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THE PSYCHOLOGY OF SELF IN JUNG AND KOHUT

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For many years my attention has been particularly drawn to the self psychology of Heinz Kohut. Reading his work I have always felt much kinship with his views and his therapeutic approach, even though my own style as an analyst is closely related to C. G. Jung's analytical psychology. I was trained at the Zurich Institute which prided itself in being the center and very first recipient of true Jungian spirit. It was at a time when Jung was still alive and occasionally giving impressive seminars to the students. It was also the time when, shortly after Jung's death, the so-called autobiography *Memories, Dreams, Reflections* appeared (Jung/Jaffé 1963), which, for me, confirmed something important, something which I could only realize in its full meaning years later; namely, that Jungian psychology really has to be considered Jung's own psychology. With this statement, I in no way wish to cast doubt on its general validity. Up to a certain point, the same thing could be said about early Freudian psychoanalysis. But with Jung the 'personal equation' (a term he himself often used) is striking. In his *Memories* Jung himself gave a vivid and moving description of the deep crisis and disorientation he had suffered during and after the break with Freud. It is a period in his life that Ellenberger has termed his 'creative illness' (Ellenberger 1970, p. 447). Ellenberger also draws interesting parallels to Freud's inner upheaval at the time of his self-analysis. For Jung it was obviously an enormous struggle to come to terms with an overwhelming flood of dreams, fantasies, images and emotions welling up from his unconscious. He was well aware of the danger that his consciousness could have been flooded and that he might have lost a grip on reality, possibly to the point of psychosis. So for him it was indeed a struggle for survival. It was the ego's battle to retain its sense of personal identity and its function of reality testing. Jung's struggle may well have ended with his 'conversion' to a life as an artist (into which an 'anima-figure' was repeatedly tempting him) or, worse, as a missionary or a fanatic sectarian. He would indeed have been in danger of falling into such an uncritical inflation, had he not succeeded in understanding his inner experience

on a symbolic level rather than acting it out and concretising it. His special talent for grasping symbolic material allowed him to maintain critical ego-functions and, simultaneously, to put these into the service of relatively objectified scientific research. In his 'memories' at the end of his chapter, 'Confrontation with the Unconscious', Jung, at the time in his eighties, says, 'The years when I was pursuing my inner images were the most important in my life – in them everything essential was decided. It all began then; the later details are only supplements and clarifications of the material that burst forth from the unconscious, and at first swamped me. It was the *prima materia* of my life's work' (Jung/Jaffé 1963, p. 225).

Jung's method was to wrestle, so to speak, with what was coming up from within himself, try to look at it, and even express it in writing or painting in an attempt to understand it. And thus, in the core of his subjectivity, behind the specifics of his own personality, he has grasped something of a general human nature. I believe that, in a different context, this is what also happened to Freud during and after his courageous self-analysis. Jung, by exposing himself to these experiences discovered, in his own innermost subjectivity, a world that he called the 'objective psyche'. Out of this struggle came his understanding of the so-called 'collective unconscious' with its relatively autonomous images capable of being experienced by ego-consciousness as 'inner figures', a kind of 'internal object'.

Now, as far as Jung's idea of the Self is concerned, it is derived from experiences he encountered during this phase of crisis. He saw that from the moment when he began to confront the contents of the unconscious and to assimilate them consciously as best he could, they could be seen in the context of a meaningful process of change in the direction of the growth of his personality. In any case, it became very clear to him that he was not dealing with a chaotic jumble of dissociated fantasies and fragmented images, but that these unconscious contents were imbued with a tendency to gradually transform the personality in the direction of its self-realization (or, as he termed it, individuation). In other words, Jung felt compelled to put forward the hypothesis that it is not only the conscious ego that is capable of organizing and deliberate initiative, but that there is also a hitherto hidden (i.e. unconscious) centre in the human psyche, an ordering element, which he termed the Self in contrast to the ego.

In his *Memories*, Jung reports: 'From the beginning I had conceived my voluntary confrontation with the unconscious as a scientific experiment which I myself was conducting and in whose outcome I was

vitally interested. Today I might equally say that it was an experiment which was being conducted on me' (Jung/Jaffé 1963, p. 202). That is to say, while he actively maintained an ego attitude toward his confrontation with the unconscious, at the same time something was happening to him, the outcome of which he could not control, but which ultimately turned out to be a purposeful process of centering and integrating (hence his concept of the Self as the ordering centre of the entire personality).

In Jung's theorizing, therefore, the distinction between the ego and the Self is very essential. In 1920 he formulated the following theoretical definitions of ego and Self: 'By ego I understand a complex of ideas which constitutes the centre of my consciousness and appears to possess a high degree of continuity and identity. Hence I also speak of an ego-complex. The ego-complex is as much a content as a condition of consciousness, for a psychic element is conscious to me only in so far as it is related to my ego-complex. But inasmuch as the ego is only the centre of my field of consciousness, it is not identical with the totality of my psyche ... I therefore distinguish between the ego and the Self, since the ego is only the subject of my consciousness, while the self is the subject of my total psyche, which also includes the unconscious. In this sense the self would be an ideal entity which embraces the ego' (Jung 1921, par. 706).

As the self is an entity that comprises ego-consciousness, it is necessarily experienced as transcending consciousness, and therefore defying total description. Theoretically then, it is significant purely as a hypothesis. But it is in the realm of existential experience that it is of greatest importance, since there we may perceive the effects that permit us to deduce the existence of that consciousness-transcending entity.

I think it is important to remember that Jung experienced the workings of an organizing, ordering psychic factor imbued with the tendency to gradually transform the personality in the light of more self-realisation. If he called this factor the Self, that means that it cannot only represent a transcendent realm of inner peace, where conflicts and opposites have come to rest, as the famous Mandala-symbolism might suggest, or as it is depicted in the symbol of the unperishable philosopher's stone. The self has also to be perceived as a dynamic agent that stimulates, organizes and orders psychic, and probably also psychosomatic processes.

Jung knew this. However he was concerned largely with the ways in which the ego confronts and, if possible, comes to grips with the contents of the unconscious and thus attains experience of the supraor-

dinate Self. Such was the task of the process of individuation, beginning with the second part of life. It was the very task he himself had been involved in and it was thus modelled very much on his own experience. Thus one could say that Jung's lifetime work is basically an objectivation of his own experience of the individuation process. One can therefore understand his urgent attempts to gather a great deal of 'objective' material from mythology, fairy tales, popular belief, alchemy etc. in order to test and prove the universality of his results. One may still object that, in collecting and interpreting this material, he could not avoid being influenced by his 'personal equation'. It is also reasonable to assume that patients came to him because they knew his writings and felt a strong affinity to his views. This would have also been reflected in the unconscious material they brought to him. But it was a sign of greatness that Jung was usually able to take his 'personal equation' into consideration.

Jung called his specific method of analysis the 'dialectical procedure'. By this he meant two things, namely, dialoguing with the analyst as a partner and learning the innerpsychic dialogue with the manifestations from the unconscious. For this dialectical procedure, however, he was right to regard a firm enough ego-standpoint as a prerequisite. He always warned against undertaking such an enterprise if the ego-strength was not established enough. As a matter of fact, and what I especially like about Jung, he was by no means orthodox and felt that theories may be 'the very devil' in the practical work with patients. He also advocated reductive analysis according to Freud or Adler, if necessary for patients who lacked sufficient ego-development.

From all this follows that it was the basic idea of Jung to make a definite distinction between the ego and the Self. As is well known, in psychoanalysis there has also been an attempt to differentiate the definitions of what is meant by the ego and the self. Already Freud used the I or the Ego in different ways. But since H. Hartmann the term self was also introduced into psychoanalysis mainly designating the self-representation, the inner image of myself. (Hartmann 1964, p. 127).

Of course I cannot go into this quandary in my present context. But, interestingly enough, the famous ego-psychologists Rubin and Gertrude Blanck have found it necessary to introduce a concept that they call the 'superordinate ego' (*Beyond Ego Psychology*, 1986). They write, 'The superordinate ego organizes the earliest systems. Instinct, drive, physical apparatus, psychological purpose, in any combination are brought into coherent organization' (Blanck 1986, p. 35). The

superordinate ego 'strives always for preservation of the organism by resolution of conflict and favouring ongoing developmental processes' (Blanck 1986, p. 34). I wonder what the two authors would reply if I was to say that, to my mind, they are talking very much about the Jungian Self, insofar as it has to be seen as the organisational principle of the whole person. But that this organisational principle is, at the same time, a mystery and may express itself in feelings or symbols of a religious nature, is, however, a specific discovery or, if you want, interpretation of Jung, who was essentially a 'homo religious'.

The distinction between ego and Self is therefore all the more important. I also want to discuss the difference and the relationship between the ego and the self from another vantage point, namely as it is seen from the point of view of the ego. What interests me is Jung's statement that the ego is both, not only a *content* of consciousness, but also a *precondition* of consciousness. In other words, for my sense of 'I as a knower and doer', the ego is the condition for anything becoming conscious at all, because a psychic element is conscious to me only insofar as it is related to my ego-complex (Jung 1921, par. 706). But, at the same time, the ego-complex is also described as being a content of consciousness. This implies that I can make myself a content and thus an object of my self-reflective awareness. Jung's definition has two aspects, each of which needs to be distinguished from the other, one having roughly to do with subjective perception and the other with objective perception. Subjectively I experience myself as the continuous center of conscious will, action, intention and impression. These intentions are usually directed at other persons and things in the outer world, that is, at 'objects'. They are usually also the 'objects' which impress me and act upon me in one way or the other. But I also have the specific human capacity to 'objectify' myself so that 'I' become a content of my own consciousness. In other words I develop an image of self, in psychoanalytical terms, a self-representation.

It is true that this image of myself is usually only in part really conscious and influences mainly my sense of self-esteem from the unconscious. In principle it is possible to become conscious of the ideas I harbour about myself only to a certain extent, usually the attempt of an analysis. As far as the development of the self-image or self-representation is concerned, I find the observations of modern infant research very enlightening. According to Daniel Stern infants begin at the age of about 18 months to recognize themselves in the mirror. At that time they also become aware that they can be seen and evaluated from the outside. It is well known that children, at the

beginning of their speech development refer to themselves in the third person. They speak of themselves the same way that their significant others speak to them. Jackie, or Toni is nice, bad, tired etc. It is as if they were looking at themselves from the outside, seeing and judging with the eyes of their significant others. Such evaluations from significant others become part of the self-image, or self representations. And we all know the consequences of their development and its frequent distortions. So much for the ego as a content of consciousness.

But what about the ego as a precondition of consciousness? The ego could never fulfill this condition without possessing a 'high degree of continuity and identity' (Jung 1921, par. 706). Temporal continuity and identity are existential categories that, in the final analysis, can only be *lived*, however much they have been considered the subjects of philosophy and contemplation. Thus Jung, towards the end of his life, held the view that 'the ego, ostensibly the thing we know most about, is in fact a highly complex affair full of unfathomable obscurities' (Jung, 1955, par. 129). Furthermore, the precondition for the capacity to develop consciousness centered in the ego, the 'roots' of consciousness, reaches down into the unconscious. Its core is an active energy that 'arranges' and organizes the process of self development. It is this hypothetical center which Jung has called the Self.

As the Self is fundamentally imperceptible, it may manifest itself in an endless series of symbols, often of a numinous cast, that may appear out of the unconscious. The symbol is characterized, according to Jung's understanding, as 'the best possible formulation of a relatively *unknown* thing, which, for that reason, cannot be more clearly or characteristically represented' (Jung 1921, par. 815). The experience of the Self in the form of a symbol thus implies a presentiment of unknown energies, and may thus constellate an opening to the dimension of religion.

The Self in its symbolic manifestations, cannot be distinguished from images of God in the human psyche. But, and this is important to stress it was always Jung's intention to use the term 'Self' as a neutral, *psychological* term without bias for or against any particular religious idea.

Jung also knew that the Self contains 'all aspects of the personality originally hidden away in the embryonic germ-plasm' (Jung 1943, par. 186). And this insight also presupposes that the Self, as the organizing factor of psychic development, stimulates and guides the appropriate maturation of the ego. Yet, Jung wrote very little about these matters. It did not seem to be in the focus of his interests.

At this point, gaps definitely had to be filled. And it was mainly the creative effort of Michael Fordham, who described his observations concerning the original self in the infant and its activity of deintegration and reintegration, leading to a healthy ego which deploys methods of organizing and controlling mental life and their necessary defences. The original self is, in his view, the primal unity which, by way of deintegration/reintegration processes is gradually replaced by the mother-infant unity. In other words, the original self is in need of some developmental activity, before it reaches the state of mother-infant unity (Fordham 1969). In addition there was E. Neumann in Israel who in his own way grappled with the issues of the development of consciousness from a Jungian point of view. For him the original constellation of the Self is the 'unitary reality' of mother and child. The Self he defined as the 'directing center that guides the psychic processes toward wholeness' (Neumann 1949, p. 287). Of course, I need to mention Winnicott's ideas of the 'true and the false self', which are also of great significance in a Jungian practice (Winnicott 1960, p. 140 ff).

In this context something more has to be said. As soon as we focus on maturational processes, the facilitating environment becomes ever more crucial. And, as a consequence, the issues of transference and countertransference take center stage in analytical practice. Jung, for his time, had astonishing insights about the therapeutic field and the mutual transference/countertransference interactions, which sound very modern to-day. Yet, it seems that he and his direct disciples made very little use of these concepts in their daily practice. This gap inside analytical psychology was also first filled by the ideas of M. Fordham and the London school of Analytical Psychology with their new approach in analysis. Nowadays transference/countertransference issues are focused on in a more differentiated way, probably by the majority of Jungians.

But what about Kohut? Why do I, as a Jungian analyst, feel so much drawn to Kohut? Many psychoanalytical writers have been very inspiring to me, especially those from the so-called British middle group like Balint, Winnicott etc. But Kohut somehow takes a special place, and I cannot exclude the fact that I may have fallen into a 'twinship' transference with his text. While reading Kohut's often microscopically subtle descriptions and interpretations, traits of various analysands, including the analysand I am for myself, immediately come to mind. My interest in Kohut arose spontaneously, long before he had become so popular. It began while I was reading some of his

articles and later his book *Analysis of the Self* (1971). Of course there is his stiff, dry and partly abstract psychoanalytic idiom in which his first book especially is written. *Restoration of the Self* (1977) and *How Does Analysis Cure* (1984) present themselves in a more engaging style. But, by immersing myself in the ideas he wants to convey, I realised that my enthusiasm at the time had mainly to do with his whole approach to the psyche. Empathy and vicarious introspection seemed to suit my way of being with patients. And I appreciated more and more the refined manner in which Kohut describes the subtleties in the feeling interaction during the analytic encounter, something one does not find in Jung. And considering Kohut's attitude to psychological theories, one has to place him close to Jung when he expresses his firm beliefs that 'all worthwhile theorizing is tentative, probing, provisional – and contains an element of playfulness' (Kohut 1977 p. 206). Thus, he is tolerant about possible inconsistencies in psychological theory. Such inconsistencies belong to the basic attitude of creative science, as opposed to the attitude of dogmatic religion. And, even more, in 1977 Kohut introduced a new theory of the self which reaches far beyond the bounds of traditional psychoanalysis. He introduced the idea of the self 'as the centre of the psychological universe' (Kohut 1977, p. xv).

Of course, such an innovation stimulated much controversy also among analytical psychologists. It was the argument as to whether Kohut's self psychology comes near to analytical psychology and whether his concept of the self is similar, if not even identical, to Jung's. I want to mention here N. Schwartz-Salant whose work mainly accentuates the differences between the two concepts. Schwartz-Salant (1982), Klaif (1985), and Corbett (1989) in the U.S. chose more to elaborate the similarities. In England M. Fordham (1986), R. Gordon (1985), Redfearn (1985), Zinkin (1985) and other analytical psychologists reflected again about the way they conceived of the self. Thus a lot of creative thinking has been done in the wake of Kohut.

My own interest in Kohut's work and my eagerness to grasp in theory as well as in practice what he wants to say has also resulted in a publication of my own, a book on *Individuation and Narcissism* (Jacoby 1990). I was of course interested in stressing the similarities in the two schools in order to broaden and differentiate at least my own therapeutic tools.

While preparing this paper I recently received a critique of my book *The Self in Jung and Kohut*, which was obviously written by a self-psychologist who has few good things to say about Jung. He writes

that 'Kohut's bipolar-self is not an archetype but, something that manifests itself through the sense the person has of himself as being either self-cohesive or incipiently fragmented. According to him what self-psychologists work with in self psychology is not an essential self that displays symbols but the waxing and waning sense of self-cohesiveness which we grasp by vicarious introspection.' He goes on to say: 'Self psychology, for self psychologists, always has at its center the relation of the self to its selfobject matrix.' Moreover he claims that 'Kohut meant his notion of self to be used as an experience-near clinical concept, not a part of the ego and not an agency of the psyche' (Richard D. Chessik 1992).

But if Kohut with his term self would only mean our experience-near sense of self, how are we to understand his idea that man's ultimate goal might be 'the realisation, through his actions, of the blueprint for his life that had been laid down in his nuclear self' (Kohut 1977, p. 133). Does one not have to assume here that Kohut is talking about the self as an agency in the psyche and not just as a sense of self? This is even more evident in his last book when he says: 'We cannot ... abandon our conviction that it is the self and the survival of its nuclear program that is the basic force in everyone's personality and that, in the last resort and on the deepest level, every analyst will finally find himself face to face with these basic motivating forces in the patient' (Kohut 1984, p. 147).

To my mind it is obvious that Kohut himself began to expand his notion of the self, from being a self-representation in the psychoanalytic sense, to the self as a basic motivating force in ourselves, the 'centre of the psychological universe.' What does he mean by this? Is this just our sense of self or does it not also include the deep motivating forces in us from the blueprint of our lives?

Kohut somehow leaves it open, when he says: 'My investigation ... never assigns an inflexible meaning to the term self, it never explains how the essence of the term self should be defined. But I admit this fact without contrition or shame. The self ... is, like all reality ... not knowable in its essence. We cannot, by introspection and empathy, penetrate to the self *per se*; only its introspectively or empathically perceived psychological manifestations are open to us' (Kohut 1977 p. 310/11).

For Kohut, too, then, the self is 'many faceted' and thus it more or less escapes definition. Of course, he does not, as a psychoanalyst, refer to the wealth of symbolism and any *direct* reference to the religious experience which might be inherent to the Self as a God-

image. But there are even such allusions in his work, especially to the question of meaning which might even come near to religious feelings in the widest sense. Contrary to Jung, who arrives at his insights mainly through his experience with the wealth of images from the unconscious, Kohut's method is based on introspection and on empathy with his patient's experience. It is, therefore, and especially in the feeling realm of analytic practice that I find Kohut's observations, with the sensitive attention they pay to the various aspects of the so called self-object transference, most valuable.

Kohut's new concept of the self as 'the centre of the psychological universe' involves, to my mind, nothing less than the introduction of a 'Ganzheits' psychology, of a psychology of psychic wholeness, into psychoanalysis. From this perspective those drives and their vicissitudes that psychoanalysis regarded as primary, are subordinated to a self-in-formation. Kohut's clinical experience taught him, for example, that what he would have formerly seen as drive fixation on the oral level in the case of severe personality disturbances must often be understood as secondary phenomenon. The self is an independent configuration, greater than the sum of its drives. What classical psychoanalysis calls drive fixations and their respective defence mechanisms would, in Kohut's view, be products of decomposition due to momentary or chronic instances of disintegration of the self. This happens when the self of the child, 'in consequence of the severely disturbed empathic responses of the parents, has not been securely established' (Kohut 1977, p. 74). As a consequence, the self psychologist sees his psychotherapeutic task much less in recollecting and making conscious the conflicts and defenses which were the cause of a drive fixation. His task is more to provide an empathic atmosphere and then let himself be used as an empathic-enough-self-object. Kohut believes that the process of transference will help him to understand, and if possible, explain, what experiences in the patient's life history may be hidden in his present disturbances. But then he tries, through the use of an empathic attitude allowing 'optimal frustration' to further the natural maturational processes of the self. In other words, the search for the roots of the present disturbance in childhood is still important analytically, but the actual maturation of the self takes place through a purposive process in which the analyst takes part in the 'here and now' of the transference. Kohut believes that 'certain maturational stages that could not be completed in childhood can be partly recovered in the analytical process' (Kohut 1984, p. 186).

This sounds rather optimistic, even when in most analyses only the

'compensatory structure' of the self can be restored. But this, according to Kohut, nevertheless provides the self with a possibility of realising its inner programme and thus allows the patient to lead a more meaningful life. It is remarkable that Kohut does not so much expect therapeutic results to arise from the uncovering of traumatic causes in early childhood but, instead, from maturational processes that are furthered and accompanied by the presence of the analyst.

For Jung, as is well known, the questions of meaning and purpose are far more important than the search for causes. In his understanding, the urge towards individuation emerging from the Self is the basic motivation of all human existence. But despite many similarities in their views and ideas, Jung and Kohut also differ. Both are convinced that, in analysis, one needs to find and then follow the path that is taken by the analysand's Self in order to overcome the disturbance. But Jung moulds his therapeutic approach on what the unconscious and the Self are trying to 'communicate' through dreams and fantasies. Kohut, on the other hand, tries to perceive empathically how the patient's self 'uses' the analyst in the transference, rendering him or her as a needed self-object in order to become more cohesive and mature. These are different points of view, and yet not so different that they could not be compatible.

The books of Jung and Kohut have a completely different atmosphere. Their definitions about what they understand by the self may be quite similar, yet they are embedded in very different psychological contexts. It is as if they had come from two different worlds. Still, I feel that some integration is possible and useful. The different backgrounds and worlds of the two authors do not hinder my attempt to try my best to enter the specific world in which each patient is embedded. In my experience it is often possible, and therapeutically valuable to employ both a careful examination of dream contents and an empathic perception of the specific interpersonal climate where the transference/countertransference interactions play their part. To my mind, both aspects complement each other.

There are always patients one could call 'Jungian cases', people who tend to suffer from a too rich and sometimes flooding dream and fantasy life of an archetypal nature. Whatever that may mean in the context of the patient's state, it is useful to have some knowledge of how to deal with such material, whether and on what level to interpret it. Often those people can benefit from their relation to imagery. But, on the other hand, there are many patients suffering from so-called early damage, who urgently need the analyst's ability to be used for

adequate holding or for various self-object functions. Recently I have become very interested in authors like Daniel Stern and Josef Lichtenberg who write about the findings of modern infant research. Those authors to some extent confirm Kohut's views and, to my mind, are also quite easily assimilated into Jungian practice. Our knowledge of the different ways infants do interact in order to stimulate the maturation of their sense of self is extremely useful. They are obviously part and parcel of many transference/countertransference transactions we encounter amongst adults in the therapeutic field.

In order to do justice to the complexity of the psyche and to accompany our patients on the meandering paths of their soul, we need both a highly differentiated empathic ability and a range of ideas which is as broad as possible. These ideas and conceptions must be applied in a flexible, personal manner, according to whatever the analytic situation may require. No method has universal value, there is nothing like a panacea. However, it is essential that the therapist finds 'his' or 'her' method or the method he feels most comfortable with while in a dialogue with his patients. I believe we will all agree that, in the last analysis, we ourselves, in our total personality, are the instruments of therapeutic activity.

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NARCISSISM IN 'THE EMPEROR'S NEW CLOTHES'

JUDY COOPER

Introduction

This well known fairy tale tells of how an Emperor who was 'excessively fond of new clothes' (Anderson 1951, p. 171) was duped by two imposters. They arrange to weave the Emperor a costly garment which, they say, will be visible only to persons of intelligence and ability. When the garment is finally 'ready' according to the swindling weavers' satisfaction, although there is actually *no* garment, the Emperor confidently leads a procession wearing it. All the spectators, not wanting to appear foolish, pretend not to notice the Emperor's nakedness until one little child in the crowd shouts out that the Emperor is wearing nothing and then everyone else feels free to acknowledge what they see.

My aim in this paper will be to show that it is easy, particularly for children, to identify with the various aspects of this story. I attempt to highlight the symbolic significance of some of the story's features and show how they connect with our earliest experiences, particularly of narcissism, and link up with our unconscious lives (Miller, 1985). I hope, at the conclusion of my discussion, it will be evident why 'The Emperor's New Clothes' is such a well-known and popular fairy tale.

