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Editorial

The papers comprising the first section of this issue address the conditions that are fundamental if clinical practice is to proceed successfully for individual therapist and individual patient. Colman and Morgan focus on the intersection of the world of the consulting room with the institutions, both psychoanalytic and governmental, of the wider world. While not directly clinical in content, their papers take up issues of vital concern and relevance to clinicians, because they discuss significant aspects of the world we inhabit as practitioners. These are the traditional forms of organization and monitoring of professional advancement and of an ethical professional life; the growing demand for different forms of regulation, and their advantages and disadvantages for the specifics of clinical practice; and the more general issue of what a psychoanalytic way of thinking can offer to a modern world driven by very different priorities and understandings. The authors, as clinicians, draw on the insight and forms of knowledge made available by their therapeutic practice to argue for the importance of a perspective which takes the unconscious as fundamental.

Warren Colman's paper places the origins of what he calls 'the analytic superego' in the profession as a whole. He argues that the individual anxieties of practitioners, and their fears of being powerless to assist the distress of their patients, exacerbated by the necessary slowness of the analytic process, are powerful sources of the oscillation between idealization and persecution to be found in individual institutes and in the analytic institution as a whole. There is, he proposes, a parallel between large group processes and the realities of clinical practice, and he suggests that it may be precisely anxieties about helplessness that encourage first, the infantilization of those in training, and then, among the body of qualified therapists, a rigid clinical style, a blocking of spontaneity, and an inhibition of the capacity to respond appropriately to the specificities of a particular patient and a particular transference situation. He concludes that a more open, less defensive set of relations among the whole psychoanalytic community would facilitate the necessarily isolated work of the consulting room and

encourage a diminution of anxieties for individuals and for the profession as a whole.

Helen Morgan approaches the politics of psychoanalysis through the particularity of the therapeutic situation and what it generates for the analytic couple. But she also suggests that the conditions so vital for the practice of psychotherapy are probably generalizable to all the helping professions since what is required are systems that encourage autonomous independent thinkers who can bear the demands of the work. Morgan extends Winnicott's idea of the baby learning to be alone in the presence of another, the mother, to the relationship between the analytic pair and the institution, in this case the BAP, and sees the possibility of the one-to-one relationship of the consulting room guaranteed by the existence of the institution and its regulating capacities (the third term).

The moves towards external regulation can bring decided advantages through the greater accountability and transparency of systematic procedures and standards that traditional practices of internal regulation – what she calls 'government by elders' – may not, since these groups often become idealized (and idealizing) elites, for all the reasons argued by Colman. These shifts are being hastened by external decisions, but they can better be confronted by a parallel internal reorganization involving an alliance between governance and eldership, here thought of as a series of attributes necessary to the functioning of any profession and for which all members assume responsibility.

Morgan insists on the ongoing relevance of what has been learned from the nature of psychoanalytic work and the need to find a way of incorporating it in the individual institute, and, as importantly, in the remit of externally appointed bodies – here, the Health Professions Council (HFC).

Creating an arena in which clinicians can practise has to take account of the need for privacy and particular conditions of work while striking a balance between intrusion and facilitation. Certain of the requirements coming onto the statute books – for instance, the way complaints against practitioners on ethical grounds are heard in open court, or the publication of the case, including the names of both the therapist and the patient, on the internet – make psychoanalysis vulnerable to the undermining of its foundations through the wholescale importation of forms of procedure inappropriate to its clinical particularities. Morgan, like Colman, believes it is only through increased clarity about the nature of psychoanalytic practice that the arena of professional work can be safeguarded from an over intrusive regulatory body. Support for external regulation demands careful argument and engagement among ourselves, as well as with the state, to ensure that the privacy on which the work depends can be guaranteed.

Elphis Christopher's paper also describes the interface of psychoanalysis and the external world. Given as part of a series – 'The Human Psyche in a Changing World', organized by the BAP Jungian Section, where representatives of science and technology, religion, the arts, politics and economics discussed the character

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of contemporary life and its challenges – it offers a personal response to the pre-eminent place awarded to science and scientific progress. Christopher accepts the place of science and the enthusiasm for scientific progress while illustrating the contradictions such progress can make available by reference to two areas linked to her work in sexual and reproductive medicine: infertility treatment and what it makes available and at what cost, and the trauma of neonatal care. Psychoanalysis, she argues, offers ways into the personal and societal dilemmas of so-called advance.

The positions offered in these papers depend upon their authors' deep involvement in extensive ongoing clinical work and in the world of psychoanalysis and psychotherapy. Without drawing explicitly on reports of work with patients, their arguments rely upon a wide clinical experience, and highlight the need for an approach informed by that experience, in our individual work, in discussions about the institutional basis of psychoanalysis and in debate with representatives of other fields.

The next two sections present an explicit focus on the work of the consulting room, through a commentary on clinical material, and through the discussion of theoretical papers that highlight specific clinical issues. The Clinical Commentaries show the different ways the same clinical material might be approached and understood by different clinicians. We are grateful to the unnamed therapist who allowed his/her clinical work to be discussed and commented upon, and to Pozzi, Gardner and Colloms who, in allowing their responses to be made available to be thought about by others, allow the opening up of what is done and said in the consulting room.

The Classics Revisited section of the journal presents discussions of two papers, one published in 1965, and the other in 1982, the insights of which offer much to contemporary practitioners. Noel Hess discusses Elliot Jacques' paper on the mid-life crisis, arguing for its continuing relevance for a clinical readership today, and Jessica Sacret discusses Eric Brenman's paper on separation, highlighting the contemporaneity of its concern with the superego. Sacret especially stresses Brenman's commitment to finding the possible good objects of even the most damaged and damaging patient.

The Arts Review section brings together the papers from another external BAP event – the conference on siblings held in autumn 2005. Read in conjunction with the synopsis provided by Ann Scott, these papers offer the opportunity for thinking about an area that was, until recently, rather neglected in the analytic literature. But they also provide an opportunity for consideration of how a film, or any cultural artefact, may become the basis, not only for a discussion of its own narrative themes and structural conventions, but of how (and whether) it may be used to illustrate ways of thinking familiar from psychoanalysis. Indirectly, these papers offer the opportunity for thinking about what might be added, if anything, to an understanding of an artwork from a psychoanalytic perspective, and the advantages and limits such an activity poses.

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The three book reviews by Spensley, Tynedale and Marcus examine studies of treatment outcomes, expanding perspectives on narcissism, and the interface of psychoanalysis and neuroscience.

The issue concludes with personal tributes to two senior figures of the psychoanalytic community: Harold Stewart, a central figure of British psychoanalysis, who died in the summer of 2005, and the French psychoanalyst Janine Chasseguet-Smirgel, who died earlier this year. Both had ongoing contacts with the BAP.

After a long history, this is the last issue of the *BAP Journal*. Helen Morgan, the Chair of Council, discusses the journal and outlines the new initiatives.

As interim editor I wish to thank the editorial board – Frances Bower, Georgina Hardie, Noel Hess, Martin Kemp, Sarah Nettleton, Juliet Newbegin, Julia Ryde and Ann Scott – for their commitment and support in what has been a very confusing period of participation as board members of a journal with a very uncertain future. Their solidarity and efficiency has enabled us to produce a final issue that offers many opportunities for ongoing thinking and debate about the issues central to our work in the consulting room, to our institutional affiliations, and to the engagements with the wider world in which we and our patients make our ways.

Lesley Caldwell

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Letter from the Chair of the BAP

For some time now the Council of the British Association of Psychotherapists and the Editorial Board of the *BAP Journal* have been discussing the future of the journal. It has become evident that the world of journal publishing is changing rapidly, with online publishing becoming increasingly important, and that without expansion it was going to be difficult for our journal to survive. Then in June this year we became aware that Bob Hinshelwood and Artesian Books wished to sell the *British Journal of Psychotherapy* (*BJP*) and Council was asked to consider a proposal that we purchase it with Blackwell Publishing on a 50-50 basis. Having studied the offer carefully, Council felt this was an exciting opportunity which would allow us to continue to publish a journal whilst removing much of the uncertainty and anxiety of the last few years. Consequently, we made an offer for the journal which was accepted, contracts have now been signed and arrangements for the management of the combined journal are being developed.

The *BJP* has traditionally been a broadly based, clinically orientated, psychoanalytic psychotherapy journal, including articles on Jungian analysis as well as on psychotherapy within the NHS. The BAP is uniquely based to carry on and strengthen this editorial policy and the purchase of the *BJP* would mean we would be in a position to expand and develop our own journal which would be incorporated with the *BJP*. Thus the BAP, together with the publisher, would own and operate the foremost journal for psychoanalytic psychotherapy in the UK, with a combined subscription base of around 3,300. What the publisher offers in particular is to place the combined journal on the international stage and thus increase its circulation, readership and influence. The publishers would provide the expertise, software and experience to do this for us.

Whilst this is an exciting development, there is also sadness that this is the final issue of the *BAP Journal* as such. In 1999, Midge Stumpfl who was Editor of the *BAPJ* from 1989 to 1999 wrote a piece on the history of the journal since its modest beginnings as an in-house 'magazine' in 1959. This was published in the 40th Anniversary Issue of the *BAPJ* (No. 37, July 1999) and gives a very

interesting history of the development of the journal. According to this piece, the first named Editor was Denise Taylor in 1981, with Judy Cooper joining her as Co-Editor in 1986. At this point the publication was still referred to as a 'Bulletin' and in 1988 it was officially renamed *The Journal of the British Association of Psychotherapists*, with a circulation now beyond simply the membership of the BAP.

In 1989 Midge Stumpfl herself became Editor and in 1993 the journal moved to a twice- yearly publication. In 1999 Mary Adams became the Editor, with Stan Ruszczynski later joining her as Co-Editor. When he stood down in 2005, James Fisher took on the role. Earlier this year both Mary and James retired from the Editorial Board and Lesley Caldwell took on the Editorship.

Throughout the years of its existence there have – as well as the Editors mentioned – been many who have been involved in the Editorial Boards of the *BAPJ*, working to develop it into the high quality, interesting journal it is today with its wide variety of papers, clinical commentaries, reviews of Arts, Classics and Books. This journal has always held a special place in the affections of BAP members and we owe a considerable debt of gratitude to previous Editorial Boards as well as the current one for their hard work and creativity. Many thanks to all who have been involved in ensuring this journal has continued to make an important contribution to the development of psychoanalytic psychotherapy and to the life of the BAP.

Helen Morgan
Chair BAP/Council

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The analytic super-ego

WARREN COLMAN

ABSTRACT

The anxiety that many therapists feel in relation to the demands of a persecutory analytic super-ego interferes with their availability to patients and can result in an inhibited, artificial or even sadistic approach to clinical work. This paper explores the factors that contribute to the development of the analytic super-ego, showing how anxieties that are inherent within clinical work can be reinforced by training and by the 'organization in the mind' of psychoanalytic culture and institutions. I suggest that the development of a truly analytic attitude involves replacing super-ego constraints (or rebellion) with ego judgement so that 'boundaries' become lodged not in rules but in the analyst's own thinking mind. Copyright © 2006 BAP. John Wiley & Sons, Ltd.

Key words analytic attitude, boundaries, idealization, persecutory anxiety, psychoanalytic culture/organizations, super-ego, training

Introduction

It is unfortunate that training as a psychoanalytic psychotherapist can often contribute to the development of a strict, unforgiving 'analytic super-ego' that continues to operate as a critical, threatening persecutor long after formal training has come to an end. Analytic goals and methods are set up as an ideal standard against which the practitioner is continually measuring themselves (and/or others) with a strong flavour of moral injunction and admonishment towards deviations and shortcomings. This is often expressed in terms of anxieties about whether one is 'doing it right' and fears of what colleagues would say 'if they knew what I was really doing or saying with my patient'. Sins of omission often become focused around 'getting hold of the transference' and the

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interpretation of the patient's destructiveness. Sins of commission are usually focused around boundary issues of one kind or another – the things one is 'not supposed' to do.

I do not think the prevalence of this 'analytic super-ego' derives from the failures or limitations of therapists' personal analyses. Personal analysis may at best serve to strengthen the individual's capacity to withstand group pressure, but no member can be impervious to the processes of the groups to which they belong; even those who leave the group retain their relatedness to it by defining themselves and being defined as 'outsiders'. Furthermore, the association in any social institution between the authority of the organization and the personal super-ego is likely to be greater in analytic organizations because personal analysis is also part of the social institution. Inevitably, there is some cross-over between transference to the personal analyst and to the wider training organization. Even if this is not actively reinforced by the analyst reporting on the candidate's readiness for training and/or qualification, it is likely to extend the area of the transference beyond what can be worked through in the analytical relationship (Balint, 1948; Arlow, 1972; Klauber, 1983; Kernberg, 1986, 1996; Glover, 1991; Eissold, 1994; Johns, 2000). Balint and Arlow have both pointed to the similarity between analytic training and initiation rites and the tendency this creates for candidates to 'remodel' themselves in the image of their community's ideal (Arlow, 1972: 562). The candidate's ego-ideal is thus transformed into an analytic ego-ideal to be monitored by an analytic super-ego identified with the analytic community at large.

Eissold (1994) has also pointed out that since being 'well analysed' is an important criterion of professional acceptance and respect, analysts always feel vulnerable in the eyes of their colleagues to the most intimate *ad hominem* arguments. A vicious circle may be created whereby feelings of anxiety, guilt and inadequacy that are an inevitable concomitant of psychoanalytic work are felt to be personal failings that may be pointed out and held against them by colleagues, thus generating further feelings of anxiety, guilt and inadequacy. The same is true, *mutatis mutandis*, for those who may actually make such attributions. What passes for 'objective criticism' or 'intellectual debate' may become contaminated by the judgemental intolerance and condemnation that is a hallmark of unmodified (or 'archaic') super-ego functioning. In short, there is an oscillation within the analytic community between persecution by the super-ego and identification with it, identification often being used as a defence against persecution. Projective identification operates both ways: analytic weakness and failure is projected into those who are seen as 'not proper analysts' while arrogant superiority is projected by those who fear being at the receiving end of such criticism. The supposedly persecuted group may then institute equally ferocious criticism against 'analytic arrogance' in a cycle of defensive retaliation. The 'pointing finger' hallmark of super-ego inspired blame can be seen in both positions.

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An example of this process occurred in the painful and contentious debates surrounding the formation of what is now the British Psychoanalytic Council. Whatever the political value of having an organization for psychoanalytic psychotherapy that would be separate from the larger and more diverse UKCP, the attempt to consider these issues within and between the psychoanalytic organizations was continually dogged by mutual judgemental prejudices and the mutual wounds that accrued as a result – very much like a warring marital couple. Each group became pushed into a defensive position: the BPC organizations and their supporters insisting on the superiority of their 'standards', the UKCP supporters becoming equally insistent on attacking the judgemental criticism they felt these standards implied. This is a typical example of the process of splitting in a fight/flight basic assumption group. As Kernberg describes it 'Because the members cannot tolerate opposition to their shared ideology, they easily split into subgroups, which fight with one another' (Kernberg, 1998: 4). Similar mutual defensiveness and projections can still be found operating between Jungian and Freudian groups, approaching a century after the original split between their founding fathers.

These large group processes reflect the difficulties faced by individual practitioners as they attempt to mediate between their psychoanalytic ego-ideal and the reality of their clinical practice. Since the reality of psychoanalytic work is slow, arduous and painful and its results are often meagre by comparison with the hopes and expectations of both patient and therapist, therapists will frequently be exposed to feelings of inadequacy and failure. Such feelings are likely to occur in the most persecutory and destructive clinical situations which therefore lend the resulting super-ego criticisms a correspondingly persecutory and destructive character. In this sense, the analytic super-ego may be regarded as a counter-transference problem. However, it is also an institutional problem, derived from the initiatory processes of induction into the analytic community. This creates a two-way reinforcement of super-ego anxieties as the counter-transference conflicts of the clinical situation are projected into the institutional dynamics of the analytic community which then reflect back the practitioner's own doubts, fears and uncertainties.

I approach this problem from both points of view. In the first part of this paper I describe some of the anxieties of the clinical situation that give rise to persecutory super-ego anxieties while in the second I focus on how these anxieties become institutionalized and exacerbated through the process of training and induction into psychoanalytic culture.

I suggest that the leading anxiety in psychoanalytic work is a fear of helplessness and powerlessness, especially being powerless to heal the patient's distress. The analytic super-ego is both a legacy of these anxieties as they are continually re-evoked in the clinical situation and an attempt to defend against them through the fantasy of an analytic ego-ideal believed to be immune from them. I refer to three ways of relating to the analytic super-ego: anxious compliance,

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rebellious splitting and denial and pseudo-omnipotent identification. In practice, all three may oscillate within the same practitioner although individuals may 'prefer' one or other according to their personal proclivities. None of these is stable and all compromise the therapist's capacity to function in a truly analytic manner, acting as rigid injunctions not subject to thought and evaluation, and interfering with the therapist's free-floating availability to the actual clinical situation.

In this way the analytic super-ego inhibits the capacity to choose the appropriate response to the patient's need, and leads to an anxious, rigid clinical style that closes down the possibility of technical diversity. However, rebellion against the analytic super-ego may also lead to a false 'freedom' where the need for restraint is split off and the practitioner is unable to recognize when they are led into collusions with the patient to avoid the arduous pain of analytic work (Caper, 1992). I conclude by outlining how a more positive relation to the psychoanalytic community may enhance and support the therapist in their lonely, anxiety-provoking work.

Persecutory anxieties in the counter-transference

During my analytic training, I mentioned to a colleague that I had recently offered to reduce a patient's fee. My colleague gave a knowing smile and said that the patient was obviously feeling guilty about her envious triumph over me in getting me to reduce her fee. I replied that I did not think this was it at all – on the contrary, I felt that the fee reduction was more than justified by her difficult circumstances and that the patient's difficulty was in accepting this expression of my care and concern for her.

Nevertheless, I was left feeling awkward and uncomfortable as if I had been 'found out' as a bit of a dupe. I felt somehow small, obscurely guilty, and ashamed. My explanation seemed so soft-centred while my colleague's alternative interpretation seemed harder and more 'rigorous'. Perhaps I had 'missed something' and, in my attempt to be kind, had been drawn into an unwitting collusion? Perhaps I had been 'weak' and failed to grasp the negative and destructive aspects of the patient's behaviour in the transference?

It is notable that this comment came from a peer, a fellow trainee rather than a supervisor or teacher for it shows that socialization into the analytic community takes place in a much broader context than the formal elements of training. This comment came to epitomize what I felt to be the official 'orthodox' view that I could neither emulate nor reject. Unwittingly, my colleague had stepped into the position of a persecutory super-ego that closely reflected the dynamics of the relationship with my patient. I knew (as my colleague did not) that my patient suffered from a highly persecutory super-ego that repeatedly insisted on her inadequacy and worthlessness. This was the source of her guilt about accepting a reduced fee but interpreting it was extremely difficult since such

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interpretations were immediately taken over by this internal persecutor and used as confirmation that she was worthless and 'stupid'.

This interaction was reflected with my colleague where I was the one who felt worthless and inadequate, squirming under the fantasized critical lash of her off the cuff remark. It may also be the case that my fellow trainee felt as insecure as I did and there was perhaps an envious triumph for her in aping her own critical super-ego and making me be the one to squirm. We may both have had exaggerated fantasies about what being a psychoanalyst was supposed to be, but the interaction served to delude us both into believing that these were realities. It served to reinforce a projection of a persecutory super-ego out of the clinical situation and into the 'organization in the mind' of psychoanalysis. This *did* evoke envy, albeit not an envious triumph but a feeling of weakness, inadequacy and helplessness in relation to psychoanalysis that was also being evoked in me by being in projective identification with similar feelings in my patient.

The rabbit and the stick

In this kind of persecutory climate it is extremely difficult to find a position that is neither persecutor nor victim. I want to elucidate this with reference to Rosenfeld's distinction between a very early persecutory super-ego and a later, more Oedipal super-ego. Rosenfeld (1962) suggests that the early super-ego is characterized by feelings of reproachful accusation associated with damaged internal objects. He illustrates this by a dream in which a patient was instructed by a man to kill a tame and docile rabbit by hitting it with a stick. No matter how much she hit and mutilated the rabbit, no matter how mangled its body became, it would not die, but its eyes kept looking at her in a reproachful and accusing way. Rosenfeld suggests that the injured rabbit represents the patient's anxiety about injured early objects which, being damaged beyond repair, turn into accusing persecutors. The patient then attempts to defend against this by identification with the punishing but idealized father represented by the man with the stick. Thus the identification with the later Oedipal super-ego, (the idealized father) operates as a defence against the early persecutory super-ego. Rosenfeld says 'The greater the inner persecutory anxieties [deriving from the early persecutory super-ego], the greater is the need to make . . . absolutely uncritical identifications with the real parents or parent substitutes as later super-ego figures' (Rosenfeld, 1962: 145, 154).

I think this shows how identification with psychoanalysis as a powerful idealized father serves as a defence against the reproachful accusations evoked by the patient's damaged state. The therapist, often in projective identification with the patient, feels powerless to help and may feel that the patient is too damaged to repair, as indeed is sometimes the case. All this evokes intense guilt that may become unbearably persecuting. In the example I described, my colleague took on the role in my mind of the powerful Oedipal super-ego advising me to hit the

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patient with the stick of interpretations about her envy. I felt as if my colleague was saying that my patient was a bad rabbit who should be hit with a stick when I felt that she was a helpless frightened rabbit who needed me to help her.

The potential anguish for the therapist in this sort of situation cannot be overstated. Often the therapist is torn between desperation to help the 'injured rabbit' and feelings of punitive violence toward a patient/rabbit whose injuries arouse such unbearable feelings of guilt, inadequacy and failure. The hapless therapist is caught between the Scylla and Charybdis of persecutory super-ego injunctions – fearing the consequences of failing to help on the one hand and the consequences of being too 'soft' and insufficiently analytic on the other. This creates a false dichotomy between being a good object and a good analyst, an issue I have addressed elsewhere in terms of the need to distinguish between a good object and an idealized object (Colman, in press).

Robert Caper has described particularly well the situation in which the therapist avoids the reproach of the archaic super-ego by colluding with the patient's conscious or unconscious demand for an idealized good object (Caper, 1992, 1995). The therapist is identified with the patient's *fear* of the archaic super-ego and cannot withstand the guilt-laden pressure to give in to its accusatory demands. However, the fusion between the archaic super-ego of patient and therapist that he describes can also result in the therapist *identifying* with the super-ego and enacting this by 'punishing' the 'bad' patient. Then, like Rosenfeld's patient, the therapist may turn to the idealized potency of psychoanalytic interpretation – the 'big stick' – resulting in a punitive and persecutory response that disguises the therapist's sadism as 'interpreting the patient's destructiveness'.

I recall a particularly clear example of this kind of identification when a therapist in a clinical seminar described how he had 'got out the big guns' in his interpretation to his patient. In this situation, the therapist identifies with the potency of the analytic super-ego as a defence against the more primitive, archaic super-ego associated with the reproach of damaged objects. As a result, interpretations of the patient's destructiveness can become disguised sadistic attacks, driven by fear and hatred of the patient who reminds the therapist of their own damaged objects. An alternative strategy is to become a bit of a helpless rabbit oneself, who complies with the dictates of analytic super-ego injunctions out of fear of being punished by the big stick. Here, the letter of the law is obeyed, not because it benefits the patient but because it avoids persecution by the analytic super-ego. In neither case is the therapist actually in touch with the patient.

Idealization in psychoanalytic training

Although these pressures are inherent in psychoanalytic work, they may also be compounded by the process of training during which the trainee is inducted into the psychoanalytic community. It is inevitable and in some ways even

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desirable that there should be a certain amount of idealization of psychoanalysis by those prepared to devote the enormous resources required to become a qualified practitioner. Similarly, trainees inevitably identify with senior figures in the profession, from Freud and Jung onwards.

Nevertheless, idealization and identification create considerable difficulties if they remain unmodified. Since it is the job of the super-ego to monitor and even police the ego in relation to the standards of the ego-ideal, the more idealized and therefore unattainable the ego-ideal becomes, the more persecutory will be the functioning of the super-ego (Newton, 1961). Furthermore, it is often very difficult to know whether one is functioning in the desired way. For example, I have still not managed to work out whether I am capable of working without memory and desire because I have never been quite sure what working without memory and desire really means. Nor, in working with the unconscious, is it ever possible to 'know' sufficiently what is going on to be in command of the situation. These pressures contribute to a tendency to compensate for feelings of helplessness and powerlessness by elevating the psychoanalytic 'parents' into super-powerful, magically effective beings. We project into them the omnipotent power we believe we need to become therapists which we then hope to ingest from their words of wisdom. In short, psychoanalytic training is likely to function as a Dependency basic assumption group in which 'members perceive the leader as omnipotent and omniscient and themselves as inadequate, immature and incompetent' (Kernberg, 1998: 4). Hopper states that

> The basic assumption of Dependency protects people from the experience of helplessness and fear that they will be unable to fulfil the requirements the completion of which is essential to life . . . Feelings of unsafety, uncertainty, being lost, of not knowing what to expect and what is expected are also involved. (Hopper, 2003: 32–3).

While such feelings must be present in any training situation, they are compounded by the trainee's own analysis where such feelings are being aroused through regression to infantile states of mind. The trainee has to cope with the most acute activation of their needs for dependence while simultaneously trying to function in a work group related way. This can lead to a difficult oscillation between idealization and denigration since, as Hopper continues 'When Dependency fails as a defence against feelings of helplessness, envy is likely to occur and, in turn, either denigration develops and leads to Flight/Flight or further idealisation develops and leads to an amplification of Dependency' (Hopper, 2003: 34). In the latter situation, trainees function uncritically, looking to the analyst and/or supervisor to convey the magically effective power to heal. Such feelings can lead to rote imitation, taking what is said and done by analyst or supervisor and repeating it to the patient in undigested form, thus eliminating the trainee's own thinking mind, the very thing which is actually of most benefit to the patient. The tendency towards fight/flight in psychoanalytic group relations is, sadly, only too obvious: denigration is associated with splitting and

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projection of 'bad' theories and practices into other groups and a defensive insistence on the superiority of one's own school.

