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Editorial

We are privileged to publish in this issue 'Contemporary expressions of the eternal struggle against mother' by Janine Chasseguet-Smirgel, given as last year's *BAP Journal* Third Annual Lecture. In this article she revisits some of her major contributions to psychoanalytic thinking, such as the denial of difference and the confusion between myth and reality, in relation to envy, in both men and women, of the mother's sexuality and creativity. She argues that recent cultural tendencies – for example, among some US lesbian feminists and French Lacanians – tend to defuse the power of sexual difference, thus creating an artificial and mechanistic world in which life becomes dehumanized.

The second paper, 'A three-year-old boy with ADHD and Asperger's Syndrome treated with parent–child psychotherapy', is by child and adult psychotherapist Maria Pozzi, and describes the first 18 months of her work with the family, leading to individual therapy for the boy. It is a study for all therapists in the intricacies of observing and holding the unconscious, persecutory functioning in a family as well as monitoring the different ways she as therapist was drawn into the 'tug-of-war' struggles over control and boundaries. The boy's hyperactivity is considered an attempt to keep himself and his mother alive in the face of his mother's depression.

Jan Wiener's paper 'What do psychoanalysts in the United Kingdom think of analytical psychology?' discusses issues of particular interest and importance to members of the different sections of the British Association of Psychotherapists with regard to how we understand and learn from one another's way of thinking and working.

Jan Harvie-Clark's paper 'Neuroscience and psychoanalysis: A view from a consulting room' is an account of her growing interest in neuroscience and of ways in which she is using the new concepts in her own psychotherapy practice.

For our arts review we move into the visual arena. Julia Ryde discusses her responses to a Rothko painting and explores the nature of aesthetic experience in terms of his notion of 'the marriage of two minds', linking the consulting room and the world of art. As well as our highly valued Clinical Commentaries

and Book Review sections, we include a new feature in this issue, an interview by John Clay, book review editor, with child psychotherapist Meira Likierman about her recent book, *Melanie Klein: Her Work in Context*.

We hope that papers such as those by Jan Wiener and Jan Harvie-Clark, in particular, as well as our Clinical Commentaries Section, will encourage you to share your own thinking with us in response, so that a lively 'Letters to the Editors' section will become a regular feature in future issues.

The Editors

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Contemporary expressions of the eternal struggle against mother

JANINE CHASSEGUET-SMIRGEL

ABSTRACT

In this paper the author revisits some of her major contributions to psychoanalytic thinking. These include the denial of difference and the confusion between myth and reality, particularly with regard to the mother's sexuality and creativity. These she considers in relation to envy, in both men and women. She argues that recent cultural tendencies – for example, among some American lesbian feminists and French Lacanians – tend to defuse the power of sexual difference, thus creating an artificial and mechanistic world in which life becomes dehumanized.

Key words feminine-maternal, homosexuality, phallic sexual monism, sexual difference

> Oh! Men should have been able to make children by other means, without the existence of a female race: then men would no longer know sorrow!

Such is Jason's lament in Euripides' *Medea* (5th century BC). Women's maternal capacity is thus believed to be the fundamental cause of men's woes.

Since the publication of the book *Female Sexuality: New Psychoanalytic Research* (1964), which appeared prior to the great wave of feminism, I have been engaged in exploring the hypothesis that the condition of women has been marked, through the ages, by feelings of envy toward their maternal qualities and by the need to reverse the situation of utter dependence in which the helpless infant finds itself in relation to its mother, a reversal that is so eloquently expressed in the myth of Eve's birth, portraying her as being drawn from Adam's rib.

It is known that the human infant is born prematurely. Freud compellingly evoked in *Inhibitions, Symptoms, and Anxiety* the consequences of this 'biological factor'. It entails, he says:

This paper was given as the Third Annual Lecture of the *Journal of the British Association of Psychotherapists*.

Janine Chasseguet-Smirgel is a Full Member of the Paris Psychoanalytic Society.

> ... a long period of time during which the young of the human species is in a condition of helplessness and dependence. Its intra-uterine existence seems to be short in comparison with that of most animals, and it is sent into the world in a less finished state. As a result, the influence of the real external world upon it is intensified and an early differentiation between the ego and the id is promoted. Moreover, the dangers of the external world have a greater importance for it, so that the value of the object, which can alone protect it against them and take the place of its former intra-uterine life, is enormously enhanced. The biological factor, then, establishes the earliest situations of danger and creates the need to be loved which will accompany the child through the rest of its life. (1926: 154–55)

This passage cannot be cited too often. It opens up perspectives bearing on the difference between man and other animals, on human development compared with that of other species, and hence on the dimension of time. It also touches on a point that is particularly relevant to the subject I shall be considering: the effects of the human being's prolonged period of dependence on his or her mother. This latter point – which is the key to understanding the condition of women, the meaning of the wish to possess the attributes of virility, the constitution of the maternal imago in both sexes, the role of the father, phallocentrism and the persistent presence of latent homosexuality in men – was never taken into account by Freud (or his contemporaries) in his theory of human sexuality, whether masculine or feminine.

There is one exception, however: the article of Ruth Mack Brunswick, known for her treatment of the Wolf Man, entitled 'The Pre-Oedipal Phase of Libido Development'. She emphasizes the role and necessity in both sexes of an identification, from the dawn of life, with the active mother who is experienced as omnipotent:

> ... one may state that every successful act of identification with the mother makes the mother less necessary to the child. As she becomes less necessary the restrictions and demands which she is obliged to make are increasingly resented.... [The] newly won libidinal position [is] zealously guarded by the child.... [The mother] becomes at best superfluous. The child reacts to her very presence with a kind of primitive, defensive aggression. (Mack Brunswick, 1940)

One could not better describe the hatred directed toward Mother as stemming from the effects of dependence.

Mack Brunswick accords great importance to the child's desire to possess the attributes of an omnipotent mother who is believed to possess them all. Ranking first among these is the capacity to have children. She even goes on to say: 'Contrary to our earlier ideas, the penis wish is not exchanged [by the girl] for the baby wish which, as we have seen, has indeed long preceded it.'

But it was Melanie Klein who, in elaborating her concept of envy, fully recognized the place of desire, in both sexes, to take possession of, or indeed destroy, when greed and hatred predominate, the mother's capacity to bring children into the world: 'The capacity to give and preserve life is felt to be the most precious gift and creativity thus becomes the most profound cause of

envy' (Klein, 1957). In fact, the mother's creativity and the child's complete dependence on her are closely interrelated. This creativity finds expression (in reality and symbolically) through the vehicle of the breast: 'The nurturing breast represents for the infant something that possesses all that he desires. It is an inexhaustible source of milk and love that he, however, reserves for his own satisfaction' (Klein, 1957). In other passages, Melanie Klein adds the mother's care of her baby as being an integral part of the maternal breast. It is the lack of a permanent and absolute availability of the breast and of all that it symbolizes, joined with the desire *to be* and the impossibility *of being* the breast – and hence the utter dependence to which the baby is subjected – that increases envy, greed and destructive hate. It would seem that numerous aspects of the Freudian theory of human sexuality could be considered a denial of this primary dependence on Mother.

In this paper I repeat certain hypotheses I have formulated in earlier writings, although viewing them now in a somewhat different light. On becoming more acquainted with American feminist literature, some inspired by psychoanalysis and some actually written by psychoanalysts, and noting articles, not by avowedly feminist writers, including 'Sexual Difference' and 'The Symbolic Order', in *Les Temps Modernes* (2000), it has occurred to me that we are witnessing a rejection of the feminine-maternal that is far more violent than that for which Freud has been reproached. It is with the aim of casting some light on these new theoretical developments in what must be called 'the struggle against mother' that I shall allow myself to refer to some of my previous writings.

If I speak of the feminine-maternal, this is not to imply that women can find fulfilment only in motherhood. This would be a so-called 'naturalist' position, which has sought to restrict women to their reproductive function, as if a mother's power was so great that it was necessary to confine it to a limited domain, and transform an exorbitant maternal capacity into an obligation. The theoretical ideological constraints brought to bear on the feminine-maternal in order to circumscribe it within a supposedly natural sphere – in Freudian thought, to an anatomy considered as a castration – have often been denounced. Let us attempt to expose the new face of these constraints as it reveals itself in certain contemporary writings, which contend that the feminine-maternal is a construction in its entirety and therefore destined to be destroyed and abolished.

I propose to return here to the question of *phallic sexual monism*, which I have discussed several times elsewhere. It seems to me that this issue encompasses a number of points that are essential to the understanding of the view of women as marked by a lack. Whereas the origin of the world involves the male and female's conjugated action, be it in creation myths or in procreation itself, certain current theoretical conceptions, which have infiltrated psychoanalysis, lead to an ideological destruction of the difference between the sexes – that is to say, in the final analysis, to a violent annihilation of capacities that are specifically feminine.

Phallic sexual monism is a central pillar of the Freudian theory of sexuality. The girl is thought to be unaware, both consciously and unconsciously, that she possesses a vagina. Paralleling this, the boy is believed to be unaware of the existence in the girl of an organ destined to be penetrated. The complementary relationship between the sexes is, in consequence, similarly unknown and there is no 'natural' attraction between the sexes. (This affirmation is contradicted twice: first, when Freud postulates an innate instinctive knowledge 'similar to that of animals' (1909, 1915, 1918, 1939), and second, when he imagines the bonds established by Eros between units that are initially distinct, as if modelled on the union of gametes (1920).) The little girl believes herself to be castrated, endowed with only one sexual organ, the clitoris, the equivalent of a stunted penis. The boy, at the sight of the female genital deprived of a penis, becomes horrified. Unaware of the internal female organs, he interprets what he sees as the result of castration and then imagines that a similar fate might befall him.

It is noteworthy that this entire construction is based solely on the vision of the female genital organs and never on the sensations that they might generate in the girl nor on the existence of sensations in the penis. Freud always denied the existence of early vaginal excitation, despite clinical experience and the insistent claims of other investigators. Karl Abraham, in a letter to Freud, wrote:

> I have caught myself wondering recently if there were not already, at the time of earliest childhood, a vaginal onset of feminine libido that will be destined to undergo repression, to which will succeed the predominance of the clitoris, as an expression of the phallic phase. (3 December 1924)

Note, in passing, that Abraham uses the term 'feminine libido' whereas for Freud the libido is in essence male. Abraham concludes: 'The change in the directing zones at puberty would be the renewal of the original state'. To this, Freud replied:

> ... the presumed role of the vagina in the primal unfolding of infantile libido raises my greatest interest. I know absolutely nothing about this subject. Equally, I must admit freely that in general the feminine aspect of the problem is obscure to me. (8 December 1924)

On 26 December Abraham respectfully pursued the point. Freud responded three days later: 'On the question of the directing feminine erogenous zone, I very much desire to learn, I await all your innovations with impatience and without any preconceived ideas.' (29 December 1924)

In the *Outline of Psychoanalysis* Freud reiterated his conviction:

> ... The occurrence of early vaginal excitations is often asserted. But it is most probable that what is in question are excitations in the clitoris – that is, an organ analogous to the penis. This does not invalidate our right to describe the phase as phallic. (Freud, 1938: 154)

It should be recalled that, on occasion, Freud sometimes acknowledges, but with what could be termed reluctance, the existence in the young girl of excitations that are anal in origin. Evidently, the question can be raised: why this obstinacy and why the prolonged success of a conception that has found in France a particularly favourable reception? Among the arguments that can be used to refute Freud, there is clinical experience. First of all there is Freud's own clinical experience, in particular that of Little Hans (1909a) and the Wolf Man (1918), as I have tried to show in *Freud and Female Sexuality: The Consideration of Some Blind Spots in the Exploration of the Dark Continent* (Chasseguet-Smirgel, 1976), as well as in *Creativity and Perversion* (Chasseguet-Smirgel, 1984).

But let us leave aside the numerous objections that can been made regarding the Freudian conception of the ignorance of the vagina, up until adolescence, and focus instead on an objection that results from the very discovery of the Unconscious. Why would the powers of the Unconscious be brought to a halt, at least in the girl, when confronted with the discovery of the genital organs? In 'A Metapsychological Supplement to the Theory of Dreams', Freud (1915) describes the situation of sleep as being, from the somatic viewpoint, a reactivation of intrauterine existence, fulfilling as it does the conditions of repose, warmth and the exclusion of stimulus. Indeed, Freud says that in sleep many people resume a fetal posture (Freud, 1915: 222). This state is accompanied by the libido's complete withdrawal from the external world and the abandoning of interest in it. We witness the libido's return to narcissism, while the ego regresses to a state of hallucinatory wish-fulfilment. Freud states:

> The diagnostic capacity of dreams – a phenomenon which is generally acknowledged but regarded as puzzling – becomes equally comprehensible too. In dreams, incipient physical illness is often detected earlier and more clearly than in waking life, and all the current bodily sensations assume gigantic proportions. (Freud, 1915: 223)

Can one therefore truly think that the little girl's internal genital organs may go unnoticed in the context of the narcissistic regression occurring during sleep, a regression that permits a precise detection of bodily phenomena? Why illness and not the vagina? In this respect, delusions in women occurring in the context of a narcissistic regression, with fears of vaginal penetration taking place without their knowledge, have confronted us all more than once. Would this involve psychotic terrors that bear no relation to an infantile prototype?

In the wake of Jean Laplanche's work, it has been written relatively recently that the little girl has knowledge of her vagina: it is her father's unconscious desire toward her that is purported to lead her to this revelation. If this reasoning, based on the theory of the object source, is accepted, it would logically follow that the mother's desire would lead the boy to a discovery of the vagina. Yet this hypothesis has not been formulated. It is particularly in dealing with femininity that one finds oneself in the presence of such contra-

dictory and inconsistent propositions. The most persuasive explanation of this seems to lie in the affects that the relationship to women, and Mother, induces in both sexes. In effect, one of the essential consequences of phallic sexual monism is penis envy in girls because Step-Mother Nature has created her castrated. This envy can be mollified only by the birth of a child, preferably male – a substitute, an ersatz for the penis.

I have previously (Chasseguet-Smirgel, 1976) marshaled all those aspects of Freudian theory that conceptualize women in terms of a lack: lack of a vagina, lack of a penis, lack of a specific libido, lack of an adequate erotic object (the mother and not the father, whereas the mother, for her part, prefers her son), the necessity of 'lacking' a clitoris. To this it is pertinent to add the relative lack of a superego and capacities for sublimation, as a result of which they make only insignificant contributions to cultural and artistic activity. The sole invention that women were said to be capable of was weaving, the model of which was believed to be the intertwining of pubic hair that served 'to mask her original sexual inferiority' (Freud, 1933).

Women analysts who remained loyal to Freud and his views on female sexuality were equally disparaging of women. For example: 'Good mothers are mothers who are frigid' (Jeanne Lampl-de-Groot, 1933); the clitoris, much as the *thymus*, must disappear (Marie Bonaparte, 1951); if women showed themselves to be recalcitrant, they could be made to fall into line by the invention of an operation intended to draw the demoniacal organ closer to the vagina (Bonaparte, 1951); women do not experience orgasm, a manifestation whose violence is specific to men, they must accommodate themselves to a pleasure that is mild and gentle (Helen Deutsch, 1961).

Yet women, as conceived of in this way by Freud (and certain of his faithful disciples), stand in perfect opposition to Mother, as she exists in the unconscious. This is evident in analyses on the individual level, as all analysts are able to observe in their practice, but also on the collective level in tales, myths and legends. Here Mother is the central motif in the myths of all cultures. All Good and all Evil flow from her.

In a lecture on 'The Character of the Mother in African Tales', Genevieve Calame-Griaule (1982) emphasized the *ambivalence* of representations of Mother in Africa. In a Dogon narrative from the Malian cliffs, a god asks a hyena to bring him what is best in the world and the hyena brings a woman. And the god says: 'You're right, it is clearly by way of women that all Good comes into the world.' Women give life and give it again in nursing their children. (A Dogon proverb says: 'After God there is the Mother's breast.') The god then says to the hyena: 'Now, bring me what there is that is the worst in the world.' The hyena again brings a woman. And the god says: 'You are assuredly right, it is also by way of women that all Evil comes into the world, all quarrels, impurity and even death.'

If omnipotence is projected on to Mother, it is above all because of a breach in primary narcissism. The latter is projected on to the object. If the object is

constituted under conditions of hatred, as Freud hypothesized, it is more readily understandable that the primary object is both malevolent (like a witch) and benevolent (like a fairy godmother). Dependence on the object reinforces its ambivalent nature, and this state may persist particularly if life events and/or Mother's attitude lend credence to this form of object experience. The child must then develop and deploy strategies to escape Mother's omnipotence.

The need, in both sexes, to extricate oneself from the omnipotent Mother's purview may find a supportive means in the possibility of investing another object and another all-powerful organ. The father and his penis may serve as a ready recourse. In 1964 I described how this might lead to the girl's idealization of the father, who may embody a protection from Mother's hold. This idealization may lead to an inhibition of sexual drives which, it is felt, must be devoid of the aggressiveness that is as necessary in women as it is in men for coitus. It can also motivate a counter-identification with Mother who is experienced as dangerous for Father in the primal scene, and to a refusal of motherhood and fecundity in general. Finally, personal accomplishments may be marred by guilt, in so far as they are unconsciously experienced as a usurpation of masculine capacities and a castration of Father.

The boy, for his part, cathects his father and his penis by recognizing in himself a shared sexual identity. Freud, on several occasions, speaks of 'the triumphant contempt' of the little male when he becomes aware of possessing an organ that Mother doesn't have. Yet, curiously, in his theory, he persists in affirming the fright experienced before the 'castrated' female genital. As for the girl, I consider her penis envy as being induced by the wish both to differentiate herself and to triumph over Mother by possessing an organ that she lacks.

The need to free oneself from the archaic omnipotent mother by relying on Father, by raising altars to the phallus-penis, by denying specifically feminine capacities, organs and values, is shared by both sexes. Allow me to refer to some remarks I have made previously (Chasseguet-Smirgel, 1976) concerning the passage from a matriarchal to a patriarchal society. Even if the existence of a matriarchal system is problematic, the idea of an original matriarchy is based on a profound psychological truth. We have all known a matriarchy, since it is a woman who has carried us in her womb and we have depended on her for our survival.

Bachofen, who believed in the existence of a matriarchy, considered Aeschylus' *Eumenides* as the description of the passage from matriarchal to patriarchal law. It will be recalled that the play essentially revolves around the trial of Orestes who has just committed matricide. He had acted to avenge his father, Agamemnon, murdered by Clytemnestra. The Erinyes, who will become the Eumenides by the play's end, are subterranean chthonian divinities that had reigned before Zen, much as Mother reigns before Father. Described as 'black and absolutely repugnant', they represent the prosecution. It is Apollo who leads the defence. Orestes appeals to Athena, a goddess whose

conception and birth owe nothing to maternal participation. She is the daughter of Zeus, sprung directly from his brain, fully armed and helmeted, having in this way managed to escape the condition of primary infantile helplessness. She creates a court, the Areopagus, and thereby takes possession of the Erinyes' judicial prerogatives. These latter lament: 'New laws will now overthrow the former ones if the cause and the crime of this matricide must triumph.' They consider that Clytemnestra's crime was a lesser offence than Orestes', because 'she did not carry the same blood as the man she killed'.

Orestes retorts with this astonishing phrase: 'And I? Am I of the same blood as my mother?' Apollo goes even further:

> It is not the mother who engenders the one who will be named her child. She is only the nursemaid of the sprout that she has conceived. He who engenders is the male. She, like a stranger, safeguards the young seedling, if a god does not bring harm to it.

It can be observed that the idea that the mother is only a surrogate mother, merely an oven in which the baker (the father) simply deposits the bread that he has produced, spans the centuries. This theory of procreation constitutes, in itself, a symbolic matricide. M. L. Roux, in a recent lecture, has considered matricide as the realization in the actual world of a separation from Mother that would otherwise be impossible.

Let me cite here a fragment of Brissac's speech to Justine (drawn from Sade) just before he sacrifices his own mother:

> But the creature that I destroy is my mother: it is therefore in this connection that we are going to examine the murder. Yet the child is born; the mother feeds it.... If the mother renders this service to the child, we scarcely doubt that she will be drawn to do this by the natural feeling that brings her to separate herself from a secretion which, without this, might become dangerous for her.... Thus, it is hardly a service that the mother renders the child when she feeds it: it is to the contrary the latter that provides a very great service to the mother... I ask you now, if the mother continues to give care to the child who no longer needs it, care that is solely advantageous to her, should this child feel obliged to be grateful? ... It is then clear that, on all those occasions in life in which the child is a master who can dispose of his mother's life as he sees fit, he may do so without the slightest scruple; indeed, he decidedly must do so, because he can only detest such a woman, for vengeance is the fruit of hatred, and murder the means of vengeance. May he sacrifice therefore without pity this individual to which he wrongly imagines so much obligation, may he sunder without the slightest qualm this breast that has nurtured him. (Sade, 1788: 208)

One cannot better illustrate the arguments of Klein's *Envy and Gratitude*. In Sade the breast is an object of contempt. It is called a 'big tit'. And in any event, men are said to be as equally endowed physically as women:

> I cannot guess what these two balls, placed so gauchely on the chest, may have that is so piquant. All things considered, I only have eyes for this, I added, fondling the ass, as truly being worthy of homage, and *since we have as much as women*, I don't understand why it is necessary to seek them out with so much care,

recounts the monk, Jerome, in the same work (Sade, 1788: 427; emphasis in original).

The female genitals are designated in Sade as 'that unworthy part', 'that repugnant part that nature formed only through folly [and which] is one that repulses us the most', 'that cursed slit'. It is compared to 'the other temple', the anus, always to the latter's advantage. The capacity to give birth is attacked throughout Sade's work in a direct manner, by forced abortions or by the destruction of the womb (Rodin and Rimbaud, the two surgeons). Jack the Ripper is said to have cut out the uterus of his victims.

