JOURNAL

OF THE
BRITISH ASSOCIATION
OF PSYCHOTHERAPISTS

Number 36 January 1999

JOURNAL

of

The British Association of Psychotherapists

Subscription

Single issue £8.50

Enquiries to the Chief Executive, 37 Mapesbury Road,
London NW2 4HJ
Tel: 0181 452 9823

JOURNAL

Number 36 January 1999

CONTENTS *Page*

MY WEEPING SKIN: CRYING WITHOUT TEARS*

ANNE KARPF

The gist of this paper was neatly expressed by the nineteenth century anatomist Henry Maudsley over one hundred years ago: 'The sorrow that has no vent in tears makes other organs weep'. In this case the organ is the skin, which isn't really an organ at all but a part of the whole body - so enveloping, so visible, that any disarrangement or discomposure it manifests clearly has something to tell us about a person's relationship both with themself and others. I shall be talking about one such disturbance - eczema, and its psychological meanings and effects. I shall be speaking, alas, from personal experience, having had chronic eczema as a baby, and then recurring acute episodes throughout my life, though also years, indeed decades, when I've been free of it. Some of what I'm going to say will be closely based on my book 'The War After: Living with the Holocaust' (Karpf, 1997) a family memoir which examines the psycho-social effects of the Holocaust on the so-called second generation. But I also want to extend and amplify what I wrote there, and integrate it with some of the professional literature on the skin and the self.

To help make sense of my personal experience of ezcema, I'll start by briefly sketching in my family background. My parents are Polish Jews and both Holocaust survivors. At the start of the war my father fled east to escape the Germans only to be taken by the Russians. He spent the war years in increasingly brutal Russian labour camps. My mother, a concert pianist, passed the early years of the war in hiding and in ghettoes - she was in Warsaw under false papers outside the ghetto when it burned - until she was captured by Polish police who handed her over to the Gestapo. They sent her and her sister to Plaszow. Luckily they arrived there on the birthday of the commandant, Amon Goeth, which he was celebrating with a party. My mother was summoned to play for him and her playing so moved him that he commuted the death sentence. She and her sister survived a year in Plaszow, and were then taken on a transport to Auschwitz where they spent 6 weeks in late 1944 before being taken to a third camp where, on May 6 1945, they were liberated by the Russians. My mother had lost her first husband, her father, brother, and countless close friends and other relatives; my father, though four out of his five siblings remarkably had survived, lost 120 members of his family.

After the war my mother returned to her home town of Krakow and resumed her career. In 1946 she met my father, and within three weeks they were engaged to be married. In 1947, when my father was with the diplomatic

* This paper has been given at two BAP Public Conferences during 1998.

service and my mother was pregnant with my sister, they moved to London.

Here, where they knew almost no-one, they began a new life, which had virtually nothing in common with their pre-war lives, except for my mother's music. My mother built up her career again and they threw themselves into constructing a family (they now had two children) and friendship network, and trying to make a living.

My parents spoke freely about their wartime experiences, but both in my book and elsewhere I've contested the orthodoxy that the children of Holocaust survivors who talked were necessarily less damaged than those whose parents didn't. There is talking and talking. My mother spoke of her wartime experience largely - though not exclusively - in a triumphalist way, stressing her survival. This had a good aspect: it meant that she didn't represent herself as a victim (something quite alien to my parents' self-image), but it also split off most of the feelings of vulnerability, powerlessness, sense of debasement and humiliation which she must have felt.

Though there was a layer of subcutaneous sadness in my parents' house, it was almost never directly addressed. On the contrary there was what I saw as a kind of manic jollity there instead. There were understandable reasons for their reluctance to articulate fear and anxiety. Weakness and vulnerability, had my parents expressed them during the war, would have been lethal; strength was imperative. And after the war, too, they needed all their resources and energy just to survive. When I interviewed my father about his wartime experiences and asked him whether, when the few possessions he'd been sent were stolen, he didn't feel increadible anger, he replied, "Anger ? We were already immune - things like anger were already so subdued, these are special conditions". By subdued, I think he meant repressed or sublimated. Grieving was a luxurious process they couldn't afford. I've come to believe that the family grief was expressed in part through my skin and through my nose (I also suffered, and recurringly still suffer, from chronic sinusitis).

At six weeks, I erupted into infantile eczema. Apparently I spent my first year scratching. Until writing this I don't think I ever really thought about what it must have been like to spend one's first year feeling so physically uncomfortable: my earliest experience must have been extreme discomfort, a sense of not feeling at ease in the world. I couldn't be bathed, so my father oiled and soothed me instead. My eczema also made my parents' lives very hard: in my first year I cried a lot and slept poorly. My father was then 50; he was unemployed during my first year because, after being recalled to Poland, he left the diplomatic service and got political asylum in Britain. According to my mother he lay on the sofa, in a depressed state for a year, although he was extraordinarily engaged with his children for a man of that background and period. (My father always denied that he'd been depressed. Depression

wasn't a concept with which he had any sympathy, or whose existence he could even acknowledge. If my sister reported one of her schoolfriends as depressed - this vicarious depression being probably the closest we dared get to it ourselves - he would always retort, 'Depressed, what's depressed ? She's not in a concentration camp, she'd got enough to eat'. The war trivialised and dwarfed every subsequent non-life-threatening experience within the family, driving them all underground.)

My eczema receded as I grew, leaving just patches behind the knees and in the crooks of my elbows until it disappeared altogether until I was about 19, when it briefly flared again. The first major recurrence came at the age of 27 when I began a serious relationship, my first, with a man who not only wasn't Jewish (causing my mother to remark that I was finishing the job which Hitler had begun) but was also unattached, thereby forcing a belated separation from my parents. Before that we'd been unequivocally merged. I'd left home only at 25, and even then phoned my parents every day, to check that they were still alive. Like many children of Holocaust survivors I felt a strong protective impulse towards them; the very notion of separation seemed threatening.

My parents totally disapproved of this new relationship, producing in me a raging conflict which eventually extruded through my hands. The body often speaks in puns, and this was unerring somatic proof that I couldn't in fact handle it.

When beads of moisture appeared trapped beneath the skin of one hand, I attacked it with the other, in a mania of scratching until the blood ran and eventually the palm became encrusted with pus. This became a daily process: I scratched compulsively, as if determined to prevent any possibility of recovery. Finally, in a miasma of despair and shame, I went to a dermatologist, who treated it all mechanically, gave me potions and medications, and my hands healed.

Eventually my parents came to accept my new partner and he and I started living together, but the eczema returned, this time even more virulently, on different places on my body. And this time my response was even more ferocious - I scratched until the carpet was stippled with bits of skin and scab. My self-injury fascinated and horrified me in equal measure. Unbeknownst to my parents I began seeing a psychotherapist, and with this, the scratching further intensified. It had turned into some private, shameful, almost erotic release. I tried desperately to police it, but the scratching always won. In its violence, the attacks of scratching were like the shower scene from 'Psycho', and as they subsided I felt like a murderer after a frenzied, uncontrolled attack. But as yet I had no clear sense of whom I was trying to kill.

My therapist talked about anger directed inwards and invited me -

symbolically - to scratch her, but I was entirely focussed on my symptoms, and couldn't recognise any anger in my feelings towards her or even in my scratching. In fact I had no idea what frankly faced anger felt like - it wasn't a flavour I had ever knowingly tasted.

I began to feel uncomfortable almost all the time. My body became a prickly thing: I wanted to dematerialise, divest myself of my skin, slip out of it and leave it standing like a starched dress, while my real self slipped away. The scratching extended up wards, into view, on my neck and eyes. But if my unconscious self was trying to articulate its distress, it spoke in a language which I couldn't comprehend, much less use. Indeed I invested a lot of energy in hiding what was going on, wearing dark glasses in winter and long sleeves in summer. I felt exiled from normality, punished, and yet at the same time it seemed vaguely fitting that my outside was now looking as scabrous as I must have felt inside (I'd begun to realise) for so long.

For this reason, and eked out by a morsel of hope, I never went back to the dermatologist for his instant cure. On the contrary, I wanted to force my parents to acknowledge how terrible I looked and felt, after a so many years in which both sadness and badness had been taboo in the family. My sister and I had represented the good, the new, the post-Nazi part of our parents' lives: we were charged with redeeming their suffering and compensating for their past pain. My displaying this amount of misery and despair was utterly transgressive.

For their part, my parents dealt with my growing disintegration by trying to ignore it. On one occasion we met for lunch in a Czech restaurant, with me grim-faced after a scratching session, scarves barely hiding a bloodied neck, arms stiff and suppurating. But both my father and mother acted as if everything was quite normal and tried to quip their way through the lunch. This only served to inflame my rage, and my skin.

In some sense I'd managed to produce a concentration camp of my own, in which I was both commandant and inmate, persecutor and persecuted. And I was loathe to liberate myself. On some level I'd envied my mother her suffering, which was always necessarily more epic than anything I could muster. Now at least I'd managed to produce some of my own.

The relentless, punitive business of itching and scratching - and often scratching without itching - lasted a full five years, and was at times so chronic that had a doctor seen my wounds s/he might well have hospitalised me. Despite encouraging changes both in my own emerging sense of self, my relationship with others, my parents, and my partner, the cycle of trying and failing to stop myself from scratching seemed as if it would never end. But finally, within the course of six weeks, it did and my skin healed - not because I'd finally obeyed the autocratic internal voice which ordered me to stop

scratching, but because I no longer needed to. I had a strong intuitive sense that I was healing from the inside, that some central conflict had been resolved, some essential integration accomplished.

I wish I could report, as in those psychotherapeutic happy ending case-histories, that this was the end of it, never to return. It wasn't. The eczema and scratching have revisited me since then on a number of occasions, with almost equal vengeance but never for as long - and by now I've become much more attuned to the somatised language: at least some of the time I understand its metaphors and tropes. What's more, as the eczema moved to different sites around my body, I began to comprehend its specificity: although there was rarely a neat one-to-one equivalence - this wasn't the kind of thing you could read off in some psyche/soma dictionary - it was clear that the locus of the flare-up was in itself expressive. Ezcema in some parts of the body, for instance, was articulating ambivalence over femininity, whereas in others (as when my eyes became red and inflamed for three months last year) it spoke of a desire not to be seen.

But why the skin ? Clearly the limbs and organs, debilities and infirmities through which an individual somatises aren't totally arbitrary. In my case, for example, ezcema is an inherited predisposition - the skin was also the site of weakness for my father. But also, clearly, it's through my skin that, down the years, many of both my own internal conflicts and the conflicts and repressed tensions within my family have literally erupted. The mourning which my parents could never explicitly undergo, and the sadness which none of us were allowed to feel, found its egress through my pores. This was weeping without tears.

The skin is a particularly well-suited medium for such discord. The cells which go to make up the central nervous system are the same ones which form the skin, and they develop in the embryo at the same time. As Dinora Pines has argued, the skin is one of the most primitive channels for preverbal communication, and a fundamental means of communication between mother and infant (Pines, 1933).

To go further, I'd suggest that the skin is the perimeter of the self, our rim, our envelope, the point where our insides become outside, the personal becomes the social. Skin marks the limits of me and not me - it's the membrane of our separateness. In her infuential paper *'The Experience of the Skin in Early Object Relations'*, Esther Bick (1968) argued that:

> *'in its most primitive form the parts of the personality are felt to have no binding force amongst themselves and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary'.*

The containing function of the skin, she claims, depends on having introjected an external object, and if this hasn't been successfully achieved results in catastrophic anxieties and a sense of deep unintegration.

Bick goes on to suggest that where the skin isn't experienced as containing in this way, a person often develops a so-called 'second-skin'. This is a substitute and rigid container imposed on the uncohering self within. She gives the case-history of a schizophrenic three-and-a-half year old girl called Mary who had suffered from infantile eczema and whose posture was hunched, stiff-jointed and, in her second-skin mode, like 'a sack of potatoes' (the girl's own phrase). Bick observed that this sack was in constant danger of spilling out its contents because of Mary's constant picking of her skin. Certainly, for me, an acute episode of eczema and my scratching response to it almost invariably ushers in a powerful sense of disintegration, as if I've literally fragmented or crumbled. I also had a parallel metaphor to Bick's Mary. I was jelly which hadn't set and which, if you removed the rigid outer mould keeping it in place, would seep and run all over the place. The mould, I suppose, was my second skin. During the worst periods of eczema, I wanted to hunch right over to protect my damaged body and hold it all together.

In her paper 'The Second Skin', the Israeli analyst, Ilany Kogan (1995), illustrates this phenomenon with the case of a child of Holocaust survivors. Kogan suggests that instead of fulfilling the role of an internal protective skin, the traumatised parent turns the child into a container, into which he or she transmits depressive and aggressive tendencies which can't be contained in his or herself. Hence Kogan's patient feels extreme anxiety and the threat of disintegration, with an unconscious fantasy of endlessly falling, or pouring out of herself. She picks at her face as a way of exteriorising her damaged container.

Eugenio Gaddi similarly argues that:

> *'the appearance of dermatitis demonstrates that the confines of one's own skin (that of the separated self) are unable to hold and protect what it contains' (Gaddi, 1987).*

Perhaps this is one reason why skin blemishes are so stigmatised: they imply a kind of spillage of the private into the public. In eczema the skin becomes incontinent: its stickiness, rawness, and lesions contravene the social boundaries too - a bit of me might rub off onto you, a part of my outside might look like an inside. Skin is where we're touched and where we touch: when it's disfigured, we become literally untouchable.

The anthropologist Mary Douglas, in 'Purity and Danger' (Douglas, 1966), her analysis of the concepts of pollution and taboo, argues that all

margins are dangerous. 'Spittle, blood, milk, urine, faeces or tears by simply issuing forth have traversed the boundary of the body' (ibid) and symbolise its especially vulnerable points. (To this we can add flaking skin, smegma, and pus.) Douglas quotes an essay by Sartre on viscosity, and suggests that because the viscous is unstable but doesn't flow, its stickiness attacks the boundary between myself and it. It's an aberrant fluid, a melting solid. 'I remain a solid, but to touch stickiness is to risk diluting myself into viscosity' (ibid). No wonder the weeping skin is so shunned. Finally, Douglas sees in our fears of bodily pollution metaphors for social and political disintegration. 'We cannot possibly interpret rituals concerning excreta, breast milk, saliva and the rest unless we are prepared to see in the body a symbol of society, and to see the powers and dangers credited to the social structure reproduced in small on the human body.' (ibid)

The stigma of disfigured skin was explored dramatically by Dennis Potter (1986) in 'The Singing Detective'. His hero, Philip Marlowe, a writer of detective stories is bedridden because of arthritic psoriasis (from which Potter himself suffered) and which, it is suggested, is partly caused by rage at having seen his mother in the throes of adulterous intercourse. Dr Gibbon, a psychotherapist, tells him:

> *'The skin, after all, is extremely personal. The temptation is to believe that the ills and poisons of the mind or the personality have somehow or other erupted straight out on to the skin. 'Unclean! Unclean! you shout, ringing the bell, warning us to keep off, to keep clear. The leper in the Bible, yes? But that is nonsense, you know. Do you know? Well, one part of you does, I'm sure' (Potter 1986).*

Potter based 'The Singing Detective' on his own experience as someone with arthritic psoriasis, and as such was much more sensitive to the meaning of the skin than most other mainstream writers. As a culture, we view bodily symptoms in remarkably unsophisticated ways. The phrase 'body language', for instance, has crude Desmond Morris, sociobiological connotations - the body as a link to the animal in us, rather than as an expression of internal human conflicts and repression. And where the meaning of illness or pathology is addressed in public discourse, it's frequently as a way of apportioning culpability, or blaming the victim, rather than seeing the body as a means of communicating that which the mind finds inexpressible. 'Psychosomatic', thus, has become a derogatory term, used to demarcate a type of illness thought to be 'unreal', 'all in the mind', 'imagined' - all epithets which devalue it and cordon off the psychosomatic from other, supposedly purely physiological complaints. (Can there be any greater proof of the low social

value accorded the psychological realm ?)

The professional literature is beginning to develop a theory of somatisation. Joyce McDougall suggests that "We all tend to somatise at those moments when inner or outer circumstances overwhelm our habitual psychological ways of coping... (for certain patients) symptoms are techniques for psychic survival" (McDougall, 1989). Analyst Martin Wangh is more specific: "We know that psychosomatic symptomology is a primary manoeuvre to keep anxiety and mourning from reaching consciousness" (Wangh, 1994).

It's been suggested that those most likely to somatise are people suffering from 'alexithymia', a concept developed by Boston analysts Nemiah and Sifneos to identify a group of people - often suffering from trauma but displaying 'pseudo-normal' behaviour, who lack emotional vocabulary and can't distinguish between different emotional states - anxiety from depression, excitement from fatigue, etc (Erskine and Judd, 1994). On one occasion, early in my therapy, I asked my therapist 'what is a feeling ?' Small wonder that most of my sensory and emotional experience came from my skin.

Scratching made my skin livid instead of me. Like anorexia and compulsive eating, it also afforded the pleasure of self-harm. This offers an individual a measure of control - or the illusion of it - making it easier to tolerate than the pain over which one is powerless. (I'm reminded of a friend who, upon hearing that a woman she knew had cancer, remarked in astonishment, "But she can't - she's always been a hypochondriac" - as if this might have magically protected her from the real thing.)

In my own case, the scratching undoubtedly provided a safe way of attacking my mother and therapist. (McDougall notes a common fantasy that physically attacking one's own body is at the same time a way of attacking the body of the internalised mother). But at the same time it was also terrifying because it couldn't be controlled, despite my repeated magic belief that I could repair what I'd so ferociously attacked. I tore at the boundaries and simultaneously, frantically tried to remake them. When one of Joyce McDougall's eczematous patients talked of feelings of abandonment and desolation in relation to her lover, she'd make as if to claw at her hands, as if she were reliving in her body (speculates McDougall) the feelings of the distressed infant who clawed at herself in her crib, desperately searching for the missing mother. Dinora Pines says of her analysis of a patient with dermatitis that it tested not only Pines's ability to hold her but also her ability to recognise and contain the aggressive feelings experienced in the counter-transference, in response to her 'irritating and scratching transference' (Pine, 1993).

In my own case, scratching was also, paradoxically, an attempt to purify

my body - to scratch away the scabs and scaliness which had come to disfigure it, and replace them (at least momentarily) with something smooth and therefore perfect. The scratching represented my inability to tolerate imperfection; ironically, of course, it only increased it.

While most of the psychoanalytic literature on eczema looks at its psychological causes, Pines interestingly also draws attention to its psychological consequences. Thus infantile eczema may result from a disturbed mother-child relationship, but it also aggravates it:

> *'The mother's human disappointment in her baby's appearance gives rise to a basic narcissistic hurt, which the reality successes of adult life may do little to soothe... Children whose infantile eczema had repulsed their mothers suffer intense shame, and later may regard the analysis as a potential situation where shame may be re-experienced' (Pines, 1993).*

My own mother was so repelled by my ezcema that my father did most of the bodily caring. (Perhaps it's not surprising that, at several points in this paper where I'd intended to write father, I'd actually written mother.) My mother's gaze always seemed to me to be critical, my father's more accepting and soothing. In some sense I always thought of my father as my mother, so it was fitting that when, during the first major episode of adult eczema, I couldn't use my hands, my partner washed my hair for me, just like a loving mother.

My own capacity to tolerate the blemished has been tested over the past year by my now nine-year-old daughter who experienced a most visible, inescapable eczema of her own, surrounding her mouth. Through this experience I found myself much more in sympathy with my own mother's reactions. When I asked my daughter six months ago what this most prominent facial wound expressed for her, she had no hesitation in replying: 'anger and sadness'. It has taken a year, and needed a significant realignment in our relationship for her eczema, to heal.

For me eczema is also about shame, the shame of exposing feelings (like rage towards my parents, who'd already been hated too much by others) which I'd felt constrained to hide. But it also brings secondary gains. As Gaddi suggests, the physical care required by dermatitis assures continuous contact. (My mother said that I felt soothed and stopped crying as an ezcematous infant when held.)

McDougall's patient also found that her burning skin gave her a feeling of being alive - as McDougall extrapolated:

'the positive investment in bodily suffering is reminiscent of those babies with incoherent mothering who bang their heads relentlessly on the sides of their cribs, as though to find confirmation of their body limits while distracting themselves from painful emotional states. What should have been supplied from internal sources (that is, some introjected image of the maternal environment that would restore to the infant a feeling of corporeal limits and of the capacity to contain painful emotional states) has to be sought in the suffering body itself' (McDougall, 1989).

Kogan's patient also fantasised that because she felt her body, she existed, and this I think has been true for me too. Certainly the tight, stinging feeling which results from scratching is a literally sharp reminder of the outer limits of one's body. An excited, damaged skin circumscribes the body, silhouettes the self. Perhaps this is one reason why I like going to the edge and to the limits of my endurance: it helps define me.

I want to end by briefly describing my skin experiences in the past three-and-a-half years since ending my psychotherapy. The finishing of therapy itself brought a return of eczema, and I understood it to be an expression of anger, fear, and anxiety about separation. For several weeks after the therapy had ended, my day would start with overwhelming feelings of panic centred on whether I'd be able to resist scratching, and terror that I wouldn't and that the effects of scratching would draw attention to my ragingly scarlet skin.

I should add that appearance has always been important in my family - another reason, too, overdetermining my skin problems. Skin, after all, is both a protective layer for internal organs, but also an external display of the person. In some sense our skin is a nexus of our being and appearing. Little little wonder that it's often a site for the expression of conflict between the two. I have vivid memories of myself aged 10, in an Italian seaside resort, suffering from a sun rash - which, incidentally, I suffered from every year until, aged 15, I first holidayed abroad without my parents. Sitting at a table in the hotel restaurant I tried to scratch my back, and my mother hissed in rage for me to stop, because people might see. My mother had been in hiding during the war: she may have learned through this and other, earlier experiences, to hide, and taught me to do the same. On another occasion, in Spain, when I complained about what had come within the family to be called 'itchy-itchy', my father threatened to lock me in the hotel broom-cupboard - not something he'd ever actually done or would do, but an indication, I think, of how enraged my skin made him feel, and of the connection, perhaps, between my skin and their anger.

The episode after the ending of my therapy had an interesting resolution.

My skin got particularly bad just before my partner and I were due to leave our then five-and-a-half year old daughter for the first time to go to Istanbul for the weekend. I was overwhelmingly anxious about both her and me surviving the separation, and was probably also replaying the separation between me and my therapist which had just begun. Could I (and the internalised therapist) survive it ?

We did, but the skin went on raging, until I realised that keeping my skin 'bad' was a way of maintaining a connection with the therapist - keeping myself sick to prolong the mourning and thus the contact with her. It struck me that I had to give myself permission to get well and move on. And almost immediately, this is what happened.

Almost immediately, too, I got pregnant with my second child, after years of trying to conceive again. With this the eczema flared again, this time animated around the imagined destructive envy that my mother would experience towards me for producing a second child, and presumably based on some early feelings about myself as a second child. Needless to say, in reality she was thrilled, and is a besotted grandmother all over again.

Through all these episodes of eczema, relief has come in two ways. One is Chinese herbs, the other is the internal resolution of crisis, brought about by time. But another curious thing has happened. I've come to treat my skin as if it were purely a conduit for my mind, evacuated wholly of physical autonomy. Instead of somatising my distress, I've completely psychologised the body - almost eradicated it. I think this is because skin issues are so charged, so heavily freighted for me, that the instant I experience them - even when they have a largely physiological basis - I'm returned to that scratching, deeply uneasy baby, whose world is so precarious that it might at any moment disintegrate. I become an infant once more, my bodily discomfort immediately exciting that same overwhelming mental distress. There is something reassuringly familiar about this horrible condition. It's where I began, and what I know. There is a safety in this misery. But I hope, and for at least some of the time I believe, that increasingly I shall dare to live without it.

I'd like to thank Dorothy Judd for sending me Esther Bick's paper, so many years ago.

References

Bick, E (1968) The experience of the skin in early Object-Relations. *Int. J. Psycho-Anal.* 49:484-486

Douglas, M. (1966) *Purity and Danger.* London: Routledge and Kegan Paul

Erskine, A. and Judd, D. (1994) *The Imaginative Body.* London: Whurr

Gaddi, E. (1987) Notes on the mind-body question. *Int. J. Psycho-Anal,* 68:315-329

Karpf, A. (1997) *'The War After: Living with the Holocaust'*. London: Minerva
Kogan, I. (1988) The second skin. *Int. Rev. Psycho-Anal,* 15:251-261, and reprinted in Kogan, I: *'The Cry of Mute Children'*, London: Free Association Books, 1995
McDougall, J. (1989) *Theatres of the Body.* London: Free Association Books
Pines, D. (1993) Skin communication: early skin disorders and their effect on transference and counter-transference in *A Woman's Unconscious Use of Her Body,* London: Virago
Potter, D. (1986) *The Singing Detective.* London: Faber and Faber
Wangh, M. (1994) The working-through of the nazi experience in the german psychoanalytic community, in Hella Ehlers and Joyce Crick (eds), *The Trauma of the Past: Remembering and Working Through.* London: Goethe-Institut

CONFIDENCE, ARROGANCE AND THE RHYTHM OF MENTAL HEALTH.

JEREMY HAZELL

The title reflects my growing uneasiness, after more than thirty years of therapeutic practice, with so-called certainties in psychodynamics. More and more lately I find that I am asking questions of the patient in an attempt to help him clarify his meaning, for both our benefits. And only recently someone said emphatically what a relief it had been when I suggested that any progress we might make would be as a result of our combined attempt to discover the meaning of her problem. She had assumed it would be up to me to tell her - a process which she knew she would strenuously resist.

So it is perhaps only natural and understandable that I should begin with further questions: what are people needing fundamentally in psychotherapy, and what are the basic therapeutic elements? Can psychotherapy meet unfulfilled attachment needs in a form that promotes growth? And what is 'personal growth' and how can we facilitate it? Perhaps one thing is certain: we cannot take our personal growth for granted - whether as patient or therapist. If confidence is the main ingredient of mental health, arrogance is the opposite - a failing to which we are dangerously prone if as therapists we overrule a patient with theories about him. Confidence takes its meaning from the Latin, *confidere*, to trust fully, while arrogance derives from *ad-rogare*, to claim as one's own with undue assumption of importance, - and yet one so often hears such claims described as 'confident' that it almost seems as if the definitions have been reversed.