Rigour and 'the rules'

One result is the persecutory idealization of analytic 'rigour'. Although being 'rigorous' is often valorized in psychoanalytic discourse, its dictionary definition is surprisingly similar to the activity of a punitive super-ego: 'severity in dealing with persons, extreme strictness, harshness, the strict application or enforcement of a law, rule etc., exactness without allowance, deviation or indulgence' (*OED*).

When analytic 'rigour' becomes idealized, it is hardly surprising if authority degenerates into authoritarian rigidity and the maintenance of boundaries becomes slavish adherence to orthodox technical procedures. As a result, trainees form the erroneous impression that psychoanalytic practice is full of 'rules' that must be obeyed, fostering an over-zealous aspiration to a style of practice hide-bound by all the injunctions, prescriptions and proscriptions that make up the analytic super-ego. So, the idea grows up that one must always and only interpret the 'here and now' transference, maintain a neutral demeanour at all times, never make a personal disclosure, never acknowledge mistakes, never apologise, never answer questions and preferably never ask them either, never say 'we', never accept presents, never look at photographs of the patient's family or read anything they bring to the room. Such strictures produce an essentially defensive approach to the therapeutic relationship in which the therapist is continually 'watching their back' for fear that the 'supervisor on their shoulder' will put the knife in. Instead of *thinking* about boundaries and containment, instead of recognizing that it is the maintenance of an analytic attitude of thoughtful reflection in the therapist's *mind* that constitutes the real boundaries, these matters are rigidified into 'rules'.

Once this kind of persecutory atmosphere takes hold, presentation of clinical material can become a fraught and inhibited experience in which the therapist fears being shown up and criticized for all the 'enactments' he has missed and the transference dynamics s/he has failed to spot and/or interpret. Although it is recognized that 'errors' will inevitably occur due to counter-transference pressures, these are regarded as regrettable 'failures' that the therapist should strive to avoid. This generates further competitive pressure to become a 'knowing' and clever therapist who can not only spot the patient's attempts to 'trick' the therapist but point out where other therapists have been insufficiently rigorous and thus 'caught' out' by the tricky, devious manipulations of the patient.

While this may be a caricature, it is certainly a recognizable one. I frequently find that supervisees, including qualified and experienced therapists, are maintaining rigid boundaries as 'rules' without really having thought through the reasons for it. They are hamstrung when patients question their actions and

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unable to consider when there might be reason to act differently. Instead of boundaries being a set of guidelines that enable the therapist to know where they are in relation to the yardstick they provide, they become a fetishized shibboleth measuring little more than analytic rectitude. They provide an easy target for insecure colleagues or supervisors, thus turning the screw of persecutory anxiety about presentation of clinical work.

What counts here is not what one does but why one does it: is it merely conformity to or rebellion against 'the rules' or does it have a properly thought out analytic motivation behind it? I fully accept that some practitioners will take a very different view of the frame from my own, for example the view held by Robert Langs that the frame must be kept absolutely stable. Langs' approach is clearly a carefully thought out and closely argued clinical strategy. As such it is only likely to be effective when used by those who understand it and are able to make it their own. So, while the nature of the frame may vary, the important thing is that the frame itself should be subject to analytic discourse, not merely a given that is beyond discussion. When the frame is considered as the expression of the analytic attitude itself, it becomes freed from super-ego 'shoulds' and available for the exercise of personal judgement which, as Britton points out, is actually a function of the ego, not the super-ego (Britton, 2003: 101).

The analytic frame and the analytic attitude

External boundaries may thus be regarded as the outward sign of the analyst's inward analytic attitude. In the disorienting situation of 'not knowing' that is an inevitable accompaniment to working with the unconscious, boundaries may sometimes provide a virtual life-raft of stability. This certainly has a positive aspect. I treasure the story of a psychotic patient who had the greatest difficulty attending his sessions at the right time. The analyst patiently reminded him of the correct time of the session and kept to the time boundaries regardless of when the patient arrived. Several years later, when the patient had recovered from his psychotic state, he reflected: 'That was a terrible time for me. There was only one thing in the world I could be sure of – that you knew what time it was'.

Yet if this moving story were to become an unbreakable law, we would be unable to recognize circumstances in which the opposite considerations apply. An example of this occurred while I was writing this paper. One Sunday afternoon, as I was reading over the paragraph above describing 'the rules', I was telephoned by a patient who told me he was in 'a desperate situation' and asked if I could see him. I could hear from his quivering voice that he was in a dreadful state such as I had never heard in over five years of therapy. It dawned on me that he wanted to see me *immediately* and, as it did so, I made up my mind. I told him I would meet him at my consulting room in half an hour where I saw him for an otherwise normal 50-minute session. This swift, unhesitating decision

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was based on how unlikely it was that he would make such a request without serious cause and on the fact that, in all the years of therapy, we had been unable to make direct contact with the raw, emotionally dependent infantile part of himself that was now so apparent. The session we had that day seized an opportunity that would almost certainly have been lost had I insisted on waiting until his normal session time two days later. As a result the therapy was moved forward in an undoubtedly helpful way by his increased emotional availability and my increased understanding of the part of himself he had found so difficult to bring directly into the room.

Some might argue that such action is all very well for experienced therapists but is inadvisable as a model for trainees. They would argue that you have to learn the rules before you can break them. Yet it seems to me that if therapists are going to learn to relate to boundaries and the frame as an expression of their analytic attitude, they need to be taught how to do so. This is only possible if the frame is subject to analytic scrutiny and debate in the course of training. So I would argue that you have to understand the meaning and purpose of the frame before you can learn how to use it. This keeps 'the rules' in the context of exercising ego judgment as opposed to becoming super-ego injunctions that can be utilized defensively.

Perpetuation of the super-ego in psychoanalytic organizations

Unless such injunctions are actively countered in training they may become installed into the analytic super-ego and difficult to shake off once qualified. Worse, they may be perpetuated as therapists become supervisors and trainers themselves. Even those who have developed a more personal way of working may feel it incumbent to pass on 'the rules' to the next generation. Freud describes this process in his account of the role of the super-ego in passing down traditional values and ideology:

> As a rule, parents and authorities analogous to them follow the precepts of their own super-egos in educating children. Whatever understanding their ego may have come to with their super-ego, they are severe and exacting in educating children. They have forgotten the difficulties of their own childhood and they are glad to be able now to identify themselves fully with their own parents who in the past laid such severe restrictions upon them. Thus a child's super-ego is in fact constructed on the model not of its parents but of its parents' super-ego. (Freud, 1933: 67)

As analysts take up senior professional roles, this 'identification with the parents' may be a positive and gratifying experience, especially if they have experienced their own analysts as loved and admired parental figures. Yet, by the same token, they may feel themselves to be responsible for ensuring that the beloved, precious knowledge and traditions of psychoanalysis are preserved and protected. As a result, a defensive conservatism sets in that unconsciously regards

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the new generation as the repositories of repressed rebellious impulses that must now be subjected to 'rigorous' training to ensure their continued suppression.

For example, Edward Martin describes the response on a supervision course to a teaching example of a male supervisee who had given a female patient a lift home in the rain. The course staff were shocked by the members' draconian suggestions for how to deal with this, such as reporting the 'offender' to their professional body in the hope that disciplinary measures would be adopted (Martin, 2005: 177). The underlying anxiety here is clearly the fear of incestuous acting out to which the sequestered intimacy of the analytic space so easily lends itself. The members of this course, supervisors themselves, seem to have been dreadfully anxious about the possibility of such enactments and felt the need to ruthlessly police incestuous impulses in their supervisees.

Infantilization

The unconscious phantasy of psychoanalytic organizations as a family where the senior members are parents and the trainees are children frequently results in trainees being infantilized through institutional practices that embody and perpetuate this unconscious belief (Hill, 1993; Kernberg, 1996; Johns, 2000). It is often forgotten that candidates for analytic training are usually capable and experienced adults in their own right. Jennifer Johns quotes an egregious example of this from the obituary of a member of 'The Year of the Colonels', a group of psychoanalytic candidates, including Bion, who had had successful careers in the military psychiatric services during the Second World War. The obituary describes them.

> sitting on a dilapidated sofa and swallowing their indignation at being infantilized by their then teachers, and treated as if they knew nothing of life – senior officers who had been through the Desert and European campaigns and had organized the psychiatric and psychological services for the war effort. (Johns, 2000: 66)

While it is certainly true that training promotes regression, especially given the concurrence of personal analysis, this is compounded if the organization responds in kind. There may also be powerful unconscious processes of projective identification underlying this kind of organizational dynamic, whereby residual fantasies amongst the trainers are projected into the new generation of trainees. Perhaps this situation is best conceived as a variety of shared unconscious phantasy in which both trainers and trainees participate in the promotion of a Dependency basic assumption group.

Anonymity and 'that distant ideal land'

These processes are also enacted and promoted in the structural relations *between* analytic organizations. The entire analytic community, at least in this country,

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constitutes an 'organization in the mind' that is conceived as a hierarchal ladder with the Institute of Psychoanalysis at the 'top', the other BPC organizations on the next rung down, the rest of the psychoanalytic psychotherapy trainings below and the psychodynamic counselling trainings somewhere at the bottom. In my view, this construction is impossible to avoid, since those who protest most vociferously against it only serve to confirm its existence as a collective reality.

The effect is to institutionalize a system that promotes the fantasy of a highly idealized and therefore persecutory analytic super-ego. For if, as I have suggested, the super-ego becomes more persecutory the greater the distance between the ideal and the achievable reality, the reduction of super-ego anxieties is dependent on a reduction of idealization. Therefore it becomes imperative that, as therapists mature, they have the opportunity to test out their fantasized idealizations of psychoanalysis against the reality.

However, the organization of psychoanalysis not only militates against this but actually fosters the opposite. The hierarchical structure is such that the 'lower echelons' never have direct contact with those remote idealized figures against whom their super-ego continually measures their competence or lack of it. As Kernberg (1996) ironically remarks in his satirical paper 'Thirty methods to destroy the creativity of psychoanalytic candidates', 'Anonymity fosters unanalysable idealisation and healthy insecurity'. Many of the methods he outlines promote such anonymity by maintaining a strict demarcation between senior and junior colleagues and the institution of powerful barriers to advancement within analysts' own societies. He also considers the discouraging effect of geographical distance:

> It may be very helpful to point out that psychoanalysis is understood and carried out properly only in places far away from your own institution . . . If the demands of the training are such that the students would not be able to spend an extended part of the time in that distant ideal land, they may become convinced that it is useless to attempt to develop psychoanalytic science in a place so far from where the true and only theory and technique are taught. And that conviction will last (Kernberg, 1996, 1034).

Nor is geography the only way of maintaining distance. The same effect is 'achieved' by having a hierarchy of analytic organizations within the same city, as is the case in London where the role of 'that distant ideal land' is amply fulfilled by senior bodies such as the Institute of Psychoanalysis and, within the Jungian community, the Society of Analytical Psychology. Looking at it this way, much of what Kernberg says about the barriers *within* analytic societies is even more true for the relations *between* the analytic societies and their 'descendents' – mainly the psychoanalytic psychotherapy organizations.

Put briefly, the analysts train the psychoanalytic psychotherapists and the psychoanalytic psychotherapists train the psychodynamic counsellors. It is therefore no surprise to find among the latter group the greatest persecutory anxiety

and the most rigid beliefs about analytic rules and boundaries for it is here that the greatest distance between analytic ideal and clinical reality is to be found. Fed on undiluted wadges of psychoanalytic theory derived from patients seen five times weekly, they are expected to apply these ideas in once a week counselling on the basis of what is usually once weekly personal therapy. They are taught mainly by psychoanalytic psychotherapists who are often intent on impressing upon them how difficult it is to achieve their own status as a reflection of the envy and sense of inferiority they feel towards the even higher status analysts. For most of these trainees, a real McCoy 'analyst' is a semi-mythical being whose papers they read but whom they rarely if ever see and then only at lectures where they are wheeled on as distant celebrities. Small wonder if they feel persecuted by an analytic super-ego that impresses on them their pathetic inferiority in relation to the analytic ideal. While this may be extreme, it serves to highlight the same processes that go on in less exaggerated form throughout the profession. Hence the anxiety or hostility with which many psychoanalytic psychotherapists measure themselves against the analysts, seeking either to impress them or denigrate them – a further example of the oscillation between an exaggerated Dependency Group and the flip into the Fight/Flight Group.

All this clearly implies that the more actual contact and communication there is between different psychoanalytic bodies, the more healthy and creative the atmosphere will be and the less opportunity for persecutory analytic super-ego fantasies. Similarly, it is important that such contacts encourage an atmosphere of openness and sharing. It is not helpful to recreate analytic anonymity in the guise of impenetrable organizations since, unlike the analytic relationship, there is no opportunity to analyse the transference fantasies that such anonymity fosters. Here we must all look to our own anxieties, since it is all too easy to hide behind the need for confidentiality and boundaries as a way of defending against anxieties and uncertainties, the fear of being revealed as emperors without clothes (Casement, 2005).

This would suggest that all the barriers and inscrutable anonymity maintained by analytic organizations serve only to disguise the truth that the fantasized omnipotent analytic father (or mother) is nowhere to be found. As analysts gradually progress up the hierarchy, they become slowly acclimatized to the fact that these ordinary people who are now their colleagues are no more powerful or threatening than themselves. At the same time, though, a further insidious form of socialization may be taking place as they are inducted into the view that it is their responsibility to maintain the illusion. For this reason, psychoanalytic organizations may display a rigid defensiveness that goes far beyond the personal defensiveness of its members. So the analytic super-ego continues in a new guise, policing the senior analysts themselves into maintaining the kind of group relations that encourage their junior colleagues to go on dressing them up in the clothes of the analytic ideal. That is, group relations in the analytic world tend to foster transference fantasies rather than acting to dissolve them.

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Conclusion

When I began thinking about the subject of this paper I was still under the sway of transference fantasies of this kind. I believed that many analysts and psychotherapists maintained attitudes of arrogant persecutory superiority towards colleagues and negative judgemental attitudes towards their patients. I saw this as a kind of tyranny from which the profession as a whole needed to be liberated (by me, presumably). It took me a remarkably long time to recognize that what I was actually criticizing was my own analytic super-ego; an internal supervisor built on the model of my training but imbued with my own self-critical anxieties. I would now see my former view as an attempt to split off and project these self-criticisms and take up a position of rebellious denial towards them. My change of view came about as I became increasingly aware of the defensive and critical tone with which I sought to 'nail' the attitudes by which I felt so criticized. I discovered that in hating 'nothing at all except hatred' (Dylan, 1965) the virulent strength of the persecutory super-ego reveals itself in a new guise. That is, it takes the easy option of exporting the super-ego by projecting it on someone else – in my case, for example, those bad Kleinians at the Tavistock – and carrying on a super-ego driven vendetta against them. This attempt to throw out the analytic baby with the super-ego bathwater may get rid of analysis but the super-ego is sure to seep in again under the back door.

It is not that there is no evidence at all for the attitude of rigid superiority that I was so keen to 'nail' (e.g. Hill, 1993). However, I would now see these as examples of therapists and analysts *identifying* with the same persecutory analytic super-ego that others comply with, rebel against and/or project onto the remote (and envied) psychoanalysts 'above' them. At bottom, I believe that all psychoanalytic psychotherapists struggle with the same anxieties, doubts and confusions that I have done over the years. This investigation into my own analytic super-ego has taught me the real therapeutic value of staying with such feelings and struggling to think about them with an analytic attitude.

In my own development, my inability to shrug off views of the analytic process that ran counter to my own has turned out to be an asset. I would see this as an illustration of the internal process that Jung described on the mythological level through his exegesis of the story of Job (Jung, 1952). Rather than turning against God or giving up under the weight of his blows, Job confronts God with his own blindness and cruelty and, Jung argues, thereby brings about a change in God's nature, evinced by the shift from the Old Testament morality of 'eye for an eye' to the New Testament morality of 'Love thy neighbour'. Britton (2003) has recently put forward the same view (without reference to Jung, unfortunately) in terms of the conflict between ego and super-ego. It is through the confrontation with the super-ego that its qualities become modified: critical persecution gives way to strong, loving support.

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This confrontation represents a shift from an idealizing and identifying relationship with psychoanalysis to one of love (Caper, 1999: 118). It means giving up the wish for idealized certainties but it also brings freedom from inner persecution. Having such an internal relation to psychoanalysis has to be distinguished from the kind of narcissistic relation where the therapist's relation to their theory, their technique or the fantasized view of their professional colleagues stands in the way of their relation to the patient. I think of this as more like an adult couple relationship than one of parent and child. In a successful (i.e. non-narcissistic) couple relationship, the couple allow each other the freedom to relate to others outside the couple but the couple relationship provides a background of support and an arena where difficult issues from the outside world can be brought back and struggled with. However, the partner is related to as an equal, not as a superior authority and it is recognized that each partner contributes to the overall relationship just as in a creative relation to psychoanalysis we are contributors as well as recipients. An alternative model is to see a more benign, transformed analytic super-ego as akin to a council of elders consulted by a ruler. As Britton puts it, 'the example of intrepid ancestors and the trust of respected colleagues is a source of inner strength' (Britton, 2003: 128). But at the end of the day, the decision is ours and ours alone. That is the joy but also the terror of our impossible profession.

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Governance and the analytic institution

HELEN MORGAN

ABSTRACT

Historically, the profession of psychoanalysis has been a closed system with internally regulated means of selection, assessment and career progression managed by 'elders' whose status is often experienced as undefined and unattainable. Increasingly, the requirements for governance are demanding a greater openness in how the institution is managed and operates. It is argued that this spotlight on the profession is challenging a system of 'clubs' or closed shops and is forcing into the open previously implicit demarcations and differentiations. The concept of 'eldership', defined as the functional attribute or quality essential to any profession is introduced and its relationship to governance explored. Whilst the increased transparency is welcomed, there is a danger that the broad searchlights of governance and statutory regulation can fail to take into account the need for a degree of opacity within this particular profession. Confidentiality, the privacy of the analytic relationship and the maintenance of proper boundaries are central to the work. An over-intrusive system of state regulation which fails to understand the particular needs for privacy and confidentiality in analytic work leaves the analytic couple too exposed and vulnerable. Copyright © 2006 BAP. *John Wiley & Sons, Ltd.*

Key words capacity to be alone, ego-ideal, eldership, governance, state regulation, Winnicott

Introduction

This is a long moment of uncertainty in the profession of psychoanalysis and psychotherapy. The mills that move us towards state registration are grinding

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exceedingly slow, churning up the hard grist of how we define ourselves, what we do, what we don't do, which lines are to be drawn and where, who will be on which side and what we will all end up being called. Current struggles include concerns of status, economics, authority and identity, but also a heartfelt urge to protect a certain way of thinking and working that is much under attack at the moment.

The complex politics of what I shall be referring to as the profession of psychoanalytic psychotherapy may seem tiny against the backdrop of those struggling in the public sector and some may question whether this private, privileged and parochial world has any relevance for those working 'out there' at the coal face.

I suggest it has. Put most simply, at the centre of the psychoanalytic endeavour is a relationship between two people, the analytic couple. It is the very privilege of being able to explore that relationship in a relatively uncluttered, protected, boundaried place and time that allows it to be of use beyond the therapeutic work with an individual as it offers insight into what sort of structure a therapeutic relationship is best contained within. Whatever the helping profession we are considering, we need a system that fosters authentic, trustworthy, autonomous professionals able to bear anxiety, hopelessness, powerlessness, to not know and yet to keep on thinking. In many ways, what is happening to psychoanalytic psychotherapy is a particularly extreme version of what is happening to other professions. The dilemmas and choices are not radically different, only starker.

Alone in the presence of . . .

Analysis takes place within a container. The free associating of the analysand, the reverie of the analyst and the play between them can only happen in a space where confidentiality and privacy are secure and trusted. The analytic couple *must* be alone in order for analysis to take place. However, in this aloneness each becomes vulnerable to the other and there is the real risk that privacy slips into dangerous secrecy. Boundaries may crumble and unconscious vengeful or erotic forces may overwhelm, leading to the loss of the analyst's empathic, ethical and analytical attitude resulting in retaliation and acting out. It is, therefore, also imperative that this analytic couple is *not* alone.

Winnicott proposes that the capacity to be alone is a crucial aspect of healthy development and that this happens through the infant being able to be alone *in the presence of* the mother. As he states:

> Here is implied a rather special type of relationship, that between the infant or small child who is alone, and the mother or mother-substitute who is in fact reliably present even if represented for the moment by a cot or a pram or the general atmosphere of the immediate environment. (Winnicott, 1965: 30)

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Winnicott is, of course, speaking of the individual infant alone with its mother. When he writes, albeit sparingly, about the paternal role, he also hints at a notion of this 'nursing couple' itself being alone in the presence of a third. This 'third' is the 'other' in whose presence the mother/infant couple are alone. This 'other' has the dual role of protecting the couple from external impingements, and of intervening at times of stress between them. Applying this to the analytic couple, the image I am presenting is that of their being alone together *in the presence of* an 'other', and that this 'other' is the analytic institution.

If we now return to Winnicott but substitute the analytic couple for the infant:

> It is only when alone (that is to say in the presence of someone) that the infant can discover his own personal life. The pathological alternative is a false life built on reactions to external stimuli. When alone in the sense that I am using the term, and only when alone, the infant is able to do the equivalent of what in an adult would be called relaxing. The infant is able to become unintegrated, to flounder, to be in a state in which there is no orientation, to be able to exist for a time without being either a reactor to an external impingement or an active person with a direction of interest or movement . . . The individual who has developed the capacity to be alone is constantly able to rediscover the personal impulse, and the personal impulse is not wasted because the state of being alone is something which (though paradoxically) always implies someone else is there. (Winnicott, 1965: 34)

In a sense this notion of 'alone in the presence of . . .' is merely a reformulation of the concept of the analyst's internalized good objects gained hopefully through their own analysis, supervision and general training. But changing the image slightly shifts attention from the particular practitioner to that of the profession as a whole. For then the question becomes how the profession should best be organized so that it can be the facilitative, concerned and benign 'other' in whose presence the analytic couple can be alone. The intention is an 'aloneness' which allows them to 'rediscover the personal impulse' rather than the 'pathological alternative' of 'a false life built on reactions to external stimuli'.

The traditional profession

As with all professions, psychoanalysis has its own internal system of professional authority and responsibility held by people who are assumed to know their craft. They are the 'elders' who hold authority in the realms of gate-keeping, assessment, teaching, ethics, etc., because of their experience and expertise.

However, unlike other professions, psychoanalysis as yet has no established system of external reference, there are few links to the academy and the research base is developing but still weak. Even within a fairly narrow definition of psychoanalysis, there are a number of theoretical approaches, a variety of 'truths' each avowed by different groupings with historical and current conflicts. Whilst

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other professionals operate in a more open forum so that their work is publicly available to be judged, the very privacy of this one makes assessment a more intricate affair. The analytic profession has existed in relative isolation, arranged in a hierarchy as a hermetically sealed system, unaccountable to any external body. The profession has, I suggest, itself been left too much alone for too long.

It has its critics both from within and from without. In his book, *Unfree Associations*, Kirsner, who conducted a major piece of research into analytic institutions in America, refers to the 'clubbishness, internal focus, anointment and fratricidal behaviour in psychoanalytic cultures' (Kirsner, 1999: 232). He is especially critical of the system of training analysts which elevates certain elders and gives them control of assessment, training, the 'rules' of the institution and the process he refers to as 'anointment' of the favoured few. The argument is that the system of training analysts establishes and reinforces an ideal, a sort of 'super-analyst' who is the only one trusted to analyze candidates and have overall control within the institution. Only some will make it to this idealized state yet the skills, qualities and competencies necessary for selection to these and other ranks are rarely made explicit.

The ego ideal

In his paper 'The analytic super-ego' (see pp. 99–114) Colman refers to the similarity between analytic training and initiation rites, and the tendency this creates for candidates to 'remodel' themselves in the image of their community's ideal. The candidate's ego-ideal is thus transformed into an analytic ego-ideal to be monitored by an analytic super-ego identified with the analytic community at large (Colman, 2006).

Rycroft defines Ego Ideal as: 'The self's conception of how he wishes to be. Sometimes used synonymously with the super-ego, but more often the distinction is made that behaviour which is in conflict with the super-ego evokes guilt, while that which conflicts with the ego ideal evokes shame' (Rycroft, 1995: 45).

Colman again:

> idealization and identification can create considerable difficulties if they remain unmodified. Since it is the job of the super-ego to monitor and even police the ego in relation to the standards of the ego-ideal, the more idealized and therefore unattainable the ego-ideal becomes, the more persecutory will be the functioning of the super-ego (Newton, 1961). These pressures, in addition to those . . . arising out of the counter-transference to the patient's distress, all contribute to a tendency to compensate for feelings of helplessness and powerlessness by elevating the psychoanalytic 'parents' into super-powerful, magically effective, larger than life beings. (Colman, 2006)

As Colman points out, it is inevitable that there is a degree of idealization of those whom, after all, we spend a great deal of time and money training to become like. However, the greater the gap between the ideal and the reality, the

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greater the threat of shame, and the harsher the super-ego response. Denigration of the so-called elders, whilst appearing to refute their power, is merely the other side of the same emotional coin. Both idealization and denigration are exacerbated by distance and by desired qualities and abilities being kept undefined and opaque. If the qualities of these elders, the training analysts, the supervisors, the teachers, are assumed but not defined, and the criteria for assessing the various stages of career development not explicit, then qualification and later progress become a haphazard business of unknown factors and/or the benign regard of those with power.

