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Editorial

The four main articles in this issue were given at the Fiftieth Anniversary Conference of the British Association of Psychotherapists. The conference addressed the topic of 'Changing Times in the Analytic World', looking at what has changed in the past 50 years, what needs to change, and what needs to be preserved and defended from change. James Fisher's article, 'Poetry and Psychoanalysis: Twin "Sciences" of the Emotions', looks at evolving psychoanalytic assumptions regarding the role of emotion in human experience. He uses T.S. Eliot's reflections on the nature of poetry and links poetry and psychoanalysis as 'twin sciences' of the emotions. He discusses a move away from explanation in our thinking towards description and introduces the concept of *imaginative identification* as central to the recognition of emotional experience. The focus on description rather than explanation is continued in Dilys Daws' article, 'Parent-Child Psychotherapy: The Baby in the Consulting Room'. She discusses the value of seeing parents along with their baby and believes that the way in which problems are described is a clue to understanding them. Babies, she says, are often in tune with the emotional atmosphere and their activity provides useful material. Elphis Christopher, in her article 'Whose Unconscious is it Anyway?', looks at the evolving understanding of the unconscious from different perspectives and examines recent developments in the neurosciences. In addition, she raises the question of ownership of the patient's unconscious material, highlighting the dilemmas posed by publishing patient material. Janet Sayers, in her article 'Intersubjective Unconscious: Two Weddings and a Funeral', focuses on the increased emphasis over the past 50 years on the *relationship* and 'holding' function between mother and child, analyst and patient and the growth and creativity that can be realized through successful holding, manifested as love. She describes the creativity of some key architects of the analytic movement — Freud, Winnicott and Bion — as having flourished as a result of their intimate relationships.

We begin this issue, as the conference itself began, with the experience of a dream workshop led by two BAP members, Helen Morgan and Mannie Sher. In her article 'Social Dreaming: Shedding Light on Organizational Shadows'

Helen Morgan describes the way the dream matrix can provide a space where, through participants' dreams, some of the conflict and creativity produced during such a conference might be held and thought about.

Our Arts Review Section focuses on links between film and psychoanalysis. Carol Topolski in reviewing *A Clockwork Orange* raises questions about the direct communication between images on screen and fantasies and feelings in our minds. She discusses the similarities between the film and the dream and also censorship of films and censorship in dreams. Jennifer Leeburn gives an account of the First European Psychoanalytic Film Festival, reflecting on the growing links between these two worlds and their parallel developments over the past 50 years.

Finally, it is with a profound sadness that we announce the untimely death of our Journal Reviews Editor, David Hardie. David was the ideal person to become the Journal Reviews Editor and he embraced the task the way he embraced life generally: passionately, open-mindedly and to the full. His first and, sadly, only review for us expressed a hope and optimism for greater openness and sharing in the analytic world. It beautifully epitomized his own generosity of spirit and delight in ideas. His was an intelligent and creative mind of which we feel deeply deprived.

The Editors

Social dreaming: shedding light on organizational shadows

HELEN MORGAN

Introduction

Social dreaming was first conceptualized in the early 1980s by W. Gordon Lawrence, then a member of London's Tavistock Institute of Human Relations. Social dreaming programmes have since taken place in many countries including Britain, Germany, Israel, Sweden, Australia and the United States. It is a pioneering methodology that addresses the unthought and unconscious dimensions of the social world. It is based on the assumption that we dream not just for ourselves but as part of the larger context in which we live. This perspective regards dreams as more than the private possession of the dreamer, in that they are also relevant to social reality. This idea has an ancient lineage. Long before Freud and Jung began to study dreams, dreams and dreaming had great significance to people in societies such as the Australian Aboriginals, Native Americans, African groups and so on, as they attempted to understand the meaning of their lives and the world in which they lived.

Social dreaming

The social dreaming matrix is a special kind of container that is set up and maintained in a manner that maximizes free association to the images offered by the dreams. It seems to take away the emphasis on the individual ego and allows us to let go a little of the need to perform and the problems of persona. By 'losing' the ego in the matrix, proper attention can be paid to the dreams and hence to the unconscious of the group. Thus a deeper, more democratic dynamic can emerge.

Our view of organizations too often is constrained by the observable, logical and rational. It frequently relies on theories and strategies designed to maintain control over outcomes – even in the midst of turbulence, complexity

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and unpredictability. Despite this, the dynamics hidden in the shadows typically present the most challenge for those working with and in organizations. An exploration of what is unspoken, tacit, and presumably unknown, can reveal shared fears, fantasies and conflicts and thereby provide a deeper understanding of organizational reality.

No organization can operate without the conscious ego activities concerning policy making, management, representing, negotiating and decision making. These belong to the realm of ego functioning, but all risk clashes of personality, power struggles, inflation, matters of kudos and so on. The social dreaming matrix can provide a very different sort of space where the same personnel can engage with each other in a very different context, which promotes collaboration in exploring uncertainty and paradox. As we know from individual analysis, the dream presents us with what is rather than what 'ought to be' and therefore offers the expression of shadow material in a framework that is not restricted by morality, judgement or superego.

