995) who develops a relational approach to the internalised primal scene. In work with Orlando, all three have featured, the earlier dream of the train perhaps expressing some fears about the primal scene.

Orlando described himself as being like a computer with two hard drives – one male, one female. When the male drive felt depleted, the female side would 'kick in'. In an attempt to preserve his maleness, or so it seemed, when he was sexually aroused by watching videos or reading magazines, Orlando's female side would urge, *'You really want to* be *her, don't you!'* denying the sexual desire.

After almost two years of once weekly therapy, Orlando had reached a stage of tentative object relatedness, both in the transference and in the external world. He lurched into an adolescent passion for a female tutor at college who, following an overture by him (it seemed to him), left the college. This abandonment led to a denial of affect or relationships and a flight into a female identity: better the narcissistic defence of being the object than the depression of loss and mourning.

More recently, Orlando has announced: 'I don't think I'm male and I don't think I'm female. I'm a machine.'

In thinking about this aspect of Orlando, and in my work with Sam, I have found Arnold Cooper's (1991) re-assessment of the narcissistic base of perverse development to be very helpful:

> *'.. the core trauma in many if not all perversions is the experience of terrifying passivity in relation to the preoedipal mother perceived as dangerously malignant... The development of a perversion is a miscarried repair of this injury, basically through dehumanisation of the body and the construction of three core fantasies designed to undo the intolerable sense of helpless passivity' (p.23).*

Cooper defines this dehumanisation as a strategy to protect against human qualities – loving, vulnerability, unpredictability – and continues:

> *'All attempts to abolish difference ... have dehumanisation, the absence of individuation, as one of their goals and consequences' (ibid. p.24).*

The three core fantasies are that the mother is non-existent and I am in control; I cannot be controlled as I am non-human or subhuman; I control because I take pleasure from the 'monster mother'. As a consequence of each of these, I need not fear the object. For Orlando, the second is clearly operant.

It would also, finally, seem important when thinking about children that we keep in mind the fluidity of positions open to them. There can be a danger in taking a 'snapshot' rather than 'film' view. Dahl (1993), commenting on oedipal children, theorises that, in their play, they show a 'multi-dimensional gender identity' built on an accurate core but nevertheless exploratory of 'masculine' and 'feminine' aspects. The process is encapsulated in the query of one lad: *'Can I be a boy who likes Vivaldi?'* Coates (1997) also underlines the fluidity of positions taken up by children, asking

> *'How important is gender to the child in the scheme of things? How does it vary from one individual to the next? When can children treat gender as a performance that can be played with?' (p.49).*

Perhaps one end of the spectrum is evident in a delightful note by Winnicott (1996), entitled *The Niffle* by his editors, wherein he describes the trauma of a five year-old-boy who, having had an accident on holiday, is flown alone by air-ambulance to a hospital in a strange city. His mother cannot be with him; his transitional object 'his precious wool object, a special piece' – the niffle of the title – is posted to him by his mother but does not arrive. Safely home once more, Tom reacts not to the hospitalisation and accident but to the traumatic loss of the niffle. He regresses, resists being dressed, puts on a girlish voice (Winnicott muses, possibly a baby voice) and offers at one point: *'Some boys think they will turn into girls if they lose something like that'* (the niffle). Such a description of anxiety caused by the trauma of separation fits well with those theorists who perceive, in unmanageable, overwhelming anxiety and early trauma, threats to the ego and to a consolidated gender position.

Thoughts on practice

In work with children it is always vital to be part of a team. Where gender issues arise, the importance of colleagues who work with the family and with the network surrounding the child cannot be too highly stressed. Such children can present with learning and behavioural difficulties, depression, suicide attempts (often the way in which adolescent gender conflicts come to light) and social rejection and bullying. While the therapist struggles to engender a sense of curiosity in the child, parents and network need support.

Parents, in addition, have great need of help in *not* replicating in the present the internalised parents of the patient, a position sought unconsciously by the child. It is also vital to keep in mind the tendency of any network to re-enact the internal world of the disturbed patient (Davies, 1996); hence colleagues who understand the mechanisms at work and who can verbalise these helpfully are essential.

In many of these child patients one encounters an absence of any capacity for symbolisation and a reliance on concrete thinking. This can mean that the process is long and slow, building up the psychological structure and working on developmental deficits (Hurry, 1998). That the capacity for symbolisation depends on the sense of separateness from a perceived (and perceivable) 'other' means that reaching this stage is a marked achievement. Although he retreated from this position, I can recall my sense of hope when, in response to my use of the word *'startling'*, Orlando looked me in the eye and said, *'Startling – that's a good word! A very good word!'* It seemed as if it was possible to recognise a benign object whose words might feed and nourish. The absence of an 'as if' quality, however, means an especial care in interpretation as words take on concrete reality.

Within this 'structuring', one can feel enormous pressure in the counter-transference, especially with adolescents for whom the pain of object-relatedness can all too easily be dealt with by the foreclosure of flight to surgical intervention. It is, in many ways, an asset that in this country irreversible interventions are not permitted prior to age eighteen. There is a view elsewhere in the EU that pre-pubertal sex reassignment is successful as it results in an absence of conflict at adolescence. There is a 'transsexual imperative', a thrust to escape or deny psychic conflict and a clustering of identity and sense of self around the certainty of being of the wrong gender. Technically, it is important to respect this defence while struggling to engage a sense of curiosity about this self. This, too, entails not only experiencing the most profound despair in the counter-transference but also getting in touch with rage and sadism – 'being the object' is not simply a denial of difference but also an attack on that object. One can feel attacked and obliterated in the transference, and be put in touch with the most profound rage against the child's internal parents, rage that takes the child himself some time to reach. The area of curiosity is, moreover, not without its problems. Fantasies of cross-genderedness have often been secret, fantasies of primal scene have surely been so, and a suppression of curiosity is a feature of these children (Di Ceglie, 1995). The therapist's curiosity can feel unbearably penetrating or be experienced as forbidden or dangerous.

Keeping a strict analytic frame – as in perversion – is imperative. I have found with Orlando an invitation to collude with – no, join in – the defence.

He attempts to engage on a level of 'woman to woman' with diversions into make-up, shoes, dress. In this I have felt both a merged object (the 'sameness' can be addressed) and a part object made merely of different female attributes and clothing – close to the dehumanised mother of Cooper's core fantasies (Cooper, 1991). Keeping *my* separateness and integrity in mind has been vital.

The omnipotent defence against loss and mourning means that one has to expect depression and ensure a structure that will contain the child/ adolescent. The suicidal risk, described by Limentani (1979) as 'blackmail', is a real one. Sadowski & Gaffney (1998) locate this within the constellation of factors increasing risk in adolescence but add that the impact is greater where a stable sexual orientation has not been achieved or difference in gender identity is perceived.

At times, one of my major questions has been, 'Who holds the madness?' Classically, transsexuality has been viewed as a defence against psychosis or a defence against homosexuality. In the therapy room one is faced, as with many borderline patients, with a child who appears to have direct access to one's unconscious and for whom the realities of the animal kingdom (male – female – procreation) are turned upside down. In the counter-transference one is put directly in touch with this perversion of reality. After sessions with Orlando, I have often emerged, seeking a colleague to talk with, wondering just which one of us is mad. Recovery time after such encounters is essential, and a rediscoverable sense of one's own 'groundedness'.

Finally, when one considers the defence against homosexuality, it is important to say that the research in this area shows that most children presenting with gender confusion go on to become homosexual in adult life. The next largest group becomes heterosexual or bisexual. Only a very small number find a transsexual 'solution' (Zucker & Bradley, 1995).

Conclusion

The three case examples at the start of this paper have much in common; yet therapy has allowed different stories and different prospects to emerge. All show early, pre-verbal disruption of attachments, experienced as overwhelming by the immature ego. All contain elements of an internalised mother who is at best ambivalent and at worst hostile to her male child. All have fathers with whom identification has been problematic – through aggression, depression or exclusion.

Sam is working hard on his transvestic fetishism and is clear that his core gender identity is male. He has cut his long hair, established a relationship with his father and can think about career and life prospects. He can connect

his cross-dressing to internalised parental ambivalence and hatred but remains vulnerable to provoking parental reaction – sometimes in an appropriate adolescent way, but occasionally in more perverse directions. He remains in therapy.

George's issues centre around depression and the capacity to recognise and use his objects, and his gender dysphoria has receded in the face of this work.

Orlando's gender confusion remains intensely worrying, his flight into female identification representing a response to a profound narcissistic hurt in his abandonment, latterly by his tutor but initially psychologically by both parents. He more clearly demonstrates gender issues as defensive against psychosis and suicide, and is protective of his objects by turning his rage on his maleness. Just as sexually abusing adolescents often turn out to have mothers who, themselves abused, unconsciously project an expectation of abusing men onto their male children (a discovery of the research team at Great Ormond Street Hospital, London (Lanyado, 1998)), so he demonstrates the impact of an object who, he feels, does not wish his male self to survive. His current position is, at least, one of survival of a kind; he can moreover bear to stay in touch and he has managed not to proceed to a surgical 'solution'.

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WHO AM I? WHEN AM I MYSELF? WHAT'S THE TIME?

JOAN REGGIORI

Each one of us can be caught in a web of factors which can never come together again in the same constellation. This can apply to both our inner intra-psychic world and to our outer world; and to their interaction. Decisions, trivial or profound, are made, and attitudes are formed as a result of such interaction. These can influence the resulting conduct or direction of our thinking and of our feeling in our relationships, for a short or a longer period of time. No less does this influence, positively or negatively, the analytic relationship between analyst and analysand and the encompassing container which they thereby create. Such factors also affect the relationship between supervisor and supervisee. An important component in this psychological *temenos*, in other words 'psychically charged area', is: 'What's the time?' for each participant in their interaction. In this short paper I attempt to explore a few such situations.

There is linear, or outer, time; and there is inner psychic time, the latter having no logical sequence. Both can be powerful and essential constituents in the forces which determine, consciously and unconsciously, our attitudes and actions. 'Holding the opposites', if there is conflict, is a familiar Jungian concept, but the hope for a transcendent function, which is said to arise offering a new inclusive resolution, does not always readily appear, or anyway as quickly as we would wish!

The awareness of, especially, an inner identity, at such periods of change and uncertainty is an ingredient in our sense of self, and thereby becomes a stabilising factor, transient as that particular sense may prove to be. Another factor is an awareness of an outer sense of identity, inherent in one of the several tasks which one is performing at the time. The influence of these inner and outer identities coming together with other factors, such as the influence of both inner and outer time, is unlikely to be experienced in the same convergence again. Inner and outer time are always in transition and moving on.