It is now many years since the philosopher J. McMurray (1935) defined 'the unit of personal existence' as 'not the individual, but two persons in relationship'. Since that time the steadily expanding body of psychodynamic research has continued to attest to the truth of McMurray's observation: the personal self, the core of personal reality, cannot develop in a vacuum, but only 'in relation' to another person. Out of this has grown, through the work of Freud, Klein, Fairbairn, Winnicott, Guntrip, Kohut and his followers, a psychology of the self as a 'unique centre of meaningful experience' (Guntrip, 1963) with an innate potentiality to grow in a good relationship, feeling secure, into a full and confident expression of inherited capacities. It is with this psychic subject at the centre of his experience that the psychotherapist is crucially concerned, and with how with mere psychic existence can develop into the meaningful and motivated life and experience of a developing personal self. I believe that in a search for the roots of confidence we need to go back to the earliest differentiation of a sense of separateness out of a

primary unity. We may say that a baby at birth is a psychic subject with a potentiality for development as a personal self, and this development begins while the infant is in a state of identification with the mother. Before birth he is one with her physically and psychically, and in this state of secure identification the first dim experiences of 'subjectivity' and 'objectivity' begin. Both before and after birth the baby can only consciously accept his separateness if his 'one-ness' is a persisting emotional experience consolidating on an unconscious level. Winnicott's experience as an analyst and paediatrician led him to believe that the primitive feeling of wholeness given by womb-security is so quickly lost without maternal support, that in the first two weeks of post-natal life it could not last more than about three hours. (Hazell 1996 p.237). Thus, when we speak of meeting unfulfilled attachment needs we are dealing with the very earliest beginnings of the formation of self-feeling in an infant, for however he first discovers his separateness he does so while he is still in a state of dependence and helplessness, which would swiftly lead to a disintegrating shock of separation anxiety without the warm empathic love of the mother. In order to retain the 'feeling of wholeness', and potential selfhood, with which his life began, the infant at birth needs to remain psychically identified with his mother until his physical, and particularly his cerebral development, enables him to differentiate non-anxiously between himself and her as separate objects. This non-anxious realisation of separateness in the medium of empathic attachment is the beginning of personal growth; of the experience of being a subject of emotional experience, with the potential to own his experiences and states, referring to them as 'my experience' and calling himself by the proper name of 'I' . (Burt 1961) It would seem that the birth of confidence starts with the first experience of identity itself.

I believe that it is with this psychological experiencing of separateness and identity in the context of personal care that we are chiefly concerned in psychotherapy. Whatever other problems are present, the crucial question is whether the patient feels an inner core of stability which is dependent on, and indistinguishable from, a feeling of being at home in the world. In Guntrip's (1968) evocative and memorable words,

> *'The ego in its earliest beginnings is the psychic subject experiencing itself as satisfactorily in being... it starts at some point in the feeling of security and the enjoyment of it, as part of the overall experience of 'being with mother' prior to differentiation of subject and object.' (p. 250)*

Here is the foundation of confident, stable selfhood upon which, if all goes well, the infant develops

> *'a profound sense of belonging and of being at one with (the) world*

which is not intellectually 'thought out', but is the persisting atmosphere of security in which he exists within himself'. (op.cit.p.221).

It is this quality of experience above all that our patients lack, whether they are raging at its loss, or encased in detached indifference to their need.

I believe that this profound linking up of the lost heart of the patient's self is the main underlying focus of psychotherapy, at every level. Experience leads me to believe that the need for the empathic linking is specific for the recovery of mental health throughout the range of psychopathological states; that however much we may be dealing with 'adult' neuroses, and interpretations of great complexity concerning ambivalent drives, it is essentially with the detached, unrealised heart of the self that we are required to make our most vital contribution: not as neutral, detached technicians, but as genuine persons, fellow human beings, empathetically in touch with the patient's feeling of unrelatedness. This, I believe, lies at the heart of his problem. After all, if there were no unrelated ego-weakness at the neurotic level, the patient would not be a patient. He would have been able to solve his specific problems in personal relations. The needed therapeutic element is always the same, though the means we use to convey it will vary according to the patient's capacity to accept it. It is all a question of what a person can experience and use as an understanding relationship. Whereas a more confident person could accept and use interpretations as an understanding relationship, for a more disturbed individual they would feel like criticism or an attack, and he is needing a quiet empathic accompaniment. Psychotherapy can never be a fixed stratagem, but is an ever-varying response to each individual arising from a consistent feeling for him as a person. Otherwise it might as well be a list of instructions for self-discipline. We can only be effective if we can emotionally identify with our patient in a way that inspires more trust than fear. And I believe that our main hope of therapeutic effectiveness lies in our capacity to believe in the original psychic subject, whose nature is 'con-fide-ent' with an innate capacity to trust and grow in the security of an empathic steadiness, even when - especially when - that nature lies buried beneath almost a lifetime of reaction-formation. Within whatever discipline is needed to contain and interpret the pathological reactions into which the original unity of the primary psyche or self has been fragmented, there needs to be a tenderness in which that original unity can be discovered or recovered, so that interpretations can be mutative and growth can begin. The original unity may be described as a 'whole-hearted' enthusiastic outreach towards the object-world that is characteristic of the infant insofar as he or she is loved, and which remains dissociated or repressed beneath the psychotic or neurotic overlay.

Three further points seem relevant. Firstly, that the needed experience of emotional identification in which the defensive, reactive 'self-conscious self' can be enabled to rest in undisturbed security with another is, in my experience, the only context in which a genuinely whole experience of selfhood can grow; secondly, that this need for identificatory unity, so often consigned to infancy and thought of as 'infantile' dependence is, I believe, a recurrent need and a condition of mental health throughout a person's life: an 'attachment need' of first importance if the individual is to remain whole; and thirdly, that such an experience of the patient being at one with the person of the therapist is characteristically reciprocal. It cannot be 'given' by one to the other, but grows out of their mutual attempt to understand and experience together, in terms of the patient's history, the way in which his attachment needs were unfulfilled, and the congealed reactive patterns to those unfulfilled needs which have come to form the psychopathology of his inner world. In this sense, the value of the 'transference' is that it puts the psychotherapist in the unique position of not only learning about, but of experiencing directly the internal bad relations situation in which his patient is enmeshed, not merely to 'interpret' it but, by his feeling for the patient, to introduce him to an entirely unexpected response to him, which can set him free to grow; as Laing once put it, 'Not what happened before (transference), but what never happened before' -a new experience of relationship. A vivid example of this occurred in Guntrip's analysis with Winnicott. Guntrip was then in his early sixties, and for the whole of his life he had relied upon morbid identifications with his bad objects to power his manic defence, and to drive himself through life. He had learned all there was to know about the workings of his inner world, but he was aware that he had not been reached in his deepest unconscious, where the heart of his self remained 'dissociated'. On reading his account, one cannot fail to be amazed, as indeed he was himself, by the way Winnicott used the transference to reach him at that very point where he had always assumed responsibility for keeping himself alive: Noticing that Guntrip had begun to feel anxious in a silence, he said, 'You began to feel I'd abandoned you. You feel silence is abandonment. The gap is not you forgetting mother, but mother forgetting you, and now you've relived it with me . . . . You have to remember mother abandoning you by transference on to me'. Guntrip's response, that he could 'hardly convey the powerful impression' it made on him to 'find Winnicott coming right into the emptiness' of his early unmothered state, conveys clearly the wordless quality of experience when someone locates the unmet need at the very point at which the other is feeling it and meets it there. Many experiences of this kind, often over a period of years, promote a secretly growing hope deep in the psyche of the patient: a hope that may develop into confidence that the

world is a place in which it is possible to live and grow as a person. As therapists we seek to understand, and then to 'upset', the negative expectations of the transference by consistently relating to the patient as a person of value. Perhaps this is what Fairbairn (1958) meant when he said that to be therapeutic, the psychotherapist must be 'interventionist', and what Winnicott (1971) was referring to when he said that to do this kind of work it is necessary for the therapist to believe in human nature, and what Guntrip meant when he said that the therapist needs to be able to sense the patient's hidden psychic potential for personal relationship and creativity through and beyond his repressed conflicts. (1968, p.337). Avoiding sentimentality, which hinders unequivocal therapeutic commitment, the therapist searches for a core of personal reality in the patient that he can reliably affirm. In fact it is only in the context of an enduring belief in a person's deepest nature that his inner conflicts can have any meaning in a truly psychological sense: if anti-social impulses are simply biologically pre-determined, there can be no point in 'analysing' them, but only if they are understood as the energies through which an undeveloped psychic nature struggles to manufacture meaning in an empty world. There can be few more rewarding experiences in psychotherapy than the eventual resurgence of the patient's 'lost heart' to enter into his biological inheritance, owning it for interpersonal expression. Then 'aggression' can serve its true purpose, as an energetic, striving aspect of the primary libidinal psyche, uninfluenced by anxiety, and sex allowed its place as a biological appetite for the giving and receiving of personal love.

The whole world of psychopathology takes on new meaning when it is seen in terms of the struggle to develop as a person to feel real and effective without proper attachment. Here lies the meaning of arrogance, for in such circumstances an individual has little choice but to arrogate to himself the qualities he needs, in order to disguise his own weakness. Arrogance is a product of fear. In the words of Henry Dicks's succinct summary:

> *"Every patient with mental illness was more afraid than he could tolerate as a baby, and the faults in his psychic structure represent the gallant attempts to allay this intolerable feeling by the inadequate means at his disposal" (1935).*

The ultimate threat posed by unfulfilled attachment needs is that of emptiness, fear, weakness, isolation and lack of confidence, and not primarily the antisocial impulses that fear gives rise to, even if they are for much of the time all that the patient can feel. I am suggesting that, whatever mask he wears on the surface, the patient is needing to experience 'a secure inactivity', and 'a passive receptivity to healing influences', (Guntrip 1968) in which the energies, deployed in maintaining the arrogant self, may be re-integrated

by the psyche for the purposes of confident personal growth. These first few signs of renewed personhood, as the psyche emerges from identification with the therapist into personal relationship and self-awareness, are surely among the most profoundly moving in human experience: a situation of primal fulfillment for therapist and patient, redolent of deep contentment and quiet purposeful steady growth. When the therapist is able to express genuine insight into the vital lost heart of the patient's true self, the patient gets an entirely new feeling of being understood in depth, of being 'in relation', and of feeling real, and from that moment he will begin to find an ego-identity coming into being. As one patient put it: 'Sitting here in the silence a fly-wheel has stopped and I have begun to live.' (Hazell, 1976)

In my experience, in every case, including my own, where genuine healing has come about, the crucial therapeutic factor has been the arrival of a state of 'communion', well described by Nacht in a paper 'Silence as an Integrating Factor' (1964) as a 'kind of one-ness (in which) all opposition and all ambivalence lose their sense and their raison d' etre'. It is at this point that the essential reciprocity of the therapeutic relationship is most strongly apparent.

There seems to be a real sense in which there is a simultaneous 'melting' of defensiveness in regression - where the therapist's struggle to hold firmly to his belief in the patient's true self and the patient's fear-driven resistance break down together with a mutual sense of gratitude, and a shared sense of relief. In fact it seems that this reciprocal experience is essential for the patient's full recovery, since he can never really believe in his own value as a person unless it is implicit in the other's spontaneous response to him. In this way a sense of reliable accompaniment may begin to develop between therapist and patient, each contributing to the confidence of the other, as their mutual understanding grows. It is in this sense that Winnicott (1971) has described confidence as 'the experience of dependability that is becoming introjected', but it may not always be appreciated that although Winnicott is here referring to the patient's feeling of confidence in the therapist, there is an equally important sense in which the way that the patient's true self affirms and rewards the therapist when the latter succeeds in identifying with and reaching him in his need. It is thus in an atmosphere of mutual trust that genuine confidence has its origin : it is by being believed in that both therapist and patient develop confidence, and not because one 'gives' it to the other. It is in the empathy and warmth of the therapeutic relationship, expressed and experienced in accurate understanding, that the personal confidence of each begins to grow, until each develops the capacity to let the other go in the external world by reason of feeling securely related in the inner world. In my view, therefore, psychoanalytic psychotherapy is a unique personal

relationship in which psychotherapist and patient work towards a full trust and confidence in each other. The more disturbed and isolated the patient is the harder this task becomes, until at the deepest level of disturbance no really stable experience of selfhood can be said to have been established, so that arrogance is the only option - the only way of building a personality without foundations in confidence. In these circumstances the individual sooner or later complains of feeling false, fraudulent or phoney - and this can also be the case with us as therapists when we are not really in touch with our patient's experience, but cannot acknowledge the fact. The point about arrogant states of mind is that at some level they feel unreal to that individual, in as much as they do not derive from a true sense of identity experienced and grown in reciprocal trust, but rather derive from isolated and desperate attempts to compensate for its lack. Accordingly, the only medium for the dissolution of arrogant states of mind is the steady development of the self's natural capacities as recognised and affirmed in relation to another. Just as the therapist depends upon the patient's responses to guide him as to the truth or falsehood of interpretative suggestions, so the patient relies substantially upon the therapist's ability to distinguish between the genuineness and falseness of their communication. No merely theoretical training can equip us for this but only an experience of personal psychotherapy in which a true meeting occurs on both the intellectual and the emotional level, and which continues well into the beginning of a new psychotherapist's practice, so that the sense of relationship underwrites the early work. Only in this way can someone entering the field know in experience the value of an emotional sponsoring of his growing efforts in practice, just as his patients need him to support and accept their recurrent need to identify, and differentiate and re-identify in a natural rhythm, as confidence begins to grow.

I believe it is this rhythm that, when mentally absorbed, sets the pace of the individual's personal development, as not driven activity and enforced relapse, but the setting up within the patient's psyche of a natural flow of unforced activity alternating with and taking its energy from a deep and enduring connection with the source of personal life - what I have come to term 'the rhythm of mental health'. In my experience these natural accompaniments of personal growth (i.e. the capacity to identify or 'feel-at-one with', alternating with the capacity to differentiate, to explore one's world, and to feel concern) form a basic pattern to the intra-personal life of the individual, which, in the later stages of growth, facilitates an easy return for renewal to the identified state when needed. In my own case what psychotherapy introduced me to was the possibility of regression becoming the basis for an unforced return to confident self-expression. (Hazell, 1991)

As a consequence of such a deep identification with his patient, the psychotherapist has a powerful sense of responsibility for the newly emergent self in its relation to the world. Just as formerly it had been important to respect the patient's arrogance as his valiant attempt to live over the top of his inner weakness, so now the patient needs therapeutic support for his growing venturing in the world. How great a disruption of the patient's contemporary world such a regression may have involved clearly depends upon both the degree of his deprivation or privation, and the nature of his present circumstances. But, even when the latter are relatively supportive and friendly, it is a fact of experience that well-intentioned family and friends often have very little understanding of the nature and needs of a regressed person, either in a resting state, which seems to them so alarmingly inactive, or indeed in the early stages of growth, which seems so slow. People generally can cope more easily with outright active psychopathology, which creates a role for them as active helpers, or critics. But when the patient is simply feeling weak and inert, people around become restive and suspicious of the therapist - even though they themselves may often be very active in seeking 'non-active life', perhaps in the form of transcendental meditation. And even when the patient begins to move in the world of relation, those around him are often apt to try to accelerate his rate of growth. Such attempts do little to help the patient with his own fear of regression.

Guntrip (1961) felt that regression involved 'the appalling risk of the loss of definite selfhood'. We have to understand our patient's fear, and respect their need to fight it, while all the time, at every opportunity, accepting the deeper need to regress with the therapist, in order to find the security to re-experience the original disturbance, and grow free of it. Thus the patient's emerging differentiation from the new identification with the psychotherapist cannot be a 'sudden conversion' yielding 'immediate autonomy'. Rather 'autonomy' is expressed in venturing that has about it both a naivety about the 'world', and a remarkable firmness of purpose in exploring one's relationship to it. The patient who has been gradually introjecting the therapist as a reliable parent figure in his inner world, around whom he could reorganise his security as a person, will naturally progress to venturing on the basis of what Winnicott (1965) called 'a belief in a benign environment' with a capacity for concern based not upon depressive anxiety necessitating 'reparation' but arising from a sense of 'kinship' and emotional connection with other people. Conversely, I believe that whenever an individual's drive to self-expression loses touch with its primary source in identification, his autonomy becomes arrogant, lacking in feeling, gratifying rather than satisfying, and potentially pathological and harmful. If he remains unrelated for too long the patient may experience a return (sometimes horrifyingly unmodified) of his

pathological pattern, no matter how well analysed it may have been (e.g. Harry Guntrip's dream at the age of seventy four after two experiences of analysis, of being lost in endless space (Landis 1981)). It requires much reaffirmation by the therapist of his belief in the primary person-seeking nature and need of his patient, before the latter can introject, integrate and assimilate the basic principle that the only source of confident personal development lies in personal relationship and that the primary source of psychopathological states, of whatever kind, arises from the unrelated state. Whereas much so-called 'independence' is based upon a fear of dependent needs, true self-relatedness is expressed in confidence - the natural outcome of a confidential relationship. Thus, I do not see psychotherapy as the once-and-for-all establishment of a completely autonomous self, but rather a self in whom the highest level of self-expression retains its roots in personal relationship. The maturation of our social nature consists not in being independent of needs of others, but in the ability to regress, identify and differentiate in relations of mutual significance with others. What is achieved in the rhythm of mental health is perhaps what Fairbairn (1952) termed 'mature dependence, characterised predominantly by an attitude of giving, with accepted and rejected objects exteriorised'.(p.39) For as Winnicott (1971) pointed out, 'independence does not become absolute, and the individual seen as an autonomous unit is in fact never independent of the environment, though there are ways by which in maturity the individual may feel free and independent, as much as makes for happiness and for having a sense of personal identity.' The results of this kind of therapy do not provide a cast-iron guarantee against breakdown, but are reflected in the individual's growing capacity to respond, rather than react, to life's challenges and opportunities through shared experience with others rather than in the fixity of isolation.

As time goes on, the underlying sense of having an identity rooted in recurrent and consistent experiences of identification and differentiation in the therapeutic relationship, becomes the basis upon which the patient forms other relationships. But I am not speaking here of 'termination', because on this theory, there is no such thing. Recently, a person, whom I had not seen for quite a number of years, got in touch and came to see me because an impending house-move had revived early separation-anxiety. The patient, who had experienced extreme fear of both separation and commitment, had made sufficient progress to enable her to finish therapy and begin a new life. This was entirely born out over the next ten years or so. Children were born and combined with a successful professional and family life. Her recent visit came as the result of an urgent need. She told me that over the intervening years I had consistently appeared in her dreams as 'available', so that she felt in touch, no matter where her dream life took her, and she was now feeling the

need to make sure that the living reality (me) matched the introjected reliable object in her unconscious. Fortunately, my emotional availability was as real to her as ever, and greatly eased her fear that her self would be lost in the move. I was reminded of Winnicott's (1965) injunction that as therapists we must never fail to believe in the patient's fear of falling out of relation, and its seriousness for him, and that the therapist is needed by the patient to be available when remembered, after having been forgotten.

The 'success' of the psychotherapy lay not in 'complete autonomy' (if such a thing were possible), but in the presence of an enduring sense of relation, established at a profound level, which was remembered and re-experienced when external circumstances played upon that deep dread of ego-loss. Perhaps we can say that, as therapists we aim to be 'forgotten' in the sense of being taken for granted as a background to the busy conscious life. I recall a University student who also had so deep a fear of personal relationship, that I felt at a loss as to how, in what terms, she could accept my presence. She always sat as near the door as possible and was scarcely audible. I noted at the time (Hazell, 1982) that 'If I listened hard I lost her, and if I 'drifted off' I lost her,' and that 'I was simply needed to 'be' with her, believing in her shy, withdrawn nature in a way she had ceased to be able to do'. She herself gave me the clue to what was needed when her difficult and destructive father came to visit her. She said that she had been aware of hoping that a relationship might develop with him, but that she had been unable to talk, and added, 'If he could just have been there like part of the furniture I could have managed it." To quote Guntrip (personal correspondence 1971) once more:

> *'Every ego is wanting to relate but is prevented by fears, hates and lack of confidence . . . the ego-potential at birth must be given something, however small, to live by or it will die.'*

It is our responsibility as psychotherapists to discover (via transference) just what quality of parental care the patient needs to restore a sense of relationship and a sense of self. I was privileged to watch the emergence of this patient's innate capacity to relate while I remained quietly alongside, like part of the furniture!

As I mentioned earlier, how complete this therapeutic forgetting, or taking for granted, can be depends partly upon the kind of world the patient inhabits after he leaves therapy. One of the problems we have to face in 'personal relations psychotherapy' is that many cultures are based on a 'no-needs' principle which run clean contrary to the need to grow as a person. We are indeed fortunate if our patients have or find friends and partners who are prepared to wait and honour the emergent self with its sense of wonder and awe in exploration of the world of relation, and its recurrent need for sanctuary.

Not 'cool' at all. In fact I am inclined to think that the length of some psychotherapies of more disturbed persons is largely due to the fact that the world in general - and regrettably parts of the so-called psychotherapeutic world in particular - have a strong unacknowledged fear of these `ego needs`, which leads them to reinforce the sophisticated 'arrogant' self and avoid the needs of the natural self. Regretfully I have come across this kind of attitude in various forms of psychological treatment and training where techniques of treatment and symptom-cure are regarded as 'right, and any genuine listening to and understanding the other person as misguided and 'wrong'. On this view psychological defences must be 'broken down' by being pointed out and exposed, as no longer necessary in the so-called therapeutic atmosphere of the present, and the individual enjoined to display 'trust' in those around him by the expression of whatever feelings they deem him to be concealing. This seems to me a dangerous parody of what we are about in psychotherapy. There is, I believe, a pressing need instead for therapeutic groups to function as 'nurseries' for emergent persons, needing to develop confidence, rather than, as so often, hotbeds of competitiveness and random abreaction, based on pseudo-understanding of people's needs. In an insecure and power-hungry world, where politics, industry and education are geared to a fiercely competitive system, both nationally and internationally, modern education does not prepare men and women to be mothers and fathers but to compete with one another for jobs. We cannot remain blind to the fact that the freedom to love each other is ultimately more valuable to the future of the race than economic progress and the development of more sophisticated technology. As Guntrip once replied to the question of whether man as a person would survive in the computer-age, 'There will be no computer-age if persons do not survive.' (Sutherland, 1969)

Gradually, the emergent person does progress, despite the ups and downs of life. In a long practice, it has been especially rewarding to see how they grow strong, without arrogance - stronger sometimes indeed than their erstwhile psychotherapist - and why not? There seems little intrinsic reason why patients and therapists should not 'change sides' if the right circumstances occur. No one person possesses the monopoly of wisdom and ego-strength, and there are times when the most 'mature' thing a psychotherapist can do is to acknowledge that his patient is, at that particular moment, stronger than he is.

Winnicott used to say that if he didn't acknowledge his weariness, he talked too much, and Guntrip certainly did so at times. Better perhaps to quietly acknowledge that the positions have changed, and see what the patient does with the situation! We have all heard that well-known and rather tiresome rejoinder, when we have appeared less than adequate: 'It's good to

know you are human after all'!

Summary and Conclusion

To return to the question with which we began: I am inclined to think that wherever genuine insight into the lost 'unattached', unrelated heart of the personality gives rise to a feeling of being understood in depth, an experience of personal growth results. This is not to assume that a 'complete cure' is achieved: we cannot have a different history, but, as Guntrip has put it, 'What does happen is that one is put in a stronger position internally and if the past is never totally outgrown, neither is the whole personal self static ..... while a genuine therapeutic relationship is being experienced.' (Hazell 1996 p.314). Thus the concept of continuous development replaces that of 'cure'. As far as my experience goes, psychoanalytic psychotherapy is the best method of achieving this end, because it puts the psychotherapist in a position, via the transference, to experience directly the internal bad object situations that inhibit his patient's growth, and, more importantly still, to give the patient the experience of being sensitively contacted at the very point where his needs were unmet - a transformational experience for each and the indisputable foundation for growth to begin. Thus what we attempt in 'transference analysis' is not merely to identify the delusional transference but gradually to transcend its influence in the steadily unfolding dynamic of a new relationship, with the experience of identification as its foundation. It seems to me that, at its most profound, this relationship is expressed in simply being with the patient as he achieves his ultimate goal of resting in an atmosphere of safety - for it is only in this state that old ingrown reactive patterns can be relinquished, and a new identification spontaneously occur as the medium for growth. This is not to say that much useful work is not achieved at other levels by 'cognitive' methods, which are often all that is possible in a pressurised society. But, underlying all 'active treatments' and techniques, is the desperate need of emotional nurture, calling for a deeper level of therapeutic care to underpin and supplement 'brief therapy' - and at the schizoid level nothing else will do. Anthony Storr in his book (1996): *Feet of Clay: A Study of Gurus*. (1996) sounds a realistic note,

> *'I am inclined to think that when psychotherapy heals, as it sometimes does, it may be because the therapist has provided a secure haven, a maternal enclave, in which the patientis for a time removed from the troubles of the world, and like a happy child, can feel totally accepted, confident and free to grow' (p.231)*

In my view it is only by the empathic analysis of how trapped the patient has become in his inner (and maybe in his outer) world, that any such state

can be achieved. This is not to say that we are unconcerned with the patient's 'behaviour' - an all important indicator of 'personal growth': As Sutherland (1984) once pointed out,

> *'In many ways we are behaviour therapists, through exposing the concealed origins of the behaviour we get directed at us. The particular way in which security is recovered through the experience of being empathically related to is the only counter to the rather indiscriminate claims of behaviour therapy.'*

Of course we cannot remain content with the length of psychoanalytic personal relations therapy. However, when healing involves regrowing from a state of secure relatedness, this process cannot be subject to time constraints. For in addition to the long process of 'transference analysis', there is the very considerable time needed to a) outlast the patient's fear of a good relationship disempowering and engulfing him, and b) to consolidate the security of the resting state, during which the patient is mentally ingesting the therapeutic relationship as the basis of growth; and c) to sponsor the growing capacity of the patient for relating in the wider world. While in the case of less disturbed individuals the latter can be a fast developing and rewarding phase, for more deeply undermined persons the rate of personal growth, though vastly different from their previous 'dead', unrelated states, is extremely uneven, and out of phase with the general expectations of 'normal society'. Marion Milner (1968) in her account of a twenty year treatment of a schizophrenic woman wondered whether this length of time would have been less had her patient not had to keep changing lodgings. It is my impression that, at that level of disturbance, one has no alternative but to keep faith with the patient in his or her attempts to negotiate innumerable transitions between the world and the 'secure haven' of the therapeutic relationship. Another question occurs at this point: Can we as psychotherapists feel justified in therapeutically evoking growth in badly-undermined personalities, unless we, as representatives of a benign world, are prepared emotionally to sponsor and sustain their attempts to live in it? Psychoanalytic psychotherapy, at its best, does sponsor personal growth by meeting unfulfilled attachment needs. It is a psychic pulse beating steadily deep down in society. Much work is needed to promote its values at the level of everyday living, so that those who recuperate at deep levels may find a wider world in which they can live and grow. The value of this deep level work can hardly be over-estimated in our utilitarian society - nor in any society which claims to value the natural growth of the person in personal relationships.