The function of fairy tales

Fairy tales tend to simplify situations and thus permit a child to come to grips with a dilemma in a very basic way. Bettelheim, in his imaginative book, *The Uses of Enchantment* (1976), feels that we need art and myth in order to become attached to life. Fairy tales, like television today, create myths and function for children as an aid to daydreaming. In a Winnicottian sense, fairy tales could be said to bridge the transitional space between self and other by this cultural experience (Winnicott, 1971). We live by fictions that we know to be fictions in order to make life bearable and fairy tales feed this process. They also give a child access to the possibility of gratification of unconscious and, therefore, often unacceptable wishes. Fairy tales carry a freedom

from convention and adult rules and allow a child to work through unconscious conflicts in a relatively safe way.

Why does royalty figure so frequently in fairy stories? In this story we have an Emperor. Perhaps because a child can identify with royalty in two ways: as himself and as a parent. For, firstly, it would seem that many a child wishes and, unconsciously believes at some time that he/she is a prince or princess and secondly, royal rank may signify absolute power, such as a parent seems to hold over his child.

The ending of a fairy tale can hold particular significance for Bettelheim, and there is often an affirmative message in the denouement. By ending happily, (in 'The Emperor's New Clothes' it ends with truth and realism) Bettelheim maintains folk tales permit children to confront their unconscious desires and fears and to emerge unscathed, id subdued and ego triumphant.

Narcissism and symbolism in 'The Emperor's New Clothes'

In his preface, Flügel quotes Herbert Spenser as saying, 'the consciousness of being perfectly well dressed may bestow a "peace such as religion cannot give"' and this is certainly one of the preoccupying themes of this fairy story. At its simplest level 'The Emperor's New Clothes' can be seen as a cautionary tale for children, warning them not to be immodest in their dress. There is a focus on clothes in this story and, according to Flügel, 'Interest in clothes is a displacement of the primitive wish to derive pleasure from the naked body – in particular the narcissistic exhibitionistic tendency' (Flügel, 1950).

The moral of this tale is clearly that, despite one's unconscious wish not to do so, one needs to conform through dress and even Emperors have ultimately got to conform and join civilised society. Flügel writes: 'Children get very little positive satisfaction from their clothes in the early years of life; they only wear them because their elders insist upon it, thereby making nakedness "wrong" and the clothed condition "right". This leads to ideas of modesty but the wish behind the moral inhibition is to discard one's clothes' (Flügel 1950, p. 89).

However, as Alice Miller (1990) points out, it is the child here who goes against the (unconsciously imposed) hierarchical order of nakedness. By exclaiming 'But he hasn't got anything on!' the child obviously sees that the Emperor (father) is exposed and defenceless: he is not strong but yet the child does not feel that the Emperor needs protection for his vulnerability. Miller feels that 'seeing' is organised very early

in our lives and it is the child's ability to see and his spontaneousness and freedom which the adult wants to possess.

In a sense, it is helpful to look at this fairy tale as being part of a dream or fantasy, particularly as it appears so similar to embarrassing dreams of nudity. Freud (1900, p. 243) compares it with dreams 'partially distorted by wish-fulfilment' – the Emperor ends up being exposed in his nakedness which would seem to be shameful and embarrassing until we look at the unconscious wish behind this: the wish to enjoy one's childlike nakedness. There is undoubtedly a regression here and a clever interplay between royalty, nudity and regression so that we end up with Freud's graphic description of primary narcissism being illustrated with 'His Majesty the Baby' (1914, p. 91).

It is this feeling of being 'centre and core of creation' which we all 'once fancied ourselves' that everyone strives to recapture. Unwittingly, the song of this fairy tale in the film 'Hans Christian Anderson' picks up this theme of nakedness harking back to birth and infancy:

> 'It's altogether the very least the king has ever worn.
> He's altogether as naked as the day that he was born.'

A parade with royalty usually involves a crown and sceptre and overt displays of potency but in this fairy story the Emperor appears comfortable with his own nakedness and he does not need other accoutrements. It is like the exhibitionism of primary narcissism with the naked baby feeling the right to the centre of the stage with his admiring parents around him. One can see how shame and exhibitionism can go together as two sides of a coin and there can be secret pleasure in something which seems so awful and embarrassing. This is particularly the case for naked men in Western culture whereas, for women, nakedness is more evidently a point of attraction and power.

A child reading this story can identify in turn with the Emperor, the imposters, the Emperor's advisers, the crowd at the parade and the child who speaks out at the end. It is interesting that the child is not categorised as a boy or a girl, which makes for a more universal identification.

At another level, there is the theme of potency and getting to father. His advisers and, later, the crowd are intimidated by the Emperor. They have no direct access to him and they wish to placate him and play their usual deferential roles. They envy his power and fear his retaliation. He does not wear anything on the parade but shows his penis (sceptre) and symbolically establishes his position as the potent Emperor.

As Rycroft says, the word '"narcissism" has inescapable disparaging overtones' (1968, p. 94). In fact, many writers hold that there are healthy and unhealthy forms of narcissism. Freud distinguishes between primary narcissism and secondary narcissism. In essence, primary narcissism is the foundation of healthy development – it is the love we have for ourselves before we are aware that anyone else exists and also the residue of that love remaining after we have discovered other people; secondary narcissism is a defence against accepting separation and loss by loving in ourselves what we have introjected and identified with in others (Freud, 1914; Rycroft, 1968). It could be argued that the Emperor displays both sorts.

However, in as far as narcissism is an attempt to keep oneself idealised, the Emperor displays secondary narcissism. His fixation on clothes and the fact that he had different clothes for every hour of the day and that he sent his advisers to look at the non-existent cloth, all show that he lacked confidence and did not trust his own judgement. He certainly shows great difficulty in regulating his self-esteem. The fact that he went along with the two swindlers' ludicrous plan emphasises the flimsiness and brittle quality of his narcissism.

Alice Miller (1983) believes that the narcissistic personality has looked for a mirror in infancy and did not get back any meaningful reflection from mother. Often, mother has wanted the child to mirror *her*. This leads him to feeling totally empty, which in turn produces a defensive veneer of grandiosity.

In a way, this could be seen to happen to the Emperor. He has his grandiose covering of fine clothes, riches and a parade but all the time he is looking for mirroring and a true connectedness. In fact, he *actually* looks in the mirror to admire the final fitting of his 'new clothes' just before the parade: 'he turned and twisted in front of the looking-glass' and again 'he turned round once more in front of the glass' (Anderson 1951, p. 179). Stolorow and Lachmann sum up this predicament nicely when they state 'Narcissistic object relations are to be understood as regressive efforts at maintaining identity through mirroring in the object' (1980, p. 13).

It seems apt that Anderson uses the metaphor of the mirror in this story. Winnicott (1967, 1971) in a way similar to Kohut (1977, p. 8) suggests that 'the precursor of the mirror is the mother's face' and that the 'mother's role is of giving back to the baby the baby's own self'. So, in good-enough mothering, an infant sees himself reflected back in mother's expression; otherwise it becomes contaminated by *her* fears, anxieties and preoccupations. 'An infant can only discover what he feels by seeing it reflected back. If the infant is seen in a way

that makes him feel he exists, in a way that confirms him, he is free to go on looking' (Phillips 1988, p. 129).

It would seem, according to these theories, that the Emperor is stuck with the consequences of some deep failure of maternal provision. The mirror of his infancy like the mirror in the story did not and does not provide a holding experience and give back a 'unified image of his own disarray' (p. 129). He does not get back any reliable or accurate acknowledgement from the imposters, his advisers, the mirror, his subjects or himself. No one appears to recognise his predicament; no one dares to challenge his grandiosity or to risk wounding his narcissism in any way. So he is condemned to acting out his lonely and precarious scenario which feeds his grandiosity, his exhibitionism and his narcissism and leaves a very flimsy sense of self beneath these defences.

As the Emperor lives only through his narcissism, there is no real reciprocity or relationship possible for him. Even though the child's revelation comes as a narcissistic wound to the Emperor and could destroy him, it may also open up the possibility of a more equal and real relatedness between himself and others.

Another aspect of narcissism which seems very relevant to the story of 'The Emperor's New Clothes' is the role of masochism. In their writing Stolorow and Lachmann (1980) have a section entitled 'The Role of Exhibitionism, the Audience and the Mirror in Masochism'. They say '... exhibitionism may be viewed as a primitive means of shoring up a failing self representation through eliciting a mirroring affirmation of the self from one's audience' (Stolorow and Lachmann 1980, p. 34). For example a number of masochistic patients enact their beating fantasies in front of a mirror. In a sense the Emperor's antics could be interpreted as an act of self-brutality or self-flagellation in front of various reflecting mirrors. This is the reverse side of his conscious wish for aggrandizement.

Stolorow and Lachmann (1980) go on to say that a real or imaginary audience is an essential requirement for the masochist. He may well want variable responses from this audience: admiration, approval, concern, sympathy, guilt and remorse or punishment. But the important fact in all this is that on no account should he be ignored and he must feel that he has 'an impact on his audience' (p. 34). The Emperor certainly had an impact on all those around him culminating in appearing as a nude spectacle in front of all his subjects at the parade. In a perverse way this may have aided his sense of self-cohesion.

If this fairy tale tells us about narcissism, it has many counterbalancing points. While Narcissus looked into the lake and saw a

beautiful image, the child reflects the Emperor's bare, stark, perhaps unflattering image. The nakedness of the old Emperor could be seen as foolish, whereas the wish behind it is to be like a pure and innocent new-born baby. The Emperor represents an adult false self and the child who proclaims his nakedness encompasses the true self (Winnicott, 1960). Also, usually royalty in fairy stories is about continuing the dynasty and good rule of the family (saving the kingdom) whereas this is purely about the Emperor *himself* and his image (it has no wider public concern).

The Emperor's obsession with clothes and looks and the fact that he is willing to spend so much time and money on his non-existent finery for the parade indicate that he is an ideal candidate for Kohut's theoretical framework. The Emperor is trying to recapture the mirroring and worshipful, idealising attitude of parents for their infant. He is constantly performing and putting himself on display in an attempt to get endorsement from mirroring and empathic caretaking. He arrives at his 'grandiose self' but there are obviously some problems in the way it develops from there.

In Kohutian terms it would appear that his idealising needs may have been met because he has some sense of assertiveness and some ambition but perhaps he is still searching out the empathic selfobject. This would introduce him to optimal frustration in small, non-traumatic doses. It is clear that something has gone awry and that he is looking for reassurance all the time and has not found selfhood. Perhaps the child's public announcement of the Emperor's nakedness inflicts too severe a narcissistic wound on him and will, in the long run, only serve to bolster his defences more for 'he held himself stiffer than ever, and the chamberlains held up the invisible train' (Anderson 1951, p. 181).

Stolorow and Lachmann write a Kohutian description which exactly seems to fit the Emperor '... the individual requires continuous mirroring of his grandiose fantasies ... in order to solidify a fragile and precarious sense of self-cohesion and self-esteem and to avert the ultimate threat of fragmentation and structural disintegration of the self-representation' (Stolorow and Lachmann 1980, p. 13 and 14).

Conclusions

'The Emperor's New Clothes' lends itself to symbolic interpretation. In a way, it is unusual as a fairy tale. There are no animals in it, no

witches or fairies and no magic. There is no woman in it and no romantic or sentimental themes. However, its popularity must in some way be related to its credibility and universality.

Its main attraction, undoubtedly, lies in its underlying notion that no matter who we are or how important, we all carry within us unresolved conflicts from childhood. It apparently speaks to the regressive, narcissistic pull in all of us: at some level, each of us feels the lure of starting again as omnipotent babies, who feel the centre of attention with the world as our kingdom.

Many of us seek narcissistic supplies from those around us to enhance our self-esteem. It is very compelling, as is the child's voice at the end verbalising the unmentionable, 'But he hasn't got anything on'. This is the voice of hope and reason. Yet it does not avoid the challenge. It is like a treasure hunt where we finally manage to arrive at the truth with a real reflection of primary narcissism without getting side-tracked into the more disturbed aspects of our narcissistic needs.

It could be said that the child is the only one in the story who is 'free to go on looking' (Phillips 1988, p. 129) for it would seem that he has had a good enough start with an accurately mirroring mother.

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BULIMIA AND OTHER MISUSES OF THE BODY: ONE PATIENT'S AVOIDANCE OF PSYCHIC PAIN*

JANE PETTIT

I want to report on the case of a patient whom I shall call Miss S and whom from the first meeting I pictured as a sleepwalker. The image seems to have been based on the feeling that she must be awakened slowly and gently to prevent her causing herself further damage, and on her massive use of denial, a mechanism of defense which tends to be used against unwelcome perceptions. Denial is not only employed in relation to psychosis, and was discussed by Anna Freud in *The Ego and the Mechanisms of Defense* (1936) in a manner stressing the critical developmental role of environmental conditions. Greenberg and Mitchell (1983), referring to the work of Eric Fromm, describe the passions derived, not from body-based drives, but from the profound struggle to overcome aloneness. In describing the denial used to deal with such feelings of aloneness they write, 'Denial in turn operates through various illusions – the belief in magical substances, powerful saviors, strategies for self-protection. The illusions draw on infantile fantasies and operate as a magical bastion against the reality of life; their purpose is not pleasure, but an imagined safety' (p. 108). Sandler too speaks of 'the many ways in which the ego controls perception and reinforces its feeling of safety ... from simple sensory and motor adjustments to ... mechanisms such as denial and ego restriction' (1987, p. 6).

History

Miss S was referred to me for depression two and three quarter years ago close to the time of her 27th birthday and we began work on a three times a week basis, which was later reduced to twice weekly. She was of average height and weight, had layered blond hair of below shoulder length and was casually dressed. She was not unattractive, but the most striking feature about her was her deadpan expression. Miss S presented two principal sources of her distress: one being that

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she lived a double life requiring that she deceive people and the other her problems with food. She worked as a prostitute and although she formerly enjoyed the company of other people when employed in a sauna, she lost that job when the police raided and accused them of running a brothel. The charges were thrown out of court but since that time she had worked through an agency and lived a rather isolated life waiting at home for calls. She was obsessed with food and her fears of getting fat. She alternately starved herself and binged and vomited, usually one to three times a day. She was frightened of closeness with anybody and her inability to eat normally further curtailed her social life.

Prior to this her history was as follows. She was born in Africa to a divorced woman with two young boys and to a father who owned the house where the mother boarded. Her father never saw her and her mother 'looked at me but didn't see me' before she was adopted at ten days of age by a middle class, Australian couple with a small daughter of their own. Her adoptive father was a professional man hired by the government of the African country where they lived, and later by a private company. The adoptive mother was a housewife. Miss S grew up in Africa knowing from early on that she was adopted but never knowing why, nor daring to ask. She described her family as having been good to her but never showing or talking about feelings. She said that her parents greatly respected each other's privacy. Everything that Miss S relates about herself as a child contributes to the picture of a shy, passive child with constant butterflies in her stomach who had friends to fight her battles at school and with whose wishes she complied. In striking contrast to this was her treatment of her dolls whom she remembers trying to drown, the cat whom she pestered and the flowers which she forced open in the morning before the sun could do so, imagining that they screamed 'Don't do that!' She was terrified of the nuns who ran the school. She stuck her tongue out at the statue of the Virgin but then had fears of retribution and so avoided the part of the school yard where the statue was located. Even though she says she hated school, even stronger is the memory of a black mood that descended upon her as she returned home each day. She recalls having had terrifying fantasies at the age of seven or eight of floating above the earth and seeing people down below being close to each other but not being able to get to them. Instead she felt as if she would fall off the edge of the earth. Her only happy memories of being little are those related to the times she spent with the gardener and his family although she hid this from her school friends. The gardener's wife was her nanny and her earliest memory is of being

strapped to this woman's back while she hung up the wash. When she was later forbidden by her mother to play with the gardener's family it was a great blow. As she approached the age of eleven she had such, so-called, 'black dog' moods that her father told her that either she or her mother must go. She was then offered the chance of going away to boarding school to study ballet and, as she liked ballet very much and was very good at it, she agreed. She had, of course, no idea what was entailed in going away to boarding school and her life became a misery. She remembers having stomach ache for days before she was to fly back to England where her school was located. She was given tablets for this anxiety which she now believes were tranquillizers. This was in the usual pattern of being given dispirin to help her to sleep as she was always 'nervous' as a child. These medications made her anxious about becoming addicted. She was miserable in England and felt very much the odd one out because of her accent and because of not feeling at home. She was, however, very good at ballet, being often several years ahead of the other girls. This fact, on the other hand, contributed to her misery by causing the headmistress to put great pressure on her. She was berated for her deadpan expression and for being, from about the age of fourteen, too heavy. To deal with the latter problem her mother took her to a physician in Harley Street who gave her pills and injections. She said that the message they all received about ballet was that if it didn't hurt, it was not being done properly. Miss S did indeed work very hard, doing not only her studies at ballet college but also, in her final year, holding down a job in a restaurant in the evenings. She said she liked having the money. Eventually she gave up her plans to be a dancer and came down to London where she stayed with her sister and her sister's boyfriend. They did not enquire where she went in the evenings and, although she had applied for admittance to a college for beauticians, there was a period, prior to being accepted there, which she describes as a 'void'. It was about this time, at the age of 19 or 20, that she learned she could control her weight by vomiting. While she was on holiday in the country, nearer to Europe, where her parents now lived, she had had a sexual relationship with a man who then suggested that she also go out with his friend. He took her to a deserted house at night for the purpose of having sex and she realised that they were being watched by another man, probably the same friend. (Her only sexual relationship prior to this had been with a young man back in Africa at the age of sixteen. He had, she said, 'bullied' her into having sex and then taken her to the doctor to get the morning-after pill). She considers the later incident, of being passed on to his friend by a man, as

marking her getting into prostitution. When she returned to London after this holiday she entered what she now describes as a wild period. She said that when she had been with a man she felt 'cocky' and decided she would make them pay for sex with money or gifts. She had fantasies of being able to have any man she chose. When she looks back on this period she does not really understand what happened to her because she did things which were extremely dangerous. She says that, in fact, she was drawn to the most terrible parts of town and would go with anyone. She now refers to this as a 'wild destructive period' during which the worst thing possible happened to her: she was cheated by a man who promised to invest a great deal of money for her. When she later told her father about this he merely said that he would refund her the money. She was hurt by his not understanding her distress at the incident and indeed her parents' reactions are generally of utmost importance to her. Throughout our work together she has been greatly preoccupied with whether or not her parents know what she does and with deceptions and worries about keeping her life hidden from them. The fact is that it would appear that they simply do not want to know for she actually told them, her mother ten years, and her father nine years ago. They threatened to disown her if she did not stop, but that was the end of it. Nothing more was said aside from a very occasional cynical remark that gives a hint of their wondering about her life. Five years after telling her father, she travelled with him in Australia for three weeks which she described as the best time she had ever had with him. She had, in the several years prior to that trip, had several bookings abroad as a dancer, in Eastern Europe and the Middle East where she was attracted to the poverty and miserable conditions of the peoples' lives. In each she had had a boyfriend but when, during their travels in Australia, she wanted to tell her father about the most recent one, he did not want to hear. She describes her father as very prudish about sex but what hurt her was that he did not want to know about her. Miss S has had a singular lack of relationships with men in her life. Up until the time of these boyfriends abroad and the young man with whom she had sex at sixteen and the man who passed her on to his friend, she had had only one other relationship. This was a boy with whom she was in love from childhood and whose family was extremely close to hers. At the age of fourteen she was told by her mother that she was no longer to go to his house when there was no one else there. She was shocked that her mother suspected that she would even consider having sex at that age. She said her mother was angry and that she refused

to react to that anger but instead remained calm and felt scorn for her mother. She was especially hurt that her mother didn't actually say why she forbade her to go there but avoided the issue instead. She recalls that it was the gardener who warned her that her boyfriend was a man now and that she should be careful. She broke off the relationship with this boy about a year later because he wrote her sexually explicit letters and asked her embarrassing questions such as whether she had ever had an orgasm. He also looked at her 'that way' which upset her. She feels that her mother probably thinks to this day that it was he who broke up with her.

About six months before having the interview that eventually led a colleague to send her to me, Miss S had told her parents about her eating problems. They were told by their family doctor to suggest to her that she see a psychotherapist. After they knew she had had a consultation, they never enquired further. According to Miss S, her mother was anorexic, and father still remains concerned about her weight. In addition, both parents are said to have been interested in helping their two daughters maintain suitable weights and to have praised them for slimness. The patient remembers being photographed by father when she, at one point, had lost weight.

Some theoretical observations

Before I describe the first period of our work together which lasted approximately two years, I want to say something about certain writings which I hope will help to illustrate my view of this case. In 'The Economic Problem of Masochism' of 1924, Freud refers back to his thinking of 1905. He says:

> In my *Three Essays on the Theory of Sexuality*, I put forward the proposition that 'in the case of a great number of internal processes sexual excitation arises as a concomitant effect, as soon as the intensity of those processes passes beyond certain quantitative limits'. Indeed, 'it may well be that nothing of considerable importance can occur in the organism without contributing some component to the excitation of the sexual instinct'. In accordance with this, the excitation of pain and unpleasure would be bound to have the same result, too. The occurrence of such a libidinal sympathetic excitation when there is tension due to pain and unpleasure would be an infantile physiological mechanism which ceases to operate later on. It would attain a varying degree of development in different sexual constitutions; but in any case it would provide the physiological foundation on which the psychical structure of erotogenic masochism would afterwards be erected. (p. 163)

While most of us would no longer find ourselves satisfied with thinking in such economic and energic terms, Freud's writings as explanatory metaphor retain their brilliance and remind us of the early common roots of excitation: whether from pain, pleasure, or from difficulties in processing.

Freud postulated that psychic structure developed out of the response of the psychic organization (or initial disorganization) to the postponement of drive reduction. In the process of development, the affect was split off from the ideational component as a separate dimension of mental life. Thus Freud envisaged partial discharge through ideational and affective channels which facilitate the postponement of total drive discharge. The primitive level of functioning gradually becomes subservient to more advanced levels resulting in the laying down of inner structures. In optimal circumstances, reality demands are received within the context of a nurturing, gratifying, and emotionally meaningful relationship and motor discharge becomes employed in the appropriate alteration of reality. In 1923, with the introduction of the structural model, the ego (be it formulated as a structure, collection of functions or a system) is seen as mediating between drive discharge and reality, hence as concerned with motility and action. With the structuralization of delay functions, time emerges as a dimension of psychic functioning and with it the ability to remember, anticipate, and work adaptively in the present. Tension maintenance, reality appraisal and socialization can now occur.

And from Freud's formulations of two principles of mental functioning, the pleasure and the reality principles (which were seen to dominate respectively the primary and secondary mental processes), we can also derive two principles of action. Discharge action is essentially of a passive, reflexive or respondent nature and anticipatory, or preparatory, action is essentially of an active, initiating nature. Freud wrote in his 'Formulations on the Two Principles of Mental Functioning' in 1911 about the relationship between thinking and acting as follows:

> Restraint upon motor discharge (upon action), which then became necessary, was provided by means of the process of *thinking*, which was developed from the presentation of ideas. Thinking was endowed with characteristics which made it possible for the mental apparatus to tolerate an increased tension of stimulus while the process of discharge was postponed. It is essentially an experimental kind of acting ... (p. 221).

What we mean by active and passive can, however, become very confusing. Ekstein and Caruth (1968) describe variations in psychic

activity that provide a helpful basis for distinguishing between active and passive according to the presence or absence of ego autonomy in relation to any specific piece of behaviour. Rapaport (1953) has suggested that a useful concept of activity and passivity will not refer to what *appears* active or passive to the observer or to the subject. A useful concept of passivity, he states, is that of the helpless condition of inundation by drive cathexes or by the resulting anxiety or affect aroused. Likewise, a useful concept of activity refers to the control by the ego over drive cathexes, affects, and the discharge effecting drive actions.

The pertinence to the case of Miss S of these observations concerning activity and passivity rests on the importance of differentiating activity, as an expression of the total psychic structure, from activity as a mere motoric discharge. Similarly one cannot equate the lack of such activity with passivity. I am thinking here of Miss S's passive aggression which is a form of *active passivity* and, on the other hand, of her *passive activity* in the form of her self destructive acting out and in her urge to binge. The point I am trying to clarify here is that activity and passivity are qualities of psychic functioning independent of physiological referrants. It is in the nature of Miss S's illness that ego autonomy is lost. Flexibility and choice are greatly limited and activity and passivity revert to forms less moderated by psychic elaboration.

The work with Miss S

As I described earlier I was struck by my persistent image of Miss S as a sleepwalker. (She told me that the deadness she was experiencing came over her at about age fourteen or fifteen.) My image of her was due not only to the fact that she retained her rather expressionless demeanor, but also to the work itself which was like educating a small child who believed what people told her, and said so. She felt they were the adults and she, the child. Since this was the level of her functioning I made use of it to show her extremely fundamental things. For example, it was rather far into the therapy before I could get her to understand that what someone said was an opinion and not a fact. She reported that she never has known when people are teasing or not.