Without leading to the total obliteration of feminine-maternal capacities, what is involved is an attempt at self-persuasion that Mother – and women – does not possess any specific attribute that would make her desirable and that men do not have. The little boy's narcissistic wound is thereby effaced in both versions of the Oedipus complex. As Bela Grunberger has shown, the Oedipal prohibition constitutes a balm for the boy's narcissism because he is, in fact, incapable of accomplishing the sexual act owing to the prematurity of the human infant. To this I would add that he is also unable to make a child with his Mother, unlike the Father. The lack of awareness of Mother's vagina and the supposed absence of desires to penetrate constitute, in the same stroke, a narcissistic defence: it is preferable for one's self-esteem to renounce satisfying a desire because of obedience to a prohibition rather than acknowledging an incapacity. Yet the insistence in Sade on the greater value of the anus over the vagina, on the presence in men of organs analogous or superior to feminine organs ('since we have as much as women'), may be considered as having the purpose of making one believe that the boy is as well equipped as is Mother for satisfying Father. Thus, the homosexuality of the little male is, in this very way, enhanced. Certainly, homosexuality has multiple origins and is over-determined. I am considering here, above all, the form that is more often latent than manifest and that results from the boy's need to escape Mother by means of an erotic and narcissistic investment of Father. It is intentionally, and not without a little malice, that I have made a link here between Freud and Sade. I have done so because I consider the Freudian theory of infantile sexuality as bearing the mark of homosexuality.

It is with this consideration of Freud's theory of infantile sexuality bearing the mark of homosexuality that I wrote the following in my article on the feminine Oedipus complex published in my 1964 book:

> It is troubling to note that Freudian theory gives the father a central place in the boy's Oedipus complex but considerably reduces that role in the girls. 'It is only in male children that there occurs the fateful conjunction of love for the one parent and hatred of the other as rival' (Freud, 1931). Freud further says in the same article, 'Except for the change of her love object, the second phase scarcely adds any new feature to her erotic life' (this second phase being the positive Oedipus Complex).
>
> Freud maintains that it is not because of her love for her father or because of her

> feminine desires that the positive Oedipus complex finally establishes itself in the little girl, but because of her masculine desires and her envy of a penis that she will seek to obtain from its possessor, her father. When it does finally become established, the Oedipal situation tends to be self-perpetuating, and constitutes above all 'a position of complete rest' (1933), 'a haven' (1924). As the little girl has no fears of castration, she has no reason to renounce the Oedipal situation nor to constitute a powerful superego (1924).
>
> During the period preceding the change of object – if it occurs at all – the father is 'scarcely different than a bothersome rival' (1931) but, moreover, rivalry with the father in the negative Oedipal situation is hardly conspicuous and in no way symmetrical with the boy's Oedipal rivalry accompanying his desire to possess his mother. The little girl, in her homosexual love of her mother, does not identify with her father.
>
> If we leave the domain of normal or neurotic development in order to consider that of the psychoses, we can readily ascertain the importance Freud gave to the role of homosexuality in his theory of delusions.
>
> Desires of passive submission to the father, dangerous for the ego, constitute the core of masculine delusions. Of these desires, the wish to have the father's child holds a central position (1911). One cannot fail to be struck, once more, by the fact that this same desire, when it appears in the course of the girl's normal development, is not considered by Freud to be a primary desire arising from her femininity, but, on the contrary, a secondary desire, a substitute for penis envy.
>
> Paradoxically, the father seems to occupy a far more important place in the psychosexual life of the boy than of the girl, either as a love object or as a rival. I would even be led to say, fully extending Freud's theory to its ultimate implications, that the father's importance is far greater for the boy than the girl.

Let me again state unequivocally: *this is a theory bearing the mark of homosexuality*. In fact, Freud's theory is so in numerous other ways. For example, Freud maintains on so many occasions that female sexuality is for him an obscure area, a dark continent, that perhaps women who have been analysed will be able to better understand femininity (women with women).

In his lecture on femininity, Freud (1933) speaks of the feminine riddle. His famous remark, 'What do women want?' is well known. The emphasis placed on the enigmatic nature of women is both a manifestation of homosexuality ('I have nothing in common with these creatures') and a defence against homosexuality ('there is nothing feminine in me that would enable me to understand women'). I refer you to the book by Jacqueline Schaeffer (1998), *Le Refus du Feminin*. Luce Irigaray (1974), in *Speculum de l'Autre Femme*, took exception to this, observing: 'The mystery that is woman consists in the aim, the object and the stakes of a masculine discourse, of a debate between men'.

Yet Freud was, in his professional practice and behaviour, quite generous and tolerant and thereby did not establish psychoanalysis as a cigar-smoking men's club. This has not always remained the case in later psychoanalytic movements. Don't we sometimes hear today proclamations of Bion's genius that at the same time seek to diminish the importance of Melanie Klein? As if

Bion (a man), notwithstanding the originality of his contribution, owed nothing to Klein, who discovered projective identification, the paranoid-schizoid and depressive positions, and who underscored the importance of the relationship to the breast, of the destructive drives and other concepts central to Bion's thinking.

A remark of a general nature is in order here. If Freud tended to give sanction to misogynous prejudices, his discovery of the unconscious constitutes an unequalled instrument to help us free ourselves from them by grasping their most secret wellsprings. The title of my book, *Les Deux Arbres du Jardin* (1988), a collection of articles on masculinity and femininity and the necessary conjunction of these two dimensions for the process of *conceiving* (children, thoughts), purposefully sought to take into account the role of each of our parents, without denying the place that they respectively occupy in our minds. (The book was unfortunately published in English under the title *Sexuality and Mind.*)

All cosmogonies, theories of the origin of the universe, are fantastic representations of these roles. I can mention only two: The first is described by Denise Paulme (1976) in a book, *The Devouring Mother.* It contains a chapter, 'The devouring mother or the myth of the calabash and the ram in the southern Sahara region of Africa', that includes narratives of the world's creation. The author summarizes the myth at the beginning of the chapter before describing several variations. It involves an enormous squash that rolls end over end and engulfs everything in its path: flocks, human beings and dwellings, and so on. However, a ram appears, its head lowered, and confronts the monster, splitting it in two with a thrust of its horns. Then humans, animals and continents come forth; the waters are separated from the earth.

As in all creation myths, a primordial whole is concerned that subsequently fragments. The calabash (the shell of a gourd used for holding liquid) has, in that region of Africa, an evident feminine-maternal meaning. It is a culinary receptacle, and certain women who give birth in the forest deposit their newborn in half a calabash. It is said of a girl who has lost her virginity that she has 'broken her calabash'. 'The action of the ram can be seen as a second creation,' writes the author who sees in it a liberating gesture, a giving birth, and concludes: 'The intervention of men was not less essential than the presence of women in the world's creation' (Paulme, 1976: 288). There seems to be little room for doubt that similar myths will reveal a fear of an engulfing mother and a recourse to Father.

The myth of Genesis in the first book of the Bible makes the maternal figure disappear as such. Before creation, the world was *tohou oubohou*, primordial chaos. It is this chaos that God will divide, separate:

1. In the beginning, God created the heavens and the earth.
2. The earth was a vast waste, darkness covered the deep, and the spirit of God hovered over the surface of the water.
3. God said: 'Let there be light' and there was light.

> 4. And God saw that the light was good, and He separated light from darkness. He called the light day and the darkness night.

And so on. (Revised English Bible).

Creation, division, separation and naming are one and the same thing. 'Name' comes from the Latin *nomen* and is related to the Greek *nomos*, a division of territory, a province or a law. To name is to draw something forth from an indistinct and undifferentiated state. The universe is commonly identified with the mother's body (Mother Earth, Mother Nature). Without this appearing, once again, in the Old Testament, one can say that God (the Father) divides the primordial maternal magma (that is, the chaos, the *tohou oubohou*) into distinct entities. Creation is also the appearance of limits and laws.

My hypothesis is that Genesis (and perhaps all cosmogonies) is a projection on to the cosmos of an early phase of the formation of the psychic apparatus. Fusion with Mother can be superimposed on the original, undifferentiated chaos. Everything that comes to interfere with this primordial unity is in essence paternal; this is at least the way in which the mind, with its need for classification that Freud (1918) spoke of, seems to operate. There is no 'apparatus' without an assemblage of pieces or organs (systems in the psychic apparatus). It is this first differentiation that Genesis seems to represent. That such myths are in part misogynous is probable. That they may also be a representation of the structuring of mental functioning seems to be a plausible hypothesis.

The problem resides in the all-too-frequent confusion between myth and reality. Just as Freud did not put quotes around feminine 'castration', thereby endorsing an infantile sexual theory, Lacan propounded a theory in which the mother is 'really' devouring, in her desire, and the Oedipus is reduced to the Father's rescue of the subject from the mother's claws. Thus in *Les Temps Modernes* (2000), the Lacanian psychoanalyst and philosopher Michel Tort, who only recently 'discovered' that both Catholicism and misogyny suffuse Lacan's thought, cites this passage:

> The mother's desire is not something that can be endured just like that, something to which one is indifferent; it always entails damage. A great crocodile in whose mouth you are, that's the mother. One never knows what will get into her, all of a sudden, to close her chops. That's what the mother's desire is. So, I've tried to explain something that is reassuring. A stone roller, a secure place, that is potently there, at the level of the maw, and it restrains, it blocks. That's what one calls the Phallus. It's the roller that gives you sanctuary if, all of a sudden, the maw snaps shut. (*The Seminar, Book XVIII*, 1991)

Yet, love for Mother is, nevertheless, the essential motor for the Oedipus complex in boys and, in another fashion, in girls. Father is also an obstacle and not only a saviour. Michel Tort's article is entitled 'Some Consequences of the "Psychoanalytic" Difference of the Sexes'. In fact, this entire issue of *Les Temps Modernes* is devoted to 'Sexual Difference' and the 'Symbolic Order'. The

purpose of the five articles it contains is to undo the notion of 'sexual difference' in order to support the rights of homosexuals to have children.

In my view, it is probably necessary for psychoanalysts today to read the writings of the American feminist movement. There are two reasons for this. The first is that these writings have an influence on both American and European culture. The second is that they are inextricably inter-related to psychoanalysis. As we know, psychoanalysis is frequently attacked in the feminist literature, but it is also appropriate to acknowledge that psychoanalysis is often referred to by feminist authors and that they in turn have had an undeniable influence on it. In the second edition of a book entitled *Gender Trouble*, which has the subtitle *Feminism and Subversion of Identity*, Judith Butler, one of the best-known representatives of this movement, writes:

> Another practical dimension of my thinking has taken place in relation to psychoanalysis as both a scholarly and clinical enterprise. I am currently working with a group of progressive psychoanalytic therapists on a new journal, *Studies in Gender and Sexuality*. (Butler, 1999: xviii)

The movement to which Judith Butler and also Donna Haraway (author of *Simians, Cyborgs and Women: The Reinvention of Nature*, 1991) belong affirms that it is lesbian. Its avowed purpose is to throw off the shackles of heterosexual power:

> The key struggle is for the destruction of the social system of heterosexuality, because 'sex' is the naturalized political category that founds society as heterosexual. All the social sciences based on the category of 'sex' (most of them) must be overthrown. (Haraway, 1991: 138)

Following Monique Wittig, the same author considers that lesbians are not 'women' because they situate themselves outside the political economy of heterosexuality. Lesbian society destroys women as a natural group. For, in this view, what is at stake is the de-naturalization of the categories masculine/feminine and the consideration of sexual differences as constructions in their entirety.

The difference between sex and gender served for some time to de-limit nature and culture. Simone de Beauvoir's well-known statement 'One isn't born a woman, one becomes one' has been a central tenet of this movement. Yet, soon sex itself became 'constructible'. Shortly thereafter, ideas revolving around the concept of *universalism* (that is, absolute egalitarianism) began to abound. To speak of difference became reactionary. There were neither men nor women (see Deleuze and Guattari, 1972). Herculine Barbin, the hermaphrodite whose Journal was studied by Michel Foucault, was called to the rescue. Michel Foucault has also been a source of inspiration to this movement, whose adherents claim the right to call themselves 'queer' – that is, of an indeterminate sex. Simone de Beauvoir's statement is pushed to its ultimate implications. As Judith Butler observes:

> For instance, if sex and gender are radically distinct, then it does not follow that to be a given sex is to become a given gender; in other words, 'woman' need not be the cultural construction of the female body, and 'man' need not interpret male bodies. The radical formulation of the sex/gender distinction suggests that sexed bodies can be an occasion for a number of different genders, that gender itself need not be restricted to the usual two ... gender ... can potentially proliferate beyond the binary limits imposed by the apparent binary of sex. (Butler, 1999: 142–3)

Following Monique Wittig, she adds: 'even more radically, one can, if one chooses, become neither female nor male neither woman nor man' (Butler, 1999: 144).

The opening up of the body to unlimited possibilities is brought to its peak in the biologist Donna Haraway's book *Cyborgs*, in so far as it concerns the creation of cybernetic organisms that would be made up of technological and organic components. In France, a book has recently appeared by the philosopher and psychoanalyst (formerly Lacanian) Sabine Prokhoris (2000), *The Prescribed Sex*, which violently attacks sexual difference. As to the issue of *Les Temps Modernes* already referred to, I shall refer only to Marcela Iacub's article 'Reproduction and the Legal Division of the Sexes'. According to the author, 'the legal division of the sexes has as a principle and an effect the creation of inequalities'. Her major concern is to criticize 'biological parentage [which] excludes couples whose sexuality is "naturally" sterile, as is the case of homosexuals'. On the basis of this idea, which is 'universalistic' and also militates for men's rights, the author leads up to an attack on pregnancy:

> A myth has been made of pregnancy, considered as a bodily performance, the source of exclusive rights for its holders, rights that are believed to define them, moreover, as subjects. This victorious appropriation by women of their motherly womb thus makes them the principal protagonists of the new sexed order of reproduction. (*Les Temps Modernes*, 2000)

It is necessary, according to Iacub, to desanctify pregnancy, 'make it negotiable, capable of being rendered artificial or substitutable'. It is perhaps time to advocate something like 'the right to do without one's body to procreate'. For there is a 'veritable mystification of the maternal womb'. 'In truth,' the author further states, 'the sole consensual procedure for conceiving children is by means of medically assisted procreation, that is a non-sexual means.' Such is to be our *Brave New World*. And such is to be the artificial and mechanical *Eve of the Future* (Villiers de l'Isle Adam, 1886).

Here we return full circle to where we began: 'Oh! Men should have been able to make children by other means, without the existence of a female race: then men would no longer know sorrow!'

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A three-year-old boy with ADHD and Asperger's syndrome treated with parent–child psychotherapy

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ABSTRACT

The author describes the treatment of a borderline, three-year-old boy seen with his family for about a year and a half, during which time he was given different diagnostic labels such as Asperger's and ADHD. The treatment consisted of regularly spread out sessions, where a mixture of psychodynamic and behavioural interventions was necessary to contain and support the parental couple's struggle to become parents for the first time. The work emphasizes the need for containment of both the parents and the child, as the psychological damage the boy had suffered seemed – at least partially – to have stemmed from maternal depression and emotional unavailability during his early life, despite the family closeness. This work could be seen as a prolonged assessment and a platform for further treatment, which did eventually become possible for the child.

Key words Asperger's syndrome and hyperactivity, containment and reverie, family work, narcissistic traits, parental projections

Introduction

The treatment described in this paper began as a short parent–infant/toddler psychotherapy. However, because of the seriousness of the child's disturbance and of the parental difficulties, long-term family work became necessary before the child could start individual psychotherapy. Writing this paper has helped me to clarify the unconscious functioning of this family, the couple's relationship and the mutual projections between these parents and their child. It also made me reflect on the technique required to achieve changes with this type of family.

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Background

Pilar was two years and nine months old when he was referred to the Child and Family Clinic by the speech therapist and at his parents' instigation. The presenting symptoms were language and speech difficulties and poor concentration and attention. His mother tongue was spoken to him at home and English was spoken to him at nursery. The family was seen urgently under the aegis of the Under-Fives, Counselling Service, after a telephone conversation with mother, who conveyed a sense of depression and desperation. Pilar ignored anything he was asked to do, laughed at his parents' requests (even when he was locked in his bedroom), caused havoc at nursery and had to be under his mother's constant surveillance both at home and at nursery.

Father had moved to England several years earlier with his family of origin, while his wife had followed to join him in marriage. She had suffered from an undiagnosed depression and deep isolation following her move, which was increased by her difficulty in conceiving. Pilar was described as having been a very active and restless baby, too hungry to be satisfied by his mother's milk. He also cried a lot and father blamed mother for not calming him down.

He presented a borderline symptomatology with autistic and psychotic traits, such as being extensively unresponsive to human contact, being locked in his own world or being engaged in omnipotent control over his environment. About a year after coming to the clinic, he was diagnosed by the paediatrician with ADHD and later with Asperger's syndrome.

First encounters and the birth of the baby

In the first session, which was attended by Mr and Mrs Piros and Pilar, as I will call them, we began to explore the problem as it was experienced by the parents and as I could observe. Pilar was the only child who had finally been conceived after much effort and desire in the gap after a failed IVF treatment. 'It was really God's will that made it happen, not the doctors,' said father in a somewhat triumphant tone. They had felt disappointed in their expectation of an ordinary and traditional family life, as the much-wanted baby took too long to come. When Pilar arrived he did not fit with their expectations. They blamed their child for being impervious to their disciplinary methods, for throwing things around all the time, for ignoring them and hardly being able to speak, listen or relate to anybody.

Fairly early in the first session father warned me that there were no marital problems in their family. However, Mr Piros' attitude towards his wife was to put her down as being incompetent with Pilar and to interrupt her every time she tried to speak to me. She looked resigned.

Pilar presented himself as a lost satellite, moving around aimlessly, avoiding eye contact and producing private and odd sounds and noises. He scooped toys, crayons and paper out of the box and chucked them around the room,

turned on the water tap and flitted around almost incessantly. He was neither held nor spoken to by his parents. He occasionally merged into his mother's body by wriggling like a snail on her lap or chest or penetrating her ears, nose and mouth with his gaze and fingers, or comforted himself by twirling and stroking her long hair. He appeared lost in his world and finally ran out of the room.

Meanwhile the parents had sunk on the settee, anxious and tired-looking: mother was silent and subdued while father hammered their story and concerns louder and louder into my ears, as if I were deaf. I could not make any meaningful comment but only asked discrete questions to build up a clearer picture of this child and family. I, too, felt lost and taken over. How could I connect this couple to myself? How could I link them to their child? It felt as if we were all floating in space and bouncing violently against or away from each other.

I briefly explained what I would do in these sessions – namely, understand Pilar's feelings and difficulties, the relationship between the three of them and see how this could improve the situation. I offered five sessions to begin, followed by a review.

Second session

In the following session, the parents said that things had been worse: Pilar had been very naughty, had not listened to them and kept throwing things around for no reason. He wanted constant attention. I ventured a comment on what he might be showing them when he was not at the centre of their attention: he felt unheld and thrown away and not able to be left alone for an instant. I did not feel that they understood this. Mrs Piros complained that at nursery he could not play or share and if she played with other children as a way to encourage him, he threw things around and created havoc. We spoke of his jealousy and possessiveness of mother. She looked hopeless and depressed and had an expression that conveyed the feeling of 'What can I do?'

In this session Pilar occasionally approached his mother or father and related to them fleetingly but soon he ran or span around making his strange noises or climbed up the child's table holding a cup. He occasionally crawled up his mother's lap, played with her long plait and squeezed himself into her body or wiggled on her like a snail. He also seemed to enjoy turning the tap on and letting the water gush out. Then he lay on the carpet and banged his feet on the wooden door in a crescendo of noise, looking at us with a provocative grin. Father told him to stop but he continued louder and louder, smiling with apparent satisfaction and provocation. A tug of war and defiance, triumph, provocation, prohibition and telling off followed and ended with father giving up, feeling a failure and frustrated. The short command: 'No, Pilar, stop banging the door!' was not followed by father's attempt to remove the child from the door, to propose an alternative activity and to engage him otherwise.

Mrs Piros looked annoyed with Pilar while Mr Piros looked disappointed. The confrontation with father continued as Pilar rubbed a toy car on the floor noisily and got the parents' attention back to himself. The tension grew until mother, with a triumphant smile, rose from the couch and offered her body to the kicking child, who gradually curled up into her soft shapes, while father sat on the couch looking deflated.

I verbalized their feelings of annoyance and frustration and said they also belonged to Pilar, who seemed to have found a way to let them know his feelings when he was not at the centre of their attention. This thought did not seem to interest them. However, this sequence gave me a flavour of what was going on among the three of them and of how Pilar could enter the world of human interaction. He either engaged his father in an omnipotent, defiant, controlling and very primitive exchange, or triumphantly and regressively possessed or was as if inside his mother's body and mind.

Another revealing sequence took place when Pilar turned the water tap on and off several times and looked at it with fascination. He did not stop when his parents repeatedly asked him to and eventually Mrs Piros turned it off so tightly that he could not turn it on again. He then began spinning around and became manic, hyperactive and frantic. He threw things, ran around and lost any contact with us as humans. I said that when the water had gone, he turned to a restless and hyperactive behaviour to cope with this loss. I did not sense that his parents were following me and they began asking for practical suggestion, what to do and how to discipline him at home.

I began to have a glimpse into Pilar's internal world, whose inhabitant was an object that did not hold or contain but that constantly rejected the infant's psycho-physical needs, and Pilar enacted this by throwing things around. This object was experienced as a terrifying and prohibiting agent, a monster or a god and Pilar had used a system of impenetrable, manic defences, such as omnipotence, mocking, laughing and hyperactivity. As a result of not having sustaining good figures inside him, he could never be left unattended. In my countertransference I began to have similar feelings of not being heard and thrown away as I proposed ideas to the parents. They rejected them or could not understand me and pursued their own agenda of wanting practical and disciplinary suggestions and I felt frustrated and at a loss.