Many of you will be familiar with the situation when a person has a wish or need to seek a further period of analysis some years after the original analysis. This is usually, but not exclusively, with a different analyst from the earlier one. I have had patients who have come to me after a long previous analysis, sometimes with a Freudian analyst, during an earlier period in their lives. I am aware that the reverse has also happened, in that having experienced a Jungian analysis, there are those who have sought a Freudian

one later on. Let me say now, that the skills of different analytic schools is not the issue here. There is usually a great deal of criticism of the first analysis for having failed to meet a need or needs at that time, and the earlier negative transference has had to be analysed and understood. In these instances, I have wondered, if the particular patient had returned to the previous analyst at the same time as they had sought me out, whether the analytic process would have been radically different, or taken another path. I suspect it would have been different, but one cannot know for certain whether it would have been more productive or meaningful. One cannot return to those precise circumstances to find out. Each participant would have been in a different personal timescale and psychological place from now. If the analysand had come to me at the time of the first analysis I, too, would have been in a different psychological place and psychological development, and perhaps been the recipient of another series of transferences. One cannot know - but only speculate. I am aware that each analysand evokes a different response in me, as they interact with many separate facets of my functioning and my identity at that time. As a psychotherapist I, also, am in a process of transition.

In his paper 'The interdependence of our outer and inner worlds', Redfearn (1992), illustrates the theme of his title by relating his own dream of a threatening young man dressed in black, whom he subsequently recognised as a subpersonality. This figure could possess him from time to time and affect his behaviour especially, for example, when he was tired. This dream figure was very much 'not I', in the sense of being himself in the way he liked to think of himself. He needed to bring this figure into his consciousness. This raises the question, included in my title, namely: 'Who am I?' with regard to the times when these subpersonalities 'possess' us and influence our behaviour. Redfearn writes:

> *'Psychotherapists recognise that the conscious 'I' is only the tip of the iceberg of the total personality. To become aware that there is a total personality, to develop a working relationship, even a kind of trust in it, although it is mostly unconscious, seems to be worthwhile.' (p.53)*

In this paper he comments that it is not at all possible to make a permanent and stable boundary between inner and outer, any more than between 'I' and 'not I' (p.54). The dream figure, a young man in black, was part of his inner world and yet experienced as something he had to keep outside of himself. In developing his theory about subpersonalities, Redfearn points out that it is the psychotherapist's concern to help his client live life more fully and this

entails both becoming aware of, and becoming able to deploy or not to deploy, at will, the different parts of himself or herself (p.58). Subpersonalities can behave like characters in a story.

The analytic container or alchemical vessel, has been described as a psychological *temenos*. In *A Critical Dictionary of Jungian Analysis*, Samuels, Shorter and Plaut (1986) write that the *temenos* may be experienced as either a uterus or a prison (p.149). In the course of analysis it can be known as either or both, at different times. It also states that:

> *'a synonym for* temenos *is the hermetically sealed vessel... an alchemical term used for the closed container within which opposites are transformed'.*

The analytic *temenos* is created by the presence and interaction of analyst and analysand. Who they are and where they are, at a particular period of time in their own respective personal development or process, will colour and imbue their interaction. Most psychotherapists, and I certainly include myself in this, have good reason to recall analytic situations when, with hindsight, they wished they had acted with a response other than the one they gave. I would feel concerned about a psychotherapist who hardly ever had cause to reflect on this. None of us stops learning. One has only to look at the number of acknowledgements in analytic books to recognise how many analysts and psychotherapists are conscious of the amount they have learned from, which has included 'just being with', a patient, and consequently feel indebted to them. I am impressed with the humility of Winnicott (1971) in his preface to *Playing and Reality* where he writes: *'To my patients who have paid to teach me'.*

'Where we were', and 'Who we were', that is, 'What we were', in our inner world at a particular time, contributed to the *temenos* of whatever distinctive colour. We have to bear some of that responsibility. Jung (1954) in *Problems of Modern Psychotherapy* writes:

> *'the personalities of doctor and patient are often infinitely more important for the outcome of the treatment than what the doctor says and thinks (although what he says and thinks may be a disturbing or a healing factor not to be underestimated). For two personalities to meet is like mixing two different chemical substances: if there is any combination at all, both are transformed. In any effective psychological treatment the doctor is bound to influence the patient: but this influence can only take place if the patient has a reciprocal influence on the doctor. You can exert no influence if you are not susceptible to influence'. (para 163)*

He goes on to observe that if the analyst tries to 'shield' himself or herself from the influence of the patient, the latter brings about changes, nevertheless, in the analyst's unconscious.

Training requires that we have a personal analysis consisting of three, four or five sessions per week. Some of us, if we were able to choose, would not agree on the optimum frequency of sessions. However, no one stipulates how long the period of analysis should cover. The psyche moves in its own time and each person starts from a different stage in their psychological development. Some analysands arrive in quite a regressed state, whilst others need help to regress in the interests of the analysis. However, as trainees, we are all required to remain in analysis for as long as it takes us to qualify. After that, it is up to the analyst and analysand to decide whether or not to continue, and for what further period of time. Ethically, the BAP, in company with other training organisations, expect their members to return to analysis for themselves, if their work or life events, indicate such a need in the years following qualification. This is not to imply that the first analytic experience was inadequate at the time. This would have depended, in part, on where the analyst and where the analysand were at that time. Hence, 'Who am I?', 'When am I myself?' and, 'What's the time?' A movement in search of a 'place in which to be together', that is, the analytic *temenos*, continues throughout the analysis.

In his paper 'Must analysis fail through its destructive aspect?' Guggenbuhl-Craig (1970) writes about the archetypal shadow of the analysis which includes the risk of being burdened by:

> *'the archetypal division into healthy doctor and ill patient' (p.136)*

> *'Isolation is the great curse of the analyst.... finally the analyst is left fully to himself. Only he and his patients know what takes place in the hours' (p.135)*

He goes on to comment that: *'the problems of the analyst are in regard to controlling not his work, but his psyche' (p.136).* He suggests that we would be more accurate to speak of the *'healer wounded'* rather than the *'wounded healer'.*

> *'the analyst lives in close contact with his own decay and sickness, thereby allowing in turn to the patient more room for his own healing aspect' (p.136)*

Guggenbuhl-Craig reminds us that it has been proposed that the analyst should return to a kind of training analysis at recurrent periods. However, he

also observes that the problem would be that whoever he might turn to in his organisation would be likely to be involved with him in some other capacity, such as 'rank or office', and so would influence the transference inappropriately. Here I would suggest that current case discussion groups go some way to meet this requirement and so are a safeguard. But I think the points he makes in this paper are worthy of further consideration. However, it is not the purpose of this paper to pursue this particular matter in more detail here.

A container also evolves around clinical supervision, in as much as each participant has a cumulative effect on the other. Each one is dependent for their reciprocal functioning on the recognition of the role of the other. Reciprocity and respect is essential, if there is to be space for creativity and change, whatever forms these might take. Towards the end of my training, my supervisor's husband died suddenly. Inevitably, her inner and outer identity dramatically changed as a reaction to such a huge loss. She had become a widow, and consequently acquired a new inner and outer identity. In addition to being a widow, she was still a supervisor, one of several identities which she still carried. The suddenly bereaved person feels 'shockingly' changed overnight. This change is reinforced by the altered attitude of others who treat them as having a new identity, somewhat divorced from the previous one. This projection is introjected by the bereaved, thereby increasing their feeling of being isolatedly separate and almost a stranger to themselves - thus asking the question: 'Who am I?' I felt that, although I did not consider myself to be essential to my supervisor's psychological well-being, I wanted to continue the sessions following my qualifying, so that at least there were no additional losses for her to disturb her sense of self, comparatively minor as the loss of my sessions with her might have been for her. This affected one aspect of the relationship and therefore the container in which we functioned. She became the wounded one and I felt myself to be the concerned one. Much later, after I had left her as a supervisee, she shared with me the effect bereavement had had on her but that nevertheless it was 'survivable'. I was to experience, at a much later date, a similar bereavement, and to monitor the effect on the relationship with my analysands. Both she, as supervisor, and I, had had one aspect of our respective identities changed at these times.

As I have indicated, many years later my husband died very suddenly and unexpectedly in the early hours of the morning. Consequently my analysands had to be cancelled at very short notice. I, of course, was concerned about the effect this would have on them and on the analytic relationship. One of my identities had changed, and I had become the bereaved one. Predictably, the reactions of my analysands were mixed. After many months

had passed, one analysand said that because the death of her husband was the event in life which she most dreaded, it had been a very positive experience for her to have seen it happen to me, her analyst, and seen me cope with it and survive. The experience of 'not having everything as it ideally should be' can also be of value. In 'Some thoughts on the clinical process' (Reggiori, 1989), I remark that:

> *'analytic psychotherapy is not about ideal situations. It is about working with what there is and the creativity that can come from this' (p.14)*

Is it what we say to patients, what we interpret, no matter how correct we may perceive it to be; or is it who we are and what it is like to be with us, that is the more effective and central healing factor for change? I have known supervisees make the theoretically appropriate interpretation, but it is delivered without empathy and sometimes at the wrong time with regard to where the patient is. They are disappointed when the patient does not give the expected response and there is even a negative transference as a result. The negative response is sometimes to the personality of the supervisee himself, or herself, and not necessarily as part of a true transference arising from a previous relationship.

During the break, due to the analyst being away, the wish for him or her to return and the anger that there has been a separation, is not usually and predominantly to do with the expectation of impressive interpretations, valuable and essential as these may prove to be, but to do with the wish for a shared presence. As Zinkin (1998) has commented, patients after a long analysis do not remember the exact words of many of the interpretations, although they may have been affected by them and especially by the tone of voice in which they were delivered. What they remember is the relationship with the analyst (p.95). He also reports that in analytic circles it is believed that one can recognise with whom the person has been analysed by the way they talk. Whilst this may sometimes be true, to my mind such a state of affairs militates against the concept of individuation and the development of a sense of self.

In his paper 'I am not myself: a paradox', Micklem (1990) asks the very pertinent question: 'If I am not myself, then who am I?' (p.1). He goes on to comment that 'I am not myself' suggests being off colour in everyday language. But from an analytic view he points out that 'I' is not the same as self. He observes that wholeness very easily becomes a sort of psychological exercise of achievement. I am adding that wholeness does not mean perfection. As analysts and psychotherapists we try to explore our own psyche and

become as conscious as possible of the various dimensions within it, including the shadow with its negative, and sometimes surprisingly positive contents. As Micklem (1990) writes, an important feature of the work is not what we do, but the attitude we hold in that work. It seems to me that it is not only the 'I', but the Self that engages with our analysands in the analytic encounter. Here I am using the term 'Self', as representing wholeness, one of the several definitions of self used in the Jungian world. See Redfearn (1985) 'Ego and Self: terminology' (p.9).

Up until now, I have been discussing the relationship between analyst and analysand and the symbolic place in which they meet in terms of a psychological *temenos*. I would now like to address the physical environment, or geographical place, which they inhabit for the analytic session. We are all aware that transference does not only refer to the analyst, it can also cathect the physical space or ambience of a consulting room or cathect an institution, if the latter happens to be the setting in which the analysis or psychotherapy is taking place. If, for practical reasons, the analyst has to change to another room, or especially if it is to another building, he or she removes one component of the *temenos*. The timing of this is not determined by the analysand, but is in the hands of the analyst. The latter may then be perceived by the patient as being the disturber, or even the destroyer, of part of the boundary of the alchemical vessel. The analyst can then acquire another facet to his identity, as far as the patient is concerned.