In these early days she spoke often of the two contending voices in her head: the one which tried to resist and the other which urged her to binge, and then laughed at her when she did. This splitting was also evident in her view of certain foods as 'good' and others as 'bad'.

With regard to the bulimia itself, we addressed it really only from the standpoint of its being a method she used to stop herself from thinking and feeling. She had been told as a child that worry was bad for her and so had tried not to allow herself to have thoughts which, she feared, might harm her. Her emotions came to the fore through dreams which were full of anger and violence. By discussing these affects as they appeared in the dreams and were found not to be damaging, she was able little by little to feel emotions in her daily life. We discussed the idealization of her family life which covered her rage that they acknowledged only parts of her, just as she now lived a role in her work that required her to present only parts of herself. She feels that she was 'an object used for her parents' purposes' when they adopted her. 'They picked me up and then put me down', as she says. In her work there was no room for any assertiveness or acknowledgment of her real identity. She did not like even to have to choose where she went with clients or what they did. She wanted the man to be pleased with her and to feel satisfied emotionally and sexually. She took pride in treating her clients well, 'as human beings', as she put it, and yet paradoxically this entailed putting on a good acting performance. She found it especially difficult to work with young, attractive men as this brought her too close to the reality of what she was doing. She spoke of her greatest fear as being that of becoming dependent on someone and then being abandoned by him. When she could allow her thoughts to run more freely, she reported thinking mainly about money or food. The meaning of money was multidetermined and, as well as providing freedom from the dependency which she feared (and of course unconsciously longed for), it was used in magical ways, the full extent of which are still emerging in the work.

Several months after beginning therapy, Miss S had a dream in which, she felt, she was expressing her frustration about not being able to show anger. In general, Miss S's dreams were in sharp contrast to her overt character which was quiet and gentle, and in this one there was violence and she was defending herself against black men. (Throughout her material there was to be a theme of black or dark men, beginning with the gardener, who represent various positive qualities and who seem also to refer to her biological father of fantasy.) What was learned from this dream was that she feels black people have roots, something she longs for.

She also had a dream of being forced to eat what she considered to be the worst food: condensed milk mixed with sugar. Her association to this was the memory of having to drink her milk as a child before

she was allowed to have any fruit and on one occasion being sick as a result. Father used to look upset when mother wouldn't eat and although he didn't say anything, this 'created an atmosphere'. There were other childhood memories which linked to this: Father said that the patient's sister looked like a piece of English lard when she returned from boarding school there. When at boarding school herself, Miss S used to eat for comfort although it wasn't the sort of food, such as fresh fruit, that she liked. Later, 'when on those terrible diets', she used to masturbate to take the hunger away. We soon saw that when she said she was thinking only of food (or money) she was really avoiding thinking upsetting thoughts, and feeling anger and, more generally, was trying to block out the pain associated with low self esteem. In another dream of this period she was trying to get a pack of dogs which was chasing her, to smother her by sitting on her chest. In her waking state this seemed to link to her conscious urge to binge, 'to spoil it all, to bring back the badness, to make myself uncomfortable, to attack myself. A voice says, "Let's go eat"'. She told of another incident from childhood when, travelling on a train to visit friends, she made herself sit on the sunny side. By the time she arrived at her destination she was nearly ill. She told me she had felt she didn't deserve to sit on the other side.

In the session before the first long break she described a fantasy (although it was difficult to ascertain whether it was a pre-sleep state, memory of an hallucination or something else) in which there was a thing, like the devil, trying to force itself into her. She saw herself flying around the room but she was really lying there, not moving. I asked where this thing was trying to get in through. She said she thought it was through her mouth. She felt utter terror. She said she had first experienced this before going to the Middle East. She said she also had it several times when visiting with her father in Australia. In this session she also seemed filled with fascination about the war torn state of the country she had visited in the Middle East. She spoke of bombs, soldiers living in hideous conditions in the desert, no running water, trenches, and ravaged faces which made the people look like animals. And in Eastern Europe she had been fascinated by broken windows and dead bodies in a mosque. Her boyfriend was alcoholic and mentally unstable and she had a picture of living in the future with him, or someone like him, who would beat her up. All of this, perhaps stirred up by the imminent break, seemed to me to be linked with her childhood fantasy of floating above the earth and unable to get close to people. To my relief and surprise, when we began again

after the break, we had no more such sessions but I include it here to give you a flavour of her internal world at that time.

After the break she reported having tried to feed herself properly and not to binge. She brought three dreams. The first, in which she and her mother were setting the table with salads, contained a scene in which they were washing tomatoes which were already cut in half, flecked with parsley and sprouting carrot-like greens. (Are these good breasts to a child who prefers fruit to milk?) But the mother's 'flaccid, white, slug-like repulsive penis' was also in the sink and being rinsed too. Then my patient was in bed with two men, one of whom was father, and she was telling them about mother. In the second dream, she was clinging to a boat for her life and surrounded by brown jelly fish. In the third, she was finding her real mother who, in the dream, was Indian. She wanted to love her mother and started to but then her mother withdrew. In her associations, the Indians where she grew up were looked down upon but also respected for their business prowess. They were also well known for being able to get rid of babies such as the brown jelly fish babies in the dream. She had also reported that when she came back to therapy she had fears of not being able to talk to me, not having anything to say and also anxiety about talking about the troubling things which she normally pushed to the back of her mind. Following this session, she was able to be angry at an older friend, whom I shall call Clarissa and then dreamed a nice dream in which she was being saved by Clarissa's boyfriend Harry. But she then dreamed about the boss at the shop, where she still actually worked at that period, touching her breasts and her telling him, 'You're like all the rest'. After that she dreamed about being able to stand up to the agency she worked for by taking private bookings. (This agency has been a constant substitute in her material for her parents.)

In the several months leading to the second long break, the Christmas period of the first year of our work, material appeared, both in dreams and in the sessions themselves, related to her parents and to the expression of emotions. She was also involved in several relationships which linked closely to these matters. She had met a man about twenty years her senior who became her caretaker although he had first been a client. He was a business man who soon took it upon himself to help her in all areas of her life. Not only did he counsel her and take and collect her from her work, he was also her friend. She was aware of the fact that he was a father figure to her but, nevertheless, became intimately involved with him. At the same time there was an

even older man, quite clearly a father figure, who was a client. His similarities to her adoptive father were marked, including the fact that they were both 'colonial' types from Africa. But this man was recently widowed and desperately seeking a partner. The insistent and romantic nature of his attentions caused her distress as she was made uneasy by the way in which they threatened to obscure for her the boundaries between her private and personal life, which she so badly needed in order to keep her illusions, and the splitting and denial that maintained them, intact. Oedipal material emerged with greater insistence and was presented in relation to these two men. She had no real concept of being cared for as a whole person in her own right and so the attentions of the elder man drove her, in her anxiety, to binge, feeling as out of control as she thought his emotions to be. When she spoke of the madness of her former Middle Eastern boyfriend, we were able to explore the part of her which had to remain mad and split off in order to do her work. She explained that she had felt 'bad' for having black moods as a child because they upset her mother. Her first memory of humiliation, when she was rejected by the Royal Ballet School, was also confused with her mother's (and her childhood boyfriend's mother's) pain at the blow. This led to even earlier memories of standing in front of the mirror at age five with tears running down her face, not knowing why this was happening but not being able to tell mother about it. From early on and even now her parents tell stories over and over about her which humiliate her but she can never seem to complain. In the present she worried that Clarissa would see she was angry and bad. She dreamt about finding her own mother one day and also that her parents were divorcing and that mother wanted a life of her own. She also dreamt that father was coming to London and she had to hide her work from him and about going out with 'wogs' which she explained was about punishing her parents for their narrow mindedness. In another she was raging at her mother for not caring about her in a real way.

During the approaching Christmas break she was scheduled to travel to a country in Africa to spend three weeks with her family, including her sister and brother-in-law from London, and the family of old friends which included her childhood boyfriend, Tim. The split between her child-self and her prostitute-self was as usual clearly evident although the overlapping of these areas sometimes resulted in a confusing picture. She complained of having nothing to look forward to, as she certainly did not want a husband and worried that Tim might still look at her in 'that', i.e. sexual, way. The elderly man was getting too

close but on the other hand she would feel a failure if he were to be upset with her. She was keenly aware of her very gullible nature and ashamed of it. For example, she could hear the same facts coming from very different people and give them the same value, never considering that the person giving the information had any bearing on its worth. These blind spots in her reasoning were well entrenched and yet about other things she was clearly perceptive, saying for example that she felt her parents covered their own guilt about sending her away to boarding school by saying that it was her decision to go. The nature of her work as a prostitute seems to be one of the primary motivations for her use of denial, just as, originally, the generally used denial allowed the work to develop. In addition, the prostitution is in many ways conducive to the maintenance of denial and splitting, catering as it does to illusion and fantasy. When she told me about how she had helped a man who suffered from premature ejaculation with his wife, I pointed out to her that despite her work with him the problem with his wife most likely remains the same. This example was important in enabling us to look at the difference between magical thinking and the painful working through of difficult problems. As a result, she was actually able to feel sad about a client who spoke of starting to save up for the next visit as soon as their time together was over. She said he earned very little and had a wife and children and that this made her feel 'disillusioned'. She felt she just 'wanted to be with my own "flesh and blood"', a feeling she had never had before. In fact the ability to feel alone and awful was a sign of progress in itself in that she could tolerate it, think about it and then tell me about it. This capacity was increased after my interpreting that the worry she spoke of frequently, regarding what her parents would do if they found out, really related to her own worries about being a prostitute. During a rather quiet session of this period she apologized for not saying very much. I replied that she seemed to be communicating more than usual. This made her cry although her sobs were quickly cut short.

Slowly she began to see her sister and herself in a less black and white way. They had originally been the good and bad daughters in her eyes. She spent a weekend with her sister and brother-in-law and found that her sister was not perfect. 'She gets upset and has problems.' Her brother-in-law too was seen in a different light. Not only did he show interest in my patient's troubles, but also criticized his father-in-law. During that weekend my patient found she had no urge to binge although it returned when she got back to London.

Another sign of change regarding her bingeing was seen around this

time when she quit her part-time job at the shop. This led to a binge but there was no comfort in it as there had previously been. When she returned after the month at Christmas, she reported having binged only once while she was away. Some days she had to vomit and on others felt uncomfortable, but didn't actually binge.

She had met a young man on the outward flight and asked him to sit with her. He was from the country to which they were travelling but had plans to return to London. They became involved and saw each other at several points during her visit. He seemed to be linked unconsciously with her real father and consciously seemed to her very unlike her adoptive father: he was a farmer's son, not bourgeois; and a 'real white African', not a 'colonial'. He became her first boyfriend in England, even living with her after they made careful plans about the expenses so that she was not exploited. She said she felt 'intense guilt' about getting this man, whom I shall call Ray, to care about her before telling him about her work as a prostitute.

The visit with her family had been fairly successful but not once in the three weeks did they ask how she was. She, nevertheless, became closer to her mother in a more adult way and learned that she just ignores her husband's behaviour when he becomes like a child and jealous of his son-in-law. Then an incident between my patient and father occurred in which he said that she had probably not suffered from illness when in the Far East, as she had reported, but rather from overeating. This remark made her extremely upset and angry but she said nothing about it for days. When finally she could contain her annoyance no longer and confronted him, he said that he didn't remember making the remark. Then he added that it had been a perfect three weeks up until then, and that it was too bad she had had to ruin it with this outburst. This was the sole reference during her stay to her eating problems.

Certainly meeting the young man Ray and standing up with anger to her father were new steps but so also were her changing views of her own capacities as a woman. She began to talk about healthy babies and a *fear* of being sterile, where previously she had found the thought of having a child inside her akin to having a parasite or a monster growing there. She had instead a new fear, that of losing Ray, and she could bring it to the sessions rather than just vomiting or trying to push it out of her mind. Ray, she reported with some surprise, was easy to be with and didn't try to use her. We could then discuss the importance of being able to 'use' people in a positive sense. I noticed for the first time that the 'teaching' phase of the therapy seemed to

have receded and that we were now relating in a different, more equal way. Her relations with her clients too were on shifting ground and she became aware of her own boredom and annoyance.

Perhaps this is a good point at which to say something about the role and meaning of prostitution in her life, and more specifically how being a prostitute meant to her having a price, a value, and was linked to finding her real self. We had been exploring her childhood fantasy of wondering who she really was. It had been clear to me for some time that in some way prostitution had had a containing effect and, in its more organised form, had allowed her to leave behind the extremely dangerous behaviour that had occurred when she first came to London. We now saw its function in keeping two images of herself together and yet apart: these were the fantasy of being a real person with real parents and the other as an adoptive child afraid to ask who she really was. This was further clarified by her memory of being asked by a friend, when at school, how much she had cost. Her adoptive mother had told her she had cost nothing, was beyond a price. She felt she had been given away free and now in prostitution she demanded a price be paid. This was also expressed in her saying that she felt that someone had to pay for what had been done to her by her adoptive parents. About this time she took another step toward breaking down the rigid walls between her work and her private life: she met a young barrister as a client but then agreed to date him privately. She had the fantasy that this man was the sort of whom her parents would approve, as he was a good, respectable, hard working man who went to church and had a steady job. This seemed to her a poetic justice against them.

Near the end of a session in which we had been working on this difficult material about her fear of (and longing for) the overlapping of family and work worlds, she said she had had a difficult time thinking about all these things. This discussion had arisen because her brother-in-law was planning to return a book to her while she was at work in the shop where she was employed part-time. She feared that he would be suspicious about how she earned her living. She then said, 'If he hadn't forgotten to give me the book before, the problem wouldn't have happened in the first place.' This is the sort of distorted logic that has at times made me wonder exactly what kind of disturbance I was working with in this patient, but I simply pointed out that the problems would still have been there although she would have avoided looking at them. She did see my point. Of the same order was the incident in which she found it difficult to understand that she was

personally responsible for lying to Clarissa even though the people at the agency (the parents) had told her to do so. Similarly, we saw that she never questions what she thinks about a person, only what they think of her and how she never learned to use anger as a tool for protecting herself or for getting what she wants. Soon thereafter she decided she was tired of taking Ray's verbal attacks and asked him to move out. Her reaction to this was healthily mixed: sadness and relief were combined. After this we saw the gradual beginnings of her not liking to be told what to do. We also saw how her bingeing was related to the daily vicissitudes of her external, and of course therefore also her internal, object relations. For example, when her barrister friend was hiding her from his sister and his mother and when her biological father had not replied to her most recent letter because he was off visiting his daughters, she had the urge to binge.

When Miss S got her first period after coming off the pill nine months before, it was gratifying that this pleased her. She wondered why her mother had had her in the first place, why she was put up for adoption and why she was adopted. When she had an eye problem, she imagined that it was a sexually transmitted disease that she had read about and she also felt that if she had AIDS she deserved to have it. The unconscious feelings of 'badness' related to anger and to issues of adoption were confused with her conscious health worries resulting from not having used protection when she first started to work as a prostitute and from the injections she received in Africa when younger. More difficult to think about were the daily health risks she was running, but also what she would do if she were tested and found to be HIV *negative*.

Miss S's idea about 'deserving' AIDS was indicative of an important source of her strange logic and of her seeming obtuseness. Rules, and adherence to them, took the place of thinking and reasoning. She said that she admired a friend's ability to work towards goals and how in ballet college to be lazy was bad, and that ever since that time she has worked hard. As I have already demonstrated, this blind adherence to rules made it easier for her not to look at what she was doing. We had exchanges such as the following: She said that she and the other women never give out each other's telephone numbers, so she couldn't understand where a certain man had got hers. I said, 'Perhaps *you* don't.' Elsewhere she mentioned trusting married men not to give out her telephone number because in her eyes they were adults and responsible. It emerged that when she first came to London she was afraid to think about 'certain things'. Among these were her adoptive parents'

having sent her to boarding school, the headmistress there, the diets, the practice, and the humiliation and pressure. She feared that if she thought about these things, she would 'go mad, that it would damage my mind'. She was afraid that the resulting anger, as well as the thoughts themselves, would also cause her harm. As a child she was not allowed to talk back nor even to say that she hated someone. She was taught that you had to repay people for their kindnesses and she knew that her adoptive parents had taken care of her. She wondered whether her biological mother, Jean, had had sex with her father to pay for her rent and became even more intrigued when he didn't answer her question about this. She dreamed about her own birth and about her mother as a prostitute. That rules, including that people must be repaid, are to be obeyed leads to the idea, at least unconsciously, of repaying for negative things as well. The desire for revenge was almost a knee jerk reaction for Miss S. Her ability to reflect on these desires improved in the work but still the immediate impulse was to do something, either to the other person or to herself, when she was disappointed in, or upset with, someone's treatment of her. This tendancy was seen in the urge to do something to her own body in the bulimia, to take a physical side step away from the emotional pain as she did in the cognitive avoidances of which I gave examples earlier.

As Miss S became better able to tolerate her feelings and to discuss them with me, the nature of her material and her preoccupations made a marked shift from their original preoedipal and uncontained nature. The man whom I mentioned earlier as taking care of her and whom I shall call Adam, emerged in a more important way. She was able to push and pull this man in ways that her own cold and correct father does not seem to have encouraged. She pushed him away and yet longed to have him around. We were able to explore more fully the ambivalence in this and in her other relationships. The idealization of adults became less powerful as Adam and Clarissa were seen to have flaws and weaknesses. Siblings became more important, both in dreams of my imagined son and in the new relationship with her sister. In her outside life she became more friendly and better able to see through people. When her sister then became pregnant, this allowed us to explore not only the renewed sibling rivalry and her feelings about her own birth but also her envy of the new baby who had the attention and love she feels she missed.

Another important event that grew out of Miss S's internal psychic changes was her trip to Africa to find her biological father. When the work with her began I really had no idea in what form change would

occur but it quickly became clear that much of it could be seen to be about breaking down the rigid barriers that stood between the different areas of her life, those mirror images of her compartmentalized inner world where the structures of superego, id and ego were so sharply divided and in conflict and where her various selves lived in such confusing company with each other. She had always been afraid to ask too much about her biological parents as it seemed to be an unpopular subject at home. Now she planned to meet her biological father and was realistically daunted by the task. She told me she planned to leave her baby pillow behind for the first time. As it turned out she had a very successful trip and used her direct but non-combative nature to ask him many questions and learn about him. Among the things he told her was that she shouldn't bother to look for her mother, implying that she would be disappointed. The tenacity with which she approaches most things led her, nevertheless, to finally locate her mother but this was a less successful venture. She still now, a year later, wonders whether she'll hear again from her mother who rang several times after one brief meeting at Heathrow but who hasn't been in touch for some time.

I am going to close this part of the paper about my early work with Miss S although, since this point, quite a bit has transpired to do with her continuing progress in relationships, in the tolerance of her emotions and in the transference. She has been able to enjoy her new baby nephew and even to baby-sit him, albeit with trepidation which then turned to delight. She says she had held a baby only once before in her life, and this when it was thrust by a stranger into her arms. She can now admit that she often hates her work and we have looked at her fear that she cannot do anything else. Indeed, the work and her regular clients are now seen to have served unconsciously as parents who take care of her and have allowed her to avoid growing up and facing the real world. This discovery fits with my understanding that prostitution has had, on one level, a containing effect. Her functioning has been maintained by the use of a deep split between the part of her which is quite prudish, and would never consider having sex with a man on the first date, and her prostitute self. Money is used magically to draw the line. Not to be paid makes her feel 'fucked and used'; receiving money allows her to avoid looking at what goes on. She is no longer so obsessed with punishing her parents by having them find out what she does and with worrying what they would think, and has become, instead, more aware of her own thoughts about being a prostitute. She still says, 'Selling your body is about as low as you can

get', but then puts this aside and is proud of her work and how she does it. One of the most striking illustrations of how she actually functions is seen in the following behaviour which she has told me about numerous times. Both men who have lived with her, or been with her much of the time, have complained about how she goes into a fugue-like state of utter concentration when rung to do a job. She pays no attention to anyone or anything around her except as it relates to getting to the client. It has become clear that this state is one in which she selectively turns off thoughts and feelings. And because of the work involved in doing this, she finds it easier to go from one booking to another rather than having them spaced out over a longer period. Likewise when she has not worked for a while it is difficult, and increasingly so, to begin again. She binges very little now but the voice, that tells her everything is such a mess and she might as well give in, is still there. The tendency to deal with painful affect and anxiety by bingeing is an ever present one and related to the evacuation of thoughts and feelings.

Discussion

From the beginning of the work I was aware of references to me in Miss S's material and in her dreams. To a great extent references to Clarissa were also allusions to her adoptive mother and to me. I have, however, as you may have been aware, said little or nothing about working with the transference. This fact seems to be linked to my image of Miss S as a sleepwalker who needed to be slowly awakened, not only to prevent her damaging herself, but also damaging the therapeutic work. She seemed to me unready for transference interpretations. I believe now that I must have been experienced dimly as a far-distant voice speaking another dialect, a sort of safe environment. She told me recently, after Adam had complained that she didn't listen to him, that she 'often didn't hear what (I) said in the beginning but didn't bother to ask (me) to repeat it because (she) knew (she) wouldn't hear me the second time either.' A few days later she also told me that she knew from the beginning that she would change, but slowly, and she knew she couldn't force it and had to wait for it to happen. These two statements help to clarify for me my strange educative efforts in the beginning when I felt I was with a small child, and also my feelings that things were coming along at a steady rate and that I should continue as I was going. But this confirmation was quite recent. Earlier

she said she told Adam, when he asked, that she saw me 'like an object, it's there in front of you, or it's gone.' She was surprised that he suggested she might need me. Later she was able to say she felt sorry for me, that it must be like talking to a brick wall. Again, she only became aware of this because Adam got annoyed and told her that talking to her was like talking to a wall. Even when I had some very nasty scratches on my face (after my cat fell off the fridge and landed on me) and she said she had been thinking a lot about them, I did not follow it up. That was a very early and tentative acknowledgment and I simply told her that I was alright. I did wonder whether I was being like the parents by not discussing it with her but feel now that the value of what was happening probably had more to do with her finding the breast herself, so to speak. By the time I had some medical tests about eight months ago and had my ankle bandaged, she was able to be nervous in the session and we discussed this and its relation to her having had a lapse in her ability to protect herself with a client. Seemingly for her, however, our most important communication was her telling me a few months ago that she was very tired. She had to stand outside and struggle with herself before the session in order to tell me. This ability to depend on me which felt so dangerous was related to a very frightening dream about doctors and to the external threat posed by the health risks she was running and her amazement that she hadn't been able to hear me when I spoke about these before. Indeed, to say that I didn't work with the transference is not really correct as there clearly was a great deal being done, but using extratransference figures rather than interpretations referring directly to me.

In her criteria for judging the analysability of several groups of women of either hysterical character or with hysterical symptomatology, Zetzel (1968) warns against the 'failure adequately to distinguish between instinctual progression and regression on the one hand, and the ego achievements prerequisite to the emergence, recognition and mastery of a genuine internal danger situation on the other (p. 233)'. I want to speculate here about how Miss S's current ego restrictions might relate to real failures in her environment during her early development. From the very first sessions, I have been hearing material that has raised in my mind the question of whether Miss S was perhaps sexually abused by her father. The references are so consistent with such a conclusion but the material seemingly so far from being conscious that I raise the matter here only because it illustrates so beautifully the problem of whether the symptoms are the

result of the patient's fantasies and perceptions or whether the traumatic circumstances actually did occur. But whatever happened, Miss S's problems are there and they are what we have to work with. In this vein, I was interested to read in a paper by Josephine Klein (1990) that faulty ego functioning (by which she means the inability to think) may, as she puts it, 'also be due to an experience where some early link between events, some early conclusion come to in childhood, has so hurt or terrified that the person has given up the dangerous activity of putting two and two together. I suspect sexual abuse in those circumstances (p. 43).'

Echoing Zetzel, Fonagy and Moran (1991) remind us that '[i]n her studies of child psychopathology' Anna Freud 'came to distinguish primary developmental disturbances which were due to an imbalance in the unfolding of development on the one hand, from true neurotic disturbances which were initiated by frustrations at a higher level of development, leading to a regressive search for drive satisfaction at an earlier mental level, on the other.' Fonagy, elsewhere, demonstrates, as a example of developmental pathology, that 'in circumstances which lead to an anticipation of unbearable psychic pain, some so-called borderline patients *may defensively curtail their capacity to conceive of mental states in others and in themselves*' (p. 19, my italics). Although much more capable of conceiving of mental states in others than Fonagy and Moran's patient, Miss S clearly demonstrates their contention that 'a poorly established capacity to conceive of the thoughts and feelings of others is likely to predispose certain children to use this mode of defense against psychic pain. (p. 20).'