The central task of the matrix as given at the commencement of each matrix by one or other of the convenors is *to associate to the dreams made available to the matrix in order to make links and find connections between private thought and social meaning*. The question arises of the nature of the dream itself and, more especially, whose dream it is. The approach to the dream offered in the context of the matrix is different from that when the dream is presented within an individual analysis. In the latter case the interest is in the associations of the dreamer and, possibly, of the analyst – at least in the countertransference. The dream, and all aspects within, is regarded as a communication of the different aspects of that individual's particular psyche, and possibly of that particular transference. How the dream may be interpreted will be viewed differently depending on one's theoretical position, but, on the whole, the dream will be seen as belonging to the dreamer.

In the matrix a different approach is taken in that any dream that is spoken of within the matrix then belongs to the matrix. The personal relevance and meaning for the person who brings the dream may be explored and interpreted privately elsewhere, but in the matrix those personal implications are avoided – indeed, one of the tasks of the convenors is to ensure that such work does not go on in the matrix. Instead the dream is taken up as belonging to all, and played with, associated to and thought about as such.

The central point is that individual analysis offers one sort of container for the dream and is worked with from one set of assumptions. The social dreaming matrix offers another sort of container and works from a different set of assumptions. A question arises as to whether if the container changes then are different dreams dreamt? Lawrence maintains:

To take the same thought processes as are used in psychoanalysis into a social dreaming matrix is not valid because, it is my hypothesis, a different version or even type of dream is evoked. More particularly, if the container system for receiving the dream is

changed, the dream-contained will change.... More and more I begin to accept Bion's notion that we have to be available for thought – the notion that there are thoughts in search of a thinker. Can we extend this to think in terms of dreams in search of a dreamer? What I think the social dreaming matrix questions is the ideology that dreams belong to a person and are to be interpreted as such. This is not to devalue that kind of work – so important for myself in my own psychoanalysis. All I am saying is that the matrix produces different kinds of dreams through dreamers. The context is different, that is all. (Lawrence, 1998: 31, 33)

'Changing Times': social dreaming in Oxford, September 2001

As part of the British Association of Psychotherapists' 50th Anniversary Conference, 'Changing Times', I, a member of the Jungian Analytic Section, and Mannie Sher, a member of the Psychoanalytic Section, offered to convene a social dreaming matrix as a means of providing a container to hold both the conflict and the creativity of the weekend. Three matrices were held, each of an hour's duration, on Friday evening and on Saturday and Sunday mornings at 8.00am. The room had chairs arranged in a spiral facing inwards. Part of the information that was given to all conference participants concerning the matrix is as follows:

This is an important time for the BAP. Not only will this conference be celebrating 50 years of the Association's development, but also a greater sense of optimism after several difficult years. For the duration of the conference we will speak, listen, think and discuss. We will also dream. What might these dreams tell us about the nature of the organizational, professional and social contexts in which we find ourselves? The matrix provides a different container for the dream than that used conventionally, and thus shifts the focus from the dreamer to the dream itself, thus allowing the possibility of an exploration of these wider contexts. Over the weekend our work will incorporate dreams, metaphors and myths to help us gain a deeper understanding of what is left obscure in our organizational work.

The primary task of the event will be to associate to one's own and other participants' dreams, which are made available to the matrix so as to make links and find connections. The matrix is entirely voluntary. It will not be necessary to bring a dream to take part, nor will individuals be required to participate at every session. No previous experience or knowledge is necessary – anyone interested in better understanding the deeper dynamics of organizations is welcome. We invite you to join us in our exploration. (Convenors: Helen Morgan and Mannie Sher, 2002)

It is difficult to give an account of the events of a series of social dreaming matrices. Each individual exists as a nodal point in a network during the life of the matrix, and where you are located in this net determines your experience and your memory, which means that there will be as many impressions and associations as there were participants. The following is an attempt to give some flavour of the experience as seen by the convenors, using a few dreams by way of illustrating some of the themes that emerged. Perhaps a starting point is to note the timing of this event in relation to world events.

There is always a certain anxiety before convening a matrix because it is such an unknown quantity and, unlike giving a paper or a workshop, there is only a limited amount of preparation work that one can do. The convenors talked together on a number of occasions, both aware that their role was to attend to the matrix as container so that what might need to be contained could enter. In previous discussions with Gordon Lawrence, he had offered the mantra 'trust the matrix'. So far, experience had proved him right, but thoughts still turned to the differences and conflicts within the BAP that the matrix might be called on to hold.

Then, 10 days before the conference was due to begin, the terrorist attacks in America took place. Suddenly it looked as though more than the parochial concerns of one psychotherapy organization would strain the containing function of the matrix. On the night prior to driving to Oxford and the first matrix, I had the following dream:

I am convening the matrix but there seems to be a 'higher power' who has set us a task which is told to me and which I take back to the matrix. It seems we have to name the two planes that flew into the twin towers. At first I don't believe we can and am surprised and relieved when we achieve it (I don't recall what the names were). It seems that future war or peace will depend on this task. However, when I return with the answer, I am told that was just a warm-up. The real task is to come to a consensus about what has happened and what the right feelings are. Now I panic as I realize that there is no way we can agree on this. I try asking whether the statement 'two planes flew into the twin towers' will do, but am not surprised by the reply that it is the feeling tone we have to agree on. I am despondent.