I have known a patient to become very distressed at the thought of moving from the consulting room which he had known for many years, to another building. This represented a painful ending, a loss, for him, which induced him to contemplate ending the analysis then, rather than move with the analyst, and at some later date face yet another ending, which would be of the analysis itself. This emanated partly from anger with the analyst for destroying a security, but also at a deeper level, it was reverberating on other losses which he had suffered earlier and needed to be analysed. The analyst had to become the symbolic uterus in the *temenos* in order to facilitate the transition to another place. One of the points I want to make is that it was the 'right time' for the analyst, presumably because of the needs of her outer time, to move, but it was not the 'right time' for the patient. So, in addition to asking 'What's the time?', one has to add: 'For whom?'.

In '*Temenos* lost: reflections on moving', Abramovitch (1997) describes how, following move of his consulting room from one building to another, one of his patients arrived seeming 'literally in shock' (p.569) as a result. He goes on to show that a sense of secure containment can be regained sometimes, if a ritual is constructed, or the patient brings some small object from a former place - a transitional object. I would add to this, the importance of recognising

the patient's need to mourn, both what has been lost recently, as well as what has been lost in the past. Thus, such a trauma can be used to facilitate further analytic exploration and consciousness.

I have noticed that, not infrequently, the analysand produces material in a form which is of special interest to the analyst. This could be by way of active imagination, paintings, poetry, somatic symptoms, dreams, and so on. Sometimes the analyst, unconsciously, evokes analytic material in a form which extends their particular current interest, or is supportive of the subject matter of a paper they are writing at that particular time. In addition, on the part of the analysand, there can be an attempt to establish, through producing such material, better communication (or sometimes achieve an identification) with the analyst, which will readily quicken the interest of the latter and perhaps increase a degree of closeness, of intimacy and understanding. This brings up the question of whether there can be such a concept as the matching of analyst and analysand; or whether the purpose of the analysis itself, is to effect acceptable change, and therefore a development in each of the dyadic couple.

In his paper 'Fordham's development of Jung', Astor (1998) writes:

> *'The self actively creates a dynamic system. Babies do not react passively to their mothers, but engage in numerous actions of the self, eliciting from their mothers what they need. Fordham further understood the mother's function of containment as something the infant also in part created' (p.12).*

Later he refers to the individuality of the infant and the interactive nature of the nursing couple.

This interaction is also the subject of Marshak's (1998) paper 'The intersubjective nature of analysis'. In this she writes:

> *'The prototype of the analyst-analysand relationship is the intersubjective relatedness of mother and infant' (p.57).*

She goes on to refer to: *'the interrelations between the analysand's and the analyst's subjective experience'.* Her own view is that projections work both ways - it is not only the patient who projects into the analyst, but also the analyst who projects into the patient. There is a third substance which is a product of a dialectic generated between separate subjects. The conception of intersubjectivity places central emphasis on its dialectical nature (p.69). This echoes Jung's comments on the reciprocal nature of the influence which analyst and analysand have on each other, referred to earlier in this paper

(p.4). Marshak emphasises the interdependence of analyst and patient, who are continuously defining themselves and each other.

The observations I have touched on in this paper bring me back to the matter of what each of the dyadic couple brings to their interaction, in terms of where he or she is, and: 'What is the time', psychologically, for each of them. This leads me to ponder on the relative importance, broadly speaking, of the formal theoretical training; of the emotional maturity of the analyst; of his or her capacity to meet the patient, create a third area, and be affected by the interaction within it; all of which are essential components in the analytic process. If we accept that the one creates the response of the other in the analytic couple, whether we describe this as transference, counter-transference, intersubjectivity or whatever, then a trauma from the outside world, at whatever the inner or outer time, can be used to facilitate further development.

Mercifully, there is no such thing as an admired, ideal, analytic process which can be applied indiscriminatedly to all analytic situations, and towards which we should all be ceaselessly striving. The analysis itself is the individuating process and, by its very definition, it is unique.

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PSYCHOANALYTIC REFLECTIONS ON MUSIC

DANIEL TWOMEY

The practice of applying psychoanalytic theory to the arts is as old as psychoanalysis itself. Freud himself (1914) interpreted Michelangelo's sculpture in 'The Moses of Michelangelo' in accordance with his theories; and most psychoanalytic organisations have an applied section concerned with psychoanalytic understanding of artistic and cultural productions. However, when one looks at the vast number of psychoanalytic works that are written on literary subjects, one is struck by the paucity of work there is, by comparison, on psychoanalytic understandings of music. This paper aims to look at the reasons for this apparent lack of interest and to point to ways in which the understanding of psychoanalysis and music can mutually enrich each other.

The reasons are threefold for the neglect of music.

Firstly, there are the myths held about Freud and his attitude to music.

Secondly, there are theories, beliefs, and snobberies which allow people to boast, as Freud did, about their ignorance of music.

Thirdly, there are the difficulties inherent in describing, defining and writing about music and psychoanalysis.

Freud's attitude to music

Freud's own comments about music seem to confirm the view, commonly held, that he was at least indifferent, if not actively hostile, towards music. His statements about his lack of interest in, and knowledge of, music often sound boastful. *'I am quite unmusical'* he said in a letter to Maria Bonaparte (Jones,1953). And, *'It is a little doubtful whether anyone else would have recognised the tune'*, he said (1900), describing his humming of *'se vuol ballare'* from *The Marriage of Figaro*. In 'The Moses of Michelangelo' (1914) he says baldly: *'with music I am almost incapable of obtaining any pleasure.'*

According to Gay (1988): 'he virtually boasted, in *The Interpretation of Dreams*, about his tone deafness.' Gay also comments: (ibid) *'Anna Freud rather tersely noted, "he never went to concerts".'*

In his writings, we get the same picture. In the index of the Standard Edition of Freud's collected works, there are only six references to music compared to thirty-three on literature and-forty three on art. In *The Interpretation of Dreams* (1900), he refers to the capacity that music has to arouse *'a number of recollections'* (p.497). Here Freud is clearly reporting an

experience he himself has had. He comments that a few bars of music elicit recollections which are *'roused in me all at once, none of which can enter my consciousness singly at the first moment. The key-phrase serves as a port of entry through which the whole network is simultaneously put into a state of excitation'* (p.639). Also in *The Interpretation of Dreams*, where he is characterising dreams as hallucinations which replace thought, he implies that accoustic and visual hallucinations are equivalent in their capacity to carry the unconscious idea.

Thus the notion that Freud was unmusical and unable to appreciate music, was propagated by Freud himself. It was also reinforced by Ernest Jones in his biography (1953), and accepted by Gay (1988) in his book on Freud.

However, the reader will have noticed that I have used the word 'myth' to describe this view of Freud's attitude to music. Indeed, there is another side to the story. There is some evidence that Freud was not just indifferent, but unreasonably hostile to music. For example, both Gay (1988) and Jones (1953) mention in their biographies that the schoolboy Freud went so far as to persuade his mother to remove the piano from their home, which had the effect of depriving his sister Anna of her studies at the piano. Later in life, his refusal to allow a musical instrument of any description in his home meant that his daughter Anna almost failed her teacher's qualifying exam because of her difficulty in coping with the rudimentary music requirements on the course.

One hypothesis is that up to the age of two, Freud was cared for by a Roman Catholic nanny, who took him to religious ceremonies, where he would have heard all the big religious musical works. The nanny left unexpectedly, having been convicted of theft and at the same time that his mother was absent, giving birth to his sister Anna. *'The abandoned child was inconsolable for some days.'* (Cheshire, 1996). Years later (ibid), he *'still longed for the beautiful woods of his home.'* This longing refers to Freiberg, where he lived with his nanny. Vitz, (1988) says: *'I believe that Freud's earlier rejection of music came from his early experience of church music, which would have activated painful unconscious memories in Freud.'*

In any analysis, such strong feelings would become material for analytic investigation. But because it was Freud himself, this did not happen. Rather, his statements were taken at face value. Interestingly, however, Strachey(1966) warned against unthinking acceptance of this view: *'nor perhaps was his attitude to music quite so negative as he liked it to be believed.'* Cheshire (1996) argues that Freud exaggerated his difficulties. *'But from the outset it has seemed to some that Freud's claims to unmusicality smacked of 'protesting too much', and were therefore symptomatic of at least an uneasy ambivalence if not a more active conflict of some kind'* (p.1127). Freud writes, to Fliess

(1897): *'Recently* The Mastersingers *afforded me a strange pleasure ...'*. Cheshire argues *'that Freud's exaggeration of his difficulty, combined with his ability to love certain operas (The Marriage of Figaro, Don Giovanni, Carmen* and *The Mastersingers), and his use of musical metaphors in the context of theory and therapy, confirms his own intuition of a conflict rather than a simple deficiency'* (ibid). At the end of this paper, I shall return to this theme.

Common beliefs about music

It is probable that the belief that Freud was totally unresponsive to and uninterested in music has had a substantial effect on the psychoanalytic world. It probably has legitimised analytic writers' neglect of applying psychoanalytic knowledge to music. Perhaps it has made music a forbidden land for his analytic children and followers. After all, if father forbids music in the analytic home, and boasts about his musical impotence, can his children dare to outdo him?

Whether linked to this or not, there seems to be a trend in modern thought which underrates or positively downgrades the importance of music as a serious cultural pursuit. Ignorance of music is acceptable in a way that a similar lack of knowledge about literature or painting would not be. There is also a mistaken belief in some quarters that the capacity to appreciate, create or interpret music is a genetic endowment, a gift one is born with, and not dependent on education and culture. Many psychotherapists who have musical expertise - including the author - keep it secret and separate it from the rest of their professional life (Sabbadini 1996). It is usually considered legitimate to draw on literature when framing an interpretation; however, the similar use of music can be frowned upon. During training, a student was reprimanded for using music in this way (personal communication). Musicians themselves have often hindered the search for a deeper understanding of music by claiming, perhaps rather arrogantly, that music is beyond understanding.

The difficulty in describing and defining music in words

To ask the question: what is music? can lay one open to accusations of pretentiousness or stupidity. Everyone surely knows what music is. But the truth is more complicated. Every teacher of music it knows how difficult it is to get students to develop a musical mind; and perhaps it is not dissimilar to enabling analysands to begin mentalisation. From an initial definition of music as being somehow to do with sounds being joined together, it takes

some time and thought before a reasonable working definition can emerge, one which can enable students to think about music without losing the sense of excitement, wonderment and intensity which music inspires.