Eldership and governance

A shift towards greater transparency *is* happening but, I suggest, *only* because of the external demands of governance on the analytic institutions. Thus far I see these demands as having a positive, opening effect on the profession. Indeed, like a series of Russian dolls the profession might be seen to be an external 'other', in whose presence it can be alone.

Instead of thinking of actual 'elders' with all the implications of an idealized aristocracy or elite, I want to put forward the idea of 'eldership' as a functional attribute or quality essential to any profession. This includes the particulars of the craft, the theoretical framework, its moral code and its wisdom. Whilst represented by certain individuals at any one time, its ownership and development need to be accepted as the responsibility of all members, including candidates in training. In the wider profession, in any analytic institution, and also in any individual practitioner, functions of eldership and of governance need to operate in relation to each other. It is this I wish to explore briefly here, but to do so I need to change language for a moment.

The BAP, like similar organizations, is managed by a council elected from and by the membership. The tasks of the organization relating to its objectives are delegated to the various committees who carry out the day-to-day business through the various representatives in dialogue with council. In the set of papers each council member is given on joining, governance is defined as 'The systems and processes concerned with ensuring the overall direction, effectiveness, supervision and accountability of an organization'.

Currently, corporate governance requirements from external bodies apply because we are a charity and a company limited by guarantee, making council members both trustees and directors with specific legal responsibilities for compliance with:

- charity law and the requirements of the Charity Commission;
- company law and the requirements of Companies House;
- employment law;
- health and safety legislation;

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- data protection legislation;
- legislation against discrimination on grounds of race, disability, gender and other factors.

As with any profession, the tasks of the analytic institution need to be undertaken in a way that ensures that the aspects of governance and those of eldership are in a respectful relationship with each other. However, I see this as an asymmetrical relationship with the function of governance acting as the container for that of eldership. Good governance acts as the 'other' which protects eldership from external impingement but may also need to intervene at times and require it to make itself known and understandable. Again, the metaphor of aloneness in the presence of the other seems apposite; indeed, good governance as opposed to government refers in part to that balancing act between intruding and enabling.

Mostly, the work of the organization goes on without serious conflict between the two functions. The more profound disputes tend to be those which concern difference relating to matters of eldership. Here there is usually a sub-text regarding professional recognition, authority, power and status. Each side, in pursuit of their position, may challenge those aspects of governance which do not suit, and ultimately, therefore, challenge council's *function*. However, it is the requirement to hold to agreed constitutional policies and procedures and to be accountable to democracy within the membership as well as external demands that can and should act as the container for the internal debate.

Governance and state regulation

So far I have been referring to a benign definition of governance as a helpful, potentially opening effect on the analytic institution. However, the starting point of the metaphor is the aloneness of the infant. The infant needs the mother's presence so he can forget it and get on with the developmental work of relaxing. His play or his reverie should not be intruded upon by an over-anxious mother who is constantly poking him to check he is OK. Similarly the analytic couple must be alone to get on with their own particular form of relaxing. They must be protected not only from the intrusion of a judgemental, shame-inducing analytic superego, but also from invasion by an over-anxious system of governance which has little capacity to trust this aloneness and wants to manage and control it quite directly by intruding into it. Rather than the presence the practitioner and client can be alone within, governance then becomes the paranoid intruder that is driven by anxiety and fails to trust.

The Government's current plan is that the professions of psychoanalysis, psychotherapy and counselling will eventually be registered within the Health Professions Council (HPC), which currently sets standards for twelve health

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professions including radiographers, clinical scientists, arts therapists, dieticians and others.

The implications for the analytic profession of regulation by the HPC are unclear at this stage. Glancing across at those sister professions which are already state regulated and seeing the tidal wave of requirements which seems to be almost drowning these practitioners in anxiety-driven, risk-averse, overly rational demands, I admit to a worry that this over-controlling ethos will find it hard to leave the analytic couple alone.

There is already much concern about the question of how complaints against practitioners on ethical grounds are likely to be heard. As things stand, this is by a committee made up of practitioners from a rotation within the twelve registered professions and a number of lay members. This means that a complaint against a psychoanalytic psychotherapist could be heard by a panel which may include only one or possibly two from the profession. It is unlikely, therefore, that there would be much understanding of unconscious processes or transference. Cases are also heard in open court which means anyone can attend, including the press and, as soon as a complaint is made it is published on the internet as a case pending, including the names of both the therapist and the patient.

This is too much light on the subject, since such procedures fail to recognize the particular nature of psychoanalytic work and could actually weaken the governance of the profession. To take the above example, it may mean that many patients will fear making a complaint as, if they do, the work of the analysis, and therefore they themselves, will no longer have the guarantee of privacy and confidentiality. Others may make a complaint as an attack on their analyst who will then be publicly named, even before the case is heard. Where there are grounds for complaint, the process of doing so can be deeply painful for a patient. It needs to be managed in a safe, confidential and careful way by people involved in the area; that is, people with an understanding of unconscious processes. This would include an understanding that an analyst who repeatedly extends the session, gives gifts, goes to the patient's home, and so on, is not being generous and helpful, as it might appear to an external observer, but is actually transgressing boundaries and breaking an important trust. That is, the terms of the analytic contract would have been transgressed.

As we often discover in analysis itself, what we set out to do, our conscious intention, has this odd way of having the exactly opposite effect. As Bauman says: 'You want to legislate the quality of life and you get this funny problem that the receptive, spontaneous aspects of the quality of life would be lost if you legislated it' (Bauman, 1993: 184).

Then it is the function of eldership which must come to the fore to challenge governance and insist on the need for opacity. Eldership is what understands the space that the other wishes to intrude into, trusts it, and knows that damage will be done by careless interference.

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Whether we like it or not, state regulation is inevitable, but it is a difficult process, raising, as it does, all sorts of conflicts within the profession as a whole and within the individual practitioner. As one such practitioner I find myself at one minute the rebel, shaking my fist at this self-appointed, frequency-obsessed, rigid elite, and at the next one of the elders, tut-tutting at the poor 'standards' of others. What I want to do then is to retreat back into the privacy and aloneness of my consulting room; but there is no retreat, there is always the 'other' that has to be engaged with. If we don't speak out for good eldership and good governance, then the psychoanalytic way of thinking may be reduced to a tiny corner of our world. And that, I do believe, would be detrimental to us all.

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The human psyche in a changing world: science and the psyche

ELPHIS CHRISTOPHER

ABSTRACT

This paper explores the cautionary value of myths, biblical stories and fairy tales and what they may reveal about the possible dangers of modern scientific discoveries. Three specific areas – the treatment of infertility, the care of very small premature babies, and brain research – are examined. In each instance, scientific discoveries have made a profound contribution whereas, certainly in the first two areas, psychological understanding of their effects has lagged behind. In the third area, that of brain research, a more fruitful interchange between the scientific discoveries and psychological theories, especially those relating to attachment, has occurred. The paper ends with an attempt to draw the various themes together using Jung's concepts and ideas about the nature of consciousness and the unconscious, the warring opposites in the psyche, and the need both for dialogue between these opposites and for the use of the transcendent function, that is, the capacity to make symbols, to create something new and different with hopefully a more positive outcome. Copyright © 2006 BAP. John Wiley & Sons, Ltd.

Key words archetypes, attachment theory, brain research, infertility, myths, premature babies, scientific discoveries, transcendent function, warring opposites

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This paper, given in May 2005, was part of a series of four events under the title 'The Human Psyche in an Ever Changing World', organized by the BAP Jungian section. The theme of the series was the nature of the changes with which society and individuals are confronted today. Baroness Susan Greenfield, the distinguished neuroscientist, gave a presentation in the Science and Technology Event based on her book *Tomorrow's People: How 21st-century Technology is Changing the Way we Think and Feel*. Sharing this event, Elphis Christopher provided a Jungian perspective on Science and the Psyche.

When preparing this paper I began by thinking of my various professional and non-professional roles: as a practising medical doctor for over 40 years involved primarily in the field of reproductive and sexual medicine, which has seen extraordinary medical advances, as indeed have all fields of medicine; then as a Jungian analyst of 15 years, seeing Jungian thinking and concepts evolve with links starting to be made to brain research, and then as an ordinary citizen, getting older, witnessing exhilarating but sometimes alarming changes and discoveries. Interestingly, in *Tomorrow's People* (2003) Susan Greenfield referred to the 'crystalline intelligence' of older people whereby past experiences are used to assess and interpret the current situation in contrast to the 'fluid' intelligence of the young, quick to learn and adapt.

I found my mind returning to Greek myths, the biblical stories and to fairy tales. Was this escapism or an attempt to gain my bearings? One of the myths was that of Daedalus and Icarus. By one of those remarkable Jungian synchronistic events, I discovered on reading *Tomorrow's People* that Susan Greenfield refers to that myth as used separately by JBS Haldane and Bertrand Russell. Haldane delivered a paper, entitled *Daedalus*, on the future of science to a Cambridge society in 1923. Haldane defined science as 'the free activity of man's divine faculties of reason and imagination' (Greenfield, 2003: 187). He entertained the possibility that human beings might end up as mere parasites of machinery.

Bertrand Russell delivered a reply to Haldane in 1924 entitled *Icarus* (who perished because his arrogance took him, borne on his waxen wings, too close to the sun). It is worth quoting some of what he said.

> Science has not given man more self-control, more kindliness . . . Man's collective passions are mainly evil with hatred and rivalry directed towards other groups. Therefore at present, all that gives men power to indulge their collective passions is bad. That is why science threatens to cause the destruction of our civilisation. (Russell, 1924: 216)

I find myself in considerable sympathy with Russell's view. Two world wars, continuing conflicts around the world and the misuse of nuclear science attest to 'science' being used against human beings. 'The shadow', both collective and individual (to use Jung's terminology), continues to be very active (Jung, 1946: 218–227).

Richard Holloway, former Bishop of Edinburgh, in an introduction to his work *Revelations: Personal Responses to the Books of the Bible* (2005), wrote that

> the ancient Greeks made a useful distinction in their use of written texts. Some writings, they called *logoi*. These were factual or reasoned accounts of some discipline such as science or mathematics. But they had a second kind of writing they called *muthoi*. The classic example of a muthos or myth would have been one of their stories about the gods. (Holloway, 2005: 1)

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He goes on to say that there is an interesting paradox:

> [W]e can still read these ancient Greek myths today and find new depth of meaning in them, but we are unlikely to read ancient Greek science with profit now, because their take on factual reality has been superseded by modern knowledge. The value of factual discourse turns out to be transient; while myth or imaginative discourse turns out to be enduringly useful. (p. 2)

We know this, of course, with psychoanalytic and analytical psychological thinking; for example, Oedipus and Narcissus. Freud made the Oedipal story central to his psychology. Jung wrote extensively on myth seeing universal themes and the use the psyche put them to. An example is the Hero myth found in many different cultures. The Jungian analyst Helen Morgan has written about these myths (Morgan, 2000). She sees the use of the Oedipal myth – the destruction of the father by the son, the marriage of the son to the mother, as the nineteenth century challenge to patriarchy, but with a warning of the terrible consequences. However, different readings of this myth by other Jungian analysts, for example Hugh Gee, put at its core the neglect and abandonment of a child and the dire consequences of that, though also the concept of redemption through suffering (Gee, 1991). Oedipus blinds himself, is befriended by his daughter and received into the underworld. Helen Morgan takes the myth of Narcissus as very much the myth of our age – the beautiful youth who fell in love with himself and is incapable of returning love. Christopher Lasch, the American historian and social critic, wrote as long ago as 1979 about *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*. He pointed to the fact that practising psychiatrists have reported 'a shift in the pattern of symptoms displayed by their patients. The classic neuroses treated by Freud, they said, were giving way to narcissistic personality disorders' (p. 238). As I read the early chapters of *Tomorrow's People* the myth of Narcissus came strongly to mind: selfish, self absorbed, vain with limited or non-existent or even virtual relationships. Contained also within these chapters are two further myths – the Faustian one of the pact with the devil to have all material comforts and eternal life in exchange for his soul; and the myth of Paradise, where all needs are met. There is no struggle, no suffering and no pain – Aldous Huxley's *Brave New World* indeed. I sometimes think that if human beings designed the world there would be fewer life forms. Certainly no viruses, no bacteria, no nematodes and definitely no paradoxes to struggle with, everything pure and clean with no mess or chaos. All totalitarian regimes, afraid of difference and variety, have promised perfection with no mess or chaos but ended up with, as we now know, extreme brutality and mass killing.

Do my concerns about the possible abuses of science mean that I turn my back on science? Emphatically not. We need to distinguish between scientific discoveries and the use we put them to. I value the benefits that science and the

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technological advances made possible by scientific work have brought: a more comfortable lifestyle, electricity, clean running water, sanitation, abundant food, easier transportation (especially flying), quicker communication, labour saving devices, the advances in medicine, healthier longer lives, sustaining more people on the planet. Recently, I read Mikhail Bulgakov's *A Country Doctor's Notebook* (1975). It is a semi-autobiographical book of short stories, recounting his horrendous though sometimes hilarious (for he is a humorous writer) experiences working as a country doctor in Russia in 1916, '32 miles from the nearest electric light'. He describes two cultures, 500 years apart. Himself a scientifically trained doctor, though with few medicines other than chloroform and camphor, facing an illiterate, poverty stricken, superstitious peasantry. The struggles to cope with medical, surgical and obstetric emergencies, the pervasiveness of syphilis and other sexually transmitted diseases, all incurable, would dispel any notion of not enjoying and valuing the advances of medical science. Incidentally, I think of the incurable syphilis of the nineteenth century as equivalent to HIV/AIDS of today. Syphilis and its effects had a profound effect on psychology, *pace* Freud's case of Dora.

Then there are the amazing discoveries in cosmology, the many billions of galaxies, the Big Bang, mapping the human genome, the study of the brain. Unlike the poet Keats, the magic of a rainbow is not destroyed for me by knowing how it forms. To look at the complexities of a single human cell is to be overcome by wonder – miniature industrial complexes with boundaries and elaborate gates, keeping some things in, letting others out, underlying all the manifold workings of the body of which we are not consciously aware. And then the brain, that extraordinary organ that can study itself, sentient, flexible, plastic, subjective and objective, unique to each one of us. I liked Susan Greenfield's description of mind as the personalization of the brain. The adult brain has about 100 billion nerve cells or neurons, about the same number as the number of stars in the Milky Way. Each nerve cell has thousands of connections – synapses. New connections and pruning of these goes on throughout life, allowing us to remember new things and forget old ones. Though what of the unconscious where it is said nothing is forgotten? How are memories stored? Dudai and Carruthers (2005) have drawn attention to Memory (mnemosyne) in the ancient Greek world being the mother of all muses. They note that Aristotle, Galen and the mediaeval Arab commentators emphasized the role of memory in the ethical virtue of 'prudence' and in the ability to make wise judgements and to plan effectively. The authors went on to say that considering memory solely as a brain imprint of the past might limit the creativity of research programmes and bias the interpretation of the outcome. Experiences are correlated with changes at multiple levels of brain organization. Should such changes be considered solely as the impression of past experience or also as the creation of the capacity to prepare for the future? They quote T.S. Eliot 'Time present and time past/ Are both perhaps present in time future/ And time future contained in time past' (from

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Burnt Norton). As psychotherapists in the analytical consulting room we are well aware of the function of memory looking both to time past and time future.

Science and scientific discoveries have given us so much that it is good but there is, to borrow Jung's concept, the shadow aspect of science, and the consequence of its discoveries – the Janus face, and the opposite of all things, to use another Jungian term. At times the optimistic view of science prevails, seeing it as linear, onward and upward progress, especially when it gives us what we want and improves our lifestyle (though every scientific advance leads to further questions). But we are becoming ever more aware of the dark side. Industrialization brought the dark Satanic mills of the nineteenth century against which William Blake among others inveighed with people alienated from the earth and the seasons and rhythms of life. More and more of us are now city dwellers and industrialization has spread across the globe. Then there were the atom and hydrogen bombs in the 1940s and 1950s, the Chernobyl nuclear power station explosion in 1986, the pollution of the planet, the build-up of carbon dioxide in the atmosphere, the degradation of the environment, the loss of species, the lack of clean water, overpopulation with births and longevity outstripping deaths, 800 million undernourished people, the upsurge of old illnesses, malaria and TB, and new ones such as HIV/AIDS. The ice caps are melting; there are droughts, floods and global warming. Paradoxically, for Britain this might herald a new ice age, with the cooling of the Gulf Stream due to Arctic melting. Our planet is being ravaged by our greed and we have no other place to go.

The 'good life' is enjoyed by a minority of the world's population, mostly in the developed world. Expectations are raised. We are encouraged to want more and more for less and less. There are no supposed limits. In our internal worlds, there are great splits: the swing between omnipotence – we can do, be, whatever we want (hubris) – which is converted to *need*, defying ageing, denying death, and impotence, feelings of worthlessness, loneliness and alienation, sinking into discontent, depression or escapism, into drugs and alcohol if we cannot achieve what others have and what seems to be promised. The best of those who 'have' feel shame and guilt about the have-nots. Some go into denial, blaming others for their misfortune. When science lets us down, does not deliver what it seemed to promise or what our fantasies conjured up or causes catastrophes, unleashing terrible forces, we retreat, become suspicious, paranoid superstitious, angry and frustrated.

We are utterly dependent on fossil fuels. Who would give up the comfortable lifestyle, their car or the holiday abroad? What if every country tries to live the American way? China and India are developing industrially at a headlong pace, needing increasing resources to provide energy. There are and will be wars for resources and space. The sorcerer's apprentice has been allowed to run wild. The genie is out of the bottle. What is to be done? Can the human psyche, the mind/brain that has made these things happen try to transform them to save our planet? Can Science discover new ways of making energy, fusion rather than

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fission? Solar power? Of course, Mother Nature can always surprise us as the recent tsunami, the second largest earthquake ever recorded (9.3 on the Richter scale) in South-East Asia on Boxing Day 2004 demonstrated. But the catastrophe also showed how generous we can be.

I focus next on three areas two of which are related to reproductive and sexual medicine, the third to attachment theory and brain research. There are many topics that I could have chosen in reproductive medicine such as the social and psychological impact of the oral contraceptive pill available since 1961, that marvellous scientific discovery, or the contentious shadow aspect of reproductive medicine, namely abortion. I opted for two areas, that of infertility and the care of tiny premature babies, where psychological work and understanding has lagged behind the medical advances. This often happens when new scientific and medical discoveries are made and when answers seem to be provided but the impact and meaning of them are neglected. The fall-out of psychological distress, when the new discoveries promise more than they can deliver, or, indeed, raise further questions, dilemmas and problems, is so often neglected or denied or surfaces in other consulting rooms such as those of counselling and psychotherapy. Here we are faced with the shadow of such discoveries, the disappointment, the sense of failure and inadequacy that the doctors and nurses, engaged on the upward and onward pursuit of success, cannot deal with.

However, in contrast, in the areas of brain research and infant research, where there may not be obvious immediate clinical applicability, there has been a fruitful interchange between psychological theory and scientific work. Here I am thinking about John Bowlby's (1969) attachment theory (for which he was attacked by the psychoanalytic community) and how it is influenced and been influenced by research in brain science. Furthermore, this has spurred on some depth psychologists in the psychoanalytic and analytical psychological Jungian worlds to make links between brain science and mind science. Some analysts have been defensive, disliking what they perceive to be the reduction of subtle psychological findings in the consulting room to neurochemical processes. Both Freud and Jung were medical scientists. Freud was originally a neurologist, and he attempted to integrate neurobiology and psychology. However, he abandoned his attempt to correlate psychological functions with the operations of the physical brain because the scientific models and tests were not sufficiently advanced at that time (though he predicted that this integration would be picked up in the future). Jung was also actively involved in psychological research with the Word Association Test at the Burghölzi Hospital in the early years of the twentieth century. It is through the use of these tests that he discovered the 'complexes'. These were revealed when the patient had delayed reaction to a stimulus word or words that carried an emotional charge or conflict for the patient (Jung, 1904: paras 1349–56).

I move on now to issues to do with infertility, where some of the most extraordinary medical advances have been made. When I qualified in 1961, very little

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could be done for infertile couples. Paradoxically, this could be beneficial in that they had to accept it and get on with their lives. Now with the many treatments available – ovulation induction, artificial insemination, tubal surgery, gamete intrafallopian transfer, *in vitro* fertilization, intracytoplasmic sperm injection, donor insemination using donated eggs, sperm or embryos – couples can end up pursuing the solution to fertility to the nth degree. Interesting in this regard, that Haldane in 1923 prophesied the development of IVF and the disassociation of sex and reproduction. It is estimated that one in five couples will experience infertility. Fifteen per cent of couples who want to have a child will seek specialist advice from infertility clinics. Sixty-eight thousand babies have been born in Britain as a result of assisted reproductive technology (ART) since 1978 when the first test-tube baby was born. Apart from ART it is known that 40% of eggs are chromosomally abnormal as are 25% of sperm. Thus, for every human being there is a concealed price to pay in natural waste and imperfection. The average success rate of IVF treatments is 17 to 20%. A puzzling feature when causation is examined is that of unexplained infertility in women. This accounts for a staggering 42% of cases. The psychology relating to infertility – to its causes, its effects and the treatments – have been explored in a marvellous multi-authored book cleverly entitled *Inconceivable Conceptions*, edited by Jane Haynes, a psychotherapist and Juliet Miller, a Jungian analyst (2003). Interwoven with personal experiences by several authors who have experienced infertility, there are chapters by therapists exploring the psychological meaning of infertility, including its shadow aspects. As Michael Pawson, one of the infertility specialists writes 'The psyche plays an integral part in the motivation to procreate, in the reasons for failing to procreate and in the investigation and treatment of infertility' (Pawson, 2003: 71). As other therapists observe, the unconscious processes involved in infertility can be quite subtle. While consciously wanting a baby, unconsciously there may be negative, hostile, ambivalent feelings towards having a child, defended by an idealization of the process of pregnancy and an idealized image of the baby. Such women often have been unable to separate from their mothers, and they have an overprotective or idealistic attitude towards them as a way of defending against an underlying hostility. There can also be, paradoxically, a paranoid resentment towards mother that operates as a defence against neediness and fear of merging. The ambivalence about fertility in my clinical experience is often shown in the psychosexual clinic where a couple are not having sex. This may be denied when they see the infertility specialist. It may be revealed only on attempting a vaginal examination. There may be a delay in seeking help. There may be past shameful secrets of abortion or of a child given up for adoption not revealed to the partner. When the experience of infertility can be handled in a psychological way it can promote growth and individuation. However some couples resist this and are highly defended. It is too painful to look at. Anger can then be directed at the therapist who is seen as stopping the couple having a baby. Part of the shadow aspects can lie with the infertility

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specialists who feel inadequate when the couple do not conceive. As Michael Pawson (2003: 71) states:

> While fertility specialists are unable and unwilling to value the psychological backgrounds, psychogenic infertility will remain unrecognised and untreated. Remedying this is best achieved by letting patients tell their own story and relate their own feelings. The best diagnostic tool in medicine remains the spoken word. The best therapeutic tool is the listening ear.

It can be very difficult to convince others of the complex role the psyche plays both in contributing to infertility and in the success, or lack of it, of its treatment.

Jane Haynes and Juliet Miller make wonderful use of Grimm's fairy tale *Rumpelstiltskin* in their introduction, showing some negative aspects of medical success and also that there is a price to pay. In the story, the miller's daughter is prepared to give Rumpelstiltskin anything in return for his skills in spinning her straw into gold. He makes the condition that she will give him her firstborn child. She naïvely agrees but with tragic consequences when he returns to demand his reward. In the course of ART, many women or couples will go to any lengths to achieve their golden fantasy, a baby. They do not take heed of the long-term consequences or implications of their decisions, including the medical ones.

Now the care of very small, premature babies. These can now be kept alive following medical advances in neonatal intensive care units. The psychological consequences, the emotional wear and tear associated with these units, the effects on the babies and parents have only recently been looked at. Very low birth weight babies weighing less than 1500 g account for 2% of all live births, and more than 1 in 10 of these will be left with some major disability. 'The babies breathe artificially by means of a ventilator strapped to their nose or mouth. They are mostly fed intravenously. There are bright lights overhead. There is constant noise, alarms going off as the babies' oxygen requirements are monitored'. I have taken this quote from page 4 of another marvellous book, *Sent before My Time* by Margaret Cohen (2003), a child psychotherapist who works in the neonatal unit of a large inner-city hospital. The title comes from Shakespeare's Richard III Act 1 Scene 1: 'Sent before my time, Into this breathing world, Scarce half madeup'. Cohen describes 12 years of working in such a unit. Based on the infant observational method pioneered at the Tavistock clinic in the late 1940s, the book traces, with careful attention to the details of inner and outer states of being, the relationships among colleagues, staff, parents and babies in the world apart of the neonatal intensive care unit. Margaret Cohen refers to the trauma of neonatal care. She thinks that the experience of the babies is traumatic. They are often in pain and they cannot be picked up by their mother for the first few weeks. For the parents the experience is also traumatic: they cannot take charge of their babies, they cannot begin the process of finding

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their way to bring up their child. They have to stand by, impotent and in public. Finally, it is traumatic for the staff to bear witness to all of this pain.

I found the accounts in the book almost too unbearable to read, being drawn into observing pain, the struggle for life, caught between hope and despair – the desperate struggle of the staff of to keep the children alive, having to ignore the pain that they inflict on the child, the parents, who engage and then withdraw from the unbearable pain, part of them wanting the baby to live, the other to die. And the babies themselves, so movingly described by Margaret Cohen, their tenacity to hold on to life, their giving up when it all seems too much, the toing and froing of the most intense feelings of love, rage and hate experienced in this confined space. Margaret Cohen's ability to stay with all this physical and psychic pain and her honesty, revealing her own mixed feelings about the work and how she was caught up in it, were very moving. Scientific advance, but again, at what a potential price to all involved, the babies, their families and the researchers! Psychic reality – what it means internally, and how to process it – is easier to avoid and neglect, but how rewarding it can be when faced.