References

Burt, Cyril (1961) 'The structure of mind'. *British Journal of Statistical*

Psychology. Vol. 14 pp. 145-170.
Dicks, H.V. (1939) *Clinical Studies in Psychopathology.* London. Arnold
Fairbairn, W.R.D. (1952) *Psychoanalytic Studies of the Personality.* London. Tavistock.
(1958) 'On the nature and aims of psychoanalytical treatment.' *International Journal of Psychoanalysis. Vol.39 p.385.*
Guntrip, H.J.S. (1961) 'The schizoid problem, regression and the struggle to preserve an ego.' *British Journal of Medical Psychology. Vol. 34,* and in Hazell (1994) Chap.6.
Guntrip, H.J.S. (1963) 'Psychoanalytic theory and the problem of psychotherapy. *British Journal of Medical Psychology. Vol.36* and in Hazell (1994). Chap.9.
Guntrip, H.J.S. (1968) *Schizoid Phenomena, Object Relations and the Self.* London. Hogarth and Institute of Psychoanalysis.
(1975) 'My experience of analysis with Fairbairn and Winnicott.' In Hazell 1994 p.351
Hazell, T.J. (1976) 'The problem of pointlessness' *British Journal of Guidance and Counselling. Vol 4.No.2.*
Guntrip, H.J.S. (1986) 'The unconscious significance of some motivational blockages in students at university.' *British Journal of Guidance and Counselling. Vol.10. No.1*
(1989) 'Thoughts on the pain of self-disclosure' *Journal of British Association of Psychotherapists. No.20 pp. 3-15.*
(1991) 'Reflections on my experience of psychoanalysis with Guntrip.' *Contemporary Psychoanalysis. Vol.27 No.1.*
(1994) *Personal Relations Therapy: The Collected Papers of H.J.S. Guntrip.* Jason Aronson Inc.
(1996) *H.J.S. Guntrip: a Psychoanalytical Biography.* London: Free Association Books.
Landis, B. (1981) 'Discussions with Harry Guntrip.' *Contemporary Psychoanalysis Vol. 17 (1) 12-17*
McMurray, J. (1935) *Reason and Emotion.* London: Faber.
Milner, M. (1969) *The Hands of the Living God.* New York. International Universities Press Inc.
Nacht, S. (1964) 'Silence as an integrating factor'. *International Journal of Psychoanalysis. Vol. 45 pp.299-303.*
Storr, A. (1997) *Feet of Clay, a Study of Gurus.* London. Harper Collins.
Sutherland, J.D.S. (1984) *'Sexuality and Aggression in Maturation'* London. The Institute of Psychoanalysis.
Winnicott, D.W. (1965). *The Maturational Processes and the Facilitating Environment.* London: Hogarth and the Institute of Psychoanalysis.

THE CLAUSTRUM AND THE REVERSAL OF THE ALPHA-FUNCTION: A CASE OF A POST-AUTISTIC ADOLESCENT GIRL

IRENE FREEDEN

Summary

The paper describes an interesting battle of an adolescent girl to 'come into the world'. She had been autistic since birth. When I met her at sixteen I thought she was more of a case of symbiotic psychosis with residues of autistic characteristics. My understanding of her psychotic states relies on Kleinian and post-Kleinian psychoanalytic theories, mainly those of Bion and Meltzer, some aspects of which I have briefly summarised. This girl's heroic struggle to begin to develop a feeling and thinking mind has confirmed for me how important it is to 'eschew memory and desire' in our work.

Theoretical Framework

Melanie Klein's seminal 1946 paper 'Notes on some schizoid mechanisms' presents a concept of projective identification as a psychotic mechanism which operates with external objects. By the time she was preparing *The Narrative of a Child Analysis* for publication she had mentioned projective identification as being possible with internal objects, but only as a secondary psychic activity.

Bion's theory of container-contained has clarified a differentiation between 'good' projective identification as communication, and intrusive projective identification as described by Klein. By 1970, in *Attention and Interpretation*, he further developed the concept of projective identification with internal objects.

He describes how the psychotic part of the personality has no pressure of thoughts created by the alpha function. Ideographic (pre-verbal) thought is not only unable to distinguish between various parts of the self, it cannot distinguish between the inside and the outside of the self. The patient is in a state of merger with the analyst through mechanisms of projective identification. The projected ideographs are split into minute objects, so that the surroundings of a psychotic patient become a space filled with *bizarre objects* invested with animate qualities. The patient's emotional response is a state of acute psychotic anxiety, termed by Bion *nameless dread.*

The reversal of the alpha function is predominantly motivated by excessive envy, not only of the *feeding breast* (Klein) but of the *thinking*

breast. The envy of the mother's reverie gives rise to intrusive projective identification, destructive splitting of the object - and of the self - and an identification of the part object with an omnipotent object. The links of the self with the object are under persistent attack and they disintegrate. There is no emotional contact, no capacity for symbol formation and often thought-disorder. Neither is there any ability to learn from experience, or development of a creative self. The capacity to experience informed passion depends on understanding. That understanding is comprised of Knowledge (K) of the relationship between one's Love (L) and one's Hate (H); in other words, understanding of one's conflicts of meaning. A person who attacks the linking of subject and object (represented in its primary form by the mouth of the baby and the nipple) operates on (minus) -K (philistinism, destruction of understanding), (minus) -L (puritanism, lack of cathexis, coldness) and (minus) -H (hypocrisy, self-idealised denial of hate). What follows is functioning on y- negative grid (the second vertical column). It is a psychic life of lies, confabulations, through attacks on truthfulness, and on linking.

In the reversal process, alpha elements are cannibalised to produce either beta screen (to replace the contact barrier) or bizarre objects. The following is Bion's (1962) description from *Learning From Experience* . The patient's

> *'...use of words is much closer to action to 'unburden the psyche of accretions of stimuli' than to speech.... Instead of sense impressions being changed into alpha-elements for use in dream thoughts and unconscious waking thinking, the development of the contact barrier is replaced by its destruction. This is effected by the reversal of alpha-function so that the contact-barrier and the dream thoughts and unconscious waking thinking which are the texture of the contact-barrier are turned into alpha elements, divested of all the characteristics that separate them from beta-elements and are then projected thus forming the beta-screen. Reversal of alpha function means the dispersal of the contact-barrier and is quite compatible with the establishment of objects with the characteristics I once ascribed to bizarre objects....The beta-elements differs from the bizarre object in that the bizarre object is beta-element plus ego and super-ego traces. The reversal of alpha function does violence to the structure associated with alpha-function....' (pp. 24-25)*

Meltzer (1966) shows how projective identification with internal objects is intensified as a result of anal masturbation and promotes a narcissistic organisation in a pathological character disorder. It was the publication of *The Claustrum* in 1992 which not only developed the concept of intrusive

projective identification with internal objects, but highlighted its omnipotent - identificatory, and projective - claustrophobic aspects, and the concreteness of psychic reality. He described how:

> *'The portals of entry for communicative projection are limited, at the infantile level, to the special senses of the object and non-erotic areas of the skin. But every sense and orifice is a potential portal for the intruder...'*(p. 71)

At times of extreme anxiety, usually facing separation or loss, intense masturbatory activity produces violent intrusion into an internal object or part object. Fear of the void and uncertainty motivates search for the safety of a compartment. In order to survive in *the cloud of uncertainty* of the world, as Bion calls it, a person must have a reasonable faith in the solidity of his/her internal container-contained system represented by the combined object. Without that, the person is terrified by a sense of not being, or falling to pieces, and Esther Bick (1968) has a very moving description of these phenomena. In order to avoid this dread or the pain of confusion, such patients seek refuge inside an object to gain an illusion of a sense of identity. This is one of the reasons for intrusive (projective) identification — as opposed to Bion's concept of projective identification for the purpose of communication (the other reasons are: envy, deficiency of trust, and excessive persecutory anxiety). The sense of 'safety' is marred by very specific claustrophobic anxieties due to the nature of the forceful intrusion into the object: a sense of fraudulence, fear of being found out and terror of being expelled from this alleged refuge. The sense of identity is then fixed in this infantile part of the personality which has intruded into the maternal (internal) object, depending on the compartment in which it chose to locate itself. That part of the personality which presided over the infiltration proceeds to take control of the organ of consciousness. This fixedness of a particular kind of identity, which is a shallow two-dimensional mimicry of the invaded object, entrenches the personality in a particular way. The specific mode of entrenchment depends on the portal of entry. Meltzer defines three compartments: the head/breast, genitals and the rectum. The people residing in the head/breast are:

> *'...the self-styled genius, the critic, the connoisseur, the aesthete, the professional beauty, the know it all...intolerant of criticism and deeply uneducable, in that they cannot bear teachers...'*(p.73).

It is characterised by an omniscience termed by Meltzer *the delusion of*

clarity of insight. It is a Proustian, or an Oblomovian indolent world. The life in the genital compartment is self-explanatory, where boys are led by their macho erections and girls are engrossed in their romantic/sexy fantasies, and of course, there is gender confusion and no differentiation between children and adults. All revel in oedipal triumph. The compartment of the rectum is described by Meltzer at its best as a boarding school and at its worst as a concentration camp. This is the world of Bion's basic assumption groups. Physical survival is the ultimate aim and the culture is one of sado-masochism.

> *'... Truth is transformed into anything that cannot be disproved; justice becomes talion plus an increment; all the acts of intimacy change their meaning into techniques of manipulation or dissimulation; loyalty replaces devotion; obedience substitutes for trust; emotion is stimulated by excitement; guilt and the yearning for punishment takes the place of regret'*(p.92).

Each compartment has its own social system controlling the threat of expulsion — up or down, and of course, the most terrifying is the expulsion from the rectum into the void. Once inside the object, the person becomes unavailable for contact. Survival is the main struggle for the therapist.

John Steiner reached very similar conclusions in his book *Psychic Retreats* (1993) published a year later. He describes an area of safety to which the patient withdraws under the rules of a highly structured pathological organisation. It is a place which 'promises' to defend from persecutory or depressive anxieties. 'Safety' in this retreat is provided pathologically by the narcissistic organisation. Those

> *'psychic retreats, refuges, shelters, sanctuaries or havens....'* (p.xi)
> *'...appear as spaces inside objects or part-objects. There may be phantasies of retreating to the mother's womb, anus or breast, sometimes experienced as a desirable but forbidden place.'* (p. 8).

The costs of those retreats are isolation or withdrawal or a state of persecution.. What is most feared is loss of equilibrium, hence the compulsion to persevere in the world of grievance and resentment in order to torture the object of the grievance. The alternative is of feeling and being nothing when faced with a void. The resistance to change which Steiner emphasises is very much in the spirit of Meltzer who calls those patients *'heroes of resistance'*. They present a fixed state of mind, which is why it is so important for analysts not to fix their mind but to eschew memory and desire.

Henri Rey (1994) uses the term borderline states to denote Steiner's

psychic retreats. He too understands those as concrete spaces and places which engulf the patient, either in claustrophobic anxieties when trapped inside, or agoraphobic if he feels expelled.

'The outside world or outside space [where they retire] *is transformed by projective identification into the body or internal space of the subject him or herself, identified with the internal space of the mother'* (p.25)

The patient

The patient had been autistic since birth. (Her sister, who is normal, is eighteen months younger). Towards the end of her schooling in a special establishment, her concerned parents were advised for the first time to seek an assessment from Donald Meltzer, who referred her to me under his supervision. Dr. Meltzer has made himself available to the parents.

Anne was sixteen when I first met her six years ago. She was brought to me by her attractive, gentle, long-suffering mother. She was a tallish, stout girl of stooped posture and ungainly movements. She was tidily dressed and her light brown hair was neatly combed (by her mother). She had bad acne and kept her eyes half shut, but when she opened them on occasion one could detect a grey glimmer of considerable intelligence. She behaved like a little excitable animal: hitting, shouting, biting, kicking and holding roughly on to her mother. She was clearly hallucinating, making autistic movements and repeated mindless sentences endlessly (e.g.: *'when will my session finish?', 'how can I sit down?'* — repeated twenty to thirty times).

Yet there were early attempts to establish a primitive relating to part - objects. She took my hand during that first session and let it drop after a few minutes saying: *'has my hand changed?'* During a third session, she apparently ignored my running commentary, said she had burning feelings, attacked her mother and ran out of the room. Minutes later she ran back in, claiming that somebody had attacked her outside. She climbed onto her mother's lap and began to hit her own head repeatedly, saying that she *'loved mum to bits'*. When I remarked on how confusing and upsetting she found not knowing whether she loved or hated, I was told to *'fuck off'*.

The idea of feeding emerged almost immediately with Anne asking what babies, puppies, piglets etc. eat. We had endless circular conversations about the need for her mind to grow through the ingestion of my milk thoughts. This theme has continued throughout the next four years, with Anne either negativistically rejecting the idea *('babies attack the breast ... babies drink orange juice ... I want to forget about it')*; or feeding herself - by masturbating with the notion. She would play with her fingers inside her mouth, or scratch

herself all over with excitement saying *'what are the words beginning with s — suck, suckle, sex'*; she would giggle, scratch and eat her scabs or pick her nose and eat the contents.

After two months she let her mother leave her alone with me. Jealousy of other children became apparent. She would stare though the window; show distress at seeing children in the neighbours' garden, and was upset at encountering my cat. She clearly wanted to be an inside rather than an outside baby.

A man began to feature in the material. Anne blurted out that she would shake a policeman's hand and asked me whether I knew Doris Day (day—night—knight). Violence at night was preoccupying her: *'do you have nightmares when blood comes out of your head?'* She claimed to be happy whilst crying and to be sad when gleefully violent. She broached the notion of inside and outside when she kicked me whilst hiding her face inside her coat. Anne's use of the toilet had become quite an ordeal for me, each visit taking at least half a session accompanied by endless waffle about whether or not she was able to sit on it.

She had prolonged arguments with her mother before the session — she wouldn't ring the doorbell because it *'felt like a nipple'*, and I had great difficulties in persuading her to leave at the end because her *'feet were stuck in the carpet'*. And yet, all along she seems to have known what the psychoanalytical process is about. She said six months into the therapy: *'what is faint — epilepsy — unconscious? That is what I come here for'*.

When I introduced the notion of her coating her mind with lies and mindless repetitions (she refused to take her coat off in a heated room), Anne started struggling with her violence toward me. *'I will put my hands in my pockets so they won't fly out and hit you'*. Not going to the toilet became not *'pooing on the milk'*. Her sense of humour appeared. She called herself a rottweiler, and *`made a joke: put contact lenses on your nipples'* (to make sure that I see only her and nobody else).

Anne's zonal confusion, intrusiveness and possessiveness is clear in the following vignette towards the end of her first year of therapy: She jumped in through the front door and ran all the way upstairs shouting: *'I have to touch you. Stop being stupid. You must let me eat you, Mrs. Donald Freeden* (laughing)*, Donald Duck. Pooey duck.'* (fusion between me and Dr. Meltzer.) She was making faces and looked like a ravenous animal. Interpretation about her anal masturbation, keeping mummy and daddy as combined object in a perpetual state of devouring intercourse, provoked an attack with her nails and teeth.

During the second year of therapy Anne's favourite repetitions were wanting to sleep with me and wanting to know about my husband. My offer

of increase of sessions was received by a violent negative therapeutic reaction which lasted several months.

She made tentative attempts to address the dimensions of time and space. After New Year she wondered whether she was the same person in 1994 as she had been in 1993. She was compulsively preoccupied with my husband's penis, with eating and defecating, in confusion with inside babies. Anne became increasingly obsessed with simultaneously wanting to rid herself of her menstrual periods and showing them off. She expressed envy and disgust of fertilisation and also became much more vulgar in her use of language.

The concept of the parental couple came into focus. For example, she told me of a visit she had made to Hampton Court. I interpreted that it was the palace of a king and queen. Anne responded: *'what do you do with your husband on Sunday, Monday etc. What if I fart up your nose?'* She giggled and tried to poke me in the eye. For the next three years her favourite repetition has been *'can I sleep with your husband?'*

For the last four years two main strands seem to have co-existed: intrusion into parental intercourse, and a denial of the parental couple and projective identification with either the penis or the breast. This phase started with a dream:

> *'Shakespeare's monument came to my room and wanted to get into my bed for a cuddle. I was frightened. Blood was coming out of it. Someone put a stick in his stomach. A hole in his stomach ... and this man drowning in the North Sea ... Don't want to think about it...'*

[Shake-a-spear daddy came to cuddle her in bed. The approach, however, felt violent and frightening. It transpired that she saw a boy in her school masturbating. The drowning man was part of the previous evening's TV news.] The next session was full of obscene excitement. She was giggling, spitting, making ugly faces, jumping, hiccuping, talking gibberish, rubbing her vulva, hitting her bottom with a fist — all this while moving close to the window and staring at a church spire. I felt profoundly sad. Unlike the material with sexually abused children, this was entirely auto-erotic.

The next few weeks demonstrated quite clearly how anal her claustrum of projective identification is. In the following session towards the end of the second year of her therapy, Anne came in clutching her purse. She rummaged in it with clenched teeth, took out a coin and started playing with it. She offered it to me: *'do you want to touch it?'* I said 'we have been having bad sessions recently because I have been offering you more sessions and you got worried that I will take away your eggs and your poos'. Anne started pushing the coin up her nose. The coin dropped and I was ordered to pick it

up, because it might bite her. I said she was in my bottom biting my babies. She laughed and tried to hit my breast. She kept pushing her face within an inch of mine. Anne oscillated in this session between living in the rectum and identifying with the breast while imagining herself being squeezed out.

A couple of sessions later Anne was biting pieces of sticking plaster off her finger, tearing off bits of skin and eating them. She was forcing me to watch her devour babies and hurting herself in order to hurt me. She said *'I like to hurt. I like you I do.'* I asked whether she thought that she liked me through masturbation. Anne*: 'yes I do, I am controlling you'*.

Anne approached her second summer break as if she were a violently expelled baby. She was screaming, gargling, touching her toes, blocking her ears, and complaining about being swallowed up by milk. After the summer break the combined object was back. She burst in through the door, ran up and said that the couch was full of goat's milk. [I interpreted the act of parental love during the break to provide more strength to look after her.] She said the sofa was going up and down like a sucking baby. When I told her that she was confusing her mouth with her bottom she started tearing at a scab and at a tissue, and eating them. She said my belly was empty, my breasts shrivelled and she was afraid of milk ghosts (an absent object haunting her during the summer break). She said her ring stank, scratched her head and smelled her fingers, picked at an acne spot and made it bleed, and screamed.

Anne spent months trying to get into the locked cupboard, and each attempted violent intrusion of this sort was accompanied by excitement, verbal obscenities, anxiety and even terror. In her identification with a penis she was quite manic, as on a day when she claimed to be James Smiley — a boy at school whose pudding she had stolen. I interpreted that she believed that as a penis I would allow her into my cupboard. I told her that when her fingers had intercourse with her faeces she could pretend to be James/Daddy. She readily agreed and said I was small enough to be carried in her pocket or in her bottom. She wondered whether I was pregnant, then became quite anxious, clutched her stomach and became involved in autistic movements and noises.

After a school trip, Anne claimed I smelled of sick, and the room was full of goat's milk. She had, of course, reversed vomiting me out. She tried to hit my breast, I protected myself, and she screamed: *'Don't fuck me!'* and then mumbled: *'stinking breasts, farty knickers, pooey vagina'*, and happily acknowledged that she was confusing my milk thoughts with her faeces. She said I was all dried up, and then insisted that she was suffocating and needed fresh air. I interpreted that her lies made it difficult to breathe, as her masturbation made her feel trapped inside and she responded: *'fuck you, I am having a good session, touch this'* — pointing at her genital, and gyrating

like a little hooker. She sang (very badly, although she can sing beautifully), *'sucking-fucking, there is my hole, dear Lisa'*. This fusion/confusion, which is a result of psychotic projective identification, is clear in the following: *'I am the boss here. I demand that you take me to your-man-bed. I am inside your head. I need fresh air.'* There seems to be a vicious cycle of intrusiveness, producing excitement—masturbation—intrusiveness—claustrum—attempt at evacuation—more excitement. The result is undeniable emotional and intellectual retardation. There was a hint of thoughtfulness in the middle of her third year of therapy: (*'maybe I should be in jail like Nelson Mandela, I destroy my family life, I destroy my sessions, I had* good *sessions in the olden days'*), but it was very fleeting.

Anne came to me in a slightly manic state after the Easter break in her third year of therapy [she had been rejected by one possible daytime placement for spitting and hitting.] She jumped and shouted *'pooey vagina, fishy vagina pooey boobs. I can break your house down'*. She spat at me screaming... *'you don't care about me...Oh! How did I sit down? Can I have a good session? Breast milk bit me. Babies bite the breast and tear it up. They drink orange juice'*. She ordered me to sing *"You belong to me"*. A few weeks later Anne spoke of *'sad feelings'* in her stomach and wanted to know how babies *'get sick'*. I linked sickness to the refusal to feed and digest.

This material was repeated for many weeks and was followed by a genuine concern about the ending of her schooling. *'I am sad because I won't see you in the summer break. I leave school on Tuesday. My mum and dad love me so it's OK. I* want *to forget about it.'* She did mean it, and did look sad and forlorn. For the first time I felt very affectionate towards her.

Following that summer break, the fourth year of therapy took off in leaps and bounds. She was mumbling *'sharp blades'*. I interpreted that she was cutting her mind to pieces with lies and repetitions. This is how she attacks the truth. The answer was *'pooey nappy'*. I told her that when I speak of beautiful things such as the development of her mind which would make her into a beautiful child and give us all pleasure, she soils it. She giggled and said *'shut up. you are disturbing me with your lies'*. The next session, however was different: *'I don't want to cut my mum to pieces. What will happen now about school? Where will I go?* [she went to the toilet with no fuss and made no mess] ... *I don't want to cut my mum or you. I won't have anybody left if I do'*. Anne continued to struggle. She acknowledged that her comment *'a woman beating the hell out of the man'* represented her idea of intercourse as one of a fight and was angry at being excluded. Her conclusion was *'can I sleep with your husband? I don't want the session to finish.'* She felt like spitting at me but wouldn't because it would spoil her session.

She was quite distressed that her favourite teacher from school came to

visit telling her that she was leaving for Australia. She was wondering why she minded, since she had left school anyhow. Why couldn't she go back to school? With each bout of sadness she struggled quite heroically with desires to hit or kick me, or break into my cupboard. However, she listened carefully when I explained that it was sad to lose people she is fond of and that it is hard for her to contain her anger which is not as painful as sadness.

There was a time when Anne complained about having to take the back seat in the car because she had been disturbing her mother's driving. She wanted only to be in the driving seat. I told her that her mother had to protect them both against an accident, and that I had to protect my mind against her lies. Her insightful response was: *'my thoughts are muddled and bash against the wall and come out in the toilet.'*

After Christmas she told me about keeping her parents awake at night. Having heard me speak about her masturbatory intrusion into parental space she asked whether my mind could clean her head; she wanted to wash her hands. Anne became more and more preoccupied with menstruation and its denial. She refuses to allow her mind to develop in conjunction with her body and turns meaning into parroting: *'I am special. I don't have to have the time of the month. Can I sleep with your husband? Can you help me with my autism?'* — not if you are a parrot — *'can you help me with my autism ...?'* The following session she stated in a small sad voice: *'I am not human, I am a robot'.*

One of Anne's attacking repetitions has always been her incessant *'why'* which she uses to denude anything I say of meaning. That spring term it had become particularly phallic-aggressive. It continued until I heard her say to herself in the toilet *'I want to change a penis into a woman'*. She agreed that she saw herself as a haughty, rigid, power-exercising penis and was wondering whether she could develop into a woman.

The summer term showed a significant shift. She didn't want to come because it made her *'have sad feelings'*. She was admonishing herself for disturbing her parent's sleep:

> *'if I don't let them sleep, they can't work. They won't have any money to take care of me. Then where will I be? — in prison. I will have an accident if I touch mum when she drives, and then where will I be? — in hospital.'*

She started giving me some information about the events of the week. I began to have a glimpse of an ordinary child. She asked whether babies hurt when their teeth grow. She was sad about her father going away for a week.

Next week Anne was upset about seeing some evidence of a past accident

on the road. I responded that someone had been cutting their mind to pieces with lies and was not paying attention, and someone got hurt and died. Anne said she wouldn't touch her mother when she was driving — she had tears in her eyes. I responded that I would be sad if she died and she might be sad when I die. By then tears were rolling down her cheeks. *'I don't want to be sad, I want to forget about it'*. I suggested that we enjoy the life we have and our good sessions. She thought that it was *'sad about babies' milk'* [a T.V. news item about contaminated powdered milk formula]. Then she asked how long she had been coming and I responded that it took a long time to build this relationship and we will try not to spoil it. Her *'legs would not walk out'*.

A week later Anne was desperately distressed. Her 'baby sitter' was leaving the next day for the US. She was sobbing. I was commenting that it is sad when people we love go away; we will be apart in the summer break but will get together again in September. She said she wanted to be happy all the time. I added that we can be happy or sad depending on what we are thinking, and she could grow into a lovable girl. Anne interjected: *'when I don't cut my mind to pieces'*. She started telling me about her neighbours:

> *'they are there to stay. I can't help it. Laura has dark hair like you; she smiled at me and waved good bye. I like her. I don't like x and y* (Laura's children). Crying again – *'I don't want Kate to go ... can I take this tissue home ... I hate you Mrs. Freeden, no I got confused, I love you ...*(which I saw as the beginning of ambivalence) *Can I be Laura?'* I asked 'and where would I find Anne?' She laughed *'I can't be Laura or you or mum, I can be only Anne'*.

It was a far cry from the callous indifference of three years before, or even the distress of losing school and her favourite teacher. This genuine pain of loss goes hand in hand with the beginning of differentiation from the object and strengthening the root of personal identity.

The next week she was talking about Shirley Bassey and singing (quite beautifully) her song *"I love you"*. She had nine good sessions in a row and didn't want to come in case she had a bad one. (By now I could hardly believe we had had so many creative sessions in a row!) She didn't want to cut her mind to pieces any more. I said that there were two Annes in her head: one was prepared to be sad when she had sad feelings; the other just evacuated sad feelings and wasted herself in mindless repetitions. She has been struggling with her envy of couples (parents, analytic parents, her eighteen months younger sister and boy-friend). She denigrates those relationships – *'boobs bonk'* — and genuinely complains – *'whom do I have?!'*. She has grown quite pretty, her movements are graceful now, and her skin healthy.