Any dreams had by the convenors are not offered to the matrix as they can skew the work. They do, however, discuss them together, seeing them as communications concerning the matrix as well as their role as convenors. This dream seemed to be saying something about the need to name, and the need also to take this beyond naming. They also saw how the matrix would have to hold possibly very different feelings about what happened on 11 September 2001 and, other than the barest of descriptions, no consensus can be reached. They also noted the inflation of assuming the events of the matrix could decide world affairs. Thinking of how the dream may operate at a number of levels, ideas occurred around the 'twin towers' of Freud and Jung and the implications for the BAP.

In the matrix itself, the impact of the world events the week before echoed through the dreams and around the matrix. One dream that was returned to a number of times throughout the weekend was related very early on in the first matrix. The dreamer was in a group singing 'Onward Christian Soldiers'. Some members were singing loudly and with gusto, others didn't know the words and were trying to hum along. Here was the idea of 'Christian soldiers marching as to war', the division between those who were in the know and

those who could only hum along and pretend they knew the words, and the concept of the Crusades.

There were a number of references in the dreams and in the associations to the split between Freud and Jung. Someone dreamt of the quadrangle in the college we were staying in which had flagstones with rings in. The dreamer pulled up the flagstones to find embers smouldering with human remains which had been there hundreds of years. References were then made to a similar motif in a dream Jung told Freud, which they both interpreted very differently, and which played its part in the breakdown of their friendship.

Other motifs related to concerns about the BAP itself and to analytic work generally. Anxiety about the future was evident in a number of the dreams. Also many dreams featured those who were now dead – husbands, loved ones, analysts. Lawrence writes: 'I think of the individuals in the matrix each with their personal world of other individuals alive and dead, so that the matrix is full of the shades of biographies (the dead are alive)' (Lawrence, 1998: 32). The 'ancestors' of the BAP were certainly there in the matrices, not just Freud and Jung, but also Winnicott, Klein and Bion. And also the more direct personal ancestors – the founders of the association and their dream. How, at our 50th birthday party, were we to say goodbye with gratitude to them and their dream and allow our own?

As is the way of the matrix, such gravitas seems often to be balanced by the more light-hearted. After all this weighty talk someone brought a dream that we were all in the refectory in the evening. There had been a banquet but now the tables were cleared away for dancing. There was even a mirror-ball. The dreamer started singing and everyone joined in. The song was the Beatles number which started 'Close your eyes and I'll kiss you...'. Associations to this dream led down a complex track to 'Don't throw your love away' and ended, perhaps inevitably, with 'Yesterday'.

End point

In the matrix there is no requirement to come to a conclusion or to make a decision. We do not need to agree on an interpretation of a dream or of the unconscious dynamics of an individual or of the group. The central currency is that of the dream, and the language is image and metaphor. The space expands to contain what Lawrence describes as a 'multi-verse' of meanings, allowing participants to play with the associations that arise. Because issues of power, authority and responsibility are not the business of the matrix except as they are dreamt of, and because the role of the dreamer and of the person offering an association is a democratic one, the individual can work outside of the persona and a sense of *communitas* may develop. The 'problems' are provided not by the conscious ego but by the images of the dream and this can allow the lessening of tensions between individuals and 'positions'. Thus

something more unconscious, more collective, may have voice. In Bion's terms, participants make themselves available for thought, and this ponderous space allows the emergence not of conclusions, but of images, associations, symbols and ideas.

Reference

Lawrence WG (1998). *Social Dreaming @ Work*. London: Karnac Books.

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Poetry and psychoanalysis: twin 'sciences' of the emotions

JAMES V. FISHER

ABSTRACT

In this article the author explores some of T.S. Eliot's reflections on the nature of poetry and links these with evolving psychoanalytic assumptions regarding the role of emotion in human experience, focusing particularly on the contrast between the views of Freud and Bion. Noting contemporary neuropsychological interest in the emotions such as in the work of Antonio Damasio, the author suggests that both in Eliot's view of the enterprise of poetry and in Bion's theory of the psychoanalytic enterprise, emotion is the 'heart of the matter'. The article attempts to clarify the distinction between thinking with our feelings (thinking feelingly) and the emotional idea, a distinction common to both Eliot and Bion – although expressed in different languages. The concept of imaginative identification is introduced as central to the recognition of emotional experience. In conclusion the author proposes that, in their capacity to explore and articulate emotional experience, one could view poetry and psychoanalysis as twin 'sciences' of the emotions.

Key words apprehension of difference, countertransference as description, imaginative identification, T. S. Eliot, the emotional idea, thinking feelingly.

Introduction

The theme of the BAP's Fiftieth Anniversary Conference – *change*, what has changed in the past 50 years, what needs to change, and what needs to be preserved and defended from change – is a challenging one. Especially, one might imagine, for a profession that some would see as specializing in change, offering help to those who want or feel they need to change. And of course it is true that change could be said to be at the heart of what we do. After all, if psychotherapy left everything the same, one would begin to wonder what is the point of it? But change is also a potentially dangerous topic. In professions,

organizations and movements, the question of change can lead to some uneasiness, in part no doubt because change is often linked with conflict.

Insofar as we are asking ourselves what has changed over the past 50 years in the analytic tradition, or what needs now to change and what needs to be preserved and defended, we are bound to have different views and emphases. Nor will these be trivial differences, linked as they are bound to be with ideas and professional practices about which we feel strongly. This is not only a profession that deals with the emotions and passions of those who seek out our help, it is a profession with passionately held principles, insights and beliefs. Genuine discussions of what we think and feel are themselves bound to be emotional events.