In Collins' *English Dictionary*, music is defined as *'an art form consisting of sequences of sounds in time, especial tones of definite pitch organised melodically, harmonically, rhythmically and according to tone colour.'* However, this definition does not enlarge our knowledge of music. In trying to define the essence of music for both myself and students over many years, my definition became formulated as follows: *'Music is a language, although a strange kind of language.'* It is strange, because it is not fit for the usual functions of language, which are to communicate factual knowledge between and among people. It is a kind of language because, (c.f. Bettelheim, 1983) *'music is above all else a language of the soul, of feelings and emotions.'*

Emotion and affect in psychoanalysis

Fifteen to twenty years ago, candidates in training were discouraged from commenting on a patient's feelings. But now, it is well recognised that to avoid interpreting emotions and affects will lead to a sterile encounter between analyst and patient, and can increase intellectualisation. In addition, a therapist expects to pay attention to the feelings elicited in him in the counter-transference by a patient's material.

The early neglect in psychoanalysis of affect is puzzling. Freud did not propound a theory of emotion (Rapaport 1953). He did, however, write extensively on anxiety, mourning and melancholia (Shapiro, 1999). Klein's emphasis on persecutory anxiety, depression, love and hate, is well known. Bettelheim (ibid) in some degree blames the English translation of Freud's works for misunderstandings here. He says:

> *'Freud often spoke of the soul. Unfortunately, nobody who reads him in English could guess this, because nearly all his references to the soul, and to matters pertaining to the soul, have been excised in translation. Psychoanalysis becomes in English translation something that refers and applies to others as a system of intellectual constructs.'*

Bettelheim also (ibid) points to the quest for scientific respectability as being responsible for the neglect of the whole subject of feeling, emotion and affect in psychoanalysis. The measure of how our understanding has changed, and the neglect rectified, is that the 41st. Congress of The I.P.A. being held in Chile in July 1999 has as its subject 'Affect in Theory and Practice'.

In summary: the abstract nature of music; the difficulty of defining it; the acceptance of the myth of Freud's indifference or hostility to it; the primacy of emotion in music, which psychoanalysis in its quest for scientific respectability has neglected in the past; all of these factors have contributed to psychoanalysis' relative neglect of music compared to the other arts.

Psychoanalysis and music in relation to form and structure

Many psychoanalytic concepts are applicable to, and helpful in, enhancing our understanding of music. Music is in many ways similar to the unconscious. It is mysterious, and it needs interpretation. Music is confusing, and can be experienced as overwhelming, and as untamed, in need of structure in order for us to understand it. Over the centuries, numerous musical forms and structures have evolved. For example, the whole of western classical music until the modern period, is based on the scale with its fixed form of eight notes forming an octave in a regular pattern of tones and semitones. Musical works can be quite simple in form, like the dance form, - the *rondo*, or extremely complex, like a symphony. These shapes and forms have developed so as to create a sense of order, to protect us, perhaps, from feeling totally lost and out of our depths.

Freud (1911) distinguished between two types of thinking: primary process and secondary process. Primary process thinking is characteristic of the unconscious, and like dreams, uses symbolisation, displacement and condensation. Primary process thinking derives its energy from the Id, whereas secondary process thinking involves logic, rationality, and - especially important in terms of this paper - grammar and verbalisation, and draws its energy from the Ego. Music is not verbal, does not have an inherent logic, and as argued earlier, is a language of emotions and feelings. This places music as belonging to primary process, and deriving its energy from the Id.

When Debussy said: (Schonberg,1970) *'I hate classical development whose beauty is merely technical, I desire for music that freedom of which it is capable'*, it is not fanciful to interpret his plea as demanding more instinctual and spontaneous expression in music. Within musical traditions, it is possible to distinguish between the baroque and classical composers' emphasis on form and structure as their attempt to give order and shape to the musical chaos and confusion of primary process thinking. On the other hand, the romantic, impressionistic and modern composers' more relaxed and loose attitude to structure shows their more tolerant attitude to instinctual drives.

The movement towards creating shape, form and structure for composer, performer and listener, in meeting the need for understanding, and to limit confusion, can be compared to Freud's and later theorists' efforts to give

shape and meaning to the unconscious by means of formulating models of the mind in terms of the Id, Ego and Superego; conscious, preconscious, and unconscious; and in thinking in terms of stages of development. These models help us to make sense of the outpourings of the unconscious during analytic work.

In interpreting dreams, one needs to think in terms of manifest content and latent content. These are all concepts that structure our thinking in our quest for meaning. This process of the analyst is comparable to the work of the musician. In the early encounter with an unfamiliar score, the performer studies it, firstly in its broad outlines and structures, which can be compared with the manifest content of a dream, and then it is examined for the hidden melodies and forms, which can be compared to the latent content. Musicians at this stage often free associate to a score in the same way as a dreamer may to a dream and may report a proliferation of ideas and fantasies. In a well known story (Schonberg, 1970), Tortelier, the great French cellist, whilst studying and playing the Bach Unaccompanied Cello Sonatas, imagined a little naughty mouse running around the room. In another example, a pianist, whilst studying a Chopin Nocturne, became aware of what seemed to be an imaginary conversation between a man and a woman (personal communication). This fantasy arose out of the awareness of a hidden melody in the bass line, and guided his musical interpretation.

It is possible to argue that it is these fantasies, conscious or unconscious, aroused by a score, which explain the very different interpretations that can be given of the same musical work by different musicians. Listening to Horowitz and Arrau, for example, playing the first piece of Schumann's *Kinderscenen*, one could be forgiven for thinking one was hearing two completely different works. In this example, two very great artists of high musical integrity, having studied the same score - the manifest content - arrive at completely different musical interpretations of it. It would be surprising if it was not significant that the title of this piece is *About Strange Lands and Strange People*; and then to realise that both performers have left their native lands. Both artists had to learn to play 'in a strange land'. This experience would have been fertile ground for stimulating unconscious phantasies, whilst the actual experiences of these two men probably differed dramatically. Horowitz came from Russia as a political exile, whilst Arrau came at an early age from Chile to study music in Germany.

The origins of music

There are many theories about the origins of music, all of which make sense but are impossible to prove. However, from a recent careful observation of

the interactions of a mother with her newborn baby during the first year of its life, it seems a reasonable hypothesis that the origins of music are somewhere linked to the dialogue between mother and baby. As the mother held her newborn baby, her voice changed from an ordinary speaking voice into a sing-song series of sounds containing rhythm, pitch and emotion. It was striking that the mother did not use words with a specific meaning, but rather, nonsense words concentrating on their onomatopoeic value. The mother used a form of elementary music to help contain her infants' anxiety at being born, and to establish an emotional bond between them. The similarity between these interchanges and the containing function of the therapist are obvious. Music as a 'container' starts at birth with the mothers' sing-song, onomatopoeic sounds. Later, this becomes a soothing lullaby to help the infant let go into sleep. From birth, music contains and expresses our deepest emotions throughout life. Birth, death, marriage, and national events all need, and have, their appropriate music. It was striking how music expressed and contained the nation's grief at the funeral of Diana, Princess of Wales.

The wish and the need to feel good is as old as man himself. The idea of symbolically taking in, and keeping inside, something good, as something to sustain and nourish emotionally, pre-dates psychoanalysis. It is at the heart of the Christian faith, where, during Holy Communion the priest, whilst placing the communion wafer on the communicant's tongue, speaks the words from the Bible story of the Cenurion. These words are to be taken as symbolic food. The concrete house of the story is now the internal house of the person receiving the communion, who is to be made worthy through the power of words, to incorporate something good. The idea of taking aspects of the external life into one's self was introduced into psychoanalysis by Ferenczi (1909) in a paper named 'Introjection and transference'. Laplanche and Pontalis (1973) see introjection as linked to incorporation and identification. Freud (1925) makes it explicit that introjection is linked with early oral incorporation.

Music as linked with the introjected good object

I would like to give some examples in which music is introjected as a good object which enriches and nourishes the ego. My first example comes from the cinema. In the film, *The Shawshank Redemption,* a city banker called Andy is sentenced to life imprisonment for a murder he did not commit. The prison is a harsh, inhuman institution ruled over by a terrorising, sadistic governor, who is aided and abetted by guards who kill prisoners as an example to others who do not obey prison rules. While Andy is in prison, he gets to be in charge of the library as a reward for using his financial acumen in helping

the governor and guards to acquire personal fortunes. One day, when the prisoners are lined up for roll call, and are expecting to hear the usual broadcast of abuse and threats over the loud speaker system, they are surprised to hear instead the notes of Mozart's duet from *The Marriage of Figaro*. Andy had locked himself inside the loud speaker office, and was playing the record over the system. The prisoners were transfixed by the beauty of the sound. In describing the experience, a prisoner who acts as the narrator, says:

> *'I have no idea to this day what these Italian ladies were singing about. I don't want to know. Some things are best left unsaid. I think about something so beautiful that it can't be expressed in words, and makes your heart ache because of it.'*

Because of his act of defiance, Andy gets two weeks in solitary confinement. But afterwards, he tells the prisoners that this had been easy, because he had Mozart as a companion. The prisoners assume that he had had the record player in with him; but Andy replies that he had Mozart's music in his mind (pointing towards his head), and in his emotions (pointing to his heart). He goes on to say that since the music is inside him (i.e, internalised), it enables him to remember that there are places that are not made of stone, and that *'there is something inside that they can't touch because it is mine.'*

The next example comes from the life of Clara Schumann, wife of Robert Schumann. Born in 1819, her father was a music teacher, and her mother a singer and concert pianist. Clara was a 'replacement' child. Before her birth, a previous child, also a daughter, had died, and Clara's father had decided, as he had previously decided for the dead child, that Clara was to become a great musician and child prodigy. Interestingly, Clara's father had ideas about child-rearing and pedagogy that were similar to those of Schreber's father. When Clara was three, her parents divorced. She went to live with her mother at first, but at the age of five, went to live and study with her father. (At that time, German law made children the property of their fathers when they were five years old). Clara was an elective mute until she was six years old.

However, in spite of this troubled background, Clara did fulfil her father's wishes. She became a virtuoso pianist and a composer. She gave her first public concert at the age of nine, and went on her first musical tour when she was twelve years old. In 1840, she married Robert Schumann, against her father's wishes, and continued to perform, compose and teach whilst also fulfilling the roles of wife and mother. On the death of her husband, she became the bread winner for the family. She edited all of Schumann's works, and introduced both his and Brahms' works to the public.

It is extraordinary that with such a childhood, Clara could function so well and so creatively. Earlier, I quoted Freud's comment that music has the power to 'arouse recollections.' Until she was six, Clara's only language was music. It seems plausible to argue that music enabled her to communicate with her father teacher and allowed her, safely, to recollect her singing and piano-playing mother. Music was for her, and remained throughout her life, something that was associated with good internal objects. It represented good aspects of both parents, and enabled her to function productively and creatively all her life.

Conflictual processes linked with music

Many musicians, during the course of their professional life, develop symptoms which can inhibit, and sometimes even destroy their ability to perform. Symptoms can include the total loss of confidence, acute anxiety, and sometimes dissociative states. These psychological symptoms can be accompanied by physical symptoms, such as unbearable muscular tension or severe pain in a finger or the wrist. It is difficult to believe that any musician does not use music, perhaps unconsciously, in a deeply interactive way with internal objects and figures. The early relationships with parental figures, both real and phantasied, must influence the nature of the introjected musical associations. It seems reasonable to suppose that if music is taken in ambivalently, then the conflicts will emerge in the shape of these symptoms described above. Bruno Walter, Gustav Mahler, Rachmaninoff and Claudio Arrau are all great artists from the past who suffered from severe psychic problems which manifested themselves in physical difficulties needing psychotherapeutic intervention. Walter and Mahler, in fact, (Schonberg, 1970) both consulted Freud.