I found also very helpful, in my thinking about what happened during Miss S's adolescence, a paper by Furman (1988) about the changes required in puberty with the recurrence of the Oedipal conflict and the need to find new objects outside the family. He writes about 'object removal' which is a special case of displacement, a mechanism of defense 'previously seen as employed only in conflict situations [but] adapted now in a particular way to be at the service of the progressive development of the adolescent (p. 165).' He writes, 'Object removal differs from ordinary displacement in that it is irreversible, proceeds in one specific direction only and is exclusively involved against incestuous desires.' He describes the emotional state at this juncture particularly well. 'This loneliness ... is particular and poignant, rather special to adolescence and results from the beginning removal of instinctual investment from the internal representatives of the parents (p. 169).' It is my contention that Miss S failed in this task of 'object removal'

and that in prostitution she was utilizing ordinary displacement repeatedly instead, in an attempt to work through her unresolved Oedipal problems.

Another factor which I shall mention briefly although it, like several others in this case, requires a separate paper to itself, is that of Miss S having been adopted and her fantasies about the meaning of this. She says she has had a shameful secret all her life: being adopted. This is still felt as shameful today. One confusion, which frequently occurs in adopted children and which illuminates a number of factors in Miss S's case, is a reversal of the normal 'family romance'. There exists a belief that the biological parents are lowly and undesirable and the adoptive parents are really linked to the child by blood ties. The two sets of parents become confused in various permutations of these fantasies making it difficult for the adopted child to deal with both libidinal and aggressive tendencies. When these are further accentuated in the environment, as they seem to have been in Miss S's case by the avoidance of the expression of emotions within the family, it becomes difficult for the child to resolve the issues. Melanie Klein (1955) and others have written about the unconscious equation in adolescence between mother and prostitute (p. 330). Miss S imagined, even as an adult, that her adoptive mother only held hands in the affair she was having but that her real mother paid for her rent by having sex. The knowledge of having been put up for adoption and the fantasies around it thus play a role in both the self and object representations. 'She did not want me' becomes, in the self representation, 'I was not wanted' and perhaps even 'I am unwantable'. Jill Hodges (1990) writes, 'In some children we have studied, this not having been wanted has appeared in the self representation as being second-hand, a reject, of low value; or as the primary-process equivalent, being damaged, castrated, or physically wrong in some way (p. 63).'

Just as the child's ideas about its parents, biological and adoptive, contain both phase-related fantasies and defensive distortions it is important to remember Miss S's play and the torturing of her dolls, cat and flowers when thinking about her subsequent treatment of her own body. No less an authority on the subject than Dame Margot Fonteyn has said, 'If everyone knew how cruel dancing is, only people who enjoy bullfights would be watching' (from a magazine article on ballet, Nov. 1990). Or in Miss S's words, 'If it doesn't hurt, you aren't doing it right.' I have already told you about Miss S's studying ballet and remind you of it here again now as another link in the chain of attacks on her body: by herself, by her mother (in the form of medi-

cations, diets and medical investigations) and, although only hypothetically, in the suspected sexual abuse. Miss S has frequently remarked that she would like to live her childhood again so that she could do it in a less frightened and submissive way. This of course contains her wish to make her parents suffer by telling them what to do; to turn passive into active.

When I began to draw together these theoretical and clinical threads, I found myself with a theme related in a number of ways to overstimulation, the expression and control of which must be dealt with both psychically and physically. We are well aware that the inability to deal with overstimulation, to take defensive measures, is traumatic and I would remind you of Rapaport's differentiation between passivity and activity according to the presence or absence of ego autonomy. But what I want to underline here is the existence of overstimulation resulting from chronic anxiety; a form of cumulative trauma. Shengold (1967) writes of overstimulation leading to damage to the superego and 'a severity evidenced by a strong unconscious need for punishment ... present alongside, or alternating with, an overpermissiveness that allows for psychopathological behaviour.' We have no clear evidence of Miss S's having been abused in the way Shengold's cases were but we do know that she felt anxious and an outsider as long as she can remember. Father's utter control of his family by his nervous organizing and his creating an 'atmosphere' if displeased and the seeming inability of anyone in the family to acknowledge or talk about this were echoed in the type of body ministrations Miss S received from her mother. Miss S could see that what her parents were doing seemed wrong to her but she could not speak to them about it. I suggest that while complying, in a deadpan way, she planned, albeit unconsciously, an aggressive and seductive revenge. She remained polite on the surface while the counterparts of her 'perfect' parents grew into harsh, mocking and punitive superego voices. When the internal world is not safe enough for the existence of self and object representations, feelings cannot be put into words, and without representations, as Freud said (1891), words are not symbols but meaningless sounds. When feelings are not modulated by speech and the ability to objectify inner experience, massive anxiety or a discharge in action, or both, can result. Meltzer (1973) puts it nicely when he says that what we are doing when we interpret is 'reconstituting the conflicts which have been prevented from finding resolutions because of the excessive operation of mechanisms of defense that lessened the mental pain below the levels necessary for development.'

With regard to the bulimia, we can only speculate about the feeding relationship between Miss S and her adoptive mother, who was herself anorexic. In a recent Freud Memorial Lecture (Nov. 1991), Blum spoke of the unconscious messages received by babies of anorexic mothers and the resultant pathology among them, many of whom become anorexic or bulimic themselves. Rizzuto (1988) writes, 'The eating itself ... acts as a stimulus for frightening maternal representations, which are invasive and destructive, and a bingeing pattern of discharge follows. These enactments are not symbolic, in the sense that neither the actions nor the representations have ever been connected to words. They follow patterns of early mentation related to oral incorporation and rejection (p. 385).' Mintz, in the excellent book entitled *Fear of Being Fat* (Wilson et al, 1983), writes that in gorging 'the loss of impulse control ... is related to unsatisfied infantile yearnings for food, closeness, and security, as well as to aggressive discharge (p. 87).' I would remind you here of Freud's observation, quoted at the beginning of this paper, about the libidinalization of pain and link it here to the overstimulation of Mintz's 'unsatisfied infantile yearnings'. Four features, found in a study of fifty anorexic families reported by Wilson and his colleagues, are strikingly descriptive of Miss S's family. They are '1) Parental overconcern with fears of being fat and dieting was apparent in every case ... 2) All the families showed perfectionism. The parents were overconscientious and emphasized good behaviour and social conformity in their children. ... 3) Repression of emotions was found in every family group; it was caused by the hypermorality of the parents. ... 4) The overconscientious perfectionism of the parents in these families resulted in infantilizing decision-making and overcontrol of the children ... it was difficult for them to become independent and mature and to get rid of the humiliating feeling that they were puppets whose strings were pulled by mother and father.'

In concluding I want to emphasize how in the development and functioning of the libidinal drives and the emotions, as well as in cognitive life, there is always a striking preoccupation with filling and emptying. This is so whether we are thinking of the mouth in the oral stage or the rectum in the anal stage or later the penis and the vagina. This biological condition, with its far reaching psychological implications is reflected in our everyday speech and informs our deepest connections with each other. Bulimics demonstrate one consequence of what happens when one is unable to think about what can't be 'stomached'.

I want to close by quoting from Bion's 1962 paper entitled 'A theory of thinking'. He is speaking of the development of an apparatus for thinking when he writes:

> The model I propose for this development is a psyche that operates on the principle that evacuation of a bad breast is synonymous with obtaining sustenance from a good breast. The end result is that all thoughts are treated as if they were indistinguishable from bad internal objects; the appropriate machinery is felt to be, not an apparatus for thinking the thoughts, but an apparatus for ridding the psyche of accumulations of bad internal objects. The crux lies in the decision between modification and evasion of frustration (p. 307).

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THE WORLD ACCORDING TO KOHUT

MALCOLM PINES

Heinz Kohut died in 1981. For many years he was an establishment man in both American and international psychoanalysis. One time President of the American Psychoanalytic Association, a Vice-President of the International Psychoanalytic Association, he was a valued associate of Anna Freud. Acknowledged as a clinician and teacher at the Chicago Institute of Psychoanalysis he was seen as a likely successor to the leading figure in American psychoanalysis, the austere, dominating, metapsychologist Heinz Hartmann. So how and why did this man's later work, from 1959 onwards, lead to such rift and turmoil in North American psychoanalysis and later in international psychoanalysis? For some he became the acknowledged and idealised leader of a new, distinct school of psychoanalysis named Self Psychology; for those who opposed him he had forfeited his rights to belong to the acceptable body of psychoanalysis. So how and why does 'the world according to Kohut' differ so radically from the world according to Freud, Klein and their modern exponents, or to the mainstream of American psychoanalysis, the ego psychologists; or does it?

Let us begin with 1959, a paper well accepted at the time entitled 'Introspection, empathy and psychoanalysis'. In this paper Kohut insisted that empathy, the 'vicarious introspection' that the analyst can achieve in a psychoanalytic situation, is the *sine qua non* of psychoanalytic technique; it is solely by means of this *prolonged* empathic immersion in the subjective life of the analysand that the analyst finds the data for his understandings and interventions. This is not, you may think, exceptional or objectionable, for do we not all aim at empathy? Yet this assertion has opened up a rich field of observation to do with empathy; for instance see the two volumes on empathy edited by Lichtenberg. This emphasis on empathy began the differentiation of Kohut's work from much of contemporary psychoanalysis and I shall return to the discussion of empathy later.

Kohut's first book, *The Analysis of the Self; A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders* was published in 1971 in the prestigious monograph series of the

Psychoanalytic Study of the Child. He acknowledged his thanks and gratitude to Anna Freud who had read an earlier version. Yet, when I presented a full precis of this book to Anna Freud and what was then called the B Group, there was a distinctly lukewarm and puzzled reception. In his work Kohut described his analytic experience with patients with whom his customary technique of analysing resistance to the analytic process in terms of predominantly whole object oedipal transference relationships seemed to lead to impasse. Kohut described for instance how his patient Miss F would become furious with him and accuse him of destroying the analysis if he went even a single step beyond what the patient herself had said or discovered. He began to understand *by empathic immersion into her experience of him* that his role was, for her, not to be an object but to fulfil an impersonal function 'without significance except insofar as it related to the kingdom of her own remobilised narcissistic grandiosity'. The task for the analyst, no easy one, was to fulfil a function in the service of the patient's narcissistic equilibrium. The analyst, him or herself, has to struggle with his own demands for recognition both as self and as a displaced transference object. This book, *The Analysis of the Self* is rich in clinical observation and radical theorising, rather more the latter than the former, but my copy is heavily underlined. Kohut described the specific forms of narcissistic transference that he calls the idealising and the mirror transferences and how the analyst, if he recognises and accepts them, is able to help patients to acquire *forms of psychic structure* in which they were deficient and which were compensated for by narcissistic forms of character deformation. He argues for recognition of that structure which he calls 'the self a unit, cohesive in space and enduring in time, which is a centre of initiative (the organiser of experience) and an existential agent (an initiator of action)' as the central issue in these patients, that if the person has emerged from childhood without a strong cohesive sense of self they will experience constant threats of enfeeblement or fragmentation. To Kohut the deficit seemed to arise from empathic deficiencies in the relationship with the caregivers, early disturbances in mother-child relationships which can arise from say a mother's coldness or unavailability, from the baby's congenital coldness or unresponsiveness, or from forms of over responsiveness that over gratifies a child's natural grandiosity. Through the analyst's understanding and availability a process called 'transmuting internalisation' occurs, meaning that patients develop the capacity to manage their own states of tension, turmoil and anxiety, to regulate affects, to develop understanding and

empathy for others and for themselves. Where this was missing they can now establish continuity and coherency for themselves and can enter into more mature forms of relationships with others.

The book is epoch making. Kohut displayed great sensitivity to mental and emotional states, to tension and affect regulation, to psychic equilibrium mapped out in early developmental stages when the child's equilibrium is so largely dependent on the adequate functioning of caregivers. For these caregivers he began to use the term 'self-object' to describe how persons who objectively and to outside observers are quite separate from the child, from the inner experience of the child are *functional parts of the self* which have no separate existence and must be available when needed to maintain equilibrium and to further growth. Invested in what he then called narcissistic libido, they are experienced narcissistically; 'The expected controls over such (self-objects) others is then closer to the concept of the control which a grown-up expects to have over his own body and mind than to the concept of the control that he expects to have over others'. The object of such narcissistic love feels oppressed and enslaved by such expectations and demands, as parents know full well, but in everyday life this should be compensated for by the growth of reciprocity and mutuality in the mother-baby unit and in the pleasure which they give and receive to and from each other.

In his early work Kohut also liberated narcissism from its nineteenth century corset and stays as a factor to be controlled and of which one should be somewhat ashamed. Narcissistic love and object love had been seen in opposition, as in Freud's U-tube analogy. But Kohut took the view that narcissistic love does not transform into object love. It has its own developmental line from immature to mature, just as Fairbairn said that object relationships and object dependency move from immature to mature forms. In its higher forms narcissism is transformed into creativity, humour, wisdom, the striving towards ideals. I do like Kohut's openness in writing about the values that a person aims at, that he does not regard psychoanalysis as a value-free scientific enterprise. The capacity for loving others is freed and strengthened as the patient becomes more secure in his acceptability and in his own internal values. He will then be able to offer his love without undue fear of rejection or humiliation.

Kohut did not work with children nor did he pay much regard to the work of child analysts, but what he distilled from his work with adults does seem to hold very true for the healthy development of children. There are three basic needs, one, to have one's competent

performance validated and approved; two, to be protected and supported in times of stress and tension that are beyond the competence of the infant or child to manage satisfactorily; and three, to be recognised as one's kin by a fellow being. In analysis these appear as the mirror transference, where the patient seeks validation by the therapist's approval, in the idealising transference, where he looks on the therapist as a powerful and admired helper who will protect him and from whom he will gain strength, and in the alter-ego transference where he seeks the comfort that kinship, being like can offer. Kohut's own work and that of the many, many talented analysts who developed his work, Wolf, Goldberg, the Ornsteins, Tolpins, Stolorow, Attwood, Lachmann, has moved on far from this first book. But developmentally and clinically the vicissitudes of the self remain central. The development of the self is intrinsically connected with the experiences with self-objects, with others, with the functions of those others who are needed by and experienced as parts of the self. The recognition of others as autonomous centres of initiative and volition (the definition offered of a separate object) and of one's self as such a centre of initiative and volition comes to us tardily with pain and reluctance. But self psychology does also assert the pleasurable experiences of enthusiasm, joy, the pleasure of the sense of achievement that develops in the matrix of self object relationships and which are unattainable without them.

So let us consider again why this developmental schema has been regarded as deviant to established psychoanalysis.

Firstly, because

1. The fundamental unit of human life in self psychology is *self with other, self with self-object.* There is a decisive abandonment of the remnants of one person psychology and of instinct theory, of an instinct theory which postulates that sexuality and aggression are to be regarded as the motivational forces of a psychic apparatus. This notion is to be disregarded, discarded as a mechanistic model, an outmoded nineteenth century epistemology of science that Freud had borrowed from physics and neurology.

2. In self psychology human beings are seen as being born into and living out their lives within a matrix of self and self other relationships. We never outgrow our needs for validation, approval, idealisation and kinship. Without these we wither.

3. Motivational forces are now seen in terms of the organism's drive to develop its innate capacities, to live out its own unique design. This is now a field theory in which organism and environment are insepar-

able and the organism seeks to find its best possible adaptation to the environment. This is not a passive process of adaptation, for human beings are engaged in a constant process of seeking out in the other that which enables one to develop.

4. Thus psychoanalysis in terms of self psychology loses some of its distinctiveness from other psychologies that also espouse a field theory. This certainly applies to group analysis where the concept of the matrix and of the person existing as a nodal point in a network of relationships has long been our starting off point. If organism and environment are studied separately it must be recognised that this is an artificial separation and not a natural state. Just as developmentally there is no such thing as an infant, clinically there is no such thing as a patient. There is only a patient and analyst unit, analyst and analysand.

5. Consequently, to a large extent the analyst loses the privileged status of observer. He is now almost as open to observation by the patient as the latter is to him. The phenomena of the analytic situation arise from the subjectivities of both parties and from their intersubjectivities. This is remote from some psychoanalytic models, from what used to be called classical analysis, American ego psychology, the Kleinian School with their emphasis on the analyst's neutrality where the function of interpretation is to inform the patient of the analyst's view of the transference situation and of the drive derivatives that motivate that relationship; we are far from drive theory and in particular to inborn destructiveness and envy and to the Kleinian positions. And I do not ignore the sensitivity with which many analysts who are not self psychologists work with their countertransference. Indeed probably very many analysts, like Molière's patient who did not realise he was speaking prose, are quite close to some self psychological positions. But it is true that there is a considerable distance between self psychology and these other schools and I believe that the Kohutian position has developed, as in a dialectic, to fill the gap left by these attempts to create a form of 'scientific psychology'.

There is a long history to this. Freud's position, clinically and theoretically, was a creative amalgam of scientific psychology and romantic psychology, by which I refer to a powerful current of European thought that in the eighteenth and the first part of the nineteenth centuries profoundly influenced culture. In literature Goethe, the great German writers and poets, in England the romantic poets, the Coleridges, Shelleys, Tennysons, who saw childhood as the vibrant source of emotional life. There was a romantic psychology and a romantic medicine. The psyche and the soul were not disre-

garded. But psychoanalysis as re-presented to the English speaking world through Jones and the Stracheys largely excludes Freud's connection with romantic psychology. The aim of the *Standard Edition* is exemplified by its title, to 'standardise' psychoanalysis and to create standards that will meet the criteria that this group of translators thought the world of science and medicine would demand of psychoanalysis. Self psychology has begun to seep through the watertight compartments that this particular outlook created for its own needs for dominance and acceptability. But of course Kohut's world did not spring narcissistically from his own head, though not unfairly he has been accused of neglecting the work of others, especially here the important British Object Relation theorists. This has been well remedied by Brandschaft and Bacal and Newman. Notably there is a continuity from the work of Ferenczi that led to such divergences with Freud. Freud valued psychoanalysis more as a research method than as a therapy. Ferenczi, the creative innovator and talented clinician, allowed himself much more subjectivity as an analyst and approximated many of Kohut's ideas on empathy by what he called 'analytic tact'. Erikson's writings on identity and his sensitivity to the social matrix of development introduced the psychosocial into the psychosexual. I shall not further refer to the British Object Relation school who were exploring much of the same ground, particularly Michael Balint, but who did not elaborate as comprehensive or coherent schemas as Kohut. But I must speak of two important American analysts, little or less known here, Heinz Lichtenstein and Hans Loewald. Lichtenstein concentrated on the invariant theme of personal identity that arises from the mother-infant dyad when mother and infant together imprint on each other their needs and their ways of meeting them. Loewald elegantly moved drive theory into the realm of object relations, stating that the ways in which these drives appear is organised from the moment of birth by the environment's handling of the infant. There is no separate id driven unconscious world. The maternal influence and that of her culture reaches into the depths of the unconscious and there begins the process of psychic organisation. In the world according to Kohut, the inseparability of organism and environment as the unit of development and of study is within the same conceptual realm.

I shall now return to developmental and clinical aspects of empathy. In a letter to her husband James, Alix Strachey, one of the translators of the *Freud Standard Edition*, one of the early psychoanalysts, a member of the inner Bloomsbury circle wrote: 'Empathy, a vile word,

elephantine, for a subtle process'. Freud had written that 'empathy plays the largest part in our understanding of what is inherently foreign to our nature' and had taken the word from the aesthetician Theodore Lipps who had used it in his exploration of our responses to works of art. The literal meaning of the word is 'in-feeling, feeling into' and that movement in, the insertion of oneself, the penetration into the psyche of another is one aspect, but not the only one of the empathic process. In psychotherapy a therapist can avail himself of two different facets of the empathic process, an active and a passive version. The active is the entering into the other, the gathering up, the discerning, the grasping of the other's experience; the other is a giving oneself up, an openness to the experience of the other, allowing oneself to be entered into. Some of the confusion in writings about empathy have been attributed to these antithetical meanings in the concept of empathy.

Let us look at some of the uses that have been made of the concept.

1. A form of knowledge that is also an affective communication.
2. An ability to sample the affects of others to perceive and to respond in resonance.
3. A method of prolonged data gathering and for discerning complex mental states in a single act of recognition (Kohut).
4. A method of perceiving.
5. A method of communication involving non-rational understanding.
6. As an important ingredient in human development in infancy that is also an important element in the psychotherapeutic relationship.

An important writer on empathy, Hans Loeweld has written about 'empathic objectivity. It is neither insight in the abstract nor any special display of a benevolent or warm attitude on the part of the analyst. What seems of essential importance is insight or self-understanding as conveyed, as mediated by the analyst, objectively stated in articulate open language. Interpretations of this kind explicate for the patient what he then discovers to have always known somehow.'

Turning to the passive mode of empathy, the opening of oneself to the other, here we can invoke Keats' term 'negative capability: when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason'. Here we can recall Freud's description of the evenly hovering attention that the analyst should allow himself when listening to his patient. This attitude involves a sort of negation of self by the therapist, even a kind of self-regression to submit himself to the not knowing, to put himself aside, (here also

remember Bion's 'Without Memory or Desire') for this creates the opportunity for perceptual novelty, for creativity, for an aesthetic of interpretation.

The other facet, the other capability that a therapist can develop is the positive capability, the capacity for feeling into the other. Grasping the topography, the psychic geography of the other person's inner world is like seeing, appreciating the 'inscape', the felicitous word of the poet Gerard Manley Hopkins. So the active mode of empathy involves imagination, the active searching into the life of the other, the passive, the openness to the other, involves resonance, vibration, sound, different forms of listening. So far we have been talking about an empathic process happening between separate persons, in the dyadic or triadic situations of individual or group psychotherapy. What we shall also be considering is the concept of 'empathy with oneself'. Of this more later.

The American analyst Warren Poland has raised the question of why empathy has become such a feature in contemporary psychoanalysis. He places this into a historical context. In the early days of analysis the question of the analyst to himself was 'what do I know that I can interpret'. He drew on a stock of knowledge that he as observer, possessor of secure knowledge, could impart to the less knowledgeable, the analysand. But this situation is no longer tenable, for we know that analyst and patient together create a dynamic field, both are participants, though within that field each retains their own unique characteristics; the therapist brings those capacities achieved through training experiences. But today the analyst has to search within himself to discover the sources of his own knowledge rather than relying upon the established knowledge; now the question is 'how do I know what I know to interpret' rather than 'what do I know that I can interpret'. And once we know what it is that we want to interpret how do we convey this? For Poland, the essence is tact as a psychoanalytical function – a reminder of Ferenczi. Tact follows empathy, it is the way that we can use the information gained in empathy for reaching to a patient through interpretations. Empathy is at the sensory end of the analyst's activities, tact the motor end. 'We learn with empathy and understanding: we interpret with tact'. Jean Cocteau wrote, 'tact consists in knowing how far we may go too far'. Empathy involves some form of merger between self and other, analyst and patient; tact derives from separation. Having understood we withdraw, become separate and then re-establish contact verbally. Therapists' tact has some of the qualities of a caregiver's soothing touch, bringing about union

through touching while acknowledging the essential separateness between the parties. Empathy can sensitively guide the tact that a therapist uses in speaking with the patient. The concept of 'a therapist's shame' has been invoked to describe the way in which a therapist's sensitivity to the possibility of shaming the other would himself be ashamed doing so. Thus a sensitive awareness of shame, of over-exposure to unfeeling probing and touching can be a good guide to a therapist's activity. And we see this exemplified time and time again in groups. One group member may be able with sensitivity and skill to make contact with another, or to find space for themselves enabling others to listen to them with patient sensitivity and understanding; others lack this capacity and create space for themselves by force, by manipulation, by rough handling. There is much the persons can learn about their own styles by witnessing those of others and new learnings can take place in this situation.

Empathy in child development

The eminent researcher on psychoanalytic child development, Robert Emde, outlines what he considers to be the ways in which the empathic process plays a significant role in psychotherapy. They are:

1. The caregiving role; 'Developmental Empathy'
2. The affirmative role; 'Affirmative Empathy'
3. The availability of the therapist; 'Empathic Responsiveness'.

With the caregiving of *developmental empathy* a therapist gives to the patient an opportunity to discover potentialities, just as the good enough parental caregivers are constantly leading children on developmentally. Caregivers attribute intentionality to their charges and that offer of intentionality or the recognition of the intentionality that is latent in the child can become purposive. Here empathy is a creative act within the therapeutic relationship, it can be playful and involve positive affects.

Affirmative empathy has to do with the way in which the therapist can enable a person to put together a sense of the continuity and coherency of their life, an affirmative sense of life pattern and direction, with which a person can knit together past and present, have empathy for the self of the past and for the self of the present. This comes about through a shared affective field of therapist and patient; within this shared affective field a patient can experience both a common

humanity with the therapist and also an unique participation, personality and individuality.