She is more vivacious and has lost some vulgarity of facial expression (which is not quite true yet of her use of language). Her sense of humour can be endearing, e.g.: *`Dad drove me here and I drove dad round the bend on Sunday'.*

Anne gave me a second dream: *'I dreamt about you last night. You were talking about fertilising eggs'.* She continued talking: *'Mary* [her sister] *isn't fertilised. She is too young. Good thing I don't have the time of the month and I am still a woman ... There is something sharp on the sofa — a big squashy baby ...'*

Her preoccupation with fertility and creativity stimulated Anne to address the concept of identity. She had been asking about 'depot' which she found frightening. I struggled with bus or train depots but to no avail. I finally hit on deed-poll. [Her father confirmed after the session that they had had visitors. Anne had asked why she couldn't be called Claire and was told by an aunt that she could change her name by deed-poll]. She was frightened. *'I don't want to be Claire or Jenny, I want to be Anne.'* I said that she would always be Anne, but would grow into a more thoughtful Anne who would develop the mind of a woman, and she could then decide whether she wanted to have a baby. She could stop driving people round the bend. She replied: *'I like you. Can I sleep here tonight?'* No, but she could dream about me.

The penultimate session before the summer break (at the end of the forth year of therapy) revealed a shift in Anne's conception of the dimension of time: *'Can I come on Friday, Saturday ...'* I explained that we might consider additional sessions next term, if that was what she wanted.

> *'Can I come Thursday ... did I not say Wednesday? Thursday is future, Monday is past ... I am nineteen ... twenty is in the future (her birthday is in August, during the summer break), will I still come when I am twenty ... I came when I was eighteen, that was past.'*

She came back after that summer break looking much prettier and feeling more grown-up. The arguments by the door stopped and she sat down right away. She said

> *'I have the capacity to think in the real world, I am not a robot, I am twenty. I don't cut my mind to pieces. I don't cut my mum's mind to pieces, I can be quiet in the car and let my mum drive in peace. I don't want an accident. It would be horrible if anything happened to mum, or to you. I don't need those mindless repetitions, I won't let autism win. Will I move to the insulting room?'* (her word for an adult consulting room).

I noticed an emerging capacity for abstract thought. She tried to explore what *'observatory'* meant, and concluded that her mind was an observatory for exploring how she was with me. The trips to the lavatory became quick and efficient and the phallic dimension became clearer. She said she wanted to sleep with me because she wanted to put her seed into me with her penis. Since I said that she didn't need to remain autistic, she also didn't need to remain a girl. She could grow a penis and make fireworks. While she was saying all this, she had four fingers in her mouth — two of each hand. I had an image of a baby exploring her fingers and her mouth. She said *'I am trying to come out into the world and use my mind in a good way'*. I said she was indeed and was growing into a thoughtful and beautiful girl. This prompted grinning and fidgeting and wringing her hands. I mused that she gets all excited when happy and it is hard for her to keep her body still. She wanted me to jump with her for joy. She asked how a baby feels when it is let out of an incubator. She was singing *'I love life'*. This jumping for joy was very different from her previous manic excesses, and indeed she calmed down and said that it was sad that she used to spoil her sessions in the *'olden days'*.

The month leading up to Christmas 1996 became quite frantic. She tried to intrude into other rooms in the house, get into my cupboard, attacked the cat, picked her nose, rubbed dirt into the carpet, her masturbatory activity had intensified, and yet the sadness of separation was in evidence.

From the beginning of 1997 Anne's movement towards the threshold of the depressive position became clearer. She had a dream in which gravestones were coming towards her bed. She was frightened and her mother stayed with her till she fell asleep again. She inquired why and how people die, she was wondering why I could die, if I wasn't terribly old, she was crying. She thought she would like just to be quiet for three minutes till the end of the session and she felt sad. Her sense of time has became quite realistic. She got an adult watch for Christmas and was using it with expertise. She seemed to have relinquished the pleasure of the timelessness of the claustrum.

This last year has been dominated by the struggle between possessive identification with me and some sense of separateness and competition. She listened to my explanation that the more she intrudes into my relationship with my husband the more she splits herself horizontally, so that her mouth wants mummy's breast while her bottom wants daddy's penis, so that her mouth doesn't feed and her legs don't walk. She thought it wasn't a good idea. But she was genuinely perplexed when she couldn't figure out whether it was her tummy or mine which rumbled, and perhaps we had only one tummy between us.

Preoccupation with babies and pregnancies has been almost constant. The repetitive *'can I sleep with your husband?'* acquired the meaning of

both being me and being my inside baby. I have been watching with a heartache her struggle between her belief that she was I and her competition with me. She was openly delighted when her sister's relationship broke up. She doesn't hate her menstruation anymore, she is ambivalent about it, maybe she isn't a woman because she has no milk in her breasts, is it or isn't it true that she has eggs?

The approach of the Easter break provoked serious anxiety that she might be pregnant. It seemed that the separation anxiety and fear of loss propelled her back into the claustrum, and when she was aware of her anger with me and suspicion that I might have replaced her with another baby, we became fused again. It manifested itself in two ways: on the one hand some of the previous abusive behaviour came back, as if that were a way to prevent me having another baby like her (she was talking in a Dalek voice *'exterminate all babies!'*); on the other hand she was very preoccupied with her periods and her breasts and watching her stomach and mine. Each episode of bad behaviour was followed by tears of remorse. Concurrently, it started dawning on her that her body and the physical world at large have rules of their own which she cannot control. Her sense of humour was quite helpful. On one occasion when she said she wanted to be me, and I responded by asking whether she would then like to work with Anne, she replied vehemently *'Oh, no, it's hard work!'* and laughed heartily. She began to discover some optimism which was linked to her discovery that her body works; it is not a machine which she has to control.

After Easter 1997, her bi-sexuality became very apparent. On the one hand she wanted a penis and to be my husband; she became interested in football which she watched with her father, and sometimes pretended to be boy-like. On the other hand she wanted very much to be me. Her appearance changed quite dramatically, her looks became alive and pretty, her figure and gait graceful, she became preoccupied with clothes and jewellery and perfume, she stopped biting her nails and grew them long and used ever-changing nail polish. She was quite sure, however, that she didn't want her eggs fertilised because she didn't have the patience to look after a baby.

But she knew that *'I can be happier in my inside life and manage better my outside life'*. I started getting more information about her outside life, such as the names of some carers during the week, and a day-centre where she is taught basic skills. Her parents went away for a week for the first time since her birth. She leans back on the couch now, and endings of sessions are very painful for her. She started looking out of the window at the end of sessions, which is to me very reminiscent of Richard. *(Narrative of a Child Analysis)*. She looks profoundly sad when she says that she doesn't like to be separate and she doesn't like to think that I might be with somebody else. She dreamt

I held her hand.

She had stopped smearing faeces around the house quite a while ago, but her playing with it in the toilet seems to have acquired a meaning of searching for unknown parts of herself. What re-appeared was her picking her nose and eating the dirt, sniffing her fingers compulsively, eating bits of paper or tissues, mud from her shoes, etc. It transpired that she was unconsciously intent on finding missing good bits of herself among the waste. It seems to have been linked with the distress at the endings of sessions when she felt expelled from me. Her struggle with masturbation compulsion is hard although she partly understands that it is the main source of her confusion. At the same time there has been a great expansion to her vocabulary and she seems to have understood that language enhances the capacity to express thoughts about her psychic reality. Before the summer break she felt freer to be naughty, yet quite soft and tender; the super-ego aspect of her relationship with me had weakened..

She negotiated the last summer break very well. She is twenty one now, and told me all about her birthday. Although angry about the break, she was tearful as she didn't want to spoil her sessions. Her thirst for knowledge is now parallel to her intrusive curiosity about me. She was very anxious to ensure I hadn't had another baby and frightened that she might be having one if she is me. It seemed that her compulsive masturbation during the break produced excitement about being inside me and getting impregnated. She talks openly now about her masturbatory activities, rather than enacting them, I get more information about her external life and I can see much more clearly how frightened she is of the strength of her emotions. I think that the penultimate session before the Christmas break will speak for itself.

Anne runs upstairs gracefully looking lovely. She fires questions: '*does it matter I have a period, when will it finish, will I come here next week?*' Yes. '*And the week after?*' No, It is Christmas. '*Why, if I choose not to have presents can I come here at Christmas? I don't want not to come. What are you doing at Christmas?*' I shall be spending it with my family, and you will spend yours with your family. '*Why can't we get two families together? I love you I do. Guess what I have in my pocket*'. We played a guessing game. She fished out a cherry lip-salve. '*Do you like it?*' It looks nice. '*It isn't a lipstick, it is a lip-salve. I will stop masturbating and it will grow into a lipstick*'. Sucks her fingers one by one. It is difficult to know whether you are sucking on a nipple or a penis. Grins, '*or a poo. You don't want me to masturbate, do you?*' No, because it makes you very confused. '*OK I will stop. Why don't you masturbate?*' Because I like to have space in my mind for thinking. '*If you don't think, you don't know things, is that right?*' Yes. '*I want to learn about the world. I don't want to be autistic. What is epidural?*'.

An injection one has in the back to have a painless operation or birth. Shifts as if hit in the back. You just shifted as if something intruded into your bottom. Passes wind, *'it is all right I just pushed it out'*. So when I explain a word to you, you feel it like a real thing. *'Yes, but I know it is also a word that you say and not do. What is abortion?'*. An operation to remove a foetus from the womb so it cannot grow and be born. She looks sad. You feel that a Christmas break is like an abortion of you. Says chokingly, *'yes'*. You are not aborted, you are a born girl, very much living in this world, and I will miss you when I don't see you for two weeks, but I know you are alive and I will see you soon. I can also think about you when I don't see you. *'Can I phone you?'*. Yes. *'Really?'* Yes. *'I may not want to'*. You can phone me if you want to, you don't have to. *'OK. I want to look through the window. This is a beautiful world. Can I draw a picture?'* Draws a shape and fills in colours. *'This is the world.'* I feel very moved.

Conclusion

I found in Anne only limited evidence of autistic adhesive identification. There is overwhelming evidence of stereotypy and habitual behaviour alternating with manic auto-erotic excitement. I found her to be a girl of extraordinary sensitivity, liable to be overwhelmed and lost in a very frightening and confusing world. The bombarding stimuli could be external (such as the noise of an aeroplane in the sky or my mild cold), or internal—her own powerful emotions which she was unable to think about. Cognitive mindlessness and emotional emptiness, raging attacks or masturbation were some of her solutions to the aliveness of her feelings which, in contact with an object, could result in her sense of falling or disintegration. She had no spatial boundaries.

In the course of the six years of our therapy, Anne has been able not only to refrain from 'dismantling' herself (Meltzer, 1975), but to use her obsessionality in an attempt to control me. I believe that her employment of intrusive projective identification is a function of two features: an intolerance of separation as a result of the absence of her own 'psychic skin' (Bick, 1968) on the one hand; and a mainly oral part-object possessive jealousy (as a primitive form of love) on the other. Having failed to control me, and perhaps having perceived my 'not knowing' as non-threatening, she has been able to grow some skin, to find her mind and to approach the threshold of the depressive position.

References

Bick, E. (1968) 'The experience of the skin in early object relations.' *Int. J.*

Psychoanal. 49: 484 - 486.
Bion, W.R. (1962) *Learning From Experience.* London: Heinemann.
Bion, W.R. (1970) *Attention and Interpretation* London: Tavistock
Klein, M. (1946) 'Notes on some schizoid mechanisms'. *Int. J. Psychoanal.* 27: 99-110; reprinted in *The Writings of Melanie Klein*,vol.3. London:Hogarth Press(1975)
Klein, M. (1961) *Narrative of a Child Analysis.* London: Hogarth Press.
Meltzer, D. (1966) 'The relation of anal masturbation to projective identification.' *Int. J. Psychoanal.* 47:335-342.
Meltzer, D. (1975) *Explorations in Autism.* Strath Tay: Clunie Press.
Meltzer, D. (1992) *The Claustrum.* Strath Tay: Clunie Press
Rey, H. (1994) *Universals of Psychoanalysis in the Treatment of Psychotic and Borderline States.* London: Free Associations Books.
Steiner, J. (1993) *Psychic Retreats.* London: Routledge

'DREAMWALKING': A CASE OF DIS-IDENTITY IN A MAN FROM POST-WAR GERMANY

IAN B. KERR

Introduction:

This paper represents an account of two years of therapy with a thirty-seven year old man, Thomas, who grew up in post-war Germany. Our therapeutic encounter provoked considerable thought on my part about what exactly analytic therapy is, and what it is that is therapeutic about it. In particular it raised for me questions related at first sight to matters of technique, but which ultimately have to do, I think, with deeper questions about the aims and nature of the therapeutic process. These issues would most obviously have to do with the nature of interpretations and the so-called 'rule of abstinence', with the associated question of the role played by a relationship in the therapeutic process. This therapy also, especially in the early stages, felt very obviously hard work which provoked questions about why that was and what this implied. A further dimension I struggled to integrate was that of my patient's temperament and the extent to which I was dealing with someone with perhaps intractable personality traits which make encounters such as therapy difficult. Thus, it raised for me the question of how far constitutional traits and gender might have an impact on and influence therapeutic expectations and technique.

In addition to this my patient presented, in a certain way at least, rather like one of Jung's stereotypic early mid-life patients, facing some largely unconscious crisis of meaning and purpose in life. He had reached his late thirties, uncertain of the direction his professional life was taking and involved in an apparently rather sterile marriage. Part of his motivation, much of it unconscious it appeared, seemed to have to do with his stage of life and the wish at some level to sort it out before it became too late. I think that this may in large part account for his sticking with a process which he found very confusing and difficult, certainly in the early stages. Thus, in broad terms there were issues which I felt needed to be dealt with not only from a developmental but also an existential perspective.

The range of issues to be dealt with also seemed, perplexingly at times, to include the culture and historical epoch both he and his parents came from. This extended into broader issues of both personal and cultural identity for my patient, which partly related to his being abroad and his struggle to make sense of that, as well as to his masculine identity in a greatly changed and discontinuous world, relative, for example, to the one his parents grew up in.

This is a revised version of a 'reading in' paper for Associate Membership of the BAP.

Thus, part of the therapeutic work involved addressing both post-war German culture as well as that of the 'post-modern' liberal West in general.

Background:

Thomas had referred himself for therapy through the reduced-fee scheme largely at the suggestion of his wife. One of his presenting complaints was difficulty in his marriage, which he said was not working well and he stated that the difficulties they were having lay both in communicating and also in the sexual side of their relationship. This he said 'stressed' him. He also felt very 'tense' and 'lacked direction in his life', all of which led him to feel often 'unconcentrated and maybe a bit depressed'.

As regards his childhood background, he reported only that he had 'always found it difficult to discuss anything at all with his mother as she always had her mind made up and was never open to suggestions or opinions'. He had been the middle of three siblings, with an older brother and a younger sister. His father had come from an area of Germany which was now a part of eastern Europe after the war as a teenage refugee. His parents had had an 'unsatisfactory and problematic' marriage which involved 'arguing all the time'. Although his parents did not get on with each other they stayed together for the sake of the children. His father began to drink heavily in this situation and eventually developed cirrhosis of the liver of which he had died a decade previously.

Thomas left school at 15 and served an apprenticeship, following which he worked for six years as a draughtsman in a large local company. He had then left to travel and work, initially in Europe, and subsequently for about a year in South America where he met and married his wife. For some six years they had lived and worked in London, he on a casual basis as a market researcher whilst pursuing a part-time course in photography and media studies, whilst she pursued an arts course.

The Therapy:

Our first few meetings inevitably communicated a great deal about my patient and his world. Prior to a preliminary meeting he demonstrated considerable anxiety in a curious sequence when, having left a message on my answering machine in response to my own call, he rang back to check that I had his number, which by definition of course I did. Although he seemed fairly happy to talk about his aims and difficulties as he saw them, he did so in a really very hesitant way. He was curious but wary about the nature of therapy about which he obviously didn't know very much. Overall however, he seemed

quite enthusiastic and he thought that it would be 'good to do something about my life' and that perhaps therapy would give him some 'direction'. I was also struck at that first meeting by his dress which was, on the face of it, almost 'trendy' if rather incongruous, consisting of baggy orange trousers and a checked crew-neck shirt.

For our first regular session he arrived a good ten minutes late, flustered and irritated, because he had taken the wrong bus. As he settled in, this extended to a commentary about life in London in general about which he clearly felt disgruntled. As would often be the case he seemed very tense and I myself seemed to feel obliged to be more than usually 'chatty' and 'welcoming'. This tension was expressed by a clasping of hands and various shrugs and poutings of his face which I came to know well, as well as verbal comments like 'well, yes' or '*ja*, maybe'. He talked of his difficulties at work in London and in knowing what employers wanted from you and how they always tried to cheat you, unlike back home in Germany. I wondered whether these comments were also expressing a wariness about our relationship, especially in the context of the reduced-fee scheme, and an uncertainty about how I would see him as a German. He related, however, how work at home had somehow 'not been enough', and that he had not wanted to stay there and work in the same company where his father had worked and from which his uncle had just retired after forty years of service.

He was unsure about what sort of 'programme' therapy would involve or whether we would just talk. I noted again how I felt a need to reassure him, suggesting for example that it must all seem very strange. He wondered if he should talk about his childhood, and when I enquired whether he thought this might be important, he did seem able without much prompting to talk about it. Thus he described his parents' unhappy marriage and how 'tense' childhood had been. Interestingly, however, he thought that before the age of five or so he had been more outgoing. Apparently his aunt had told him this. He agreed on reflection that maybe this state would be something he would like to get back to through therapy. Increasingly I began to get a picture of a lost, rather sad, little boy.

During subsequent sessions we discussed his marriage and the demands that he felt his wife made on him, although he did seem to feel that many of their difficulties were his fault. These, he felt, centred around his tenseness, passivity and difficulty in communicating. However, he seemed to pick up with considerable relief my thought that there might be two sides to such stories. The perception of his own inadequacy in their marriage seemed easily accepted by him. Touchingly, he was able to agree that this often left him feeling isolated, lonely and 'quite sad'. This prompted me to enquire whether he might be anxious that if I got to know him, I too might criticise or reject

him and whether that might make it hard for him to trust me. He agreed that there might be something in this.

By this stage I noticed that much of the thinking or imagining needed to come from me, since he did not appear able or willing to do this himself, and that consequently our work or exploration is couched very much in terms of his agreement or otherwise with my exploratory remarks or enquiries. Such enquiry he would sometimes take up and hesitantly expand on, or at times unpredictably stop dead, as if being asked a difficult question which he had never contemplated before, but which he needs to get right for fear of some critical consequence.

He would also bring reports, typically at the beginning of sessions, about frustrations in his day to day life. He found his college course in media and photography frustrating and often seemed to find it hard to know what people were up to or what they wanted from him. Likewise he found frustrating and annoying the strictures of the dogmatic, as he found it, feminism around the course which did not permit, for example, the making of pictures of female nudes, because this was simply 'exploitational'. This he partly understood but found, perhaps with some justification, to be very one-sided and dogmatic. This 'political correctness' was irritating and unfathomable to him and seemed to make it even harder for him to know how to be a man.

However he did seem to experience some need to come along to therapy and try to make sense of things, particularly his childhood experiences. He seemed particularly to want to talk about his father and spoke with increasing sadness and sobriety about his death. His mother he described as a very anxious and controlling woman, greatly preoccupied with order, material security and propriety. He was able to sympathise to some extent with her, given her own childhood experience of growing up during and after the war where, amongst other things, she had lost two brothers on the Russian front as well as enduring physical and emotional hardships herself. However, her anxiety had extended to not allowing father to set up his own business as a carpenter and handyman but rather to stick with the local company. Staying there was something however that Thomas himself had balked at. Overall the memory he had of childhood seemed to be of an emotionally cold, repressed and rather intimidating place.

Throughout these discussions I was increasingly struck by the role which the war and its aftermath had played in the lives of his parents and, in turn, by its effect on Thomas. At one point he described the state of post-war Germany as 'insecure', as though applying categories of attachment behaviour to a whole culture. He also thoughtfully ventured the comment on another occasion, that of course after the war 'they had lost their face'. By this point, I was beginning to conceive of his feeling of lack and uncertainty about

identity, both as a German and a man, as a central issue in the therapy and which I came to think of as a state of 'dis-identity'.

During the early weeks and months I felt that most often the transference projections were of a paternal and rather authoritarian nature to a figure from whom he might be expecting rebuke or censure. However, as time passed I felt there was gradually a 'softening' of this perception into a figure more like an elder brother. This change was presumably reflecting a softening of the harsh 'superego' or internalised 'voice' in his psyche. This process seemed to me to exemplify recent work within the tradition of 'dialogism' describing aspects of consciousness as well as of the structure and dynamics of the self as developmentally internalised 'dialogue' from both the interpersonal and cultural world of an individual (Sampson 1993 or '95; Leiman 1997). The internalisation of aspects of Thomas' cultural background seemed particularly significant in this context. So too, I came gradually to feel a concern and fondness, as if towards a younger brother for whom life was rather difficult and puzzling. He seemed like a younger, neglected brother whose clothes and demeanour gave a feeling of his playing the clown. The other image which frequently came to mind, and which was often referred to in supervision, was of a frightened young animal who would sniff warily at what I was offering, but was ready to start away if unexpectedly frightened or startled. However the hardness of this work for me showed itself too. I would feel weary and sometimes unengaged and, after sessions, I would often feel the need to move about and eat and drink, adding sugar to tea or coffee, which I rarely do. However, beyond his occasional flash of anger and frustration and enquiries, for example as to whether I was also a hospital doctor, perhaps suggesting some degree of envy, I found it hard to detect obvious signs of negative transference from him. This indicated perhaps that, despite our progress, such feelings remained for him largely 'not allowed'.

Toward the end of the first term however, and just before our first break, he again became quizzical and anxious about our sessions and what they were really about. He expressed concerns especially about the frequency, which he thought perhaps was too much for him given that they were such an effort, and that he was not sure if they were 'working'. I was able to wonder with him if perhaps this was a defence against becoming too involved, with its risk of hurt or rejection. We agreed that this would, however, also guarantee that nothing would ever change. This he did appear to able to think about. However when it came to the practicalities of negotiating what we might be able to do, and when I reminded him that we were meeting under the auspices of the reduced-fee scheme and that this involved thrice weekly sessions (although we might reduce them briefly whilst he considered things), he became for once quite obviously angry saying 'you see, there are rules - they

all say there no rules and you can do what you like, but there are always rules in the end'. We were also able ultimately to discuss this further in terms of his frustrations and a feeling of humiliation in life in general, but this seemed a very striking example of his own puzzlement, frustration and repressed anger, which he had to put up with, I imagine, much of the time. For my part, I experienced in the counter-transference some of the frustration and irritation he must have elicited from those around him, as I felt unappreciated and taken for granted by him. We were, however, able to have some discussion about the feelings and anxieties which had come up and to make a compromise arrangement in the short term, whilst over the next few weeks he would think things over. At this point I definitely felt that he might not be able to tolerate the continuing uncertainty around therapy and that he might act out his anger at 'having to' do it, still not understanding what it was that people (including myself) wanted from him. In retrospect, I feel this may have been a key moment and one which allowed him to test out what my response to his provocation might be and where our boundaries lay. In the event, and much to my relief, he eventually agreed with some wry face pulling and shrugging that perhaps he would have a go at continuing on the thrice-weekly basis originally agreed.

At this point too, he brought his one and only dream fragment to therapy which I think now was central to the work and may, at some level, have had a great deal to do with his decision to re-commit. This dream, which he seemed anxious to bring, had occurred whilst he had been away on a week's holiday without his wife. In it, he had some vague perception of a beautiful young woman towards whom he was struggling but having difficulty reaching, although it seemed clearly important to him that he did. He was not sure whether the woman in the dream represented his wife. He reported or remembered little more than this fragment, but it had clearly had a powerful effect him. We discussed the dream in terms of whether this woman represented something which was missing in his life - a sort of fulfilment or fertilising of life literally and externally, or representing perhaps something within. We were also able to discuss the idea that perhaps in some way it might symbolise what was going on in therapy. I have come to think that this dream, with its struggle toward this *anima*-like figure in its bareness and unrefinement, represented a turning point or fulcrum in our work together. It seemed to express some profound deficiency or need in his life, relating to his aspiration to be able to achieve intimacy, which we could acknowledge and work on.

After this stage things settled down noticeably. He continued to bring material relating to his everyday life, for example his studies at college and his practical project work. For one project he had chosen to study the issue of masculinity in post-war Germany with particular reference to the work of the

film maker Fassbinder. The film which Thomas had taken a particular interest in, 'The Marriage of Maria von Braun', deals with the story of a German woman who, believing her husband to have been lost during the war, marries an American soldier, and describes the consequences of his unexpected return. This story, Thomas thought, represented a symbolic castration of Germany and touched, he agreed, some important feeling in himself. His final project was much more clearly related to his struggle to explore his own identity and involved going back to do a photo-journalistic trip to the village in the area, part of former pre-war Germany, where his father had originally come from. To do this, he took ten days out of the later period of therapy. This project and trip seemed clearly connected in his own mind with our therapeutic venture. I found it very moving that when he returned he brought several of his photographs to show me, as if I were in some way the father or parental figure he had never been able to take these things to in the past. Amongst these pictures one in particular stood out. This was a stark, bare scene in the cellar of his parents' house where his father's tidy, now unused, work-bench stood. He soberly agreed that this silent scene had some special meaning and sadness for him, highlighting again, I thought, the particular importance of his identification with this figure who had sadly only been conspicuous by his absence during Thomas' childhood. I began, increasingly, to think of this as a failure to have mediated an archetypal need to have had a good father. I also continued to be impressed by how important these laboured efforts at creativity were for him. On another occasion, he brought a photograph of a scene in a hospital where a friend had died. I was struck at the time by our physical closeness in looking together at this, and of a brief awareness of his body odour and of wondering if he had been of mine. This seemed a particularly intimate moment and I have come to wonder since whether it was significant that it was also a moment of masculine intimacy.

One session towards the end of our first year also stands out for me in terms of the apparent importance of my existence as a real human being to him. This occurred when I had returned from a few days away at a funeral in Scotland and when, as often, he seemed quite anxious to know where I had been. This, on the 'spur of the moment', and perhaps rather in the spirit of Symington's (1983) 'act of analytic freedom', I chose to reveal in general, if not in detail. We were able to agree ruefully that death could be an unexpected and final thing. Quite unexpectedly this prompted him to discuss the memory of his father's actual death, which I had not realised he had witnessed. He told, with quite unusual directness and emotion, how his father had slipped in and out of a coma from liver failure for several days, and how he thought that really his father had not wanted to die, and how later he had come to regret bitterly not having been really able to talk to him about many things.