An opera singer (personal communication) came into therapy because of her inability to remember the words and the melody of a choral piece at the same time. This is, in fact, a most unusual problem, as for most people, it is difficult to remember the text without the melody. The problem was causing this singer great distress, and was putting her career in jeopardy. But as the therapy progressed, the therapist found that his presence was often completely forgotten during sessions, so that the patient became startled when spoken to. This woman had severe difficulties in relationships and particularly in managing her anger. We discovered that music had been very important in her childhood home. But her parents had had a very acrimonious divorce, and music then came to remind her of this, and represented the loss of her much loved father.

Thus, in *The Shawshank Rebellion*, music was internalised as a good

object in its own right, and was used to keep hope alive in the midst of despair. Clara Schumann also introjected music as a good object, which through identification and association represented the image of the parental couple, enabling her to live creatively and function as wife, mother, performer and composer. The opera singer had taken in music as an ambivalent object; when unable to cope with her aggression towards her parental imago, she developed symptoms which stopped her performing.

It must be borne in mind that music can also be used defensively, both inside and outside of sessions. In the latter situation, the usage of Walkmans to blot out the external world, and quieten the internal one, comes to mind. Within the clinical setting, people who can imaginatively hear music, can use that capacity as a barrier to communication. In these cases, it is instrumental music only that is used; if vocal music intrudes, the text of the music will be important for interpretation. It is important to distinguish when music is a defence needing interpretation, or is more to do with an experience of being in touch with a good internal object which needs to be witnessed by the therapist.

Freud's attitude to music: recapitulation

It is time to return to the myth of Freud's negative attitude to music. It is best referred to as a myth because there is strong evidence to suggest there could be an analytic meaning to his stated ideas about music. Freud's own statements and other historical facts about his life point to the need for further analytic investigation linked with the hypothesis that rather than being a neutral subject for Freud, it was more likely a source of internal conflict for him.

In challenging the myth that Freud was unmusical, Cheshire (1996) cites Freud's habit of humming tunes from *The Marriage of Figaro*, and of singing arias from *Don Giovanni* to his dog. He also points to Freud's use and understanding of musical metaphors as evidence of his musicality. Furthermore, the poet Hilda Doolittle (1956) found that *'his therapeutic voice had a singing quality that permeated the texture of the spoken word'* (p.25).

In a letter to Fliess (1897), describing a case, he says: *'everything is going smoothly and the instrument responds willingly to the instrumentalist's confident touch.'* Again, (ibid) musical imagery is used to describe his theoretical dispute with Jung: *'They have picked out a few cultural overtones from the symphony of life and have failed to hear the mighty and primordial melody of the instincts.'* Also in 1897 Freud tells Fliess he was *'sympathetically moved by the 'Morning Dream Interpretation' melody from*

The Mastersingers. 'Again (1895), in describing a performance of Carmen, he reminisces about *'orchestral passages with magnificent melodies and music I love so much.'*

From Freud's use of musical metaphor, appreciation, and singing of melody, Cheshire (1996) concludes that Freud was not unmusical, as he liked to portray himself, but rather was *'equipped with an apt and retentive musical ear, and with music, when his mask slips, a positive cathexis is revealed for all to see.'* It is clear why the description of Freud as unmusical has to be treated as a myth. He obviously was not unmusical; so why did he encourage such a belief about himself? There have been a number of theories put forward.

There has been a suggestion (Diaz de Chumaciero, 1993) that Freud lied about his enjoyment of music out of jealousy, because he was shocked, on seeing *The Mastersingers,* that Wagner had anticipated his theories on dreams. She quotes Adorno (1952): *'It is as if Wagner had anticipated Freud's discovery that what archaic man expresses in terms of violent action has not survived in civilised man except in attenuated form, as an internal impulse that comes to the surface with its old explicitness only in dreams and madness.'* However, this accusation has been thouroughly refuted and discredited by Cheshire (1996).

The more plausible explanation may lie in the comments made by Freud himself. In the same paper (1914) that he says he is unable to obtain any pleasure from music, he gives a very clear clue as to the cause of this.

> *'Some rationalistic, or perhaps analytic turn of mind in me which rebels against being moved by a thing without knowing why I am thus affected and what it is that affects me.'* He asks, in the same paper, referring to great works of art: *'Why should the artist's intention not be capable of being communicated and comprehended in words, like any other fact of mental life? It is possible that a work of art needs interpretation, and until I have accomplished that interpretation, I cannot come to know why I have been so powerfully moved.'*

For Freud to be able to enjoy a work of art, or perhaps, admit to it, it needed to be interpreted in words.

Music, a language emanating primarily from the Id, using predominantly primary process thinking and governed by the pleasure principle, make Freud's requirements for understanding and being moved , impossible to fulfil. This, I think, is the main source of conflict aroused by music in Freud. He saw the Id as unorganised, something to be tamed by the Ego. He saw the pleasure principle with its primary process thinking as more primitive than the reality

principle. Talking about artists, he says to Jones (1953): *'Meaning is but little to these men; they are given up to the* "Lustprinzip".' Whereas, (Gay 1988) *'in Freud, the reality principle asserted its predominance over the pleasure principle.'* As already described, Freud could enjoy opera, and he could admit to enjoying it. Opera does not pose the same problem as does purely instrumental music. Opera has words, which explain the music. Thus music can be seen as reinforcing and enhancing the emotional and dramatic text, with music as secondary. Music in opera fulfils Freud's requirement that *'great art should be communicated and comprehended in words,'* and interpreted, before, for him, *'being powerfully moved'* can be safe.

I think it is a reasonable hypothesis to suggest that music put Freud in touch with a disorganised, frightening aspect of his soul, which he was unable to tolerate. He therefore pleaded ignorance of music, and tone deafness, as a defence against such pain.

Freud's contact with musicians

To support the view that Freud was actually not dismissive towards music, there is historical evidence which has often been ignored, that Freud was empathetic towards, and curious, about music. He collaborated with Max Graf, a leading music historian, prominent music critic, and a member of Freud's inner circle, on several works on the psychoanalysis of music. (Graf is well known to students of psychoanalysis as the father of 'Little Hans'). Describing his role in the Wednesday evening meetings, Graf (1942) recounts: *'I took over the task of investigating the psychology of great musicians, and the process of composing music utilising psychoanalysis for this task.'* To give a sense of how seriously music was taken in the early days, Graf reported (ibid) to the Wednesday meeting on February 10th, 1909, his self-analysis of so-called 'spontaneous emerging melodies.' In this context, it is important to note that Freud, in his wish to broaden the scope of psychoanalysis, invited two other musicians to the Wednesday group; Leher, who taught aesthetics at the Academy of Music, and a David Bach who wrote on music for the Austrian Review, and who played an important part in the early development of psychoanalysis.

Living at that time in that city, it would be difficult for Freud to be indifferent to music. There was so much music being played in Freud's Vienna that a law was passed *'forbidding the playing of an instrument after 11pm.'* (Johnson, 1972). Graf (1942) says: *'We became musicians without knowing why or how. Everywhere we went, we encountered music.'* Except, possibly, at Bergasse 19, where Freud lived, where musical instruments were forbidden.

To add to the confusing and complex picture, in 1916 Freud says, writing

about *'tunes that come into one's head without warning'*, that he must not extend his theory to *'really musical people'* of whom he then says: *'I have had no experience.'* Given what evidence has already been given in this paper, this is a very surprising statement. To restate something that is already becoming clear, Graf (1957) tells of Freud's obvious interest in musicians. He wrote: *'Freud welcomed conversations with musicians. He often climbed the four flights of stairs to our flat for simple evening meals. I often invited the composer Eduard Schutt whom Freud loved as I did.'*

By 1916, could Freud possibly have forgotten Walter, Mahler, Graf, David Bach, Leher and Schutt? Did they whose *'accoustic sensibilities were not atrophied'*, like he said his were in a letter to Fliess, arouse sufficient envy so he had to obliterate them? Was his amnesia a public statement of his contempt for the representatives of an art which, he wanted us to believe, was beyond his appreciation and understanding? Or was it the painful memories of his lost nanny, the birth of his rival, and fear of the predominance of primary process thinking and the supremacy of the pleasure principle inherent in music, emanating from the Id, that contributed to Freud propagating the myth, to himself and others, of his own unmusicality? The evidence we have is contradictory and confusing; the answers await further research.

There are many other aspects of music which could be illuminated further by applying psychoanalytic concepts to them. What are the unconscious aspects of composing? What are the phantasies aroused by music? Do the influences of early childhood affect the type of music composed in later life? These are big issues, and they call for further research.

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Book Reviews

Psychoanalysis and Developmental Therapy

Edited by Anne Hurry, Karnac Books, London 1998, pp 237, p/b £18.95

This book is a passionate and well argued plea for the wider acceptance of the adjustments in technique made by the followers of Anna Freud in the treatment of developmentally disturbed children.

These modifications in technique were at first regarded by Anna Freud and her immediate followers as not psychoanalytic. The aim of this book is to show that the distinction between classical analytic and some particular sorts of apparently non-analytic modifications is outmoded and not clinically or theoretically justified.

Supervision seminars at the Anna Freud Centre had frequently revealed that therapists were deliberately or spontaneously modifying classical interpretive technique but were often (as with countertransference in the '50's), uncomfortable about revealing what they were actually doing.

The book consists of nine chapters and is divided into two main sections. The first part rigorously covers the theoretical background. Anne Marie Sandler contributes a foreword. Then Peter Fonagy and Mary Target gather together evidence from infant research and observation (with particular emphasis on the theories of Attunement and Attachment). The central conclusion of this section is that

> *'Developmental research has helped to revise some developmental propositions* [of psycho-analysis] *that turned out to be naive'.* (p 4)

Fonagy and Target emphasise the 'intersubjective' view of the infant in which

> *'The infant's experience comes to be organised around the impact of this experience upon the caregiver'.* (p 15)

Where early attachments have been inadequate, mentalising and reflectiveness may be absent. This means that the therapist may need to take steps to remedy this developmental failure. These steps should not be regarded as outside the frame of what is 'mutative'. Without them classical analytic work of interpreting conflicts or projected parts of the self will become stuck or break down.

Anne Hurry's own chapter then continues the argument for a reappraisal

of technique. Again emphasising recent research and observation, Hurry argues that a developmental view provides a clearer picture of what might be going on in the mind of an infant or child than does much of the backward extrapolation from adult work. On this basis she outlines a critique of some of Freud's and Klein's assumptions about the development of psychic life.