In thinking about what allows for a constructive exploration of differences I want to call attention to an important distinction between kinds of emotional experiences one can have when involved in discussions of passionately held ideas or beliefs. Consider, for example, an observation made by T.S. Eliot in his 1918 essay in which the young, largely unpublished poet irreverently compares England to a France the English see as the 'Home of Ideas':

In England ideas run wild and pasture on emotions; instead of *thinking with our feelings* (a very different thing) we corrupt our feelings with ideas; we produce the political, the *emotional idea*, evading sensation and thought. (Eliot, 1918: 152; emphases added)

This distinction between *thinking with our feelings* and *the emotional idea* is perhaps at first sight somewhat puzzling, although I believe it is critical to Eliot's early view of the kind of poetry he and his confrères were trying to write. Although put in a humorous way, Eliot's distinction is a serious and important one, and relevant both to what I am describing as the evolution of the analytic process over the past half century and, I want to suggest, to what we are trying to do in this conference. Not that we would be worried if ideas were 'running wild' here, but it is important to understand what Eliot is referring to in his evocative image of ideas *pasturing on emotions*. At stake is our understanding of the complex links between thinking and feeling.

I want briefly to try to clarify this distinction between *thinking with our feelings* and *the emotional idea* as I explore a potential link between poetry and psychoanalysis. It is remarkably similar to an idea at the heart of what I think is a significant paradigm shift in psychoanalysis that has been evolving over the past few decades, which is associated with the work of Wilfred Bion although it is not limited to any one school or orientation. One of Bion's most important contributions to the development of analytic thinking is that he puts emotional experience at the centre of the processes of the growth and development of the mind. But the emotional experience that contributes to growth is an emotional experience that can be thought.

In a recent article (Fisher, 2000) I discussed Bion's suggestion that emotional experience be imagined as a constellation, a consortium, in which positive

feelings (Love) and negative feelings (Hate) are held in a potentially creative tension with the urge to know (Knowing). This consortium, expressed by his highly condensed formula *L, H, and K*, is always threatening to disintegrate because thinking feelingly about the loved object (or idea) can be dominated by the wish to possess and be at one with it, whereas thinking feelingly about the hated object (or idea) can be dominated by the wish to control or destroy it. Instead of *thinking with our feelings* we are in danger of what Eliot calls *the emotional idea*, where emotions become attached to our ideas instead of our thinking about our emotional experience.

It may seem surprising that I am proposing to link psychoanalysis and poetry in the context of a discussion of the evolution of the analytic process. And perhaps not just surprising but even provocative to characterize poetry and psychoanalysis as *twin sciences of the emotions*. I should say that, although I am interested in how psychoanalytic understanding can and does inform our experience of the arts, poetry included, I am more interested in resources for helping us understand the human dynamics we encounter every day in the consulting room. In particular I find that T.S. Eliot's reflections in his early essays on the nature of his craft, poetry and poetic drama, have a striking resonance with the ideas of Wilfred Bion about the nature of our craft.

There is an interesting paradox connected with the change in analytic thinking and practice associated with the work of Bion. On the one hand, it has so permeated our thinking about the analytic process that we virtually take it for granted. My guess is that it would be difficult to find a qualifying paper submitted over the past decade or two that does not make use of the notion of the container/contained relationship. We have barely begun to comprehend the implications of this change, a change so fundamental that it has been described as a paradigm shift.

I want to focus our attention on the way emotion is now seen not as in some way a problem, as it seems to have been for Freud, but as central to the meaning of human experience. In particular I want to consider how we think about and communicate emotional experience – that is, I want to begin to explore what it might mean to *think feelingly* or to *think with our feelings*. We will not be able to do that without at the same time considering some of the implications for how we work in the consulting room and how we learn both in and out of the consulting room.

Is emotion the heart of the matter?

I think it would be fair to say that most, if not all, of us would view emotion as at the heart of what we do as analytic therapists. However, I believe that there has been a significant shift of emphasis in our understanding of the analytic process from seeing emotions as a potential source of difficulties to seeing emotional experience as essential to human growth and development. In this article, I want to focus on the recognition, articulation and communication of

emotional experience in which I am suggesting that psychoanalysis and poetry are 'twin sciences' of the emotions.

There is a striking new interest in the emotions and their role in human development in neuropsychology and neuropsychiatry, and investigations like those of the neurologist Antonio Damasio are important in showing experimentally what we can only report anecdotally from our daily work with our patients.

The neurological evidence simply suggests that selective absence of emotion is a problem. Well-targeted and well-deployed emotion seems to be a support system without which the edifice of reason cannot function properly. These results and their interpretation called into question the idea of dismissing emotion as a luxury or a nuisance or a mere evolutionary vestige. They also made it possible to view emotion as an embodiment of the logic of survival. (Damasio, 2000: 42)

Emotion is neither a luxury nor a nuisance, nor is it an evolutionary irrelevance. I think we would be inclined to that view.

However, there is still implicit in this approach the historic dichotomy between reason and emotion, between thinking and feeling that has marked western culture particularly since what we used to call the 'Enlightenment'. Freud and much of psychoanalysis – and I think Jung and his followers as well – have shared in this fundamental assumption of our culture. What I want to do is to point to a fundamental shift in thinking in psychoanalysis, the paradigm shift associated with Bion, and to striking similarities in Eliot's early writings about poetry, poetic drama and criticism in which there is an intimate link between thought and emotional experience, between thinking and feeling.