Comments on cultural issues and IVF treatment

The parents' attitude about male–female relationships, as well as their view about bringing up children, was reinforced by their culture and grounded in their early psychological mode of functioning, which was based on sharp splitting, projection, omnipotence and extremes. Authority and discipline of their not-yet-three-year-old son, as well as expectations of a certain behaviour, were coloured by a fundamentalist approach, which reminded me of the harsh superego described by Klein (1927). Punishment, retaliation, bribe, perfectionism and

isolation seemed to be at the core of their upbringing. Love, compassion, understanding, containment, tolerance and compromise vis-à-vis Pilar had to be learnt through painful containment, psychological digestion and transformation of the difficulties shown by these first-time parents in the sessions with me.

We did not explore the meanings and the feelings this couple must have experienced during the IVF treatment. It could be inferred from Mr Piros' remark on God's will that he may have felt somewhat humiliated at being at the mercy of doctors and hospital people, while dealing with something as private and intimate as the conception of a baby. I was also made to believe, but somehow never explored it with them, that the faulty spouse was the wife. If so, this must have increased father's belief in male superiority, which was a strong feature in his psychological and cultural make-up. This belief also allied him to God, a supernatural male entity, with whom the baby was almost conceived and not with a human wife. Baby Pilar was, after all, a human baby who just escaped conception in the laboratory.

These events increased mother's feeling of failure and depression at the difficult time of having to mourn her country and culture and to adjust to a new one. In her society, to have a family and raise children were the primary function of a woman. Therefore, not to be able to fit in with these expectations was a further reason for her depression. In the Piros' eyes, their family was far from ideal and I had the impression that mother and child, alternately, were blamed for this.

Comments on language development

The family's mother tongue was spoken at home and Mrs Piros communicated with her baby in her native language. Pilar's exposure to a second language at nursery compounded the difficulty he must have already experienced with his parents at home. Pilar, in the confusion of the two languages he was being spoken to, had decided not to speak at all. The source of his mother tongue was not lively and vibrant, but depressed and monotonous, because his mother was painfully struggling to settle in a new country but somehow failing to mourn her own.

Language is acquired through an intimate and inextricable link of an emotional and sensorial nature with the feeding mother – hence the popular saying that language is transmitted with the mother's milk (Amati Mehler et al., 1990). Language development parallels the maturation of internal psychoneurological and relational processes which foster the capacity to grow notions of inside and outside, self and not self, presence and absence and symbolization. Pilar's difficulty in learning his mother tongue seems to have been linked with what was coming from his depressed mother: lifeless sounds and lifeless milk. This may also explain why he was always hungry and never satisfied with her milk. Freud, in 'Mourning and Melancholia' (Freud, 1917), included the loss of an idea or of a country in the gamut of objects that, when

lost, can either be mourned through the phases of normal grieving or can produce a state of melancholia. Pilar's parents perceived their counselling with me as a link with their own country because of my Mediterranean origin. Somehow, this fostered a mourning process in mother and enhanced her capacity to become alive and fertile, to conceive and give birth to a new baby naturally.

The native language has the dual function of retaining the connection with the mother and facilitating the separation from her, as Greenson wrote (Greenson, 1950). Pilar could not learn to speak, because the relationship with his mother verged on merging, with no boundaries, and insufficient emotional connection and nourishment. Also, his relationship with his father was fraught with fears and inconsistency. As a consequence, Pilar's curiosity and exploratory activities had been inhibited, as I could observe in his repetitive and asymbolic playing. Klein (1923) linked the innate epistemophilic instinct to learn and to know about the mother's body, to begin with, to language development, whose disturbances derive from disturbances in the epistemophilic instinct. Inhibition of curiosity and of language can be caused by excessive sadism. Developmentally appropriate signs of infantile sadism and cruelty in Pilar had not been metabolized by a containing figure, as I observed in sessions and also according to the parents' accounts of their disciplinary methods.

Water gone, milk gone

In the third session the parents, who looked more relaxed, said that things were still bad at nursery but a little better at home. They had stopped smacking Pilar but did not know what else to do. Mr Piros let Pilar do as he pleased whereas Mrs Piros had managed to set some boundaries. As they spoke, Pilar spent a lot of time again rubbing the toy car noisily on the floor until father eventually removed it. He then turned the water tap on until his mother turned it off so tightly that Pilar could not turn it on again. Pilar responded to the loss of the running water and of the car in a different way from the previous session. He burst into a hopeless and inconsolable cry, almost a panic-stricken cry, which threw both parents into a state of agitation. It was a deep and lonely cry, which not even mother's body and arms could stop for a long time.

This sequence made me think of a very early loss and of failed weaning, when Mrs Piros, feeling tired and depleted, stopped breast-feeding Pilar. I said to him, 'Water gone, milk gone', and spoke to his parents of a possible link between the turned-off tap and the feeding situation. The parents took my idea on board eventually, but not in a convinced way, and repeated to Pilar, like a mechanical and meaningless chant: 'Water gone, milk gone'. Neither of them could make things better for him and we all had to endure the hopelessness and impotence induced by this cry. I thought it was their cry too that I was being exposed to. I decided to guide them to hold the child, to talk to him

softly and firmly with no panic but with sympathy for his distress for the loss of something very important. This couple seemed to feel very lost and needy and I found myself almost 'feeding' them with practical suggestions in parallel with some ideas.

Comments

Pilar had managed the loss of the suckling mother – represented now by the loss of the flow of water – with defensive reactions that protected him from experiencing feelings of rage, despair, loss and grief. Tustin thought that the premature experience of loss for the suckling infant was of a traumatic nature. She wrote that: 'to the hypersensitized autistic child a broken thing is not merely a mishap, it is a catastrophe' (Tustin, 1986: 84). This is because her patient had lacked the experience of a 'shock-absorber' mother, who transformed any experience from being a shock and a trauma into something bearable. Her patient John brought to her awareness the notion of the black hole, when his earlier experience of his mouth gripping the nipple was followed by a catastrophic disillusionment that the nipple was 'gone, broken' and left a 'black hole with a nasty prick' – that is, a persecuting and terrifying presence and despair. 'Such a child is in shock,' continued Tustin. 'He feels damaged, weak and helpless. The reaction to counteract this, has been to develop practices which give him the illusion that he is impenetrable, invulnerable and in absolute control' (Tustin, 1986: 92).

Pilar fitted in well with such a description and we could understand his spinning around and hyperactivity, together with his soothing, private sounds and noises, as protective manoeuvres and 'autistic sensation objects' (Tustin, 1980: 106) and 'second-skin' type of defences (Bick, 1968). In 1994 Tustin finalized and summarized her thinking about autism as being a 'protective reaction which is specific to trauma. In a certain type of child, it has been a protective reaction to an infantile version of "post-traumatic stress disorder"' (Tustin, 1994: 106). Among the 'nasty things which have crowded upon' Pilar were both the experience of a depressed mother, who could not help her baby to make sense of the world around him, and the relationship with a father who had covered his own insecurity with omnipotence, omniscience and authoritarianism. Pilar was not the sort of baby whom we hear of in some infant observations, who is endowed with a capacity to elicit the best out of his mother and help her to fulfil her maternal functions.

When Pilar's autistic-like reactions began to crack, he showed us the grief, despair and loss that Mahler saw in the infants and children she wrote about in her paper, 'On sadness and grief in infancy and childhood' (Mahler, 1961). Those children had suffered from an object loss at a very early age, when their not-yet-developed sense of self could not create mental representations nor find substitutive human objects.

Improvement and circular progress

By the fifth session, the parents reported some improvement. Pilar was more responsive, more obedient, could play alone for short moments at home, and seemed more settled at playgroup. They looked more relaxed, spirited, less burdened by their depression and reported feeling helped for the first time ever. Pilar also began to acknowledge me as we met in the waiting room. He looked at me and occasionally shook my hand, as his father requested. I felt encouraged but possibly a little misled by this rapid progress, because I had by now become aware of the complexity of their difficulties.

However, soon they reported that Pilar was unmanageable in supermarkets and repeated words and orders given to him, endlessly and robotically. Mr Piros could not take him away from the microwave, lights and switches, and lost his temper with him. When progress was mentioned, they did not rejoice at it, and it was quickly followed by negativity and a repetitive and plaintive wail. This wail almost echoed Pilar's automatic and echolalic speech.

It soon became clear to me and to Mr and Mrs Piros that they feared my abandonment after the five planned sessions, if things went too well. Therefore, they had to keep me employed by reporting progress but also by disclosing the many problems still present. I became aware of some difficult traits in this couple as well as of Pilar's omnipotent, stubborn and defiant provocation, both of which held back his improvement. For these reasons the work was extended by five more sessions, then open-ended. We met at intervals of two to four weeks, according to need.

More about the parents' families and the parental couple

It was in dribs and drabs that I was given access to the parents' family history. They did not seem interested in thinking of their early experiences and of possible repetition of past patterns and problems (Byng-Hall, 1995). I struggled to pursue the family links but felt often dismissed by short and matter-of-fact information. They wanted to know how to deal with their present problem.

Mr Piros was the last of six children with whom he had more of a relationship than with his parents, who were described as 'liberal' people. The younger brother was a sort of slave to his oldest one. In fact a pecking order system reigned in this family where each brother was a kind of slave to the next oldest one. Mr Piros was either bossed about by his older siblings or was left to his own devices, even if he was hurt or in need. No one was there to help him and he told me that he almost grew up without parental figures. He was now being faced with the new task of being a father to a difficult child and to having to establish boundaries and authority without having been properly fathered himself. He had not introjected a satisfactory model with whom to identify and his tendency – as I observed in sessions – was to fluctuate between an identification with a rebel

son or with a harsh and sadistically tantalizing figure. Once, he revealed that he had often thought of killing his son. He seemed to be caught up with the 'ghosts in the nursery', as Fraiberg and colleagues called the unresolved issues of one's past childhood (Fraiberg et al., 1975).

Mrs Piros was the middle child between two brothers and was brought up by strict parents but never had problems with them: 'We children did as we were told and that was it!' She missed her family when she moved to England to marry. They both denied any anger with each other, with their parents or with me but eventually admitted to feeling angry with God, and blame fell on the Almighty for their infertility. Mr Piros had denied and managed his sense of inferiority vis-à-vis his son, by splitting, projecting and making his wife be the inferior woman, while he retained the god-like, male superiority. Mrs Piros was more in touch with the boy and better able to deal with him than her husband was. This made her feel somehow avenged and triumphant over her husband for humiliating her. Pilar had been caught up in this marital conflict and had unconsciously been used by the parents as an arena to show the other partner up and feel superior. It seemed that Pilar, as well as presenting some serious difficulties in his own right, was also used by his parents to satisfy their unconscious narcissistic instances. Ruszczynski defines two states of being in a couple: a narcissistic state in which the subject's main concern is himself or herself and the unwanted aspects of oneself are projected on to the partner via paranoid-schizoid-type mechanisms. The second and more mature couple relationship is characterized by depressive-type feelings of concern for the partner, who is seen as a separate person, having different characteristics and being accepted as such (Ruszczynski, 1995).

A minute and painstaking observation and verbalization of their interactions in sessions led to a shift and Mr Piros was able to admit to feeling far less able to deal with Pilar than his wife was. When he was alone with Pilar he found it very difficult, hence he ended up giving into him.

A spiral of anger

Pilar's original symptoms were of an autistic-psychotic type, but they shifted in the course of the months to what was diagnosed by a paediatrician as ADHD. Indeed, Pilar's attention flitted from one toy to another but he was also able to concentrate on one activity for quite long periods of time. He liked rolling the ball into a basket lying on the floor. This may have been a symbolic representation of his new experience of two objects meeting and of one being contained by the other. Another play, which absorbed him for long periods of time, consisted in throwing the same ball on to a top shelf. He would tell his father to retrieve the ball. This play was also accompanied by both manic excitement, when such a high and difficult task was achieved, and by a superior attitude towards his father. He was being ordered around as a servant rather than as a helpful adult.

However, as soon as Pilar was no longer at the centre of the attention, he wandered off and flitted, again lost in himself. To retrieve the attention he used to rub the toy car very noisily and then get into the well-known tug of war with his father. Once Mr Piros lost his patience and removed ball and car brusquely, Pilar looked terrified, pleaded to him and screamed: 'No. Daddy angry, no, no', until his father, defeated and unhappy, gave him back both toys. I suggested that he talked to Pilar calmly and firmly without getting stuck on his anger. Since speaking to Mr Piros about his irritation and wish to punish Pilar, he gradually managed things better. He felt supported and guided by me in a very practical way.

I also realized that a 'hyperactivity of the mind' was being enacted by the parents as well as by Pilar. In one session one parent began to list in a hopeless and resigned tone of voice Pilar's naughty behaviours that still needed help. As soon as I began to think loudly of the possible meanings and of the different ways of managing him, the other parent stepped in, unaware of the work in progress, and listed further bad behaviours. Then the first parent took over again, as if they were now competing in being negative. I felt that my mind, pushed here and there, spun around. Once, after many similar sessions, I said in an irritated tone that it was impossible to think and stay with one idea and that they were moving from pillar to post just like Pilar. They stopped and probably felt told off. Soon they accepted my proposal of concentrating only on one topic per session from then on. That session with my uncontained irritation became a turning point in our work together. Father's frustration and irritation got inside me and I temporarily became an angry, authoritarian figure that sets limits.

The therapist's role and the countertransference

Mr Piros once said that he had studied psychology and yet he presented great resistance in thinking psychologically. The parents had come to have practical advice and showed great keenness in wanting to be told what to do. They could not observe their child nor imagine for him. A sort of psychological deafness and two-dimensionality in this couple had alerted me that I had to adapt to the Piroses, if I was to help them. I struggled to find a working model that encompassed both a psychoanalytic and a behavioural model, and great flexibility in moving from one model to the other was required on my part. Pilar's progress was reported to be steady. Mother could leave him for a couple of hours at nursery; he was more responsive and independent at home and his eye contact was much more established. His English was also developing well and he spoke clearly, although he was still unable to turn a 'you' sentence into an 'I' sentence. If mother said, 'Pilar take your coat off', he echoed it repeatedly 'Pilar take your coat off' while doing so.

However, progress was always followed by a collapse in the Piroses, who felt again in despair, as Pilar was not 'right'. Progress seemed to produce unhappiness

and almost greed in his parents, rather than joy and satisfaction. Margaret Rustin (personal communication) had an interesting point on this aspect of Mr Piros. She thought that his incapacity to both share pleasure at Pilar's improvement and to allow the professionals to be competent and trustworthy may have been linked with the projection of his unconscious self-doubts about being himself the father of this boy.

The work with this family, who seemed to be in the grip of negativism, destructive, envious and omnipotent tendencies, was hard and exhausting and I often felt useless and burdened by their plaintive, stuck, unhappy attitude. I was 'the doctor, the expert' as father often called me – yet there was hardness and imperviousness towards my ideas. My comments were often dismissed, interrupted or ignored by Mr Piros in particular. He continued his frustrating tug-of-war with Pilar and with me, unperturbed. My so-much-wanted professional intervention was quite often disputed by Mr Piros. My being a woman also influenced him in a way that we could not explore together. I felt I was either seen as an idealized 'liberal' parent or as someone to fight against. However, when Mr Piros was reached by my interpretation of his negative feelings towards me, he gave me a knowing smile, then he apologized, saying that I was the expert and eventually confessed to being rather stubborn. I was also in a tricky situation with Mrs Piros, as she perceived me as a female ally with her unspoken unhappiness about her husband.

I had instituted a new way of working which was based on homework they were to practise with Pilar in the gaps between sessions. The tasks they had to concentrate on at home emerged from observations in sessions and from my psychodynamic understanding of the child's inner world of fantasies and anxieties as well as of the parents' minds, conflicts and family relationships, which I also verbalized. Then we decided what task they could practise until the next session. For example, they had to stop Pilar flitting from one thing to the other and to withstand his terrors and screaming, when Pilar's infantile self, gripped by fears of retaliation and vendetta from father, would take over in a delusional way. Father had to pause and stay with his own feeling before saying to Pilar that daddy was not going to hurt him. This was first practised in sessions. I had retained a psychodynamic stance in my thinking, which I applied to this structured way of working. This led to more cooperation between the two parents, both at home and in the sessions. Father, in particular, seemed to feel held by this structure, just like Pilar, who was beginning to internalize helpful, protective and firm parental figures.

This structured procedure represents a departure from more psychodynamic parent–child psychotherapy but it proved to be my only change to help this family. The Piroses' anxieties and determination to achieve practical changes and goals had to be heard before their curiosity and imaginative capacity could develop vis-à-vis their child. My primal concern was to shift, by any available means, their persecutory and persecuting relationship with their son, to a

relationship based on a more accepting, welcoming and containing stance, by strengthening their ego functioning.

Pilar's omnipotent control and rage contained in family sessions

The following two sessions occurred about a year after the beginning of treatment. The Piroses, I noticed, were developing new insight and emotional contact with their son. Once Pilar saw me entering the waiting room and said, 'No, doctor, no!', but trotted easily to the therapy room. There he threw a dad dolly behind the cupboard. Mother, who had become more alive, involved and active with him in sessions, proposed to him that he wrote some letters and managed to make him sit at the little table.

This was a new departure as the parents used to let him wander in the room, because they were so keen and needy to talk to me. Mother dotted the letters of the alphabet for him and he had to join the dots. He seemed interested but had to wait for mum to finish, hence he lost interest and began wandering from mother to father. Mother soon gave up on the alphabet and looked hopeless. I described this and suggested that she carried on and got Pilar's interest back to the letters, to help him stay with one activity at a time. Mrs Piros managed to get him back to the letters; he enjoyed that and was proud of the final result. I congratulated both of them. Mother started again to dot numbers and he joined those dots to shape the numbers. I said, 'That's very good!' He looked at me and said: 'No!', crumpled the paper and went to throw it behind the settee. The parents said that he had not liked my interruption and, even at home, he wanted to be the boss and never be interrupted. I added that my comment must have been perceived as an attack by Pilar. I said, 'Pilar is very cross when the doctor speaks'. Pilar repeated, 'Bad doctor stops Pilar!' I suggested that the parents, rather than dropping the issue, helped him to stay on task with a new sheet of paper and to finish drawing lines between the dots until the numbers appeared.

By the end of the session mother had managed to put the bad-crumpled sheet of paper into Pilar's folder. He looked suspiciously at it but let it stay there in his box. He wrote more numbers on a clean and uncontaminated sheet. He clapped his hands when he finished. We all joined him in this happy moment and he looked proud.

Comments

I had often noticed that when Pilar had been made to sit down, to stop his constant movement and to play with one thing, he would flop and lose his liveliness as if he was then experiencing depression. Movement was life; stillness was death. Pilar had a depressed mother when he was a baby and his hyperactivity was likely to have helped both himself to stay alive and his

mother to stay interested in him. Pilar was able to respond to his mother's firm boundary and she was able to accept my suggestion to persist, even when Pilar, having to wait, lost interest in that task. His omnipotence was punctured when he had to accept the dependency on either his mother or on the existence of time and had to wait while she dotted the letters for him. They could both stay with the task as mother contained his wish to take control and I contained mother's depression and tendency to give up or give into negativity. We could see Pilar functioning by splitting the bad, damaged and spoilt sheet or object, which he could just tolerate to have in his folder, from the good, new sheet. My comment had been perceived as a bad intrusion, which disturbed his omnipotence and turned his work bad. The crumpled paper was probably an expression of his feeling destroyed by my comment, even if it was an appreciation of his work. That sheet remained bad and Pilar managed to recover a sense of goodness as he accepted a new sheet from his mother and wrote on it. He split good and bad and projected the bad on to the sheet/doctor. He tolerated having the bad sheet in his folder eventually, and this seemed to be a sign of progress. In the past good things were irreparably damaged and contaminated by bad people, intruding and interfering with his omnipotence and control. More tolerance and repair were beginning to be possible.

Another session

My task to help the parents understand Pilar's inner world and unpredictable reactions continued and this almost required a leap of faith – for example, when I affirmed that Pilar was ruled by inner god-like fantasies of power, superiority and control, as well as by terrors of cruel retaliation and revenge. In a session, I, too, colluded with a demanding parental figure in a totally unconscious way. I told Pilar, who was engaged in writing numbers, to write them straight, echoing what mother had just said to him. He turned away from me, refused to look at me and fled in terror, as if I had become a monster. The parents too became tense and agitated as they tried to make him return to his chair and calm him down. He was frantic and, in a flood of tears, anger and protest, he chucked away several pieces of paper, saying: 'No, no dots, no numbers, no doctor's help!'. I was reminded of what Rosenfeld wrote of narcissistic, omnipotent patients who do not tolerate separateness from their object nor dependency on it (Rosenfeld, 1964: 169). The struggle for Pilar to accept being a little boy, dependent on his parents or other adults, was very intense. In the session, the parents followed my suggestion that he may accept sitting on the settee next to them and continue his writing from there. They eventually succeeded in this as he was less threatened by me by being at a safe distance. They drew a tree together; Pilar enjoyed it and eventually agreed to 'show it to the doctor'. His feeling of persecution was contained and transformed by his parents (Bion, 1963).

Symbolic play

After a stormy summer break, when a death in the family threw the Piroses into despair again and they reconsidered giving Pilar Ritalin, the sessions were reinstated at two- or three-week intervals and the difficulties decreased. The parents finally responded to a transference interpretation that our work and I had died in their mind during that summer when they had given up thinking and talking to Pilar. I said they had been angry with me for not being there at a time of need and had hence got rid of me in their thoughts and turned instead to a drug substitute. Father gave me a knowing smile, which I had come to understand as an agreement (Pozzi, 2000).