I referred earlier to the exciting collaborative work between a variety of disciplines in relation to brain and infant research involving Bowlby's attachment theory. Alan Schore (1994, 1996, 2001), an American psychoneurobiologist, is an exemplar of this. In his work he has integrated

> current ideas about the origins of social functioning from the developmental sciences, recent data on emotional phenomena from the behavioural sciences and new research on limbic structures from the brain sciences to generate models of the adaptive development of self-regulation, as well as the origins of dysregulated systems that characterise both internalising and externalising forms of developmental psychopathology (Schore, 1994).

It is impossible to do justice in a short time to the enormous breadth and range of his work, which I think has profound implications for our understanding of the affective psyche, its normal and abnormal development with consequences for our understanding of psychopathology and implications for psychotherapeutic work. It is also important in providing evidence for the value of the work, given the fierce attacks against analysis by Frederick Crews and others. I will attempt to highlight some salient findings.

The right brain is concerned with unconscious process and processing of emotions. It is the substrate of affect-laden autobiographical memory. The right hemisphere matures (increasing then pruning its synapses) during the first 2 preverbal years of life and it does so *before* the left hemisphere, which is concerned with cognition and language. This would seem to be in line with Freud's assertion that primary process thinking ontogenetically precedes secondary process thinking. The right brain is instrumental in the capacity to empathize and perceive the emotional states of others. The optimal development of the right hemisphere is predicated by secure attachment with the infant's primary

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caregiver, which is fostered by 'reciprocal mutual influences' between mother and infant), right brain to right brain (Schore, 1996: 60). This is a two-way street. Faulty attachments lead to a wide variety of psychopathology with the individual experiencing difficulty in self-regulating self soothing and empathy for others. This has implications for psychotherapy, and for the development of the therapeutic alliance and important consequences for child care. Schore (2001) states that attachment theory is inextricably linked to developmental neuroscience. Daniel Stern, infant researcher, has written 'Today it seems incredible that until Bowlby no one placed attachment at the centre of human development' (2000: xiii). Hester Solomon (2000), a Jungian analyst, has linked and developed Schore's findings in relation to Jung's archetypal psychology. Jean Knox (2003), another Jungian analyst, explores Jung's theory of the archetypes which she sees *not* as hardwired collections of universal imagery waiting to be released by the right environment trigger, but rather identifies them as *emergent structures* resulting from a developmental interaction between genes and environment that is unique for each person. Attachment theory, she says, places relationships at the centre of intra-psychic experience, and so offers new ways of thinking about maladaptive and destructive patterns of relationship.

Finally, an attempt to draw these threads together. Susan Greenfield has written in *Tomorrow's People* about those who are cynics, technophiles, technophobes and then the vast majority. Perhaps, though, we are all a bit of each! She also refers to human nature and human vices, and whether these can be changed. The vices she lists are the seven deadly (note the deadly) sins – avarice, lust, gluttony, sloth, anger, envy, pride. Here she is rather like Cassandra, the Trojan prophetess. Will we heed her warnings or not believe her? Cassandra learnt the arts of divination from the god Apollo. He was outraged when she refused to yield to him and took away from her the power to make others believe what she said. One may well ask who Apollo is in this situation! Jared Diamond, whose fields of expertise include biogeography and evolutionary psychology – another prophet – in his book *Collapse: How Societies Choose to Fail or Succeed* (2004) shows how societies can blunder into self destruction. A cautionary poem by Robert Frost (1920), quoted by Diamond:

> Some say the world will end in fire
>
> Some say in ice.
>
> From what I've tasted of desire
>
> I hold with those who favour fire
>
> But if it had to perish twice
>
> I think I know enough, of hate
>
> To know that for destruction, ice

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Is also great

And would suffice.

Since science is a product of the human psyche, what will the human psyche do faced with its continuing discoveries? The pursuit of knowledge for its own sake – man's curiosity about himself and the world he lives in – will unquestionably continue provided we do not destroy ourselves. However, perhaps another cautionary myth is in order, that of the Garden of Eden in the Book of Genesis in the Bible. This garden had a special fruit-bearing tree – the Tree of Knowledge. Man and Woman were forbidden to eat its fruit, upon pain of expulsion from the garden. We, through scientific discoveries, have eaten of the tree of knowledge and have to live and make choices accordingly.

I hope that I have shown that I am no enemy of science or of its discoveries. I also trust that I have shown how fruitful the marriage between scientific discoveries and psychological understanding can be – different truths, the one objective in a controlled delineated way, the other both objective and subjective – though this will take time and imagination. Science and psyche need each other. They cannot afford to ignore or fight, the right brain fighting the left, Eros and Logos at war. We cannot as individuals or as a society operate on denial, be naive and innocent victims, blaming others. The unexamined life, said Socrates, is not worth living. We need to own our own shadows, work with them and understand them to discover meaning and purpose in our lives. Consciousness is a fearful responsibility. Jung in *The Stages of Life* (1930: 387–404, para. 388) suggests that 'it is due to the development of consciousness that problems exist; they are in fact, the doubtful gift of civilisation, and yet every problem brings with it the chance of further extension of consciousness'. Was it Lucifer the light bringer, God's fallen angel, who bequeathed consciousness to us? What a paradox, if that were so. He is the dark Angel, and we have within us a dark continent – the unconscious which Jung saw as a place of creativity. Jung also thought that the civilized man, by separating himself from his instincts and from nature, has plunged inevitably into conflict, the conflict between consciousness and the unconscious, between spirit and nature, between knowledge and faith (Gordon, 1993). Jung saw conflict and particularly the intrapsychic one as a challenge that human beings need in order to evolve and develop. Psychological bridges (Gordon, 1993) require to be built. Dialogue between the warring opposites in our nature using the transcendent function (Jung's term for our capacity to make symbols to create something different; Jung 1916: 67–92) needs to take place. Recall Haldane's definition of the future of science as the free activity of man's divine faculties of reason and imagination. In Proverbs 29 18 it is said 'the people who have no vision will perish'. What should that vision be – a hedonistic comfort zone for all with a denial of death? Is it not time to laud our human virtues of love, courage, generosity, truthfulness, integrity, compassion and humility?

Jesus Christ has left only two commandments – the first to love the Lord our God with all our heart and souls and the second one to love thy neighbour as thyself. To honour the first is perhaps to respect creation, to care for it, to be in awe and humble before it. To honour the second can be the toughest task of all. The two together might just save the world.

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CLINICAL COMMENTARIES
Clinical material: Josie

The patient is a girl of 10 who has been in twice weekly therapy in a child and adolescent mental health clinic for six months, following eighteen months of once weekly treatment. The day of the session was Halloween and was the first of the week. I have used pseudonyms.

Josie arrived on time, brought by Maureen, her foster carer. Josie left Maureen with a little smile and came readily with me into the corridor. She was holding a 'Care Bears' lip balm stick in her hand, and was wearing a school skirt and tee-shirt and her recently acquired boots – white shaggy 'fur', with bonbons, plus embroidered sections. They suited her. Her hair and general appearance was rather dishevelled. As we got close to the therapy room, Josie ran ahead into it. I arrived to discover that she had hidden behind my chair (partially visible to me). She was quiet. I sat down, and noted how I saw Josie run in, and now she was hiding. There was a pause, then she asked, 'Do you know I'm here?' I replied that I thought she did know that I knew she was here in the room with me, and that maybe she was worried whether I had been thinking about her since Friday (previous session). Josie was now emerging from behind my chair. I said she perhaps felt that in order to make sure of her place with me, it was best to tuck in right close behind me. Josie didn't reply but applied a liberal amount of her 'Care Bears' lip balm to herself. I noted this to her, and her showing me she was needing a lot of something. There was a moment's pause, she said 'Happy Halloween' to me, and walked over to the lockers. Josie brought over a tub of small, coloured wooden building bricks (for shared use by therapy patients). She sat down at my desk, close to me, and separated out a mix of three colours of bricks for me, and three for herself, with the instruction for me to 'sort' them into the same colours. As I started to do this, I said that maybe she was worried that my head wasn't sorted out enough to make sure that she had a particular place in my thoughts; that maybe she thought I would muddle her up with others. Josie replied 'Happy Halloween' again, and continued to colour-sort her bricks on the desk top. I said that she was drawing my attention to it being Halloween. Josie asked 'Will you be going trick or treating'? I replied that perhaps she was wondering what I do at times like Halloween, and also who else might be around. Josie continued (as if without interest in what I'd said) by saying that she couldn't

go trick or treating because her foster mother Maureen 'says she can't let me out in the dark . . . because she's a foster carer . . . We're going on a ghost walk and we can make pumpkin soup'. Josie's disappointment was palpable.

I noticed in me a pull towards feeling annoyed with Maureen, and thinking of her as making excuses, denying Josie an ordinary experience. I then realized how competitive and rivalrous I was being in my mind with Maureen – not for the first time. This led on to me becoming alert to the possibility of split parental objects and to what I might seek to avoid of Josie's disappointment and anger with me.

As I felt something of her disappointment, Josie carried on asking, 'Would you give sweets to children coming to your door?' I replied that she was wondering what would I do, what would I allow; and how generous can I be to children – other children, but also I thought she was asking how much of myself was for her. Josie spoke of it being 'too far to your house for me to come trick or treating anyway'. This felt very painful. I experienced an almost physical sense of how tenuous a foothold she feels she has in my mind and affection. I replied that I thought she felt there was such a gap and felt very disappointed, let down and shut out by me. That perhaps she felt that what I offer her may be less than what others get, and that somehow she may think this is because she is living in a foster family. There was no reply. Josie sat quietly looking serious and upset.

After about a minute's silence, which felt on the edge of tears, Josie suddenly became active again and instructed me to build brick towers on the desk top, 'as high as possible and even if it falls down you're still the winner' (that is, 'one' of us was still the winner). She and I were to compete. I noted that what seemed important was to build quickly up and away from the ground, and even if it fell it didn't seem to matter. Josie confirmed this, and we each started building. My tower fell over quite early on. Josie carried on hurriedly building with one colour and then started a second one in a different colour. I had stopped when mine collapsed. Her towers then fell. With a single movement of her arm and a dismissive attitude to the scene, Josie swept her bricks aside and said 'not my fault'. I replied that she was worried about feeling blamed for things going wrong and collapsing.

Josie responded by fetching a sheet of paper and some felt tips from her locker. 'I'll show you all the different things I can write' and she began to quickly write some letters (which she is able to do competently in ordinary circumstances). However, it almost immediately went wrong, and she pushed the paper away, 'the paper's wrong'. I gently said that it was very painful for her that things had gone wrong and she felt she may be blamed for this; that she may think that I saw her as responsible for what she felt were things going wrong. There was no reply, but Josie moved away from her place at the desk, lifted the doll's house onto the floor, and as she did this one of the removable interior walls fell out of place. She wondered where it should fit back in and fleetingly attempted to relocate it. Then she turned to her locker, found the tiny baby figure from a

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family of figures, seemed to be thinking of placing it in the house, didn't and left it on the floor nearby. She then abandoned the house and baby. I gently noted these events and didn't comment further.

Josie was quickly onto the next thing which was a sheet of paper, folded in various ways, as if to make a three-dimensional, folded paper fortune teller choices game. However, her folded paper remained flat. She added numbers. It conveyed flatness and depression. I started to comment on this, and Josie interrupted; standing up and facing me she called me 'poo head' a number of times, and then turned her back to me, stuck her bottom out and wriggled it around, calling me 'pooey . . . pooey poo head'. I responded by saying that she felt there was something which could only be managed by getting rid of it. Josie had by now stopped speaking. I continued to say that I thought that when she felt everything was going wrong, she felt full up of pooey stuff and this felt terrible. I added that maybe then she was worried about whether I would want to know her and give her a place in my thoughts. Josie didn't reply. She fetched some old hard (brown) plasticine and some softer (red) playdoh from her locker and brought them to the desk.

Using scissors Josie tried to cut into the plasticine which was quite difficult. Holding the ball of playdoh in one hand, in the air, she cut and cut at it, until it disintegrated into fragments on the desk. I said she felt angry and fed up and was showing me how this could make things go into bits too. Josie responded by taking some of the playdoh fragments and started pressing them onto, almost into, the much tougher plasticine. This was done in a serious and concentrated way. I noted what she was doing and added that perhaps she was trying to get the playdoh bits to hold together, to have a stiff and strong place to hold onto. This seemed to be too much for her and she abandoned what she was doing, and turned to me saying, in a way which included slight bossiness and a sense of plea, could we 'play some games'.

Josie proposed a 'what am I'? game where I was to guess, through direct questions and her answering yes or no, what she was. I said that this was an important and serious thing for her and I played the game straight. The game was short lived and I can't remember who or what she was in the game. As it finished I spoke briefly about our different positions in the game – she knew what she was and I didn't, my job was apparently not to know and be interested to find out. Josie didn't reply directly, but moved on to the next game. This was noughts and crosses, which we played once or twice, and included her cheating in order to get a run of three crosses. It is unusual for her to cheat and I felt something of the sadness of her plight that she felt she had to resort to cheating. I spoke of what she'd done and then said how I thought she felt it as the only way to get three in a row, to get them all together in one place, and also to win, so that I would be the one to lose.

Just as I finished speaking a door in the clinic banged shut and Josie was momentarily startled. She quickly moved to crouch and curl up in a small space

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on the floor behind my chair. As she did this, she referred to 'bonfire night'. I said she felt very frightened of the sudden bang. As it was nearly time to end, I then spoke a bit more, linking her fright to her worry about the ending of the session, when she has to leave, and my door closes. I said maybe this can feel like me suddenly shutting her out in a hard way. Josie didn't reply. She stayed quietly behind my chair for a minute or so more. We were both silent. Then it was time to end and I said this. Josie extracted herself from her place and, putting on what I felt was a slightly brighter face for the outside world, we left the room. On arrival at the waiting room, we found that Maureen had now been joined by a very young woman with a baby, both of whom are also fostered with Maureen alongside Josie. We said our goodbyes and I left the waiting room.

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Clinical commentary: Josie

MARIA POZZI

This session, with its many details and sensitive reflections from the therapist, brings us thoroughly into the internal world of this 10-year-old fostered girl, who struggles with her difficulty or incapacity in staying with her feeling of sadness and anger. The session shows very clearly the defences employed and the turning to the perverse object or place of the rectum when things get too much.

We are soon given the coordinates of this patient's treatment. Josie has been in therapy for two years, weekly for the first 18 months, then twice weekly. The reader wonders with some curiosity about this increase in the number of sessions: what and who prompted it? Soon we learn that she is a looked-after child and again some curiosity about the circumstances is stirred up. Josie seems to have a warm relationship with her carer and smiles at her as she says goodbye in the waiting room of the clinic. She is able to link up with her therapist at the same time, and this is an indication of her capacity for a smooth transition from one significant person to the other. Therapist and child now walk together towards the therapy room; the child appears eager. As they get closer to the room, Josie seems to free herself from a slightly formal, polite demeanour and runs ahead impatiently with the idea of playing a hide-and-seek game. She hides quietly but not too skilfully as one can still see her hiding behind the therapist's chair.

We are now in business: she displays her unconscious state of mind clearly. She and her therapist have been apart and tucked away from each other; we have in fact been told that this is the first session of the week after the weekend gap. The reality of the separation from the therapist and from the natural mother and the feelings produced are somehow mastered by playing hide-and-seek where the child is the director of the play and the therapist has to feel the surprise about the absence, the not-knowing and the not-seeing of her object. The patient's question 'Do you know I'm here?' which follows the therapist noting that Josie had run in and hidden, seems to denote incredulity and an anxious, insecure attachment on the part of the child: 'Are you really there? Are you really seeing me?' The therapist decides to start with a reality comment – the

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patient knows that the therapist knows that she is in the room then proceeds to the interpretation of the anxiety about not being kept in the object's mind during the weekend absence. An emotional contact is made with the patient, who now re-appears from her hiding.

We are also given a touch of this patient's deprivation by the description of her physical appearance: dishevelled, but with a wish to fit in with the latest fashion by wearing new, furry, embroidered boots with bonbons. She also holds a 'Care Bears' lip balm, another fashionable object amongst girls of her age, and she applies it generously to her lips thus letting the therapist know that she can take care of her lips. This could be linked with her feeling that she has been taken care of by her therapist's interpretations and understanding. The therapist's next comment on Josie's need for 'a lot of something' is followed by a pause and this makes me wonder whether Josie felt criticized for being greedy. Halloween is very much on her mind and at first it is hard to know what it means to Josie: perhaps the reminder of a ghostly, witch object who abandoned her, because of her greedy desires to have more of, to be closer to, or inside her object? This is shown when Jodie hides behind the chair at the very beginning and later when she sits close to the therapist.

Contact is sought for by Josie who sits close to her therapist to play with coloured bricks. Josie instructs her to sort out the three different colours and I wonder whether the tone and atmosphere betray a tendency to be bossy, to put down and control the therapist, seen as a scary ghost/mother who comes back after a weekend away or whether Josie wants to share her play and relates to the therapist as a peer, or as someone who can help her sort things out. She ignores the therapist's interpretation, and the two of them do not seem to be on the same wavelength at this moment. Josie's mind is still clearly on Halloween and when the therapist recognizes it, Josie's real anxiety finally emerges. Is the therapist like Josie? Can the therapist understand the predicament of being a fostered child, who is treated differently from other children? Why can her foster mother not let her join the other children in trick or treating? To be a foster child brings, in Josie's mind, a further deprivation. The therapist notices the child's disappointment and soon flips into projective identification with the deprived child who seems to be deprived also of the capacity to feel or to express anger at this point. The therapist experiences Josie's anger on her behalf, while Josie has to be the good and polite child, perhaps sad and disappointed but not angry. The therapist analyses her countertransference in terms of good and bad parents – the bad parent Josie feels she has, versus the good or idealized parent Josie wishes to have or believes to have lost. The therapist wonders about being caught in a rivalrous position with the foster mother by feeling angry with her and a better parent.

While the therapist is meandering on her own feelings, Josie asks if the therapist would be a different parent and thus facilitates the therapist's return to Josie's mind, questions and wishes. However, I think that mentioning how

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much of the therapist can be for Josie and how much is to be shared with other children, touches on deep anxieties. Josie responds in a concrete and defensive way: the therapist lives too far away for Josie to be able to go to her house for trick or treating. Is there a reference here to the therapist's mind experienced as distant and unreachable? The pain of the rejection experienced by Josie vis-à-vis her object is picked up by the therapist who does not address the feeling but links with earlier material and gives an interpretation on being a foster child and receiving less than other children. Josie's pain is stirred by this comment and after verging on crying, when the pain is too much to bear, she flips into a manic, magic state of denial. It does not matter if the very high towers fall down, collapse emotionally and fall to pieces. Josie seems to imply – 'You're still the winner', she says to the therapist. The latter is in the whirlwind of the play; she soon loses her tower and stops while Josie moves the target of the play: it is two towers that she is now building, representing perhaps her mother's and her foster mother's homes. They both collapse, but swiftly she takes control and sweeps the bricks away, denying responsibility for the fall.

Here she lets us know about her blaming inner object, which holds her responsible perhaps for the breaking of her home situation, a very common feeling in children in the care system. I think the therapist is in touch with her as she comments on Josie feeling blamed when things collapse. Again, this seems too much for her to bear and she blames the paper for being 'wrong' when she cannot write correctly, something she can usually do competently. The therapist verbalizes Josie's feelings of pain and blame and takes them in the transference to which Josie responds by lifting the doll's house onto the floor. One wonders why she does that. Is it too high up for her? Or does she need to reproduce the experience of a movable home? But in so doing the walls fall out of place and her reparatory effort seems very weak and is soon abandoned. We are given another glimpse into her world: a baby cannot find a home and is abandoned outside. She shows the collapse of her inner home, where the baby-self has no space; the scene is left swiftly as being too painful. Flatness and depression ensue; the fortune-teller paper game brings bad luck. Josie cannot bear it any longer or hear the therapist. She turns to the exciting perverse object: the rectum (Meltzer calls it the claustrum). She is inside it and far from feeling terrible, excitement takes her over and protects her from the earlier unbearable, albeit fleeting, psychic pain. From inside the claustrum she cannot hear her therapist.

A movement to symbolization appears when Josie plays with red and brown – faecal and blood colours – soft and hard, plasticine and playdoh balls. Her anger expressed in her minute cutting of the plasticine is addressed by the therapist and gradually perversion gets mixed up with murderous, angry chopping. One wonders whether in her attempt to stick the bits of playdoh to the tougher plasticine (which I assume is a bigger lump) she is trying to put together a poo-poo child or baby and a poo-poo parent. In this frame of mind, and still inside the bottom, she either perceives or has transformed herself and her object

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into faecal objects, which stick together in an adhesive manner. The therapist's words about trying to put the playdoh bits together providing a stronger place to hold onto seem to bring a shift in her state of mind. She emerges from the depth of the previous state inside the claustrum/rectum and now engages with the therapist again, although in a bossy way, and by playing in reverse. This is about a child's uncertain identity (the issue of being a 'fostered' child reappears) and about not knowing, and this is projected into the therapist.

Interestingly, the next game is about 'noughts' and 'crosses', that is, nothingness and anger. Is Josie identified here with nothingness or with a lump of messy plasticine? Cheating, a delinquent solution, is turned to as the feelings about the possibility of losing the game are too close to the bone of her reality. She feels that she has lost the game of an ordinary life, of an ordinary family with three people in a row: mother, father and child (the number three is recurrent in this session, expressing an oedipal constellation). She has to play the game of the foster system. She feels cheated by life; she now proceeds to cheat. The therapist is in touch with the patient's sadness but somehow the anger is harder to get hold of. Josie can neither feel it nor project it at this point. Perhaps it is too dangerous. Soon we are told of the door being banged shut outside the therapy room and this startles and frightens Josie. I think that her association to the Bonfire night stirred up by the scary noise is somehow linked with the intensity and danger of a burning and explosive rage, perhaps something she had been exposed to externally, perhaps something internal which she can hardly get to feel and to know, yet. The therapist links the big bang to the therapy room door shutting hard on Josie; however, the feelings of rage and fear are not given names openly.

When the end of the session is announced, Josie has to put on a different face for the world outside, perhaps a false face, and her ego has to be back in control. In the waiting room she is faced with the reality of a mother and baby and this scene is bound to stir up intense feelings of jealousy, not just because this mother-baby couple is fostered by her foster mother but because it probably reminds her of what she does miss and long for – an intimate infantile experience with her object. Instead she has to face the separation from her therapist with all sorts of phantasies about the next patients and about the therapist's private life.

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Clinical commentary: Josie

DAVID GARDINER

Looking at this account of another psychotherapist's session, I am struck that a piece of writing cannot really reproduce the moment by moment flow of feelings and reaction and any comment from outside must be made with the understanding that one is cut off from the primary experience. I am also writing as an adult therapist with no experience of child psychotherapy, which adds to the feeling of looking in from outside. It is relatively easy to offer ideas and alternative interpretations, which may be wide of the mark, when one is not involved in the intensity of the therapeutic relationship and may not fully share the therapist's paradigm. On reading this account, I respect the quality of the therapist's care, expressed in the kind of attention Josie gets in the session. I assume the therapist to be female. 'Care' seems a key word here, bearing in mind that Josie is in foster care: the salient early detail of the Care Bears lip balm which she applies to herself seems to convey something equivocal about what 'care' means for her, whether she is used to applying it herself and whether it does actually soothe. This raises, in the context of the analytic relationship, a question about what kind of care can reliably be offered and received. Clearly, Josie wishes for something soothing to be applied over any painful spot. As the therapist says, she is showing she needs a lot of something. Perhaps this felt intensity of need makes the therapist quite watchful and restrained about what she offers in her interpretations and in the analytic experience as a whole. It will also, of course, powerfully influence the reader's response to the session.

I felt split in my reactions to the session and in particular to the interpretations made by the therapist: they seemed focused and it is clear at several points that they reflect a feeling response, informed by the counter-transference, to Josie's pain. However, the effect was sometimes curiously distancing and I found it interesting to imagine how a child might hear some of the interpretations and what she might make of them. Perhaps this is due to the inevitable neatening and tidying-up effect, which I imagine we are all familiar with, of retrospectively writing out what is thought to have been said in a session. It seems that the

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therapist is pursuing a particular line of interpretation to do with whether Josie feels she has a place in her therapist's mind and whether there is rivalry with other babies, which clearly relates to Josie being in foster care and may well reflect her emotional situation. However, I wonder whether this kind of interpretation also has a familiarity to both participants which might cause something to be missed. I wondered how alive the exchanges felt to them at some points, notwithstanding the powerful underlying sense of Josie's pain and the therapist's undoubted awareness of that pain.

At first there is an interesting disjunction, where Josie's boots 'suit her,' but her general appearance is noted to be dishevelled. One feels that this is a girl whose efforts at self-care are in the face of considerable underlying difficulties and that appearances may not fully reflect messy emotional states. Josie poses the question 'Do you know I'm here?' and the therapist responds with an interpretation focusing on whether Josie feels she has a place in the therapist's room or mind. One can see a link with the 'Fort – Da' game in Freud (Freud 1920), for instance and acknowledge the validity of the interpretation as dealing with the feeling of being mentally abandoned by the mother who has no place in her mind for her child, but I wonder what it meant to her to be partially hiding from the therapist's view and whether there is also a question as much about being *seen* in the first place as being remembered.