For our purposes here I think an ordinary experiential distinction between the terms 'emotion' and 'feeling' is adequate – that is, something along the lines Damasio suggests where the term *feeling* is taken to refer to 'the private, mental experience of an emotion' and the term *emotion* to refer to 'the collection of responses, many of which are publicly observable' because they have physical manifestations (Damasio, 2000: 42). Thus I am taking *feeling* and *emotional experience* as more or less interchangeable, although I use the latter frequently to emphasize the extent to which one of our primary tasks in the analytic setting is to facilitate the experiencing of emotion.

Would this have sounded alien to Freud and indeed to much of the analytic community in the first half of the last century? In a sense I think it would. For them, emotions or, as they preferred, affective processes were of primary importance – *but* in a largely negative sense: 'Psychoanalysis unhesitatingly ascribes the primacy in mental life to affective processes, and it reveals an unexpected amount of affective disturbance and blinding of the intellect in normal no less than in sick people' (Freud, 1913: 40).

Instead of seeking to facilitate the experiencing of emotion, the aim was to 'discharge' it. In ordinary experience this happens naturally in what Freud and Breuer call a 'reaction' to an event or experience:

By 'reaction' we here understand the whole class of voluntary and involuntary reflexes – from tears to acts of revenge – in which, as experience shows us, the affects are discharged. If this reaction takes place to a sufficient amount a large part of the affect disappears as a result. (Freud and Breuer, 1895: 58)

And, of course, that is true. Affects or emotions do wear themselves out, as we all recognize in expressions that Freud cites such as 'cry oneself out' or 'blow off steam'. To designate this very ordinary process Breuer and Freud coined the term *abreaction*, literally a reaction-which-takes-off-or-wears-away the affect. That is, 'an affect is a process of discharge' of the charge of energy that 'occupies' an experience (Freud, 1916–17: 458). Abreaction is seen both as a natural, spontaneous process and, where required when the affect persists, as a therapeutic intervention aiming to achieve what spontaneous abreaction should have achieved naturally. Of course, traumatic events may require massive abreaction.

This becomes clearer when we realize that early psychoanalytic theory held the view that all affects or emotions can be transformed into, or exchanged for, one particular affective state, that there is one 'common currency' into which all affects can be changed. Freud suggests that *anxiety* is the prototype for all affective states or emotions: 'Anxiety is therefore the universally current coinage for which any affective impulse is or can be exchanged if the ideational content attached to it is subject to repression' (Freud, 1916–17: 404/452; emphasis in original).

This analysis might suggest that, far from being associated with the meaning of an experience, or indeed *being* the meaning of experience, emotion, at least in the form of its universal coinage *anxiety*, is something to be managed and ideally to be eliminated. And we have to acknowledge that there is a sense in which that is true, especially when we have to deal with what Eliot refers to as 'the pernicious effect of emotion', whether our own or someone else's.

However, Bion was able to see in the classical Freudian analysis of emotion the seeds of a radically different approach, that the key lay in the detachment of affect from its 'ideational content', or the separation of feeling and thinking. Donald Meltzer summarizes Bion's contribution:

His work places emotion at the very heart of meaning. What Bion says in effect (and this is almost diametrically opposed to Freud's attitude towards emotion) is that the emotional experience of the intimate relationship has to be thought about and understood if the mind is to grow and develop. In a sense the emotion is the meaning of the experience and everything that is evolved in the mind through alpha function: e.g. dreaming, verbalizing dreams, painting pictures, writing music, performing scientific functions – all of these are *representations* of the meaning, but *the meaning itself* is the emotion. (Meltzer, 1981: 182; emphasis in original).

This view of psychoanalysis links dreaming and the arts in the sense that they both share a vital role. They help achieve a state of mind, a sensibility, in which emotional reality can be recognized and thus can be both acknowledged and thought.

It is both interesting and significant that this paradigm shift in psychoanalysis, which in broad terms is linked with what we call 'object relations theory', is marked by two fundamental changes in emphasis. First, there is increasingly over the past half century an emphasis on the emotional experience of the therapist, the countertransference, as well as an emphasis on the analytic relationship. Second, there is a move away from seeing the analytic process as an explanatory enterprise to seeing its primary task as descriptive. That is, it is a move from seeking to explain *why* someone does or feels this or that to trying to describe *what* someone is doing or feeling.

Although the phenomenon of countertransference and the implications for clinical practice have been extensively investigated, the move from explanation to description has been much less explored. In fact I suggest that we are only just beginning to understand how integral the move to description and the use of countertransference are. Or, to put it the other way around, we have yet to appreciate how antithetical the use of countertransference and the reliance on explanations are. This article is intended as a preliminary contribution to that process of exploration. For help I want to turn again to T.S. Eliot and his early notion of what he called the 'objective correlative' to see some of the complexity in the articulation of emotional experience.

How do we know what we feel?

This may seem an extraordinarily naïve question. And yet I want to suggest that what we assume we do in describing our feelings is not what we actually do. When we reflect on how we actually articulate our emotional experiences in order to think about and communicate those experiences, we see, I think, something of the inevitability of what we call in our technical vocabulary countertransference.