The therapist's availability can foster trust, confidence and consistency of expectation, through the therapist's ability to regulate events within the shared affective field. Regulation of affect means the way in which the therapist can handle and help the patient to learn to handle their own feeling states, make them manageable and understandable. Making them understandable involves interpretation or as Kohut prefers to call it explanation. Good interpretations encourage exploration and anticipate direction; within the shared affective field of patient and therapist a patient can use what has been offered, consistency and availability, take that into and make it part of the own self, through 'transmuting internalisation'.

Emde goes on to state that these therapeutic functions of empathy repeat some fundamental motivational aspects of development in childhood for the adult. There are biologically inherent capacities for self regulation, for social fittedness, for affective monitoring. Self regulation enables the child to feel in control of the self; social fittedness enables child to understand, accept and integrate within the social world; affective monitoring means that one understands one's own feelings and learns to understand those of others.

When exercised with emotionally available adults these capacities will lead to

1. Consolidation of an affective core as the earlier stage of the developmental self.

2. On the basis of this core of the self a sense of reciprocity, understanding of rules and of empathy develops. Understanding of others and an understanding of oneself; this becomes a world of shared meanings and early moral internalisations, a sense of right and wrong, fairness and unfairness.

3. Of particular interest to group analysts is the next stage which Emde calls that of the 'executive we'. The child is now in a world of shared meaning structures, of *knowing with others* consciousness, sharing in the knowledge, strength and capacities of the other. 'We-two-together-making-one'. This 'executive we' is both cognitive and affective, feeling in tune with and understanding with the other. This sense of a sharing, of the use of the self object in Kohutian terms is essential to the background of safety that enables separation and individuation to occur. Mahler has called this a stage where the adult becomes a 'beacon of orientation', shedding light upon the world, being a safe place to retreat to.

A relationship with this powerful other in childhood, in adult love and in psychotherapy can lead to moments of intense feelings of togetherness and of shared meaning, a sense of confidence, even power in the midst of uncertainty and painful affects.

Condon, a leading figure in psychoanalytically orientated research into interpersonal communication, states that communication and empathy are fundamental to human life. 'We are highly complex centres of communication, common beings with many forms of sharing with fellow human beings in a common world'. There are profound interpenetrating and structural reciprocities between human beings without which human life could not exist. From the process of birth onwards, probably in intra-uterine life, there are synchronies between speakers and listeners, processes called 'entrainment'. Infants entrain from birth, under high speed camera and video filming can be seen to be engaged in 'a precisely shared communicative dance between mother and infant'. There is both a micro-sharing and a macro-sharing. A micro-sharing represents a form of organisation that seems to flow through the body parts, so that what may seem to be unrelated and discrete movements actually have a recognised form and pattern. In macro-sharing there is a whole body experience which is related to that of the whole body experience of the other.

Anni Bergman and Arnold Wilson have looked at empathy as a process of mutual attunement between infant and mother. They use Daniel Stern's schema, that what takes place are experiences of state sharing, where infant and adult clearly seem to be sharing the same affective state which begins to give the infant a sense of *intersubjectivity*, that he/she is in the same experiential role as the other, and *state complementing* where the response of the one to the other is from one unique person responding in their own way to what is coming from the other. What the developing infant/child then experiences is 'here is one who understands me but is different to me' and this leads to curiosity, the capturing of interest and the growth of the behavioural repertoire. These two processes of state sharing and state complementing lead to mutual cueing which is part of the good strong bonding that infants need from their parents.

Self empathy, empathy with oneself

Self empathy is something not frequently referred to. Empathy with oneself implies that the observing, judging, controlling and understand-

ing parts of the self are open to receiving and understanding, accepting and caring for the anxieties, pains, fears and conflicts which the person is experiencing. So much psychopathology seems to arise from rejection that persons feel themselves subject to in their inner worlds.

James Grotstein suggests that people become patients because of a breakdown or failure of empathy for self, that this incapacity follows on parental empathic failures. The process of learning from experience has to do with the interaction between knowing an experience and empathising with the self that is experiencing the experience. He postulates that a background object of safety has to be built up in early development as part of the self; this enables the individual to contain their own experiences.

We know that Bion and Winnicott wrote on containing and holding. This has been built on by Kohut and self psychologists emphasising the functions of selfobjects, the functions that infants need for healthy development; to be soothed, protected, stimulated, educated and nurtured. When available these experiences awake correspondence and responsiveness, develop what Brazelton calls the 'reciprocity envelope' which holds the developing infant together within the interpersonal matrix. Skin to skin bonding, eye to eye gazing, speaking and listening, all contribute to the building of this reciprocity envelope. Gaps in the envelope, distortions of homeostasis are experienced as persecutions.

It is on the basis of secure attachment that confidence in separateness develops. And with the capacity for separateness begins the capacity for empathy. The human condition is one of attachment and separateness from birth onwards, the dual track which forms the core of the developing self.

Confidence is built up in many ways, positive and negative, in complaints, if the infant's rage is understood and responded to appropriately. 'Complaining to the caregiver', a process with which we are all too familiar in psychotherapy, can build up confidence in the effectiveness of reasonable complaints to bring about understanding and change.

Empathy enables two to experience the pain of the one; this allows the infant to gain the experience of reciprocity and a sense of self. Failure to achieve this, failure of empathy leads to shame, helplessness, ineffectuality, to defences that lead to profound states of withdrawal and encapsulation. 'Perverse objects' develop, which have a quality of hardness, of continuity, of everlasting presence, so in the presence of these objects the person experiences no empathy, no kindness, no understanding, no warmth. But this 'perverse object belief system'

provides a relationship, gives continuity and eliminates doubts. In the presence of such internal hardness it is forbidden to feel that one is justified to feel sorry for oneself. This is forbidden. It is contemptuously disregarded as shameful self pity.

Feeling sorry for oneself is a natural function that enables a person to preserve a sense of self in the face of pain and disappointment. Then we can soothe, contain, hold ourselves, and eventually recover from distress in the way that the other, the selfobject had given us the opportunity for.

Empathy betokens a state of faith in the relationship to an object, a sense of its protection, its nurture and its stimulation. Empathic failure leads to a sense of autistic encapsulation, withdrawal, confusion and loss of coherency. Empathy gives a memory of having been contained, of being in relationship with a mother and a father who were able to hear the infant's pain without shattering, thus making the pain endurable.

Empathy and sympathy

Empathy has begun to occupy the domain of sympathy. Sympathy was the domain of the various meanings of compassionate feeling for another person's sufferings. Sympathy is a species of humane caring, a feeling tone consonant with the plight of the other as the other experiences it. The response of sympathy is predominantly affective, non-objective and highly personalised. In sympathy one feels close and warm to the other and is drawn to action. Sympathy is a universal human response that binds people to one another.

Empathy as experienced and used in a psychotherapeutic situation by a therapist to another, the patient, is more detached and separate, though this detachment and separateness is in a situation of intimacy, the therapeutic dyad or group. Empathy is the process of specific perception, an understanding of the other but a knowledge that the experience is that of the other and not of oneself and that to communicate understanding and to respond, requires action, thought and verbalisation. Sympathy is more a matter of being actively or passively *influenced* towards the other, actions which take a natural direction of rescue, aid and assistance. Sympathy is a feeling with, a closeness.

Empathy is not a *feeling with*, it is quite literally a *feeling into*, that is it represents a separateness. It is less of a stimulant to action in the form of rescue and assistance. The stimulus to action on the therapist's

part is more likely to arise through a sense of loss of contact with the patient, a blocking in the affective interchange, the interpersonal dialogue. At that point the therapist's effort is to understand what it is that has gone awry, the 'derailment of dialogue', an attempt at filling in by the understanding of what now blocks the resumption of meaningful communication.

This is the act of opening oneself up to be with the person and to allow oneself to be penetrated by their experience. Now the therapist or the group situation offers itself as environment, as container, as attentive presence. Now the empathic process, this active passivity, has more feminine connotations. Thus as Gail Reed has pointed out there are antithetical meanings in the psychoanalytic discourse to do with empathy. It is used in different senses by persons who therefore seem to be in dispute with each other without recognising that they are using the concept in these antithetical manners.

Within psychoanalysis there are persons who always believe that within the discourse of free association there is always a possibility of uncovering unconscious wishes, conflicts and phantasies and it is the task of the therapist to bring prior knowledge based on analytic understanding and training to the situation. The analyst has an obligation to use his knowledge in the service of therapy. But there are a group of therapists who may not accept this and hold the view that what the person brings to the therapy are states of being of the self that do not have such underlying dynamic content. They are not therefore material for interpretation, it is more a question of an understanding acceptance. We are reminded here of what Winnicott had to say which is that psychotherapy is in the long run a question of giving back to the person what they have brought with them and taking care not to take things away. And perhaps the words of T S Eliot are appropriate here, 'And at the end of our exploring will be to arrive where we started and to know the place for the first time.'

Why I welcome the emergence of self psychology within psychoanalysis

1. In self psychology the human being is seen and heard in richer and fuller dimensions, is addressed with great sensitivity and understanding through the emphasis on the experience near level of response and interpretation. The emphasis on the development and maintenance of firstly a cohesive and later a coherent sense of self addresses the

fundamental concerns both conscious and unconscious of human beings.

2. Self psychology as a new voice in psychoanalytic discourse has challenged psychoanalytic orthodoxy, the new orthodoxy of ego psychology and object relations theory. When only one language is heard this is dogma; creative growth comes from structured dialogue from the presence of diverse languages Michael Bakhtin named 'heteroglossia'. 'Each culturally predominant group strives to legislate its dialect as the language, whereas it is, in reality, only one dialect among many, or the one enjoying the greatest social prestige. That turns other dialects into implicit forms of cultural opposition'.

3. Self psychology has brought 'us-ness' and 'we-ness' into psychoanalytic discourse. Many years ago George Klein, the important American psychoanalytic theorist, stated correctly that psychoanalytic theory lacks this dimension of plurality. Psychoanalysis concentrates on ego and neglects 'we-ego' which is a clumsy rather laughable word of the human experience of always being encompassed within a larger entity, person, culture, community. The self object concept makes the *other* central in human experience throughout life.

4. Self psychology introduces into psychoanalysis the concept of intersubjectivity. It is a psychology not concerned with self and object but with self and other, 'persons in relation' as the Scottish philosopher John MacMurray wrote many years ago, which is the human condition from birth onwards; selves responding, complementing, falling in and out of attunement, complementarity and understanding.

5. With the dimensions of mirroring idealisation and twinship-alter ego needs, the process of therapy is truer to and closer to developmental stages.

But is self psychology a self sufficient psychology as some of its proponents claim? Is it both necessary and sufficient? My opinion is that it is necessary, indeed very necessary, but not yet sufficient. I would not like to enter into the world of psychosis, of severe borderline states and personality disorders, psychopathy, without some of the armourmentarium of psychoanalysis as we know it.

An important point that I have not yet made is that through self psychology we have been led to a reconsideration of one of psychoanalysis shiboleths, The Corrective Emotional Experience. This concept which was introduced in the 1940's by Franz Alexander and the Chicago school was quickly rejected for it seemed to lead psychoanalysis to a less austere and pure science. But the ghost of The Corrective Emotional Experience has continued to haunt the corridors of psycho-

analytic institutions. This ghost has been given flesh and blood by self psychology through the self object concept. Therapy is legitimately seen as a means whereby the person who has not had some essential environmental experiences and therefore has failed in some aspects of healthy development can to some extent develop them through the relationship with the empathic other, the therapist who finds ways of 'optimal responsiveness' based on empathic understanding which is not a direct gratification of needs, so that the essential psychoanalytic boundaries are both delineated and maintained.

And what of aggression? The criticism is often raised that self psychology does not give a deep enough account of the aggressive and destructive elements in human nature. Certainly the self psychology world is very different from the Kleinian world of the death instinct and destructive narcissism. Self psychology has yet to give an adequate account of these destructive aspects but there is validity, I believe, in the delineation that they make between the non destructive elements and the destructive ones. The non destructive elements are part of the necessary healthy aggression needed to master oneself and one's environment and to develop one's own individuality; the destructive elements are seen largely as narcissistic rage responses. The narcissistic rage is a response to some disconnections, some failures in the empathic responsiveness of a relatively severe nature. A 'good enough environment', as Winnicott so clearly pointed out, contains failures galore and it is on the basis of these failures that the infant has to develop its own resources. But failures that go beyond the 'average expectable' level lead to fears of collapse or loss of self, loss of self cohesion and fears of disintegration for which the rage response is defence. In rage we can again feel strong and try to dispense with the need for the supporting empathic environment. Narcissistic rage is vindictive and revengeful and seeks to hurt and to destroy the offending other. Indeed the chronic narcissistic rage response seems to lead to undying grudges and searches for revenge that can poison and blight the person's relationship both to self and to others.

I hope that in this paper I have been able to show you something of 'The World According to Kohut'. Self psychology has a distinct voice that adds to the richness of the psychoanalytic world. I will end with the words that Bakhtin used to close the last article he ever wrote. 'There is neither a first word nor a last word. The contexts of dialogue are without limit. They extend into the deepest past and the most distant future. Even meanings born in dialogues of the remotest past will never be finally grasped once and for all, for they will always be

renewed in later dialogue. At any present moment of the dialogue there are great masses of forgotten meanings, but these will be recalled again at a given moment in the dialogue's later course when it will be given life. For nothing is absolutely dead; every meaning will someday have its homecoming festival.'

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DIFFICULTIES IN THINKING: AN ADOLESCENT GIRL'S STRUGGLE TO MAKE SENSE OF HER LIFE*

DEIRDRE FERNANDO

In this paper, I will describe my work with Karen, who was referred for psychotherapy at the age of 13. She was living with foster parents, having suffered severe neglect and abuse during the first 9 years of her life when she was in the care of her schizophrenic mother. When I met Karen, I was struck by her confusion and her inability to think. She told me she felt stupid, and that she could not learn at school. She said she was continually preoccupied with memories from the past, yet she was frightened she would forget the people who had been important to her.

Karen's difficulties in thinking became a central theme in her therapy. She was often overwhelmed by fears and fantasies that made it hard for her to think and function much of the time. Like the borderline personalities described by Steiner (1978), Karen appeared to retain contact with external reality, but she suffered from anxieties of psychotic proportions and used primitive defence mechanisms to deal with these. John Steiner explains that such individuals have preserved a core of integration that enables them to make contact with themselves and others but this puts them in touch with such unbearable pain and guilt that they quickly withdraw and try to annihilate the thinking part of themselves and of the analyst. This proved to be an apt description of Karen's behaviour. When feelings of guilt and loss became too painful, she shut herself off from reality and so she had been unable to develop the ego strengths and skills she needed to deal with her current life difficulties.

W. R. Bion's ideas provided a framework for my understanding of Karen's difficulties in thinking, both her initial failure to internalise a capacity to tolerate painful thoughts and her later attacks on thinking in herself and her therapist. Bion (1961) describes how an infant develops the capacity for thinking by introjecting the experience of containment provided by its mother. He writes 'a well-balanced mother

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can accept these (infant's anxieties) and respond therapeutically, that is to say in a manner that makes the infant feel it is receiving its frightened personality back in a form it can tolerate – If a mother cannot tolerate the projections, the infant is reduced to continued projective identifications with increased force and frequency.'

It seems likely that Karen's experience as an infant was that her mother could not tolerate her primitive anxieties and so she was left to deal with these frightening feelings alone. Her defence was to blank out painful perceptions and also to attack the links between her thoughts as described by Bion in 'Attacks on Linking.' In this way, she avoided having to face connections between ideas which she found intolerable, but she was left unable to make sense of her experience.

I hope to show how Karen and I explored these issues and the difficulties I faced as a therapist when my thinking became confused by Karen's muddled communication and blocked by her resistance to allowing me to function as a separate thinking person. She had conflicting feelings about therapy. She wanted help with her unhappiness, but she feared she would be overwhelmed by feelings that would cause her to become mentally ill like her mother. I found that Karen was able to use the therapeutic setting as a containing space where she felt safe to engage in the process of rebuilding her capacity to think.

Brief history

Karen's parents separated when she was a baby and she lived with her mother and her maternal grandparents. Her father had no access until she was 4 years old when he regained it by court order. The quality of care was poor. Karen's mother had learning difficulties and she seemed to have little understanding of how to care for her child. Both she and the maternal grandmother drank heavily. At the age of 4, Karen was still in nappies, she wore baby reins, and she hardly ever spoke. She seemed to have been completely isolated from other children.

When Karen started school, her language development and social skills were delayed. However her performance improved, and when she was tested at 6, she showed a low average ability on the Stamford Binet Scale. By the age of 7, Karen's progress had plateaued and the situation at home had deteriorated. Karen's mother was agoraphobic and they were still dressing and feeding Karen and putting her in nappies at night. Karen was becoming difficult and tyrannical. When

she was 7, her mother was admitted to hospital after she threatened suicide. She was diagnosed as suffering from schizophrenia and she remained there for 5 months. On her return, Karen was placed in boarding school, returning home for weekends and holidays. She settled well but after home visits, she would often return to school looking strained and in dirty clothes. Her father kept in regular contact and her grandfather phoned every day.

Karen's grandfather died of cancer while she was away at school. She was given a holiday placement at a children's home with regular visits to her mother. The school then closed and a foster family was found for Karen some distance away. She began at a local school for children with moderate learning difficulties.

The introductory phase – exploration of the problem

When I first met Karen with her foster mother, she seemed pre-adolescent although she was now almost 14. She was of medium height, solidly built with thick dark hair pulled back in a pony tail. She was dressed in rather drab clothes and spoke in an anxious, apparently cheerful way, seeming to want to please and be liked. Karen talked almost too openly and easily about herself as if she was used to telling her story to strangers. She told me about the friends she missed from the boarding school, about the loss of her grandfather and her worries about her mother being ill. She said that she was preoccupied with thoughts about the past which made life difficult at home and at school. She agreed to see me three times a week, asking in her direct way if she could continue therapy if she was not ready to finish in a year.

During the early months of therapy, I gradually got a picture of the anxieties that Karen hid beneath her superficial cheerfulness. Although she seemed willing to come to see me, perhaps hoping for comfort and attention, I was aware of her deep distrust and anxiety about our contact. From the first session, she sat in her big, blue coat, refusing to take it off. It seemed as if it was protecting her from me and that she was using it to hold herself together. Her speech became muddled and incoherent when she was trying to talk about difficult feelings and often thoughts would just slip out of her mind. This happened in the first session when she was trying to tell me about the shock of her grandfather's death. She stopped, unable to think what she was going to say. Then she said, 'It's getting dark in here', as if the room was

filling up with her dark, frightening feelings. A few minutes later, she said 'Ouch, I've been hurt. Your table has given me a splinter'. She asked if the table had been damaged when I got it or if the other children had done it. I suggested she might be worried that I might hurt her, that she feared this would happen if people got close. She replied, 'I worry that I'll get worse, "funny", you know, when I think about things'. Karen's fantasy seemed to be that our relationship would be damaging to one of us, either she would get hurt by taking in sharp 'splinter' thoughts from me or I would be harmed by her, and become damaged like my table.

Karen was also in constant fear of loss and rejection. This was shown graphically a few weeks later when her foster mother's father died, and her foster parents had to go to Scotland for the funeral. Karen went to stay with friends. I was shocked by the change in her. She arrived for her session, very anxious and childlike, gripping the letter of instructions that her foster mother had given her to follow in her absence. She sat picking at her hands that were already red and sore. She told me she was frightened that her foster mother would have an accident on her way home in the car, and then she would lose this family as she had lost her own. She recalled how her mother had panicked the night after her grandfather died and she had to reassure her. She said that when she was returning to boarding school, her mother had scared her by saying 'We might not be here when you get back'. Now, once again she felt left alone and insecure and, in her anxiety and anger at being left, Karen fantasised that a similar disaster might happen to her foster parents.

Karen was aware of her high level of anxiety and worried that this upset people around her. She told me how she would go out for a walk at the foster home if she was feeling bad, to keep out of their way. I suggested she must be equally worried that I would not cope and she would have to walk out to protect me. She nodded, relieved I had understood, and then told me about a dream she had over the weekend.

'I dreamt on Saturday I went to school and it was screaming. The girls, no the corridors', she said with a nervous laugh. 'And long ago I dreamt, after my grandad died, that my mum and my Nan were dead. And when I am here I feel my family are falling away. My uncle died and my aunt and they didn't tell me and now its my foster family'

In this dream, Karen's anger has been projected onto the school, but it shows her fear that her family are being destroyed by her fury at being left alone. The same insecurity was apparent with me. When

Karen was distressed, she seemed to feel my room was like the screaming corridors at school and she became quite claustrophobic. She alternated between a fear of being abandoned and claustrophobic anxieties when she felt shut in with her projected bad feelings.

Karen also faced difficulties in relating to her peers whom she perceived as either friendly or hostile, mirroring her split view of herself. The 'bad' girls were at the school which she held in contempt, because she was so humiliated by her placement at a special school. She told me she was unhappy and lonely there and she did not like the other children. She talked particularly about another foster child, Mary, who was nasty to her and took away her friends, although she had wanted to be friends with her. 'Nasty Mary' became a regular feature in our discussions. She seemed to represent the jealous angry side of Karen that wanted to retaliate when she felt left out or pushed aside. In contrast, Karen liked the group of young people at church, whom she tended to idealise, and they became very important to her as positive models for her own adolescent development.

Despite Karen's negative view of some of her peers, children were still seen by her as far more trustworthy and supportive than adults. She had little belief in adults' capacity to be concerned and reliable, or to understand her feelings. This made her quickly denigrate any adult who she felt let her down. This was particularly true of figures in a maternal role like her foster mother or myself. This was evident in therapy, where she often treated me with contempt, bringing her own food and drink as if I could give her nothing and leaving the rubbish in the bin for me to dispose of. I could appreciate the foster mother's sense of frustration and inadequacy, because Karen did not appear to value anything she did for her. She complained that Karen demanded to be treated like a small child and never felt that her needs were adequately met.

The sinking ship – acknowledging the despair

The experience of separation during the first long break from therapy at Christmas brought Karen's feelings of anger and despair into the transference relationship but she was not able to verbalise them. Instead she withdrew into a miserable, uncommunicative state that left me feeling unable to help her. She also developed somatic symptoms, headaches and stomach aches. Her hostility towards me was projected onto Mary at school who, she said, teased her and refused

to talk to her and she retreated into nostalgic memories of the people at the children's home who had really cared. I talked to her about her feelings of rejection by me, but it took several sessions before I felt we were able to re-establish contact.

Once Karen was more settled, she brought her life story book which described the many adults and children she had known and parted from in her life. I realised how difficult and confusing it must have been for Karen to hold on to all the people who had been important to her. As if to confirm this, Karen kept asking if I was getting muddled by all the people she was telling me about. She seemed relieved to have her life so clearly set out and explained in the book, but I felt it gave a false impression of coherence, as it described her story in a way that bore little relation to her feelings about her past. It had qualities of the false self, like Karen's placatory smile which hid all her confusion and despair, a reasonable front to make her acceptable to the world.

Karen became more openly depressed once she felt sufficiently secure in the therapeutic setting to get in touch with the feelings of loneliness and despair that she had been unable to acknowledge before. This worried both the school and the foster family, who found it difficult to tolerate her withdrawn, uncooperative manner. I often felt numbed and unable to think or write up the work because of the deadening, hopeless feelings that Karen projected into me. She spent much of her time repeatedly going over her unhappy experiences as a child, but it often felt like a pointless exercise, almost a masochistic repetition of her misery that was somehow easier to bear than thinking or relating to me in the present. Joseph (1982) coins the word 'chuntering' to describe this repetitious going over of painful experiences which some patients do endlessly in analysis and in private thought to avoid any real thinking. Similarly, Karen would often draw disconnected sketches in her pad which she immediately scrubbed out, saying they were nothing, just 'bits and pieces'. This mirrored the way she attacked her thinking, scrubbing out ideas and connections that were too painful. At times, I felt she was trying to do the same to me, scrubbing me out of her mind to annihilate any relationship between us and the feelings of dependency involved.