When they start to play with the coloured blocks the interpretations again focus on her place in the therapist's mind. Josie's response to them is 'Happy Halloween', and I wondered about the tone of this response: friendly, ironic, angry? The therapist points out how Josie keeps drawing her attention to its being Halloween, but I think it might be worth considering what Halloween might mean to her. There are ghosts, witches, death, spirits and horror movies in the cultural mix here, as well as excitement and pleasure. 'Trick or treating' has an undertone of aggression and retaliation. What do the children do if they don't get sweets? The question Josie directs at the therapist is taken to refer to 'treating' but there might be some thought here about 'tricks' in the session, whether Josie's, or even possibly the therapist's interpretation-tricks, contrasted with imagined treats.

The therapist feels moved by Josie's disappointment and mentions her anger, though this then seems to disappear from the scene for a while. However, she is well aware of the inevitable defensive wish on her part to avoid these feelings and mentions 'becoming alert to the possibility of split parental objects'. This raises a question which keeps coming up as the account goes on: what kind of object is the therapist for Josie at any particular moment? There is a linked question in my mind about what kind of object the therapist feels herself to be, and is prepared to be. An exchange is initiated by Josie's question, 'Would you give sweets to children coming to your door?' and the therapist locates the anxiety behind this question as being to do with how much of her is for Josie. There is a slight suggestion of the saccharine in this view of care; it is about giving sweets

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which may reflect something important about Josie's view of what love and care might be, particularly if she has experienced some deprivation of these things.

Things feel very painful at this point. The therapist experiences almost physically the tenuousness of Josie's place in her mind. She points out the 'gap', that Josie may feel disappointed and shut out, that she may think the therapist offers her less than others get and that this may be because she is 'living in a foster family'. On reading this I too felt the pain in this moment of the session, pain which the interpretation seems to intensify. (I am aware that we are now touching on a theoretical fault line to do with interpretation running back to Klein's debates with Anna Freud.) The therapist, as a matter of technique, seems focused on interpreting everything in the transference, but this interpretation raises the question of the external realities of the patient's life: the gap is a reality – Josie may well feel disappointed, let down and shut out in the transference, but the interpretation seems to me to bring her up hard against the fact of being in foster care. It is a real, current deprivation that is being pointed out, not only a matter of feeling but of external reality. Josie sits 'looking serious and upset'. In this bleak moment I wondered where the anger mentioned earlier had gone (it surfaces shortly) and whether underlying feelings, for example to do with envy, and with a longing for the therapist to be a good object and with hatred of her as a bad object, could be touched on in the therapy.

There is now a sequence of painful, manic attempts to get away from the bleakness, which convey an increasing sense of defeat in the patient. The game with towers of building blocks seems to be a denial of the instability of her life: 'Even if it falls down you're still the winner'. The interpretations focus on Josie's blaming herself for things going wrong, on a punitive superego in other words. At the same time I think the therapist is feeling quite caught up in Josie's pain and there is possibly some underlying tension and uncertainty in her, which is revealed in the rather convoluted interpretation, 'I gently said that it was very painful for her that things have gone wrong and she felt she may be blamed for this; that she may think that I saw her as responsible for what she felt were things going wrong'. Perhaps this tension reflects the therapist's awareness of becoming a 'split parental object', presumably split between gentle and cruel, caring and blaming, facilitating and abandoning, the kind of splitting she had mentioned earlier as a possibility. It was interesting that when, in what seems a central moment, the tiny baby figure is left abandoned on the floor, the therapist 'gently comments' but doesn't say what the comments are, perhaps because of the pathos of the scene. How might this scene relate to the transference? One possibility would be that Josie is communicating her feelings of abandonment by the therapist in the session, feelings about the cruel, abandoning maternal object which one might perhaps expect to find in a girl who we know has a foster-mother and whose real mother is not mentioned. This seems to me a sharper pain, or a more intense fear, than that occasioned by not being held in mind. It seems that here there is a split between the 'caring' therapist who might give out sweets, who

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feels how painful things are for Josie, and the cruelly-abandoning mother also potentially embodied in the therapist. However, perhaps the most important point is that the comment was *gentle*, indicating the therapist's awareness of Josie's need for a feeling contact with her and an expression of concern almost irrespective of the content of the intervention.

No wonder there is an ensuing sense of flatness and depression, but when this is commented on it seems that the underlying anger breaks through. It almost felt to me like a relief in its directness. The therapist is 'a poo head' and, to reinforce it, Josie shakes her bottom at her. Here I feel that the therapist sticks rather dutifully (or defensively) to her consistent theme, 'about whether I would want to know her and give her a place in my thoughts'. But there are shitty, angry feelings being extruded and pushed into the other and the interpretation seems to me to miss the hostility and anger occasioned by being abandoned, while at the same time leaving the projective identification as entirely to do with Josie and rather unengaged with by the therapist. It is 'something that can only be managed by getting rid of it', which doesn't acknowledge either what 'it' is, or that, to Josie, it is the *therapist's* head that is full of 'poo'. In a way, this does seem to me to avoid giving some of Josie's feelings a place in her analyst's thoughts.

With what seems to be characteristic resilience, Josie attempts to use the plasticine and playdoh to express both the angry, fragmented, shitty feelings and, at the same time, her efforts to stick things together in a sort of manic repair. She cuts and cuts at the brown plasticine. The therapist identifies the anger and the way it makes things 'go to bits', but I wondered whether the comment would have had more force if it acknowledged that the anger was also with *her*. These games seem like an attempt, as the therapist later puts it, 'to win, so that I would be the one to lose'. In particular, the cheating at noughts and crosses did have overtones of an omnipotent denial of the adult's power over Josie. She needs to win at something. However, it also made me think in Winnicott's terms of non-compliance as a sign of hope, so that Josie's cheating becomes an act of resistance. The interpretation she does get seems indirect; is it hinting at something Oedipal in pointing out how Josie makes 'three in a row . . . all together in one place', as if it is her attempt to bring herself together with her parents?

The ending of the session returns again to the idea of the therapist's shutting out of Josie, this time as the door closes. The bang of a door elsewhere in the building links to her suddenly 'being shut out in a hard way', though I wonder whether there is also a quality of shock and aggression which this does not quite notice. Josie's hiding behind the chair does seem to represent an experience of the therapist as a good, partially-containing, object, though the interpretation picks up the rejection, the shutting out, rather than the protective function. It seems to me that the therapist is sensitive to many of the feelings of insecurity, which she is well tuned in to, but that some messy and chaotic feelings, particularly to do with anger and destructiveness, are not picked up so readily and are

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therefore not so well contained. In addition, it seems to me there is an attempt to avoid the possibility of being taken up as an idealized good object (perhaps offering treats) which inhibits the use the patient might make of her therapist to establish some sense of a helpful, reliable, non-collusive good object who can begin to contain the destructiveness – a distinction between idealized object and good object very helpfully made in a recent paper by Colman entitled 'Is the analyst a good object?' (Colman, 2006). Admittedly, this is a paper dealing with adult analysis. Here, I am wondering whether the therapist, powerfully aware in the counter-transference of Josie's pain and longing, restricts the range of her responses to avoid feeling collusive. Looking back, I am aware of the risk of sounding critical of what is a very interesting and powerful session from an analytic couple in many ways deeply engaged with each other. The therapist reveals a great deal of sensitivity and real 'care', particularly at those moments when, 'What is put at the disposal of (the) patient are parts of the analyst which are spontaneously responding to the patient in the way (she) needs' (Fordham, 1957, quoted by Colman, 2006).

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Clinical commentary: Josie

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Josie at 10 years of age is able to ask her therapist her most burning questions through language, games and play. She articulates two of these questions. First, 'Do you know I am here?' is a most telling question. Has anyone ever really known she is here? Is her existence a trick or a treat? Secondly, 'What am I?', the game she proposes at the end of the session returns to the original question. Josie needs someone to help her find out who she really is. This young girl is unsure whether anyone really knows she is 'here', whether anyone has her in mind and whether she is of any worth. She hides, partially visible, to help her therapist formulate the nature of this session.

The session takes place on Halloween, the end of October with autumn darkness settling in. 'Happy Halloween' is repeated twice by Josie, and seems to provide a veil of bravado over her sadness and insecurity. Is her therapist offering a trick or a treat in the face of her experience that real 'sweets' in life seem to feel to be absent? Josie runs into the therapy room holding her 'Care Bears' lip balm and applies it as soon as she is found by her therapist. We don't know how long she has had to bear caring for herself, and there may be some memory of infantile oral pleasure as she slathers the lip balm onto her mouth.

Halloween is a childhood episode of confronting danger and/or reward or benefit. One dresses up to become something else, ventures out in excitement in this guise to challenge strangers. Give me something or I will trick you. Josie sidesteps her therapist's response that she might wonder what the therapist does or whether s/he is generous to other children. She cannot go trick or treating – the darkness is too dangerous and her therapist too distant to really be available. Josie only has a 'foster carer.' The therapist responds to Josie's invitation to become rivalrous with her foster 'carer' (he/she doesn't call her foster mother). She is only as good as a Care Bear – no substitute for a mother. 'Will you give me sweets if I come to your door, will YOU be my mother, no you won't – your house is too far away', and the therapist feels annoyed with Maureen who will not/cannot offer Josie 'an ordinary experience'.

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Josie's unspoken desire to be her therapist's child, both as a transferential maternal object and as a caring person she has known for a good chunk of her life, seems to be reflected in her therapist's countertransference. S/he would like Josie to be confident that she does have a place in her/his mind where Josie can be held, but also seems to feel the inadequacy and pain of knowing s/he cannot provide what Josie need, wants and longs for.

Josie responds to her precarious experience by taking action and engaging her therapist in building brick towers. Earlier, she had sorted the bricks into three colours for herself and instructed her therapist to choose the same three colours. The number three always arouses our interest and we keep it in mind, wondering how Josie used the three colours and whether we are encountering the possibility of triangulation (a mother, father and a baby? The rival children who will receive the therapist's treats? Three children in a family, a new baby?)

Now they are used to build towers, which collapse, first the therapist's and then Josie's, but 'even if it falls down you're still the winner'. When Josie's tower falls, she sweeps the bricks aside dismissively. It may be that Josie has not lost hope – you can build a tower even if it falls over and still be a winner. Or you may have to be content with a tower that falls down and is sadly too familiar; objects can be swept away as if they are no use whatever. Perhaps she is even attracted to this pattern of object relating. There would be no use thinking about faulty attachments; she can demolish them and ask indirectly if 'it is all her fault', a comment which sounds like one she been told by an adult and is repeating but does not believe.

Things continue to go wrong and she moves from one activity to another. She is no longer able to write letters. The interior wall of the doll's house falls out. Josie is demonstrating the turmoil of her internal world as well as external confusion. How can she 'fit back in'? She thinks of putting the baby in the house but does not, and we wonder if she experiences herself as the baby who has no place in any house. Were there younger siblings in her birth family by whom she felt displaced? We share the therapist's surprise when Josie is picked up at the end of her session not only by her foster mother, but also by 'a very young woman with a baby'.

Josie tries to make a fortuneteller 'chatterbox' game which could provide an opportunity to communicate with her therapist. She is trying very hard to ask questions about her identity and her future. 'Her folded paper remained flat' and 'conveyed flatness and depression'. The chatterbox will not open up and create a space for a pointed exchange. Josie regresses to anal aggression, at the same time exposing her baby bottom and language to her therapist. Perhaps she was also demonstrating the mess she was in and was hoping for someone to clean her up. Josie is demonstrating her despair to her therapist. It all seemed to be too much and she cut up the nasty hard brown plasticine, demonstrating the fragmentation of her life experience. She then attempts to push the softer red playdoh into the hard fragments. She seems to be demonstrating her serious

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attempts to try to find a way to attach herself to an impervious and inaccessible object.

With the tower game and the chatterbox game, Josie is letting her therapist know that her early objects have failed to meet her needs and everything she does reminds her of this failure. She cannot grow up and needs to accept help to build the tower and to make the chatterbox three dimensional and effective. Her experience has been two dimensional and hope must be suspended until opportunity occurs and she can reclaim it. The therapist is in the room with Josie and I would guess has had a lot of exposure to her desperation and misery. I wondered if it could be possible to help with the chatterbox, which would allow Josie to use language to show her affection or dislike of her therapist. Perhaps the collapse of the towers when the therapist had engaged in the game pointed the way to a demonstration of hopelessness that foreclosed any possibility of hope for both of them.

The end of the session provides a summary of the session. Josie returns to the question of her identity and her belief that she will receive tricks when she wants treats and of her own trickery and cheating as the only way to win. She demonstrates her Halloween vulnerability when the banging clinic door reminds her of the twin bonfire night autumn festival of darkness and her loss of the object as the session is ending. The brighter face she puts on reminds me again of the Halloween she tried to describe as 'happy', so very like the rainbows one sees so consistently in children's drawings, often a protection against the unpredictability and danger in a vast and frightening universe.

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CLASSICS REVISITED
Elliot Jacques, 'Death and the mid-life crisis'*

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It seems timely to revisit Jacques' classic paper as it is itself now 40 years old, and thus a good opportunity to take some soundings as to its health, durability and relevance to current thinking. Published in 1965, few psychoanalytic papers since Freud have so influenced social thought; the phrase 'mid-life crisis', as far as I can ascertain, was coined by Jacques and has passed into the currency of everyday use in our culture, though, inevitably perhaps, with a loss of deeper understanding along the way. Like many classic papers, it is probably more known than read, though it has certainly informed and structured our understanding of psychological processes at work in the second half of life (Hess, 1987; Reggiori, 2004). This interest in and attention to unconscious factors affecting an adjustment to ageing is a very important development in psychoanalytic thought and clinical practice over the past thirty years, and perhaps has been made possible by Jacques' paper.

One of the surprises one encounters on revisiting the paper is Jacques' dating of the mid-life crisis: though he describes it as 'a process of transition [which] runs on for some years . . . and the exact period will vary among individuals', he nonetheless sees it as usually occurring 'around the age of 35' (p. 502). This is surprising because I think we would nowadays tend to see this phenomenon more in the early to mid-40s age range, though of course the experience of mid-life is influenced by very individual factors. There does however seem to be a special significance about approaching or having entered one's 40s, which is crucial developmentally and often a time of vulnerability to breakdown. Why this is, Jacques argues, is fundamentally to do with a new perception of death as

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'a personal matter . . . one's own real and actual mortality' rather than as a theoretical construct.

Prior to discussing the importance of this new perception of death, Jacques looks at the changing quality of artistic creativity as artists age. The changes occur both in the mode of artistic work – from the 'hot from the fire' creativity of youth, which is intense and spontaneous, to the more 'sculpted creativity of middle age' – and also in the mood and content of the work, 'a shift from radical desire and impatience to a more reflective and tolerant conservatism'; 'idealism and optimism . . . are supplanted by a more contemplative pessimism' (p. 504).

Although the shift Jacques describes is certainly recognizable, his focus on great artists and the process of creativity is perhaps one of the weaker aspects of the paper, in that the artists and writers chosen to illustrate this thesis are highly selective and rather unrepresentative; a different group of artists could have been gathered to show something quite different. In fact, a cultural critic has recently published a selection of essays to argue that the shift in quality Jacques describes is not universal (Said, 2006). However, this interest in looking at the relation between creativity and mid-life crisis has continued post-Jacques in papers on Conrad (Segal, 1982) and Wordsworth (Britton, 1998b).

Jacques argues that Idealism and manic defences, prominent in early adulthood, keep at bay an awareness of 'the inevitability of eventual death and the existence of hate and destructive impulses', and break down as a result of the mid-life crisis; this ushers in the need for 'the depressive position [to be] worked through once again, at a qualitatively different level'. This connection between the mid-life crisis and the reworking of the depressive position is central to his argument, though it is one with which Britton (1998a) disagrees: he sees the mid-life crisis as revisiting 'the post-depressive position' which he defines as a state of mind involving 'relinquishing coherent belief for new uncertainties'.

Jacques' discussion of the unconscious meaning of death is interesting and important, emphasizing, as he does, the disagreement between Freud and Klein as to whether a representation of death in the unconscious is possible. Although Jacques maintains a carefully even-handed stance, coming down in effect on neither side ('there are unconscious experiences *akin* [my italics] to those which later appear in consciousness as notions of death' [p. 507]), I take it that an acceptance of unconscious phantasies of death is fundamental to his argument, and one which we would not now find contentious. Here one can see how ground-breaking this paper was, and is, given how little attention had been given to anxieties and phantasies about death in psychoanalysis. It is still a neglected area today.

This is then illustrated by a case of 'denial of death': a man (curiously, we are never told his age) who comes to analysis ostensibly not for help for himself but for intellectual reasons, is able, as a result of the analytic work and the traumatic experience of a holiday break, to move from his previously manic and omnipotent defences to an experience of helplessness and abandonment – 'a feeling of

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having gone to pieces'. This encounter with depressive anxiety and fears of his own destructiveness is related to unconscious anxieties of death as an experience of going to pieces, and presents an opportunity to confront the primary anxiety of the depressive position – the loss of the internal good object. Successfully working through the depressive position results in the secure establishment of good internal objects; in mid-life, Jacques argues, establishing a 'satisfactory adjustment to the contemplation of one's own death depends on the same process, working through the depressive position, for otherwise death is equated with depressive chaos, confusion and persecution, as it was in infancy' (p. 511). Kleinian writers now perhaps see this in more complex terms; less a movement from one position to another than a 'continuous, life-long cyclical development . . . [such that] the depressive position is no final resting place' (Britton, 1998a).

For Jacques, the end result of this reworking of the depressive position in mid-life is the achievement of a belief in a 'limited but reliable [internal] security'. It also allows for a capacity 'to love and mourn what has been lost and what is past', a point which is underemphasized by him, as we would now see this as a vitally important component of working through the mid-life crisis. Together with it comes an opportunity 'to mourn our own eventual death'. To what degree this is possible is, I think, debatable, but then it is unclear quite what Jacques means by this, other than that death has moved from being a nameless dread to something that 'can be carried in thinking', that is, thought about, and held in mind.

With an acceptance of increasing limitation and a resignation to this comes an inevitable turning to the past – what Jacques describes as the 'Proustian process' of 'working [the past] over consciously in the present, and weaving it into the concretely limited future' (p. 513). This is not done nostalgically but as an attempt to make sense of where one has come from and be able to link it with where one is going. 'Resigned but not defeated' is how Jacques encapsulates the mood of a successful adaptation to mid-life.

The most succint summary of the argument of this wonderful paper occurs in the following passage, and I doubt it could be contested, challenged or improved upon today:

> A person who reaches mid-life, either without having successfully established himself in marital and occupational life, or having established himself by means of manic activity and denial with consequent emotional impoverishment, is badly prepared for meeting the demands of middle age, and getting enjoyment out of his maturity. In such cases, the mid-life crisis, and the adult encounter with the conception of life to be lived in the setting of an approaching personal death, will likely be experienced as a period of psychological disturbance and depressive breakdown. Or breakdown may be avoided by means of a strengthening of manic defences, with a warding off of depression and persecution about ageing and death, but with an accumulation of persecutory anxiety to be faced when the inevitability of ageing and death eventually demands recognition. (p. 511)

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CLASSICS REVISITED
Eric Brenman, 'Separation: a clinical problem'*

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The issue of separation in the relationship between analyst and patient contains in an important way the crux of an analysis. It is the defences against the frustration of desire which manifest themselves in phantasies of control, possession and intrusion, and in excessive projective identifications, or in manic denials of desire that we are continuously working with. Frustration can be so intense it is completely evaded as Bion describes in his 'Differentiation of the psychotic from the non-psychotic personalities' (1957). There can be split off rage and hatred, and the hatred can be so intense as to drive the patient to attack his or her own mind in order to obliterate the reality of separateness and dependency on an object that cannot be possessed or controlled.

The present paper explores the clinical issues arising out of defences against separation. It is surprising how little explicit mention there is of this subject in the literature but Dr Brenman remedies this with a paper that is relatively short, but dense and rich in its depth and breadth.

The paper starts by describing the situation as it plays out in a hypothetically relatively healthy patient who is

> ordinarily able to bear a certain amount of anxiety, frustration, greed, envy, jealousy and hatred. Such a patient has an internal picture of an analyst who is mindful of him, yet able to have mutually enjoyable intercourse with others. He experiences the analyst as someone concerned about the patient's life outside the analysis. This is not too distorted by excessive intrusion and pathological projective identification. (p. 303)

By 'relatively healthy', Dr Brenman means that 'the core of a good enough relationship between the patient and his objects is sufficiently established'. In such

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a patient the work consists in showing how the creative relationship can become disrupted during breaks by hatred, envy and jealousy, by recognizing the grief and pain of this, and working through the guilt over damage caused to internal objects by destructive rage. The patient is then in a position to mourn the loss of phantasies of ownership and control and to think about reparative possibilities.

In contrast, a picture with which we are all familiar is of patients who find a myriad of ways to avoid the recognition of separateness, and where the notion of separation expands from its evident exemplars in breaks, weekends and holidays, and becomes manifested in the fine grain of the to and fro of a session, where separateness is exemplified by the analyst having a separate mind and a capacity to contain the powerful emotions of love and hatred that may be directed at him or her. Familiar defences are noted in various ways of acting out: a patient may engage in compulsive activity such as physical fitness, eating, drinking, sex, or masturbation. S/he may become preoccupied with grievances and hatreds, or hypochondriasis, or indulge in phantasies of perfect or exciting relationships. All of these and more are used to avoid the recognition of what is missing, the helpful human relationship.

Taking as his starting point the notion that the capacity to bear true psychic separation resides in the possession of a good internal object related to a good enough human object, Dr Brenman traces briefly the history of the superego via Freud (1917) and Abraham (1924) and their work on melancholia. The superego is of crucial relevance because it is, as he puts it, what separates the patient from a good enough human object. In these melancholic patients, he says, 'The patient feels there are no redeeming features; he is unworthy of love and deserves to suffer and be excommunicated'. On the other hand, as Freud and Abraham showed, such a patient, far from showing humility, in fact treats the analyst as if he were valueless. The patient treats his objects the way, Dr. Brenman contends, his superego treats him.

Freud and Abraham showed that such a patient often treats his analyst as if he also were unworthy of love and respect, in fact, treats him with omnipotent contempt, as if he, the patient, owned the analyst. As a consequence he cannot experience the proper loss of a good object, and separation is felt to represent a failure of the analyst to supply constant services. The patient is enmeshed in a pattern of clinging and hating. 'The clinical picture is one in which the patient and his internal objects are locked in this mutual escalating interaction – a pattern linked with sado masochism and aggression based on oral cannibalism' (p. 304).

Considered as an entity in its own right, the harsh superego is characterized as acting as a supreme judge, seeing only moral faults. It fails to appreciate the positive aspects of a person, and shows no consideration for the difficult circumstances that may underlie a person's shortcomings. It expects total perfection in itself and others, and total obedience. An important aspect of the clinical picture

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is that the patient is thus separated from a good enough, understanding human relationship. Psychically, the patient is not alone, but 'in constant relationship with a torturing superego'.

In the transference the patient cannot separate from this torturing superego analyst because of the greater fear of a void inhabited by primitive persecutors, the origins, Brenman hints, of our ideas of hell. (Heaven, he might have added, would be in phantasy the blissful state of at-oneness with a highly idealized, omnipotent figure.)

Subsequent writers have described how the primitive harsh superego is linked with a powerful narcissistic organization – sometimes called a pathological organization or psychic retreat. Such an organization of interlocking defences and defensive phantasies acts to separate both patient and analyst from relating in a creative way expressive of ordinary human love and understanding. 'Like all madness, its aim is to enter into sanity and take over. It separates access to sane judgement by its seductive ingenuity in persuading the subject that the humility of truth needs no allegiance. Guilt and concern . . . are swept aside in contempt' (p. 304).

Brenman points out that identification with this madness leads to manic triumph and paranoia, defences we see at play only too clearly at times of war, when the first casualties are the values of humanity and awareness of guilt over destructiveness.

The grosser examples of these dynamics in the consulting room are easily recognizable. However, subtler examples of manic and paranoid defences can be missed, perhaps because so ubiquitous, and along with other defences like idealization, can be used to avoid the awareness of the painful aspects of separation from a good object. He reminds us that Freud showed that in mourning, the mourner knows what he has lost; whereas in melancholia, this vitally important capacity is absent, and that Klein (1957) showed how the attacks on the analyst can make the analyst completely bad in the mind of the patient who may cling to grievances as a result.

Dr Brenman describes a patient who displayed these character elements operating at the earliest level of dependency as described by Klein. This patient could not admit to his own dependency and possessiveness, but projected them onto his wife. The analyst meanwhile was felt to be belittling the patient and overvaluing himself.

He details the manifestations of the patient's difficulties with separation. At times

1) he could behave as if the analyst did not exist;
2) he could not bear any gap between a communication he made and his analyst's response;
3) he contrived his analyst's attention in numerous issues to avoid the awareness of their separateness;

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4) he tried to inveigle his analyst into a 'ménage á trois' – himself, the analyst and an object called 'psychoanalysis';
5) he could 'cut out' any problems that arose in their relationship and replace them by other preoccupations. In this way he also communicated that he felt that the analyst cut him out of his mind to such an extent that no part of him existed in his analyst's mind when engaged in other relationships;
6) he might act as if the previous session had not existed; or he could continue on from the previous session as if there had been no separation between them.

A very important part of the analysis is demonstrated when Dr Brenman interprets the patient's fear that his analyst will deny his, the analyst's, own capacities to feel dependency, need and exclusion, so that interpretations about his patient's dependency will appear to embody the denial of the analyst's own separation anxiety and will seem to represent an omnipotent triumph over his patient. Subsequent material showed the relevance of this point and the interpretation was made that the patient believed that the admission of ordinary human missing of a person in a relationship would represent a loss of face, and that what is considered important is complete self-sufficiency rather than human beings valuing each other.

Brenman says it is 'only after this issue has been met and explored in detail that fruitful exploration of sado-masochism can take place . . . I believe that . . . interpretation of sado-masochism by itself is experienced by the patient as a meeting of cruel omnipotence with counter omnipotence' (p. 307).