Hurry defines 'developmental therapy' as those aspects, other than classical interpretation, designed to further the child's development in order that further interpretive work can then take place. Hurry emphasises the value of classical interpretive work when a child is capable of symbolic representation. When it is not then other approaches become necessary. These approaches have been used by child therapists to help children with developmental deficits be able to

> *'play, to name feelings, to control wishes and impulses rather than be driven to enact them, to relate to others, and to think of and see others as thinking and feeling'.* (p 37)

After such interventions it may then be possible to return to classical interpretation.

It is a central argument of Hurry's chapter that the analyst is available as a new object which is, one might say, cathected by the patient's developmental drive. In this framework the purpose of analysis is not seen as the resolution of unconscious conflicts but as an opportunity for the patient to use the therapist as a 'developmental object'. I found Hurry's exploration of a generalised defence used by some patients, of inhibiting all mental processes, which requires particular sorts of interventions, very interesting.

One thing that stands out particularly in Hurry's theoretical chapter is the repeated emphasis on the idea that effective developmental analytic work is dependent on the analyst's ability to be emotionally and spontaneously available in a unique way for each patient.

The second section of the book is devoted to descriptions of clinical work with developmentally disturbed children. The purpose of these examples is to show the way that so called 'non-analytic' interventions, whether deliberate of spontaneous, are an essential part of analytic work which can then allow a return to interpreting conflicts and projections. Each of these clinical chapters, by various child psychotherapists, is well written, moving, and intellectually stimulating. Each carries the argument of the book forward in a convincing way. There are many examples developmental interventions in these chapters. I have chosen only one of them in order to give prospective readers some idea of the kind of things the book is discussing. Anne Harrison describes her work with an obsessionally defended little girl who session

after session repeatedly builds the same uniform Lego towers in which all irregular shaped bricks are shunned as 'messy'. Attempts at analytic interpretation do not help the child move forward. Eventually the therapist tells the child she wants to build a tower herself and she does so using the 'messy' bricks. The child is amazed that such a thing is possible. This intervention is carefully explored for the reader, along with the way it leads to further classical analytic work and to the verbalisation of lost feelings. It is important to note that it is not the intention of the book to do what Ronald Britton (1998) criticises when he says that some analysts who encounter difficulties

> *'Promote an alternative strategy as a superior method'.* (p 47)

It is the clear intention of the authors to discuss developmental interventions as a necessary compliment to classical analytic technique.

Hurry considers the implications of these ideas from child analysis for adult analytic work. She speculates that one of the reasons why there has been very little interchange between adult and child work has been due to nervousness on both sides about the modifications in technique sometimes used by child analysts. Hurry does, though, acknowledge that much of what she is advocating is in line with the thinking of some of those adult analysts in the Independent group of the British Society.

The title of the book has been carefully chosen. I imagine that the authors look forward to a time when the two parts of the title are synonymous. Hurry says

> *'The distinction between developmental and psychoanalytic work is .... a false one: psychoanalysis is itself a particular type of developmental therapy'* (p 34).

I think this is a brave, controversial and timely book. Its ideas deserved to be discussed and debated. It would be a pity if were read only by those who work with children.

Reference

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SIMON ARCHER

Complaints and Grievances in Psychotherapy - A Handbook of Ethical Practice

by Fiona Palmer Barnes - Routledge, 1998 pp 195 p/b £14.99

As Andrew Samuels says in the introduction, "Books like these stand or fall by their utility. It is absolutely clear that this is a supremely useful book." Whilst most psychotherapists may not find such a subject particularly attractive, all psychotherapy institutions within the BCP and UKCP are obliged to have an Ethics Committee and a complaints procedure and for those who serve on such committees this book should be put on their reading list of essential books. Unfortunately, in the introduction the author shows her predujice concerning the BCP and UKCP split. Although the history of the UKCP and BAC is outlined in straightforward and objective terms, the paragraph describing the BCP contains statements like, "The analytical world has always kept itself aloof..." It is in this same paragraph that reference is made to the splitting within the Jungian and Freudian schools as if such splitting is only part of the BCP. I found it disappointing that a book that rightly emphasises the importance of 'fairness and justice' in complaints procedures should, at the same time, lose sight of these standards in providing a short history of the field of psychotherapy.

However, the rest of the book is by no means disappointing. The first chapter provides a clear statement about the nature of psychotherapy in general and lists the ethical principles that such therapy is based upon. The list includes, maximising benefit and minimising harm, achieving the greatest good, acting justly, and respecting autonomy. The concepts are then explored in greater depth.

The book has a number of valuable concepts concerning ethics which help to clarify this complex area of our work. For example, in dicussing the issue of professional competence the author makes useful reference to the legal idea known as the 'Bolam principle'. This principle defines professional competence as existing "where a substantial body of reputable practitioners support the defendant's method of treatment". This may seem obvious but one difficult area that this principle deals with is the suggestion that not keeping detailed notes on a patient is an indication of professional incompetence. However, it can be held that it is 'common practice' within the profession not to keep detailed notes on patients in treatment. As can be seen by this example there are many points raised in the book that could be the subject of lengthy discussion within each institution.

Whilst reading the book there were times when I thought that the author was trying to be too inclusive of a wide variety of instructions, and that

trying to bring about a uniform approach was both unnecessary and undesirable. For example the author talks of the desirability of separating the functions of supervision and assessment of trainees. In analytic psychotherapy the supervisor is expected to produce assessment reports which is not experienced as a difficulty. This, however, may not be the case in institiutions training counsellors.

The author emphasises the need for there being a clear contract when starting work with a patient. Indeed our own Guidelines of Good Practice state the need to discuss the arrangements at the outset of the therapy. However, as the author says, there is increasing pressure, supported by legal advice, for some kind of written notes to be offered to patients at the start of therapy. Again this is an interesting and difficult departure from our current practice and one that should be given much more thought within the BAP. Confidentiality, a major part of professional ethics, is well discussed in the book which includes the problems of psychotherapists working within an agency where confidentiality can be a difficult issue.

There are many valuable tips given on how to handle complaints including the desirability of a practitioner involving their insurance company as soon as possible if they are cited in a complaint. In addition to these practical considerations the author is sensitive to the fact that both the complainant, and the practitioner complained about, need emotional support during the proceedings of the complaint. Appropriate suggestions are given as to who might provide this support.

It is the case that many of the points raised in this book are well known to well-established institutions like the BAP. However, there are several issues in the book that we all need to consider in the present cultural climate where litigation is on the increase.

HUGH GEE

Dialogue in the Analytic Setting : Selected Papers of Louis Zinkin on Jung and on Group Analysis

Edited by Hindle Zinkin, Rosemary Gordon and Jane Haynes
Jessica Kingsley Publishers, London 1998, pp 254, p/b £19.95

I remember, when I first came to England as a student, attending a public lecture and at the end of it people asked various questions, made comments, etc. Then, somebody sitting a few rows in front of me, whom I could not even see, made a contribution. I was so struck by the originality of his thinking, the impression stayed with me. It was, of course, Louis Zinkin. I was fortunate enough later on whilst working at St. George's Hospital, to be able to attend some of the Psychotherapy Department's meetings. Zinkin, who was a Consultant in that Department, attended regularly, sometimes with his wife Hindle. His comments helped with elucidation or critique and on the whole they furthered the linking process in a series of presentations. They often added something new, another spark of understanding. There was no mistaking the individual signature of a fine, creative mind at work; in relation to patients he was sensitive, humane.

In this respect I am particularly grateful to Hindle Zinkin with whom the idea originated and her two co-editors, Rosemary Gordon and Jane Haynes, for carefully selecting, compiling and editing from his numerous writings; the book in a way represents the multi-dimensionality of the man and his significant contribution. This first publication starts with 'Psychotherapy and the Jewish Experience' and finishes with his last paper, 'All is well that ends well - or is it?', which Zinkin read in March, 1993, to a joint Society of Analytical Psychology and Group Analytic Conference on 'Endings'. It was followed a few hours after the Conference by his sudden death

'Dialogue in the Analytic Setting'. The title sets the scene and refers to the analytic settings of the individual, couple and group work he practised, yet is more than appears at first viewing. Zinkin reminds us that a dialogue is not just a duo-logue but derives from 'dia' - which means etymologically 'through, during, across; and that a dialogue can be carried on between two or more persons'. He starts with Jung, who is known to have valued dialogue, his face to face position in the consulting room, his expectation that both partners in the dialogue would change, as well as his emphasis on 'dialogue' with the contents of the unconscious. Following that strand, Zinkin writes about affinities he found enhancing in Buber's work, the 'I and Thou' relationship as distinguished from an 'I - It' one, or Buber's famous saying, 'In the Beginning was the Relation'. And more recently, in Bakhtin's dialogical principle, which stresses the in-between area 'not what is said but

the fact that what is said is incomplete until it has met a response in the other'. All of which he found useful to both individual and group settings.

Zinkin, a S.A.P. trained and well-established analyst in his fifties, took a major step in training once more as a Group Analyst with I.G.A. This must have been a considerable venture in view of Jung's strong objection to groups, possibly because he saw them in the light of mob phenomena. Louis Zinkin addresses these doubts, but argues that even individuation, the Jungian most valued goal, is possible and evident in small groups. A large part of the book is dedicated to the dialogue that Zinkin carries on, in a contrapuntal way, between his Analytical Psychological approach and Foulkes' Group-Analytic one. The resonances of their similarities and differences explored are, I believe, rich and fruitful for both parties.

Then there is an as yet unpublished substantial correspondence between Fordham and Zinkin, which makes it obvious they share a lot of ground; but more importantly when they diverge, eavesdropping on their dialogue, I found absolutely riveting. Between them they seem to be pushing the goal posts of our conscious understanding still further.

Louis Zinkin, a deeply questioning mind, had a wide range of interests; among other things he was also a musician. Not wanting to pre-empt the book, I will just mention a few of its chapters so as to show the range of his thinking: 'Death in Venice: a Jungian View', 'The Grail and the Group', 'Three Models are better than One', his controversial paper 'The Klein connection in the London School' and the one I found most fascinating, 'The hologram as a model for analytical psychology'.

I strongly recommend this book and if there is one regret I have is that his seminal paper on 'Flexibility and analytical technique' is not included. Perhaps it could be the first chapter in a further collection of his writings? I hope so.

NELLIE HADZIANESTI

Freud, Jung, and Klein - the fenceless field

by Michael Fordham. Routledge 1998 pp 284, p/b £16.99

Now out in paperback *Freud, Jung, Klein - the fenceless field* will give practitioners and students in training an excellent overview of the development of psychoanalysis and analytical psychology providing profound insight into the work of Freud, Jung and Klein. As the title suggests the field is opened up. Historical development need no longer be a barrier to a process of new understanding between the three major innovators. Fordham's work enables us to reap the benefits of his boundary-crossing contribution, seen here through his involvement within the Medical Section of the British Psychological Society and his personal relationship with Jung. Barry Proner in writing an obituary in the Guardian in 1995 reminded the analytic world that Fordham 'realised early that much of the new understanding about the emotional life of very young infants developed by Melanie Klein gave support both to Jung's theories of the unconscious and to his own findings in his work with children with emotional difficulties'.