Pilar, with mother's assistance, started to make Plasticine food and said, 'Pizza with pepperoni, pretend to eat it', thus beginning to distinguish fantasy from reality. In the past he would have easily eaten that Plasticine pizza, believing it to be real. He was now beginning to master pretend play – that is, that the Plasticine pizza stood for the real one but was not real, edible pizza. Hanna Segal called 'symbolic equation' the object that is not a symbolic representation of the original object, its quality or function, but is the object itself (Segal, 1957). Pilar was beginning to move out of a world of symbolic equations and into one where objects also had symbolic meanings.

Pilar continued to play with Plasticine symbolically as well as to maintain interest in the children at nursery and at the childminder's. In a session he made a birthday cake together with dad; he sliced it and gave slices to us all saying: 'Pretend to eat it'.

Another Christmas break was approaching, but this time things went better. I think that, having finally been able to work in the transference and to verbalize their anger towards me in preparation to this break had made a difference.

On their return, Pilar appeared more grown-up and interested in relating to mum, dad and myself in a lively way. For the first time ever, he drew a picture of himself with a spinning-top. This was now his new and precious toy. He seemed to be moving from 'being' a spinning-top, always on the go in order not to fall into stillness, depression and a black hole, to watching a toy spinning-top moving and falling. This implied a new capacity to see himself separate from the object and to watch it rather than to be it.

Conclusion

At the time of writing this paper the work with the Piroses was continuing, as a mixture of practical and psychological interventions on my part. They had a close attachment to their 'doctor psychologist' whom they looked up at as an authority to follow, to respect but also to challenge, denigrate and rebel against.

It seems that, as a couple, they have been experiencing both infantile and adolescent-like situations in their sessions with me, which they probably never had the chance to do before in their lives. Their child seems to have represented their unresolved past and to have become the 'vessel of their projections' (Pozzi, 1993) and a pawn between them.

Individual psychotherapy for Pilar had been discussed at length, but it was possible only when the parents could begin to withdraw some of their projections and to see him as separate from themselves. Then they let him go and have his own therapist, while they were finally able to grow as a family and to have more children. This increased their joy and self-esteem on the one hand, but also their hopelessness and negativity with regard to Pilar and his therapy, because they could see the difference with their healthier children.

This piece of family work explored in this paper lasted for about a year and a half and went beyond the remit of more traditional parent–infant psychotherapy, as it encompassed behavioural therapy and techniques as well as psychodynamic ones. In line with Lisa Miller's idea that the under-five counselling can become a form of assessment, leading on to further therapy (Miller, 2000), this work could be seen as a very long assessment, a launching platform for the new enterprise of individual psychotherapy for Pilar (Reid, 1999).

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What do psychoanalysts in the United Kingdom think of analytical psychology?

JAN WIENER

ABSTRACT

The author suggests that the answer to the question in her title might well be 'not much'. In contrast she thinks that if the question were put in reverse – that is, 'what do analytical psychologists think of psychoanalysis?', the answer would be 'quite a lot'. She briefly outlines four types of analytical psychologist and describes how they may be differentiated by the degree to which they bridge classical Jungian practice with that of psychoanalysis. She reports how in discussion in institutional/clinical settings, for example, the language of depth psychology tends to be psychoanalytic and the language of analytical psychology becomes a secret second language. She offers five reasons for why psychoanalysts might have a blind spot about contemporary Jungian practice. She finishes with a call for there to be more reciprocity between the two traditions, while tolerating and positively affirming differences.

Key words analytical psychology, blind spots, convergence, language, psychoanalysis

Introduction

In thinking about a question posed to me by a colleague, Thomas Kirsch, 'What do psychoanalysts in the United Kingdom think of analytical psychology?', I had two initial responses. First, that I could be extremely brief since the answer is surely, 'not much!' My second thought, however, was to reflect on the particular emphasis of the question, and why it had been phrased this way round rather than in reverse, 'What do analytical psychologists think about psychoanalysis?' In the latter case, I suspect, the answer would be very

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different – 'quite a lot' rather than 'not much'. In the words of Kenneth Eisold (2001: 336), 'for analytical psychology, psychoanalysis has been both powerfully influential and inimical; it represents both an established and competitive tradition of psychological treatment and an injurious source of disparagement and neglect'. I hope that I can begin to address at least some of the reasons why psychoanalysts' attitude to analytical psychology can seem to be an antagonistic one, leaving many Jungians feeling that their ideas have been slighted.

Although Freudians and Kleinians outnumber Jungians in the United Kingdom, there are now more than 2000 Jungian analysts in the world, of whom many are members of the International Association of Analytical Psychology (IAAP). My impression is that the range of different ways of practising as a Jungian analyst may be broader than the range available to psychoanalysts. Andrew Samuels (1998) delineates four types of analytical psychologist. First, there are members of the 'classical school', which embraces the general method of analysis that Jung introduced. David Hart (1997: 89) describes analysts of this type as characterized by 'respect for what is unknown, for what is unexpected, for what is unheard of'. They emphasize higher states of mental functioning, including thinking, creativity and the symbolic attitude, and value the role of myths, dreams and artistic creations. Implicit in the classical outlook is the optimistic idea of the psyche which heals and the analyst as the patient's companion on a journey towards individuation, during which the psyche will unpack its contents and thereby allow the self to emerge.

Next, there is the 'developmental school', elaborated in the United Kingdom by Michael Fordham and committed to a clinical and theoretical investigation of the development of the infant in the adult and of infantile mental states as they affect both development and failures to symbolize. The patient here goes on no comfortable journey, and primitive experience – both positive and negative – forms an integral part of any analysis. Developmental analysts dwell much on the here and now of the transference and countertransference, seeking to understand and analyse defences when they hold up the process of individuation and the development of a symbolic capacity. Samuels also describes two newer schools that have evolved over the past two decades, which are more extreme versions of those already described: what he calls 'Jungian fundamentalism', whose adherents ignore everything except Jung's ideas; and finally a group that he thinks has made a 'merger with psychoanalysis', becoming seriously alienated from their Jungian birthright.

Where, you might ask, do I locate myself with respect to Samuels' typology? I belong to the 'developmental school' of Jungian analysts and have integrated a good deal of psychoanalysis into my work. However, I remain with pleasure an analytical psychologist at heart, a post-Jungian if you like, and more so over time. I do not find all Jungian theory or clinical practice helpful or to my taste, but I am particularly attracted by Jung's spatial and teleological approach to

the unconscious and his valuing of meaning over causality. I welcome, too, his emphasis on the many different levels of unconscious material and his idea that consciousness is but 'an island in the ocean' (Crowther, 1998). I am interested in post-Jungian views of the self, including subpersonalities and part-selves that coexist in the personality and their connection with internal object relationships as described by psychoanalysts; above all, I accept the centrality of the self over the ego. In Jung's (1940: 259) words, 'the ego stands to the self as the moved to the mover'. While I admire the depth of erudition of many 'classical Jungians' – for example, in their use of myth to elaborate unconscious communications – I wonder how they work with the severely borderline and narcissistically damaged patients with whom I am familiar, who do not bring dreams, and who cannot symbolize nor easily put into words their thoughts and feelings. Clinically and technically, although I share the contemporary Jungian attention to purposive aspects of pathology, where the symptom is seen as both expressing the problem and containing a symbolic reference to its mode of resolution, I have often turned to psychoanalysis for help. I have integrated into my practice a theory of defences to complement Jung's idea of complexes and, most particularly, the subtle exposition of the processes of transference, countertransference and projective identification at which psychoanalysts have traditionally excelled and which for me provide invaluable clues within the vitality of the analytic relationship of the inner world of my patients.

In *Midwifery of the Soul* (1998), Margaret Arden, a psychoanalyst from the Independent Group, makes the point that 'as the traditional categories of scientific disciplines break down, most of the new ideas occur at the interfaces between established areas of knowledge' (1998: 83). Although I find the idea of living on the 'cutting edge' appealing for its intellectual stimulation, it also requires adaptability, especially in my use of language.

I have worked for some years in a hospital-based psychotherapy clinic together with psychoanalysts, and I have close friends who are psychoanalysts. Conversations on territory away from the sometimes stifling atmosphere of our own institutes are often easier, and institutional structures in the United Kingdom, such as our National Health Service, provide a relatively neutral forum where projections can more easily be owned. Yet when I talk and debate with psychoanalysts, for us to be able to communicate I must speak their language. Jungians who value dialogue with psychoanalysts must become bilingual. Metaphorically, psychoanalysis is an imperial power, and those who colonize a foreign territory seek to impose their own language and meaning. The official language acquires more prestige. The discourse of analytical psychology, conversely, becomes a secret second language, belonging to the ghetto rather than to the public sphere. I have gained something by being forced to become bilingual, but I am also aware that much is lost in translation because, as Beverley Zabriskie (2002) points out, 'a mother tongue carries nuances of source, connection, and value'.

Qualitative research

Before training as a Jungian analyst, I spent many years working as a research psychologist. Thus, in preparing this paper, I decided to interview informally a number of my psychoanalytic colleagues. Their responses were remarkably similar. Initially, there was an apologetic confession of ignorance about analytical psychology, followed by the qualifying remark, '*you* are OK, good chaps even, but I'm not sure about Jung'. As the interview progressed, the distinctions between Jung the man and analytical psychology as a discipline became increasingly blurred. Negative projections on to Jung himself were elaborated, including that he was too religious, too mystical, irrational, with Nazi leanings, and so forth, all in contrast to Freud's emphasis on the rational and the scientific.

Further questioning revealed a number of views and fantasies about analytical psychology that I have divided into three different categories pertaining to (a) theory, (b) clinical practice, and (c) institutional functioning. According to the British psychoanalysts with whom I spoke: (a) Jung's *Collected Works* are difficult to read whereas Freud is more literary and his works more like detective novels; Jung's ideas (for example, the collective unconscious and the archetypes) are philosophically interesting, but of questionable clinical relevance; and Jungian theory offers nothing that is explanatory. (b) Jungians pay insufficient attention to destructiveness and resistance in the therapeutic process; they dilute work in the transference; their clinical boundaries are loose and woolly; and they lack an understanding of psychopathology. (c) Jungians are, however, respected for their organizational structures and standards of practice; it is recognized that external political constraints, such as the movement in the United Kingdom towards the registration of psychotherapists, and the accountability this implies, have brought institutes of different theoretical persuasions closer together.

Why no curiosity?

It seems undeniable that many psychoanalysts have a blind spot about contemporary analytical psychology. I observed two different attitudes, or levels of defence, in the course of my interviews. First, there was what I would regard as a primitive splitting mechanism, where Freud – or, in the United Kingdom, more likely Melanie Klein – is seen as good, and Jung as bad. Then there were defences that seemed to operate rather at an Oedipal level, where psychoanalysts perceive themselves as 'the insiders', the experienced parents, comfortably in bed with each other, leaving analytical psychologists as 'the outsiders' or, worse, those who have been 'cast out'.

There is, I believe, a complex matrix of reasons for this (generally unconscious) scotomization by psychoanalysts of analytical psychology, although the list that follows does not purport to be exhaustive:

(1) *Jung is difficult.* Admittedly, Jung can be opaque. He did not communicate his ideas nearly as effectively as Freud, but this does not mean that they are not worth the struggle. He is sometimes accused of elitism, sexism, racism and anti-Semitism, although he is by no means the only early psychoanalyst to have such faults. Jung undoubtedly placed great emphasis on subjectivity and the non-conscious, which makes him, initially at least, less accessible to the potentially interested reader. However, post-Jungian writers have clarified many of Jung's more difficult concepts, which are now more accessible to any interested reader.

(2) *Conflating the man with the discipline.* It seems to me that we can be both victims of our history and stuck in time. My researches indicated the difficulty that psychoanalysts have in dissociating their thoughts about or projections on to Jung the man from his theory of depth psychology. Stories of his split with Freud are told and retold and thus inevitably become myths that are reconstructed in different ways from varying motives. I wonder if this is not an indication of the extent to which we have failed to mourn our analytic ancestors, inhibiting the kind of gradual healthy separation that would permit an acknowledgement that ideas about theory and clinical practice have moved on, not least in the field of analytical psychology.

(3) *Insiders and outsiders.* There continues to be a powerful conservatism in most training institutes today, which tends to foster a sense of personal lineage and stringent demands for loyalty. As a psychoanalytic colleague ironically remarked, a successful analysis is most likely to be measured by the degree of a candidate's identification with his or her analyst and continued adherence to the latter's theories! This tendency to elevate group identification over personal individuation is heightened by the suspicion by which our profession as a whole is viewed by the general public. In a system revolving around charismatic leaders, outsiders who seek to penetrate the boundaries of the institution do so at their peril, and serious discussion of alternative ideas becomes a taboo for the insiders.

Eisold (2001) amplifies how Jung's status as an outsider for psychoanalysis can be traced back to the different ways in which psychoanalysis and analytical psychology have developed as institutions since Jung was asked stand down as President of the International Psychoanalytic Association in 1912. Eisold believes that this occurred not so much because of Jung's theoretical differences with Freud, but rather because Jung was a poor institutional leader and manager. Hurt and disillusioned, Jung then turned away from formal institutions, preferring instead more loosely structured 'psychological clubs' that sprung up in various parts of the world. These tended to promote the sense of analytical psychology as a *vocation* – a calling requiring special gifts of commitment and insight – in contrast to the psychoanalysts' emphasis on *professional* training and evaluation. Eisold proposes that the split in Jung's

identity between the spiritual seeker and the professional analyst is replicated in the Jungian institutes in the United Kingdom.

Members of my own analytic institute, the Society of Analytical Psychology (SAP), would, I think, identify themselves clearly as professional analysts involved in training candidates according to the highest standards. But this is not true of all Jungian institutes in London. As Director of Training at the SAP, I was recently rather startled at a remark by a colleague from another institute who told me that her training committee has no vested interest in getting candidates through to certification. Rather, the training is viewed as a conduit for life experience. In contrast to the SAP, this institute grounds its ethos in Jung's vocational spirit and is part of the 'classical school'. I think Eisold is right when he comments that the Jungian community has much work to do internally to make itself stronger and more cohesive. No wonder psychoanalysts are confused about our discipline!

(4) *Jung, the popularizer.* I have been impressed by the writings of Susan Budd, like Margaret Arden a psychoanalyst from the Independent Group who is relatively well disposed to analytical psychology. In a recent paper (2001) about the role of Charles Rycroft, a psychoanalyst who left the British Society, she points out how he became a 'popularizer', writing books for the intelligent lay public rather than for professional therapists and analysts. I found myself thinking about how Jung has been adopted as a guru figure by New Age spirituality. He did not choose this role, although his psychology could allow him to be so chosen; but this appropriation has further alienated not only psychoanalysts but also many professional Jungian analysts. David Tacey (2001) has tried to rehabilitate Jung's reputation by arguing that:

> the New Age has packaged, invented and appropriated Jung to suit its own purpose. . . . It is not simply that Jung has influenced the New Age, but that the New Age has influenced 'Jung' and especially our popular perceptions and understandings of his work. (Tacey, 2001: 14)

Tacey underscores Jung's belief that the human ego must attend to a larger religious mystery, in contrast to the widespread 'popular' belief that spiritual mysteries must serve the needs of the ego and the personal self.

(5) *Analytical psychology and adolescence.* A further explanation for the lack of interest in analytical psychology among psychoanalysts comes again from Susan Budd (2002). She thinks that Jung was often read in adolescence and therefore perceived as unacceptable in adulthood. Budd is probably referring to Jung's autobiography, *Memories, Dreams, Reflections* (1961), or to *Modern Man in Search of a Soul* (1933). As she suggests, 'in repudiating Jung, psychoanalysts were repudiating their ideal adolescent selves, the selves that sought big ideas to answer the big existential questions, that

believed that seers and shamans had access to important truths outside the scientific tradition'.

The future

What of the future? I find myself wanting to end on a positive note by holding out the hope that the interest many analytical psychologists have for psychoanalysis will come to be reciprocated. Surely pluralism is healthier than the dogmatic insider knowledge to which we are all prone and that establishes what David Tuckett (2001: 644), in his recent valedictory editorial in the *International Journal of Psycho-Analysis*, has called 'forced compliance to dubious conventions'. But how can we learn to tolerate and actively affirm our differences? It seems to me that there should be a place in our thinking both for the rational and the irrational, the subjective and the objective. Insiders cannot exist without outsiders. We need 'enemies' to strengthen our sense of self, even if 'sleeping with the enemy' is often *de rigueur*! Perhaps psychoanalysts are too preoccupied with their own internal conflicts and power struggles to have the mental and emotional space to pursue an interest in analytical psychology. It is well known that they cannot agree on the fundamentals themselves.

I realize that this is a bilingual paper. I have deliberately used concepts from both analytical psychology and psychoanalysis and quoted psychoanalysts and Jungian authors. Our profession depends on language, and I have tried to write in a language that readers of this journal will understand. As Thomas Ogden (1999: 4) has eloquently observed,

> Words, when they are living and breathing, are like musical chords. The full resonance of the chord or phrase must be allowed to be heard in all of its suggestive imprecision. We must attempt in our use of language, both in our theory-making and in our analytic practice, to be makers of music rather than players of notes.

At a joint conference in 1997 between the Society of Analytical Psychology and the British Psycho-Analytical Society, Ronald Britton, an eminent Kleinian analyst, remarked that 'the more our ideas originate in practice, the more convergence we are likely to find. The more ideas are coming from the actual experience of the work under whatever title or name, the phenomenon must be the same'. I believe that as contemporary psychoanalysts and analytical psychologists, we often use a different language for overlapping concepts. I say 'overlapping', because the concepts are not identical. We have our theoretical and clinical differences, but I agree with Britton that these may be best approached if we try to talk together about our clinical work. Between us we have a wealth of clinical experience. But how can we constructively study our differences if we speak different languages? To unaccustomed ears, our own familiar chords may sound too dissonant for comfort. David Tuckett (2001: 647) echoes Britton when he writes that:

> only by finding a language to share and discuss clinical findings and their theoretical conceptualisation adequately can we hope meaningfully to classify both the different types of psychoanalysis [here we might include analytical psychology] and the difference, if any, between each of these and so-called psychotherapy practice, as well as what the consequences are of the different practices.

In a well-known paper, Sandor Ferenczi (1933: 164), whose experience as Freud's disciple parallels that of Jung in many ways, refers to the effects of sexual abuse as a 'confusion of tongues' between adults and children. Ferenczi's term likewise seems to me applicable to the resistance frequently shown by psychoanalysts to listening to another language, that of analytical psychology. Even more ominous is the story in Genesis 11 of the Tower of Babel, where human pride in self-sufficiency results in what might be called an 'edifice complex'. Men built a city and a tower to make a name for themselves. They wished for a single language. Of course, this dream failed, and God punished them by confusing their language and scattering the nations.

Getting to know each other is possible only if people on both sides of a divide – in this case, between psychoanalysis and analytical psychology – are prepared to bridge their disciplines, to learn a second language, or at least find an interpreter to help them find their way around unfamiliar territory. But who *else* is willing?

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CLINICAL COMMENTARIES

Clinical material: Mr Jones

These are two back-to-back sessions with a patient in his mid-30s, 18 months into five-times-a-week analysis. He rarely attends five times in any week. He is invariably late. Recently he had mentioned two dream fragments. In one fragment he sees a racing-car that overturns and crashes. In the other he is going along, then sees that someone has put a brick wall there that wasn't there before. He has to turn around and try to find a way around it.

[The first session is an afternoon session. The patient has missed the previous two sessions. I pick up a telephone message just before the session is due to start:]

P: Hello X (my first name), I'm just on the way to you. I'm the other side of 'T' at the moment, because I've just left the office, and I couldn't leave until 5.15, because I had to cover for someone, so I'll be there about 6pm. Just letting you know out of courtesy more than anything else.

[I think about his persistent, uninvited use of my first name. Knowing where he is calling from I know that he cannot get to me by 6pm. I feel irritated with him and tantalized by him yet again.]

The patient arrives 40 minutes late.

P: First off, I thought I should apologize. I'm wondering what I am doing wasting your time. I don't know why I haven't come the last two days. Today my boss got sacked. I had to cover at the office. I don't know why I didn't want to come. I just wanted to stay in bed and not go to work. I feel myself thinking about sticking a knife in my mother. I don't know what that was about. My boss has been sacked and I'm expecting a P45 any day now for myself, so at least then I can sell my house, pay off my debts and bugger off. I know you must be sick to death of me.

[All this is said in a flat, belligerent and contemptuous way. I find myself wondering how I can get underneath this provocation. The 'debt' is a reference

to our arranging, some time ago, to temporarily reduce his fee to allow time to sort out his finances which are in a dire mess. Since that time he has not done any of the things he said he would do to improve the situation.]

T: I think this angry, throw-away mood you are in is a continuation of when you were last here. You feel you have hit a brick wall here. You are having difficulty finding a way round having to think about yourself because you hate it so much. You hate me when I face you with what you do. You react by sticking the knife in the sessions and sacking me. Then you worry that I will sack you in retaliation. Perhaps you are also retaliating for the two-day weekend.

P: [sounding angry] How can you say it's retaliation? You always take the weekends off.

T: Yes, but that does not stop you minding. You only feel you can effectively make me feel helpless and stupid when you arrive very late or miss sessions knowing I am waiting for you. When I am not waiting for you, you have no knife. You feel helpless.

P: How is it then that this affects what I do in my relationships? Where does it come from? What does it mean in terms of the way that I run my relationships outside? [Patient sounds flat and uninterested.]