There was one session at the end of February when Karen did manage to complete a picture which allowed me to get a little closer to her despair. She drew a beautiful sunset, then a ship in a stormy sea, sinking after being scuppered on the rocks. There was a small

rescue boat, but it seemed too insignificant to offer much hope of helping the big ship. I will quote from the session,

Karen arrived saying she felt cold. She got out a carton of juice which she sipped while she began to draw the sunset. She asked me if I had heard the news. 'There were lots of nasty things to do with the stormy weather', she said vaguely, looking out of my window at the tree waving in the wind. I asked if the stormy weather worried her. She nodded. I suggested she might be feeling stormy inside too, and wondering if it was safe to bring the nasty things here. She continued the picture, with encouragement from me though she was often ready to give up, saying it was no good or hopeless. In the end she was pleased with her efforts. She told me that the sunset recalled a happy time when she was still in a children's home. 'I'm pleased with it', she said 'But it's nothing, just a picture.' I said, 'You know that is not true, Karen. It's your picture about you. Maybe you are telling me about the stormy feelings inside and your hope for rescue.' Karen choked on her drink. 'It's too strong', she said. Realising I had been a bit blunt, I said that maybe it was my comment that was too strong. 'It went down the wrong way', she replied. Then a few minutes later, she asked me, 'What do you mean by stormy? Black inside?' 'If that is what it feels like', I said. She went up to the window and leaned on the radiator. 'It's warmed up a bit now', she said. I replied that maybe she had warmed up a little now with me. Karen added, 'On the radio, they said the storms would go on for twenty years, in cycles'. I said maybe she was worried that the stormy feelings in her would last that long.

This session shows how Karen was able to use symbolic language to describe her feelings in a vivid way, when she allowed 'the bits and pieces' of her thinking to come together so a picture could emerge. It showed her fear of sinking or drowning in her despair and losing her sense of self. The rocks seemed to represent her destructive feelings and I am the rescue boat, the internal containing object, that she considers too inadequate to save her. This image was in marked contrast to the confused thinking that often characterised Karen when she was distressed. Her ability to think and to conceptualise emotional issues seemed to improve when she felt understood and supported, and this enabled her to listen and 'take in' ideas from me, despite the anxiety that showed in her choking. I began to wonder whether the same was true of her difficulties in learning at school and whether her problems there were due to a limited experience of a safe environment. We found that Karen struggled to memorise her multiplication tables

on Monday mornings, but her ability to recall improved midweek, when she felt supported in a relationship with me.

At the end of term, I was asked to attend a meeting at school because the teachers were concerned about Karen's distressed state and the school work she was missing. I learnt that Karen was often unhappy and distracted. She deliberately isolated herself from other children and she was very scared to go out alone. Karen was very embarrassed about anything to do with sex or boys, and this made her feel different from the other girls. It seemed that Karen's development into adolescence and adolescent sexuality seemed to have been delayed by her inability to work through the unresolved infantile feelings of her early years. There had been some positive improvements at home. Karen was more open about her feelings, she seemed happier and she had been openly angry with her foster father for the first time.

Identification with a cruel internal mother

Karen defended herself against aggressive feelings by totally denying them. She hid these feelings beneath a passive compliance, but an occasional cynical remark revealed their presence. This was evident after Easter when Karen returned, miserable because she was missing the young people she had met at a church camp over the holiday. She was lonely and worried her new friends would forget her. When I suggested that she also might have been worried that I might have forgotten her too, she said dismissively, 'You are up to your old tricks again'. To Karen, my attempts to understand her were just a charade; if I really cared I wouldn't have gone away and left her.

Over the next week or so, she became quite depressed, picking at her hands till they were sore, and crying at night for her mother. She told me she cried on her own so she would not upset her foster mother. Her foster mother could not tolerate her misery for long and told her to snap out of it or she would not go back to camp next summer. This did get Karen to put on a more cheerful face but it confirmed that these sad feelings were unacceptable in the family. The following day she told me about a dream she had had that evening.

'I dreamt about a crocodile. It had long claws and it scratched my hand and next morning at breakfast, Dawn (her foster mother) touched me and I jumped. It reminded me of my dream.' After this she said, 'I've tried to stop scratching my hands. Sam (her foster father) said

he will have to bandage up my hands if I don't, or I'll end up in hospital.'

In this dream, the foster mother has become identified with Karen's internal image of a cruel maternal figure. She is the sharp biting crocodile mother who claws at her child rather than holding her gently, who retaliates with anger rather than responding with understanding to her frustration and despair. In her associations to the dream, Karen identifies herself with this figure, as the crocodile baby whose hands have to be bandaged to stop her attacking her mother or herself. The dream indicates Karen's fear of dependency. In her early life, her mother had been unable to help her separate and they had become enmeshed in hostile dependency on each other. It seemed that in Karen's internal world this had become her model for all relationships, a hostile union between two angry figures in perpetual conflict.

In the following months, Karen's feelings of loneliness became focused on the foster family whose close relationships she resented because they made her feel left out and unwanted. She also felt shut out by me. When I asked her to leave at the end of the session, or left her over the weekend, she withdrew into a distant, uncommunicative state. At these times, my room seemed cold and unfriendly to her as if it concretely reminded her of her own emotional state. Her response recalled Tustin's (1981) description of the autistic barrier created by psychotic children whose primary bonding with their mothers is disturbed. Their response to the traumatic experience of separateness is to furiously shut out the 'not self mother' and retreat into their own protective shell. In Karen's case, her fury with me for leaving her left her terrified of me in case I retaliated and attacked her, like the crocodile mother in her dream.

This sort of reaction was evident when Karen arrived feeling miserable one day and told me that Mary had grabbed her around the throat. She remembered Mary saying 'I hope you crash' when she ran for a bus and the thought frightened her. I tried to link her thoughts about Mary with her own murderous feelings towards me but Karen could not accept this. I then suggested that maybe she feared I might get angry and grab her like Mary had done. She immediately linked me with memories of her mother.

'It's because it comes back. My mum used to hit me and scratch me and I was sent to school dirty with old clothes. She put me in a cold room. She used to shut me in there and hold the door and I couldn't get out. Dawn does the same.' Karen sounded quite panic-stricken. I said 'No wonder you don't like it when this room feels

cold. Perhaps you feel I will walk out and leave you.' Karen went on 'Well my mum sometimes wouldn't let me in the warm room – the living room – she would send me out into the corridor and that was freezing. I'd go and sit in the toilet and dream. I used to look at the beetles running across the floor. I still do it. When my grandad was there it was alright. He used to protect me but when he went out, then I was alone, and there was no one. There were lots of good times then and it was a shock when he died. I'm still in shock.'

I think this vividly describes Karen's subjective experience of her parental figures, past and present. Immediately she feels rejected or criticized, as she did by me in that session, she feels shut out in the cold, cut off from the warmth of love and protection associated in her mind with her grandfather. She then shuts herself away with the black, distasteful thoughts, 'the beetles in the toilet'. This seems an act of both self protection and of retaliation. It is as if she is saying metaphorically to her parental figures, 'If you cannot hold me in a warm place in your mind, I will shut myself away in my toilet, with my dirty thoughts. I will rubbish myself as I feel you have rubbished me.'

When Karen was in this state, I found it very difficult to resist the feelings of deadness and hopelessness that pervaded the room. My experience of despair suggested that she felt that she had destroyed all her relationships and therefore lost any hope of life for herself. My ability to survive this experience and retain a sense of purpose about our work became an important factor in keeping alive her belief that there was a possibility of change.

Feelings of persecution

In this next phase of therapy from October to January, Karen's feelings of persecution intensified. This was partly due to distressing external events, but Karen also provoked the rejection she feared. Her relationship with her foster parents deteriorated and they responded to her behaviour with angry retaliation and frequent threats that she would have to go. The social worker began to question whether this was an appropriate placement, even though leaving might mean Karen giving up therapy.

Karen's great grandmother had died and she became very depressed as she had loved her dearly. Her mother refused to see her and she began to feel she was losing everyone important to her. Her father's monthly visits were a support, but Karen was aware that what he

could offer her was limited because of his anxious, inadequate personality. Karen's father was partially sighted and she often talked of his limited vision as if it also described his lack of insight into her problems and his inability to be a strong paternal figure for her. Karen's habit of covering her own eyes if she didn't want to face something painful seemed to be an identification with this internal image of her paternal figure whose sight was damaged.

Despite these difficulties, in mid-November Karen did well at her first experience of work which was in a nursery, where they were impressed by the mature way she managed the children. This surprised the school who had expected her to be out of her depth. Karen began to question why she was seen so differently at school and why she antagonised the young people there. I suggested that the school may not see her more competent, friendly side that she could show at the church and the nursery where she felt more confident. She then told me how she saw the school as a place for mad children. She said, 'They talk to themselves and fight with people who aren't there and pretend they are perfect'. Karen seemed to be projecting her fear of her own mad behaviour on to these young people. She had split off this angry, paranoid side of herself, but she was left constantly threatened by dark worries and fears that she could not identify and think about.

When I tried to discuss these fears with her, I became identified with the dangerous, threatening feelings. I tried to talk to Karen about her envious feelings towards Mary when she complained that Mary had been nasty because she had taken her pencil. I suggested that Karen had done this because she felt Mary was so lucky to have friends, but she quickly became defensive and denied such feelings. She moved away and scratched her hands, making them bleed. She held her red plastic lunchbox up to her eyes saying 'It's red for danger.' When Karen responded like this, I felt I was making her suffer more and I found myself moving away from painful issues. I then realised how effectively she was controlling me by her behaviour in order to avoid facing the distress about her difficulty in relationships.

Karen's fear of her destructiveness was reinforced when her foster parents were reported as saying that she was making them ill. Karen became frantic as this seemed to confirm her worst fears that she would damage her foster parents as in fantasy she had harmed her mother. She told me her mother had said she was like Satan. I thought she felt so guilty about her murderous anger towards her parental figures that she believed this. In her paranoid state, Karen saw people

as either totally good or bad. She had become enmeshed with her foster parents, as she had with her own mother, projecting her angry feelings onto them, then taking responsibility for their difficulties. This made it impossible for her to recognise that they may have anxieties of their own that could cause their distress.

Karen remained deeply unhappy, feeling insecure in the foster home, and abandoned by me as I was to be away for two weeks at Christmas when she badly needed my support. When I returned, I was told that Karen was hearing voices and talking to herself. She was in a very anxious state, but wanting to try and understand her persecuted feelings. She told me about 'the voices' inside that she felt were discouraging her from changing. She described how she felt caught between her wish to cheer up and 'the people' inside her who said she deserved to be sad because she had caused her mother great distress. She said a voice inside her, which she thought was her mother's, told her she should not discuss these things with me. These voices seemed to represent the conflict between her wish to use therapy to help her, and her need to punish herself because of her underlying guilt. Her mother's voice seemed identified with the negative aspect of herself that seemed intent on turning away from relating and acknowledging her dependent needs.

In her distress, Karen seemed unable to prevent herself becoming totally preoccupied with intrusive angry thoughts, which, she told me, went round and round in her head and stopped her thinking at school. These thoughts were about her envy of others who had warm, loving relationships from which she felt excluded. Her frustration with me for not taking over her care made it difficult to for her to allow herself to use my help. As she said to me in one session when I felt I could not reach her, 'This is not home. It's dark inside. I don't think I'll ever feel happy. It doesn't reach inside.'

Facing the madness – the psychotic aspects of Karen's personality

It was an unfortunate coincidence that as Karen began to get in touch with her aggression, a catastrophe occurred that appeared to confirm her paranoid fears. The house up the road was burned down by the father of the family, killing their two small children who Karen had known quite well. Her foster sister, Sophie, had been working there as a nanny, but fortunately she had left her job the previous week. Karen was in the foster home when they received the news and got

caught up in the shock and chaos as police and solicitors came to the house. She saw her foster mother in a distraught state, and felt there was no one for her to talk to. The trauma seemed too much for her and when I first saw her she seemed in a detached state. She said she had gone blank inside and lost her memory. She described how she was in another dark world and she was worried she was having a nervous breakdown. It seemed that Karen's response to the shock was to empty her mind of all thoughts and to distance herself from any relationships that might bring her further pain. I was concerned by Karen's withdrawn state and her continued preoccupation with her voices, so I referred her to the child psychiatrist who was medically responsible for her to see if she needed any medical help.

The psychiatrist's assessment was that Karen was depressed and distressed, understandably given the recent crises, but she was concerned about the auditory hallucinations as a possible early sign of the onset of schizophrenia and put Karen on medication. After interviewing the foster parents, she was also worried about the high level of anxiety in the family and the intrusiveness of the foster parents who put pressure on Karen to talk and cheer up when she was depressed. On the positive side, she remarked on Karen's increased maturity and ability to talk about her difficulties since she first saw her prior to therapy. She arranged to see the foster parents with the social worker to support him in the task of helping the family manage better with Karen's care. Particularly, she wanted to help them recognise Karen's need to be quiet and depressed at times, so they would not put her under pressure to be communicative and sociable if she was feeling under stress. I was relieved to have the psychiatrist's support but concerned that Karen would feel I had broken confidentiality and would perceive my referral as confirmation that I thought she was mentally ill like her mother.

Karen was gradually able to tell me about the fearful thoughts that the fire evoked and I began to get an idea of what the event had meant to her. She repeatedly described an image of the two little girls, aged 4 and 2, being carried out of the house. She hoped they were alive but discovered they were dead. She seemed to identify with these dead children as if she was afraid that her infant self had also been killed by the neglect and abuse she had experienced at home. At times, this feeling that she would never recover from the emotional damage of her early years made her feel suicidal. She told me that she sometimes felt it would have been better if she, not the children, had died, as they had a better life ahead of them.

The memory of the fire continued to be a theme in therapy, the charred remains of the house seeming to symbolise Karen's feeling of homelessness, and the fire an image of the destructive feelings, within herself and others, which Karen feared could get out of control. These hostile feelings appeared in the transference relationship where Karen became terrified of the damage she or I might do to each other. She was in conflict between her fear of, and her wish for, closeness. She held onto an idealised image of herself at one with her maternal figure. 'I looked after my mother and I was in her tummy, so I must be close to her, mustn't I?'

Karen could not bear to feel excluded. Her fury with me for leaving her between sessions suggested itself when she told me that she was frightened I would get blown up by a bomb like the one at Victoria Station. In our sessions, she often sat tearing away at her hands, saying they were burning hot. Watching her, I became aware how angry she was making me feel. She complained that the medicine the psychiatrist gave her tasted like poison. I was then able to take up her anger towards me for talking to the psychiatrist and her fear that I was poisoning her with bad medicine. Karen's response was to show me her hands and ask me repeatedly if they were going septic. She seemed to feel that she was so full of toxic substances that they had made her physically ill. I realised that her frequent somatic complaints, her stomach aches and sickness, were a way of expressing primitive feelings that she could not yet metabolise into emotional states of mind.

Karen's fantasies about poisoning and being poisoned were elucidated a little more in a following session when she recalled how filthy her home was when she was a child and how she once wiped her finger on the wall and licked it. She said it tasted like poison. Her grandfather had helped her clean out her room, but there was so much dust and dirt, she was afraid it was that which had killed him. My understanding was that Karen had experienced 'taking in' her mother's disturbed projections when she was a child as being poisoned. This fear was transferred onto me and made concrete after she was given the medicine, hence her recent difficulties in eating, another problem we had discussed. Her grandfather seemed to represent the internal helpful father who was able to support her in dealing with these noxious feelings. Yet she was afraid if she were given similar help now, she would damage others, as she fantasised she had killed her grandfather. This would explain why she shut herself away when she was upset, although there was also a masochistic side to Karen that seemed addicted to suffering. This was suggested in her story, when she had

tasted the poison, as if the excitement of the persecutory feelings was an escape from feelings of loneliness and emptiness.

In her paper (*ibid.* 1982), Joseph describes patients like Karen, who have become addicted to the excitement of self-destructiveness so that they perpetuate the cycle of hopelessness that is so familiar to them. She suggests that this addiction is a defence against the potentially depressive experiences of waiting and wanting, and the awareness of guilt which was such torment in infancy. The mental pain is turned against the self and built into a world of perverse excitement. Real distress is used to fuel the despair so that there is a feeling of triumph over the analyst when the hopelessness wins. I found Karen very provocative when she was in this mood, and I had to struggle not to respond punitively, and get caught up in a sado-masochistic relationship with her. My frustration made it easy to ignore the real despair and anxiety beneath.

Although Karen complained vigorously about the medicine making her drowsy and sick, she did gradually recover from the shock and anxiety and she became more lively and thoughtful in the sessions. There were signs she was making progress, both in therapy and the outside world. Karen did well in her second work placement and her circle of friends was increasing. For the first time she made active attempts to contact old friends on the telephone rather than passively waiting for them to call her. Her relationship with her foster mother also seemed a little better. One advantage of my referral to the psychiatrist was that it brought more of Karen's negative feelings into the transference with me and allowed her foster mother to become a more benign figure in her mind. The foster parents also felt supported by the meetings with the psychiatrist where they were able to discuss their fears about Karen's mental state and how they should respond to her.

In therapy, Karen seemed to find it easier to accept that there might be internal factors underlying her miserable moods. For example when she arrived withdrawn and sleepy just before Mother's Day, she initially blamed the medicine and sat there in a negative mood, scribbling what she called 'bits and pieces'. I challenged her, saying I knew she was capable of more and I wondered what had upset her. Gradually she was able to tell me how distressed she had been when she heard children at school saying what their mothers were doing at home, and how she was unable to get herself to buy a Mother's Day card either for her mother or her foster mother. We talked about how painful it was choosing a card for her mother who might not even reply, and

for Dawn who could only ever be a foster mother. After this, Karen was able to work out her own compromise. She did buy a card and send it to her mother, and she made a card for her foster mother which was received warmly.

Karen was also beginning to talk about differences between people in a more thoughtful way. Mostly these differences were upsetting to Karen as she so much wanted to be like other people, and she was angry about events in her past that had deprived her of an ordinary childhood. However, it was also beginning to be safe for her to imagine that she might hold a different view from someone else. This came up in our sessions when she insisted that the time on her watch was different from mine, so she had a right to a few extra minutes. I felt that these thoughts contained the idea that difference was tolerable, and that she could be individual, separate from her objects, and still survive.

I was able to use this to help Karen think about her identification with her mother. Karen told me how her mother's voice was always inside her saying she was stupid and bad. I pointed out that she was separate from her mother and so she could think differently about herself, although it was difficult for her to 'let her mother go' in her mind. Karen was beginning to link these ideas together and this was both helpful and threatening. Instead of talking of the fragmented 'bits and pieces' which was how she described her thinking in the past, she now complained how everything linked up and gave her a headache. She said it was a mass of knots and it was impossible to find the beginning. These links frightened Karen because they suggested connections between thoughts and feelings, and between people and events, that might be painful or depressing. They also contained the possibility that she might eventually make sense of her experience if she developed the capacity to tolerate the feelings involved.

The fear of seeing more clearly – Karen's conflict about change

Karen was now more confident in the therapeutic setting and much clearer in her thinking. She seemed less prone to panic states and she could talk about the frightening thoughts and images that came to mind. This made my task easier, as I was no longer struggling to get my own thoughts clear because Karen's communications were much more coherent. Karen was also aware of this improvement and it aroused considerable conflict. She tried desperately hard to hold on

to good feelings, seeking my help to remember them for her when the depressed feelings returned, yet she was also worried that people would ignore her suffering if she appeared to be more cheerful. There was also more conscious resistance as, so often, Karen did not want to face the pain of 'seeing more clearly'. Her defence was to try and blank out the unacceptable ideas. She seemed to move between a passive infantile state and a more separate, reflective position in which she was able to tolerate thinking.

This internal conflict in Karen was matched by an imminent change in her external world as she was due to leave school at the end of the summer term and go to college. She was terrified by the idea and tried not to think about it, because she associated this move with growing up and being left to manage on her own. Adolescence had caught up with her before she was ready and now she has to face young adulthood. Yet Karen was also excited by the opportunities to go off with her adolescent friends and be more independant. It is within this context that I will describe the developments in the summer term.

Once we were back into the routine of sessions, Karen began talking about her difficulties in distinguishing between her dreams, fantasy and reality. We discussed the way her anxiety spiralled and how she always feared things would end in catastrophe. Karen said she did not know which were her dreams and which was her imagination. She described how her mind pushed dreams away 'in a box' because she felt no one would believe her. I felt she was also reluctant to talk about her fantasy life because of her fear of what it would reveal about herself and her anxiety that I would reject her. She was increasingly aware of the way she alienated those around her and this made her even more negative about herself. In one session, she described herself to me, very sadly. 'I'm not a bright kid, I'm dull, black. I haven't got a nice personality or a sense of humour.' Then she seemed to collapse inside, saying 'I can't think anymore. My eyes are hurting.'

Karen resisted looking at these difficult feelings but she could not completely push them out of her awareness now, and they often became somatised as a splitting headache. Her difficulty in facing her conflicting feelings often left her powerless to make a decision. For example, when the social worker offered to take her to see her mother, Karen was stuck for several sessions not knowing what to do. She wanted to see her mother, but feared her mother would slam the door in her face. She could not tell the social worker this because it meant admitting her ambivalent feelings about her mother. We tried to look at Karen's need to turn away from painful issues, but at times, she

felt so hopeless, she turned in anger against me and the therapy saying it was useless. She would then treat me with a total lack of concern coming late to sessions and ignoring my attempts to help. I recall one session when she particularly irritated me as I had come especially early to fit in a session before a school trip. She turned up fifteen minutes late and said nothing. I confronted her with her behaviour. Her reply was typical. 'I feel bad. I'm upset, it's nothing. I need a plaster. I want to go to sleep.' This regression was more startling because of the contrast to the lively interest she could show at other times. On occasions like this, she reverted to the manoevres of an autistic child, expecting me to do the thinking and communicating for her.

Karen's resistance to thinking became particularly powerful prior to periods of separation. In the summer term, she had planned a week away at a church camp. She was very excited about it, but also worried about being away from her home and therapy. Her response was to become forgetful again at school and at home. With me, she distanced herself, admitting she was miles away, then saying she was giddy when she left, as if leaving me she left behind her capacity for emotional balance. Despite these anxieties, Karen returned looking tanned and well, full of excitement about the fun she had with her friends. She told me about difficult times too when she felt lonely and unable to mix with the others, but she was able to deal with these feelings and to return later to join her friends. There was sadness in her voice as she told me about taking down the tent and the table and bench they had built for themselves. I thought that, for a while, she had felt at home with herself and her friends. She also told me with pleasure how her foster mother had redecorated her room in her absence and fitted a lovely blue carpet. Karen seemed more able to appreciate what was on offer in the foster family now she felt more positive about herself.

Unfortunately, Karen came back to a case conference where she had to think again about her mother's absence, her difficulties in the foster home and her worries about the future and leaving school. Immediately she slumped into her old despondancy. She sat in the next session with her head down, rocking like a small child, saying she was frightened of going to school. We talked about these two contrasting moods, and her difficulty in holding on to the good feelings when confronted with her despair. The following day, when Karen felt a little better, we were able to think about the effect the review had on her. She told me that when they were talking about her mother, she felt alone, as if she did not belong anywhere but no-one at the

review seemed to understand. Suddenly she cheered up and told me she got 81% for her elocution exam which involved memorising a long poem. I was pleased and said that it must have felt like a bit of light in the dark. 'Only a little', she replied. 'Then it goes, like camp. I try to think of it but it's going. I think there is something wrong with my brain. It's dark, rocky, like jelly.' She laughed sadly at herself. 'It isn't steady. It's got a split in it.' She showed me the place on her finger where she had deliberately cut it the night before. I asked her to explain a bit more. 'It feels like my brain is bleeding and it won't ever stop. Like my heart, but that is not broken.' I wondered as I listened to Karen what these fantasies meant to her, whether she was telling me that she felt that her mind had been permanently damaged but her capacity to feel was still intact. In her despair, she had cut herself. She could not imagine that she could bring together the deep conflicts that had split her mind in two.

Karen had a second trip with the school which also went well. She was now more confident at school and was able to see the good side of her classmates as well as the bad. There was only one incident on the holiday which badly frightened her. She had capsized a canoe, and felt trapped underwater, thinking no-one would hear her calling for help. When Karen was telling me this, she suddenly recalled her mother's voice which she said she could still hear inside her head at times. I asked what her mother was saying. 'That I mustn't do things. It's like I'm being strangled.' Karen held her throat as she said this, then slumped in her chair and apparently went to sleep for a while. She sat up with a sudden memory that a boy on holiday had asked for her address and wanted to write to her. 'I couldn't believe it', she said, as if the contrast between her image of her mother's negativity and his interest in her was too much to imagine. Karen was off sick for the rest of the week and I wondered if this was a reaction to the frightening feelings about being drowned and her fear of being strangled by her mother's voice. It felt as if Karen was caught up in a battle for her own survival, and she did not know whether she would be strong enough to resist the regressive pull represented by her mother's voice.

Despite these anxieties, Karen returned to school with positive feelings and realised how much she would miss the people there when she left. She was now able to face the prospect of going to college. She had agreed with the psychiatrist that she should come off the medication on a trial basis. I felt this was right. Karen was attempting to

normalise her life so that she could begin college feeling more like the other young people she would meet there.