He also agreed that he would very much have liked his father to be able to see what he was doing now. This episode surprised me in its intensity and directness and for once provoked in him unconcealed tears. It left me thinking that it had moved us on together in a way that would not have been possible had I maintained a policy of total non-disclosure.

His difficulties in communicating, or imagining what might be going on in other people's minds, continued to be evident when he reported details of his domestic life with his wife. On one occasion, for example, he appeared simply to overlook the idea of expressing his concern when she was undergoing tests for a breast lump (which fortunately turned out to be benign), but which had clearly worried them both. When I enquired if she knew he was concerned, he appeared bemused to think that, in fact, maybe she didn't. Interestingly, and indicative of our own progress I thought, I was able to tease him and suggest that he still was obviously 'not very good at that'. I was also touched, when he sadly agreed that, yes, he did find people difficult and that getting on with them seemed hard, and that understanding them seemed sometimes rather like 'cracking a code'. This seemed a very apt description of his difficulties. This, along with another description of himself in his youth as a bit of a 'dreamwalker', seemed to describe a very significant part of his distress and condition.

Despite my feelings of a gradually increasing trust and intimacy, he still, after an initial trial for a couple of early sessions and subsequently again for a few sessions a year later, did not make use of the couch. I have presumed that his sticking to the chair had something to do with a vigilance and need to keep an eye on me. This we discussed as his way of surviving the harsh and threatening emotional environment of his early years. Thus, although he scarcely used the couch, I came to feel that it might be more appropriate for him to be where he was, and that the issue of the couch had been a significant and productive one for us both. I was interested and reassured to come across a paper by Jacoby (1995) reviewing the implications of recent infant research for therapeutic practice. In particular, he raises the question of the possible need for eye-to-eye contact in therapy, at least for certain patients, in order to provide 'attunement' and 'validation' for them, by analogy with the needs of an infant and its developing Self.

As we moved towards the end of our 'contracted' period of therapy, there seemed little new or dramatically mutative material to report, but rather a deepening of our therapeutic rapport and a continued working through in a more trusting and warm manner of material both from the past and in the 'here and now'. An unexpected affirmation of the value of our work to him, although inevitably not expressed as clearly as that, was his enquiry, repeated on several occasions, about whether we could indeed carry on beyond the

end of the 'contract' (reduced-fee) period under our own terms, and his apparent relief that we would. He certainly disagreed when I teased him as to whether he wasn't finding it a waste of time. Interestingly, he had earlier also been able to discuss and identify some 'vicious circles', as he put it, which he and his wife got into, which seemed an indication of some increasing 'psychological-mindedness' on his part. Thus, he was able to recognise how her demands that he be more relaxed and communicative had in fact the opposite effect and made him in turn even more irritable and uncommunicative.

Our final six months of work were characterised, significantly I felt, by the fact that we were both free to choose to carry it on, which we had agreed to do. This seemed motivated by some unconscious dynamic of his Self, as well as by my own concern and fondness for him as well as curiosity about where this work, in which I increasingly felt like a collaborator, would take us. In fact our final sessions were more obviously relaxed and reflective. He did then decide, however, that although therapy had been helpful, he wanted now to try to get on with his life without it. Towards the end he voiced the view, albeit in his usual wary and subdued manner, that although there had been no dramatic changes in his life he felt happier about being who he was, even if he was rather cut off from other people, and that he had come to think that his marital difficulties were not entirely his fault. He had been prompted by this to explore the possibility of marital therapy which he was discussing with his wife. Furthermore, some friends at college had apparently commented that he seemed easier to talk to now. Finally, in reflecting on the question of identity and particularly masculine identity, which we agreed had been an important issue in our work, he surprised me by venturing the thought that perhaps he had 'got some identity' from me. This led me to reflect that for Thomas this had been perhaps the most important outcome of our therapy, although I would not initially have considered it our aim, and led me also to wonder how our meetings might have contributed to such a process, particularly in the context of our contemporary culture.

Discussion:

'Repair'

The therapy for me was both hard work and, especially in the early stages, worrying, but also thought-provoking and, finally, engaging and more enjoyable despite my concerns about its ultimate outcome. Although my early thoughts on his presentation and my difficulties in engaging him led me to wonder whether I was dealing with someone who was, as I put it then

intractably schizoid, I have come to think that this is a far from completely accurate description of his difficulties and psychopathology and that there were other important factors involved. He certainly presented with several of the features described by Guntrip (1968) of a schizoid condition, such as emotional cut-offness (described as introversion), lack of affect, self-sufficiency, longing for yet fear of intimacy and an apparent tendency to regress into more immature states which would manifest in therapy. I have, however, felt that certain other characteristic features of this state as described by Guntrip were not present, including notably the withdrawal into a rich fantasy and dream life, the sense of superiority, intellectualisation or the aloofness from or disinterest in getting close to people. In fact he has seemed recurrently to present with a longing and wish to be close to people and, rather than a recoil, an *inability* to do so. In particular I have been struck by the obvious distress which Thomas' state causes him, which he has described variously as feeling hurt, lonely, puzzled, tense and depressed.

Fairbairn himself (1951) of course noted that his concept of the schizoid coincided almost exactly with Jung's notion of introversion, with the difference that Fairbairn regarded this as a developmental rather than constitutional phenomenon. The distinction between the notion of the schizoid and the introverted was also discussed by Kirsch (1979) who initially concerned me (given my own temperamental tendency to introversion and thinking) with his assertion or thought that his personal equation as an extraverted-intuitive-feeling type with a positive 'mother complex' might be more suited to working with schizoid or introverted individuals and be capable, as he puts it, of 'bridging the relationship'. However, I noted with interest and relief that he described how for certain such patients, in particular with negative 'mother complexes', his intervention and 'reaching across' were in fact felt to be threatening, intrusive and off-putting and indeed one of them required, as he put it, 'a certain distance to work'. This prompted me also to think of admonitions by both Lederman (1995) and Peters (1991) on premature or over-interpreting, particularly if such difficulties are conceived of as being narcissistic. However, the distinction Kirsch makes between the two states (i.e. schizoid and introverted) I found to be helpful, in that he conceives of introverts as being 'able to make meaningful interpersonal connection when they choose' (i.e. capable of intimacy), in contrast to those with schizoid features who cannot. In addition to this, he discussed the question of whether such states leave a patient 'workably schizoid' or not. I have certainly conceived of Thomas as being ultimately (and demonstrably) engagable in therapy, although with considerable effort on my part. Interestingly, however, Kirsch describes his schizoid patients as having a rich dream life. Nonetheless, the question of therapist match or fit has at

times seemed an important one, when, especially initially, I wondered if I was sufficiently engaging, whether through active interpretation or extraversion of character.

Many features of Fairbairn's, and subsequently Guntrip's, account of the genesis of such states have seemed therefore to be consistent or compatible with what I have observed, notably the implied deficit state due to inadequate or depriving maternal function in infancy with the consequent ego splitting resulting in a core ego defended and cut off along with a repulsive 'anti-libidinal' ego as well an exciting 'libidinal' ego. The consequence of these would be the in-and-out, attracted-yet-repelled, form of object relating characteristic of schizoid states as described. Overall however, I have come to think that Thomas' condition would be more helpfully conceived of in the context of self-state pathology, as in the work of Kohut (1977) and in the post-Jungian tradition. I found the cross fertilisation between these traditions, as explicated by and developed, for example, by Jacoby (1982), to be most helpful in thinking about what has seemed to me a stunting or underdevelopment of his Self, rather than the splitting of ego or operation of active defences more characteristically associated with discussion of schizoid conditions. Thus, I take important common ground between these traditions to include the notion of Self as being the key developmental entity, within which damage to or defence of ego structures would occupy only a circumscribed area. Implicit in this too would be the importance of the development or individuation of Self as a task both in therapy and in life, although quite how far Kohut's notion of self coincides (even with his notion of the unfolding of the programme of a 'nuclear self') with Jungian notions of a 'primal' Self and its development (as explored by Fordham for example) is not fully clear, as Jacoby (1996) notes. However, these notions, including unconscious dimensions of Self structure and function, have been helpful to me in trying to conceptualise the distress and dysfunction which Thomas has brought. From this viewpoint too, I have come increasingly to think that the difficulties I have had to deal with are not so much what is classically regarded as resistance, but rather an inability or disability on Thomas's part to engage in the sort of interpersonal activity (intimacy) which goes on in therapy, amongst other places. Certainly it would appear that Thomas' experience of the empathic presence of so-called self-objects was restricted and that he was very far indeed from having been the 'gleam in his mother's eye', in Kohut's famous phrase. In terms of the development of the bipolar self in Kohut's formulation, I have also wondered if the failure of maturation or development of the pole concerned with ideals and apparently altruistic or selfless behaviour, through initial fusion with an idealised self-object, may have led to his difficulties with intimacy and with identity. Erikson

(1968) comments of course that an individual who is unsure of their own identity will find intimacy difficult.

Thomas' peculiar constellation of difficulties also led me to consider that they might be partly accounted for in terms of the syndrome known as alexithymia. This syndrome (reviewed by Taylor, *et al.* 1991) was initially proposed to account for difficulties encountered in working with patients with psychosomatic disorders and is characterised by difficulties in identifying and communicating feelings, an impoverished fantasy life and an externally-orientated cognitive style. There still exists debate about whether these personality characteristics reflect a specific type of innate 'affect deficit' (such as poor mental representation of emotions), or psychological defences such as repression, denial or reaction formation against unconscious conflicts. The consensus appears to be that in general the syndrome represents the former, with the consequence that the ego has a limited capacity to modulate distressing affects through symbolic processes, with the subsequent mobilisation of complex ego defence mechanisms. Such a syndrome would certainly account for a significant amount of the difficulties Thomas has brought and which I have encountered in working with him. They would not, I think, preclude the attempt to work with him although it has been suggested that therapeutic aims with such patients may need to be restricted (Taylor, *et al.* 1991). It has been reported furthermore, (Ouellet, *et al* 1994), that the dream life of alexithymic patients is also greatly impoverished, which would be consistent with my experience of Thomas.

In terms of approaches to working with Thomas I have found the comments made by writers within the 'deficit' (as opposed to 'conflict') tradition to be of considerable help in different ways. These would include figures such as Winnicott, Balint, Bowlby, Wolff, Guntrip and Khan. As will, I imagine, be evident from my description, I found myself playing a facilitating, supportive and reassuring role with this patient, my initial justification being essentially the intuitive and pragmatic one that had I not done so he would have been unable to tolerate the situation. I have by now come to think that providing this setting and a 'secure' place to make sense of his story was in fact largely what our work was about and what was needed. Nonetheless, it left me for some time with anxieties about being unable to offer any penetrating or, in Strachey's phrase, 'mutative' interpretations and anxieties about breaking certain classical rules, for example, that of abstinence, by being reassuring in any measure. This could be seen, for example, to obstruct the development of a transference neurosis, which in the classic analytic model would be resolved by verbal interpretation alone, with the consequent resolution of presumed underlying conflict. Such a stance would have been less central in the Jungian tradition given the long-standing emphasis on the relationship

as a healing factor. This latter viewpoint overlaps considerably, it would appear, with the views of Kohut on the critical role of empathy in the therapeutic process, although arguably the emphasis exclusively on empathy in the Kohutian tradition pays inadequate attention to the balance described by Khan (1974) in terms of the need also to help 'make sense of things' with the patient, and so at times also to offer interpretations of thought and behaviour. What exactly constitutes an interpretation is of course a contentious area in both post-Freudian and Jungian traditions. The subject is reviewed at length by Sandler, *et al.* (1973) who also rather wryly note the mystique which has come to surround the concept and which undoubtedly contributes to the worry amongst therapists about whether it is being done 'properly'. They suggest finally that the concept has come to imply simply the art of making a successful verbal intervention rather than exclusively the art of understanding the unconscious meaning of the patient's material.

The therapeutic role played by our relationship would have been seen as central in the Jungian tradition given the traditional emphasis on the role of the personality of the analyst in therapy as elaborated, for example, by Jung through his interest in the alchemical metaphor. I have also felt at times surprised to explore the psycho-analytic literature on the treatment of such patients to find the importance of the relationship similarly stressed. Winnicott (1965), in discussing similar cases, stresses the developmental function of psychotherapy and the need to provide, in his famous phrase, a 'facilitating environment' for patients to allow normal maturational processes to take their place. Thus he states 'When a psycho-analyst is working with schizoid patients the insightful interpretation becomes less important, and the maintenance of an ego-adaptive setting is essential. The reliability of the setting is a primary experience, not something remembered and re-enacted in the analyst's technique.' In similar vein Guntrip (1968) describes much of what I have felt with Thomas when he states that, 'It is a matter of being a sufficiently real person to the patient to give him a chance of becoming a real person himself, and not an assemblage of defences, or a role, or a conforming mask, or a mass of unresolved tension. If the patient cannot meet with personal reality in the therapist he cannot give up his struggle to keep going a spurious reality by means of internal bad object relations and external forced effort'. Such views of therapy have of course much earlier antecedents in the subsequently rather discredited views of pioneers such as Ferenczi, with his more 'active' techniques, and Alexander's notion of the 'corrective emotional experience'. Guntrip's mentor Fairbairn (1958) too, in discussing four key factors involved in psychoanalytic cure, namely insight, recall of infantile memories, catharsis and the relationship with the analyst, stated that the really decisive factor was the relationship with the analyst. He further

states that what he means by this is... 'not just the relationship involved in the transference, but the total relationship existing between the patient and the analyst as persons'. More recent research into the therapeutic alliance appears also to suggest that this is the single most important predictor of a good outcome (Alexander and Coffey 1997). From a Jungian viewpoint, the operation of Lambert's (1981) 'agapaic function' also seemed to me to represent a helpful, and important, related feature of this therapy. I also found his characterisation of different aspects of therapy in terms of 'repair' and 'individuation' helpful in structuring this discussion, as was the discussion by Field (1995) more recently relating to the tensions between concepts of 'object relations' and 'individuation'.

'Individuation'

I came gradually to think that the fundamental issue underlying the therapy with Thomas was the struggle of his Self to know and become itself. This, I felt, involved a struggle to fulfill hitherto unmediated archetypal aspects of experience, notably that of having had a good father (including perhaps a cultural 'collective' father) as well as a struggle towards his 'anima', as illustrated by his one and only dream fragment. It seemed to me that both of these issues relate critically to overall questions of identity for Thomas, in particular masculine identity in the culture of post-war Germany where he grew up, as well the metropolitan, Western post-modern one in which he now lives.

In thinking about these issues I found several authors useful, notably Samuel's volume on 'The Father' (1983), Tacey's book entitled 'Remaking Men' (1997) and Stevens in his book 'Archetype - A Natural History of the Self' (1982). Firstly, the discussion by Stevens on what he terms 'frustration of archetypal intent' I found extremely relevant. Here he discusses the origin of neurotic illness in general terms and suggests that in most cases a history of deficient parental care is elicited, in the sense that the 'quality of care provided was such as to frustrate those archetypal imperatives, inherent within the biogrammar of the maturing Self, which are concerned with the attachment bonds, the establishment of basic trust, and the development of a secure ego conceiving of itself as being both acceptable to others and capable of coping with the eventualities of life'. It seems to me that these were exactly qualities deficient in Thomas.

He notes also that one common consequence of the effects of poor or inadequate parenting is a proneness to release anger in the archetypally-frustrated child, as well as, however, strong unconscious yearnings for love. He proceeds to discuss the idea that whatever archetypal potential parents

fail to activate in a child, it still persists there as potential and, by definition, must continue to seek actualisation in reality. This frustration has, he notes, been previously described by ethologists as 'the search for the object never seen before'. In terms of mediation of a 'father archetype', Stevens postulates that for a boy to become possessed of his own masculinity he requires a lasting, intimate relationship with an effectively masculine father figure, otherwise the boy is left 'uninitiated' into the masculine world, doomed irredeemably to languish under the dominance of his mother complex. In Thomas' case this appeared to be a very negative one.

For Stevens the result of inadequate 'salience' of a strong father figure for many modern children is that they are seldom in a position to actualise their masculine potential by the simple expedient of living out their ontogeny in their father's presence. This he regards as a violation of archetypal intent. He further suggests that such a rejection of archetypal intent cannot simply occur without unconscious potential and, ultimately, actual realisation in subversive or anti-social forms. In fact, he identifies the recent history of Germany as an example of this process operating on a national scale. Thus, prior to the defeat of the Third Reich, Germany had been a rigidly patriarchal society in which father demanded 'Ehrfurcht' (literally honour-fear) from his children and induced in them a type of compulsive, authoritarian personality. The consequence of this in Germany of course was the humiliation and collapse of this system of values as well as the disorder and insecurity which followed. As Thomas had put it, 'they lost their face'.

A further compounding feature of the absence of the father may of course be the existence of, in Stevens' term, an over-salient or 'devouring' mother. In mythology, one of the tasks of achieving manhood or masculinity is the ritual slaying of the dragon (or devouring mother) and liberation of the damsel (or anima figure), failing which it is in consequence trapped eternally in the unconscious. According to Stevens, therefore, the powerful, domineering mother can be even more destructive to the individuation of a young man than a possessive spoiling mother. Such a woman would be described as animus-ridden and capable of enhancing a male's primordial fear of woman and so sap his masculine confidence as to make it impossible for him even to attempt the dragon fight. This appeared to me in these terms again a very apt description of Thomas, as did the consequent survival strategy described by Stevens, of adopting a posture of 'meek submissiveness to veil a smouldering resentment'.

In terms of the importance of the concept of a contra-sexual archetype, he suggests that insufficient or one-sided activation of the animus or anima results in a quest for the ideal partner 'never seen before'. Thomas' single dream fragment seemed clearly interpretable in this light. Jung would at

times encourage patients through active imagination to fantasise as a technique for making the contra-sexual accessible to consciousness, whereas part of Thomas' difficulties appear to lie in his very inability to do so. This did remind me however of his photographic creative efforts and the apparent importance of this struggle for him.

Samuels covers much similar ground in introducing an anthology on 'The Father' (1983), but also notes changing cultural assumptions about patriarchy and the confusion in its wake about what exactly constitutes masculinity. He goes on to note the importance of a father figure (again mediating the archetype) as a facilitating and potentiating phenomenon. He quotes Jung, suggesting the idea of a coupling of the internal father figure with that of 'spirit'; thus, '...the father ...represents authority, hence also law and the state. He is the creative wind-breath - the spirit, pneuma, atman' (CW 10 para 65). He notes also an interesting parallel to be found in the work of Kohut, implicit in his notion of the pole of the self arising from the idealisation by a child of the father. Samuels suggests that there are several key areas in which the father is important developmentally. These include the development of personal and social authority, the evolution of ideals and values, the development of sexuality and psychosexual identity and, finally, the formation of a social and cultural role. He notes also that an intensity or passion may be necessary alongside spirit, otherwise a father may still be experienced as 'missing'.

The importance of integration of 'anima' and of the role of the father figure has also been discussed at length by Tacey quite recently in a book entitled 'Remaking Men' (1997). In this book he principally addresses the problems faced by contemporary Western man in being masculine or understanding what that means, in what he sees as the decaying edifice of patriarchal 'hegemonic-masculinist' culture. He is concerned by the polarisation between young men immersing themselves in, and never freeing themselves from, the mother-complex (which is where, until he underwent what he calls 'an analytically-assisted passage into masculine maturity', he sees himself as having existed for a long while), and on the other, the mythopoietic men's movement (centred around figures such as the poet Robert Bly and more recently James Hillman). This movement he sees as ultimately sentimental, frequently homo-phobic and regressive, with its pseudo-rituals and cry to restore the 'Wildman' of a previous patriarchal society. Nonetheless he clearly empathises and sympathises with the generation of 'lost' young men whom he teaches and in whom he sees the remnants of Australian patrist culture and frontier mentality (rather different perhaps from post-war Germany where such structures were so violently disintegrated). This contrast with Australian culture led me to consider

Thomas as somehow having walked away in an enactment of some deep psychic compulsion from the discredited, broken but residual Terrible Father of recent German history and wandered about in a rather bewildered, directionless and identity-less state. I thought again that his own phrase 'dreamwalking' described this state of affairs perfectly. It seemed that he was seeking out some fulfilment of his Self, the actualisation of which had not been possible in the family and culture of his birth.

For Tacey, as for Stevens, the rituals of initiation have been, and are, of overwhelming importance. So too, according to him, is the task of integrating the contra-sexual archetype, which he sees as being critical for our collective future. He talks bravely of his own developmental and analytic experience and describes being 'swallowed' by a mother-complex (becoming for example a liberal academic) and how his own masculine development was 'stunted' (a word I have already used to describe the development of Thomas' Self), and how his own analysis brought up finally many buried masculine elements such as anger, aggression, phallic pride, ambition and drive. A key component of this work, he suggests, was the integrating of his 'anima' and, critically, a bringing to consciousness of these repressed or undeveloped elements. Tacey also suggests that 'the negative and fearful response which men may develop toward women, and especially to feminism, can be interpreted as a Freudian 'reaction-formation' to what is happening on the inside'. This seemed particularly applicable to Thomas and to his bewildered hurt and anger. Tacey refers in fact to the 'the awesome challenge' of the anima, which seemed to describe very well the challenge I felt in working with Thomas, given the archetypal power of the psychological forces involved.

A final point which Tacey raises in relation to masculinity and its development, is the question of homo-eroticism and the fact that this appears to be a feature of rites of passage in most cultures studied by anthropologists. He notes the comments of Eliade that it is difficult for our culture, with its very concrete, literal understanding of sexuality, to comprehend the nature of this phenomenon. Thus, Eliade says that 'puberty rites imply the revelation of sexuality - but for the entire pre-modern world, sexuality too participated in the sacred'. Thus for Tacey, in his 'analytically-assisted passage into masculine maturity', the working through of homo-sexual transitory feelings enabled the experience and expression of real rage and anger which previously had been buried, and facilitated the growth of a real relationship with his real father. It struck me that a non-sexual homo-erotic dimension may very well be an important aspect in any initiatory male-to-male interaction, of which, in our culture, analysis would be one, and perhaps one of the few. This lends perhaps a further dimension to the concept of the idealising transference which I have often felt in working with Thomas. It also reminded me of the

physical intimacy I had noted when we looked for a moment together at a photograph, and of its possible significance.

In considering Thomas' background and upbringing in a disrupted and disorientated culture, I was also most interested to come across a recent paper by Fisher (1995) on the topic of 'rootlessness', as well as one by Gallard (1986) on what she calls the 'white shadow'. Much of what both of these authors had to say about individuals with disrupted upbringings and also those carrying silent, unconscious, unresolved disruptions from previous generations (Gallard's 'white shadow'), and the importance for both of bringing such material to consciousness, seemed very relevant indeed to my patient. Fisher in particular describes the quasi-schizoid manner in which such patients relate. I was most interested to see her comments on the difficulty of engaging such patients but the gradual rewards if they do, as she aptly puts it, 'grow roots'. It seemed to me that the metaphor of rootlessness described a very key aspect of Thomas' psychopathology, related both to his upbringing in post-war Germany as well as to his current attempt to survive and live meaningfully in our contemporary, post-modern, metropolitan culture which I have felt increasingly that I have been having to struggle with as well. Fisher's discussion, and quotation of Jung on the loss of roots as being 'one of the greatest psychic dangers not only for primitive tribes but for civilised man as well', certainly resonated with my experience of Thomas and his problems, as did comments on the importance of rites in averting psychic injuries at crucial stages of development and maturation. The absence of both secure roots and of rites has seemed to me particularly striking in Thomas' life. I was also interested to find reference to a 'clown archetype', discussed by Ulanov (1987), and the suggestion that this is man's best defence against feeling and personifies the worst fears of inferiority. This seemed to describe well a key persona of Thomas, who used to turn up in outfits which could easily be described as clown costumes.

In many ways, Thomas' condition seems like the perplexing and disorienting one of 'post-modernity' as described by various writers and discussed from a psycho-analytic perspective by Frosh (1991). It led me to wonder too whether this socio-cultural aspect of developmental and existential difficulties could be described as representing a further dimension to what Khan (1974) called 'cumulative trauma', that is the generation of psycho-pathology by a gradual and continued experience from infancy to adolescence of lesser degrees of emotional deficiency or adversity. It seems to me that such a position is implicit in the descriptions of post-modernity discussed by Frosh and would further contribute to the condition described by Thomas as 'dreamwalking'. His descriptions too of continually needing to 'impress' people in this urban life in the absence of any common sense of

purpose, beliefs or ethics in common, as well as the cynicism about people's motivation and what they were 'up to', would seem to describe this condition as summarised by Frosh. I was struck by Frosh's description of the modern 'state of mind' as a condition in which the struggle to be a self is nearly impossible and where there is an absence of sources of value and of roots. He notes that most post-modernist theorists agree that whatever self is, it is thrown into confusion when faced with the contradictions and multiplicities of modernity. Likewise his discussion of the difficulties in distinguishing social and psychological levels of analysis seemed very pertinent to my attempts to understand Thomas' condition. In terms of the effort to make sense of things in some narrative, he quotes the famous assertion by the philosopher Lyotard, that in the West in fact 'the grand narrative' has lost its credibility.

Frosh's (1991) concluding comments make, I think, particularly sobering reading and I quote more fully:

> *'Under modern conditions the construction of a self is a struggle at best won only provisionally and always entailing expenditure of considerable amounts of energy. Contemporary cultural theories and psycho-analysis, with their differing but intersecting planes of investigation, attest to the intensity and pain of this struggle, which is opposed at every point by the structure and dominant forces of modernity. The consequence of this state of affairs is that the self is never secure, requires unremitting protection and nurture, is always in danger of being undermined, or of withering away or exploding into nothingness'.*

Overall, these comments seem by his own confession rather 'gloomy', although there is a counter-theme to his book relating to the celebratory and exciting aspects of post-modernity. However, as a final, perhaps rather rhetorical, assertion he states that:

> *'modernity is not monolithic: it is made up of fragments, of contradictory forces, elements and groups of elements.*
> *Progressive solutions to the crisis of identity recognise this, absorb the reality of contradiction and conflict, and provide kernels of identification and challenge that encourage people to face this reality. The fragment of self with which each of us faces the world, may not be easy to reconcile with one another or forge into a whole, but they may nonetheless be recoverable from the potential dissolution with which they are faced'.*

Perhaps it is also a task of therapy to attempt to act as a 'progressive solution' in this formulation.

Concluding Comments:

As will, I think, be evident from the foregoing account, both my perception of Thomas' presenting problems and the concerns I had about how I was working with him, as well as my expectations of what might ultimately have been possible, all changed considerably since our initial meeting. Part of this has been the result of what has occurred during the work and part the result of the discussions I have had and reading I have done during this time. Thus, I came to think, as regards our therapeutic aims, that, paradoxically, when he could come and feel free to lie down and trust me without needing constant eye-contact, when he could angrily act out or tease me without some fear of censure or reprisal, or when he could fantasise and tell me about it, would not so much represent his being able to do or use what is usually regarded as therapy, but would be rather an indication that it had been, as I think it was, to some extent, productive.