In 1919 Eliot published a short article entitled 'Hamlet and His Problems', reprinted in his first collection of essays, *The Sacred Wood* (Eliot, 1920: 81–7). Over the past 80 years it has continued to provoke a range of responses, mostly hostile, which is not surprising given his conclusion about *Hamlet*: 'So far from being Shakespeare's masterpiece, the play is most certainly an artistic failure' (Eliot, 1920: 84). I want to share with you a little of Eliot's ideas about this 'artistic failure' because I find them helpful in pointing us back to our own ordinary experience with our emotions.

Central to Eliot's assessment of both the problems of Hamlet (the man) and of Shakespeare as the play's author was his notion of an *objective correlative*. That Eliot proceeded in subsequent work to ignore this concept, even to disparage it, is the topic for another time. Let me just summarize Eliot's notion by citing some of his comments in this essay, which could have been more aptly entitled 'Shakespeare and His Problem in Writing *Hamlet*':

The only way of expressing emotion in the form of art is by finding an 'objective correlative'; in other words, a set of objects, a situation, a chain of events which shall be the formula of that *particular* emotion; such that when the external facts, which must terminate in sensory experience, are given, the emotion is immediately evoked. (Eliot, 1920: 85–6; emphasis in original)

Shakespeare does this, Eliot argues, in what he calls his 'more successful tragedies' such as *King Lear* and *Macbeth*. But what is 'deficient' in *Hamlet* is the absence, in fact the impossibility, of any adequate 'objective correlative'. That is, 'Hamlet (the man) is dominated by an emotion which is inexpressible, because it is in excess of the facts as they appear':

Hamlet's bafflement at the absence of an objective equivalent to his feelings is a prolongation of the bafflement of his creator in the face of his artistic problem. Hamlet is up against the difficulty that his disgust is occasioned by his mother, but that his mother is not an adequate equivalent for it; his disgust envelopes and exceeds her. It is a feeling which he cannot understand; he cannot objectify it, and therefore it remains to poison life and obstruct action. None of the possible actions can satisfy it; and nothing that Shakespeare can do with the plot can express Hamlet for him. (Eliot, 1920: 86)

Consider the more general point Eliot makes towards the end of this essay:

The intense feeling, ecstatic or terrible, without an object or exceeding its object, is something which every person of sensibility has known; it is doubtless a study to pathologists. It often occurs in adolescence: the ordinary person puts these feelings to sleep, or trims down his feelings to fit the business world; the artist keeps it alive by his ability to intensify the world to his emotions. (Eliot, 1920: 87)

Eliot believes that this is the role of the poet, the artist, in regard to emotional experience – to find ways, to find 'objective correlatives' to those emotions so they can be articulated, and thus recognized and communicated. And it also constitutes an interesting and challenging way to describe the analytic process and the role of both therapist and patient in it.

Eliot is of course talking about the function of poetry and poetic drama as an articulation of emotional experience. We can leave aside here the complex questions of the role and nature of poetry and its relation to emotion. I am simply suggesting that Eliot's formulation, the idea of an 'objective correlative', can point us back to our ordinary experience of describing our emotional state. In fact there is an important sense in which *what we assume we do* in regard to this question of articulating emotional experience so someone else can understand what we are feeling and *what we actually do* I think are quite different.

What I think we more or less assume that we try to do is to find the right name for what we are feeling and then repeat that word to someone else. I

search my experience, determine that I am angry, and tell you: 'I am angry'. Or the mother notices her baby is upset with her and, in effect, teaches the baby that what it is feeling is called 'anger', or 'being upset', or whatever. That does happen, and to some degree it is successful. But insofar as it succeeds, it does so with a lot of help from non-verbal means.

One problem is that actually we have very few names for our emotions and feelings and that raises some interesting questions. Never having actually sat down to add up the emotions for which we have names, I was bemused by a list in Damasio's recent popular book, much cited in psychoanalytic circles at the moment. He offers the following categories of emotions:

Primary or universal emotions: happiness; sadness; fear; anger; surprise; disgust.

Secondary or social emotions: embarrassment; jealousy; guilt; pride.

Background emotions: well-being; malaise; calm; tension. (Damasio, 2000: 51–2)

When I presented some of these ideas recently, someone pointed out the absence of *anxiety* which, as we have seen, Freud saw as the 'common coinage' into which all affective states could be converted. We get a somewhat different list if we go back to Aristotle or even to early modern philosophers such as David Hume. Contemporary philosophers – indeed, even contemporary psychologists – have shown little interest in cataloguing the emotions. And all of us would no doubt construct somewhat different lists. But on any account we do not have many names to work with.

This would not be a problem if we believe that there are relatively few basic emotions and that we have names for them all. Again, in a sense that is true. However, when we reflect on our own emotional experience, we are struck by the extensive range of what we actually feel, so many shades of subtleties and nuances as well as more fundamental differences. We do not really expect to understand our own emotional experience, nor do we expect to communicate anything of it exclusively by means of such a restrictive list. Instead, I suggest, emotions cluster in groups to which we give over-simple names like 'sadness'. Each group has a family resemblance but each particular emotional experience is as distinct as is any individual member of our own families.