Furthermore, 'if the depressive feels he has no personal meaning, he believes that omnipotence is the only means available to him . . . A depressive has no faith in goodness. Goodness cannot be recaptured if a ruthless superego only shows how bad he is' (p. 307).

He goes on to stress that in order to mourn loss successfully it is necessary to be able to acknowledge the goodness of the object. He talks of the 'lost good object' – that figure originally desired and felt to be helpful which can become occluded or attacked in the mind by grievances and made into a bad object through anger, hatred and envy. The internalization and cherishing of the memory of the good object can assist the process of building new relationships and new experiences. The process of successful mourning depends on previous experiences of a mother who deals reasonably successfully with early developmental steps such as weaning, helping the infant to bear the knowledge of the father's presence, and jealousy of other siblings.

Looking at this paper from a contemporary perspective, it seems not to have dated in the 25 years since it was written. The clinical and theoretical issues are still fresh; indeed the focus on the superego has again become a preoccupation.

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Dr Brenman has a helpful way of delineating the psychic reality of a relatively healthy patient in order to bring out the difficulties most of our patients face. I think he would probably agree that the most important point in this paper is to do with the necessity of helping a patient to reconnect with a good object. He shows how time and again, the patient denies knowledge of the need for a good and helpful relationship. 'We are all familiar with the experience of witnessing the effects of separation and the difficulty of making this knowledge meaningful to the patient' (p. 303).

This restates Freud's point that in melancholia he must have lost a love object, but does not know what he has lost. Dr Brenman emphasizes that in melancholia – and one might say, in any state of mind that is linked with the paranoid schizoid position – 'the patient believes there is no worthwhile goodness. He is in the grip of a superego that makes him feel useless and worthless and that there is no good in others . . . Goodness is obviated and he believes it is a delusion' (p. 305). He is not denying that there can be terribly painful and damaging experiences, but repeats that 'it is the goodness of others and in themselves which is denuded' (p. 305).

If a patient cuts himself off from help in the session and substitutes idealization, grievances or excitement, psychoanalytic interpretation is felt as devoid of the human endeavour that creates understanding. The issue then is how to help the patient recapture a good object and the recognition of a helpful relationship.

In a way, this is the heart of the paper, which is contained in the sustained commitment Dr Brenman expresses to upholding the values of the helpful relationship and the importance of the recognition of the humanity of both patient and analyst. This necessarily includes the recognition of pain, rage and destructiveness as well as of love and generosity. These are thoughts that we can all probably assent to: but it seems to me that they are rarely stated, or as insistently, and perhaps particularly not by those in the Kleinian tradition.

This focus on the need to re-establish contact with the good object has important implications for technique. The harsh superego habitually present in most of our patients is linked, as described earlier, with a narcissistic organization in which omnipotence is a major feature. Moralistic and contemptuous condemnation of faults and weaknesses – and of vulnerability and dependency, deserving only of scorn, is the rule. When we interpret, we can easily be felt to be equally omnipotently critical of the subject of the interpretation, and it is important not to collude, implicitly, with a patient's phantasy of our own omnipotence, particularly if we share it: it is so easy to fall into omnipotence ourselves. I think Dr Brenman is suggesting that it can be useful to interpret the patient's fears that we can implicitly appear to disown our own human involvement with our patients. We also need to take care not to imply in our interpretations that we are ourselves free of the pain of separation, or that we are free of faults and

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weaknesses that we all share by virtue of our common humanity: 'the patient watches to test the analyst in a climate of hopeful expectation, punctuated by doubt, vengeance, envy, and omnipotent contempt' (p. 309).

It helps for us to be aware of our own limitations; and as he puts it, 'The mother, parent or analyst who cannot experience loss is thus separated from the knowledge of a good object that is needed . . .'. [If the mother/analyst] is 'cut off from contact with the baby part of herself which would enable her to empathize with her baby, [the patient may feel] nursed by an analyst mother who does not know what is missing' (p. 309).

> The pain of deprivation in the past through absence of provisions and through the destruction of objects is the most crucial feature of any analysis, and the success of the outcome depends on how this is met and worked through. . . . The foundations for being able to work through the pain and depression and guilt over the responsibility of destruction can only be established if the analyst keeps his own contact with separation anxiety and withstands the pain of maintaining this course when bombarded with rejection, contempt and reproach, and is able to analyse and link these attacks with the experience of separation. (p. 309)

There is a theme in the paper that extends the concept of separation from the idea of breaks, weekends and time between sessions and within sessions when the analyst's separate mind is evident, to describing patients as being '*separated* from a better object' (p. 304); or again, 'The forces at work *attempt to separate* both patient and analyst' (my italics) and 'these patients *are separated* from good help' (p. 305, my italics).

It would be of interest to think more about this mode of description where it could be interpreted that the 'forces at work' are implied as being 'separate' from the patient's own motivations, conscious or unconscious. Whilst the superego is believed to be a universal psychic structure, probably few people would believe that it is independent of the patient's own affective and phantasy life. Dr Brenman in fact quotes the relevant point from Klein: 'the superego is built up largely from a split off part of the ego on to which impulses are projected' (p. 309).

A more conventional Kleinian position might be to talk more readily of the patient's attacks on the good object, exploring also the motivations for such attacks in terms of the inevitable recognition of the pain and rage involved in living with the ambivalence of reality; there are also the difficulties in sustaining a good object in terms of the responsibilities it entails, for example, the eschewing of the easy resort to anger and hatred rather than thinking and understanding. Dr Brenman might seem to be at pains not to emphasize the patient's responsibility in these 'forces'; and it may be that he wishes to refer to the dynamics without specifying complicated questions about the aetiology of defences insofar as the relative contributions of parent and child, container and contained, are concerned.

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It would also have been interesting to have had more discussion about the difficulties in working with patients who have genuinely very little good object experiences, maybe with traumatic neglect or abuse. We are probably all familiar with the powerful grievances and attachment to hatred and bad objects that can arise in a patient who appears to have had a very difficult history and there are reflections, not necessarily explicit, on this question here, as I now describe.

Brenman is staunchly committed to the need to recover lost good objects and to show their importance

> to recover those good aspects of the parents, objects, analyst and the self that are lost is essential work in analysis. This can only be achieved if the analyst's orientation is based on showing the importance of these elements – for without their presence and operation there is little to modify the omnipotent destructiveness, the harsh superego or to provide a viable alternative to idealisation'. (p. 309)

We should note that it is good aspects of the analyst as well as of parents that is spoken of here. When he says, 'The establishment of a mother who can love in spite of the loss, who can bear the loss and forgive destructiveness, is an essential experience' (p. 309), or 'it is of vital importance that the analyst interprets the lost good parts of the relationship in detail, *to provide an experience of a parent who can bear knowing what is lost and has faith in bearing this experience and recapturing lost good elements*' (p. 309, my italics), we may begin to wonder if he is actually talking about a parent, or also about an analyst who can function as a good parent in these specific ways.

Later it is quite explicit: 'the demonstration by the analyst of dealing with loss and separation must be provided' (p. 309); and: 'the analyst's capacity for continued contact with the "good enough" human endeavour, enable(s) the problem of separation to be tackled in a meaningful way' (p. 309).

I think that when Dr Brenman speaks of the necessity of recovering the lost good object, he is also implicitly and sometimes explicitly focussing on the need for the analyst to be the good enough parent, and the ways in which they need to be that. This would be of particular importance when a patient has not had much, or enough, good object experience, so that the point is always made of the need to recover what good object experience there has been which has been lost or denied or attacked, for whatever reason, and the need to build on that by the analyst embodying the good enough object in the way they deal with the patient.

It seems possible that if this can be achieved with a patient who has not had enough, then we may help them approach the position that Britton talks about in his book *Sex, Death and the Superego* (2003) where he suggests that the realistic judgements of the ego in its capacity for self observation can come to be given more importance than the harsh judgements of the superego. This requires that a patient's ego can question and make a judgement about the superego (p. 72).

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To conclude, this paper contains some crucial insights and Dr Brenman outlines firm views about the need for the analyst to be particularly attentive to their own role in sustaining good objects. Without flinching from delineating the most destructive impulses and phantasies of which we are all, in different degrees, capable, the paper expresses a sustained commitment to the upholding of the values of human love and understanding, creative relationships, and the importance of truth.

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ARTS REVIEW
The Return, directed by Andrey Zvyagintsev

ANN SCOTT

The BAP's Annual Conference in 2005 was on the theme 'Siblings: Rivals and Allies?' Two of the main papers, reproduced in this issue of the journal, were responses to the Russian film *The Return* (2003), directed by Andrey Zvyagintsev. To contextualize the papers, a brief synopsis of the film is given here.

The events take place in contemporary Russia, though it is never clear exactly where. The opening scenes of the film introduce two brothers, Andrey (aged about 15) and Vanya (aged about 13). They are at a seemingly deserted lakeside with a group of boys taking it in turns to jump from some high place. Vanya, terrified, cannot jump and is mocked and left behind. He is rescued by his mother, who enfolds him in her arms as the darkness falls. The scene changes to a fight between a gang of boys, including both brothers, in which Vanya is called chicken.

On getting home the boys are shocked to discover their father has returned after a twelve year absence. They see him first asleep on the bed, in a pose widely noticed by reviewers (and again by Prophecy Coles) as reminiscent of Mantegna's 'The Lamentation over the Dead Christ'. No reason is given for his absence, his occupation, or his return. They check that it is him from a faded photograph, stuck in a book beside an illustration of Abraham's sacrifice of Isaac. The father announces that he will take the boys on a fishing trip the next day.

The journey – which we see largely from the boys' point of view – takes the three from isolated towns to a wilderness wooded coastline and then on a boat on a stormy sea to a nameless, deserted island. Who is the father phoning? Why does he treat the boys harshly and make them first drag the car out of mud, then row through a storm? Why is he unearthing a box on the island and what is in it? All he tells the boys is that he has business to get to. Vanya's doubts about

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his father begin to give way to open defiance, while Andrey's need is to bond with his father.

Vanya steals his father's knife in an act of transgression. Eventually he runs away from his father and, in a scene that echoes and revisits the opening sequence of the film, climbs fast up a derelict structure. His father, now desperate to rescue him, follows him up to the top. The father tries to reach him but falls to his death when a ladder gives way.

The children manage to drag their father back to the boat. They row out to sea and reach the mainland, but are unable to drag the boat onto the shore. They return the next morning to discover their father and the boat have been swept out to sea. Andrey drives them both home.

The Return was awarded the Golden Lion at the Venice Film Festival in 2003. Shot in muted tones and pictorially spare, it is a disturbing and haunting film, sometimes seen by commentators as a biblical parable, sometimes as a socio-political parable. Much of the conference discussion was focussed on it.

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Siblings: rivals *and* allies?

PROPHECY COLES

My interest in siblings comes from my curiosity about the place my own siblings have had in the development of my emotional life. I can detect echoes of their emotional impact in all my adult relationships. It is striking that in our psychoanalytic theories siblings have played a very minor part in our understanding of the structure of the inner world (Lesser, 1978; Colonna and Newman, 1983; Sharpe and Rosenblatt, 1994). We have tended to accept Freud's belief that siblings are necessarily hated rivals and that when love and cooperation is found it is a form of expediency (Freud 1900, 1910, 1916–17). We have, as a result, marginalized them from our central theories about emotional development. I am sure that Freud has described accurately an aspect of sibling relationships, namely that there is rivalry amongst siblings for parental attention. However, it does not necessarily follow that our most basic wish is to be rid of them, or murder them, as Mitchell (2004) in her latest book *Siblings* suggests. As we shall see in the film *The Return* discussed here, love and hate and rivalry amongst siblings are more strongly intermingled and therefore it is a mistake to assume one emotion takes priority. Strong sibling rivalry can often be linked to parental conflict around their siblings, though this is an area that remains largely unexplored. (Kris and Ritvo, 1983).

Mitchell (2000) has suggested that we see sibling relationships on a lateral dimension and the parent/child relationship on a vertical one. I think this is a good way of conceptualizing the different space that parents and siblings occupy within the structure of the inner world. For instance, the study of infant emotional development has helped us to see that newborn infants come into the world finely equipped to distinguish between their mother and others (Brazelton, 1982; Stern, 2004). As Stern put it, they 'are born with minds that are especially attuned to other minds' (Stern 2004: 85). This attunement seems to suggest infants can distinguish between the minds of their mother and their father, and

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by extension, their siblings. If newborn infants can distinguish the minds of their parents and their siblings, then we need to understand more about the emotional trajectory of this difference and the impact that this makes upon the inner world. Another infant observation suggests that by the time the infant is 3 to 4 months old, it smiles more at its siblings than at its parents (Parens, 1988). Here it seems the infant has made a clear distinction between parents and siblings and the infant's response to the older siblings may herald the development of an identification and empathy with those who live on the horizontal plane. A short anecdote from my summer holiday may illustrate Parens's suggestion that empathy and identification exists between siblings from an early age. I was with two of my grandchildren, two sisters, aged 4 years and 8 months. The older one fell down and grazed her knee and cried. Her younger sister immediately started to cry too and could not be consoled until her older sister had stopped crying. I believe we have obscured an aspect of the development of empathy that comes about through identification with siblings and peers by an over-emphasis on the model of the empathetic mother with her child.

I have come to think of the horizontal axis as containing our 'we' ego, to borrow the concept from Emde's (1988) work. By 'we' ego I have in mind the development of our capacity to be part of a group. Siblings and peers help us to develop this 'we' ego as we jostle in the nursery and playground. But perhaps more importantly, Klein (1926) suggested that the development of our sexuality and our capacity to interact sexually with our peers may be as much the result of sibling encounters as the overcoming of oedipal desires suggested by Freud. We can explore sexual sameness and difference in a more realistic and intimate way with our siblings and peers. We may be dismayed, at the time, that we cannot make babies but this fact provides enormous protection until adolescence. Perhaps these moments of sexual exploration have as profound an effect upon our sexual identity as any other. Elspeth Morley (2006) explores sibling relationships and their impact upon marital difficulties and breakdown. She suggests that the failure to maintain a loving and cooperative relationship in adult life can often point to unresolved sibling conflicts.

Another way of conceptualizing the 'we' ego might be to say that our 'ego' gets most of its strength from the relationship to our parents, whereas our 'we' ego develops in our contact with siblings and peers. A clinical example of a patient who came from a large family may flesh out this idea. I found it hard to understand a particular anxiety she would experience if she felt she had got my 'special' attention. Over time we understood a pattern to this conflict. If she felt she had got my 'special' attention, she immediately felt an internal anxiety that seemed to contain the expectation her siblings would be hostile or envious. She felt the need to get back with them and be part of the group. Of course, once her 'we' ego felt restored, and this would be done by being indifferent towards me, she would long to be special again. And so she swung between these two states of being. In some measure this may be true for us all. We struggle between

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a wish to be part of the group, the wishes that the concept of the 'we' ego is meant to express, and the equally strong wish that our individuality, or 'ego', is acknowledged and recognized. We want to be our parents' special child, but we need to feel we are part of a wider world and in the beginning this is the world of our siblings and peers.

It is in the intimacy of the consulting room that we can begin to distinguish between the vertical and horizontal planes, as we move between a sibling transference or a parent/child one. In the example above, the movement between these two identifications was subtle and changeable. However, there are certain characteristics of the transference that alert me to the possibility of sibling conflict. For instance, a patient with a very harsh superego may have hidden sibling hatred. In some of these cases the sibling has been installed as the dominant figure in the internal world. One of the difficulties of this all encompassing identification with a sibling is that there is usually no generational space and as a result there is little room to hold onto difference. My two grandchildren might hold as an example. They both cry and this brings adult help. However, if there is no adult attending and there is a continuing experience of neglect, both children may have to deal with a model of a child whose cries fail to bring external help. The natural empathy between them fails, and instead a crying sibling becomes the model to be repudiated within the self. I have found that this obdurate sibling superego can have the unwelcome result of eliciting intense sadistic fantasies on the part of the therapist. This fantasy seems to contain the wish that the other should shut up and grow up. At these moments there is a lack of generational difference. We are in the nursery and no adult is around, until, hopefully, I recover my adult therapeutic role. Another painful area of sibling conflict can be discovered when transgressive fantasies dominate the therapy. These fantasies may be an indication of an over-dependent sibling relationship. For instance, intense erotic fantasies on the part of either patient or therapist may indicate a regression to a sibling relationship that offers comfort in the face of oedipal conflict that is too filled with hatred (Klein 1926). In all these cases I believe we may be dealing with parents who have turned a blind eye towards their children, and patient and therapist may be in touch with very early relationships that do not have the vertical axis to hold on to. The memories that are being aroused in the therapy are, by their infantile nature, intense and unaccommodating, either in a positive or negative direction.

With some of these ideas in mind, I shall turn to the film of *The Return*. The opening underwater shot of the submerged wreck invites us to imagine that we are to be taken on a filmic journey to unknown depths that may involve loss or destruction and death. This intuition is reinforced as the next shot swings to several boys plunging from a great height into the water and Vanya crouches in terror, unable to jump. This frightened child becomes an iconic figure of the human condition, essentially alone, and mocked and reviled by contemporaries. The figure of Christ and his anguished cry to God, the father, when he is on

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the Cross, echoes ambiguously throughout the film. The viewer is never sure until near the end whether the 'returned' father or his sons are going to survive their ordeal. Who will be crucified?

Vanya and his brother have been abandoned by their father for 12 years. The belief in the potential goodness in the world relies upon their mother. Vanya is rescued and comforted by his mother when he is abandoned by his brother and peers. Vanya is strengthened by his mother's understanding and finds the confidence to confront his persecutors. He challenges his brother and they fight. Vanya knows he has his mother at his elbow, as it were. He also knows that it is *safer* to fight his brother than the other boys, that is to say, psychologically, the strength of the attachment or love between the brothers makes the fight safer. He is less likely to be murdered by his brother, and this is an essential element in the film. The brothers' relationship is the key to their survival.

The father's sudden return, after 12 years, has tumultuous consequences on the brothers and their relationship to each other. In the internal world of siblings, who have an absent father, sibling relationships take on a heavy burden and it is quite common for the older sibling to take on the role of the absent figure; unlike a parental figure, however, he cannot protect or take care of the younger in an age appropriate way. The task is too great and at times he will inevitably drop the role and abandon the younger sibling. Typically, as in the film, the older child will abandon his parental role when the demands from his own peers become too exciting or insistent. But it is interesting to note that Andrey is the last one of the gang of boys to call Vanya a chicken. His conflicting emotions towards his younger brother are palpable. What of the experience for the younger sibling who is relying upon his older brother and is then rejected? Vanya experiences humiliation and as the film goes on we sense his humiliation hardens his resolve to avoid such situations in the future. He creates a defence of indifference and in the end he is prepared to die rather than be seen as weak yet again. This is a most extreme psychological solution, which unfortunately we do encounter from time to time in the consulting room. I think this film truthfully portrays some of the ingredients that can lead to an extreme state of mind in which death is preferred over life. But, as this film also truthfully portrays, Vanya's defiance of his father springs from the agony of believing his father does not love him. I mentioned earlier the harsh superego of those who have experienced parental neglect and relied too much upon siblings to help. The opening shots of the boys diving and humiliating Vanya alerted me to the possibility that we might find a quite punishing and self-flagellating superego in both boys, for the absence of a paternal figure is quite clear in the opening shots.

The father's death at the end of the film continues the theme of the absent and abandoning father, but the intermediate events shift the relationship between the two brothers in a most moving way. The sibling hostility and conflict at the beginning of the film is quickly subsumed, sublimated or becomes irrelevant as the brothers face a much more difficult task ahead. They gradually draw more

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closely together as they try to understand and even accommodate their father. They do not lose their identity in this shared task, but they have little energy or desire to quarrel amongst themselves. Indeed one might say that each brother comes to a finer understanding of the other and his particular talents. Andrey comes to admire Vanya's capacity to stand up to their father. Vanya is able to respond to Andrey's comforting presence. I think this suggests siblings quarrel less if there are more pressing external demands made upon them, especially if the conditions are of extreme hardship. This is not to argue for the idea that we should give our children a hard time and then they would not quarrel! But I do have in mind Freud and Dann's (1951) observation of five children who survived a concentration camp. These children had created amongst themselves the most extraordinary altruistic group, which undoubtedly helped them survive the total absence of a constant adult caretaker. The conclusion I want to draw from that observation is that sibling conflict may reflect the states of mind of the adult caretakers. We may interfere far too much in our children's capacity to work things out, and may be making a fundamental psychological mistake in attributing sibling difficulties to the essentially catastrophic experience of having a sibling (Mitchell, 2004).

One way of thinking about Vanya's inner sources of strength and passion is to suggest that this confidence comes from his position as the second and last child in the family. He is close to his mother and has not experienced being displaced. There is a dearth of psychological work on sibling position, but a sociological study (Sulloway, 1998) on the sibling position of a thousand historical figures suggested second sons were more likely to be rebellious in their struggle to find an identity. Andrey's strengths lie in a different direction and we might see him as a typical eldest child. He is less fiercely combative. He does what he is told. He is more conciliatory in his relationships with his brother, father and mother. He hides his difficulties and as a result he is easier to deal with.

The father, on his return, is experienced as an idealized but ambiguous figure. The first visual image we have of the father, as he lies asleep on the bed, is reminiscent of Mantegna's painting of the Dead Christ. The image conveys the boys' feelings of fear and wonder. Their father has been resurrected from the dead and is a good and loving man who has come back to redeem them. This idealized Christ figure soon becomes an ambiguous person who has to be negotiated. The children's fantasies about him crash to the earth, though the different ways he is experienced by the brothers is finely demarcated. Vanya feels more conflicted and ambivalent about his return. He voices his dislike of the wine at their 'first supper'. He believes he does not need a father in his life. Andrey likes the wine and is prepared to think that the father's return may be a good thing. However, what is common to both boys is that the father seems emotionally distant and out of tune with them. The only moment when the father seems to allow his sons to have an emotional impact upon him is when Vanya runs

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away from him, at the end of the film. At last Vanya's wish to love and be loved by a father reaches this man, but by then it is too late. The tragedy, at times almost too painful to watch, is that we know that all over the world this sort of mismatching is taking place. Fathers who are absent for any length of time, and for whatever reason, are necessarily out of tune with the emotional development of their children when they return. It requires great emotional maturity on the part of the father to accept the hostile reception he will receive when he finally comes home. The children, in turn, need a lot of help to give up their belief that they have no need of a father.

One way of thinking about the journey of the father and his two sons is to conceive of it as a symbolic journey towards hoped for intimacy that fails. We witness a hard emotional journey that finds its symbolic equivalence in the physical hardship that the two boys are put through. The father is uncommunicative from the moment of their first meeting, even though he promises to take them fishing the following day. The boys' questioning of the paternity of this man is the obvious consequence of his disillusioning behaviour.

The roles that we have come to expect the two brothers to play continue in the early part of the journey. Andrey is the conciliator with both his father and Vanya. He continues in his allotted paternal role towards Vanya when he comforts him at night, and like a good parent he can intuitively sense the head-on clash that is brewing between Vanya and his father. He seems to understand their similarity of character and tries to warn them to change their ways. Vanya has seen no reason to change his behaviour just because this disappointing man has come back into their life. He is not going to call him 'father'. Equally, the father seems to have no emotional imagination as to why Vanya is protesting. They are both like children. The only adult around is Andrey. Vanya ups the stakes when he loses one battle. He refuses to eat, a much more emotionally powerful protest, as any of us who work with eating disorders knows all too well.

It is quite difficult to watch the father's brutality towards his sons, but at the same time it strengthens our empathy with the boys' point of view. We identify with them. The mystery of the father's motives also captures the child's eye view of the adult world, especially an adult world that is fragmented by crime or war or political oppression. The effect of this disturbing adult world is reflected in the boys' responses. There is a beautiful moment when the boys are in the boat and their father is rowing them to the island, and their faces are suffused with happiness as they share the excitement of this masculine adventure. Life is going to be all right after all. Then they are almost immediately disillusioned as a storm breaks and the boys have to row and are pushed to the limits of their endurance. Again this mood swing captures the inner world of children coming to terms with the return of a supposed loved and honoured figure, who in fact excites, bewilders and frightens them. Vanya's response to his father hardens into hostility, not surprisingly after being abandoned in the

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rain for having dared to challenge his father. Andrey's response to his father is to become more companionable and cooperative. It is a painful paradox that Vanya, who we sense is more confident and has a greater sense of internal security, is less able to negotiate a relationship with his father, whereas Andrey, who is less secure, has discovered a way of getting some internal security through conciliation.

It is not until the father's death that we come to a sort of grudging belief that perhaps the father had been trying to warn his sons of the hardships in life that lie ahead of them. One way of interpreting his behaviour is to imagine that he believes they need to be toughened up if they are to survive. I have avoided looking at this film as containing a political message, but the cruel unaccommodating father could represent the political regime that they need to deal with. He abandons them with his purse to see how they will manage being mugged; he forces them to help get the car out of the mud; he insists they row the boat to the island. In innumerable ways he introduces them to the prospect of a hard life ahead, almost as though he has a premonition of his death. We are forced to see, however painfully and reluctantly, that he has given them some basic survival skills. Indeed without the skills that he has taught them they would not have got off the island. But, like the brothers, we are left with the mystery of the father. Was he trying to tell them of the life he had been leading during the last 12 years? Was he a petty criminal, or a political prisoner? Had he been living on the island for all this time? What are we to make of the sunken submarine? The watchtower? The buried tin box? As I watched the film for the third time, I found myself wondering whether there was not another 'return' that I had not previously noticed, namely the father 'returning' to the island. Were we to believe that he, like his sons, was under bewildering orders that he had to obey?