Discussion and conclusion

The title, 'Difficulties in thinking' applies equally to Karen's uphill battle to understand herself and my struggle as a therapist to make sense of Karen's communications and the developments in our work together.

It seems probable that Karen's difficulties in thinking began in infancy with an early failure in the maternal environment. Her mother was unable to provide the emotional containment necessary for Karen to feel sufficiently secure to separate and to develop independent skills in the toddler stage. Although reports suggest that her learning ability was still intact when she began school, she could not develop intellectually because of the emotional delay in her development. She had not internalised the capacity to deal with states of high anxiety so that later experiences of rejection or loss were felt to be like a loss of part of the self. They resulted in the feeling of shock that Karen described after her grandfather's death. To survive, she retreated into her shell, which she described as a dark empty space where she hid away from the persecution she feared in the external world.

Developing this shell-like barrier protected Karen but also cut off experiences from the outside world necessary for her development. Her lack of trust in adults meant that it felt dangerous to take anything in, to introject the emotional experiences necessary for her ego development. Her need to project hostile feelings caused her to become hopelessly enmeshed in relationships, unable to differentiate herself from the other person. She could only cling onto relationships, frightened to separate in case she also lost those disowned parts of herself.

In the regressed states that I saw Karen in during the earlier part of her therapy, she had resorted to projective identification and splitting as a way of ridding herself of unmanageable feelings of loss, ambivalence and guilt. Much of the time, she was stuck in the mode of primitive thinking described by Segal (1957) as symbolic equation in which the 'as if' quality of symbolic language is lost. No separation between subject and object is recognised, thus avoiding any feelings of loss or separateness. This results in the type of concrete thinking that frightened Karen when she believed that her angry thoughts could do actual damage to people in the external world. She was unable to

appreciate that language and dreams operate on a symbolic level and this often led to confusion at school and in therapy.

Karen also fragmented the links between her ideas so that they became meaningless bits and pieces. Thinking itself became a threat that had to be denied or evaded and I, in my capacity as a thinker-therapist, also had to be blanked out or forgotten. Bion notes that an infant, who internalises an object who rejects its communications, actually introjects a wilfully misunderstanding object. This reminded me both of Karen's persistant complaint that I did not understand her and her wilful obstruction of treatment in order to avoid the need for change.

It took many months of therapy before Karen felt secure enough to allow herself to experience feelings of persecution and loss in the transference relationship, and at first they seemed overwhelming. This is how I understand the period of psychotic behaviour that occurred after the fire. It was as if therapy provided a frame for the bits and pieces of her experience to come together and the picture she looked at was a nightmare. It was exemplified for Karen in her image of the two small, dead children being carried out from the burnt house. This fire seemed to signify for Karen her infantile experience of trauma which she constantly feared would re-occur, and the anxiety this provoked made her temporarily regress to very primitive defence mechanisms. However, as Karen recovered from the shock, she was able to think about the meaning of this experience and the auditory hallucinations receded in their intensity. She was able to recognise the anger and sorrow associated with the damage to herself as a child and this reduced the hostile projections, both externally and towards her internal objects.

I think it was the recognition, that her apparently bizarre thoughts and feelings had meaning and could be understood, that enabled Karen to continue with the therapeutic process, despite the pain of thinking involved. It gradually gave her some confidence in her own mental capacities and the feelings of confusion retreated. It was also important that she could see that I could manage her frightening thoughts without getting upset or angry. Hannah Segal (ibid 1957) suggests that one of the problems facing psychotic children is that they cannot communicate with themselves. I think the process of therapy with Karen has been one of helping her to establish a dialogue between the thinking side and the other split off aspects: the damaged infant, the mad, perverse and destructive aspects, and her good qualities which Karen was equally unable to acknowledge.

Alongside Karen's internal resistance to change, there were also external stresses that made this difficult. Her primitive fear of being abandoned had resonance on a reality level because of her lack of a secure family setting, and her foster parents' vulnerability made it all too easy for them to become caught up in Karen's projections. Faced with this situation, it was often difficult for me to help Karen disentangle her paranoid fears from reality. Fortunately, the foster home became more stable, and Karen developed a network of support outside the family.

Despite these constraints, I have seen gradual signs of change. Although Karen is often withdrawn and uncooperative, she is now able to recognise and discuss her defensive reactions even if she cannot resist their regressive pull at times. She seems engaged in a real struggle to confront the mad, self-destructive aspects of herself which she identifies with her 'voices', and she sees therapy as a place where it is safe to bring these feelings. I feel more able to confront her now that both physically and emotionally she seems a stronger person. The non-verbal signs have been as important as the verbal ones. She looks more relaxed and her voice has become stronger; sometimes she laughs in an uninhibited way I have not seen previously. At times, she can let go of the past and absorb herself in activities with her friends. This seems a most important change as it suggests that she is developing some more appropriate defences that may help her screen off intrusive thoughts about the past and get on with her life.

Karen's future is still uncertain. I am not sure whether she will be able to develop sufficient ego strengths to avoid reverting to psychosis under stress, whether she has the capacity for independent work and living, and whether in future she, like her mother, will need ongoing medication to avoid a breakdown. Karen's view is that it is hard to tell as yet; it is going to take three to five years to find out. I think I would agree with her assessment.

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Book Reviews

Autistic States in Children (Revised edition)

By Frances Tustin. Routledge 1992 pp. 255 Pb £14.99.

At the annual conference of the Association of Child Psychotherapists in March 1993, Frances Tustin presented what she said would probably be her last paper. Entitled 'The Perpetuation of an Error', it elaborated with clarity and honesty Tustin's changed stance, in the light of infant observational research, on the aetiology of childhood autism. Additionally, it outlined the theoretical, political and emotional history which sustained the premise of a stage of 'normal primary autism' in early infancy for so long, the reassessment of which gave rise to this revision of her classic text *Autistic States in Childhood.*

Simply put, the hypothesis of a state when the infant is 'totally unaware of being separate from the mother's body' is no longer tenable in the face of the evidence of the lively drive towards attachment of the normal human infant. The conclusion, therefore, that pathological autism represents a *regression* to an earlier normal autistic state must be revised: autism then comes to be understood as 'an early developmental *deviation* [my italics] which occurs in the service of dealing with unmitigated terror'. For certain children, a combination of varying circumstances (but encompassing a vulnerable, sensitive child and environmental pressures, plus possibly also genetic susceptibility in mother and child) have led to a delusional state of fusion between mother and baby in early infancy. Such fusion denies object relations, with consequent deficits in cognitive and emotional development. The 'unmitigated terror' is the unbearable trauma of too sudden recognition of bodily separateness from the mother. In the abnormal fused, adhesive early state, auto-sensuousness (sensation centred around one's own body or parts of others experienced as parts of the self) predominates over sensuous relationships with resultant loss of opportunity for co-operative interaction and a consequent reinforcement of infantile omnipotence. Awareness of separateness and achievement of 'self-identity' is thus precluded and these children lack a sense of skin which confirms me/not-me, inside and outside; projection and introjection are not possible or are hampered; there is no sense of 'rootedness' – rather a sense of endless falling; rage and panic implode in the depression of 'black holes'. The development of symbolisation, depen-

dent on the recognition of the other, is inhibited with consequences for social, cognitive and emotional learning.

The trauma of experiencing an enforced recognition of separateness without the preparation, timing and stage of psychological organisation which enable the normal infant to deal with it can precipitate two principal reactions, each of which reinforces the flight from object relationships:

i. 'encapsulated children' negate 'not-me' experiences, often creating a shell-like protection. These are the psychogenic autistic children of much of Tustin's work and writing.

ii. 'confusional entangled children' who blur the not-me world, dealing with separateness by an attempt to engulf the separate object.

Each type makes different demands in technique and time. Indeed, Tustin takes great and helpful care to clarify the differences here – both those to be perceived at assessment and those (in a new table for this revised edition on pp. 78–80) of broader use to the treating therapist.

It is typical of Tustin's breadth of mind and generosity of spirit that the debate, so often one-sidedly presented (e.g. Howlin and Rutter 1987), as either-or between organic and psychogenic childhood psychosis is here elaborated with full recognition of what is/is not known and with due acknowledgement of areas where multiple factors are probably involved. The reader is also directed to Alvarez (1992) on this topic.

Tustin has much of importance to contribute on technique. The new understanding of the aetiology of psychogenic childhood psychosis has confirmed her in her earlier view that a passive style is not here appropriate. Chapter 14 describes 'active responses' like holding flapping hands, repeating simple phrases which describe the containment of the primitive fear: an enactment by the therapist of the 'reclaiming object' which Alvarez also found certain borderline, autistic and deprived children in need of (Alvarez 1992). The necessity of clear limitations and boundaries is stressed, as is the unhelpfulness of ideas of 'regression therapy'. Of equal importance is the chapter on 'Transference phenomena in autistic states' which is a model of clarity and definition and the source of much reflection in the reader when faced with the *development* of the infantile transference ('the most important mutative agent of change') after the most painful working-through of the psychotic depression of separateness.

The toll on the therapist of this work is not avoided: such therapy is not for all therapists. The need of a 'holding environment' for

therapist, child and family is described honestly and is reminiscent of Winnicott's good enough mother (therapist) having a holding environment herself to facilitate primary maternal preoccupation. The case material is vividly and richly presented.

Finally, the broader relevance of Frances Tustin's work is not hard to seek. Milner (1989) has '... tried to describe how, with the help of my patient, and Frances, I have come to move from thinking of autism as a rare condition in some children to the idea that it is an area that can possibly be in all of us'. The 'protective shell' with its emphasis on protection is similar, Tustin tells us, to Rosenfeld's autistically 'sealed off' trauma of the Holocaust victim, preserved intact until the ego feels strengthened enough to recall and explore the horror (Rosenfeld 1992/Tustin 1993). Trowell (1992) equally comes close to this with her concept of the 'psychotic bubble' employed by victims of sexual abuse: a split-off area where the madness of the experience is stored to enable the ego to go on being. The explosion of primitive nameless terror, unarticulated and unhelped, can impact in psychosomatic conditions (McDougall 1989). And psychotherapists working with adults and young people alike must recognize the fusion with mother and deep refusal to tolerate separateness behind many an anorexic controlling rage. Indeed, 'the enclaves of autism that are to be found in neurotic, borderline, and even relatively normal patients become an obstinate barrier to psychoanalytic work with them'. The implications of her work are for all of us: this book should be required reading on all psychotherapy trainings. As Grotstein said of the original 1981 edition: 'A truly significant book has been written' (Grotstein 1983).

Those of us fortunate enough to have been taught or supervised by Frances Tustin will have memories of a clear-thinking mind, a sense of humility, great rationality, scientific honesty and fun, an enjoyment of critical discussion and a unique capacity to engage the curiosity of the student. These talents emerge also in her writing. Perhaps Mrs Tustin – teacher, sensitive clinician, tenacious fighter for the right to come into psychological being – should have the last word:

> It is hoped that the book will be useful, not only to psychotherapists and to those who are caring for psychotic and deeply disturbed children, but also to those who want to understand human functioning more deeply. For example, work with psychogenic autistic children brings home to us how we become a person in our own right. ...
>
> Clinical work with certain neurotic children also indicates that for phobic children or for those with psychosomatic disorders, a segment of their personality has gone in an autistic direction due to their having achieved psychological birth only partially. In an enclave of their aware-

ness such children have felt that they have remained fused with the mother's body. In this part of their awareness they have never tolerated their bodily separateness and difference from her. ... The study of the almost *total* block in psychogenic autistic children helps us to understand this *partial* block in neurotic children. To a more limited extent, this block to achieving psychological birth as a separate individual is present in even relatively normal people. For all of us, individuation is a lifetime's task.

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ANN HORNE

A Psychoanalytic Theory of Infantile Experience.

By E. Gaddini. New Library of Psychoanalysis. Tavistock Routledge 1992 pp 220 Pb.

The book brings together a selection of E. Gaddini's most significant papers around the theme of early mental development. He was a pioneer in the Italian psychoanalytical movement and dedicated his life to researching the organisation of infant mental life. His technical approach and theoretical premise comes closest to what in Britain would be considered the Independent School.

The selection, thoughtfully carried out by A. Limentani, his long time close friend and colleague, permits the reader to form a consistent overview of this eminent Italian psychoanalyst's theoretical formulations and to appreciate its originality and value. The thirteen papers cover a continuum of ideas ranging from the phenomena of imitation, the development of mental space and basic mental organisations to a metapsychological study of the economic development of the psychical apparatus in juxtaposition to the dynamic and structural principles of mental functioning.

In the first chapter, 'On imitation' written in 1969, Gaddini discusses in great detail how the infant uses imitation as a psycho-sensorial mechanism in order to achieve contact with the environment. Imitative activity, he emphasises, antecedes introjective and identificatory mechanisms since it is based purely on unconscious phantasy i.e., it is a 'reflection of self', and not an ego activity *per se*.

Gaddini gives useful examples showing how, when conditions in early life are traumatic, the process of imitative activity, which is a normal part of psychic development, can become excessive and thus obstruct normal development. Imitation antecedes projective identification, according to Gaddini, in that it involves the whole self and there is no ego from whence the activity starts. It offers a useful model therefore, to understand certain psychopathological phenomena such as transvestism, transsexualism and borderline conditions of personality functioning.

Regression to these mechanisms are often a defence against separateness and true integration. By imitating one becomes the external object but this cannot lead to true internalisation. This has other clinical implications, as the avoidance of true introjection by using imitation as a defence against the anxiety provoked by introjective conflicts can usually lead to a shallow or false self which lacks the capacity to maintain a secure inner object *in absentia*.

In the next two chapters, 'Aggression and the pleasure principle: towards a psychoanalytic theory of aggression' (1971), and 'Beyond the death instinct: problems of psychoanalytic research on aggression' (1972), Gaddini attempts to clarify the contradictions inherent in Freud's description of the pleasure principle and in so doing, he ventures into metapsychological issues which have not only theoretical but clinical consequences of great relevance. Gaddini offers here a useful model which helps to integrate the object relational model of Melanie Klein with the biological-structural model of Sigmund Freud. In effect, Gaddini disagrees with the general view that aggressive energies follow the same vicissitudes and development as the libido and that aggression is only a response to frustration.

He believes that aggressive energy is present and operating in the infant from birth, qualitatively different from libidinal energy and naturally directed towards the external world. Gaddini believes that libido is primarily inwards oriented and that it is the aggressive instinct which pulls the libido into an outward object-related direction.

This conceptualisation has important derivatives since it follows that the libido has a reason to develop mainly in response and alongside

the expression of aggressive forces. There is a great deal of similarity with M. Klein's clinical and metapsychological observations that the libido is constantly trying to provide a compromise with the death instinct in order to to re-establish a homeostatic balance in the psyche.

Interestingly, Gaddini proposes that the concept of erogenous zones could be better described as bodily zones which are intensely libidinal insofar as they are seats of concentrated aggressive energy. There is no doubt that this research focus put forward by Gaddini provides us with new insights which can help to understand not only severe cases of sexual deviations associated with violence but also some aspects of the negative therapeutic reaction.

In the next two papers, 'Formation of the father and the primal scene' (1974), and 'On father formation in early child development' (1976), the author studies the role of the father and the primal scene in early development of the mind. Gaddini contends that the primal scene is a gradual process of accumulated experiences of separateness of the baby self from the mother. He conceives the mother of the primal scene as completely different from the familiar mother of imitative identity and therefore seen by the baby to be 'extraneous and persecutorily alien'. The father eventually is also conceived to be a monstrous alien that attacks the mother.

In many ways this conceptualisation parallels that of the combined parental figure presented by M. Klein. (represented sometimes in dreams by threatening spiders). In normal development, the mother gradually comes to be perceived as external and father as a second object paving the way towards the triangular phase and the oedipal conflict proper.

What is special about Gaddini's account of the process is that because the infant is functioning in a psychosensorial way, that is, in an imitative, object-less state and has a very fragile sense of self based mainly on bodily sensations as yet undifferentiated, the advent of the rise in instinctual forces stimulated by the gradual end of the illusory world leads the infant to experience the primal scene experience as overwhelming. There is an experience of abandonment and disintegration due to his aggressive impulses being aroused and re-directed inwardly affecting in turn the psychosensory area. The monstrous alien 'non-separate non-self' is experienced by the baby therefore as self-mutilation. The libido, in normal development, comes to the rescue by being mobilised to counteract the aggressive impulses.

In the next two papers of the book, Gaddini attempts to link object development to structural and economic aspects of the psychic appar-

atus. He begins by summarising the evolution of research and psychoanalytic knowledge and technique in his paper 'Therapeutic technique in psychoanalysis: research, controversies and evolution', (1975).

After clearly summarising the beginnings of psychoanalytic research from Freud's initial work on the libidinal drives, research on aggression and object relations, reconceptualization of the structure of the mental apparatus, and his last metapsychological paper on the death instinct, he proceeds to give a very interesting overview of the evolution of psychoanalytic technique according to the evolution of psychoanalytic knowledge over time. He credits the Kleinian school with being the most influential in using countertransference as an important therapeutic tool, but he also criticises it for limiting its research to the dynamic aspects of the aggressive instinct and neglecting the structural and economic aspects of it. He also feels that because the Kleinian school theory is mainly dynamic, its technique puts greater emphasis on transference interpretations.

Gaddini proceeds to discuss economic and structural aspects, which in his view require a different emphasis in the therapeutic relationship. He distinguishes primarily between a 'transference of need' which is basically psychosensorial, from an 'instinctual transference' which he calls psycho-oral. The former type of transference uses imitative mechanisms, whereas the latter involves mechanisms of projection and introjection. 'Transference of need' necessitates holding of the patient in order to achieve a secure sense of rudimentary self from whence the patient can begin to differentiate and develop. Words are not necessary and the presence of the analyst without impingement is primordial. Gaddini points out, correctly I believe, that post Kleinian thinking (Bion, Rosenfeld, Meltzer, et al) is taking into account technically these important aspects of the role of holding and of reverie.

In 'The invention of space in psychoanalysis' (1976), Gaddini presents a series of hypotheses about the formation of the self vis-à-vis the mental structure. Starting with Freud's idea of a mental space, Gaddini conceptualises the existence of a primitive mental space at first which he calls the 'total self', fed by psycho-sensorial experience where there are no boundaries and no capacity to conceive a sense of non-self. Omnipotence predominates. This space is inhabited by concrete things and there is no symbolisation yet. Memory is rudimentary and only exists as a mechanism for recognition. This is differentiated from a later memory which involves a concept of passage of time and therefore conjures symbolisation as a substitute for the absent object.

Related anxieties to the former state are catastrophic because they involve a sense of loss of total self (distinguished from anxieties related to the latter mental state, engendered by a sense of loss of the love object). This chapter is notable for the introduction of the idea of the self being instinctualized; the survival urge mobilises the instinctual cathexes, with the aggressive ones going outwards and the libidinal cathexes turned inwards, and these contribute to the forming of a boundary for the individual self, and, therefore, the beginning of a functioning ego. In this paper, one begins to realise that his theoretical premises are in many ways closer to Winnicott's than to Melanie Klein's in that Gaddini believed that there is an absence of instinctuality and conflicts in early life and that it is the need for survival and growth which engender the development of instinctual life and therefore ego development.

In the next two chapters, 'Notes on the body-mind question' (1980), and 'Early defensive fantasies and the psychoanalytic process' (1981), Gaddini traces the origins of the mind- body continuum to the formations of a separate self and he tries to show how, in the infant's mind, phantasies 'in' the body are followed by phantasies 'in' the body which are visual and represent the first mental image of the separated self.

Gaddini postulates an early organisation of the self which is non-integrated and fragmentary because it is composed of disparate body experiences. In this non-integrational state, there is no place for conflict. The main need is for contact and to create a 'skin' or a sense of body self. It is the most primitive form of mental functioning as a phantasy and it is a prototype of a sense of self. In abnormal development, the non-integrational state becomes a defensive organisation aiming to fragment and rely on bodily syndromes in order to create a permanent contact with the environment. Imitative activity is primordial here because instead of the need for contact in phantasy translating itself into an image, it translates itself into physical behaviour in an effort to reproduce magically the lost body sensation of self containment.

Gaddini gives interesting clinical examples of stuttering, acute dermatitis, asthma, eating disorders among others, to illustrate how they can reflect these defensive organisations against successful internalisation. Clinically, Gaddini differentiates clearly between non-integration as a defensive organisation from splitting because the latter implies the actions of an already existing ego, defending against anxieties engendered after an integrated state has occurred.

Clinical examples in support of these theoretical arguments are well matched by those included in the chapter 'Acting out in the psychoanalytical session' (1982). He distinguishes between acting out as a defence which is anti-developmental and aiming to eliminate tensions by maintaining a state of non-integration, versus acting out in the service of development aimed at regulating tensions to facilitate gradual development.

He gives an example of acting out in the transference situation in which the emergence of silence in sessions in a patient who previously never had difficulty in talking, is a sign of the crucial experience of separateness with its concomitant anxiety of loss of self. Previously, words, were omnipotently acting as a unifier to maintain a non-integrational state. Now, words can be spoken for the first time in the service of individuation.

Reading these pages one is reminded of the concept of narcissistic organisations introduced by Rosenfeld and other Kleinian authors. However, in Gaddini's model the principle motive force in the patient's defensive organisation is to hide from the world due to anxiety of loss of self. And what is lacking in his formulation, I feel, is an examination of the tyrannical, cruel side of this organisation which often imprisons the dependent side of the patient.

In the next two chapters: 'The pre-symbolic activity of the infant mind' (1984), and 'The mask and the circle' (1985), we find a clear synthesis of Gaddini's conception of what happens in the beginning of mental life. He introduces the concept, Basic Mental Organisation of mental life, (BMO), covering the period from biological to psychological birth which serves to keep together the fragments that survive the mental catastrophe engendered by separateness.

The 'BMO' is mainly a transitional mental organisation on the path towards integration and Gaddini shows how in pathological situations the subject will remain functioning at the 'BMO' level using imitation rather than identification as a form of contact in order to maintain a tenuous balance between a sense of non-integration and integration. The role of this organisation seems to be in essence that of forming the first image of the bodily self. With the 'BMO', the mental space is born for the first time together with an awareness of self, together with a first shaped visual image of the body in the form of a circle. As he continues to develop, the child goes on adding to the circle what he perceives of himself, mouth, eyes, limbs and so on. The filling of the circle is done with the help of the structuring ego acting between the self and the object. Fixation at the 'BMO' level results often in

borderline personality conditions and Gaddini illustrates this with examples of patients who are perpetually afflicted by the problem of feeling miserable when close and miserable when distant.

The last chapter entitled 'Changes in psychoanalytic patients' (1984), although less rigorous, offers an interesting overview of different schools of thought and of the development of psychoanalytical knowledge and technique over the years. He discusses, how, since World War II, the main emphasis of research has been the study of the early mind and particularly the differentiation between the ego and the self and how psychoanalysis is constantly improving its diagnostic and treatment skills as it increases its understanding of early mental mechanisms.

Gaddini's early papers are close to Klein in many respects. The anxieties relating to integration and identification are reminiscent of the anxieties related to the depressive position leading to internalisation of the object in the Oedipus phase proper. However, the pre-integrative anxieties which he dates back to the first six months of life are not congruent with Klein's conception of the paranoid schizoid position but closer to Winnicott's researches on the early self as distinguished and preceding an ego capable of projection and introjection activity.

A dominant feature of Gaddini's theory is that there is no ego functioning immediately after birth and therefore the first 6 months leading towards the depressive position are characterized by an objectless state in which there is at first no perception, no instinctual drive and no sense of dependence. This has important implications as it means a postponement of phenomena attributable to projection and projective identification. These issues are open to discussion as they imply that the human being would only develop in response to survival and not as a consequence of innate instinctual drives seeking expression.

The book's strengths lie in its theoretical rigour rather than in having an effective clinical focus. In effect, the reader is invited to extrapolate from the author's theories and often find explanations to some of the phenomena encountered in his/her own clinical work. I would have liked to see more clinical examples throughout the book to back and illustrate Gaddini's very impressive work. The book reads essentially like a theoretical textbook. The reader has to study the essays carefully in order to follow Gaddini's ideas and conceptualisations. At times the language seems contrived and not easy to read and one wonders whether this could be the result of the translation from its original Italian.

Apart from these minor criticisms, Gaddini's work is original, deep and thought provoking. I enjoyed studying the book, (since I do not think it can be read light-heartedly), and I was impressed by the author's intellectual capacity and scientific mindedness. This book is not about clinical practice but for that part of ourselves which likes to take some distance and think about the terms, tools and theoretical models we use in our work. I would recommend this book both to students and experienced practitioners alike who are interested in thinking about the aetiology of the mental apparatus and its structure. It reminded me how important it is not to take known theories for granted but to continue to re-examine them in a true epistemological sense. A useful addition to our psychoanalytic library.