T: You said, emphatically, at the end of the last session – 'see you tomorrow morning'. You have experienced me as the brick-wall boss lately. You needed to make me think that you would come in order to disappoint me by not coming and then, today, by keeping me waiting. It is the 'rope trick'. It is how you deal with your own disappointment and rage. You stick the knife in and murder me. Of course the tragedy is it means that you lose all sight of the fact that it's a potentially helpful session and a potentially good relationship that you destroy. [The 'rope trick' is a reference to this patient's habitual ploy of taking a rope, making a noose, phoning his GP, other agencies and people he knows in order to create widespread guilt and panic.]

P: I don't see the point of this. I don't understand any of this. I don't see the point of thinking about any of this in this way.

T: Well, come on, you do really. You are saying that because you don't like me saying these things to you.

P: I never thought this would be so difficult.

T: Yes. It is time to stop.

P: Bye 'X' [using my first name].

The next morning:
The patient arrives 20 minutes late.

P: I stayed at my girlfriend's in 'D' last night. I got up at 6 then it was a quarter past ... then I dawdled. So I suppose I have done something on purpose to cock it up ... well, I know I have. It popped into my mind that I would get here 5 times next week. It popped also into my mind that it was the weekend, so I would bloody well be late anyway. That popped into my mind. I have been feeling I was losing my marbles the last two days, like last summer ... going crazy. My girlfriend said something to me that made my anxiety level go right up. I had a dream about 'F' the other night and ended up ringing her which was crazy. I told my girlfriend how I felt and she was OK.

['F' is a previous girlfriend who, like all the others before, had soon left him, complaining that she could not stand him. The current girlfriend is new. As with previous girlfriends he tells me nothing about her and only seems to be using her to make me feel left out. I wonder if he is needing to let me know that he has his 'cock up' her.]

P: I suppose, because I didn't turn up for two days, I thought you would sack me. I've got another job interview today, by the way. I know I was late this morning. I felt a bit angry, directed at yourself. Then it dawned on me that it was my time I was losing. The destructive side of me gets out of control and I can't stop it. It feels like the kid inside me running riot. The adult side is just not winning but wants to change it. I was behind a big, black BMW. He was just going along, taking his time. He wouldn't move over. I was in a hurry. I thought 'that's how I would like to be'. I know the answers to how I should behave but something seems to be stopping me.

[He falls silent for some time. He half turns to look at me.]

T: Um?

P: I'm just waiting for you to say something, – make a comment on what I said.

T: Yes.

P: I either thought you were going to say I'm talking a load of bullshit – flannel – or that I'm sticking the knife in. It feels like what I said is right.. destructive.. want to be totally in control.. a rebellious young kid.. the other.. more adult, wants to be on time and have a normal relationship.. but.. then again that

could be.. My cricket team is playing in 'Y' this weekend ['Y' is where I live] but I haven't been picked. They have chosen better players. We will probably get beaten anyway. They got beaten by 'M' and 'E'. Bloody rubbish.. no wonder they get beaten.. no practice.

T: Cricket is companionable and sociable. You told me that is why you have taken it up. I think you long for something like that with me, something cooperative where we might be a team. Last time you spoke about cricket you said you were playing near here and wondered if I would see you playing. What seems to happen is that something companionable and cooperative is turned by you into bloody rubbish, a bloody battle where one of us has to win and the other has to lose. As you spoke about the cricket, your team turned into 'they' and 'them', 'bloody rubbish'. I think you often feel like bloody rubbish when you are with me. I think you see me as the big, wealthy therapist-BMW going at my own pace. You want to race past me, get round me. I will not give way to you and you hate me for that.

P: I think that's right. I don't think I am rubbish any more.

T: I think, given that you referred to the weekend and to last summer when you lost your marbles, you feel like rubbish, thrown out by me, not chosen.

P: You are right. Why is it, when I know all that, I just tear it up and.. I just can't get hold of it and stop it and change it? You are right, cricket is nice. I really like it and they are a nice bunch of blokes. I like it a lot and it is friendly. Why do I keep tearing it up? I wouldn't have recognized any of those things before I came here, like the 'rope trick'. That is really vicious. It is like.. because you are having the weekend I am having a tantrum. I know you have told me I don't like being told.. you know.. and why I can't accept it.. what you are saying to me.. I've got another interview today and I've got a good chance of increasing my salary. They don't know what I'm paid so I can increase it by £2000 and ask for £3000 more than that.

[I am left thinking that I have heard all this about more money before, and that he is talking about doing something a bit devious.]

Clinical commentary: Mr Jones

JOELLE ALFILLE-COOK

When reading this material there were many aspects that had resonance for me as a Child and Adolescent Psychotherapist. I felt we were immediately introduced to a patient who was acting out, presenting a rather adolescent part of himself to the therapist. We learned that he was attacking all the boundaries of his therapy: the session times; the length of sessions; the fee; and perhaps to some extent the therapist/patient professional relationship, by calling his therapist by his/her first name. At the same time, he told the therapist of all his out-of-control feelings which came out in his dream of a crashing racing-car and his fantasies of stabbing his mother. Thus the containing space for thinking that his therapist had tried to create was being torn apart by the patient – perhaps giving him a temporary feeling of omnipotence and control, yet at the same time creating anxiety about being at the mercy of his destructive impulses.

In the 10 minutes that were left of the first session, the therapist concentrated on trying to get the patient to think about why he was missing his sessions and how his fury over the weekend resulted in retaliation and the patient's attempts to kill off the therapy. I wondered, with such an adolescent presentation, whether the missed sessions were also a result of his fear that all these uncontrollable feelings of murderous rage would be aroused in the session and then be acted on. He therefore needed to protect both himself and the therapist by not coming. These feelings would have been even more frightening in such an uncontained environment, as by attacking all the boundaries of his therapy he had created, in his mind, a helpless therapist. This uncontaining environment may well be part of his early infantile experience recreated in the transference.

In his paper 'At risk: the adolescent and the professional worker' Paul Upson states that unlike the child:

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> the adolescent does now possess the physical and mental equipment to act upon his thoughts, feelings and phantasies, i.e. what's going on in his internal world. Unlike a child, demands, threats etc. are not always empty gestures. At its extreme, an adolescent can both give life and take it away: a boy can make a girl pregnant, she can have an abortion; both can physically hurt, harm, even kill themselves and certainly inflict damage on their home, their surroundings, their parents and other people. So life and death issues are around quite literally in adolescence ... adolescents are both tremendously stimulated and excited by the feeling of power and control over life and death matters and *at the same time*, absolutely terrified of it. (Upson, 1991: 47–63; emphasis in original)

Thus we can see the conflict that this patient was experiencing when missing/murdering all or some of his sessions. With life and death issues in mind, I was left wondering about the 'rope trick'. From these sessions we do not know how the phrase the 'rope trick' came about, but there does seem to be a suggestion that it has been seen by the patient as a manipulative or devious way of gaining power from those around him. However, along with the excitement of this power, I wondered whether he would benefit from an interpretation about how terrified he is of his suicidal feelings, perhaps using the racing-car dream fragment. I felt that by calling it a 'trick' he seemed to be denying the seriousness of these suicidal feelings.

When talking about adolescent suicide Catalina Bronstein writes:

> There is a demand on the adolescents' part to be taken seriously as well as to deny any seriousness at all. These adolescents hold on to this final solution as a means of feeling in control (Laufer, 1995). (Bronstein, 2000: 21–35)

Not surprisingly, this patient projected all his guilt and panic on to those around him, but even adult 'adolescents' can act out. (And who knows what uncontrollable thoughts 'pop' into the patient's head that make him feel so mad and out of control that he feels like killing himself.) At the end of the first session, I felt that the therapist got in touch with the adult part of the patient. The therapist's confrontational phrase, 'Well, come on now, you do really', in response to the patient's rather belligerent, 'I don't see the point in thinking about any of this in this way', seemed to convey the important message to the adolescent part that Upson talks about: 'that there is an inner belief and communication on the part of the adult that the view he is taking about something counts or matters, that it has the backing of other people as well' (Upson, 1991: 51).

This seemed to enable the patient to be aware, however briefly, of his need for therapy without being so overwhelmed by the common adolescent anxiety about feeling dependent.

As we know, part of adolescence is the reworking of the Oedipal situation, and in this second session we were introduced to the Oedipal nature of the transference, with the therapist feeling in the countertransference that the material brought by the patient about spending the night with his girlfriend was designed to make him/her feel left out. In the previous session there had

been hints of this with the fast sports car, the sticking of the knife into his mother, and the rage at the therapist's weekend breaks. Whether the thoughts that made him feel so 'crazy' and anxious when around his girlfriend were to do with incestuous wishes, he did not divulge – but such feelings in the transference may well have been another reason for not turning up to his sessions. I also wondered whether these Oedipal feelings were part of the reason the therapist was so 'tantalized' by him. In this second session, there seemed to be an air of competitiveness created by the patient: whether with a female therapist who he felt had spurned him with her other life and lovers each weekend, or else with a male therapist who he imagined was like the BMW, big and secure in his masculine identity – not moving over for the next generation. It also occurred to me that another reason for feeling irritated in the countertransference by the uninvited use of the therapist's first name was that the patient was trying to deny or erode the generation gap as well as the professional boundaries, in order to compete with or for the imagined partner.

With the weekend upon him, the patient's sense of being inadequate, or not good enough – perhaps enough of a man, a good enough patient, or a good enough cricket player – seemed to be heightened when he perceived the therapist's silence as confirming these feelings. It was then that he felt 'bloody rubbish' and had to end the session back in control, omnipotently planning a new deception to fool the 'adult' employers.

In summary, as I said at the beginning, although this patient is not an adolescent, he struck me as having many adolescent issues. In his own words, '... destructive ... want to be totally in control ... a rebellious young kid ... the other ... more adult, wants to be on time and have a normal relationship ... but ...'.

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Clinical commentary: Mr Jones

BRYONY SKEY

In these two sessions we are given a snapshot of a difficult treatment. My assumption is that the sessions were chosen because they demonstrate something that the therapist wants to think about. But despite this implicit permission to comment, it feels a rather impertinent thing to attempt. In the absence of the usual reality checks and clues to understanding, I need only refer to my free associations and countertransference. And, at one remove, I have suffered no erosion of my hopefulness and goodwill for the patient.

As I read, I have an experience of an encounter between two people painfully at odds with each other; an intense and mutually unsatisfying encounter. I am aware too of it being difficult not to join in the struggle, but to maintain the distance that would enable me rather to look in helpfully. Because, from my privileged place on dry land, it looks as if the patient is thrashing around, panic-stricken in a sea of bad objects. His panic is that they are bad because of him. And it looks as though the therapist may have become soaked too.

In some ways this material gets to the heart of the paradoxical work that we do. In order to get beyond a superficial understanding of what our patients feel, we must lend ourselves to their projections. We are willing to lose some of our hard-won adult identity and allow them beyond our defences to where we may be most vulnerable. But then we must retrieve our identity as therapists and from this more individuated place try to offer a benign alternative to the patient's pathology. When that pathology is severe, when the patient is dominated by bad objects and does not know or denies the possibility of an alternative, when he is as unlovable as he feels, then the challenge to maintain contact with our own good objects is considerable.

After 18 months, the patient has not settled into the rhythm of his sessions, continuing to come late or not at all. As time passes things do not improve and there seems little that can be genuinely agreed upon. So two people have come

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together to try to make sense of what is going on at an unconscious level, but it seems to be these very unconscious processes that are preventing this working together. A paradox indeed.

The therapist feels exasperated, misused and under pressure. Nevertheless s/he works hard, struggling with countertransference feelings, trying to make sense of what is happening and to respond helpfully. S/he tries in other words to maintain the analysis and, through interpretations, to bring the patient more fully into treatment. But the patient seems to be having none of it and is continuing to act out his difficulties.

The sessions do seem to me to have an anxiety-driven 'racing-car' quality. As I read, it comes to my mind that what has developed is an argument rather than a therapeutic alliance. The patient is uncontained and there really seems to be some danger of patient or analysis crashing.

Having missed the previous two sessions, he is discourteously late again but rings 'more out of courtesy than anything else'. Forty minutes late when he finally arrives, he begins by saying 'I thought I should apologize'. But his heart is not in these apologies. He too seems to feel under tremendous pressure. He is angry certainly, but also anxious, it seems to me, about the therapist; too anxious to be really interested in the progress of the therapy.

The therapist notices the patient's 'flat, belligerent and contemptuous' tone and then thinks about how reducing the fees has not made a difference to the 'dire mess' of his finances. Is the therapist feeling useless and anxious, aware of how little there remains of the session today, and feeling responsible for keeping things going? On the receiving end of an active communication, the therapist responds actively, trying, it seems, to come up with something. S/he seems to try to explain the patient to himself and to tell him what he thinks and also tells him about the terrible things he is doing to therapy and therapist. It is as if s/he is trying to put a stop to all his messing about, perhaps wanting to make him take something in that will make him be different. But it seems he does not agree with what the therapist has said, or does not understand.

The therapist tries again to help him see what s/he means. However, with what seems to be rising anxiety, the patient replies: 'I don't see the point of this. I don't understand any of this. I don't see the point of thinking about any of this in this way'.

The therapist takes this as denial and insists: 'Well, come on, you do really. You are saying that because you don't like me saying these things to you.'

I am not in a position to know whether the therapist is correct in these interpretations, but what seems of particular interest here is that the patient does not know either. Indeed he does not seem to inhabit a state of mind that would enable him to process what the therapist says and offer genuine corroboration or otherwise. He does not seem able to think about his feelings and/or does not know that this kind of thinking can be helpful. He really does not seem at all sure that the therapist's intention is to be helpful. And yet the interpretations seem to require that the patient already knows how to use

them, already knows how to think in this way, and already trusts the therapist. They seem to result in an increase in his anxiety and confusion, but when he angrily tries to explain this, the therapist says that he does know 'really' and, as the session draws to a close, he seems to capitulate.

My experience of this is that the therapist has been doing something to the patient. S/he has been trying to drive the patient sane (as I have heard it described). And I find myself wondering what the patient's experience has been. I wonder whether he has felt helped. There is a quality of bluster and protestation in what he says, as if he feels more caught out than thought about. He seems to leave the session more anxious than ever, guilty and ashamed, perhaps trying through using the therapist's first name to reassure himself in some way that he has not destroyed everything, that he *is* lovable.

Is it possible that his narcissistic injuries, the very things that make him so difficult to work with, have been further opened up by the interpretations. Could the therapist be said to have lost the freedom to use her/his own mind to think about the patient, and to have become projectively identified with his narcissistic need to be rid of painful feelings? Do patient and therapist now occupy the same internal place, where anxiety about oneself predominates unbearably? Is the argument then about who is right and who is wrong?

This dynamic seems to be played out in the next session.

The patient is late again but is apparently in a more thinking state of mind. He acknowledges that he has made himself late, that he feels angry with the therapist and so on. He seems at times to be making connections and taking something in. However the therapist seems wary and I too wonder about the genuineness of his insights.

I feel that he is trying to please the therapist, to make amends for yesterday (and the previous 18 months), saying back what has been said to him. Is he vainly attempting with these borrowed thoughts to contain himself? He cannot need his therapist to contain him because after everything he has done, he believes that s/he is bound to hate him.

So he continues to race along, his material spraying out anxiety: 'losing my marbles', 'going crazy', 'the destructive side of me ... out of control', 'running riot'. He really seems to feel very bad about himself, desperate for reassurance from the therapist that s/he is not going to 'sack' him. He turns to look at the therapist, asks her/him to say something, and reveals that he has been expecting the therapist to go along with this view of himself as bad: 'I either thought you were going to say I'm talking a load of bullshit – flannel – or that I'm sticking the knife in.'

He dare not wait for the reply and rushes on, only to explain again his belief that he is not good enough (to be picked). I think he believes he is hateful and will lose the therapist, and I wonder if he hears what the therapist says in reply as confirmation of his worst fears about himself, that it is all his fault, that he spoils everything, that he really is 'bloody rubbish'.

Well perhaps, because in his reply he has changed the therapist's comments. He says: 'I think that's right. I don't think I am bloody rubbish any more'.

This piece of editing is overlooked, the therapist's reply being to 'insist' to the patient that he does 'feel like rubbish'.

A powerful process is taking place. It is as if a crucial aspect of the patient's inner object world is being enacted in the therapy. This is an object with particularly anxiety-provoking characteristics, whose very nature makes it hard to use one's mind for thinking; a merciless object who can tolerate neither frailty nor protest, neither feeling small nor trying to feel big. Negotiation is impossible so one must either do or be done to.

So how might a patient who is so persecuted and so engaged in fragmenting projective processes be helped to give meaning to experience and to tolerate the uncertainty and vulnerability that characterize the mental activity we call thinking?

I imagine most of us would agree that this kind of thinking requires a container. I cannot think and understand unless I feel thought about and understood. I cannot find a place in my mind *for* another unless I have been held in mind *by* another. This in turn raises questions that are central to our work, about the nature of containment and the function of interpretation. What does being held in mind really mean and how can this be communicated? These are huge, much-considered topics and are beyond the scope of this commentary.

I will end simply with an observation that may seem only too obvious; that notwithstanding the reservoir of theory and technique we have available to us to draw on, these questions will always be to some extent unfathomable, because they are about the state of mind of the therapist and the personal internal journey each therapist, with the help of others, undertakes.

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Clinical commentary: Mr Jones

CHRIS MACKENNA

The dreams

This fascinating piece of case material is prefaced by two dream fragments: a racing-car that overturns and crashes; and a brick wall that someone (but who?) has placed in the patient's way, forcing him to turn around and try to find a way around it. Racing-cars that overturn and crash are often being driven too fast, so the first fragment makes me wonder about the patient's possible need to generate adrenalin rushes, and his self-destructive impulses. The second fragment, about the wall, feels painful and puzzling; but might there be an archetypal motif gleaming through this personal frustration? 'Turning around' is the crucial element in conversion, in change of life. This could be hopeful, but my hopeful feelings are modified by the fact that the patient apparently persists in trying to get around the wall, rather than reconsidering his direction in life. The wall is seen as a meaningless obstacle; not received as an invitation to stop and think. Perhaps he has not quite reached a point where lasting change of direction is possible.

Session one

The first session begins with a phone call in which the patient assumes the uninvited right to address the therapist by his/her first name. If the therapist is a man, does this suggest a bid for familiarity/equality? If she is a woman, might it be more like a stolen intimacy? Either way, something in the relationship is being violated or taken for granted: an aggressive denial, or impetuous disregard of social distance and difference.

This pseudo-familiarity clashes strangely with the apparently cool assertion that the call is made 'out of courtesy more than anything else'. We are immedi-

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ately plunged into a highly charged, ambivalent emotional field, expressed in the therapist's feelings of being irritated and tantalized.

The patient's late arrival means there is little time for anything to happen in the session; and the patient's apparently withering attack on himself – although it feels like a huge, hysterical challenge to the therapist ('love me or I die!') – seems intent on ensuring a negative outcome. There are murderous feelings about. If the therapist is a woman the threat to knife mother is particularly chilling, but mother could stand equally for the therapeutic process. Underlying this interaction is something about the 'debt' which I don't understand, except to wonder whether there is something unbearable, to the patient, about feeling indebted – and therefore perhaps, to feeling controlled, unfree, unseparate. Is he so terrified by the realization that the therapist really does care enough about him to lower his/her fees that he feels compelled to try to destroy those caring feelings – to 'crash' his racing-car?

The therapist seems to feel something of this because s/he confronts the patient with his destructive behaviour, although I wonder what the result would have been had the therapist said 'You hate me because I care enough about you to face you with what you do'? Explicit mention of the therapist's care might have modified the next interchanges, which sound a bit like a lovers' quarrel, but the therapist's mention of being made to feel 'helpless and stupid' – which could only be felt if s/he did care – evidently connects with significant feelings because the patient, sounding 'flat and uninterested', tries to move the conversation on to 'relationships outside'. Emboldened, the therapist now shows that s/he knows that the patient also cares about their work – he had ended the previous session saying 'see you tomorrow morning' – and displays frustration with the patient for constantly sabotaging their potentially helpful session/good relationship. The result is a cry of agony from the patient, 'I never knew this would be so difficult'. There is something about a real relationship that is almost unbearably painful.

Session Two

Significantly, though, the patient appears for the next day's session (albeit 20 minutes late) and with a clear admission of his ambivalence ('I suppose I have done something on purpose to cock it up'). Despite his resistance the patient seems to be responding to the fact that the previous session, short as it was, contained some real intercourse. More than this, the patient appears with what seems to me a clear statement of his underlying dilemma: the absolute terror engendered by fear of separation.

Having had some 'good intercourse' the patient has dared to entertain the dream of coming five times next week. But thoughts of the weekend blight his fantasy of fusion with the therapist and cause him to engineer an emergency separation – he arrives 20 minutes late. Then he begins emotionally to unravel: terrors from last summer's separation which made him feel he was

going crazy come to mind; also the fact that his current girlfriend had said something that made his anxiety level go right up. Both suggest extreme anxiety about being made to feel separate (and now make me wonder whether his use of the therapist's first name might be an omnipotent way of sustaining the defensive illusion of being intimate with or fused with the therapist). Apparently, the terror of separation/loss/difference from his present girlfriend is so great that it causes the patient to phone a previous girlfriend. Doubtless this is an attack on the current girlfriend for causing him such anxiety, but I guess it is also an emergency attempt to counter his terror of abandonment by conjuring another presence.

At this point I wonder whether the therapist gets tripped by the counter-transference into detecting sexual provocation, which is probably real, but misses the opportunity to name the patient's terror of separation/isolation. Either way, the patient continues to express this fear, admitting that missing two sessions had been an invitation to the therapist to sack him – to bring about his greatest fear. Agonizingly, he can see that all this is the child running riot inside him, and he longs for the fantasized unhurried stability of the BMW driver – what a contrast to the racing-car.