By the time that the brothers make their 'return' journey home, to their mother and grandmother, their relationship with each has developed into one of mutual respect and cooperation. It began perhaps when Vanya found his father's knife and told Andrey that he would never let his father touch him again. At that moment Andrey seems to shift his position as paternal caretaker. He begins to realize that Vanya has some authority and he respects it. Vanya becomes the father, as it were, and says for them both, 'enough is enough, he must be stopped'. Andrey becomes the one who is led. He begins to feel some aggression towards his father, though it is not made explicit, and he never expresses it in a straightforward way. And I remembered at the beginning of their journey how Andrey had gone missing for three hours, perhaps as defiance, when he had been told to find somewhere to eat. Over the course of the film something seems to happen to him internally and he allows himself to be persuaded by Vanya, in their last fishing trip, to defy or more openly challenge their father by returning late. But when the father hits him he cannot mobilize his aggression to attack his father and he needs Vanya to save him. Would the father have killed him? It is a question that has no sure answer. What we do know by

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now is that if the brothers are to survive they need each other. The father is lost to them, he can never again find a place of love in their hearts. At the end of the film, following the death of the father, Andrey does return to his more familiar paternal role, and takes control of the situation. Vanya regresses to the heartbroken child that he had concealed from us all.

In conclusion, I began this paper with a suggestion that siblings have a structural place in our internal world, which psychoanalytic theory has ignored until quite recently. I furthermore suggested that our feelings about our siblings are much more complicated than those of rivalry, hatred and the wish to murder. One aspect that I have dwelt upon in this memorable film is the relationship between the two brothers. Vanya and Andrey would not have survived without each other, and if we take that idea as symbolic, then we might say that the film helps us to understand our need for siblings. We have been shown that sibling relationships are indeed rivalrous and can be cruel; however, the film shows us that there are other important qualities that sibling relationships foster. We have seen how children can step into parental roles if they are abandoned. Siblings can share anxieties and dreams, as we saw in the two night-time scenes, which bring comfort and support. Would the brothers' relationship have been as important to each other had their father been present? Probably not. But I think that one of the things that we have not been sufficiently attentive to in our clinical work, is that siblings share a world of childhood that is different from the adult and parental world. As psychotherapists we have returned to the scenes of childhood rather as the father in this film, with a lack of imagination. We want our patients to fit in with our ways of thinking things should be. We need to remember that sibling affiliations live on within us, giving us grief and support, and they are hugely important in structuring our emotional responses in adult life. Were Vanya and Andrey to be on our couch, we would miss so much if we listened to their material as only displaced oedipal conflict. They shared and understood each others' deepest fears and laughed together in joy. These are unique experiences that lie in the interstices of the heart and need most delicate listening to hear their impact.

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Siblings: allies or rivals?

MARGARET HAMMOND

I am a younger sibling. I am in reality, and I am in this conference, presenting second, after Prophecy. What does this mean in the context of our conference?

What does it mean to go second? Well, it means that I am talking to people who already have a template. Your minds have been filled up with Prophecy's thoughts and ideas. You are sifting them, reinforcing some and forgetting others. You are forging links, taking in and turning out. Mark Solms has told us that the scope of working memory is very small, about ten items, which we only retain for a few seconds, without actively working to save them. Coming second, I do not start with a clean sheet.

On top of that, Prophecy is very much an older sibling. She has published a book on siblings, which many of you will have read. In this way too, she has been there already, and made her mark, just like the first child.

What are my options as the second child, in managing this situation? I will mention three that occur to me. First, and most important, I have to find a way to manage my envy. Murray Stein writes of this problem in 1990, when he says 'In envy, it is the self that is perceived in the other, depriving the subject of access to self and creativity'. He spoke of his envy of previous writers on sibling rivalry, owning that this emotion rendered him empty, and devoid of ideas. On reading this, I was greatly comforted, identifying with that situation, and realizing that I was, in fact, robbing myself of all that I do know and understand about this subject.

However, having gone some way to reclaim myself, how do I carve out my own space for self expression, when Prophecy has gone before? My second option is to enter into competition with my predecessor. I had fantasies of trying to dazzle you with my brilliance, or charm you with my wit or even, in a defiant moment, by what I decide to wear. This is a wish to reverse the effects of envy, and emerge the winner after all.

After reading History, Margaret Hammond originally trained with Relate, with whom she worked as a counsellor tutor and trainer for many years. She is now a Senior Member of BAP, in private practice.

My third thought was to be quite different, to find another space, well away from that occupied by Prophecy. I could be outrageous, the solution of the rebellious child, or, just in a totally different arena. Well, I am a Jungian, and she is psychoanalytic. Perhaps I could write the most Jungian paper I could manage, ensuring that we could not be compared.

However successfully I manage my options, my subjective experience will depend a great deal on you, who I am experiencing as our BAP parents. How both Prophecy and I feel at the end of this will be influenced by how much room you collectively can make in your minds for two of us, for our difference in approach and experience. You, like all parents, have a complicated task to perform, a kind of juggling act with the two of us, to which of course, you will bring your own preferences, prejudices and understandings. In any BAP conference, the difference in understanding between psycho-analytic and Jungian theory is an obvious case in point. And then there are those of you who are child analysts, who will have understandings about siblings that perhaps neither of us fully comprehends.

The title of the conference, 'Siblings: rivals and allies?' also poses alternatives. From what I have said, it is clear why we might become rivals, but why allies? The boys in the film [*The Return*] finally became allies, after many vicissitudes, and they did so in adversity. To become allies, on the same side, I think we would need an adversary. If you, as our parents, were to turn against us both, and insist, perhaps, that the whole question of siblings was irrelevant to analytic thought, then we might need to sink any differences between us and join forces. This is a situation we see regularly, in groups, in families, and in the internal organization of our patients and ourselves.

My comment that issues around siblings might be deemed irrelevant to analytic thought was not an idle one. When I began to research the reading matter on siblings in the literature there was precious little. Prophecy wrote of this from the psychoanalytic perspective, but the same is true from the Jungian. A paper by Murray Stein (1990) in the *Journal of Analytic Psychology*, 'Sibling rivalry and the problem of envy', and a book, *Cinderella and her Sisters*, by Barry and Ann Ulanov (1983) are both fascinating studies of envy from a Jungian perspective, and in a paper in the *British Journal of Psychotherapy* (1986) 'The metaphor of twinship in personality development', Susan Fisher explores a unique type of sibling-like alliance founded on the actual experience of identical twins, which she calls a narcissistic union. She writes 'I am especially alert to patients who bring a family background of a bad fit with mother, an absent father, a closely-spaced sibling, and an indifferent environment. This combination may suggest that in early childhood the patient turned to a sibling for needed attention and recognition' (p. 271). This begins to sound like my conditions for turning Prophecy and I into allies.

But with these notable exceptions, there is very little written. In *The Importance of Sibling Relationships in Psychoanalysis* (Coles, 2003) we learn about

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Freud's family, and why, perhaps, he ignored the significance of siblings. In 'Jung and his family – a contemporary paradigm' in *Jungian Thought in the Modern World* (2000), Ann Kutek linked Jung's claim that a child's development results from an interaction with the parent's psychology and psychopathology with the writings of Robin Skynner, the family therapist, who observed that 'from the beginning, Jung regarded children's psychological problems as usually expressive of difficulties in the total family system, whereby relief of symptoms in one individual might lead to the development of symptoms in another' (p. 21). In other words, individual psychopathology can be thought of as highly interrelational, with the parents defining the container, and the psychic space available to the siblings regulated by that fact. I think this is a valid hypothesis, and will describe some material from infant observations which bears it out below. But, Jung is silent on the situation from the point of view of the child, the sibling. Can we see any explanation for this in his personal story as the eldest surviving child of his parents, an older brother having died at a few days old, two years before Jung's own birth? When he was 9, a sister was born. His mother was psychologically unstable, suffering periods in psychiatric hospital, and the marriage was unhappy. Perhaps this contributes to why Jung considered that the child's problems were an extension of parental ones, and to why he ignored any sibling influence in the growth of the personality. It simply wasn't his experience. I find myself wondering whether the fathers of psychoanalysis were so drawn to individualist thinking because of their difficulties with relating to parental figures, and because of the lack of sibling support or the opportunity for the dilution of intense feeling potentially provided by a peer group.

Having said that, I was very interested in Prophecy's remarks about the 'we ego' and am reminded about Jung's comments on incest. Andrew Samuels writes:

> [Jung] saw incest fantasy as a complicated metaphor for a path of psychological growth. A child experiencing incestuous feelings or fantasies can be seen as attempting unconsciously to add enriching layers of experience to his or her personality by close emotional contact with the parent. The sexual aspect of the incestuous impulse ensures that the encounter is deep and meaningful, and the incest taboo prevents physical expression. (1985: 167).

In families with siblings I think the intensity of these interactions can be contained and experienced also between the siblings. For the last three weeks I have been observing my grandson, an only child, 3½ years old. His urge for physical connection with his mother is powerfully voiced and he is hard to distract. I myself had three sons, close together, and do not remember anything so driven. I suspect it was dissipated into the sibling group, expressed as rivalry with brothers, rather than with father.

At the turn of the 20th century, Jung's family was an exception. The norm was for large families, in which gaining access to the parents may have been an

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issue. Today, things are very different, and families have declined drastically in size. However, looking over my list of patients for the last 5 years, I discovered that there were just two only children, in about 30 patients. I wonder how to interpret this information. Does it mean that many of the problems which bring people to therapy are to do with siblings? Or does it just mean that most of us are still brought up in families of more than one child? I wonder how many of you are only children? And in our century, the picture is complicated, with one parent families and reconstituted families. Sibling relationships in the generations to come will become ever more complex.

However complex they do become, I maintain that we will retain an internal model for a sibling. Human beings have always been born and raised in family groups. When I did social work in Zambia, the idea of coming from the same womb was a vital one. Myths and fairy tales are full of stories of the interactions between brothers and sisters, from Cain and Abel to Cinderella. Only children often long for a sibling, or invent one to fill a gap. Perhaps there is an inherent template for a sibling in the psyche, the Jungian archetype. For our growth, we need all the things a family provides, rivalry and competition, a peer group to flex our muscles with, and siblings of a similar age with whom we can learn to cooperate and share and to experience companionship and intimacy.

The ancient stories in Western culture about siblings are usually about envy and rivalry. I have already quoted two cases in point, and it is so often the envious component in sibling relationships that attracts our interest. However, if we look more closely at the story of Cain and Abel, it appears that the first murder in the Bible was the result of favoritism. We read in Genesis:

> Now Abel was a keeper of the sheep, and Cain a tiller of the ground . . . Cain brought to the Lord an offering of the fruit of the ground, and Abel, for his part brought of the firstlings of his flock . . . And the Lord had regard for Abel and his offering, but for Cain and his offering, he had no regard. So Cain was very angry, and his countenance fell.

The God of the Old Testament did not keep a place in his mind for two brothers, and the result was murderous jealousy. The story of Cinderella is somewhat different in that the disadvantaged one, Cinderella, is the object of envy, but the ugly sisters envy her goodness, perhaps the legacy of a loving relationship with her now dead mother. But the envy is fostered in a situation of great inequality, where the stepmother is also envious, and the parents are unable to provide enough space for all. My first proposal then, is, that whether siblings are predominately rivals, allies, or companions will depend greatly on the capacity of the parents, both parents, to make enough psychic and emotional space for their individual children – for their difference, for their envy, and their love – to create an atmosphere in which there is enough to go round.

Infant observation offers an understanding of the roots of personality development, and I turn to it now to see what it might offer on this issue of siblings.

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For a small child, the arrival of a new baby is a catastrophic event. Nothing will ever be the same again. Feelings of love and hate, tenderness and jealousy, excitement and disappointment, swirl around, emerging and receding with confusing rapidity. These powerful infantile feelings evoke responses in parents also, who will react according to their internal relationships and the relationship between them. I am going to quote from two infant observations which should make this clearer. My first example comes from *Surviving Space*, papers on the experience of infant observation with Esther Bick edited by Andrew Briggs (2002). An observation is recounted, of Eric, a little boy whose brother George is born when he is 22 months old. The observer writes,

> While Mother is breast feeding George, Eric lies in the baby bouncer facing them while sucking his fingers. When mother sternly tells him to get out, he forcefully throws the baby bouncer sideways at mother. Later, when the new baby is put into Eric's former bedroom, Eric goes into his parent's bedroom, takes one of the baby's blankets, and unsuccessfully wraps his teddy in it. When the blanket keeps falling off, as he picks up teddy he asks his mother to help, saying he has to cover teddy, or he'll catch cold. (p. 96)

He feels left out in the cold while the new baby is being fed, but he can ask mother for help, and find a way to express his distress.

He also has a father to help him. The observer recounts how Eric regresses when he is put in the bath with the new baby, makes baby noises, and, as soon as he has been dried, rushes to cuddle into father's empty lap. Eric's jealousy and anxiety are clear, an anxiety which Bick understands as a feeling that the baby has taken away his sense of identity. He is no longer the baby, but he is not sure of his different place as the older child with his own relationship with his parents. However throughout this observation we see the parents finding ways to understand and respond to their child's confusion, without reinforcing his difficulties.

An observation in *Closely Observed Infants* (1989), edited by Miller et al., tells a different story in the account of the early life of Oliver, with his sister, Jenny, 18 months older. This family has babies of both sexes, an obvious difference to manage. The observer wrote:

> When I first arrived to start observing, mother had told me Oliver's birth had been much easier than Jenny's; he was feeding well and was much easier to handle than she had been. They found it hard to accept that Jenny had an emotional reaction to Oliver's birth, preferring to find physical reasons for her misery and upset, which were evident when Oliver was being breastfed. They said she was tired or teething. Jenny was not allowed to express hostility directly, which was apparently seen as male behaviour and once, when she was grizzly and demanding attention, mother joked with her saying 'We should swap you for a [little refugee who needs a mummy]' (p. 185, expression changed by author to update the concept).

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> On another occasion, while being cross with Jenny, and simultaneously tickling Oliver lovingly, mother said 'Sometimes I wonder how I remain sane'. The implication was clear that it was Oliver who kept her sane, as she followed by telling how contented, happy and undemanding Oliver was' (p. 185).

In these vignettes, Jenny was being allocated a non-aggressive space seen as appropriate for girls, which left no outlet for her rage and jealousy, except to express them in bodily terms. Also, it seems that rivalry was being encouraged, because this space defined for the female child was valued less than the space for the male.

A hypothesis could be drawn from these two vignettes, where Eric appears set to work through his conflicts with parental support, while Jenny's difficulties seemingly are not recognized. This could form the basis for the establishment of various defensive structures, maybe fuelled by envy, and a sense of inadequacy. Jenny's mother may be projecting her feelings about herself onto her daughter, while her son is allowed to be assertive and aggressive. In this scenario, Jenny may manage by finding a role for herself as the helpful one, or, perhaps, the delicate or miserable one. If this happened, the aggressive part of herself could be split off, in the shadow, not allowed in mother's mind, perhaps projected into her brother, and later, into a partner. Her adult personality would have been greatly affected by this relationship with her brother, set up by her parents in infancy. This is, of course, only one possible scenario, but I have seen many patients whose infancy seems similar to this, some of whom have struggled with a devouring envy of the younger brother and his relationship to mother, which has blighted their lives.

I have been particularly interested by patients for whom the sibling appears in a confusing manner, almost like an implant, and the patient has been unsure whether it is an aspect of themselves or of someone else. This has been very clear with two patients each of whom had an intellectually handicapped sibling, which was a burning issue. It made me think again about how this might have come about and I was reminded of my own infant observation of a baby girl with a brother, Dan, two years older, especially an episode when the baby, Suzy, was around 3 months old. I wrote:

> As my observation progressed, I gained the impression that Suzy was absorbing Dan's feelings, and possibly experiencing them as part of herself. When he played noisily with his cars, she would join in the excitement by kicking her feet and waving her hands, or if he was interacting with his mother, angrily or lovingly, Suzy would watch intently, and show some physical response herself. It was as if mother's management of Dan's emotions was also important for Suzy, and that by identifying with her brother, she was gaining containment too.

In the John Bowlby Memorial Lecture, Alan Schore writes that a vital part of the infant brain, the right orbito cerebral cortex, matures around two months

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old. This is the period when intense connections begin, smiling, mutual gazing and excitement. Schore describes how mother and baby synchronize, in a good enough relationship, in a mutual excitement and regulation cycle. If a baby is primed to react in this way with the mother, would it not be possible that it might happen with a sibling too, especially a sibling only two years older, who would also be at a stage when the right brain was predominant, ready to synchronize with mother and infant? Schore states that the right brain non-verbally communicates its unconscious states to other right brains that are tuned to receive them, and describes how the infant needs the mother to have a capacity to 'regulate his affects in her body, through resonating with, say, the excitement, and then managing to calm it down, first, in herself, and so, in the infant through right brain/right brain connection' (2003, 18–19). Could it be that siblings resonate in a similar way, and so take into their developing brain, connections and circuits that develop in their turn between them? Every mother knows how children hype each other up, and where there is no capacity or wish for regulation, it ends in tears. Related to this is the possibility/probability that the identifications established at this time become wired in, that Suzy will have inside her a template of Dan's relationship with mother, which may be similar, or may be very different to her own, but is part of her lived experience.

This is a way to understand sibling rivalry too since, if an infant or small child actually needs mother to be able to resonate in her body with his affects, in order to help him manage them, it is possible that she may be able to do this with only one child at a time. If Suzy had been gripped by a sudden pain during this interaction, she would have been in competition with Dan almost for her mother's resonating body, and the outcome would have been different. Perhaps some mothers are able to resonate with one child more than another, or with a tiny child rather than a toddler. This may explain the very physical experience of being turned out of mother's world, pushed out by another, which some people describe.

I further suggest that a process of identification – and consolidating a connection, a 'we', and disidentification – goes on between children in a family, and builds a sense of individuality, of 'me', both allies and rivals, and how this is managed with the two poles will depend on the children's security, and the support they are given. I think the task varies for each child, depending on their position in the family, and their age at the time of the sibling's birth. I suggest that a younger child, who then becomes the older sibling, will have a stronger physical identification than one for whom language and logical thought are already established. If this is valid, the infant and young child will take in the affects of siblings, as well as of parents.

I will finish with a short clinical illustration. A patient, with a same sex sibling, five years older, asked if I could change a session time on just one occasion. There were usually two sessions, on Monday and Tuesday. This week, the sessions were Tuesday and Thursday. My patient found it very difficult and

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anxiety provoking to be in this new space. It meant venturing into the second half of the week instead of staying tightly contained in the first two days, and it brought many associations with the older sibling, who had managed to create an atmosphere, throughout my patient's childhood, around the dangers of being in the way. It seems that my patient took in the jealousy of this sibling from infancy, and was rendered tight and constrained, suffering from asthma, and eczema. However, there was also a part of him identified with the sibling. He asked for the changed time, even though he experienced it as someone else's (a sibling), and when he got it, had to struggle with the fear of envious attack this provoked. When he asked on a second occasion, and I said it was no longer available, the relief was enormous. The envious sibling had been contained.

In conclusion, I think there is so much more to be considered in the area of siblings. I have presented three suggestions: that whether siblings are rivals, allies or companions depends greatly on the psychic space their parents can offer; that identifications are established in infancy and childhood between siblings through right brain connections, which become wired in; and that these identifications set up the need also to differentiate, and so a process is set in motion, and how that proceeds is also regulated by the space the family can allow. I would welcome studies of sibling interaction similar to those of mothers and babies, or, if they have been done, I would like to hear about them. It would be so informative to investigate how Jenny really did manage the psychic situation we saw in the observation, and check out my hypotheses. Robert Winston has carried out some longitudinal studies of children, which he presented on television. Now we are more convinced that a human baby is a social being from the start, perhaps we will extend our analytic thinking to include those earliest social interactions with siblings.

I have used my space, my second sibling space, and now, like my patient, I find myself consumed by an anxious thought. There are three siblings in the BAP. I wonder how my other siblings, from the Child section, will respond to my ideas. In my need to differentiate from Prophecy, have I strayed into their territory? Now I am the middle child. It seems our internal siblings are ever with us!

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Books reviewed

Outcomes of Psychoanalytic Treatment: Perspectives for Therapists and Researchers
Edited by Mariane Leuzinger-Bohleber and Mary Target
London and Philadelphia: Whurr, 2001, 339 pp, £36.99, pbk

'If I were treating someone for nine years, I'd be thinking: "this treatment isn't working"'. Those were the words of a very level-headed GP, speaking with genuine curiosity about the nature of psychoanalytic psychotherapy and its psychotherapists. As psychotherapists confident about the effectiveness of psychoanalytic treatments, we can no longer side-step such questions with the response that what we practise is an art, whose florescence is not measurable. From an ethical point of view, it is essential for patients to have access to knowledge concerning the best evaluated methods of health care, if they (and their doctors) are to make informed decisions about the quality of treatment and care available to them. It may be argued that this perspective is one based on an ideal; nevertheless, clinical judgement alone is no longer acceptable as sufficient grounds for offering medical treatment. NHS policy expects health care provision to be based on evidence of effectiveness, and, in relation to mental disorders, this criterion faces psychoanalysis with questions which are both urgent and deep.

Today, psychoanalysis has to be able to convince third parties who fund the treatment of psychological disorders (whether health authorities, insurance companies or private individuals) with evidence of the effectiveness of the treatments offered. The challenge is made the more formidable when psychoanalysis also has to contend with opposition to some of its fundamental propositions from within the ranks of fellow mental health professionals. Political and philosophical, as well as clinical, questions are involved, and if psychoanalysis is to survive at all, it must be able to furnish its credentials as a discipline and a profession.

In this book, the multiform questions concerning evidence and effectiveness are taken up in a forthright and unflinching way, along with the methodological

problems which arise when researchers attempt to provide acceptable answers to the questions raised. This is a scholarly, non-partisan review of past and current research in psychoanalysis, which provides an excellent introduction for the faint-hearted; that is, for those psychoanalytic clinicians who are turned off at the mention of research, yet feel disquieted by their ignorance of it. This book is resolute in its search to find convincing demonstrations of the value of psychoanalysis as a clinical treatment and should find a worthy place in the BAP membership and senior membership curricula. We find here an orderly and readable account of the history of psychoanalytic therapy research which throws a line across that bewilderment gap which seems to dishearten so many clinicians.

The book scrutinizes the place of long-term treatment in the light of contemporary discussions about its validity and affordability and gives as much attention to questions of methodology and epistemology as to the research findings. This volume is one of a new research series, edited by Peter Fonagy and Mary Target, to bring together up-to-the-minute knowledge and thinking about psychoanalysis as a clinical discipline. Bridging the clinical and the empirical, Marianne Leuzinger-Bohleber and Mary Target edit the book with the aim of elucidating the function of extra-clinical research procedures in supporting the intimate analytic work of the psychotherapist. Their comprehensive approach does not duck fundamental concerns among psychoanalytic clinicians about the appropriateness of empirical research methodology in this domain, and it provides a much needed critique which will encourage the wider clinical community to appreciate the potential of research to help clarify and secure the position of psychoanalysis as a treatment for mental disorders.

The first four chapters establish a firm foundation for the work as a whole, orienting the reader to the basic research issues, before going on to detail a range of important investigations, their findings and implications. The editors dismiss simplistic distinctions between qualitative and quantitative paradigms, seeking instead to examine the fundamental nature of the psychoanalytic task and the means by which its goals of identifying, observing and, if possible, describing unconscious phenomena are to be achieved. A major scientific challenge lies in finding the means to investigate internal and subjective experience in ways which are sufficiently systematic to generate testable hypotheses that might establish a sound foundation for clinical convictions.

This introduction is followed by Anna Dreher's review of the aims of psychoanalysis and the changing conceptualizations of treatment goals, as theoretical perspectives have shifted (or coexist in 'pluralism'). In this section of the book, Wallerstein, a leader in the field of psychoanalytic research, contributes a masterly overview of the history of all attempts at psychoanalytic research since the first report of therapeutic success with psychoanalytic treatment in the United States in 1917 when 73% of a sample of 93 were reported to have either recovered or greatly improved, irrespective of diagnostic category. These early

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reports of improvement, loosely based on the judgements of the treating clinician, using unspecified criteria, belong to what Wallerstein terms the 'first generation' of psychotherapy research. In the 1950s and 1960s, second and third generation investigators began attempts to redress these methodological shortcomings, turning to prospective rather than retrospective research studies and the possibility of introducing predictions which could be validated or refuted. Wallerstein has adopted a system whereby he identifies succeeding generations of research in accordance with the increasing levels of sophistication employed in the framing of research questions and in the formulation of increasingly definitive measures of outcome. Contemporary researchers are now engaged in bringing 'fourth generation' work into existence.

Wallerstein's own work in the Psychotherapy Research Project at the Menninger Clinic in San Francisco spans more than thirty years and belongs to the third generation. This ambitious study is reported in his book *Forty-two Lives in Treatment* and provides follow-up data in relation to three different treatment methods: expressive psychotherapy, supportive psychotherapy and psychoanalysis. The results of this marathon study (a few patients are still in treatment) make for fascinating reading and yield interesting and sometimes surprising findings which provide material for continuing conjecture and debate.

Wallerstein remains buoyant and optimistic about the future of psychoanalytic research, particularly as fourth generation studies get underway, with a focus on process. A German-American collaboration of psychoanalysts at Ulm University has produced a flood of process research with a microscopic focus on the moment-to-moment interactive experience of the analytic couple. It is from the Ulm Workshop that an important integrative principle has evolved, that of 'Problem-Treatment-Outcome congruence'. This fundamentally integrative principle will also find congruence with the wider clinical community who will readily confirm the need for these three stages of treatment to be described and represented by a common conceptual language. With psychoanalytic research moving to new and deeper levels of investigation and conceptualization of the processes involved in psychoanalytic treatment and outcome, fourth generation research does indeed promise to be clinically exciting.