I also came to think that for patients such as Thomas, a different 'technical' approach may be required which, from this experience, had to be located theoretically in terms of deficit models of psychopathology and of development, with their implication that it is the reparative nature of the relationship in therapy which is critical. I also came to think that as a therapist one's own aspirations may need to be modified considerably given the temperament and gender of a patient. It may also be that working in the context of the reduced-fee scheme contributed to some of the initial difficulties experienced in establishing a therapeutic alliance. Above all, it seemed clear that culture and history also contribute significantly to the developing self and its possible pathology, which may be evident as a state of 'dis-identity'. These may also, in turn, limit or vitiate the therapeutic work which may be achievable, since therapy cannot substitute for a healthy culture. However, in turn and more optimistically, therapy, bearing in mind the notion of archetypal need and intent, may perhaps work towards healing and enabling an individual to cope better with, enjoy and contribute to the changing direction and nature of that culture, wherever evolution ultimately leads it.

What also gradually developed through this work, trying in parallel to my patient to make sense of what was going on, was a growing pleasure and enjoyment in the work, and in the dynamics of his Self, which, quite apart from my efforts, appeared to have its own needs and directions. I was particularly impressed by this dynamic of his Self as expressed in his desire to carry on with our work, despite his being unable to articulate exactly why. I think some sense of respect or 'awe' (as Tacey describes this process), as

well as some indication of the nature of this dynamic might perhaps best be communicated in a final quote from Jung (1954) when he states that:

> *'The analytic-reductive view asserts that interest ('libido') streams back regressively to infantile reminiscences and 'fixates' there - if indeed it has ever freed itself from them. The synthetic view on the contrary, asserts that certain parts of the personality, which are capable of development, are in an infantile state, as though still in the womb...' (para.9) (my italics).*

It is this 'synthetic position' ultimately which I found most sustaining and rewarding and which led me to look forward with some humility and great interest to the outcome of our therapeutic process so conceived.

References:

Alexander, L.B. & Coffey D.S. (1997) Understanding the therapeutic relationship. *Curr. Opin. Psychiat.*, **10**; 233-238.

Erikson, E.H. (1968) *Identity: Youth and Crisis.* New York : Norton

Fairbairn, W.R.D. (1951) *Psychoanalytic Studies of the Personality.* London: Tavistock.

Fairbairn, W.R.D. (1958) On the nature and aims of psycho-analytical treatment. *Int. J. Psychoanalysis*, 39; 374-385.

Field, N. (1994) Object Relations and Individuation: Are they complementary or in conflict? *J. of Analytical Psychology*, 39; 463-478.

Fisher, S. (1995) From rootlessness to rootedness: a clinical discussion. *J. of the British Association of Psychotherapists*. 29; 49 -66.

Frosh, S. (1991) *Identity Crisis: Modernity, Psychoanalysis and the Self.* London; Macmillan

Gallard, M.D. (1987) Black Shadow-White Shadow. In Mattoon MA (Ed.) *The Archetype of the Shadow in a Split World.* Zurich; Daimon Verlag.

Guntrip, H. (1968) *Schizoid Phenomena, Object Relations and the Self.* London; Hogarth.

Jacoby, M. (1981) Reflections on Heinz Kohut's concept of narcissism. *J. of Analytical Psychology*, **26,** 19-32.

Jung C.G. (1954) The Practice of Psychotherapy. Collected Works 16. para 9.

Kirsch, T. (1979) Reflections on introversion and /or schizoid personality. *J. of Analytical Psychology*, **24** (2).

Khan, M. (1974) *The Privacy of the Self.* London; Hogarth..

Kohut, H. (1977) *The Restoration of the Self.* New York; International Universities Press.

Lambert, K. (1981) *Analysis, Repair and Individuation.* London; Academic Press.

Ledermann, R. (1995) Thoughts on interpreting. *J. of Analytical Psychology*, **40**, 523-529.

Leiman, M. (1997) Procedures as dialogical sequences : A revised version of the fundamental concept in cognitive-analytical therapy. *Br. J. Med. Psychology*, **70**; 193-207.

Ouellet, L. et al. (1994) Dreaming and dream recall in alexithymia. *Sleep Res.* **23**: 174-179.

Peters, R. (1991) The therapist's expectations of the transference. *J. Analytical Psychology*, **36**; 77-92.

Samuels, A. (1983) (Ed.) *The Father: Contemporary Jungian Perspectives.* London: Free Association Books.

Sampson, E.E. (1993) *Celebrating the Other: a Dialogic Account of Human Nature.* Hemel Hempstead, Harvester Wheatsheaf.

Sandler, J., Dare, C., and Holder, A. (1973) *The Patient and the Analyst. The Basis of the Psychoanalytic Process.* London: George Allen and Unwin.

Stevens, A. (1982) *Archetype: a Natural History of the Self.* London: Routledge.

Symington, N. (1983) The analyst's act of freedom as agent of therapeutic change. *Int. Rev Psychoanal.*, **10**; 283-291.

Tacey, D.J. (1997) *Remaking Men: Jung, Spirituality and Social Change.* London: Routledge.

Taylor, G.J., Bagby, R.M. & Parker J.D.A. (1991) The alexithymia construct: a potential paradigm for psychosomatic medicine. *Psychosomatics*, **32**; 153-164.

Ulanov A .B. (1987) *The Witch and the Clown.* Wilmette, Ill.: Chiron Publications.

Winnicott, D. W. (1965) *The Maturational Processes and the Facilitating Environment.* London: Tavistock.

NOTES ON CONTRIBUTORS

Anne Karpf

Anne Karpf is a journalist and sociologist. The radio critic of the Guardian, she has contributed to a wide range of newspapers and magazines, and broadcasts regularly on Radios 3 and 4. She is the author of *Doctoring the Media: the Reporting of Health and Medicine* and *The War After: Living with the Holocaust* (Minerva), which has just been translated into German.

Jeremy Hazell

Full member of BAP. Psychotherapist in private practice in Cardiff. Founding member and training therapist, Severnside Institute, Bristol. Member of the Advisory Board of the Academy for Psychotherapy, Stockholm. Editor of *Personal Relations Therapy: the Collected Papers of H.J.S. Guntrip.* (Aronson 1994). Author of *H.J.S. Guntrip, a Psychoanalytical Biography.* (Free Association Books 1996) and many Journal articles.

Irene Freeden

Full Member of BAP. In full time private practice.

(Dr) Ian D. Kerr

Member ACAT, Associate Member of BAP, Member of IAAP. Currently Senior Registrar in Psychotherapy at Springfield Hospital/St George's Hospital Medical School.

Book Reviews

Supervision and its Vicissitudes

By Brian Martindale (Editor)
Karnac Books, London 1997, pp 161 p/b £16.95

Supervision is a complex activity. Zinkin (1989) has called it, rather like analysis, the impossible profession and has described it as a 'shared fantasy' - '*the resultant of the trainee trying to imagine what he and his patient have been doing together and the supervisor trying to imagine it too*'. Supervision was initiated by Max Eitingon with the founding of the first formal psychoanalytic training institute in Berlin in 1920. Since then it has formed an integral part of analytic training. It is one of the three essential components, the other two being personal analysis and seminars. On the analytical psychology (Jungian) side Jung conducted seminar courses on supervision in the 1920s. In 1948 when the Zurich Institute was established, 250 hours of control analyses under the supervision of a training analyst had become an essential part of training. Supervision is now mandatory in all reputable psychotherapy and counselling trainings. It is not of course new in other settings, psychoanalytically-informed supervision of casework material (individual, couple, group) presented by professionals e.g. social workers, probation officers not involved in a psychotherapy training or having personal analysis has been undertaken and written about for the last fifty years. The Balint groups enabling general practitioners to be more psychologically aware of their patients' covert emotional problems are perhaps the most well known example of this kind of supervision.

There has been a slowly growing body of written material (papers, books) on supervision which has accelerated in the last few years (Kugler, 1995).

Martindale's book is a welcome addition to the literature of supervision from a European perspective. This monograph is one of a series published by Karnac Books for The European Federation for Psychoanalytic Psychotherapy in the Public Health Services (the EFPP). The EFPP is primarily concerned with the application of psychoanalytic ideas to work in the public sector. It is a multi-author work with nine authors, all psychoanalysts or psychoanalytic psychotherapists. All are supervisors, four are involved in the training of supervisors and one in research with many years of experience. Two are from Britain (Victor Sedlak and Dorothy Lloyd Owen, who is also a BAP member), two are from Sweden (Kurt Gordon and Imre Szecsödy), two are from Spain (Leon Grinberg and Montserrat Martinez Del Pozo). Ulrich Streeck is from Germany while Peter-Christian Miest is

Swiss. Robert Langs from the USA, who has written extensively on supervision and the supervisory frame, completes the list.

The first chapter (Grinberg) gives an account of the definition, process and vicissitudes of individual supervision in psychoanalytic psychotherapy. He focuses on transference and countertransference issues in the supervision and refers to '*the parallel process*' that takes place. This is often called the reflection process in Britain (Searles 1962, Mattinson, 1975). I was unclear about his own invented term projective counter-identification and how it differed from projective identification with which it seemed synonymous.

The second Chapter (Sedlak) looks at the supervision of untrained therapists not in personal analysis or doing a psychoanalytic training. He takes the view that the therapist's work deteriorates at the moment when he is unable to deal with the countertransference especially the negative one in a professional psychoanalytic manner. He gives a clear and lucid clinical example of supervision of a clinical psychologist.

In Chapter 3 (Del Pozo) supervision in an institutional setting is described focusing on a Klein/Bion framework. She shows how the supervisory process can move between paranoid-schizoid to depressive positions with Oedipal facets. She also discusses '*the learning position*' of supervision equivalent to the therapeutic alliance.

Chapter 4 (Streeck) explores the supervision of working teams where team members can represent different disciplines within institutional settings. He stresses the importance of assessing whether problems are due to '*troubling unconscious emotional relationship factors*', in which case psychoanalytically-informed supervision may well be indicated, or are due to other sources such as those of a structural, organisational or administrative nature.

Miest in Chapter 5 gives a moving account of supervising a Balint-style group at work in a nursing home caring for people in advanced stages of AIDS. Careful thought was given to providing a '*reflective space*'. The denied multiple factors, including the unconscious aggression and hatred of the staff who on the surface were deeply caring/loving towards their patients, had until then led to a very high turnover of staff.

Dorothy Lloyd Owen who works at the Portman Clinic describes in Chapter 6 the painful and challenging task of supervising colleagues with no psychoanalytic background working with the most damaged and limited people in primary forensic settings (special hospitals, prisons, regional secure units and the probation service). The typical forensic worker often naively attempts to get the offender to engage with the superego of the worker. She portrays very clearly the complex institutional and societal pressures on the forensic service especially '*the switching from magical expectations to ready denigration in the face of re-offending*'. She highlights the changes in

British Government attitudes which have reduced the chances of offenders being treated as whole persons. One wonders what she would make of the new Labour Government's plans to rename the probation service and possibly call it the public protection service!

Imre Szecsödy of Sweden has spent many years studying and researching supervision. In Chapter 7 he draws attention to the many assumptions that have until recently been unquestioned e.g. that an experienced and able psychotherapist will make a competent supervisor, that the emphasis is on how one teaches rather than how a supervisee learns. He found that learning was most likely to occur when the supervisor kept a 'stable focus' on certain supervisory frames especially the reconstruction of the interaction between supervisee and patient.

In Chapter 8 Robert Langs returns to well-trodden ground reaffirming the importance of the supervisory frame (e.g. time, money) and how deviations will surface in the material presented no matter how obliquely. Intriguingly he states that it is the unconscious that demands a secure frame, the conscious mind would dispose of it. Secure frames, he suggests, create dreaded existential death anxieties from the sense of entrapment whereas the rule-breaker believes he can break the fundamental existential rule of life that death is its inevitable outcome. His austere view is that the confidentiality of the supervision is absolute. No reports on the work are made nor are evaluations or assessments released to third parties (p. 124). One wonders here about professional trainings where supervisors reports are essential to evaluate the trainee's progress. He also appears to contradict himself (p. 128) where he writes about a new mode of supervision developed in response to the *'difficulties of gaining access to the critical deep unconscious experiences of supervisors in the immediate supervisory situation'*. It obligates the supervisee to begin each session with a dream or made-up story and to generate extended narrative guided associations to the dream elements.

The ninth chapter by Kurt Gordan with twenty years experience outlines a formal training in the supervision and teaching of psychodynamic psychotherapy. In Sweden it is now a requirement that supervisors and teachers of government recognised psychotherapy trainings have themselves completed training. The emphasis is on *how* they perform as teachers and supervisors rather than on the contents of what they need to learn.

The range and depth of these chapters amply illustrate the complex and fascinating nature of the task of supervision. There are common themes: the person being supervised is treated in Fordham's (1961) phrase as a junior colleague, boundaries and frameworks are essential and crossed at peril and analytically-informed supervision that develops the *professional* self is not only possible but necessary even where the worker is not in an analytic

training.

BAP has held two conferences on supervision resulting in two monographs published respectively in 1989 and 1992, which explored the process of supervision More adventurous papers such as that of Gee (1996) have given honest and self-revealing accounts using tape recordings of what actually happens in supervision. BAP, through its post-graduate committees, is beginning to examine the issue of the training of supervisors. In the past becoming a training analyst entitled that person to be a supervisor also, without training or evaluation of their work in that field.

Thirty-six years ago, Bowlby, in a foreword (Ferard and Hunnybun, 1962), wrote that caseworkers have sometimes been told that their job is to meet their clients' *overt* requests and not to seek for other and unspoken ones. Sadly, this still obtains in certain sectors of public institutions. Hopefully, books such as Martindale's will go some way not only to discredit such views but to demonstrate why they should be discredited and how ultimately unhelpful they are towards clients and patients.

ELPHIS CHRISTOPHER

References

BAP Monograph No. 1 (1989) Clinical Supervision: Issues and Techniques.

BAP Monograph No. 4 (1992). The Practice of Supervision: some contributions.

Ferard, M and Hunnybun, N. (1962). *The Caseworker's use of Relationships.* London: Tavistock Publications.

Fordham, M. (1961). 'Suggestions towards a theory of supervision'. *Journal of Analytical Psychology,* 6, 2.

Gee, H. (1996). Developing insight through supervision: relating then, defining. *Journal of Analytical Psychology*, 41. 4, p529-553.

Kugler, P (ed) (1995) *Jungian Perspectives on Clinical Supervision.* Switzerland: Daimon.

Mattinson, J. (1975). *The Reflection Process in Casework Supervision.* London: Tavistock.

Searles, H. (1962). Problems of psychoanalytic supervision. In *Collected Papers on Schizophrenia and Related Subjects.* New York: International Universities Press.

Zinkin, L. (1989). BAP Monograph No. 1. Supervision: The Impossible Profession.

Female Experience: Three Generations of British Women Psychoanalysts on Work with Women

Edited by Joan Raphael-Leff and Rosine Jozef Perelberg
Routledge, London 1997, pp 295, h/b £50.00 p/b £17.99

Women have held prime positions throughout the developing history of psychoanalysis. The first psychoanalytic patient was a woman, Anna O., and many of Freud's classic cases, such as the one of Dora were also women. Women emerged further to the fore with the intense controversies over the theories developed by Melanie Klein and Anna Freud. Not only were these two theorists women but they (particularly Klein) brought about a huge shift in psychoanalytic thought with the ascendance of the mother-infant relationship over that of the oedipal father.

With this increased emphasis on the pre-oedipal and mother's role, there has been a dimunition in the magical and awesome properties ascribed to the phallus. These attributes appear to have been transferred to the woman who is seen, in unconscious fantasy, as having no limits to her existence or power. Indeed, the gender roles are merged and it is often the 'phallic mother' who takes precedence in a patient's internal world.

In this book, the editors, Joan Raphael-Leff and Rosine Jozef Perelberg, try to address the issue of what it means to be a female patient in analysis with a female analyst. Would Anna O. and Dora have been better able to express their longings for a containing mother rather than defend against them as they did with a paternal transference? Even with a female analyst, as Enid Balint describes, heterosexual activity often masks an unconscious wish to satisfy the early mother/analyst.

In its fifteen papers this book spans 100 years and three generations of female analysts from the three different theoretical orientations within the British Psychoanalytical Society (Contemporary Freudian, Kleinian and Independent). Included are classic papers from Joan Riviere, Enid Balint and Dinora Pines and then a range of papers from a variety of established clinicians across this century to the present day. Each paper has something instructive to offer and gives excellent insights into technique by describing the clinical work in detail. However, by the end of the book, although the issue was addressed, one was still left uncertain as to how important an issue was the analyst's gender.

In fact, does it matter at all? Do some women use/do better with a female analyst than they would with a male one? It would seem that the divide is the same as it ever was; for those who stress the pre-oedipal, the analyst's gender is of no consequence, but where three-body material surfaces, gender is a

reality component. Certainly, for cases where there has been sexual abuse a same-sex analyst would seem to be an imperative. There are patients for whom one sex feels safer than the other, and one can see that for certain women, such as those who have experienced maternal deprivation (Pines), difficulties of generative identity (Raphael-Leff), severe handicap (Sinason), a patient would be helped by seeing a functioning and integrated female analyst.

As women, are we in a better position to understand what other women need? By virtue of the fact that the ego is a body ego, perhaps it is particularly significant that *'we have inhabited and we each have a womb'* (Mills, p.188). A woman in a satisfactory analysis with a female analyst may have the reassuring advantage of feeling part of the feminine pipeline.

From reading this collection of papers, it would seem that analysis of a woman by a woman offers a pre-oedipal 'homosexual' relationship between mother and infant whereby the primary identification with the mother's femaleness can establish the girl's sense of feminine identity with a profound strength and permanence. But what of a woman's lifelong task of 'separation-individuation' from her own mother? (Pines, p.127) Perhaps it is due to the primal nature of this identification that the loss involved in the mother-daughter separation often seems to be a particularly painful affair and if the outcome remains fraught or unresolved the effects may be felt in the next two generations. As these cases show, it is common for the mother-imago to be so powerful that the analyst is experienced as engulfing, neglectful or destructive. It needs a continual effort on the part of the analyst to get the distance right so that the patient can feel separate but still connected. Defining a sense of self is particularly important for patients who have been subjected to situations of early loss, deprivation, confusion or abuse. In the end each individual has to renounce mother. For Freud, this could be achieved through the resolution of the Oedipus complex; for Klein, through the acceptance of *'the reality of our separateness, our dependence on objects we do not control and of our relation to parents whose independent intercourse has to be acknowledged'* (Temperley, p.264).

The editors have collected an impressive range of papers from some first-class clinicians. They have opened up a line of inquiry on gender issues which has important implications for clinical practice. Perhaps what one takes away from this book is that to weigh up penis envy against womb envy is quite unhelpful. What appears to be more relevant is Chasseguet-Smirgel's idea (p.221) that both sexes experience themselves as 'painfully incomplete' (in relation to the early mother) and true creativity, for all of us, is based on an ability to internalise a creative parental couple which, in turn, will be founded on the *'belief in one's own entitlement to generate'* (Raphael-Leff, p.253).

JUDY COOPER

Assessment in Psychotherapy

Edited by Judy Cooper and Helen Alfillé
Karnac Books, London 1998, pp 157, p/b £16.95

What is the best way to answer those who ask how you can tell if psychotherapy is the right form of treatment for a patient and those who question why there needs to be an assessment? They should be directed to this new book, *Assessment in Psychotherapy.*

There is a special delight in reviewing this book because it is the first 'home grown' book which focuses in detail on an important part of the work of the British Association of Psychotherapists. The Clinical Service forms a bridge between the professional training, which is the core of the association, and with members of the public who may be considering psychotherapy, and looking for a psychotherapist.

In this book members of the Clinical Service Committee have combined their wisdom and experience to produce a collection of views about assessment, and to explain what it is they are looking for, and how they go about their task. In this series of essays, we see the different assessors at work, and all the contributors demonstrate the skills which are needed to perform this function. Some therapists may be more comfortable with the word 'consultation' rather than 'assessment'. It is true that the decision to go ahead with treatment has to be a mutual one, but it is the professional psychotherapist, here as an assessor, who brings into the consulting room a wealth of knowledge and understanding which is the overriding factor in the decision whether or not to recommend psychotherapy.

Each chapter demonstrates that it is no easy task to be an assessor. The skill is to be able to make sufficient contact with the patient without forming such a close bond that the referral to another therapist for treatment is difficult. And yet, at the same time being open enough during the consultation to encourage the patient to reveal perhaps the most vulnerable and fragile parts of himself, possibly for the first time. In addition, the assessor tries to get at least a glimpse of the patient's inner world, as well as his current situation, while the patient is disclosing a social and developmental history.

When listening to the patient, the psychotherapist had to keep several important questions in mind. Is there a capacity for self-observation? Is there an ability to think in psychological terms? Is there the ability to see connections between events and feelings within himself? The patient's awareness of the importance of fantasies and dreams and the patient's ability to use an interpretation, must be a key factor in making the decision. The assessor is also looking at the patient's ability to think in a psychological

way, and each chapter in this book clearly identifies the different and complex areas which need to be carefully considered and thought about.

Among the tools which the contributors to this book describe are the psychotherapist's reliance on his countertransference feelings and another is awareness of the patient's reactions to the assessor's comments. The decision whether or not to refer the patient for psychotherapy may well be based on what is *not* said. One sensitive point to note, we are told by Mira Malovic-Yeeles, is that when psychotherapy is *not* recommended the therapist is urged to underline the fact that therapy is not suitable for the patient, rather than that the patient is not suitable for therapy. Also, to give information about other sources of help which might be helpful.

At the same time it is important to give the patient a realistic idea about what psychotherapy will be like, and it is essential for the therapist to maintain boundaries, in fact to 'set the scene' to indicate what future sessions will be like. We are reminded that the assessment can become a blueprint for future treatment.

Part of the responsibilities is to explain something of the process: the importance of free association and the use of dreams; use of the couch; frequency of sessions and why these need to be regular; and about the commitment of both time and money. Referral to a specific therapist for treatment can be quite a delicate matter and will depend on several factors. It may, amongst other things, be based not only on suitability but on geography, and frequency of sessions; also age and gender of the practitioner may be important.

From the point of view of the patient, the assessment interview provides an opportunity for him to tell his story and to work with the assessor as they decide together whether or not psychotherapy is the right way forward. Almost certainly, it will be a new experience for the patient to be listened to in a certain way, and hopefully to feel understood.

There is a welcome overview by Ruth Berkowitz of the literature concerned with the suitability for psychotherapy and this will be a useful guide to professionals concerned about when to make an appropriate referral to the Clinical Service for assessment. The 'assessment' is a crucial part of the work of being a therapist, whether as part of the Clinical Service or for anyone working in private practice, and yet it is all too often a neglected one in training.

In their concluding chapter Cooper and Alfillé look again at the decisions facing each assessor, and how they must balance the needs and expectations of the patient with the realities of what may be expected from psychotherapy. Cooper and Alfillé, as the editors, give us the benefit of their own experience as assessors, and have brought together other senior psychotherapists

responsible for very many assessments to pool their knowledge. They say that, above all, when taking everything into consideration the psychotherapist must keep in mind the question, 'Is he (the patient) curious to explore the reasons why he is where he is in his life?' Arna Davis points out that the assessor is there to follow the patient's story, not to take over, and that the ending of an assessment interview is an opening of a new story.

Assessment in Psychotherapy will be helpful to even the most experienced counsellor or psychotherapist, reminding us that the process begins with the patient's fantasy about psychotherapy, and cautioning us to remember how important the first contact by telephone is. No one will be left in any doubt about why a thorough assessment for psychotherapy is of value for both patient and practitioner.

JILL CURTIS

A Psychodynamic Approach to Education

By Alex Coren. Sheldon Press 1997, pp 176, p/b £14.99

The psychodynamics of education as well as the treatment of those who are troubled in, or by, education are the theme of this book. At the beginning the author issues an invitation to a dialogue with him both in terms of the content of the book and, by implication, in terms of remembering our own experience, through personal history, psyche, soma and trauma. What unfolds is the difficult journey through the educational world establishing that the value of education cannot, by virtue of its complexity, be reduced to league tables and grades alone. It needs an understanding of the individual and of the environment like the depth of this book.

The account which Coren gives of education is one of exploration, development and training. He emphasises the care which is needed in dealing with human responsiveness in these circumstances. We are told that in adolescence the recapitulation of early infantile experience which contains problematic aspects of the relationship to mother and father is also a time when greater efforts are made to tame the psyche. Thus increasingly an adolescent is confronted with more expectations of performance at a time when the complexities of growing up are socially, biologically and psychologically acute. The mysteries of early infantile life often surface during adolescence, bewildering and confounding understanding. Intense feelings about this experience and the need to retain approval and love of those around narrow the focus on educational achievements and present the young person with a formidable task. The book discusses the various manifestations of these difficulties. We zigzag our way through an obstacle course of issues facing the individual, often having to look back in order to look forward. An individual may use education as a means of working through, like therapy. This point is made in the chapter on 'Transitions' where tutor and therapist are briefly interchanged thus underlining the point that both are guardians of human development.

How we learn is detailed in the chapter 'Thinking and Development'. This book is a mine of core concepts and assembles a dynamic framework built around first the infant's discovery of self, self and other and what happens between the two. Relationships should lead to thinking, creativity and curiosity, problematic envy, overcoming ambivalence towards our needs for others, joining with but translating and adapting what is being offered. The outcome of teaching and learning is a *'synthesis of the relationship between teacher and taught, where a thoughtful curiosity is encouraged'* (p.70). This Coren describes as the core experience of being in education and opens the door to innumerable possibilities subject to individual capacity and

motivations.

Thus in the chapter entitled 'Transformations' there is an examination of what the individual draws upon in order to satisfy a need to change. Education can be the vehicle for this. What motivates a person to change is suggested through case examples such as 'John', the graduate student who desires to escape the shame of his 'humble origins' only to encounter again those feelings at university. Then 'Nick', a graduate student who has a severe breakdown when he eventually has to face his difficulties of intimacy and commitment. Another example is of 'Ethel' who also has to come to terms with what her parents are not and face the pain of separation in order to become the idea of what she has for herself. Coren carefully analyses the plight of these students of whom he has had first hand experience. In his discussion of the increased potentiality for suicide during transition there is a strong sense of the depth of his understanding and compassion for the individual.