The therapist remains silent, not picking up the deepest anxiety, and I think this leads the patient, who has now gone a long way out on a limb in his unconsciously driven attempt to express his innermost fear, to begin to implode. Recognizing the change, the therapist takes up the positive dimensions of cricket and reminds the patient of his longing for companionable and cooperative relationships. The effect of this is to stabilize the patient's anxiety but not to staunch it. As the session ends the patient begins to resort to magical thinking about money to cope with the underlying anxiety about separation, and leaves the therapist aware that 'he is talking about doing something a bit devious', but apparently unaware of the patient's underlying motive.

Theory

At a theoretical level I am reminded of Glasser's work on the 'core complex' (Glasser, 1979): the dilemma of the patient who can neither merge nor separate, so gets locked into an endless push-me-pull-you with his or her significant objects. My hunch is that this will continue until the therapist can somehow name the patient's terror about separation (= abandonment/isolation/disintegration?), and link this to his pseudo-intimacy and magical thinking, and also to his fate-tempting habit (like a gambler) of inviting the therapist to make his worst fears come true. Beyond this, I am imagining, lies an even deeper fear: that the longed-for merging with the therapist will carry with it 'a permanent loss of self, a disappearance of his existence as a separate, independent individual into the object, like being drawn into a "black hole" in space' (Glasser, 1979: 279).

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ARTS REVIEW

Rothko – reflections on an aesthetic moment

JULIA RYDE

The first time I saw a Rothko painting it was in the dimmed light of a single room at the Tate Gallery. In fact there were seven of them, but I remember the sensation of seeing one in particular. I gasped and found myself choking back tears trying to catch my breath.

How does a painting induce a state of mind in the observer or evoke a certain state of mind corresponding to an inner experience? In this review I draw some parallels and make some links between the activity of painting and the activity of psychoanalysis, with particular reference to Mark Rothko's work and to what he has written. It touches on the processes that occur between people, between picture and viewer, and between the painter and his materials.

Born in Russia, Rothko arrived in America in 1913, at the age of 10, at a time when psychoanalysis was making an impact through Freud and his followers. Jung had travelled with Freud to America in 1909. Rothko painted all his life; beginning as a figurative painter; his work gradually became more abstract. He was being exhibited and becoming known mostly after the Second World War and until his death in 1970. He was one of the important handful of artists based mainly in New York and Long Island who were to have a major influence on the future of art worldwide. These were artists such as Jackson Pollock, David Smith, Adolph Gottlieb, Willem de Kooning, Arshile Gorky and Barnett Newman. The art critic Clement Greenberg was to name this group of artists the 'Abstract Expressionists'. They were influenced by Surrealism and, in my view, its rather self-conscious idealization of the unconscious.

Among them, Jackson Pollock is known to have had a Jungian analysis and, from his writing about his earlier surrealist paintings, it could be said that Rothko's thinking is influenced by Jung's concept of the collective unconscious and the importance of myths. In a 1943 radio broadcast (WNYC) Rothko said:

> If our titles recall the known myths of antiquity, we have used them again because they are the eternal symbols upon which we must fall back to express basic psychological ideas. They are the symbols of man's primitive fears and motivations, no matter in which land or time, changing only in detail but never in substance, be they Greek, Aztec,

> Icelandic, or Egyptian. And modern psychology finds them persisting still in our dreams, our vernacular, and our art, for all the changes in the outward conditions of life. (Catalogue, 1987: 80)

The painting that I had seen in the Tate Gallery was a later work and was part of the collection of paintings originally commissioned for the Four Seasons Restaurant and eventually given by Rothko as a gift to the Tate Gallery. What I saw was a large stretched canvas, about 15 × 18 feet, which was soaked in a dark, sombre maroon with a deep red, rectangular frame of colour 'hovering' in this other colour, bordered by it but with the edges between the two blurred. In this way neither was on top of each other but juxtaposed, in a dynamic relationship.

Art critics and historians are tested to their utmost to describe Rothko's paintings. They talk about his work as having 'gripping presence' and of being as expressive as music. The critics whom Rothko rated most highly wrote in terms of the bringing together of opposites and also of paradox – 'violence and serenity are reconciled and fused – this is what makes Rothko's a tragic art' (Sylvester). And, 'the apparent end lies in the apparent beginning' (Goldwater) (Catalogue, 1987: 32 and 36).

In the following passage Jung is writing about the collective unconscious. To me he could almost be describing Rothko's later paintings:

> It is the world of water, where all life floats in suspension; where the realm of the sympathetic system, the soul of everything, begins; where I am indivisibly this and that; where I experience the other in myself and the other-than-myself experiences me.
>
> No, the collective unconscious is anything but an encapsulated personal system; it is sheer objectivity, as wide as the world and open to all the world. There I am utterly one with the world, so much a part of it that I forget all too easily who I really am. (Jung, 1959: para 45/6)

In Rothko's paintings there is no narrative, and no figures, marks or gestures to speculate on. It is tempting to 'read' meaning into the paintings but then that feels similar to focusing on the content of a therapy session, at the expense of the process and form of what is being communicated. Rothko himself warned against drawing meaning from his work too quickly. He stopped publishing statements at one point because he felt this instructed the viewer as to what to look for, thereby stunting his mind and imagination. However, this did not mean that he did not try to articulate what went into his painting and he thought it was important to do so. In 1958 he felt the need to refute the critics and stated that his aim was to formulate a message that transcended the self and was about the human condition generally – 'the human drama'. In a talk he described seven ingredients that constituted his work:

1. A clear preoccupation with death. All art deals with intimations of mortality.

2. Sensuality – a lustful relation to things that exist.
3. Tension: conflict or desire which in art is curbed at the very moment it occurs.
4. Irony: A modern ingredient. (The Greeks didn't need it.) A form of self-effacement and self-examination in which a man can for a moment escape his fate.
5. Wit, humour.
6. A few grams of the ephemeral, a chance.
7. About 10% of hope ... If you need that sort of thing; the Greeks never mentioned it. (Catalogue, 1987: 87)

The experience of the observer was always in Rothko's mind and he is quoted as saying that what he was trying to achieve was: 'the elimination of all obstacles between the painter and the idea, and between the idea and the observer' (Catalogue, 1987: 32). Elkins (2001) writes about whether people are moved to tears by pictures any more. He argues that it is becoming unfashionable and that there were times in history when this was more expected or acknowledged. In his book Elkins also suggests that academic writing about art tends to destroy the emotional charge. The book begins an exploration of Rothko's last paintings that are found in the specially built chapel in Houston, Texas. The art historian and theologian Jane Dillenberger went to Rothko's studio to interview him and to see these paintings before they were installed in the chapel. While looking at them in the presence of the artist she told Elkins how she began to feel more and more at home with the images and then found herself crying: 'She told me of "very strange feelings" but mostly of relief, of perfect ease, of pure peacefulness and joy' (Elkins, 2001: 3). Later in the book Elkins mentions the experience of a psychiatrist working in Florence, Italy, who had to deal, in her work, with what she called the Stendhal syndrome. Stendhal, the writer, had written in a diary about his experience in Florence in the presence of certain paintings. The psychiatrist cites examples of people having overwhelming emotional responses of obsessive, anxious and psychotic proportions. That art work touches people emotionally is no surprise, but it seems, as Elkins points out, that it is always the major works that have the power to do so. The psychiatrist who treated these people made it quite clear that it was their particular states of mind that were triggered by these paintings. By 'state of mind' I mean the landscape of a person's psyche where internal objects, and forms of attachment, are in constant interplay and tension with the world. The communication of states of mind and our ability to 'feel in to' different states can be understood with concepts such as projective identification and countertransference.

Projective identification is a useful concept in understanding the process of what happens when someone sees a piece of art. It involves the projecting of a part of oneself into a person or object and it is also known to have an effect on the receiver. It is seen to be a primitive, preverbal mode of communication,

starting developmentally at a very early age between mother and baby, and used thereafter as a means of putting oneself in 'another's shoes' or as an evacuation into another person which can turn pathological if it becomes too compulsive. In art, projective identification can be seen to be the means by which aesthetic appreciation is achieved (Gordon, 1993: 230/1). I would add that it is the means by which an art object is imbued with significance.

My background as an art therapist means that I have a history of looking at images and trying to understand what is being communicated. As in any psychotherapy session there are conscious and unconscious elements that inform us. With the visual image there is the symbolism of the content, of the style and the symbolic use of the materials (Simon, 1992). The affinity and knowledge of art materials is one of our most important tools. By knowing our own relationship with materials we are able to intuit sensitive variations or subtle changes in someone else's use of them. Art therapists are often privileged in being able to watch the process; the physical energy, concentration and urgency of the making; the contrasts of working with a cerebral hard HB pencil or thick viscous oil paint; the quality of brushstrokes, whether they are applied lovingly, tentatively or violently.

Marion Milner writes:

> For in a sense, what the artist idealises primarily, is his medium. He is in love with it, and this fact may also lead to difficulties through exaggerated ideas about what the medium can do. But if he loves it enough so that he submits himself to its real qualities, at the same time as imposing his will upon it, the finished product may eventually justify the idealisation. (1986: 151)

Rothko immersed himself in his medium and in a sense wanted us to be immersed as well: 'I paint large pictures because I want to create a state of intimacy. A large picture is an immediate transaction; it takes you into it' (Catalogue, 1987: 85). His canvasses are soaked in pigment, but he also used layers of paint at times divided by egg white. He manipulated his medium to extremes in order to achieve the qualities of paint film he was seeking. For the conservationist his paintings are a nightmare, since he had no sense of thinking about the materials in terms of their longevity, which means that the paintings are fragile and changing. Fitting, perhaps, for paintings that are about 'the human drama'.

In the consulting room we work with patients using the knowledge and experience of our own analyses. The gratitude of having been met and understood helps to make it possible to do the exacting work of being open, in the present, to receive the unconscious communications of patients. Meltzer writes, trying to capture the essence of what is set in motion in a 'psychoanalytical process':

> ... two people are caught up in an intimacy, a frankness, a revelation of thought and feeling whose intensity, I assert, is unparalleled. It compounds the depth of concen-

> tration of the breast-feeding mother and babe, the passion of the coital couple, the artist's urgency to give plastic form to experience, the impulse toward verbalisation of the philosopher, and the craving for precision of the mathematician – potentially. When a particular analysis catches fire and new insights are made possible, it does so by the interaction of two minds. (1973: viii)

Rothko and Gottlieb, in a letter to Edward Jewel, the art editor of the *New York Times*, in 1943, wrote about their paintings in a way that reflects a similar process:

> No possible set of notes can explain our paintings. Their explanation must come out of a consummated experience between picture and onlooker. The appreciation of art is a true marriage of minds. And in art, as in marriage, lack of consummation is ground for annulment. (Catalogue, 1987: 77)

Some people have said that they cannot look at Rothko's painting without thinking of the circumstances of his violent suicide, which involved slitting his wrists at the age of 67. Certainly at the end of his life when his paintings were becoming their most spiritual and sublime, he was suffering both physically and mentally. Often in pain, drinking too much and in deep depressions, he admitted that what drove him to achieve a truer and more refined art often made him feel trapped. His commitment to reduction and clarity filled him at times with self-doubt and was achieved at great emotional cost (Waldman, 1993).

'Tragic' is a word used by Rothko himself as well as others about his paintings. All good art holds the ability to express fundamental fears and joys which are to do with the very substance of life. It challenges us to think about what a relationship is, on both primitive and sophisticated levels. It involves all the ingredients that Rothko spoke of, which went into his art, and which are brought together with craft and 'shrewdness'. Critics and art historians have divided into those who feel that Rothko's paintings are impoverished and do not transcend his personal melancholy and the events of his life, and others who feel that they touch on the 'ineffable'. To my mind there is a violence and depth of vulnerability in the beauty of Mark Rothko's painting. Visiting Rothko's paintings recently, relocated in the Tate Modern, I realized that I would never experience them as I did on that first occasion, but I did feel gratitude that they had touched me so strongly. That first experience was, I think, what Bollas describes as an aesthetic moment (1987: 31). It is a state of being that is wordless; a fusion between subject and object that takes one completely by surprise. He argues that this kind of moment has a transformational effect, an almost sacred feeling that leads us on in a constant search for similar experiences.

Without these numinous moments we would lose an essential source of nourishment. Jung's definition of numinosity is that it is 'wholly outside conscious volition, for it transports the subject into the state of rapture, which is a state of will-less surrender' (1960a: para 383).

If, as Rothko writes, the appreciation of art is a marriage of two minds, then I think I can say that consummation took place, in a particularly dramatic way, while looking at this particular painting. In a marriage, as in psychoanalytical work, there are times that are boring, cosy, loving, hateful and destructive, but perhaps it is the heightened moments that help to keep our interest and engagement alive.

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Interview with Meira Likierman

Meira Likierman is the author of the well-received book *Melanie Klein: Her Work in Context* (Continuum, 2001). She works as a Child Psychotherapist and senior member of staff at the Tavistock Clinic in London. In July 2002 she participated with John Clay, Book Review Editor of this Journal, in an interview about her book.

John Clay: Perhaps you could say what brought you to write this book?

Meira Likierman: I did not write it out of a position of being a deeply committed Kleinian therapist, feeling that I ought to spread some sort of gospel. It came from my experience of teaching Melanie Klein to beginners on Tavistock courses and on other university courses over the years. I discovered after a while that nobody seemed to pick up Klein and read her for pleasure. They would go to a bookshop and browse through Winnicott, say, but, having learnt something about Klein, or even read of bit of her, they would not necessarily rush out and say this is what I would like to read on my Christmas or summer break.

JC: Why do you think that is?

ML: I think it is because Klein presented some of her most interesting ideas in a most frustrating language. It's repetitious, it's turgid, it's chaotic. The better the ideas, the worse the language and presentation.

JC: Do you think that the opaque and difficult side of her language has caused interpretations to vary?

ML: I think it's been a cause of a reductivism. People are anxious to get hold of the concepts, even people who decide in advance that they are not Kleinians, and want to understand at least the basic issues, so as to feel that they are competent practitioners who know their stuff. But it means there is a lot of turning to secondary sources, a lot of picking things up from clinical papers, and that can lead to a very subtle reductivism.

JC: Do you know how she wrote, whether she wrote and re-wrote?

ML: I don't know much about her actual process of writing, except that there is a sense that some chapters were dashed down quite rapidly. She was probably quite excited about some of her findings, and probably wanted to put it out to the psychoanalytic community as fast as possible. I think it has resulted in texts

which contain truly original ideas but which are virtually unapproachable. My idea therefore was to write a book which would tackle these ideas and make her more approachable.

JC: How did you set about writing?

ML: It was a difficult task but I was guided by my experience of teaching and the difficulties students raised. Here I am not talking about just trainees in training for psychoanalytic psychotherapy, but people on psychoanalytic study courses, both at the Tavistock and elsewhere in universities.

JC: Were these your target readers?

ML: They started off being my provocation, if I could put it that way. They provoked me because they came with a more questioning and more critical mind and they also nagged me about areas they could not understand.

JC: Which areas did they find most difficult?

ML: I think these areas of language. It is not even particular concepts, because some Kleinian concepts have circulated reasonably well and this is how most people know Melanie Klein – they think immediately of internal objects, projection, introjection and so on. They then quickly leap to thinking beyond that and start to include the idea of containment, even though that is not originally a Kleinian idea.

JC: Which do you think are the most difficult bits of Klein to read?

ML: I think her key chapters on the Depressive Position and her *Notes on Some Schizoid Mechanisms* are really by far the most difficult in terms of introducing the concepts. *Envy and Gratitude* is emotionally very difficult because it puts forward ideas that are outrageous. But actually it is reasonably clearly written and much more approachable.

JC: So in a way you feel you've gone back to try and explain Klein as Klein herself would have liked to have been explained, or liked to have been understood, at the time?

ML: I would like to think that I get near to that, but we'll never know what Klein wanted. I think I'm trying to give a reading that is as close to what the text shows as possible. One of the things that inspired me was that, in the course of my teaching, instead of just preparing a particular chapter, I would sit down and read her works in sequence from beginning to end. I did it over a number of weekends, simply one paper after another. I found that the vision conjured out of this was extremely fascinating and perhaps even slightly different from the one I had started with. There was definitely an evolution of thought and definitely a vision that is quite complete and amounts to much more than just a handful of concepts.

JC: How much do you think the evolution of her thinking was formed by her clinical experience and how much from her own thinking through, as it were?

ML: It is a bit hard to tell how much the clinical experience played a part in it because, of course, she does give clinical examples and she relates this to her theoretical papers. But there is more of a feeling, when reading through, of a theory that is developing, of an original thinker who pursues certain ideas right to the limit and turns them into something new.

JC: How important was your knowledge of the person, of her life and relationships?

ML: I thought that was quite important. I did background research at the Melanie Klein Archive at the Wellcome Foundation, which kindly gave me permission to use it, and I took into account Phyllis Grosskurth's biography of her, a good piece of detective work. The archive at the Wellcome is a collection that looks typically Melanie Klein: scraps of correspondence and early versions of papers and you name it, in a great muddled heap. It was the archive that she left behind. I believe some of it was entrusted to Hanna Segal and then it was made into a proper archive and given to the Wellcome Foundation. The Melanie Klein Trust is looking after the archive. But the background research that I did, which included various sources, led me to feel that Phyllis Grosskurth's book, although it has some flaws – perhaps the tone she writes it with and perhaps not appreciating fully the complexity of her character – when it comes to details, is very accurate.

JC: It was written some time ago though, wasn't it?

ML: Yes, 1986.

JC: Since then do you think there have been people who have brought new light on Melanie Klein, as a person as much as her ideas?

ML: I think one thing that has thrown a lot of light is the publication by Pearl King and Riccardo Steiner of the *Freud/Klein Controversies* because that lays out the whole controversial discussions and is an absolutely fascinating document, which brings to light a lot about her character, the way she tried to counter objections to her work, how she dealt with criticism and so on.

JC: If you had to give a four-word description of what sort of person you saw in her, what sort of adjectives would come to mind?

ML: I don't think I would say I discovered a great mystery. In her texts she is somebody strong willed, quite impatient, very enthusiastic. A little bit chaotic, but with a very original mind. And perhaps the bit that sometimes does not come across in the text completely, because there is an element in the text that is quite melancholic, is the fact that she was a warm person.

JC: Do you think that her originality was in her, or a reaction to what other people in the field were discovering themselves and writing about?

ML: She belonged to a generation that had a lot of originality. I mean, when we look back now and compare ourselves to that generation, we do find that there is a staggering gap. So she was not the only original person working at

the time. I would say it was partly a climate, a sort of renaissance of ideas, but her vision when seen in its entirety is a complete vision, the work of one original mind.

JC: Do you think there were formative experiences that shaped some of her vision, as you are calling it?

ML: A great deal happened to her, of course, which happened to a lot of people at the time. Life was harder, siblings did die in childhood. There was more depression and sadness around. I would not say that her family was exceptionally neurotic, as Phyllis Grosskurth seems to suggest at times. I think it was an ordinary Jewish family of its time living under all the pressures and insecurities that Jewish families did. The thing that interests me is the influence of the male figures in her life. Both her father and brother had promise, intellectual promise, but failed to live up to anything and I think there is a sense of some sadness around that in her. She took her father as an example and wanted to become a medical person like him, yet he was never able to earn a proper living out of it, or to protect his family. He died when she was in her late teens shortly before she got married, so there is a sense there of someone who could not become a protective figure, even though he struggled to do so. By comparison there was a formidable mother who tried to compensate for the lack of a man around the house by becoming quite domineering. As for her brother, she looked up to him with great admiration in her youth and childhood and he appears to have been very promising but he had a lot of internal obstacles. He was difficult at school and appears to have been arrogant with his teachers. He certainly had an 'attitude', as we would call it today, against learning and when he grew up and failed to establish a career, he also became quite ill with tuberculosis and died very young. So there was another male figure in her life who looked so promising and somebody who could be a good protective male figure, but ended up as really not being that.

JC: If these two male figures had been more of a force, do you think that would have affected her? I know it is conjecture, but she was a quite powerful person.

ML: It is hard to know, but it is interesting to think that from her comes the theory of the child's need to have a couple in mind when she herself really did not quite experience a strong couple in her own background.

JC: That is an interesting line. If you had to pick out one of her ideas or contributions that will have lasting importance, is there one that stands out particularly?

ML: I think, for me, what stood out above all when I looked at her work in its entirety is the concept of internal objects. There are lots of other concepts which are very important but the idea that we relate to the world by having an underlying object relationship with an internal object is unique in the history of ideas.

JC: Do you think some of her ideas were formed in a sort of gradual way, sort of half-formed and then more fully formed over time as it were? Can you sense looking through her writings that she is moving towards something?

ML: Most definitely. For example, I think the idea that is there from the beginning and develops throughout is the idea of the move from fragmentation to integration and that is there in the early papers, of the bittiness of early experience and the way that it is only slowly that things solidify and become something whole.

JC: Did she believe that one would get a fully integrated person at some stage of adulthood?

ML: Well she definitely writes in a very upbeat way about the possibilities of analysis, so while the picture she paints has melancholic aspects and has some very harsh elements, when she speaks about what is possible to analyse she seems to be quite optimistic about the possibility of integration.

JC: Do you think fundamentally she was an optimistic person, rather than a pessimistic person?

ML: I should say she was a strong woman with a very melancholic streak in her.

JC: Was it always there or did it increase with her experience over time, her awareness of the conflicts within human beings, her dealings clinically with disturbed patients?

ML: Something interesting happens through the text. Klein mellows as she develops and grows older, and the very harsh picture of the infant that is there in the early texts slowly gives way to the idea of love and much, much mellower feelings about human struggles to introject a good object. She sounds less judgmental, much more scientific and understanding.

JC: So love comes in to take over from the destructive side?