This is why, when we seek to describe our feelings, we do it by describing images and places, by telling stories and giving accounts of how the world looks to us. Of course we often say, to ourselves or to others, that we feel 'angry' or whatever. But when we consciously or unconsciously mean to invite an experiential understanding then we may give an account of what happened or describe the circumstances or find images that function metaphorically to express something of that experience. The totality of every detail of an account, both verbal and non-verbal, every image into which one could imaginatively enter, constitute the 'name' of that particular emotional experience. Listen to Eliot on this:

Why, for all of us, out of all that we have heard, seen, felt, in a lifetime, do certain images recur, charged with emotion, rather than others? The song of one bird, the leap of one fish, at a particular place and time, the scent of one flower, an old woman on a German mountain path, six ruffians seen through an open window playing cards at night at a small French railway junction where there was a water-mill: such memories may have symbolic value, but of what we cannot tell, for they come to represent the depths of feeling into which we cannot peer. (Eliot, 1933: 146–8)

Here I think we can see what Eliot has in mind, but it is not strictly correct that we do not know what symbolic value these images have because there are depths of feeling into which we cannot peer. Eliot's idea of an 'objective correlative' is helpful in pointing us in the direction of descriptions of situations in which emotions are experienced instead of being satisfied with the paucity of names for emotional experience. But these images, these descriptions – and we must also include things such as narrative accounts – are the best we can do in representing our emotional experience, what we feel. You see how Eliot gets into trouble in his reading of *Hamlet* by insisting (to himself in the first instance) that Hamlet's *disgust* is the emotional experience Shakespeare is trying to portray. Taken the way I am suggesting, the play is a picture of Hamlet's (and others, for it is a complex picture) emotional experience and we must attend imaginatively to the details and dynamics of Shakespeare's account, trying to enter into that experience. Paradoxically the play must have succeeded for Eliot in portraying an emotional experience that in shorthand we could name 'disgust' if Eliot is subsequently to criticize it for failing to represent the emotional experience adequately. It has some resonance in the consulting room when we decide we know the name of the emotional experience we are hearing about rather than imaginatively trying to enter into that experience.

The notion of an 'objective correlative' can be helpful in pointing us back to our own ordinary everyday experience. However, no picture, no image, no account, *exhaustively* re-presents an emotional experience. There is always something more one can discover about one's own or about another's emotional experience. But, and this is what I want to emphasize, we discover the something more by imaginatively attending to the details of the picture, the image, the account. Eliot's observation is apt:

[Poetry] may make us from time to time a little more aware of the deeper, unnamed feelings which form the substratum of our being, to which we rarely penetrate; for our lives are mostly a constant evasion of ourselves, and an evasion of the visible and sensible world. (Eliot, 1933: 155)

My point here is not that we need to be poets to represent our emotional experience to ourselves and to others, but rather that fundamentally what our poets are doing is a rarefied version of what we do every day ourselves. It is of course true, as Eliot points out, that our lives are mostly a constant evasion of

what we see and feel. And it is also true that there are particular moments in which we struggle, consciously and unconsciously, to find ways of articulating, of picturing, our emotional experience. We do it unconsciously to understand our own emotional experiences in dreams and we do it consciously to communicate our emotional experiences in intimate relationships. The challenge is to be able to listen to these accounts, these images, as attempts to articulate emotional experiences, whether we are trying to listen to ourselves or to others.

Before we move on I want to risk one provocative suggestion. If you say to me, tell me how you feel, and I say 'angry', 'sad', 'happy', or whatever, I am more likely to be trying to put you (and me) off from whatever the experience is. If, however, I begin to express what has happened to me, as vividly as I can (which may include shouting, crying, accusing, or whatever), then I am more likely to be inviting you (often more unconsciously than consciously) to an experiential understanding of my emotional experience. A key form of that understanding is what I want to refer to as *imaginative identification*.

Thinking feelingly – thinking with our feelings

I want to turn to two sources I have found helpful in trying to understand what 'thinking with our feelings', or 'thinking feelingly', or even Bion's 'consortium of Love (L), Hate (H), and Knowing (K)' might mean. First, I want to take a brief look at Eliot's discussion of 'metaphysical poetry' where he fleshes out the notion of a process in which thought and feeling are '*fused* into poetry at a very high temperature' (Eliot, 1993: 50; emphasis in original). Second, I want to describe briefly an intersection between my analytic work with couples and my analytic work with individuals, where the former illumined the latter for me in a particularly intense way. Both sources only hint at what I am trying to describe and it will make sense to you only if it resonates with your own experience, both personally and clinically.

'Metaphysical poetry' is a term used to indicate the poets primarily of the 16th and 17th centuries, the most familiar of whom is John Donne. Eliot took a particular interest in them, in part because he was fascinated with the idea of a poetry that linked thought and feeling in an intensely unique way. 'To fix and stabilise emotions as they exist' is the poet's first responsibility:

It is a function of poetry both to fix and make more conscious and precise emotions and feelings in which most people participate in their own experience, and to draw within the orbit of feeling and sense what had existed only in thought. (Eliot, 1993: 50–1)

However, poetry could be seen in Eliot's view to achieve a form in which reason and emotion, thought and feeling, did not exclude each other.