Nothing illustrates more finely the overt or covert plight of the individual and the way education is used than the Chapter, 'Foreign Bodies'. This is based on a paper given at City University in 1989 and was delivered to an audience which was very moved by its presentation. It was in a context when the first waves of international students were arriving at our universities having been sold the idea of education at a British university. The Chapter does not have the political edge of the original although the message is still as clear in that our attention is drawn to the physical and emotional pathology exposed under the stress of migration and the lack of understanding about this on arrival.

There is in the chapter on 'Gender' a most accessible account of the psychoanalytic history of gender which builds up to Coren's major assertion. This is: *'Learning and creativity may be about discovering similarities and opposites in the other, but also within oneself'* (p.124). This is such an important statement in understanding the 'Psychodynamics of Education' and illustrates his aims as a psychotherapist to make possible the mental freedom in the patient/student so that learning can take place. We see this in the last Chapters on 'Commodities', 'Cleverness' and 'Examinations' that pick up this theme, which is to do with the way education is imported into the individual to enhance or change the sense of self. The examination of course is the final test of whether the student has been successful in doing so, a task which in itself is beset with the difficulties of whether something can be incorporated as an emotional truth. There are a number of illustrations of this which bring alive the reality of students struggling through education to improve their sense of self.

A fascinating aspect to the book is that there are several references to the

proceedings of the 'Vienna Psychoanalytic Society : 1910 On suicide, with particular reference to suicide amongst Young Students'. These discussions seem to be as important today as they were nearly ninety years ago. This begs the question of how difficult it is to learn from the experience of our own learning. This leads to an even more sensitive question about what the relevance of this book, which is to do with education on the grand scale, has to education on the small scale such as the training of psychotherapists ?

Alex Coren's book is an important contribution to the literature on education and has the provenance of being based on practice and experience in the field. It is a book written by one who is 'hands on' and, although intended for a professional readership, can claim a wider interest. However at the end I find myself feeling like a member of an audience at a good lecture. I am aware that time has run out but want to hold the speaker to carry on talking to us. It does not happen and we end, but the hope of a return to hear more is not suppressed in my mind. It is now that I know my curiosity has been sustained and realise that I have learned much from reading this excellent book.

PHILIP HEWITT

Boy Crazy: Remembering adolescence, therapies and dreams

by Janet Sayers, Routledge, London 1998, pp 185, p/b £14.99

It has long been recognised that accessing analytic material about adolescence is difficult - Janet Sayers discusses Anna Freud's ideas on the subject (p 46) which touch on a central issue raised by her book. Freud observes that adolescents do not often stay in treatment, and that adult patients do not re-create the experience of their adolescent years in the transference. This in itself might be suggestive of reasons for the current status of adolescence in our view of human development - that perhaps for all its conscious pain and confusion, it is not as fundamental as earlier periods of our emergence as individual beings. In this book, Sayers attempts to overcome the elusiveness of adolescence and to offer a revised understanding of the 'normal' extremes and pathological creations of the adolescent mind.

The principal argument of the book is clear. The major determining factor shaping individual psychological development is how we deal with the legacy of early dependence on the mother. In adolescence a primary method of addressing this legacy is the idealisation of men and masculinity by both sexes, though boys and girls have different reasons for doing so. Girls are still emotionally entangled with their mothers and, importantly, are very much aware of the fact. Yet their love is accompanied by an equally deep hatred which has its roots partly in the interpersonal situation between mother and daughter, and partly in the daughter's reaction to understanding the denigrated and oppressed position that women hold in society. The higher incidence of depression and eating disorders among girls are attributed by Sayers to these conflicts. The child falls back on the idealisation of the masculine, seeking thereby the means of rescue both from the dangers posed by their love for their mothers and for their own wounded self-esteem.

The boy arrives at a similar solution to a different dilemma. The male child is not allowed to separate from his mother gradually, rather he is encouraged to affirm his masculinity by denying her prematurely and by splitting himself off from the resulting pain. Hence boys' greater vulnerability to illness rooted in schizoid defences, and to suicide. The consequences of this rupture in the boy's psychic reality is a series of splits, between mind and body, love and sex, introspection and action, true and false, good and bad, that serve to reinforce the original denial of his true feelings and condemn him to a life of emotional illiteracy. For boys too, therefore, an idealisation of themselves, or creating idols of others, appears to offer relief and a way forward out of adolescent confusion.

Both sexes therefore indulge in this 'boy craziness' - investing in God, sportsmen, and self-idealisation (in the case of boys), and in romantic heroes and saviours (in the case of girls). Though socially legitimised and encouraged, it is a strategy that avoids reality and stores up future problems. There is the danger of reality bursting the bubble, leading to despair and disillusionment. It vitiates against mutuality in adult relationships, as each sex strives to cope with the consequences of investing in hollow dreams. Earlier psychoanalytic writers such as the Laufers, Erickson, Blos and Jung, she maintains, have not simply described and accounted for this process, they have 'advocated' it. Her alternative is twofold. On an individual level the boy needs to come to terms with the damage wrought by his early division from his mother, the girl to work through her ambivalence to her, through therapy if necessary; on a social level, we must stop offering the false solution of a denigrated femininity.

Sayers makes a bold - though to my ears still equivocal - claim for her thesis. The idealising processes grouped around the notion of becoming 'boy crazy', she holds, *'encapsulate particularly well what is often most central to the transformation brought about in men, as well as women, by adolescence'* (p 3). She argues that these processes have always been addressed in theories of adolescence, but they have been viewed as secondary to the underlying psychic conflicts against which the child is defending him or herself. In her presentation, the actual content of adolescent fantasy is secondary to its function in dealing with the underlying conflict described above. Boys, for example, will need to defend against anything which threatens to reconnect them with dependence on the mother. Sayers is interested less in the intrapsychic conflicts through which teenage children are passing, than in their capacity to talk about themselves, and to feel emotionally close to others. The wet dream and the involuntary erection arouse anxiety not because they may link to forbidden fantasy or a prohibited sexuality, but because they threaten a sense of being out of control, uncontained.

Here she takes issue with the Laufers, for whom it is the danger of incest revived at puberty that threatens the equilibrium that carried the child through latency. For her, what is central to the human condition is the trauma of the separation from the mother (see p 53). In discussing the Laufers' patient 'Paul', for example, she feels that he is trying to tell his analyst about the yearning for emotional closeness with his mother and that he is not being heard; whereas the Laufers are concerned with the conflict between this wish and the incestuous dangers with which it became imbued at puberty. To support her case Sayers points to theorists concerned with early environmental failure, R D Laing, Winnicott, and Bowlby, suggesting that their ideas, though

describing an earlier period of development, are still relevant to what happens in adolescence.

There are a number of points one could discuss in relation to her thesis. Her elevation of the idealisation of masculinity to a central position in adolescent processes would perhaps be more convincing if she had located her ideas within an alternative account of the nature of adolescence, its specific challenges and dangers. It might be argued too that she overstates the neglect of the danger posed by the pre-Oedipal mother in earlier explanations of the defensive strategies employed in adolescence. She is implicitly critical of recent analytic theorists for neglecting the sexual content of psychic conflict, and has elsewhere been quite specific about the need to bring the father back into analytic theory. Yet here she consistently interprets material (even overtly sexual material) in a non-sexual way, and the father rarely features at all - there is no conception of the primal scene or parental sexuality to complicate the picture. I was concerned, too, about the absence of a model of mental processes or the internal world, however conceptualised. She introduces models of mental functioning in her descriptions of past theories, but none is integrated with her main argument. Much is made of the distinction between 'intrapsychic' and 'interpersonal' without any elaboration of what this distinction means for her. One might also quibble at the body of thought against which she constructs her ideas, and to regret that there was not more engagement with recent analytic writers on the complex processes involved in the construction of masculinity and femininity.

However, the primary difficulty lies not in the model offered, but in its presentation and use of evidence. Impact is achieved not through the rigour of the argument or the deft use of quotation or clinical vignette, but through a profusion of references and examples which are presented not so much convergently, but almost in parallel with one another. As the text leaps from literary allusion to recent research finding to dream extract, the sense of structure is sacrificed. In style and content it strikes one as a cross between a review of recent findings in research psychology, and a discussion of older psychoanalytic theory.

Nowhere is this hybrid nature of the book more apparent than in its treatment of sources. The book rests heavily on material collected from friends and colleagues, volunteer students and schoolchildren. These people were asked to write down their memories of adolescence, and their current or early dreams. However, the methodology behind this receives slight treatment. Much of the book's claim to originality is built on this material. It is, according to the back cover, 'Illustrated throughout with fascinating examples from a groundbreaking study of school and university students' pre-teen and teenage memories and dreams...' This may well be a way of

providing interesting anecdotal material, but Sayers makes a greater claim. *'True to my Freudian roots'*, she states, *'I also collected memories and dreams'* (p 3), and she encouraged her volunteers *'to write down or say whatever comes to mind in association with their teen or pre-teen years'*, a process *'very much akin to the method adopted by Freud'* (p 155). It is a method which, she argues, overcomes the inarticulacy of adolescents, social inhibitions in talking about love and sex, and the shortcomings of formal questionnaires. She goes on to refer to 'their free associations' (p 156).

While on the one hand her interweaving of this varied array of sources is impressive, and cross-fertilisation between disciplines is to be applauded, the manner in which it is done here serves to undermine what is distinctive about two quite different approaches to the human mind. From the information which Sayers provides about her study, it seems also to combine the weaknesses of both analytic research and experimental psychology, while retaining the strengths of neither. Dreams, for example, have always been central to psychoanalytic attempts to understand the unconscious through their interpretation in analysis. In *Boy Crazy,* however, the recognition that we are only dealing with their 'manifest content' (p 12) gets lost, and her subjects' dreams are discussed as purveyors of latent meaning. Yet the latent meaning appear as extensions of their conscious concerns - of competitiveness with peers, of having mixed feelings about being kissed. Often the link between argument and material is difficult to perceive. When she does suggest an interpretation of a dream's wish-fulfilling nature (on p 90 for example), the reader might reasonably object that his immediate associations have as much validity as hers.

There is, I think, a danger that readers new to the subject might finish the book more confused rather than better informed, particularly about psychoanalysis. For the more aware reader, the book does not live up to the high expectations raised in its opening pages. In *Boy Crazy* the clinical psychologist, the professor of psychoanalysis and the analytic psychotherapist (for Sayers is all of these) seem to be competing voices, cancelling out rather than building on each other's virtues.

MARTIN KEMP

The Inner World of Trauma: Archetypal Defences of the Personal Spirit

By Donald Kalsched
Routledge, London & New York 1996, pp 229, p/b £14.99

Donald Kalsched, a Jungian analyst practising in New York, considers in his book the theory and treatment of trauma from a Jungian perspective, the emphasis being on the way defences are used. He bases these on the Jungian concept of the Self as an ordering centre for the whole of the personality, while the ego is perceived as the ordering centre of consciousness alone.

In normal development the Archetype of the Self, with its positive and negative aspects, has an integrative function, while in the case of severe trauma the Self appears to be at war with itself, acting as both Protector and Internal Enemy. He considers that this split has at first a defensive function, as it cuts off imaginal unconscious from dangerous reality. Dissociation is then the price for survival whenever reality becomes unbearable.

The book is divided into two parts. Part I consists of six chapters and deals with developmental theories that describe *how* contamination with the dark side of the Self happens. Part II looks at the implications of these theories for clinical practice. This is done against a background of clinical examples as shown in Part I, and through discussions of the dynamics in three fairy-tales and an elaboration of the myth of Eros and Psyche in Part II.

Chapter 1 looks at the *diabolical* side of the Self and its use of dissociative, persecutory defences, using forgetting and unconscious repeating of the original trauma (Freud's repetition compulsion). The positive, integrative side tries to oppose this. However the subjective destructive experiences become overwhelming. Case material demonstrates this, with subtitles like 'axeman', 'shotgunner', 'food daimon'.

In Chapter 2 the *helpful* side of the Self is illustrated in case material, showing how the unconscious can create 'heavenly parents', 'a fairy godmother', 'an angel' in the conscious fantasy to help keep the spirit alive. Kalsched here retells a charming story that originates with Esther Harding the New York analyst who knew the person in England to whom it happened:

> *'A mother sent her young daughter, aged six or seven, to her father's study one morning to deliver an important message. Shortly thereafter the daughter came back and said, "Sorry Mother, the Angel won't let me go in". Whereupon the mother sent her daughter back a second time with the same result. At this point the mother became quite annoyed at her young girl's imaginative excess, so she marched the*

message over to the father herself. Upon entering she found her husband dead in his study.'

Winnicott writes, as Kalsched quotes: ... *'reality acceptance is never completed... no human being is free from the strain of relating inner and outer reality....relief from this strain is provided by an intermediate experience...'* (D.W. Winnicott, 1951).

The wise mother, together with Winnicott does not ask, *'Did you find the Angel or did you create it?'*

Chapter 3 retraces the initial explorations of Freud and Jung in relation to trauma. It shows how early on both men understood how *'...the primitive defences both characterise severe psychopathology and cause it.'* Kalsched points out that the protective aspects of these defences may not have been appreciated at the time.

In Chapter 4 he looks at the time of Jung's personal trauma, his period of disunion with himself, as Jung described in his autobiography. From there he goes on to Jung's mature thoughts on trauma. Here he explores how Freud's superego concept parallels Jung's concept of the primordial ambivalent Self. Jung (1916) distinguishes the Survival Self (in trauma) from the individuating Self (in psychological health). He writes:

'Intellectually the Self is no more than a psychological concept.....by definition it transcends our powers of comprehension. It might equally be called "The God within us".' (CW7 para 399.)

In *Answer to Job* Jung (1952) says:

'....the greatest thing about Job, that, faced with this difficulty (the awareness that Yahweh can be unjust), he does not doubt the unity of God. He clearly sees that God is at odds with himself, so totally at odds that he, Job, is quite certain of finding in God a helper and an "advocate" against God.' (CW11, para 567).(p.98)

Right through the book we follow the theme of the Self as Protector as well as Inner Enemy.

In Chapter 5 Jungian contributions to this theme are widely quoted. Leopold Stein's paper connects the idea of immunological self-attack to *'an attack by the primal Self upon part of the ego that it mistook for foreign invaders'* (JAP Vol 12,1967.). Michael Fordham is quoted as saying that noxious stimuli on a baby may start a persistent overreaction of the defence system. (Fordham 1976.)

Papers by Jeffrey Satinover (1985), Carol Savitz (1991), and others are mentioned and so-called popularised examples are given. For instance Marion Woodman (1982), on the 'daimon-lover', or Clarissa Pinkola Estes (1992) on the 'innate predator'.

Chapter 6 looks at the psychoanalytic view on the subject, quoting Khan (1974), Odier (1956), Ferenczi (1933), and the Object-Relations theorists. He quotes Melanie Klein (1946), and Bion (1962), and quotes generously throughout the book from Winnicott.

Kalsched writes:

> *'Bion's assumption of a malevolent hypertrophied superego that hates and attacks all linking processes in the psyche corresponds closely to our hypothesis.....To this Bion adds a rich but sobering analysis of how what Jung called the 'transcendent" function (for Bion the 'alpha' function) is itself broken down by inner hatred, so that in the worst cases, the psyche's symbolic capacity to process its own affect is attacked'.* (p. 124)

It seems to Kalsched that classical analysis would see the relationship with internal daimons and angels as a 'split indicating psychopathology and an escape from reality'. Jungian perspectives would agree with this but in addition would see the *purpose of the defences* as keeping alive body and spirit, against overwhelming trauma and devastation.

Part II of the book is about a pattern of healing that offers hope to the severely traumatised individual. The pattern is traced through three fairy-tales, the myth of Eros and Psyche and the therapeutic process. Kalsched's theory of traumatic woundedness has at its centre the archetypal psyche's *self-care system.* The duplex Self anaesthetises as a protection against unbearable pain but also continually re-traumatises. The pattern of healing the writer proposes he calls *two-stage healing.* It hopes to transform the self-care system into relatedness.

Stage One starts off with life in the traumatic defence. Since *'not enough time was spent in primal illusionment',* there is a need for re-illusionment or regression. Longing for the possibility of a full life is gleaned and hope may be born. There is no pain, and trust is established. Kalsched warns that this stage can easily become addictive. The last thing the patient (or the hero of fairy-tales and myth) wants at this point is to come to terms with *'the essential polarities of life'.*

However, this is the aim of Stage Two of the healing. It happens through re-traumatisation and disillusionment. There is violent anger, loss and grief, separation from illusory paradise. *'Destructiveness is an essential part of*

differentiation' and the slow working through from Stage One to Stage Two is full of complaints. Unlike in the original trauma this time the complaints are heard by a human being who is both compassionate and tough. The firmly-held process of going in and out of illusionment and the suffering this entails slowly forges an ego strong enough to tolerate conflicting feeling. There is a warning here. *'The Self "itself" seems indifferent ....if constellated negatively as a survival-Self, it will keep on devouring the person's life...'* (page 215). By this Kalsched might have meant *'survival of the person, but at the expense of personality development'* (page 38).

There is a constant theme throughout this book, sometimes implicit, at other times clear and explicit. For the traumatised individual the search is not only aimed at re-living the developmental process in a better way. In addition the search is for a personal moral and spiritual solution to his life. This is the purpose of the pilgrimage through suffering.

At Stage One the dualities within the archaic Self that lead to a sense of sterility seem insoluble, until desire and a sense of hope get things going. At Stage Two, 'tough compassion', a paradox, makes the difference. In both instances we are looking at hidden spiritual forces.

This book makes exciting reading. Scholarship linking many different schools of psychotherapies is combined imaginatively with the main theory and with clinical examples.

But it is made clear that this is not enough. Psychotherapy is a spiritual practice. This is in keeping with what Jung said in the introduction to his autobiography and which Kalsched quotes:

'In the end the only events in my life worth telling are those when the imperishable world irrupted into this transitory one.' (Jung 1963).

I warmly recommend this book.

MARIETTA MARCUS

References

Bion, W. (1962) *Second Thoughts*, New York: Jason Aronson (1967).

Estes, C.P. (1992). *Women Who Run with the Wolves*, London: Rider.

Ferenczi, S. (1933) in M. Balint (ed.) *Final Contributions to the Problems and Methods of Psychoanalysis*, New York: Brunner/Mazel.

Jung, C.G. (1916) *The Psychology of the Unconscious,* Collected Works 7.

Jung, C.G. (1952) *Answer to Job,* Collected Works 11.

Jung, C.G. (1963) *Memories, Dreams, Reflections*, New York: Random House.

Khan, M. (1974) "Towards an Epistemology of Cure," in M. Khan *The Privacy of the Self* New York: International Universities Press.

Klein, M. (1946) "The Early Development of the Conscience in the Child, in M. Klein *Contributions to Psychoanalysis*, London: Hogarth Press.

Odier, C (1956) *Anxiety and Magic Thinking*, trans. M-L. Schoelly and M.

Sherfrey, New York: International Universities Press.
Satinover, J. (1985) "At the Mercy of Another: Abandonment and Restitution in Psychosis and Psychotic Character," in *Abandonment*, Wilmette, Ill.: Chiron.
Savitz, C. (1991) 'Immersion in ambiguity: The labyrinth and the analytic process,' *Journal of Analytical Psychology* 36: 461-81.
Stein, L. (1967) 'Introducing Not-Self,' *Journal of Analytical Psychology*, 12: 97-113.
Winnicott, D. W. (1951) 'Transitional Objects and Transitional Phenomena,' *Playing and Reality*, New York: Basic Books, 1971.
Woodman, M. (1982) *Addiction to Perfection: The Still Unravished Bride*, Toronto: Inner City Books.

The Klein-Lacan Dialogues

Edited by Bernard Burgoyne and Mary Sullivan
Rebus Press 1997, pp 228, p/b £14.99

This book is the result of a series of discussions organised by THERIP (The Higher Education Network for Research and Information in Psychoanalysis) which took place during 1994-1995 between prominent Kleinians and Lacanians. The format of the talks is reflected in the book, so that a number of topics is addressed by a proponent of each school in turn, followed by a panel discussion. The topics are: Child Analysis, addressed by Margaret Rustin and Bice Benvenuto; Interpretation and Technique, by Catalina Bronstein and Bernard Burgoyne; Phantasy, by Robert Young and Darian Leader; Sexuality, by Jane Temperley and Dany Nobus; Counter-transference, by Robert Hinshelwood and Vicente Paleroma; The Unconscious by Robin Anderson and Filip Geerardyn; and a concluding chapter entitled 'Klein and Lacan in the 1990s', consisting of an interview with Donald Melzer, and a paper by Eric Laurent entitled 'Rethinking Kleinian Interpretation: What Difference Does It Make?'.

The way that the lecture series was organised means that each author writes a paper independently of the others. The quality of the papers is of the highest, and most presenters seem to be at pains to convey the essence of the issue under discussion, and to compare when possible with the other school of thought. The discussion following the two papers in each section also elicits important points. However, a drawback of this format for the reviewer is that there is no overall comprehensive explanation of terms or theory from either side. Although it is possible to see its advantages in terms of the insights and depth of the individual presentations, it also means that, speaking as a Kleinian who has only a general acquaintance with Lacanian ideas, I was floundering when it came to the Lacanian presentations, since terms are not explained systematically, nor placed within the context of the overall theory. The aim of the discussions was, as Guy Hall describes in the Introduction, *'to get a clearer idea of what it was that each school shared, and in what ways they differed'*; not to level down differences or to attempt to persuade, but to formulate the 'irreducible constructs' of each school (p.5). As Hall admits, the project was only partly successful. From the Kleinian point of view, which I felt better able to judge, I found that by no means did all the important 'irreducible constructs' emerge, for example, there was no real exposition of such important constructs as the paranoid schizoid and depressive positions, or of projective identification. And from the point of view of someone with limited understanding of Lacanian theory, I found that

concepts were being used with which I was unfamiliar and which I found confusing. In this I was evidently not alone: during the discussion following Robin Anderson's and Filip Geeradyn's contribution, Anderson has to ask what is meant by the term 'signifier', which, although crucial to Lacanian theory, has not so far during that talk been explained. As a glimse of the liveliness of the atmosphere during the original discussions, we incidentally learn that this question elicits a 'titter' from the audience - presumably from the Lacanians amongst them - which gives a flavour of the somewhat competitive atmosphere which apparently existed on this occasion. However, just because there is no overall exposition, the onus is on the reader to do much more of the the work of understanding, and this has its advantages.

From Burgoyne's useful and explanatory contribution 'On Interpretation', I understood also that this way of organising the lecture series is consistent with Lacanian philosophy, since Lacan had proposed that *'the alteration of the analysand's relation to reality [is brought about by] the functioning of a Socratic dialectic'* (p.50). The use of the dialectical method of teaching points up a fundamental difference between the schools of Klein and Lacan, which to my mind is of a different order of significance than the difference between, say, the Kleinian group and the Independent or Contemporary Freudian groups. Although Kleinians are often criticised for being too theoretical and abstract, French psychoanalysis belongs to a different cultural tradition from that of the Anglo-Saxon world. The latter has tended towards empiricism and pragmatism, whereas the French tradition is much more intellectual and abstract; and this is apparent from the presentations given.

Lacan's work shows an underlying rationalist influence, inherent in the structuralism that he applies to psychoanalysis. Its most fundamental manifestation is in the view that the unconscious is structured like a language. This belief has wide-ranging consequences. In the book, it is the topic that seems to cause the most confusion. This is exemplified, for example when Bernard Burgoyne suggests (p.63) that there are in fact parallels between Susan Isaacs' seminal paper on phantasy, whereby she argued that experience is structured by means of unconscious phantasy, and Lacan's contemporary discussions about the structuring of reality through the functioning of imagos and identifications. But Burgoyne goes on to paraphrase Lacan: *'once you have actually produced the phantasies they are related to symbolic functioning - they are related to phrases. The inability of those phrases to completely represent the structure of the phantasy introduces the register of the Real.'* Burgoyne then (p.63) refers to Lacan's *'decision that the functioning of language is dominant over that of images'*. When Bronstein counters with the example of a two-year old who looks at her mother's breasts and says *'those are what you bit me with'*, she is suggesting that this is an unconscious

phantasy from an earlier period of the child's life that could now be put into words, and she seems to be arguing against a view that language as such structures phantasy. Lacan, I think, is not suggesting in a straightforward way that experience is structured by language: the notion is to do with the idea of 'deep structures' as proposed by the linguist Saussure and taken up by Chomsky and Levi-Strauss, the roots of which lie in a philosophical rationalism. Benvenuto says that psychoanalysis is about *'re-ordering experience into language'* (p.34), whereas she represents the Kleinian (or probably the majority of British psychoanalysis) as being content with merely 'naming' the experience. Lacan, as I understood it from these discussions, seems to be saying that experience and phantasy are structured by means of organising principles which are, in some sense of the mind, as opposed to being of the sensory apparatus, in the same way as is language. Lacanians would criticise not just Kleinians, but most psychoanalysis for being naively empiricistic. A related difference, which gives Lacanian writings and clinical work a special flavour, is that whilst for Klein the importance of the unconscious inheres in its contents, for Lacan, its importance lies in its essence as an organising structure.

At one point following a discussion, Audrey Cantilie puts her finger on my own experience in reading this book. She says

> *'In listening to these two speakers I have the same impression that I had gained listening to previous dialogues between Kleinians and Lacanians. Jane Temperley reminded me of a woman who has just come in from the garden covered with earth. She knows the Latin names of the flowers to which she refers occasionally but her knowledge and experience is rooted in the plants she has been dealing with. When I listen to Dany Nobus, he reminded me of a man who works in a library reading books, in fact, only one book - the book of Lacan which is a very difficult book.'* (p.125).

Further comments from Mrs. Temperley elaborate this point. She points out that a fundamental difference between the two schools is to do with the relationship to the body. Nobus had said that the drives are a function of the signifier (i.e. symbols). For the Kleinian, indeed again for most non-Lacanian psychoanalysis, the drives are expressions of human nature, rooted in biology; and phantasy is understood as the psychological expression of these biological drives. Nobus responds by agreeing that Lacanian theory is divorced from the body and procreation. For Lacan, psychoanalysis deals with the way these things are represented in the psyche. He speaks of how sexuality is 'constructed', a key Lacanian term. He explains that he would

designate the Kleinian realm of phantasy as 'the Imaginary', whereas 'the Real' is unknowable.