ML: I think very gradually, towards the mid-1930s, love enters the picture in her theory and it really balances it out enormously, and then it becomes theory of the conflict between love and hate, with her idea that for mental health to actually be possible, love has to have the upper hand. It is not that hate vanishes, but that love has to re-establish itself repeatedly and a human being has to be able to do that, to re-find his good object in order to survive well.

JC: And love, does that include the notion of reparation in a sense of repairing the damage as well?

ML: Yes it does. Reparation I found to be quite an elusive difficult concept in her text. Everybody talks about it and because it has an everyday meaning people assume we know what it means: we are making good somehow, but it is actually not very clear what she meant by it, except that it is somehow connected with the idea of recovery. That it is the loss of the good object through attacks on it, or nowadays we would say through something else,

perhaps through external circumstances, but the ability then to recover a good object and reconnect with it seems to be something to do with the process of reparation.

JC: You talked about the view that people start off as very fragmented and aim towards integration, and it is interesting that nowadays we live in a world where people lead very fragmented lives. As adults it is quite difficult to make everything coherent and come together. Could you say more about the relevance of Klein to today, granted that the world we are living in is very different from the one of the 1930s?

ML: I think that is an interesting question. But I actually think, paradoxically, the value of Klein is exactly that she underpins the primitive aspect of mental life and nowadays we can sometimes have the illusion that we are getting further and further away from the primitive only to be disabused by world events ...

JC: September the 11th?

ML: Exactly. And see how much the primitive is with us with the same forceful vengeance that it has always been.

JC: Right.

ML: So she does not only provide a vision of the primitive in human nature, she gives the sense of how a human being develops through it and lives with it without becoming destructive.

JC: Do you feel then that perhaps if people were more aware of the unprocessed, primitive side of themselves that could have some effect on public life?

ML: It would certainly help, I think. People sitting nowadays with high technology around the world where everything seems possible and every day there is a new gadget or a new invention which makes one feel more and more remote from the animal within, it is a good reminder that certain things are organic in mental life and cannot be bypassed or forgotten about.

JC: With technology you expect an immediate response – if you send an email you get one back at the press of a button; something comes up on the screen. So there is no room for the depressive position in technology, in a sense.

ML: I think that is right, it could play into a tremendous kind of splitting or flight into a world that feels much easier, much faster, much more gratifying, much more full of expectation and full of giving into expectation instantly. It is an instant world, whereas her theory is at the pace of walking, not at the pace of flying around in cyberspace.

JC: One of the very interesting chapters in your book was entitled 'Tragedy and Morality in the Depressive Position'. It seemed an interesting title itself. Was there anything particularly that drew you towards those combinations of tragedy and morality?

ML: A lot of people have given me feedback on this chapter. It seems to have been very thought-provoking. What I discovered when I read Klein's works in one go was that I suddenly got a slightly different feeling about the depressive position from the one that seemed to be understood all around me. I think at the time when I was training, people were talking about the depressive position as if it is something that they should have to achieve, as if it equates with integration and is the kind of ideal state to get to – which is quite confusing. Winnicott himself said depressive is the wrong term; it is a term of illness and should not be used for integration. He suggested the term 'stage of concern' instead, which was not adopted by Kleinian practitioners and thinkers, and I think rightly so. So in a way what Klein says is that the depressive position has to be overcome and she says it repeatedly. So it led me to inspect the depressive position in her writings very, very closely. The vision that came out is precisely of this feeling of a tragic crisis in development, or in the life of the individual, where there is a sense of a complete loss of the good object, which leaves the internal world completely devastated, with nothing to turn to. And in her work that is not the ideal state to reach, nor is it a moment of concern, so I was led then to divide the depressive position into two stages; one of tragedy, and it very much links in my mind with the whole myth, the whole theme of tragedy that is a part of thinking in the West that has come down to us from the Greeks. There has always been this notion of tragedy, of the hero who destroys his good object or objects and finds himself in a terrible world. So I suddenly saw this theme surfacing in Klein as a mental state and I differentiated that aspect of the depressive position from a more evolved state of concern and that led me to write this chapter.

JC: That is a very interesting idea. Yeats once wrote 'we can only begin to live, when we conceive of life as a tragedy'. The notion of tragedy is quite fundamental, as you rightly say. I was also struck by the fact that, at the end of your book, your last chapter is about loneliness. Do you think that the idea of loneliness is also a tragic, but not disastrous, state, in the sense that it is a recognition that 'we are on our own', as Pascal implied?

ML: I think I would agree with you there, that there is a real differentiation. Loneliness is much more poignant but there is a sense of good objects being there. Loneliness is about the desire to have company within. And sometimes that desire does not get fulfilled because we feel we have lost our companions inside.

JC: So that is a theme that runs through Klein then? The need for a companion within or some sort of witness, as though human beings need to have some form of validation from someone else, or some internal object?

ML: I felt it only came out more fully in the loneliness chapter. Klein was, of course, writing it at the end of her life when I think she was directly in touch with a sense of loneliness. Even though she was surrounded by her colleagues who had worked with her and stayed with her, even though it was a small

group by then, she was not entirely isolated. But I think she felt a loneliness inside herself and needed at the end to have a witness to know that she made a difference.

JC: Tell me more about writing your book. You are a practitioner and you are writing the books as well. What has your experience been like, taking it on, combining it with work?

ML: It is extremely difficult, in my experience. I know people say that they sit down and enjoy writing books, and I heartily envy them because I find that, after a day of clinical work or even half a day of clinical work, my mind is working in a way that is completely not appropriate for writing.

JC: How do you mean 'not appropriate'?

ML: In a way it is a state of being in reverie with a patient and being in tune with somebody's feelings. This is almost inimical to the state of concentration that one needs for writing. So my experience is that these activities have to be really separate and separated.

JC: So in fact when would you write?

ML: In practical terms I do not write on days when I see patients. This is not because I choose this, because I have not got a choice – I would not be able to write after a day of seeing patients, or even after half a day of seeing patients. So it means that a lot of the writing was done on holidays, summer holidays, Christmas breaks, weekend breaks....

JC: Would you write all day, or half a day or what?

ML: I get into a good rhythm of writing all day with a lot of gaps in the middle. And I find that that works for me. I have never been one of those people who gets up in the morning between 4 and 6 and does 500 words – I wish I could but it is just not how my mind works.

JC: And rewriting – did you do a lot of that?

ML: Yes, I am an obsessive rewriter.

JC: How many times did you rewrite?

ML: Well the chapter on tragedy and morality had 30 drafts.

JC: 30?

ML: Yes.

JC: Seen by you or seen by others as well?

ML: Seen by me initially, and then I tried it out on the world.

JC: And those drafts, did they change things substantially or was it just refining, polishing...?

ML: Some big changes came from them such as the decision not to say there

are two stages in the depressive position and to choose the term tragedy, with all the evocations that has. Of course, also there were a lot of small refinements that can go on forever.

JC: Adam Phillips says in a nice quote from the back of your book: 'This book reveals with patient lucidity just what is fascinating about Klein as a psychoanalytic theorist. Likierman's Klein is a Klein for a new generation of readers'. Is that really what you were hoping as well, that this would be the impact of the book? For a new generation of readers, or what do you think he meant by a new generation?

ML: I think a new generation probably means doing a little bit what I have done, which is to look at everything from scratch and to be aware of the received wisdom about Klein but also to do a lot of finding out for myself. It was published in 2001 so obviously, being a normal person, my frame of mind is very much influenced by all my colleagues, all the clinical papers I have read, the kind of atmosphere we have around us now. So from that point of view it is for a new generation of readers.

JC: And are you finding in your teaching that the present generation of students, to call them that, are moving towards Klein?

ML: I find that a difficult question to answer. I have always been aware that in the more theoretical psychoanalytic studies courses, there has been attraction to Klein by students who are interested in feminism. Here is a woman thinker thinking about the impact of the mother and the relationship to the mother. So that has certainly led people to be interested in her.

JC: Juliet Mitchell in her recent book has emphasized sibling rivalry as being a potent force in growing up. What do you make of that – in Kleinian terms?

ML: Well, I think Juliet Mitchell feels, as I understand it, that she has not come across a psychoanalytic theory of sibling rivalry. I could not help feeling that in Melanie Klein there is a kind of theory about sibling rivalry because a lot of it is about attacks on the maternal body and attacks on the rival babies. So there is a strong aspect of a rivalry theory in Klein's theory. A lot of it is about wanting to displace siblings in the fight for survival. So I do go along with siblings are very important but I also see it in other thinking as well, not just Juliet Mitchell's.

JC: Do you think we have talked enough about envy? It comes into sibling rivalry.

ML: In my chapter on envy, I question the sort of received wisdom about envy because I try to show that in fact it is not a simple question at all. And it does not have just one theory in it, it has two. It is a chapter about a primary envy that a human being brings into the world with him or her and which is the destructive root of all our problems. And it has been the cause of people turning away from Klein a lot of the time; it just seemed too harsh. But I found

in the same chapter a lot of thinking about what she calls the 'weak ego'. She talks about the infant born with a weak ego through a mixture of circumstances including a difficult birth or other or hereditary circumstances; what she calls constitutional. And she does say whenever there is an infant who is just weak in that way, vulnerable from the beginning, envy will be much stronger because this infant will pull apart more easily, and would find it much harder to hold on to gratification. It is just a very wobbly little infant, who needs much more input and has much more of a struggle on its hands. So there is a weak ego theory side by side with the envy theory and I tried to examine the relationship between the two. I found two theories of envy, not just one. One of them is envy of the fulfilling object and the other is envy of the depriving object. Most people identify very easily with the envy of the depriving object. You know, the object deprives you and you begin to feel hard done by, understandably, and then envy develops. We see that every day. The fulfilling envy of the fulfilling object is really hard to encompass, but I found that, interestingly, the two forms of envy that Klein discusses in the chapter kind of struggle with one another. There is not one story there, there are several and they are intentional. I do not mean to say that she did not have a theory of an envy of a fulfilling object, of a difficulty of contact with life resources, but that there are also other things. She gives clinical examples in her envy chapter which are about depriving objects. There is not a single clinical example that is about an attack of the fulfilling object. And that would have been very interesting to have – to see what she means by those people who attack at the moment when something is very, very good, simply because they cannot stand that.

JC: That seems relevant to now in our consumer age. To sum up, your book shakes up where further readings and views on Klein can go, because you do not come down firmly on one side or the other.

ML: No, I tried to show the problematic nature of these texts. They are problematic and this is part of what is interesting about them; they pose questions for us to have in mind when we think about our work.

JC: It is a good word 'problematic'.

Meira Likierman's book *Melanie Klein: Her Work in Context* will be reviewed in the next issue of the journal.

Books reviewed

Mental Slavery: Psychoanalytic Studies of Caribbean People
By Barbara Fletchman Smith
London, Rebus Press, 2000, pp. 166, pbk £12.99

It is difficult to summarize respectfully or accurately the nature of slavery; the British have relegated it to the margins of their minds despite their central role in its design and prosecution. In *Mental Slavery* Barbara Fletchman Smith challenges this act of suppression and asserts that we – analytic psychotherapists – have a particular need to understand and reflect on its meaning and consequences. Her basic premise is that the experience of slavery is central to both the culture and the internal worlds of many African Caribbean (and white) people today, and that an appreciation of the connections provides an invaluable insight to therapists addressing the legacy of this barbaric institution.

The book begins with a chapter on 'the historical background', which provides brief comments on a range of topics – the economic benefits to Britain of the slave trade, Britain's long experience with black people, the importance of Creole. It lacks bite or direction, and is at times idiosyncratic – one wonders at her endorsement of Charles Dickens' 'deeply held Christian values' in view of his attitude towards the suppression of the Jamaican uprising of 1865. She rather glibly normalizes the circumstances that led to large-scale emigration from Europe over previous centuries. The section most pertinent to the book's main thesis is her account of the repression of the cultural heritage of Africans forcibly removed to the West Indies and the emergence of distinct Caribbean societies and languages, each rooted in their experience of slavery and colonial domination. In a second chapter, 'Psychosis and Neurosis: The Theoretical Background', the author takes us on a highly condensed tour of psychoanalytic models of the aetiology of mental illness. In a book of just 150 pages of text this is space that would perhaps have been better used providing a fuller conceptual and evidential framework to sustain her main thesis. The reader has to wait until the following two chapters for the book to really get under way with the effective device of analysing the main character of a Guyanese novel, *The Murderer* by Roy Heath.

Fletchman Smith summarizes the biography of 'Galton Flood', a man whose mind fragments into a paranoid psychosis, and uses the material to build an argument as to its cause and meaning. Galton's family background typifies a culture that emerged from slavery, a means of surviving the system but one that also institutionalizes the damage wrought by it. Slavery reinforced patriarchy among the owning class, but demolished it among its victims. The organization of work and social life completely demoralized men. The slave owner was the male wielding power, even over the sexual life of the male slave's partner. The man had no rights over his partner's children, whether they were his or not. Men were subject to a regime of relentless fear and impotence, internalized, in Fletchman Smith's view, as overriding castration anxiety. Relationships could not be sustained with women, for whom the men provided neither material sustenance nor protection. 'Women from this background carry a tendency to hate men' for their failures in this respect (2000: 49). Because men are 'reduced' and 'useless', why invest in a version of the family in which they play a leading part? Women too were traumatized and humiliated, but not to the same degree (2000: 50). They had to rely on their own capacities to survive; they retained the role of rearing the young; they 'knew their potential for power'. A pattern emerged of families headed by women, where relationships with men were short-lived and of less significance than those between mothers and children. Galton Flood's father is absent and degraded; his mother is experienced as stifling and powerful, scornful of men. Galton's own life is characterized by a search for, but terror of, intimacy; he internalizes his mother's propensity to splitting, and remains vulnerable to a collapse into paranoid anxiety and omnipotent fantasy.

Although not clearly distinguished in the text, two basic psychological/emotional processes emerge to account for the persistence down to the present generation of the damage wrought by slavery. One is typified in the above-mentioned analysis of Galton Flood, and sees particular characteristics of Caribbean culture as internalizations of, or defences against, specific elements of the slave system. The emasculation of men is maintained by unconscious constructions of gender and gender-roles by patterns of parenting. Children are raised with a confusing mixture of love and cruelty, possessiveness and neglect, which Fletchman Smith connects to the fear inherent in the slaves' lives. She makes a distinction between externally induced fear and internally sourced anxiety which would have benefited from further explication; but makes the telling point that slavery required a reversal of (what we might regard as) the normal containing function of primary relationships to enable a child to master anxiety. Instead it became an unconscious purpose of parenting to inculcate fear for the children's own protection. In addition, the dismissal of men meant that there was often no rescuing pre-Oedipal father who could assist in a disidentification with mother, seduce the mother away from an overlong 'fusional' relationship with her children, initiate a transition to triangular relationships and confront the child with the opportunity to work

through the Oedipal situation. The stage was then set for children of such families to reproduce similar psychological and relationship patterns in the next generation.

The second process suggested is that repeated experiences of extreme powerlessness and abuse constituted a trauma: 'trauma on a massive scale has been handed down through the generations ... and is hard to express and conceptualise' (2000: 7). That the experience of slavery was traumatic can hardly be doubted: the implications of using trauma models to explain current dysfunction or pathology will be considered further below.

The consequences of these mechanisms for the mental health of those individuals and families who have not yet worked through the legacy of slavery are profound. The lack of stable parental relationships and the inability to find an Oedipal situation to negotiate, widespread neglect and abuse, dysfunctional models of masculinity and femininity, engulfing ties to the mother, the unresolved trauma of the terror itself; all – in the view of this book – result in a susceptibility to unmanageable distress and a vulnerability to breakdown.

The thesis is persuasively presented. Courageously too: she faces the possibility that she will be misread and accused of pathologizing Caribbean people as a group as others have done (Fernando, 1991: 46). While acknowledging the reality of racism, she consistently explains the social difficulties faced by African Caribbeans not as a reflection of living in a hostile environment but rather in terms of their pathology: young Caribbean men might become embroiled in the criminal justice system as a consequence of there being no other boundary setter in their lives; feelings of being discriminated against at work are externalizations of inner conflicts with parental objects (2000: 76, 140). By taking the focus away from racism, the historical and psychological specificity of the African Caribbean experience is highlighted and sustained throughout. In many other works that aim to enhance clinical work among clients from diverse communities within Britain the experience of slavery and of other national histories of colonial domination, even where first indicated as significant, are quickly dissolved into the common experience of all former colonized, non-white peoples.

That family structures and other characteristics of Caribbean society have their origins in slavery is not an original thesis. Lennox Thomas states that the effect of slavery and colonial abuse 'has never been fully recognised' (Thomas, 2000: 130). This results from a failure to read the literature on the sociology and history of black communities in both the Caribbean and the USA. Some authors have also used psychoanalytic concepts to understand the reproduction of violence in new forms (for example, Apprey, 1993; Grier and Cobbs, 1992; Patterson, 1967). *Mental Slavery* is the first time, I think, that this has been the subject of a treatise aimed at a British readership, argued from an explicitly psychoanalytic viewpoint, and which in addition identifies the slave past as the crucial factor in understanding a vulnerability to particular patterns of mental ill health among Caribbean people. The argument feels

compelling. As Fletchman Smith says, faced with the nature of slavery 'what would be surprising was if this' – the cruelty, terror, shame and fear – 'were not passed down to the present generation' (2000: 50).

At the same time, moving from the general to the specific and demonstrating its relevance to clinical psychoanalysis is an ambitious project. It is attempted in a series of case presentations of families and individuals drawn from Fletchman Smith's own clinical practice. The power of these chapters lies in the clarity with which complex intergenerational dynamics are presented. Hurt, loss, family breakdown and emotional vulnerability are made sense of through a consistent presentation of patterns that are reported back to grandparents, with the implication that they go back much further. These extended vignettes are culturally contextualized, providing the reader with a very different experience to reading clinical papers designed to illustrate a psychoanalytic theory or clinical technique. There is something of the feeling of witnessing a tragedy, with people consciously working to sustain relationships and build successful lives in the face of unconscious forces that work through them and against them. These chapters demonstrate the author's clinical sensitivity and her capacity for understanding the interplay of both unconscious transgenerational conflicts and social experience in representations in clients' internal worlds.

Fletchman Smith uses a baby observation to excavate the playing out of these dynamics in one family. 'Baby G' is born to parents who are experiencing difficulties accommodating a third member of the family. She details the process by which the mother (herself without an experience of being fathered) seems to combine with her baby son to exclude and belittle her partner, who eventually exits in frustration and rage. The consequences for 'Baby G' are serious: as reward for his 'empty oedipal victory ... [he] will always fear retaliative attack from father in the future. In addition, there will always be anxiety over his mother's power to castrate him ... Any of these factors could leave G susceptible to psychological disturbance when he reaches mid-adolescence' (2000: 76). The child is destined to be socialized into a family that mirrors both that in which the mother herself grew up, and the matriarchal unit that predominates in societies with their origins in slavery.

Collectively the clinical presentations offer a resource for thinking about clients from any background. Fletchman Smith illustrates particularly well the personal dilemmas that result from the loss of the paternal function which has – in the present reviewer's case – prompted a different level of thinking about clients with a Caribbean heritage. She sheds a new light, for example, on the despair, mother-hatred, delusional thinking and suicidal ideation of a young fatherless boy referred following the death of his grandfather; or the dilemmas of a young woman, enmeshed with her mother, where the latter equates working for money with being 'sluttish'. At the same time it leaves one wondering where to go next with the understanding it seems to offer: if there is regret, it is that the clinical presentations are not fuller and do not include

more detail on the developing clinical relationship and its therapeutic outcome. For while such cases support the argument that psychopathology may be culturally determined, and let us consider something of how the long arm of history shapes the modern world, it is not so clear how this understanding is expected to impact on the progress of a psychotherapy.

For Fletchman Smith there is a direct line of causation running from slavery to the present, mediated by family structure, constructions of masculinity and femininity, and patterns of child rearing, such that African Caribbeans now undergo pathogenic experiences which, but for slavery, would not have occurred. To work on current intra- and inter-psychic conflicts, infantile traumas and distorted object relationships is to address, but indirectly, the damage of slavery. This position is held throughout the book and is reflected in the absence of any direct mention of slavery in the therapeutic encounters where exploration is focused on the direct experiences of her clients and their psychological consequences. References to slavery take place in the ensuing discussion and are addressed to the reader, who is invited to note the similarities, patterns, continuities and parallels between the present and the distant past. If her work assists the therapeutic process it is through the fact that 'the difficulties of confronting feelings of fear, rage, depression, and lack of trust can be more easily worked with if the therapist begins to develop an understanding of the place from which the patient's feelings may be said to originate' (2000: 152–3).

However, there are two elements that complicate this picture. The first is the role assigned to the trauma of slavery and the second is the moot point of what factors other than slavery might be active in constructing the patterns she observes. De Zulueta has explored the cultural foundations of dysfunctional traits – specifically linked to quality of attachment and levels of violence – found in different societies and agrees that 'the human primate is, by virtue of its attachment system, subject to the interpersonal manifestation of the community's social structure which is made manifest within the micro system of the mother–infant dyad' (de Zulueta, 1993: 208). However, she also charts change in the values observed in the same societies over time and concludes that:

> Anchored as they are in early childhood training, the latter must be embedded in a system of continued economic and cultural synthesis if it is to remain consistent. This synthesis brings together and mutually amplifies both climate and anatomy, economy and psychology, society and child training. (de Zulueta, 1993: 212)

In this view the damage wrought by slavery has, first, taken on an autonomy of its own and, second, been sustained because of pathogenic factors in the environment subsequent to slavery or which have also survived the abolition of that institution. This is the approach adopted by other commentators. Thus Lennox Thomas also urges that history, and that of slavery in particular, has to be borne in mind when considering domestic violence and

sexual abuse in Caribbean families: 'Until this is understood in its historical context, family violence in African-Caribbean communities will remain an area of tension' (Thomas, 2000: 130). But 'context' here refers to an unbroken history in which the destructive effects of slavery are felt in established patterns of work (providing a pool of 'fluid labour') and a cultural 'disregard for attachment bonds between family members', and which also includes the racism that black people encounter in Britain. Maurice Apprey takes a similar approach in a brief paper that sees 'black on black' crime in the United States resulting from a process by which the brutality of slavery has been appropriated and ossified 'into a structure of experience that says that victims may heap cruelty, that originated with external transgressors, onto their own kind'. The dynamic factors maintaining this situation, and the focus of reparative activity, are identified in the distorted self- and other- representations bound up in racism: whites' destructive narcissism and delusional megalomania being the obverse of blacks' injured narcissism and delusional inferiority (Apprey, 1993).