DR. RICARDO STRAMER

Irony through Psychoanalysis

By Giorgio Sacerdoti. Translated by G. Ludbrook. Karnac Books 1992 pp 214 Pb £17.50.

This provocative book, originally published in Italian in 1987, is an important contribution to the study of a theme surprisingly little researched in the psychoanalytic literature. It is unfortunate, however, that due to either the style of the author or of the translator it is a remarkably difficult book to read. Seldom have I read a book which required rereading sentences over and over, puzzling about the meaning. I shall cite some random examples as a measure of my desperation. On page 29 we read:

> Briefly anticipating what is discussed in chapter three, I would like to observe here that, by analogy with oneiric work, 'ironic work' (like that of *Witz*) may also be considered something that, based on the consideration of verbalizability – instead of, as in dreams, on the consideration of the representability (Freud, 1900a) – serves to give an acceptable verbal (rather than a mainly figurative) form.

One might hope the context would help, but throughout the book such sentences tumble one after the other leaving this reader in despair. It is not just that one is left puzzled; it is more frustrating that one is left intrigued, certain there is gold to be found if only one could mine it from the sentence. For example on page 188 there is the following sentence referring (I think) to what Sacerdoti calls the 'genital' aspect

of Jewish humour and irony (corresponding to what he has described as 'stable' irony):

> This is characterized by the tendency to compose, as constructively as possible – privileging inner reality without scotomizing outer reality – a series of incongruities and antitheses that, starting from the 'objective' situation, were formed into pairs of states of mind [*geistige Gegensatzpaare*].

Sometimes it seems that the fault must lie with the translator when we have sentences that read as if written by one either not at ease in English or translating literally, forgetting the responsibility to make the text as at home in its new language as it was in its old. For example on page 138 the meaning is clear (I think, although it has just struck me that 'prospecting' could be a mining metaphor!):

> Freud's reception to a similar vision and behaviour has already been prospected here with regard to his method of proceeding in analytic conceptualization.

This view is supported by mistakes like 'principal' for 'principle' and the use of unusual words like 'devulgatory' with no apparent awareness of their rareness. It should not be thought that I have picked out unusual instances. Examples of the convoluted style are to be found throughout the book. Even more disturbing are the times the reader is left with the impression that the thinking is as convoluted as the writing.

Nevertheless this is a very interesting book and a very provocative theme in spite of the problems of presentation. There are four substantial chapters taking up different aspects of the topic of irony and psychoanalysis. In the first chapter Sacerdoti claims to look at 'Irony Through a Psychoanalytic Lens' though in fact he seems interested in trying to correlate some more recent literary studies of irony with some basic psychoanalytic insights.

His major contribution, going beyond Freud's somewhat casual remark that irony can be understood without having to bring in the unconscious, is to introduce and explore the notion of latent irony. 'Unstable' irony is correlated with pregenital or narcissistic object relating, a negative and destructive process leading ultimately to skepticism and nihilism. However, 'stable' irony is correlated with genital object relating with an emphasis on the potential for communication, a situation in which the force of both the apparent meaning and the real one is felt.

I would have thought that Sacerdoti could have made more use of the notion of ambivalence to develop his analysis of this positive,

communicative aspect or irony. As it is he broadens the concept of irony so that it almost includes the essence of the artist's endeavour. The correlation of the apparent and the real meaning becomes that of the critical and the creative, the subjective and the objective, the enthusiastic and the realistic, the emotive and the rational, and in the end, ambivalently *both* art and life. He quotes with approval Muecke's combining of McLeish's Imagist slogan and Browning's 'messagism' as

> An ironic poem should both mean
> And be

with the rider that the elements of 'meaning' and 'being' should oppose one another (p. 14).

This leads Sacerdoti to the second chapter and an illuminating exploration of irony in the consulting room with detailed clinical material from seven of his analytic cases. In this material he focuses on pairs of opposites [*Gegensatzpaare*], such as playing and serious, 'playing' and 'being played', truth and deception, relating them to the basic ironic bipolarity of appearance and reality. The ability to be ironic almost is equated with the successful psychoanalytic process and the ability to play with and value what appears in the analytic relationship and its 'real' meaning. Thus Sacerdoti warns us that extreme caution in the use of any ironic nuance by the analyst thus seems to remain the rule with psychotic and borderline patients (p. 91).

In the third chapter Sacerdoti attempts to view psychoanalytic theorising through the lens of irony. He expands on Freud's 'work of *Witz*' parallel to dreamwork to develop a notion of 'ironic work'. There is much in this chapter that I found difficult to follow, although I must admit that even when obscure I found Sacerdoti's claims intriguing. Italian psychoanalytic thinking, like that of the French, seems to have a conceptual flair that leaves us in the English speaking world feeling rather pedestrian and safe in our 'clarity'. It was easier to see his parallel between the analytic process as it moves from appearance to (psychic) reality and the way irony proceeds with a dramatic structure specific to the process of each.

The most delightful chapter was the final one on Freud as an ironist and the *juedische Witz*. The inner ability to challenge a socially shared appearance and the space (psychic and social) to challenge it at the level of outer reality is seen as a process for which the Jewish joke is paradigmatic. There can be no mistaking the addendum which Freud added to the statement which he was forced to sign when leaving Austria after the *Anschluss*: 'I can heartily recommend the Gestapo to

anyone.' Sacerdoti succeeds in showing that Freud's use of irony in his published writings and in his letters far outstrips his rather limited theoretical understanding of irony. It is also true that Sacerdoti succeeds in linking irony and psychoanalysis in a most provocative way which I enjoyed even if I often felt unable to follow the details of his reasoning. More rigorous editing would have made it a much better book.

JAMES V. FISHER

Continuity and Change in Psychoanalysis. Letters from Milan 1992

By Luciana Nissim Momigliano. Karnac Books 1992 pp 156 Pb £15.95.

Dr Momigliano is an analyst and a supervisor and as both, writing compassionately and somewhat passionately, she has much to offer the reader. The book has two main themes: change and communication.

In his forward, Dr Limentani mentions the author's experience as a Jewish partisan which included time at Auschwitz; one might imagine this had untold influence on her preparedness to struggle with schism and fracture between different schools of thought, in miscommunication between people and in parts of the personality. After an initial Freudian training she turned to Klein and her followers, thus bringing conflicting views together within herself. Managing to keep diverse ideas about theory and practice under one roof is, she believes, the only way forward for psychoanalysis.

This acceptance of conflict which inevitably brings about change, means calling into question 'almost everything, even what had seemed settled and accepted once and for all'. Constant questioning may or may not lead to change in our practice but what Dr Momigliano does help us to keep alive and changing is the meaning we give to what we do. Nothing can be left to stagnate in a state of being taken for granted.

Her openness to difference enables the author to allow us to look back on the practices of Freud, 'Who was the absolute authority in establishing what psychoanalysis was and was not', with curiosity, interest and at times amazement, but without anxiety or judgement.

Far from being like a mirror who only reflects back what the patient shows the analyst, Freud invited patients to his house. He did refuse

to play cards with Marie Bonaparte because it would have been 'too intimate' but he discussed with her his own state of mind and gained support for himself from her positive transference. He talked to patients about other people and allowed them to meet each other; they even sometimes exchanged appointments. He showed them works of art and lent them books (not without being aware that this altered the transference).

Along with these vignettes, our 'Time in Vienna' as the chapter is called, lets us see that Freud was scrupulously punctual, only cancelled sessions when absolutely necessary and was strict about payment; he thus established the importance of many aspects of the analytic setting which Dr Momigliano takes as the subject of her second chapter.

The author gives useful and manageable surveys of literature as an introduction to each of her chapters and I particularly enjoyed her appreciation of other people's ideas at the beginning of this one. She quotes Bleger as saying that like symbiosis with a mother, the analytic setting is only evident when it breaks down; it is the depository for the most primitive part of the ego. Others, like Kris, regard the setting as part of the adult contract between analyst and patient which allows regression to take place safely. Di Chiara, however, includes in the 'setting' not only the external structure of time, couch, payment, etc. but also the analyst's attitude. Concurring with this, the author quotes Flegenheimer's poetic description 'like the darkness in the cinema, like the silence in the concert hall'.

For Dr Momigliano, although she reads with interest about many different views of it, varying from 'absolute rigour' to 'perturbing flexibility', the setting is the precious cornerstone of psychoanalysis. This does not mean rigid adherence to certain techniques. Freud said that technique was largely a matter of the analyst's personality or 'tact' and that his advice was only about what not to do.

The author describes progress and change in ideas about the analytic setting. She expresses concern about the future of psychoanalysis in North America but understands a lack of respect for boundaries as a resurgence of a questioning of the therapeutic value of psychoanalysis and the conflict between knowledge and therapy (by which she presumably means insight and working through). Other people's views on the differences or similarities between psychoanalysis, analytic psychotherapy and psychotherapy are discussed and a wide divergence revealed.

In the second half of the chapter, while acknowledging that everyone has his/her own way of working, 'perhaps it is important to go over together', writes Dr Momigliano, 'what we think, what we do and

what we say' and this is just what she gives us the opportunity to do in a very open and generous account of what she thinks, does and says. Her 'advice and recommendations' may in part seem obvious but I found a carefulness in her thought which led me to a reconsideration and deeper understanding of the analytic frame.

This book is vivid and readable because it is largely about the author's own experience which she makes available to us with the benefit of her insight and ability to act on it. She begins her chapter on 'The Psychoanalyst Faced with Change' by conveying the difficulty and exasperation she had felt in analysing a patient who was insistent that all she wanted was concrete comfort, warmth and reassurance; an antidote to the killing chill she felt within herself. Thinking about this patient, Dr Momigliano realised how devastating it would be to her and her sense of identity, to give up her firm belief in the analytic setting and she became aware that the patient might be feeling the same measure of threat about change in herself. What she wanted, was to see that the analyst could cope with change in order to be able to do so too. Having understood this, the analyst could now change her way of interpreting without endangering the analytic setting.

While recognising, with Bion, the potential catastrophe experienced by patients confronted with change, Dr Momigliano maintains an optimistic belief in human capacity for growth; unlike Freud, she hopes that Eros may overcome Thanatos. She is encouraged by how the analytic community has held its identity despite serious schisms and quoting individual analysts who have changed with years of experience, she finally focusses on Rosenfeld's understanding of projective identification as a form of communication.

The author believes that effective communication depends on the ability to step into other people's shoes; to see the world, supervisor, analyst or institution from their point of view. 'It seems to me', she says, 'that all these second thoughts and new observations bring to the fore the problem of how to really listen to our patients'. We can listen to defences in the traditional way, as obstacles to be broken down according to the judgement of the analyst, or as very necessary means of survival in life and in analysis too. Splits in the transference, especially early on in the analysis, may be considered not as resistances but as operative solutions which allow the patient to undertake the analysis without too much fear. One might say that Dr Momigliano allows the patient to decide how he/she will get through the painful process of integration and change and she sees her job as a facilitator and not a guide. This is not to say that unconscious battling against

the analysis must not be recognised and tackled and she emphasises that this battling may take place in the analyst as well as the patient; hence the importance of supervision.

In further considering the question of what 'Really listen to our patients' means, the author makes a 'too long' but 'enjoyable' quotation from Bion and enlists Rosenfeld's help in examining different ways of listening to a patient's criticisms. She then goes on to discuss how she herself listens in a 'respectful rather than suspicious' way, giving particular significance to the beginning of the session and to what comes into her own mind. The patient's response to her interpretation is taken as an indication of what he/she has heard and must be gathered into the next interpretation; a spiral dialogue thus develops. At the finish of her chapter about change, Dr Momigliano uses an extract from a patient's dream 'And the wind always blew one back to the land' to illustrate the position of the majority of analysts who are creative and open to change but reach a stage where they dare not go further; in contrast are a few geniuses who venture into the unknown with varying consequences.

The last chapter 'On the Candidate's Side' is a rare gift because once again the author offers a detailed account of actual happenings, this time in her supervision sessions. Stepping into the shoes of the candidate means understanding the conflicting roles he has to play as a trainee who knows little, a regressive analysand and a competent analyst for his patients; such a position can cause loss of identity.

Just as the analyst who can face change reinforces the patient's capability, so does the supervisor who can face feeling, help the candidate to do the same with a patient. Supported by research findings, the author believes that counter-transference should be examined in supervision and not avoidingly left to analysis; similarly the feelings between supervisor and trainee need, at a certain stage, to be faced, discussed and managed.

Dr Momigliano is not, however, only concerned with the inner world of those she supervises; she also looks at the practices of various training institutions and recognises that students' complaints should be listened to and not necessarily analysed or discarded as envy disguised in politics: acting on this belief, she includes extracts from several papers written by students themselves. 'Once again', she says, 'the problem here is the danger of two parties talking past one another ... such situations, with both sides eagerly striving towards an understanding and failing to succeed, are a source of much pain to me whenever I encounter them in human relationships, whether it be

between parents and their offspring, husband and wife or analyst and analysand'. It is in order to try to alleviate some of the pain that Dr Momigliano has written this book.

ANNE TYNDALE

Guilt and Depression

By Leon Grinberg. Karnac Books 1992 pp 336 Pb £19.95.

The book is divided into three sections, Guilt, Mourning, and Guilt and Mourning in artistic reactions.

It is a challenging, learned and controversial work. The existence of a death instinct is accepted as is the belief in the presence of the ego at birth. The author bases his ideas on his own clinical experiences and on the work of Freud and Melanie Klein. However by the end of the book one feels that it belongs, predominantly, to the Kleinian School. There are many interesting clinical examples illuminating the text.

The evolution of the concept of guilt is studied from the religious, ethical, moral and psychoanalytical perspectives and guilt is seen as an essential component of all neurotic conflicts.

Using Klein's classification of anxiety (persecutory and depressive) the author postulates two types of guilt: persecutory guilt emanating from the death instinct and depressive guilt coming from the life instinct. It is stressed that the two types of guilt are not stages of development but co-exist in different proportions depending on which instinct predominates.

Persecutory guilt is found 'basically at the origin and in the evolution of all neurotic and psychotic pictures'. The defences used against this persecutory guilt determine which neurotic or psychotic state develops: for example, projective identification being characteristic of schizoid personalities which if used excessively leads 'directly to schizophrenic psychosis'.

The defences used by paranoid, obsessional, melancholic, manic and psychosomatic states, are similarly described. Persecutory guilt is seen as the central nucleus of all suicidal acts where the ultimate intention is to 'project this unbearable guilt on to the objects'.

Whilst persecutory guilt is seen as the core of neuroses and psychosis,

depressive guilt gives rise to 'normal mourning with its reparatory creative and sublimatory tendencies'.

The second part of the book is devoted to a study of mourning. There is an extensive review of the literature. Using his classification of guilt, he defines pathological mourning as one where persecutory guilt towards the object and the ego predominates, whereas depressive guilt leads to normal mourning and a 'genuine reparation of the Ego stimulating its enrichment and hence achieving the reparation of the objects'.

The oral component in all melancholic and pathological states is stressed; anorexia is seen as an attempt by the sufferer 'to free itself from the dead object' and compulsive eating as 'a denial of loss, absence or destruction of the object by continuously incorporating the food that represents it'.

Depression for the self is held to be 'ubiquitous', 'part of the psychopathology of everyday life'. An inability to mourn for parts of the self can lead to a negative therapeutic reaction. Some people cannot accept change, even change that implies progress. Change is perceived as a risk 'of some degree of alteration in the known ego (identity) by another ego which is even better but different (new identity)'. The devil you know is better than the devil you don't know?

The need to mourn our lost youth and an acceptance of death are seen as crucial stages of development. It is stressed, many times, that every object loss involves a loss of aspects of the self which were deposited in the lost object. The intensity of the pain involved in mourning is caused by the need to recover these lost parts of the ego. The type of guilt which predominates in the relationship with the lost object and self, influences the outcome and length of the mourning period. Persecutory guilt makes for more difficulty in recovering the libido attached to the lost object.

In a chapter on 'Mourning In Children' by Rebecca Grinberg it is held that very young children, no specific age given, have unconscious fantasies about death coming from 'the action of the death instinct within the organism'. Separation anxiety, protest loss and despair are interpreted as different aspects of mourning.

Group mourning is discussed from a political and therapeutic standpoint. The assassination of President Kennedy and suicide of President Vargos of Brazil are discussed as well as mourning in therapeutic groups. 'The task of a group is having acquired insight to go on integrating through the depressive position, accepting the group's good

and bad parts and consequently accepting the different parts of the self.'

In the final part of the book the two types of guilt are applied to the study of artistic creation. All works of creation are basically seen as 'the working through of depressive phantasies, restoring or creating the lost object'. Ugliness and beauty are seen as deriving from the death and life instincts respectively. Ugliness gives rise to persecutory guilt, whilst beauty arouses depressive guilt. The artist's success consists in expressing the conflicts and union between the two instincts. Works by Kaphma, Aeschylus, Sartre as well as 'The Mourning of Jacob' and 'Hiroshima Mon Amour' are examined.

In the final chapter the concept of 'signal depression' (equivalent to signal anxiety) is introduced. 'The Razor's Edge' situation is used to describe patients who move rapidly from sadness and pain to persecution and hostility causing 'embarrassment, fear and irritation in the countertransference'.

This is a book which is highly theoretical, challenging and useful clinically. It forces one to think about one's theoretical standpoint and also offers a chance of reviewing the literature on many topics. Its classification of particular defences used in different neurotic and psychotic states is of particular interest.

The classification of guilt into two different types is interesting and useful; however one is at times left wondering how much it is an original contribution or a well tried idea in a new guise. At times the reader might almost identify with the child in 'The Emperor's New Clothes'.

The ideas expressed on artistic creativity strikes one as reductionist and raises many questions. How are beauty and ugliness defined? How can one apply the idea of all creation being the working through of depressive phantasies to music?

Maybe artistic creation is not as amendable to psychoanalytic explanation as is suggested in this book. Perhaps it is well to remember Freud's often quoted statement 'Before the problem of the creative artist, analysis must lay down its arms' ('Dostoevsky & Parricide' *SE* XXI) and again in his paper on Leonardo he declares himself ready to 'concede that the nature of artistic achievement is indeed psychoanalytically inaccessible to us' (*SE* XI).

In summary this book emphasises the two types of guilt, persecutory and depressive; classifies the defences used against persecutory guilt in different neurotic and psychotic states; stresses the fact that guilt is one of the most painful affects in depression and constantly reminds

us that mourning for the lost object involves mourning for the lost parts of the self included in object loss. For those who enjoy theoretical texts this is a book worth struggling with.

DANIEL TWOMEY

Shared Experience: The Psychoanalytic Dialogue

Edited by Luciana Nissim Momigliano and Andreina Robutti. Karnac Books 1992 pp 246 Pb £18.95.

Why does psychoanalysis prove so difficult with certain patients? How can the theoretical insights of Freud, Klein, Bion, Winnicott and Rosenfeld be put to their best clinical use in the consulting room?

Edited by Nissim Momigliano and Robutti, the Italian Psychoanalytic Society (Società Psicoanalitica Italiana) has contributed a collection of papers about their experiences of psychoanalytic interaction with deeply disturbed patients. They do not represent one school of thought but offer a creative mix of Independent and neo-Kleinian views.

Increasing numbers of schizoid and borderline patients come for analysis. The Italian analysts in this book describe the tremendous narcissism and dependency of these patients whose normal infantile dependency has been warped and distorted. Thus, they are often struggling with their very survival and existence. They show great confusion and it is no easy task to help them, in their analysis, to transfer their 'symbiotic' 'agglutinated' experiences into 'authentic object relationships'.

With these patients, one is dealing with the time prior to the creation of symbolic structures and, therefore, meaning has to be conveyed by the live interaction between patient and analyst. Central to this collection of papers is the idea that a *shared intermediate space* has to be created between analyst and patient for any encounter to be meaningful, because these patients cannot tolerate separation. Ordinary separation is denied in the narcissistic state because dependency causes such anxiety.

These schizoid patients display a deep sense of despair and futility. They have a gaping internal chasm to which they return all the time. This hole signifies the original environmental lack, and schizoids reject

any recognition of this primary failure in order to maintain their defensive stance of idealization, denial and omnipotence.

Whether one sees the cause of these profound narcissistic disturbances in terms of 'the infant turning away from the breast with hostility' (Rosenfeld) or 'environmental failure' (Winnicott), the Italian school share the view that for these patients a diagnosis of analysability is not as important as a focus on the interaction between analyst and patient. These analysts believe that deep disturbance requires interaction and narcissistic patients need to have a genuinely intimate experience with the analyst.

The contributions in this book are divided into three sections:

(1) The analytic relationship
(2) The analyst's mind
(3) The clinical field

In any dealings with these patients a shared experience is crucial but, typically, any sense of on-going communication is bound to be disrupted. In one way or another there will be an omnipotent narcissistic attack on the therapeutic alliance and we are all familiar with the various forms of narcissistic destructiveness. The Italians have chosen to describe most graphically some of the more severe forms of narcissistic attack: premature termination (Gagliardi Guidi), negative therapeutic reactions (Barale and Ferro), transference psychosis (De Masi) and hypochondria (Robutti).

Although the Italians say that these attacks usually signify that the analyst (like the original object) has somehow failed to maintain the connecting link with his patient, and they take full responsibility for therapeutic failure, they are also aware that this work is very arduous for the analyst. It is hard for the analyst not to give up, for analytic work with these patients is fraught with many setbacks and frustrations.

This book is based largely on Bion's premise that the patient is 'the best colleague we are ever likely to have' to help us understand him. This view is very unlike Freud's view of the patient opposing us with resistance to the analytic work and the Kleinian model of the patient assaulting us with envious and aggressive attacks.

But even if we regard the patient as our ally and remain fully aware of the analyst's role of maintaining contact and encouraging the possibility of being used as a creative container, the patient will attack and the analyst's holding will be disrupted time and again. This will be done unconsciously as a reminder of the original environmental

breach. They feel ashamed of dependency (or are impelled by destructive envy, if one is a Kleinian).

The analyst must try to convey the possibility of the patient having an experience of relatedness which can survive rupture and which the patient can eventually internalise. By being sufficiently constant, an analyst should foster 'The possibility of promoting a new experience relative to the old objects'. In this, he must help his patient introject new objects and construct new meanings. The Italians stress that an analyst should do all this by a careful emphasis on the nuances in the exchange. They explain that these narcissistic patients have been unable to metabolise intense experiences. An analyst must be in tune with these subtleties which may entail a careful modulation of sound, light, silence and the timing of interpretations.

Nissim Momigliano and Robutti have edited a welcome book. It adds to the growing literature on how to deal with the severely disturbed narcissistic patients who come into analysis with increasing frequency nowadays. The papers deal with the shared predicament of 'treatment chaos' and 'spoiling' for both analyst and patient. There is a very moving paper, 'Surviving, existing, living: reflections on the analyst's anxiety', by Vallino Macciò. It includes a description of analysis with a dying young man.

This is a book which instructs but also, through sharing, makes us feel less hopeless about our therapeutic failures.

JUDY COOPER

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Juliet Mitchell, psychoanalyst, author of 'Psychoanalysis and Feminism', editor of 'The Selected Melanie Klein'.

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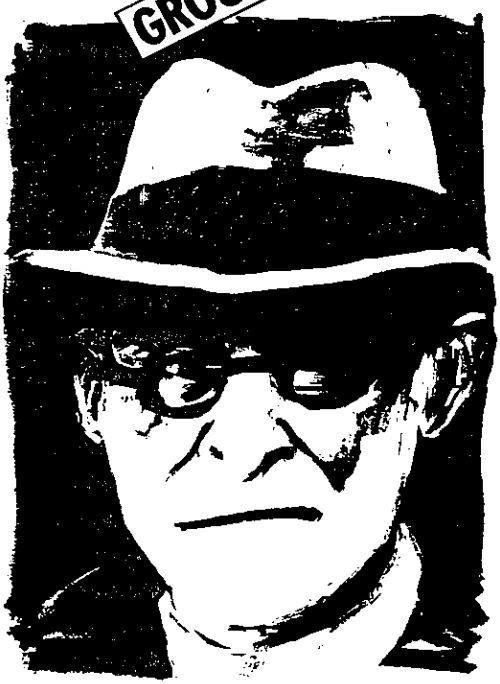

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James, H.M. (1960) Premature ego development: some observations upon disturbances in the first three months of life. *International Journal of Psychoanalysis*, 41: 288–295.

Winnicott, D.W. (1971) *Playing and Reality*. London, Tavistock.

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