The book has three parts. The first consists of Fordham's papers on the development of his model which was to become the familiar frame used by analysts and psychotherapists. The second part is devoted to analytical psychology and the third part is a collection of reviews and short articles. The book concludes with a very comprehensive bibliography of the writings of Fordham, which in itself will serve as a valuable reference section for those who are inspired to read more of Fordham.

Fordham writes warmly of Freud's cases and research that led to his formulation of the structure of the psyche. These cases of obsessional neurosis, infantile neurosis and the analysis of a phobia in a five year old boy were to form much of Freud's theories on infantile sexuality and show how his ways of treatment were established. Fordham reminds the reader of Jung's paper 'Psychic Conflicts in a Child' which he delivered with Freud in America 1909. This is a good example of Freud and Jung collaborating. Freud was keener to prove his theories by using psychoanalytic method than Jung, who was at first more content to make discoveries with his association method. It is important to be reminded that in the early period of developing his model, Freud veered away from giving the inner world a basic reality as Jung asserted was the case. The break with Freud seems to have been not only as a result of their discussion and disagreement over infantile sexuality and psychic energy, but in particular over the theory of narcissism.

Part three contains a section which reflects upon the similarities between Jung and Melanie Klein. Fordham writing in the mid 1950s comments that

many of his then Jungian colleagues would find that outrageous. A useful comparative table sets out the thoughts of Jung and Klein. In particular Fordham makes associations between archetypes and unconscious phantasies; the psychic reality of Jung's thought with Klein's view of the inner world; the nurturing and terrible mother and Klein's good and bad breast; the ruthlessness of the unconscious in Jung and the paranoid/schizoid position and the uniting symbol *coniunctio* with the breast penis in the primal scene.

In another paper Fordham was critical of the techniques used by those who formed the SAP. Some Jungians felt it was important not to have a technique and to let the psychotherapist develop his own method or, as he puts it, non method. He saw his role as bringing to the SAP a sense of order and to do this he developed his own understanding of countertransference and the way in which the analyst and patient collaborated in the treatment. He proposed that at the start of every session the analyst should empty himself as far as possible of any previous knowledge of his patient. He felt there were several precedents for this. Jung's attitude of 'not knowing', Freud's 'free floating attention' and Bion's 'emptying the mind of knowledge, memory and desire'.

Through his analysis of children Fordham developed his own study of the self, seeing it in a specifically Jungian sense. The self was not part of the ego, rather the other way round. Fordham comments that he, in developing his idea of de-integration, might have had to abandon Melanie Klein but realised that the paranoid/schizoid and depressive positions could sometimes be observed, although it was much more frequent to find these positions mixed up with one another. His hypotheses had much in common with Klein. He began to realise that growth and development were strongly influenced by the self especially in its de-integrated form. He realised that the achievement of positions indicated a state of mind rather than feelings clustered round erogenous zones. The hypothesis that he puts forward is that the infant from the very beginning is a separate self. As to the nature of its first objects he postulated that the baby's first experiences are of whole objects, the breast is the whole world. As the infant's experience is widened the breast is conceived to be part of its mother who becomes much more than a breast. It is through the sense of the infant's omnipotence that the distinction between good and bad breast is expressed. It is also an indication that the infant can contain and form opposites. This model of the mind is now familiar to those analytical psychologists who work with the mother-infant relationship. For others, Fordham's model may inspire further thinking about early developmental processes.

In his chapter on the model of the psyche, Fordham explores how different

schools of thought understand the process of symbolisation particularly in relation to projective identification. A comment from the editor would have been helpful here to inspire the reader, especially those coming to the concept of de-integration and re-integration for the first time, to understand how this model has been developed. This might have enabled those who work with patients with severe personality disorder to gain insight into their patients who relate through a pathological state of projective identification.

There is an interesting chapter on the development and status of Jung's research. Jung's first wish was to become an archaeologist but, after studying medicine and psychiatry and having an interest in philosophy, he soon began to realise that what he was experiencing in his patient's material could not fully be understood by current psychiatric theories. He therefore turned his mind to developing a concept of the unconscious based on philosophical grounds. By using a background of philosophy he set himself the aim of converting the idea of the unconscious from a philosophical to a scientific concept.

In 1914 Jung gave up the title of psychoanalyst to form his own school of analytical psychology. From 1915 onwards Jung became interested in the spiritual principle as an opposite to the instinct. In this respect Jung concentrated on the second half of life. Meaning and purpose became a quest. In Chapter Six, Fordham's memories and thoughts about Jung give a feel for the warmth of Jung and his relationships.

Fordham provides the reader with a valuable account of the history of the SAP and the emergence of child analysis. He contrasts Neumann with Jung's theories of psychological types and post-Jungian thinking about the infant - mother relationship. Towards the end of the book there is an excellent overview of Fordham's reviews and articles on psychoanalysis. There is a tribute to Winnicott and various short reviews of post-Freudian and Kleinian thinkers. Finally, Chapter Twelve offers an appreciation of Jung's *Answer to Job.*

The editor's comments are useful rather than essential to Fordham's writings, but he does provide insights that form a bridge to enable the reader to have a co-ordinated understanding particularly of analytical psychology.

Reviewing this book in the context of our own BAP organisation it would seem that Jungian analysts are deeply influenced by their reading and evaluation not only of the work of Jung and post-Jungians, but of Freud and Klein. It is disappointing and frustrating that sometimes (often without them being read) Jung and post-Jungian thinkers are sidelined. We see from this book that Fordham has a good overview of the three pioneers of psychoanalysis. They have embroidered the tapestry of psychotherapy and enabled present day therapists to be able to be enriched by their thinking.

We perhaps can learn from them and their history and be less split and more integrated, as we search to embrace the thinking and theory of all three formative analysts.

DAVID NICHOLSON

The Uninvited Guest: Emerging from Narcissism towards Marriage in Psychoanalytic Therapy with Couples

James V. Fisher, London, Karnac Books, 1999

In this beautifully conceived, written and crafted book, James Fisher offers us a detailed account of psychoanalytic psychotherapy with couples, in which, as a psychoanalytic marital psychotherapist working at the Tavistock Marital Studies Institute as well as an individual psychoanalytical psychotherapist member of the British Association of Psychotherapists, he develops to a new level the theoretical and clinical understanding of psychotherapeutic work with couples which will be of equal interest and relevance to those working with individuals. The presentation of his own clinical cases is underpinned by a close analysis of specific literary texts to enrich and deepen his theoretical exploration. He tells us a series of stories, some of which are clinical cases, and some of which -- in fact, the lion's share -- are stories of those characters-as-couples, couples-as-characters, found in literary masterpieces, for example in Shakespeare's *The Winter's Tale* and *Othello*, and Eliot's *The Cocktail Party*. Following Bion's notation Ps <-> D to denote the oscillation between narcissism and (re)marriage in intimate couple relationships, Fisher charts the vicissitudes of couple relationships which oscillate between those narcissistic states of mind in which the other is longed for but where the reality of their existence cannot be allowed or tolerated, to states of mind in which genuine object relating is possible, where the other is perceived and responded to in their unique subjectivity, their humanity.

Fisher discusses the conditions under which it might be possible for such a progression to occur -- of how two subjective entities in an intimate relationship with each other can progress from their original phantasied narcissistic state of union, to achieve, through successive states of projective identification and their resolutions within the creation of a boundaried and thoughtful space, a capacity for object relating in which the reality of the other is acknowledged, tolerated and interacted with -- and even enjoyed, valued, and found meaningful. To this end, Fisher offers an elaboration -- perhaps it is more appropriate to call it a revision -- of the centrality of the Oedipal myth to accommodate a prior mental state, which he calls the Leontean drama.

It will not be possible, within the compass of a review, to give an adequate account of, far less to elaborate on, Fisher's intricate examination of the theory underpinning in-depth psychoanalytic psychotherapy with couples, or to fully give credit to his own important contribution to the theoretical and clinical advances of this work. I will, however, endeavour to outline his

major theoretical themes, and comment on a few of his deeply engaging ideas, in the hope that this will stimulate the reader to study his text in its fullness, a text which, however dense, is nevertheless always crystal clear and involving, and which will prove to be rewarding to all those interested in, and working clinically with, what it means to achieve, or struggle to achieve, a state of coupledom, internal and external, in which the reality of the existence of the other can be recognised and related to.

Fisher proposes a new notation, narcissism <-> marriage, to denote a fundamental and recurring psychological state, the vicissitudes of which can be charted through depth analytical work. He defines narcissistic states of mind as 'the intolerance for the reality, the independent existence of the other ... in which the reality of the other is attacked, undermined and denied.' (chap 1, p1) Although the other is longed for, it is 'a longing for another who is perfectly attuned and responsive, and thus not a genuine other at all.' (ibid.) Thus, intimate dyadic adult relationships, whether between couples or in the consulting room, have their parallel in the earliest dyad, the infant and its mother, eventually progressing, under the right conditions, to the achievement of triangular space (Britton, 1989). This oscillation is a pattern recurring throughout life as evinced through the self's object choices, the vicissitudes of the internal parental couple or combined object, and the capacity to create a real child or other symbolic creations, including the quality of the relationship in the consulting room. In a two-stage model of psychological development regarding the capacity for object relatedness, Fisher tracks the emergence from the dyadic pre-oedipal narcissistic state of mind through to the achievement of the conditions of triangular space, 'the possibility of being a participant in a relationship and observed by a third person as well as being an observer of a relationship between two people' (ibid, p10).

Fisher introduces a key concept, the Leontean drama, which he illustrates through a close study of Shakespeare's *The Winter's Tale* in which jealousy and murderous rage are depicted as expressions of narcissistic states of mind. In the person of Leontes, Fisher shows how the possibility of creating a third, his son, in the relationship with another, his wife, is unbearable from within a narcissistic state of mind. Leontes' sudden and unwarranted conviction of Hermione's infidelity is predicated on his unconscious belief that 'Hermione has been unfaithful precisely in her becoming the mother to his child' (ibid, p15). Thus the self must attack the other, or rather the possibility of genuine relating with the other, so to foreclose on the intolerable anxiety created by living under the conditions of triangular space, which includes the freedom of self *and* other. Thus, 'while Freud's version of the family romance centres on the child's doubts about its parents, the Leontean version centres on the

child's doubts about his *real* offspring.' (ibid, p29) The third cannot be known: Leontes longs for a blissful dyad in which Hermione is but a narcissistic reflection of himself, an object to be controlled and owned, not a genuine other. This is a union prior to the Oedipal situation, a hermaphrodite couple locked in a perpetual embrace without differentiation, separation, or space.

In Fisher's two-stage developmental model, the quest for truth in relation to the self and the other is considered fundamental for the self's psychic hygiene. In the first stage, the infant achieves a capacity to face the reality and truth of its own experience as a result of the mother's capacity to respond meaningfully to her infant's spontaneous gesture. When things go wrong, for example, if the mother appropriates (or 'gerrymanders', in Fisher's felicitous phrase, chap 2, p50) the infant's reality, then the infant may develop a complaint false self in which truth is sacrificed on behalf of the mother's version of reality, since the infant depends for survival on exactly the one who perverts reality for her own narcissistic needs.