In contrast, Fletchman Smith adopts a perspective that views the impact of slavery more in terms of an unprocessed trauma, where the horror of that time has been sequestered in the unconscious and passed down through the generations unmediated by cultural forms and social structures. It sometimes seems that she is claiming that the earlier, historically more fundamental, level of hurt is also the primary psychological source of the pain described by her patients. My own indecision here reflects, I think, a lack of precision on the part of the author. 'The result of these events of long ago are conspicuous gaps in personal family histories. These gaps create problems for individuals, because they lead to feelings of not belonging, leading to discomfort and unhappiness' (2000: 151). In principle this could mean that her patients now consciously explain such feelings in terms of gaps in family history and the ruptures caused by slavery; or it could mean that slavery caused such gaps which are an unconscious source of psychic pain. However, it is clear that the author does not intend the former. Similarly, in the quotation above she writes of 'the place from which the patient's feelings may be said to originate', a phrasing that in a book by an analytic psychotherapist is vague and unfortunate.

The idea of slavery as unprocessed trauma seems to lie behind statements involving historical memory. People from the Caribbean carry an 'unconscious knowledge of slavery and its aftermath' (2000: 61), and 'a knowledge that people act the way they do in the present because they were driven crazy in the past' (2000: 62). In humiliating a child parents transmit 'a memory of slavery' (2000: 38). There is an unconscious fear in men of identifying with slave-owners (2000: 62). This proliferation of linking concepts that lack a clear meaning left me feeling frustrated, as they seemed to promise something more than they could deliver. They kept raising the question of the nature of the inter-connectedness without providing psychologically satisfying answers. Although never directly stated, the cumulative impression is of a hankering to

locate the experience of slavery more centrally in the therapeutic process. One approach to this might have been to emphasize the therapeutic value of narrative, of the attribution rather than the uncovering of meaning, but this is implicitly rejected in the focus on finding organic links between the reality of the experience of slavery and the subjective experiences of her clients.

These contrasting approaches result in differing interpretations put on more contemporary events, such as migration to Britain from the Caribbean, by different authors. Lennox Thomas sees the decision to migrate as linked to the past in the sense that slavery had fostered a culture characterized by weak family ties and generated a tradition of men moving overseas to work, and which was also determined by distorted and inadequate economic development caused by the area's subsequent colonial history. The psychological results of the migration are in this way linked to slavery, but the damage itself is inflicted by the separations and losses caused by the pattern of resettlement (Thomas, 2000: 119–20). Fletchman Smith revises this view, arguing that migration is a natural human response to the urge to improve one's life and the prospects of one's family. It is not that slavery leads to migration, which then inflicts deep psychological wounds, but that migration reveals the wounds that slavery had inflicted, much in the same way that a landslip might reveal the fossil remains of an earlier era. In this sense 'migration to Britain clarified the deeper meaning of slavery' (2000: 23).

What is at issue, then, is not whether current family structures and unconscious forms can be linked to the slave past, but how these links are conceptualized and contextualized. The clinical evidence provides empirical findings that are consistent with her theory, but does not in itself demonstrate a causal connection. There is perhaps a danger in not addressing this issue explicitly. What *Mental Slavery* lacks, or doesn't see the need for, is a dynamic context in which the damage of slavery is sustained beyond the unconscious dynamics operating within the family itself. Marxist writers such as Eric Williams (1964) conceived of slavery as one particularly abusive experience in an extended history of wider capitalist exploitation. This approach is rejected by locating the source of everything toxic within the slave experience itself. In the United States, which, like the Caribbean, is a culture born out of slavery, commentators have argued for a dialectical continuity between the institution of slavery and the means to oppress black people that succeeded it (for example, Kovel, 1988). The civil rights movement focused on repealing legislation introduced in the 1890s and 1900s. As the authors of *Black Rage* write, 'the culture of slavery was never undone'; in describing similar patterns of mothering as Fletchman Smith, they note that 'the black mother continues this heritage from slavery and simultaneously reflects the world she knows' (Grier and Cobbs, 1992: 20, 68). Slavery is here the foundation for an ongoing story of white supremacy. This contrasts with the perspective of *Mental Slavery* with its impression that the slave period can be evaluated as a sealed-off unit of experience. It is a perspective that discourages an analysis of how aspects of

contemporary British society might reinforce the unconscious roles and fantasies whose origins lie in the more distant past (as in Gilroy, 1993: 85).

On occasion, in her bid to 'root' the present in that past, her use of language slips such that one cannot easily distinguish objective comment from what is intended rhetorically. At one point Fletchman Smith describes a daughter's suppressed rage towards a mother who has not protected her from abuse and who will not let her develop an autonomy of her own, but upon whom the young woman is emotionally dependent. She comments:

> It is the kind of rage which descends back through the generations to the beginnings of the modern Caribbean, and then beyond the seas back to Africa. Deep down, Caribbean Africans feel angry towards Africans for failing to protect them from abuse, and for co-operating with Europeans in their enslavement. (2000: 86)

In this passage the rage seems to have a life of its own, and to sustain itself almost independently of those who carry it. It is as if at some point the psychoanalytic thinking gives way to a rather indiscriminating insistence that slavery explains all. In another passage she seems to take seriously the idea that there is something meaningful in determining whether Africans or whites are most to blame for slavery. Such moments reveal a disinclination to distinguish between slavery as history, and 'slavery' as an internal object in the sense used by Tom Main (1967). There is surely a related but distinct story to tell of the meanings that have been ascribed to slavery, and what the shared 'memory' of slavery now carries, in terms of its contemporary political purchase and/or its unconscious emotional functions. A parallel might be made with one historical event whose significance has been explored in the psychoanalytic literature: from clinical encounters we know something about the impact of Nazi genocide on those directly traumatized by it and their descendants; but we also know of the power of 'the Holocaust' and the life it has both psychologically and politically in the present (Novick, 2000).

The book benefits from a sustained focus on its subject but suffers from an intellectual isolationism. This screens it from literature that might have helped to confirm, temper or refine its arguments – such as Volkan's writings on the links between community, identity and collective trauma (Volkan, 1996). There is no sense that the book describes psychological phenomena that might relate to other social groups, even though other writers have given chilling descriptions of analytic work with refugees, and the survivors of torture and exile (for example, Hollander, 1997) which communicate so directly something of what the trauma of slavery might have meant to its original victims. In its insistence on the individual significance of the social past, it shares common themes with those developing a radical psychoanalysis, concerned to explore the relationships between 'personal interiority and the systematic social contexts within which inner dramas are defined' (Richards, 1984: 7). In directly tying unconscious structures to the culture of a particular mode of production, its characteristic class relationships and their ideological,

race-based, rationalizations, Fletchman Smith has an approach to Caribbean society that parallels the efforts of Lasch to link contemporary capitalism to narcissistic states of mind (Lasch, 1980). Hers could be viewed as a work 'in the tradition of all radical psychoanalysis [where] the particular attributes of a specific society give rise to certain personality characteristics and patterns of defence, rather than repression being fixed for all time by the nature of the instincts' (Frosh, 1987: 169). Her perspective does not romanticize the family, or treat it as an ahistorical given. Nor does it portray parental function exclusively in terms of the quality of their response to the emotional demands of the child, demonstrating rather their crucial role in interpreting the world to the child, of socializing him or her into it. However, the author does not consider whether patterns of object relations can always be related to socio-historical realities, or whether the traumatic nature of slavery renders the African Caribbean unconscious a special case.

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MARTIN KEMP

Weathering the Storms: Psychotherapy for Psychosis
By Murray Jackson
London, Karnac Books, pp. 374, pbk £29.99

Make the most of this book. You are unlikely to find its like for a long time. *Weathering the Storms* is a distillation of the clinical experiences of a lifetime devoted to the understanding of the apparently meaningless thinking and behaviour frequently associated with psychotic illness. Jackson is a psychiatrist and psychoanalyst and was until his retirement an eminent NHS clinician leading one of the few inpatient NHS units in the UK for the treatment of psychotic patients. The book draws on Jackson's long and broad experience as a clinician, supervisor and special unit director. He is well known for his work at the specialist inpatient psychotherapy unit at the Maudsley Hospital which sought to integrate psychoanalytic understanding of severe mental illness with the need, in many cases, for the support of psychiatric resources in both the hospital and the community. Trained in psychiatry at the Maudsley Hospital, his interest in psychosomatic and psychotic states led first to a Jungian analytic training, which was later followed by a psychoanalytic training in the Kleinian tradition – an integration that will quicken the interests of BAP members. The depth of his understanding of these patients is legendary and the accuracy of his clinical notes on patients has been admired by subsequent generations of psychiatrists, long after his retirement.

Jackson's *Weathering the Storms* is a sequel to *Unimaginable Storms*, which was co-authored by Paul Williams who contributes the preface to this book. The first book described Jackson's use of psychoanalytic thinking to guide the multidisciplinary treatment and care of psychotic patients in hospital. Psychoanalysis, seen as an exploratory tool, was once described by Bion as something akin to the stick that a blind person uses to find the way forward. This was Jackson's approach in the setting of the hospital ward, where he succeeded in bringing some meaning to the seemingly incomprehensible thinking and behaviour of psychotic patients. Unfortunately, the Maudsley unit has not survived Jackson's retirement and, like its companion unit at Shenley Hospital, has been closed in favour of other uses for mental health resources. The reluctance of psychiatry to entertain psychoanalytic models of understanding seems more marked in Britain than on the continent. In Scandinavia, Jackson's work has been welcomed with enthusiasm and this second book draws on the 15 years since his retirement from the NHS, when he has been visiting hospitals throughout Scandinavia to lecture and conduct seminars and workshops with psychiatrists, psychologists and psychotherapists engaged in psychoanalytic psychiatry and psychotherapy with psychotically ill patients. Excerpts from their work, supervised by Jackson, form the basis of this book.

Paul Williams aptly describes this as a 'clinical workbook' and it will surely be a clinical source book for all psychotherapists who appreciate how much the study of psychotic patients illuminates less severe conditions and underpins our understanding of the development and functioning of the normal mind. Jackson's style in writing, as in his clinical encounters with patients, is comfortable and deceptively simple. Theoretically, his thinking has been influenced most by Klein and Bion as well as by Henri Rey, a long-time friend and colleague, but his overall view of the personality as a mind–body entity also helps the non-medical reader to a better understanding of the place of medical and psycho-pharmacological resources in the management of severe mental illness.

Jackson is not led by theory but proceeds scientifically from the experience of the clinical encounter with the patient to educing salient clinical facts – that is, observation of the psychoanalytic phenomena and learning from experience (Bion, 1962). He is painstakingly patient as he struggles to make sense of the disordered lives of the patients and the experiences of patient and therapist together, courageously maintaining his objective of restoring in the patient a capacity for live human contact. The book will be particularly useful to psychotherapists striving to master the task of assessing a patient's suitability for treatment. With careful and detailed attention to the patient's own narrative and its complexities, alongside the clinical history, Jackson uses the psychoanalytic perspective as the basis of a gradual process of understanding, assessment and decision-making about what type of psychological treatment might be most appropriate in each individual case; when long-term psychoanalytically based treatment might be helpful and, importantly, when it might not.

Jackson's work has flourished throughout Scandinavia for the past 15 years and the number 15 seems to have been propitious. His clinical seminars and other teaching events have been conducted in 15 hospital centres, and from some 60 psychotically ill patients discussed in his seminars he has chosen 15 for presentation in this book. All of the 60 patients were receiving psychotherapy in some form, but all were discussed in depth and at length in multidisciplinary clinical seminars spanning a number of years. Jackson finds Kleinian and post-Kleinian theoretical constructs to be the most convincing and the most unifying in the search to comprehend and find meaning in the world of psychotic thinking, but he does not exclude other theoretical models when these seem to have relevance. He is also careful to draw attention to the risks associated with a purely interpretive approach to the communications of patients whose prime difficulties involve confusion: confusion in differentiating subject from object and confusion in distinguishing between fantasy and reality.

This book cogently demonstrates the greater need for recognition of the existential dilemma of the psychotic (and the borderline) patient, distinguishing between understanding *of* the patient and understanding *by* the patient. In many cases, therefore, it is more important for the therapist to know when not to impart his understanding to the patient. Steiner also stresses

this important distinction between *understanding* and *being understood*. As he puts it, 'the patient who is not interested in acquiring understanding – that is, understanding about himself – may yet have a pressing need to be understood by the analyst' (Steiner, 1993). Jackson's work is the epitome of this approach. The cases described are seriously ill psychotic patients being seen once or twice weekly by psychotherapists working in publicly funded hospital settings in the Scandinavian countries. The patients have been chosen not only to illustrate a wide range of psychotic conditions but also to demonstrate the common patterns of psychopathology which suggest common origins in early disturbances of the mother–baby relationship experience. Most helpful to practising psychotherapists will be the clarification of the links between diagnostic constellations and the differences between psychiatric and psychoanalytic approaches to understanding psychopathology. It is a book well suited to meet current requirements for CPD (Continuing Professional Development).

The book begins with obsessive-compulsive disorder as a manifestation of the fundamental conflict between impulse and defence, identified by Freud as giving rise to all neurosis and psychosis (Freud, 1909). Obsessionality occupies a wide spectrum of symptomatology and although minor symptoms may be treated with behavioural or supportive psychotherapy, serious disorders more often remain intractable to treatment. This is where the psychotic mechanisms underlying obsessionality are to be recognized, just as obsessional symptoms are found to be closely related to the mechanisms of psychosis. This overlap and interrelatedness, closely tracked in the first three chapters, is particularly helpful in revealing the underlying psychodynamic origins that connect very different outward manifestations of disturbance and illness. Readers will be awed by the graphic accounts of the mental tortures endured by some of these patients, and equally awed by Jackson's ability to make some sense of their suffering and to extricate a psychodynamic sequence and history from the evidence available.

This is not a carefully edited presentation of successful highlights of treatment, but an open, honest account of attempts to apply psychoanalytic thinking to the problems of understanding and helping the most difficult-to-reach patients; those who have become caught in a complicated mental tangle, resulting in bizarre beliefs and behaviour. What has been achieved with these patients is impressive, the more so because the difficulties are not underestimated and the gains are not enhanced. Even more impressive, and rare, is the clear-headed appraisal of the security of the changes that have taken place, in the context of realistic planning for the future and ensuring the long-term wellbeing of the patient, with or without a need for continuing external supports. Indeed, follow-up data are also made available as evidence to add to discussion and to support conclusions.

Each of the first 15 chapters stands as a complete study and teaching entity, reflecting the atmosphere of the original seminars in which an individual patient would be discussed in fine detail. Some of the cases include

psychotherapeutic work over a long period and the use of transference and countertransference in the working-through process. Other cases demonstrate the value of the psychoanalytic tool in reaching fuller understanding of a patient, even on the evidence of a single session. These chapters are supplemented by a useful glossary covering the psychiatric and psychoanalytic terms and concepts used in the text. In addition, a further 15 clinical vignettes focus on the processes and mental mechanisms that characterize psychotic thinking. A number of examples of the bizarre and initially incomprehensible material with which professionals may be confronted are briefly outlined, along with some explanatory comments, modestly offered to show how such material may be thought about 'without claiming certitude'. In many ways this book provides something of a substitute for the regrettably lost training ground of the old-fashioned admission ward, which provided those of us lucky enough and old enough to have had that experience with an incomparable education in the vagaries and excesses of the human psyche. It also provided, it has to be said, a much-needed respite for many patients in crisis.

Bion once described the psychoanalytic task as a process of sifting through the mental debris – that of the patient and that of the analyst – in a search to find a spark among the embers that could be fanned into life. He seemed to imply that we are all seeking integration, throughout life. We all have to weather the storms of life but, following the metaphor of Jackson's title, the vessels we each sail in are in different states of seaworthiness. The wonder is, as this book so eloquently testifies, that the human psyche has such an indomitable capacity to endure and survive in the most hazardous climates. It may even suggest some biologically driven survival value in psychosis. This book is careful to include the biological components relevant to psychopathology stressing the physical and mental attributes of the 'self', rather than a mind in a body. 'Human kind cannot bear very much reality', wrote Eliot in *Burnt Norton* (Eliot, 1941). Although this book is about the mental pain of facing reality, it is also about profound and impressive drives to find ways of withstanding fear and staying alive, despite incredible suffering.

A wealth of clinical knowledge, experience and understanding is packed into this book, which provides a *vade mecum* for all who seek to cultivate their understanding of the mysteries and the unknowns of psychotic thinking. This is a book that will be avidly received by experienced clinicians, but it is also suited to expanding the understanding of those at earlier stages of their professional and personal voyages. In particular it opens the way to an appreciation of the deeper significance of the less disabling symptoms met with in private consulting rooms. It encourages a shift of perspective towards giving positive attention to the most primitive and sensory levels of patient experience and communication rather than concentrating primarily on the more mature aspects of interpersonal relationships. The book provides abundant evidence not only for the effectiveness of such an approach in relation to psychotic patients but also for its essential

requirement, if such patients are to be engaged in the therapeutic task. From the clinical experiences profiled in this book, there is much to learn in relation to the therapeutic stalemates often encountered in the private consulting room. Psychotherapists in private practice will find much in this psychoanalytic route map to enlighten their own experiences of impasse with less ill patients and to guide their own professional development as psychotherapists. This inspiring clinical workbook orchestrates the practice and theory of psychoanalytic psychotherapy in a way best summed up in the words of one of the patients, who described his experience of psychotherapy as 'the humanising process'.

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SHEILA SPENSLEY

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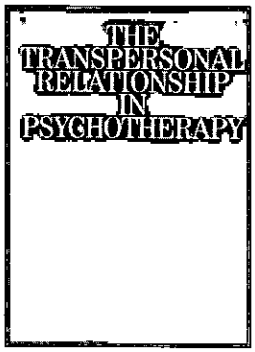
The Transpersonal Relationship in Psychotherapy

Petrūska Clarkson, PHYSIS, London



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This book is written with the sap of three disciplines- philosophy, psychology and physical science: the study of thinking, the study of the psyche and the study of nature. It comes from a lifelong engagement with the meaning of life, death and transformation for the author and for others, which has included a dedication to the mystic traditions in several religions.

Professor Clarkson examines the transpersonal relationship, which permeates the work of creativity, healing, growth and dying - particularly in all the healing relationships of psychotherapy.

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CONTENTS

1 What is transpersonal? 2 Overview of the transpersonal relationship dimension in all psychotherapies 3 Transpersonal psychotherapy 4 *Prima materia*- the opening of work 5 *Nigredo*- disillusionment in the theraputic relationship and in life 6 *Albedo*- getting better- the reparative or developmentally needed relationship 7 *Citrinitas*- the existensial person-to-person relationship 8 *Rubedo*- death and rebirth: the transpersonal relationship 9 The continuation of the work- eternal return 10 Transpersonal training, supervision and continuing education.

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Containing the Uncontainable

Alcohol Misuse and the Personal Choice Community Programme

Barbara Elliott, University of Bath

One of the first books on abstinence based treatment structurally to integrate psychoanalytic and cognitive/behavioural models, *Containing the Uncontainable* is a highly practical account of establishing and maintaining treatment with problem drinkers who might otherwise fail to achieve their stated aims. The programme described is particularly relevant for those who are unable to make attachments, or otherwise make use of AA, yet need an intensive, supportive, abstinence based treatment experience.

The treatment model described will be of interest to professionals working in the alcohol misuse field who find their psycho/social, cognitive/behavioural programmes are ineffective yet do not see the AA/12 Step approach as an option. The model has direct applications to working with a wide range of substance misusers, eating disorders and those diagnosed with personality disorders as well as the dually diagnosed.

The book begins by reviewing the pro's and con's of the most common treatment interventions for alcohol problems and then defines the features that lead to treatment resistance. The practice section of the book is straightforward and is easily replicated in most outpatient settings. The section on relevant psychoanalytic theory is at the heart of the book, though the author, a social worker and group analyst, hopes the ideas underpinning her model make a case for keeping most substance misuse away from the analytic consulting room and most interpretation away from the alcohol misuse service.

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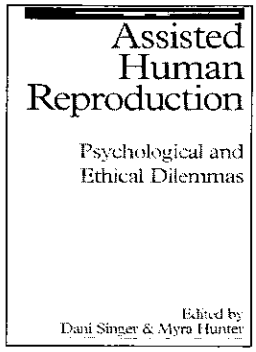

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With contributions from: Eric Blyth, Ken Daniels, Julia Feast, Robert Lee, Nina Martin, Alexina McWhinnie, Derek Morgan, Clare Murray, Sharon Pettle, Claire Potter, Jim Richards and Francoise Shenfield

The separation of procreation from conception has broadened notions of parenthood and created novel dilemmas. A woman may carry a foetus derived from gametes neither or only one of which came from her or her partner; or she may carry a foetus created using in vitro fertilisation (IVF) with the purpose of handing it to two other parents one, neither or both of whom may be genetically related to the prospective child. Parents may consist of single-sex couples, only one of them genetically related to the child; the prospective mother may be past her menopause; and genetic parenthood after death is now achievable.

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