When Audrie Cantilie made her comment referred to earlier, she was perhaps criticising Lacanians for being too intellectual or too philosophical. Yet it seems to me that Lacanians have a point when they implicitly criticise Kleinians - and presumably all non-Lacanian psychoanalysis - for a certain philosophical naivety. I had the feeling that this debate was not being carried out on the same level by both sides. Lacanians have a philosophy of mind which is very explicit, and their contributions to the book are expressed very much in those philosophical terms. I would have been intrigued to hear more examples of how the philosophical position becomes manifested in the clinical work, as the examples given are mostly offered to illustrate an interpretative point at the metapsychological level; I did not on the whole get a good sense of the sorts of things Lacanians might actually say to their patients. On the other hand, Anglo-Saxon psychoanalysis is perhaps not enough philosophically aware. Bion's attempt to construct a theory of mind stands out in solitary splendour in this regard. Interestingly enough, Bion also turns to the rationalist tradition in his theory. The Lacanian 'Real', the unknowable, is reminiscent of the Kantian conception of *'noumena'*, things-in-themselves, whereas Bion proposed something similar in his idea of 'O', the ultimate reality, truth, the infinite, which cannot be known directly. Kant believed that objects cannot be known except through the synthesising categories of the understanding; and I think that the Lacanian view that the unconscious is structured like a language would be consistent with the Kantian position. I think it is possible to argue that Anglo-Saxon psychoanalysis does not pay enough attention to the theory of mind, and particularly to the importance of language and its influence and interdependences in relation to the unconscious.

As I persevered with the book I found that, although I was only partially enlightened further about Lacanian psychoanalysis, certain themes and underlying modes of thought did give me a distance from my own Kleinian preconceptions which was useful and helped me to see my own assumptions more clearly. The book helped to place the Kleinian metapsychology in its philosophical position *vis-à-vis* the Lacanian and indeed other schools of psychoanalysis. If I did not fully comprehend the terms and the range of meanings associated with Lacanian thinking, it certainly whetted my appetite to understand Lacan better. Most importantly, the book serves the purpose of raising questions; and above all, as clinicians, we need to be able to keep open minds and to be able to question and tolerate difference.

JESSICA SACRET

War Memoirs 1917-19

By W.R. Bion, Edited by Francesca Bion
Karnac Books, London 1997, pp 320, h/b £32.50, p/b £24.95

This book is based on diaries Bion wrote during the First World War from 1917 to 1919 which he compiled after demobilization to give to his parents since he was unable to write to them during the war. Together with a brief commentary about the war years which he wrote in 1972, as well as a chapter written in the form of a mini-novel where he plays out the war drama, the book reveals Bion's acute capacity for observation, respect for honesty, and pursuit of truth in the midst of pain.

Bion's descriptions of the war are extremely detailed. As well as wishing to relate his experiences to his parents, one presumes that the eighteen-year-old Bion is also trying to keep his mind sane in the midst of the horrors of war. Bodies are disembowelled, and, as his fellow comrades fall around him, he is forced to falsely reassure them that they will be all right or rescued. The young Bion feels great remorse, and points out how desperation encourages the human being to lie and behave like an animal.

Bion's heroic valour stands out in the narrative, which earns him the *Légion d'Honneur* and the DSO. At the same time, he is bitter and realizes how misguided the young had been by the myth of glory in war. Bion demonstrates an acute sense of reality as well as a strong moral core, which makes him compassionate as well as determined.

Repeatedly, the themes of the madness of war, blindness, and self-interest of the world leaders, permeate, amidst the horrific descriptions of the events themselves. He describes the life of the soldier as beneath normal existence, futile and confused, blind and falsely driven by strange senses of pride and pseudo-idealism. This is most poignantly illustrated towards the end of the diary, where Bion writes about the soldiers who served and yet were never given the gratitude and recognition they deserved: *'they just steamed into London to separate and disappear again into that obscurity from which the world's most astounding armies had emerged'* (p195).

In the second section of the book, Bion re-reads his old diary and comments on it in the form of a dialogue between the young man he had been as a soldier and his present self, aged seventy-five. The dialogue is an attempt to analyse the trauma of the war years as well as his youthful arrogance and 'priggish superiority' (p201). He reveals the enormous suffering he felt, due to self-hatred and guilt, for having a death-wish on a wounded soldier lying next to him. He investigates his own moments of madness and observes painfully, *'I found myself looking forward to getting killed, as then, at least,*

one would be rid of this intolerable misery' (p94). Bion demonstrates, through his writing, how, in the face of trauma, individuals deny reality omnipotently and encapsulate the caring good introjects, keeping them away from disaster.

The mini-novel, entitled 'Amiens', which constitutes the third section of the book, was written in 1958. It narrates the story of young soldiers who entered the war with all the enthusiasm and youthful belief that they were joining in some exciting and glorious adventure, only to end up disillusioned and betrayed. Bion is touched by the unique and lonely moments of compassion and humanity in the midst of squalor and horror. The memoirs also raise psycho-social issues, such as the connections between authority and class consciousness in the army and soldiers creating group cohesion by scapegoating.

The book ends with a brief and interesting afterword by his daughter, Parthenope Bion Talamo. She reveals that Bion continued to buy books on war right up to his death, *'as though the subject were never far from the surface of his mind, perhaps constituting, ...a great unsolved puzzle'* (p312). Parthenope Bion Talamo makes the point that her father's experiences during the war probably led him to discover that the mind is constantly functioning at different levels in parallel with each other. For Bion, regression is not something that is engendered retrospectively, but is a structural phenomenon to which one can have access to at any time. This led him to develop his theories of the oscillation between the paranoid-schizoid and depressive positions, as well as the description of the simultaneous existence of the psychotic and non-psychotic parts of the personality.

The book, with its detailed descriptions of tank preparations, bridge constructions, bunker demolitions, trajectory of ballistic materials, enemy positions, etc., is perhaps more interesting to historians, interested in first hand accounts of war experiences, rather than from an analytic point of view. One does, however, appreciate Bion's remarkable capacity for inquiry and observation at such a young age in such horrifying, dehumanizing circumstances.

DR. RICARDO STRAMER

Taming Wild Thoughts

By W. R. Bion, Edited by Francesca Bion
Karnac Books, London 1997, pp 58, p/b £8.50

Edited by Bion's wife, Francesca Bion, this booklet contains a previously unpublished paper entitled 'The Grid', written in 1963, (prior to the publication of his more extensive work on the same subject in 1971), and transcripts of tape recordings made in 1977, which, according to the Foreword, might have been the beginning chapters of a new book he never completed.

The underlying theme is Bion's preoccupations with the metapsychology of the etiology of thought. Bion picks up where Melanie Klein's work left off on the question of the epistemological instinct, and studies the forces which impair it.

The Grid, originally presented in a seminar to the British Psychoanalytical Society, describes a method in which the analyst can, when not under direct bombardment by the patient's projections and transference demands, process his own thoughts. Bion proposes training the intuitive powers of the analyst by using this system to fine-tune his interventions to the needs of the patient.

The analyst eschews memory and desire to the point of allowing the elements which are evacuated, to 'sojourn' in him until they become processed into symbols. These symbols then become elements for interpretation. According to Bion, there are three levels in which the mind obscures the psychoanalytic object; (1) repressed contents can be found out through the associations of the patient; (2) split-off contents through the countertransference of the analyst; and (3) the unthought contents can be discovered through the reverie of the analyst.

The meaning of the communications between patient and analyst will depend on how they are used by the patient. Is it to evacuate, to engage, or is it to be considered and thought through? The horizontal axis in the grid thus represents the 'uses', and the vertical axis represents the functions the mind is capable of utilizing.

The two untitled transcripts are based on tape recordings Bion made whilst preparing for a trip to Rome. The first pursues Bion's interest in thought creation and transformation and examines the process more closely. He describes what happens between states of sleep and levels of waking up. He distinguishes one type of wild thought that appears in the waking moments which he defines as Beta elements from more sophisticated thoughts, gradually emerging, which he calls Alpha elements.

Bion presupposes that the need to communicate engenders the transformation from Beta to Alpha elements. This need is bound up with a

wish to discover and to seek the object. It is as if the mind, in its quest for an object, seeks nourishment in an object, which in turn contains the meaning of the hunger as well as the emerging curiosity. The other subject Bion introduces in this communication is the need to find a language to articulate primitive aspects of the mind which transcend the unconscious-conscious paradigm.

In the second transcript Bion is concerned with how to evaluate the phenomena he perceives in the external world. He uses what he terms 'speculative imagination' to apprehend (as opposed to comprehend) external reality. Speculative imagination is a kind of free associative activity which includes free floating attention in the classical sense, but extends itself further into active imaginative activity. He suggests that in order to achieve this, one ought to allow one's wondering until some articulation can be found. The selected fact becomes the found thing that needs to be named. In other words, at every stage of experiencing, the mind has to think anew. There are a series of transformations, ranging from primitive to articulate thought, to scientific formulations, leading finally to theory and meaning.

If apprehension requires speculative imagination, then comprehension, the next step, requires speculative reasoning. It is interesting to see how these ideas are based on his premise that the psyche seeks unsaturated or preconceived thoughts, which, once realised, permit the creation of imagination or thought. When the personality cannot tolerate the frustration of non-realisation, it forecloses imaginative activity and concretises the experience, and the intuitive capacity is non-existent. Symbolic transference can only occur when there is intuition and imagination.

These ideas are very important for clinical practice in order to help our patients more deeply. The analyst needs to allow his speculative imagination to flourish, enabling transformation to occur in thought, from whence a creative act emerges which allows for a scientific theory to develop. This task, according to Bion, like that of the poet's or the philosopher's, permits science to emerge from art and discover what he terms 'inaccessible parts' of the mind. This exercise goes beyond the transference-countertransference analytic investigation, because it has to do with the emergence of transference as a result of symbol creation.

I found the paper on The Grid a short but useful addition to help understand Bion's later, more discursive, publications on the subject. It offers a good clear introduction on the subject for those who are not yet acquainted with Bion's work.

The transcripts were equally clear and well written. The communications are both spontaneous and well elaborated, reminiscent of his recently published *Cogitations* (1994). Reading them reminds one that our work is

both a science and an art form and that the two are in constant interaction with each other. The analyst has to always be aware that he cannot fully capture reality without examining his own reality first, and the reality experienced by the analyst is only meaningful if he uses his imagination to give meaning to the experience. Only then can he use the scientific method to assess the phenomena experienced. Bion rightly reminds us that the patient arriving to the session tomorrow is both known, and fundamentally somebody new, even though he has been coming for some time. What is important, he says, is that we consider ourselves sufficiently worthwhile to be capable of learning something from the experience.

I would have liked to have seen some expansion and discussion of the subjects raised by the transcripts by one or two contemporary analytic authors. But perhaps the intention of the editor was to keep the transcripts as pure as possible and let the readers use them as a basis for study in their own work. As well as for practitioners, both experienced and in training, I recommend this book to all those interested in the epistemology of the psyche, including philosophers, psychologists and scientists alike when they pose the question, 'what is real, what is meaningful and what are the methods needed to be able to apprehend and learn from experience?' This book is a useful addition to our Bion library.

DR. RICARDO STRAMER

References

Bion, W.R. (1977). *Seven Servants*, New York: Jason Aronson.

Bion, W.R. (1994). *Cogitations* (extended edition), ed. F.Bion. London: Karnac Books.

Klein, M. (1975). *Collected Works*, London: Hogarth Press.

A History of Child Psychoanalysis

by Claudine and Pierre Geissmann
Routledge in association with the Institute of Psychoanalysis London
1998, pp 352, p/b £25
Translated from *'Histoire de la Psychoanalyse de l'Enfant'*(Bayard Presse, Paris 1992)

This book is a labour of love undertaken by two dedicated French psychoanalysts, one of whom, Prof. Geismann, sadly died before its English publication. Historically it is divided into four parts. I. The Day Before Yesterday, II. Two Schools Three Cities - Vienna, Berlin and London, III. Today: Psychoanalysis After 1945, IV. And Tomorrow?: The Future of Psychoanalysis. Geographically it covers Great Britain, France, Argentina and North America. The central question posed in this book is whether child psychoanalysis exists in its own right or is a form of psychotherapy derived from psychoanalysis. Related to this is the question of who is qualified to undertake the psychoanalysis of children.

The Geismanns have chosen to tell their story by an in-depth study of the pioneers of child analysis, notably Anna Freud in Vienna and Melanie Klein in Berlin and their followers. Their personal history, their professional development and their writings are given in some detail.

Part 1. The Day before Yesterday.

The authors take as their starting point the analysis of Little Hans, and go on to trace the developments of child psychoanalysis as a discipline to the present day. Among the pioneers they include Hermine Hug Helmut, who was a faithful disciple of Freud. Her many publications include *'The Mental Life of the Child'*: a psychoanalytical study, in which she strongly stresses 'the role of play in the life of the child' and goes on to 'describe how drives and repressions are linked to its emotional and intellectual progress. This mental evolution will occur along a certain number of 'development lines'. Anna Freud was to develop this notion later', but, comment the authors, 'the person who originated it was forgotten.' (pp 52-53)

Part II. Yesterday: Two Schools Three Cities - Vienna , Berlin and London

Anna Freud's professional development from educator , observer, to child analyst and psychoanalyst is described as are her major contributions to theory and practice of child analysis and its application to the role of observation, education and the law as it applies e.g. to fostering and adoption of children. (pp 77-108)

The theoretical contribution for which Anna Freud is best known is *'The Ego and the Mechanisms of Defence'* and *'Normality and Pathology'*.

While Anna Freud was developing the technique of child analysis in Vienna, Melanie Klein was advancing her technique in Berlin, albeit in quite a different direction. Klein's first encounter with psychoanalysis was for personal reasons, but soon with the encouragement of her first analyst Ferenczi and subsequently her second analyst Abraham, both of whom recognised her intuitive understanding of children's behaviour and play, she trained as analyst and child analyst.

Her observations of the children whom she treated, and which led her to formulate her theories of early object relations, the inherent conflict between the life and death instinct and finally to the paranoid-schizoid position, brought her much opprobrium, as did the fact that she used the analysis of her son as proof of her findings. She was a prolific writer with many original ideas. Those analysts who for theoretical reasons do not accept all her formulations, nevertheless recognise her contribution not only to our understanding of the inner life of the pre-oedipal child, especially the concept of part objects, but also to the treatment of psychotic patients. Klein was ahead of her time when she challenged Freud' s theories of female sexuality, insisting that *'it existed in its own right and not as a castrated counterpart of male sexuality'*. (pp 112-131)

One may wonder, though, to what extent her formulations of the earliest phase of the child's inner life were not coloured by the fact that after the birth of her second son Hans, she suffered from depression which necessitated hospitalisation.

The divergent theories and treatment techniques derived therefrom of the two pioneers of child analysis and their followers were to culminate in the 'Controversial Discussions' which took place in London from 1941-45. The reader is referred to the *Klein-Freud Controversies* published in 1991. (eds. P. King and R. Steiner). The aftermath of the controversies was an uneasy compromise for the British Society, with a division into three groups: the A Group (Kleinians), the B Group (Freudians) and Middle Group later renamed the Independents. Having met with opposition to train child analysts at the Institute, Anna Freud set up the Hampstead Child Therapy Course to which the Clinic was added in 1951.

In France the development of child psychoanalysis, as the authors show, took a different route altogether. Neither child psychoanalysis nor psychoanalysis found favourable ground there. Two pioneers Eugenie Sokolnicka and Sophie Morgentsern, both immigrants from Poland, are mentioned. Sokolnicka who laid the foundations for psychoanalysis in France on which others were to build, is described as a volatile and somewhat unstable

person, who committed suicide in 1934 practically on the anniversary of Sándor Ferenczi's death who had given her much support in the past. Sophie Morgenstern, one of the first to practice child psychoanalysis in France and the author of a number of articles and a book on Child Psychoanalysis, was also to take her life when the Nazis occupied Paris.

Britain after 1945.

The authors acknowledge the 'considerable strides made in child psychoanalysis in Britain after the war notably at the Tavistock and the Hampstead Clinics.'[1] Winnicott who, having acknowledged his debt to Klein, parted company with her over number of theoretical differences, made his own contribution to the understanding of the infant's earliest stages of life. 'His originality' say the authors, 'lies in the fact that he placed this temporal axis in the spatial domain, thus combining continuity and contiguity, highlighting... the path which takes the human being from union with his mother to separation and independence and the ability to be alone'. He defined areas as being inner and outer, transitional and cultural and reality as internal and external (p.220).

Although he founded no training school, many child psychotherapists consider themselves to be Winnicottians, among them therapists who trained at the British Association of Psychotherapists.

Many child psychotherapists would be surprised by Segal's assertions that: *'Only child analysis as opposed to psychoanalytic psychotherapy enables research to be carried out... because the process cannot be observed in enough detail'* and because *'it does not offer a sufficient container to enable the child to be given a distressing interpretation, if one does not see the child the following day.'* Furthermore that *'the psychotherapist should avoid the psychotic core. Finally the psychotherapist can help improve the child's state but... cannot produce any basic modifications.'*

The authors do not seem to be aware of the considerable literature which is at variance with this view, to be found in the Journal of Child Psychotherapy, the official organ of the Association of Child Psychotherapists, nor or do they seem to be familiar with the writings of Anne Alvarez et al.

A number of child analysts and child psychotherapists would also question Segal's assertion which seems to imply that everyone a) has a psychotic core

[1]This statement appears to contradict other statements in the book namely that Child psychoanalysis as opposed to child analytic psychotherapy can only be taught at Institutes of Psychoanalysis as both the Tavistock and Hampstead Clinics, train child psychotherapists and not child psychoanalysts, as does the British Association of Psychotherapists, all of whom are accredited as training centres by the Association of Child Psychotherapists. For some years there has been an agreement with the Institute that analysts may undertake their child training at the Anna Freud Centre.

and b) it is always necessary to analyse it, in order to bring about basic modification. Finally they would question her assertion that only five times weekly psychoanalysis can bring about fundamental change. (p237)

Unlike the UK, France does not have a tradition in training child psychotherapists. This may have contributed to the views that only psychoanalysts are equipped to undertake the analysis of children.

Two French child psychoanalysts are mentioned in the book: Serge Lebovici, a prominent practitioner, theoretician and teacher who distinguishes between 'infantile neurosis' which he considers to be a developmental phase and 'a neurosis of childhood' which requires psychoanalytic treatment and Daitkine who questions whether 'there can be an analytical process in children' p.201.

The authors conclude that child analysis is a discipline in its own right and it has made important contributions in the field of psychoanalysis. Their message for the future is that Institutes of Psychoanalysis need to offer more training in child analysis, indeed that it should be part of every analyst's training. By implication they appear to agree with those who insist that only child analysts, i.e. those trained at Institutes of Psychoanalysis, are competent to undertake the analysis of children.

It has not been possible in this review to do justice to the complexities that make up psychoanalysis and all those who contributed to the making of it, as well as to its cultural and geographical dimensions. *'Psychoanalysis in general and child psychoanalysis in particular'*, the authors contend in their Introduction, *'was to become tinged with British imperturbability, American pragmatism, or Argentinean enthusiasm, but its foundations would remain the same from one country to another... in short the unconscious is not Viennese, even in children.'*

The arguments are carefully documented with an exhaustive bibliography and with quotations and interviews with a number of psycho-analysts.

This is a fascinating account from which the reader will have to draw his own conclusion.

LYDIA TISCHLER

References

Alvarez, Anne: *Live Company*, Routledge 1992

Guthrie, Jess: *The Association of Child Psychotherapists (Non-Medical)* Bulletin of the British Psychological Society 23 (1970), pp 303-307

Szur, Rolene and Miller, Sheila, eds. *Extending Horizons*, Karnac Books: 1991

Tischler, Lydia: *Elisabeth Young-Bruehl: Anna Freud,* reviewed in Journal of Child Psythotherapy 1990, Vol 16. No. 2

Publications Received

BARNES, FIONA PALMER, *Complaints and Grievances in Psychotherapy*, Routledge 1998, pp 198 p/b £14.99

BURFORD, ELIZABETH, *Gravity and the Creation of Self*, Jessica Kingsley, 1998, pp 174 p/b £14.95

COOPER, JUDY and ALFILLÉ, HELEN, editors, *Assessment in Psychotherapy*, Karnac, 1998, pp 157, p/b £16.95

COREN, ALEX, *A Psychodynamic Approach to Education*, Sheldon Press, 1997, pp 176, p/b £14.99

Du PLOCK, SIMON, *Case Studies in Existential Psychotherapy and Counselling*, Wiley, 1998, pp 197 p/b £12.99

FRANKEL, RICHARD, *The Adolescent Psyche: Jungian and Winnicottian Perspectives*, Routledge 1998, pp 243 p/b £14.99

FRYDENBERG, ERICA, *Adolescent Coping: Theoretical and Research Perspectives*, Routledge, 1997, pp 233 p/b £14.99

EVANS, JOHN, *Active Analytic Group Therapy for Adolescents*, Jessica Kingsley, 1998, pp 236, p/b £14.95

GRAHAM, PHILIP, *Cognitive-Behaviour Therapy for Children and Families*, Cambridge University Press, 1998 pp 292, p/b £27.95

HOLMES, CAROL A V, *There is no such Thing as a Therapist*, Karnac, 1998, pp 177, p/b £16.95

JACOBS, MICHAEL, *The Presenting Past : the Core of Psychodynamic Counselling and Therapy*, Open University Press, 1998, pp 242 p/b £15.99

KALSCHED, DONALD, *The Inner World of Trauma: Archetypal Defences of the Personal Spirit*, Routledge, London 1996, pp 229, p/b £14.99

KENNARD, DAVID, *An Introduction to Therapeutic Communities*, Jessica Kingsley, 1998, pp 192 p/b £14.95

KROGER, JANE, *Identity in Adolescence*, Routledge, 1996, pp 233 p/b £13.99

MARTINDALE, BRIAN *et al*, editors, *Supervision and its Vicissitudes*, Karnac, 1998, pp 161, p/b £16.95

NOBUS, DANNY, editor, *Key Concepts in Lacanian Psychoanalysis*, Rebus Press, 1988, pp 229 p/b £14.99

ROSSI, ERNEST and RYAN, MARGARET editors, *Mind-Body Communication in Hypnosis, Vol 3 of the Seminars, Workshops and Lectures of Milton H Erickson*, FA Books, 1998 pp. 304 p/b £15.95

ROSSI, ERNEST and RYAN, MARGARET editors, *Creative Choice in Hypnosis, Vol 4 of the Seminars, Workshops and Lectures of Milton H Erickson*, FA Books, 1998, pp 275 p/b £15.95

RUSTIN, MARGARET et al, editors, *Psychotic States in Children*,

Duckworth, 1998, pp 293, p/b £12.95

SANDLE, DOUG, editor, *Development and Diversity*, Free Association Books, 1998, pp 184 p/b £15.95

SAYERS, JANET, *Boy Crazy: Remembering Adolescence, Therapies and Dreams*, Routledge, 1998, pp185, p/b £14.99

SCHARFF, JILL SAVEGE and DAVID, *Object Relations in Individual Therapy*, Karnac, 1998, pp 640, h/b £44.95

SHELLEY, CHRISTOPHER, editor, *Contemporary Perspectives on Psychotherapy and Homosexualities*, Free Association Books, 1998, pp 231, p/b £15.95

WIENER JAN and SHER, MANNIE, *Counselling and Psychotherapy in Primary Health Care*, Macmillan, 1998, pp 184, p/b £11.99

JOURNAL OF THE BRITISH ASSOCIATION OF PSYCHOTHERAPISTS

Number 36 January 1999

The British Association of Psychotherapists is a professional organisation, founded in 1951, which offers training in psychoanalytical and Jungian analytical psychotherapy. The journal publishes contributions to the theory and practice of psychoanalytical and Jungian analytical psychotherapy.

The current issue includes:

Please send £8.50, which includes postage and packing to:
Administrative Secretary, BAP, 37 Mapesbury Road, London NW2 4HJ

Manuscripts should be sent to The Editors, 7 Sherwoods Road, Watford, Herts WD1 4AY

Books for review should be sent to John Clay, 17 Aldebert Terrace, London SW8 1BH

Journal of Social Work Practice

The ***Journal of Social Work Practice*** publishes high quality, refereed articles devoted to the exploration and analysis of social work practice themes from psychodynamic and systematic perspectives, covering counselling, social care planning, education and training, research, institutional life, management and organization or policy-making. The journal aims to: provide a unique forum for the application of current understandings of unconscious processes to social work practice with individuals, couples, families and communities; to relate these ideas to institutional life and social policy formation; to link the psychodynamic tradition with other theoretical orientations; and to foster intercultural dialogue and debate.

In future the ***Journal of Social Work Practice*** will broaden the scope of material it publishes, to include shorter commentaries, conference reports, items addressing current professional debates and material which reflects on the social and political context of practice.

SUBSCRIPTION RATES
1999 - Volume 13 (2 issues). ISSN 0265-0533.
Institutional rate: £144.00; North America US$262.00
Personal rate: £54.00; North America US$100.00

ORDER FORM
Please send a completed copy of this form, with the appropriate payment, to the address below.

Name .....
Address .....
.....
.....

Carfax Publishing Limited, PO Box 25, Abingdon, Oxfordshire OX14 3UE, UK

International Journal of Psychotherapy

International Journal of Psychotherapy is the official journal and flagship of the European Association for Psychotherapy (EAP), which was formed in 1990. The journal is a major cross-orientational vehicle, contributing to the wider debate about the future of psychotherapy and reflecting the internal dialogue within European psychotherapy and its wider relations with the rest of the world.

The journal publishes articles which make connections or comparisons between different themes relevant to psychotherapy, for example between psychotherapy and its social, scientific, political, cultural and religious contexts; between clinical practice and its wider setting; or any significant connections or comparison that facilitates its development, differentiation and inclusiveness.

Supported by the World Council of Psychotherapy.

SUBSCRIPTION RATES
1999 - Volume 4 (3 issues). ISSN 1356-9082.
Institutional rate: £128.00; North America US$198.00
Personal rate: £44.00; North America US$74.00

ORDER FORM
Please send a completed copy of this form, with the appropriate payment, to the address below.

Name .....
Address .....
.....
.....

NOTES FOR CONTRIBUTORS

Papers, particularly from Members of the Association, are welcomed and should be addressed to the Editorial Board and sent to Arna Davis, 7 Sherwoods Road, Watford, Herts, WD1 4AY and books for review to John Clay, 17 Aldebert Terrace, London SW8 1BH.

Manuscripts should be typed in double spacing on one side of the paper only on plain A4 paper, black on white. There should be no handwritten alterations or additions. Three copies are required, The maximum length of any contributions is normally 7000 words. The Editorial Board reserves the right to edit all contributions.

Substantial typesetting costs can be saved by submitting test on computer disk. These should be standard 3.5" disks, either PC or MAC, and the file saved in some readily available word processor format (eg. Word, WordPerfect) or TXT or ASCII. If you are uncertain whether or not your particular word processing programme is acceptable, please ask Jessica Sacret, Printing Co-Ordinator, tel. 0181 455 9428.

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

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

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

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

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

REFERENCES

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

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

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

JOURNAL

Number 36 January 1999

CONTENTS *Page*

Printed by Training Publications Limited (01923) 243730
ISSN 0954-0350