In the second stage, the self achieves the capacity to face its own truth as well as that of an other in all their subjectivity, a situation in which both struggle to maintain their internal truths while at the same time to come to terms with their experience of a shared external world. This creates triangular space that allows for the possibility of genuine intercourse such that a new creative solution, an unpredicted outcome, or a real child, can emerge. This entails tolerating 'the turmoil of being excluded from the parental couple as well as being part of a couple that excludes another.' (chap 2, p51) Most importantly, Fishers considers that 'achievement of the first stage may be dependent on an intimate relationship with someone who has achieved the second stage.' (ibid, p43) This was an exciting idea to discover in *The Uninvited Guest*, as it is a profile of exactly the situation I have recently considered pertains in relation to the development of an ethical attitude, personally and professionally, a move in the furtherance of, or development beyond, the depressive position (Solomon, 1999, in press).

Thus the Leontean drama 'emphasises how intercourse with the reality of the other leads to a third reality which participates in the reality of each but is identical to neither.' (ibid, p51) This is depicted as 'an intercourse-of-two-giving-birth-to-a-third', a 'universal theme ... the struggle between reproduction through intercourse vs reproduction through identification or identity' (ibid, p53). As a Jungian by orientation with a keen interest in psychoanalytic theory and practice, I was intrigued by this description which is quintessentially Jungian. Indeed the notion of triangular space with its particular emphasis on how the dyad may become a triad, or may create the space in which there is psychological freedom to be one's self in relation to another who is also allowed that freedom, has long been recognised by

Jungians when they consider the possibilities arising from the vicissitudes of internal and external states of *coniunctio* which may be transformed, via the transcendent function, to a third position which is the outcome of the dynamics between the original two but is not identical to either. It was a description Jung also offered of the situation created by the patient - analyst relationship, an interaction predicated on the truthful engagement of each and through which both were changed. Here is a vision in which two opposing principles, self and other, patient and analyst, may enter into a relationship and through the dynamics of which a new situation or creation may emerge. Hence the core anxieties attached to the Leontean drama, in that 'genuine intercourse means engaging one's truth with the truth of another, being willing to *risk creating together the child, the truth of that intercourse.*' (ibid, p54)

Particularly interesting and with recognisable links to individual analytic work is the notion that much of the material that the patient or the couple-as-patient bring can be treated as 'enacted dreams' which carry the stories and the fate of their 'deeply unconscious intrapsychic phantasies' (chap 6, p135). These phantasies are viewed especially in terms of the projective identifications surrounding the expulsion of the self's dangerous internal contents which are felt to be poisonous to the self into the other where they can be disowned and controlled. This is clearly the function of those primitive narcissistic and perverse states of relating in which the self maintains proximity through control of the other who is in receipt of the projections. Using Steiner's (1993) theoretically and technically useful distinction between the aspects of the self that are 'subjective' (feelings, attitudes, beliefs) and those that constitute 'internal objects' (internal figures experienced by the self as objects), Fisher offers a view of the total self as the sum of the subjective self and the self's internal objects. This inevitably has reverberations for Jungians who hold a view of the self as containing both personal contents as well as universal, archetypal contents, experienced as figures which are imbued with those qualities which could be described as internal objects. Indeed, Fisher quotes Meltzer who commented on Klein's shift in language from the terminology of ego - id to that of the Self, which 'was ushered in by the description of splitting processes, in which parts of the self not only embraced id aspects but also internal object aspects' (Meltzer, 1992, p7, quoted in Fisher, chap 6, p141). Jungians would describe these as archetypal figures of the collective unconscious which take on particular shapes and functions according to the self's innate propensities and environmental influences.

Carrying on with the theme of the patients' reported material treated as if they were dreams, Fisher turns to the 'uninvited guest' of the book's title, which refers to an ambiguous figure designated by the same name in Eliot's

play *The Cocktail Party*, who appears to be 'a psychoanalytic eminence grise.' Fisher examines the interwoven relationship between two couples who meet twice during the course of the play, at a cocktail party, where the uninvited guest also appears, whose presence catalyses the dynamics between each couple. Commenting on Bion's notion that the stories of patients can be thought of as a form of 'pictorialized communication of an emotional experience' (Bion, 1967), Fisher draws a parallel with Eliot's words concerning artistic creation as 'recurring images charged with emotion representing the depths of feeling into which we cannot peer' (Eliot, 1951), carrying meaning via the images of the external world into the internal world. Here, the meaning itself is the emotion (Meltzer, 1981). Fisher puts it tellingly: 'At the heart of the matter of the couple story is the urgent need to find a symbolic form for that [shared emotional] experience in order to be able to communicate it in the intimacy of a relationship.' (chap 7, p157) Jung's view was that the dream is the 'place' *par excellence* for the spontaneous formation of symbols as solutions to problems not yet known (for example, Jung CW 8, paras 92, 388).

Fisher states that '...dreaming is the place or state of mind where we *think about the meaning* of our experience, where the meaning of our experience is given symbolic form' (ibid, p157). As the author avows, we are here for from Freud's account of the meaning of dreams as residing in the hidden, latent content, the manifest content being only a facade. We are, instead, very close to a Jungian vision in which the dream gives us direct access to the symbolic function of the psyche, proposing outcomes not as yet available to consciousness.

James Fisher has given us a clear account of how, at the heart of the analytic process, is 'the uncovering of the many ways one hides from the truth of one's own as well as the emotional reality of the other.' (chap 9, p185) During the final chapters he elucidates the varieties of pathologies of relating, all ways of denying the otherness of the other while maintaining perverse forms of narcissistic object relating, in particular through the various forms of projective identifications. There were useful clinical distinctions with, again, applicability to both couple and individual work. He identifies, for example, 'interlocking complementary adhesive and intrusive dynamics which function in a particularly sado-masochistic way. This sado-masochism ... is inherent in the narcissistic 'solution' to the anxieties of separateness in the context of a wish for intimate closeness with the loved other.' (chap 11, p243)

In the final chapter, a true *tour de force*, Fisher considers the tragedy of Shakespeare's *Othello*, in which two couples are juxtaposed: the married couple, Othello and Desdemona, who are not allowed to be together except

in death as one kills the other, forever kept from achieving their potential of creating a shared, three-dimensional space, the consummation of their union; and a second, perverted couple, Othello and Iago, general and lieutenant, a relationship predicated on the conditions pertaining in the paranoid - schizoid world, on hatred, envy, jealousy, and magical thinking (the use of the handkerchief to prove betrayal and infidelity, a concrete expression of omnipotence over the object, originally given to Othello by his mother).

Here he evokes Meltzer's concept of the defence against the agony of the beauty that was originally found in the loved one, a kind of primary perception by the self of the other, which is prior to the onset of the two fundamental positions, paranoid - schizoid and depressive. This is a particular view of the development of the infant's mind, and I found myself wondering whether another equally valid explanation for the presence of early splitting and projecting mechanisms could be found in the ubiquitous, organising and dichotomising function characteristic of paranoid - schizoid states of mind. These are as much the first steps in thinking and discrimination as they are ways of defending the self against overwhelming, mental and emotional stimulation. Those universal polarisations, such as you / me, in / out, good / bad, safe / dangerous, open / closed, could be considered to be at the basis of mental functioning, with survival value, despite the obvious need to eventually supersede them. Thus, instead of this being 'the agony of the conflict at the onset of object relating', it is possible to envisage, returning to Fisher's own two-stage model, exactly the situation proposed by him, in which the infant learns first to be a subject true to its self through the experience of an intimate relationship with another who is capable of holding in mind the shared emotional reality and the subjectivity of each without resorting to talionic measures in the face of the infant's ruthless use of the other. The next stage requires the achieving of a further capacity to mourn the loss of the narcissistic object, thus reintrojecting -- and becoming more whole thereby -- the parts of the self that had been projected into the other.

Fisher ensures throughout this intelligent and profound exposition that considerations about clinical technique are interwoven with theoretical discussion -- for example, the emphasis on transference and countertransference and the therapist's inevitable involvement in the pathological relationship of the couple, the idea that in marital therapy 'the relationship is the patient' (Ruszczynski, 1992), the idea of the shared unconscious phantasy as the couple's unconscious drama perpetually re-enacted because it is too unbearable to think about, how this is held or lost in mind by the therapist, issues about the single therapist vs the therapist couple, acting out and acting in, breaks, and termination. All this is well illustrated by clinical examples, in particular by the example of the Webbs, itself drawn

'from the literature', in this case from the earliest literature on marital psychotherapy published by the precursor to the TMSI, the Family Discussion Bureau.

The book is skilfully written, carefully holding the reader within the progress of the author's exposition as he refers backwards and forwards in his chapters, weaving the literary and clinical material and the theoretical arguments deftly together into a whole. In such a carefully and densely argued text, this method of writing ensures a sense of a continuous flow, of consistency and homogeneity. In addition to the stated acknowledgements at the beginning of the book, there is a constant sense throughout of a profound gratitude and appreciation for his literary sources, for his theoretical and clinical sources, in particular Klein, Bion, and Meltzer, and for those with whom he has worked clinically, his patients.

The book ends with a consideration of the possibility of finding meaning in an ordinary world: 'Intimacy ... means both being *ordinary* in an *ordinary* world and *yet* sharing in a relationship the experience of which is transcendent with a meaning that is a symbolic expression of the most profound depths of meaning. But the possibility of intimacy rests in the capacity to recognise the other *as an other*, a genuine other.' (chap 10, p214) Fisher's text leads us to gaze beyond the realism of the depressive position, 'making the best of a bad job,' to the possibilities of excitement, aliveness, curiosity, and interest in a life lived in the intimate presence of another who is free in relation to the self who is also free. There is much beauty in this view, if it can be tolerated, tantamount to tolerating the other's freedom to have a separate intercourse with their own mind. The internal couple, as much as the external one, must be allowed this freedom if life is to be lived in a genuine way.

I was moved in many ways by this book, by the agonies of the couples, literary and clinical, which James Fisher describes; by the beauty and clarity of his writing; and by its major theme -- the possibility of (re)marriage as a developmental stage beyond narcissistic object relating, always a struggle, never finally achieved, and yet always admirable, rewarding and worthwhile if managed. Throughout, I was kept in mind of that original, primary marriage at the core of our analytic history, in which a highly creative and mutually enhancing couple, Freud and Jung, came to a sad and tragic end, each no doubt, borrowing Fisher's model, locked within their own narcissistic modes of relating, unable to allow a genuine recognition of the other's freedom and subjectivity. Given the subsequent profound developments within the analytic enquiry today, of which James Fisher's book is a clear example, in which themes such as the self, myths, symbol formation, internal objects, triangular space, and the projective and identificatory dynamics of shared and often confused intersubjective states are well and truly mutual themes

belonging to both traditions, I wondered whether it was possible to conceive of a re-marriage, in which real creativity in a three dimensional professional and collegiate space could occur. There is no doubt that we, in the BAP, are in an optimal position to achieve this.

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