A short chapter from Peter Fonagy succinctly examines the source of the thinking that has led to the widespread adoption of 'evidence-based' criteria in many countries as well as within the British National Health Service. He pays due attention to the underlying ideal on which evidence-based medicine is founded – 'that decisions about patients should involve the conscientious, explicit and judicious use of current best evidence' (p. 53) – whilst accepting that financial considerations cannot realistically be excluded from the calculations of health service providers. While financial pressures may dethrone the ideal, the combination of these objectives has a powerful attraction for those with responsibility for allocating (limited) resources. It is essential, therefore,

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for psychoanalysis to accumulate evidence in support of its clinical practices and to this end Fonagy urges that the collection of all available data by the profession should prevail over the pursuit of epistemological debate within the profession which, after all, he advises, 'is inaudible to those outside the profession' (p. 58)!

Later sections of the book give detailed accounts of some contemporary research both in single case studies and in large sample, statistically designed projects. A programme of research on outcomes in child and adolescent psychoanalysis carried out at the Anna Freud Centre is discussed by Mary Target. Rising to the challenge of evidence-based medicine, several follow-up and prospective studies have been undertaken there in the last decade. From a Berlin group comes a study of cost effectiveness as well as the efficacy of out-patient psychodynamic treatment where one hundred patients were followed up six years after completion of their Jungian psychoanalysis or psychotherapy. A significant outcome criterion was measured in terms of 'disability' days (days off work, hospitalization, insurance claims, etc.) before and after therapy. Another highly sophisticated study from Sandell in Linkoping University, Sweden (418 cases) demonstrated the superiority of intensive psychoanalysis over low frequency treatments and, furthermore, that the difference widened after termination of treatment.

Elsewhere, the combining of quantitative and qualitative methodology in the single case study also makes interesting reading, where a case is examined by clinical as well as statistical methods. The Psychotherapy Process Q-Sort methodology, introduced by the late Enrico Jones, has made a distinct contribution to the single case study and one of his own papers on interaction and change in long term therapy is included here. The Q-Sort provides a method of identifying facilitating and obstructive elements in the treatment process. A chapter is given to the presentation of Amalia as a specimen case, illustrating the use of Jones' methodology. Amalia is a closely documented study of a psychoanalytic treatment and the case is one of those studied by the Ulm group who have for some time been engaged in the systematic study of several cases in psychoanalytic treatments.

The use of large samples, on which to base prospective and retrospective studies, requires the cooperation of many patients and analysts willing to participate in such studies. The book describes how, in Germany, confidence in the project was encouraged by preliminary discussions with fellow members of the German Psychoanalytic Association (DPV) to communicate the researchers' aims and to determine the views of the analysts and the level of interest aroused by the proposed study. The researchers had not anticipated such a high level of support when over 300 of their colleagues and 400 former patients were found to be interested and willing to become participants.

Intimate and intensive clinical experience is the 'field work' of psychoanalysis. The Freudian psychoanalytic situation is a clearly structured setting which

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has always been used to make observations of psychoanalytic phenomena. Contemporary methodological questions concern how far psychoanalytic observation can be systematized to produce hypotheses and this was no less of a concern to Wilfred Bion than it is to today's researchers. Long term psychoanalytic work is represented by a traditionally presented clinical paper, detailing the treatment experiences and follow-up of a deeply disturbed adolescent. Another clinically based paper turns a research beam on the experience of those involved in the treatment of borderline patients. One psychoanalyst, on the basis of a long experience of treating borderline patients, distinguishes clinically between two groups of borderline patients and suggests a diagnostic differentiation which might lead to further exploration of the concept of the borderline classification, a concept which has its origins in psychoanalysis but which has come to occupy a major place in psychiatric classification.

Several chapters cover the well known multi-centre follow-up study in Germany which aimed to combine psychoanalytic and non-psychoanalytic quantitative and qualitative data assessment. The aim was to study patients' retrospective views of their experience of psychoanalytic treatment and its effectiveness, at least four years after the end of their treatment (either psychoanalysis or psychoanalytic psychotherapy). Would the subjective views of the patients correspond with the views of their former analysts and would the independent psychoanalytic observations from the follow-up interviews be in agreement with the non-psychoanalytic quantitative measurements provided by tests and questionnaires? Marianne Leuzinger-Bohleber describes the process of gathering psychoanalytic data from follow-up interviews and summarizes how these naturalistic findings were compared with the results from the quantitative methodology. A separate chapter describes the statistical design of the study and the methodological aim of combining the findings from the two different exploratory instruments. It was found that major transference themes of the psychoanalytic treatments were quickly replicated in the psychoanalytic follow-up interviews, providing an opportunity for 'mini-analysis' of development and outcome. These interviews themselves proved to be a major source of clinical interest for the analysts: many thought that listening to tapes of the follow-up interviews was an important and moving experience which added to their clinical understanding.

The range and sophistication of the current psychoanalytic research avenues which are comprehensively reviewed in this book should encourage clinicians not otherwise familiar with the efforts of research-minded psychoanalysts to provide some of the much needed 'evidence'. Such research is not without its critics within the psychoanalytic community and there are those who believe that scientific method is not an appropriate tool for the examination of psychoanalytic outcomes. However, it behoves all psychoanalytic clinicians, at the least, to become acquainted with the methods and results of the research that is being carried out in support of their profession. This collection of contemporary

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research studies is augmented by the considered and balancing commentaries of the editors which makes the whole a ready and accessible source book for the research-wary clinician. Sceptics are not exempted, for they can perform a valuable critical function in the refining and defining of the questions that need to be asked and answered. For those who need reassurance about the role of scientific research in psychoanalysis, one principle, above all, is clearly demonstrated by the editors and authors of this book – that the fundamental drive in science is not to find proofs or new definitive truths but simply to uncover explanations which are better than those we had before.

SHEILA SPENSLEY

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Books reviewed

Feeling, Being and the Sense of Self: A New Perspective on Identity, Affect and Narcissistic Disorders
By Marcus West
London: Karnac Books, projected publication February 2007

This is an exciting book. Marcus West has embarked on an ambitious project in which, while taking into account an impressively comprehensive range of analytic theories, together with the insights of neuroscientists such as Damasio and Schore, he gives a new perspective on narcissistic functioning. In the first chapter West allows us to travel with him through times of intense and very difficult feeling with a hysterical patient, 'Rachel', and with generous honesty shares his understanding of his own development as an analyst. Finding no theory to fit his predicament, it was through this clinical experience that the author began to put narcissistic pathology into a new context. These origins ensure that this very interesting and academic exploration of theory is closely related to practice and never loses its vitality.

The main thesis of the book is based on Damasio's differentiation between *core consciousness* and *extended consciousness*. The first is governed by the *affective appraisal system* in the right hemisphere of the brain. It is present from birth and monitors feeling states in terms of sameness and difference (West is much influenced by Matte Blanco). The second develops later in the left hemisphere of the brain and enables the child to build up ego strengths that include the ability to reflect and to appreciate others. If, as West found in his deeply regressed adult patient, ego functioning is suspended, affect constitutes the whole experience of the self. In such a situation there is a return to *core consciousness*, an intense experience of a 'sense of being' (rather than a 'sense of I') in which the individual feels entirely dependent on the care-giver/analyst for the regulation of both physical and emotional feelings. West illustrates how 'sameness' is fervently sought and any difference vigorously resisted as a threat to existence.

This theory can be viewed as a developmental one. Core consciousness is a primitive state of being, preceding the development of the ego. In contrast to Freud's ego which has to pacify three masters, however, West introduces the concept of *flexible ego functioning* that has a less burdened and freer feel to it. He follows Bollas's differentiation between character disorders (fixed) and character states (temporary) and Fordham's theory of deintegration and integration, with his idea of the ego making use of all states of mind for purposes of integration and self fulfilment. 'The self' (constituting both sense of being and sense of I) writes West, 'is not some edifice that is constructed and remains constant. Instead it is a continuously shifting phenomenon which acts like a vehicle thorough which we negotiate the world'. If it becomes anchored by rigid defence mechanisms and splitting, its integrative function fails and affect either swamps us or is denied to avoid the fear of annihilation.

West's model offers a framework in which he analyses and challenges Jung's concept of the self. Central to West's analysis is that Jung takes a very narrow definition of the ego, attributing all the integrative faculties to the self. This, West argues, implicitly devalues the role of the individual and over-emphasizes the importance of the other with significant consequences for self-experience and the practice of analysis. He is therefore at odds with the recommendations of Jung, Margaret Little and to some extent Winnicott, that the analyst should identify with the patient, as Jung says 'voluntarily and consciously taking over the psychic suffering of the patient'. He concedes that the analyst's flexible ego must dip in and out of his own and the patient's feeling world but indulging in what Rachel felt to be a 'spiritual experience' is no help in establishing separateness.

Jung's autonomous centre of the personality, which he sees as the most important factor in individuation and psychic development, could be said to correspond to West's non-verbal self in the right hemisphere of the brain. Affects from this source may be experienced in various ways, for instance through dreams, fantasies, hallucinations or symptoms. The individual then has the choice of acknowledging them, which helps towards further integration of the personality, or denying them. Jung's 'voice within' is therefore valued in West's theory but not allowed to dominate. At the end of Chapter 6 he looks at various consequences of suspending ego functioning in terms of group process and religious experience.

In Chapter 2 West intrepidly embarks on an extensive examination of theories of the ego, identity and primary narcissism in the light of the concepts of core and extended consciousness. Although he agrees with Freud that the ego proceeds from the perceptual system, he then joins company with Klein, Fonagy and others, viewing the early infant as object related: the affective appraisal system is constantly monitoring experience from the environment. However, it is only with the development of extended consciousness that the infant can 'hold on line' representational knowledge of the external world and integrate it

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with information from his inner world. This development depends on the good enough care-giver who can regulate the infant's feelings and help it eventually to regulate its own.

Throughout the book West emphasizes that whatever the nurture/nature argument might be, the affective appraisal mechanism is ever present and influences an adult's behaviour just as much as do early childhood experiences. For instance, lack of early nurturing may detract from a hysterical patient's sense of continuity of being, but the patient perpetuates this by repeating a relational pattern of seeking sameness with the care-giver by fitting in. Terrified by the prospect of change, such patients project their inner reality on to the outside world, pronouncing themselves rendered helpless by past damage and denying that they have any present day freedom of choice.

West values his understanding of Rachel's world gained by being at the mercy of her powerful affective experience because it allowed him to see the experience from *her* point of view and not only from a broader perspective of her attachment model. He is not denying that at times the analyst does have to become caught in the patient's feelings and primitive ways of relating but he emphasizes that this is only useful if he can also hang on to his own flexible ego. He disagrees with Schore and with Kohut's notion that 'comforting and mirroring' can change the level of a patient's self-esteem. This can only be done by working through the losses due to maternal failure.

The subject of regression is again fully discussed in the chapter on technique. What matters of course is whether the regression is used for progress in development or to try to maintain a malignant state in which the analyst is dominated, taken over or intruded upon. The author emphasizes the important part played by the affective appraisal system in both analyst and patient, and the dilemma sometimes faced by the analyst in deciding what aspect of 'sameness' should be interpreted. He endorses O'Shaughnessy's view that exclusive transference interpretations can perpetuate an 'enclave' in which analyst and patient constitute the only significant reality, and which, in West's terms, feeds the patient's wish that the analyst should act as self regulator. This ties in with the author's later reminder that Bion's theory of the analyst acting as container is an *active* one and not a description of a passive lap and is a warning about years of analysis in which nothing happens.

West tackles Weininger's linking of the death instinct with the superego. Weininger explains a patient's self destructive behaviour as a child's attempt to kill off needs or feelings in himself which might arouse hostility in the parent. In West's view it is the child's sense of difference which makes him feel intensely bad rather than a superego resulting from projection of hostile feelings. He sees envy in the same light. An envious attack is an attempt to nullify difference. Perhaps this view of envy highlights one of the underlying factors in seeking sameness, a wish to have everything. A wish that has to be abandoned once difference is acknowledged.

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The author emphasizes that when ego functioning is suspended, the experiences filtered by the affective appraisal mechanism bear their own truth. When his patient thought that he was being cruel to her, this was not the result of projection or paranoia but the real feeling of someone in her vulnerable state. The author sees the death wish and self destruction as pertaining to an attempt to kill off ego functioning. This fits what we know about perfect union being one of the most common suicidal phantasies.

In keeping with Caper's view of the archaic superego as a fearsome dictate within the patient to preserve the status quo, West examines the deep guilt induced in their analysts by narcissistic patients determined not to tolerate separateness or difference. He regards this guilt as a significant clinical phenomenon and links it to the wishes of narcissistic patients to maintain the moral high ground and their extreme sensitivity to anyone thinking they have done wrong. Their aim is to make the other, who dares to affirm separateness, the one at fault, while they become martyrs, never asserting themselves and exploited by the world. When their sensitivity, although appreciated, is not pandered to, ferocious and no doubt panic stricken anger is unleashed. The superego becomes an archaic force. It has nothing to do with true morality arising from flexible ego functioning, the resolution of the Oedipal complex and the depressive position, all of which states depend on the acceptance of difference.

Understanding West's models of the *affective appraisal system* and *flexible ego functioning* is very helpful to an analyst unconsciously entangled in the patient's belief that statement of difference is a moral offence. The author movingly and honestly describes the hard work which is necessary if we are constantly and actively engaging in and trying to understand our countertransference feelings that not only tell us so much about the patient's immediate experience but also touch deeply upon our own sense of identity and the way we feel about ourselves.

Based on a new model of the mind, West's theory is about psychical integration. In the light of this and illustrated by beautiful clinical examples, he uses the last section of the book to examine the difference between borderline, hysterical, and schizoid personalities, which all have narcissistic damage at their roots.

In writing this book West takes no 'rules' for granted which is why it should be read by those experienced in this work as well as by beginners. He provides a refreshing and convincing theory which arose from his own determination to work effectively with his patient who, he felt, was bringing them both to the brink of disaster. In gleaning what he could from current literature he left few stones unturned and his energetic search, as well as its conclusions, is of equal interest to those from Jungian or Psychoanalytic schools of thought. His contribution is of lasting significance for our profession.

ANNE TYNDALE

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Books reviewed

Revolutionary Connections: Psychotherapy and Neuroscience
Edited by Jenny Corrigall and Heward Wilkinson
London: Karnac Books, 2003, 223 pp, £19.99, pbk

This is an important book, for indeed there has been a revolution. A hundred years after Sigmund Freud published *A Project for a Scientific Psychology*, Allan Schore, Karen Kaplan-Solms, Mark Solms and Antonio Damasio, among others, have published their findings, bringing neuroscience together with our understanding of the emotions. We are told that neuro-imaging allows ocular proof of what happens in the brain and reveals parts of the brain activated by particular emotional responses. Eight writers give us a view about this breakthrough. An exciting book, it examines its subject from a variety of perspectives. The book is a first venture of the UK Council for Psychotherapy into book publishing.

In the first chapter, Alan Schore's Seventh Annual John Bowlby Memorial Lecture addresses the 'how' and 'why' of the effects early events can have in a person's life. There is a detailed introduction about the difficulties of early attachment relationships and their effect on the developing brain and he shows how internal structures within the brain/mind/body system can be observed to alter in response to the mother or caregiver's availability and positive intimacy.

In Chapter 2 Colwyn Trevarthen examines how one can get a rhythmic or smiling response from a very young baby before speech develops. He writes about the preverbal 'narrative cycle' that communicates through gesture, mood and vocal energy. Can communication of therapist and patient do what good mothers of young babies often can? Do loving lullabies get a loving response? We are shown the picture of a baby one hour after birth. The nurse swings a red ball and the baby's body and face is tracking the movement of the ball. '[The] nurse is holding the ball by a thread, is fixing her attention on the baby, watching every response. They are playing a game together . . . The nurse too is absorbed in the game and it is the joint understanding of the game that gives it meaning' (p. 57).

The interaction of a 6-month-old girl and her mother are recorded on a double video while their 'proto-conversation' takes place in another room. Trevarthen describes 'proto-conversation' as 'a very elaborate and bafflingly sophisticated behaviour between a mother and a baby in the first three months.' (p. 55). They are happy together. The same video film, when replayed to the pair, makes the baby confused and disturbed. I find this unsurprising, since mutual warmth is one of the basic needs for good relationship, and this is missing from machines and tapes. Trevarthen asks 'Is the inner sense of time and rhythm of the secret of communication?'

Musical acoustics expert Stephen Malloch helped Trevarthen to show how, for example, variations of the mother's pitch form a wave, swelling and then fading away over a period of 27 seconds. Both music and healing ritual may well be relevant to our thinking on parent–infant communication.

Douglas Watt asks, 'Why integrate affective neuroscience with psychotherapeutic approaches?' (p. 79). 'Emotion', he states, 'refuses to be reduced to any one or two elements, but remains stubbornly multifactorial . . .' (p.85). He advocates closer ties in research, as neuroscience can now measure with more sophistication the effects of experience on mind-body development.

Danya Glaser reminds us that there are individual variations in young children between right and left brain activation. As a child psychiatrist, she draws attention to the need for *early* recognition of inappropriate parent-child interactions. If only this could be achieved more often than it is! Oliver Turnbull tells us that the adult carer full of negative feelings imprints this on to the young child. Not only does an abused child fear bad things beaming at it, these feelings remain imprinted. We know this from our work with patients, but it is good to have it confirmed. I found his description of an aspect of cognition and emotion called the SEEKING system very interesting. Turnbull reviews this system, also mentioned in Douglas Watt's chapter. It is close to the amygdala in the limbic system and underlies much of play and curiosity in humans and, presumably, in animals too. Anyone whom a cat agreed to play with will attest to this. It makes me think of how often patients come seeking one thing and via their unconscious find quite another thing. Surprise seems one of the dynamical results of seeking. Turnbull gives us his definition of the difference between brain and mind. Brain is external and objective, while mind is internal and subjective.

Chris Mace looks at the questions emerging from this book. From the angle of a practising psychotherapist, he asks what the integration of neuroscience and psychotherapy could mean and suggests that, like vocal synchrony in the mother infant interaction, as shown in Trevarthen's work, therapeutic success may also be related to 'nonverbal processes based on very rapid, mutual tuning of behavioural interaction' (p. 172). Mace concludes that little has been established about brain processing *during* psychotherapy and he suggests auditory and visual recoding of sessions.

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Clairns Clery believes that while psycho-neuro-biological knowledge is increasing at a rapid pace, psychotherapists should make haste slowly. He asserts that subjective understanding can be helpful in making sense of complex and disturbing material and that this in turn may be helpful to patients. He gives a dramatic case description of a 15-year-old girl who keeps re-traumatizing herself with a deep desire to be dead. Via slow working through and sharing the pain in the countertransference, she is able to find a different experience of herself over time. Clery concludes that 'in the end it is our actual relationships with our patients and our colleagues which enables and contains real change' (p. 188). This is my experience of analytical work.

In the final chapter, Roz Carroll takes a wider view than any of the other contributors, but pays due respect to them all. She also brings in ideas from a wider field, like Fritjof Capra's concept of living systems that are flexible and self organizing, and Chaos Theory, where critical moments can create new patterns. She views psychotherapy as a self-organizing process and spontaneity as a hallmark of reorganization. 'The paradox of therapy', she writes, 'is that when the client can bear what is unbearable to think and feel, their experience changes the self re-organizes' (p. 207).

The book raises the question of what contribution neuroscience can make to analytical psychotherapy and how the gap between the two can be bridged.

MARIETTA MARCUS

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OBITUARY
Harold Stewart, 1924–2005

I am pleased to write a personal appreciation of Harold Stewart for this journal. He was one of the most substantial pillars in my professional life, essentially an Independent, not simply in his theoretical identification but in his thinking, his personality and his professional relationships.

Like Michael Balint, whose major contributions to psychoanalysis Harold brought back into focus, he had a direct and forthright manner, could be tough and uncompromising and did not suffer fools gladly. But when I first knew him I was in a group of relatively young workers, hungry for psychoanalytic experience, which meant we had the benefit of his gentler side; in his interactions with us he was a bear whose embrace was protective rather than intimidating.

Thus, my memories of Harold begin in 1974 at University College Hospital where he was a clinical assistant and I a social worker. As I said, while his manner could be gruff it could also be protective. He supervised a group of us: a psychologist, junior doctor, registrar and me. Having already begun my psychotherapy training, I was now exposed for the first time to pure and applied psychoanalytic thinking in my working environment. From Harold I learned to meet the patient wherever he or she might be and to speak his or her emotional language until such time as a shared one evolved. I understood this later on as being like a version of Balint's taking psychoanalysis into whatever field might profit from it: family and marital work, general practice, brief work, training of medical students, etc. In terms of individual work it provided me with a broad range of analytic positions from which to relate, and a corresponding freedom to do what needed to be done. Looking back over 30 years I am struck by the rich quality of our experience, which we most likely took for granted. They were halcyon days of learning from and working alongside some exceptional people of that generation, and Harold Stewart was for me a crucial part of this privileged formative experience.

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While there are many BAP members who benefited over the years from their contacts with Harold Stewart – as analyst, supervisor, presenter of papers at Scientific Meetings, and colleague at UCH or the Tavistock – I imagine that there are others like myself for whom he was also an essential part of life, however seldom we actually met. His influence, like Michael Balint's, extended into many areas of the work. Yesterday, as I write this, I was at a meeting at UCH at which members of staff and guests heard a talk given by a Swedish colleague on her work in Balint groups with medical students. Revisiting UCH after so many years, I found the experience both comforting and painful: it made me more keenly aware of Harold's absence, while I felt the presence of his legacy.

The most valuable gift I had from Harold came in a form typical of him. I went to him for a consultation on a formidably complex case of many years' duration. Sustaining my belief in the appropriateness of the work had become difficult. 'What makes you think you can help him?' he asked me. The apparent brutality of the question opened my eyes to several things: to a fundamental aspect of Balint's work with GPs; to a position in relation to much of our own work, and perhaps even to a way of living with each other, a philobat's charter. I understood that recognizing my own inability to help might be a better place to start from than taking it for granted that I had something efficacious to offer. It was an object lesson in tolerating the counter-transference rather than acting – for GPs, referring on or giving medicine; for us, always giving an interpretation when perhaps something else is required. Once I had got that particular message, it was possible to explore the case and my part in it in a way that brought the work out of the doldrums of my thwarted zeal and back to life.

I shall miss his unmistakable figure in the world, from conferences and BPAS occasions, but even before he became ill Harold had not, after all, been around very much. The last time I heard him speak in public was at the Ferenczi conference at UCL in April 2004. Thankfully, he is firmly established in my inner world, so that it feels as if he has only gone into another room, but I am very sad for his family and his friends.

FAITH MILES

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OBITUARY
Janine Chasseguet-Smirgel, 1928–2006

Janine was born in Paris in 1928 to parents from Central Europe. She married Bela Grunberger, to whom she was very devoted, but they did not have children. Among her many appointments she was a past President of the Société Psychanalytique de Paris, Vice President of the IPA (1983–89) and former holder of the Freud Memorial Professorship at University College London (1982–83). We subsequently decided that we met before she was at UCL, although we came to know one another quite well then. I was a member of the Department of Psychological Medicine at UCH and was most privileged to have consultation sessions with her from time to time.

She had a background in political science and psychology and had taught at the University of Lille. She was not only renowned for her writing on sexuality and perversion and the Oedipus complex in many of her books and papers, but was deeply interested in the psychological aspects of political issues. Janine and her husband were both Jewish and she wrote of the Holocaust and its survivors, about which she felt deeply, and her last book, *The Body as Mirror of the World*, has a section concerned with 9/11 and suicide bombers. Her other books include *The Ego Ideal* (1975), *Creativity and Perversion* (1985) and *Sexuality and the Mind* (1986), and there are numerous psychoanalytic papers. Her work on the dynamics of creativity and on perverse solutions to the problem of difference (gender and generational) has made a major contribution to psychoanalytic understanding.

I knew Janine for well over twenty years. She became a good friend and we shared many good times together, but she did not share that she was dying of leukaemia, taking pains to conceal it, and passing off her dramatic weight loss as a psychosomatic illness that had occurred since the death of her much beloved husband Bela early in 2005 when he was 101.

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My last visit was in July 2005 when I went with my grandsons to her beautiful apartment in rue de l'Université and to a delightful local Sicilian restaurant. Janine and I managed a quiet time on our own with a beer and snacks and, as we usually did, exchanged news and gossip. She was always interested and concerned with social problems and political issues and very much wanted to know what was happening in the UK, including the BAP's application to IPA, which she keenly supported.

Janine and I would sometimes discuss our work but this was not the basis of our friendship over the years. I have many treasured memories of fun time spent with her and when she was working with the IPA she would frequently come to stay and we would have trips to the shops and great restaurants. I recall us going to tea with Dr Dinora Pines where there was a conversation about Marie Bonaparte, Melanie Klein and Lacan amongst others. She was a great supporter of the BAP and gave the Annual Journal Lecture in 2002. She had a great breadth of knowledge and a sheer exuberance for life. We kept in touch by email and it came as a considerable shock to me when I received the email notifying me of her death on 5 March 2006 at the age of 77. She will be sorely missed by many of us.

ANN PETTS

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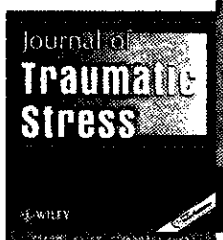

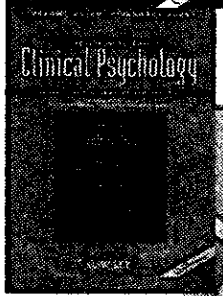

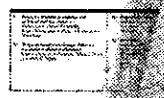

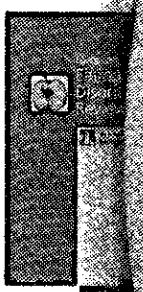

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