[Metaphysical poetry is] that in which what is ordinarily apprehensible only by thought is brought within the grasp of feeling, or that in which what is ordinarily only felt is transformed into thought without ceasing to be feeling. (Eliot, 1993: 21)

For Eliot, the poet who epitomized this achievement in poetry as none other has was Dante:

In Dante ... you get a system of thought and feeling: every part of the system felt and thought in its place, and the whole system felt and thought; and you cannot say that it is primarily 'intellectual' or primarily 'emotional', for the thought and the emotion are reverse sides of the same thing. (Eliot, 1993: 182-3)

I will risk one example that Eliot gives of this almost mystical process. Here is a fragment from a love poem by Catullus, *Carmina*, on which he comments:

Soles occidere et redire possunt:
nobis, cum semel occidit brevis lux
nox est perpetua una domienda.

Suns can set and rise again:
we, when once our brief light has set,
must sleep one never-ending night.
(Catullus, *Carmina* v, trans. G.P. Goold)

When Catullus suddenly turns with this immense meditation, he is modifying an emotion by a thought and a thought by an emotion; integrating them into a new emotion, an emotion which with all its variations of subsequent poets, has been experienced, doubtless by many generations of lovers. (Eliot, 1993: 51-2)

Sometimes I can read these images and have the emotional experience of feeling what I am thinking. But sometimes as I read there is something like a deterioration in the emotional experience. The 'fusion' of thinking and feeling can even degrade to the point where the reading seems only to be a grammatically sensible collection of recognizable words. It does not become literally meaningless, but it does become emotionally lifeless. When I try to reverse that process I find myself imagining saying it to someone I love, picturing my or our light setting as does the sun. That is, I take myself deeper into the detail of the images through my capacity for what we could call *imaginative identification*.

Whatever else we might say about this process in which images, stories, descriptions of scenes, narratives, and so on, are able to evoke in the listener or the reader an emotional experience, one key is our capacity for imagination. Although this capacity is in many respects mysterious, I want to emphasize that these ideas about the nature of poetry are a pointer to our own ordinary, although often unnoticed, experience, in everyday personal life as well as in the consulting room. What, in its most elevated and generalized form, is a challenge for our greatest poets is, in its most down-to-earth everyday form, the kind of challenge we meet in our consulting rooms.

How it is that we enter into the emotional experience of our patients and at the same time sustain our thinking and our own point of view is both a profound mystery and a professional requirement. More importantly, I am suggesting that

this experience of 'thinking feelingly' or 'thinking with our feelings' is a prime developmental experience. As such, in a sense it could be said to constitute the primary aim of the analytic process as we understand it today.

There are two aspects of this capacity for 'thinking feelingly', this fusion of thinking and feeling, that help clarify why it is so critical developmentally. The first is the intimate link between our use of imagination and our capacity for tolerating uncertainty. We do not *know* what the other is feeling; we imaginatively enter into the details of a communication of emotional experience. But since this tolerance of uncertainty has been explored at length under Bion's influence, I will say nothing more except to note its vital importance. The second is closely related and I would like to conclude this article by suggesting how it contributes to the growth and development of the mind. That is, I want to consider how 'thinking feelingly' involves not only the use of imagination but its use in entering into experiences that conflict with and even contradict our own. Both a capacity to tolerate uncertainty *and* a capacity not merely to tolerate difference but to enter into states of mind different from each other *without denying or diminishing* either.

In *Learning from Experience* Bion makes an extraordinary claim: 'An emotional experience cannot be conceived of in isolation from a relationship' (Bion, 1962: 42). I am not sure quite what Bion had in mind, but I am aware that in part my recognition of the importance of difference has been the result of the impact of my analytic work with couples on my analytic thinking and practice in general. It is not that my individual patients have failed to provide me with adequate opportunities for the experience of what Eliot calls 'thought and feeling being fused at a very high temperature', it is just that somehow the process has become clearer to me with couples I work with as I have struggled to think when experiencing with them the most intense emotions. The overwhelming temptation for the therapist when the emotional temperature of the couple dynamics becomes intense is to step back emotionally in order to be able to think. What is therapeutic, however, is when I can keep thinking as I continue experiencing intense emotions.

This has helped me understand experientially why there is a sense of genuine movement and change in my work with individuals just at the point where the analytic relationship feels most intense and problematic. One could say that our emphasis on the transference/countertransference dynamics is a recognition of the reality that the critical engagement in the analytic process happens when there is a shared emotional experience that challenges the capacity of both to sustain thinking. When my patients tell me their view of me or of a shared experience in the therapy, and the description or the images contradict my own emotional experience of myself or what we have shared, then, if I can bear to enter emotionally into that alien experience and think about it, I am in effect given an opportunity to understand something like the poet's craft in which *thinking and feeling are fused at a very high temperature*. To enter emotionally into an experience or belief or emotion that contradicts my

own and to be able to *think with my feelings* about both is to experience the growth of the mind.

That is, the capacity that is necessary in an intimate relationship between two people is also the capacity that is necessary for the mind's relationship with itself. It is not that there is some third way or some compromise between these conflicting different emotional experiences. Instead there is a mysterious process of mental growth and development. Bion described it in terms of his notion of 'containment' but, while that expresses something of the experience, it does not emphasize the dimension of the experience when there are mutually contradictory feelings, thoughts and beliefs. Perhaps surprisingly I find Eliot's remarks to the poet and critic who was his younger contemporary, Stephen Spender, more evocative of what happens. Eliot was writing to Spender on the occasion of Spender's publication of a book of criticism entitled *The Destructive Element*:

You don't really criticise any author to whom you have never surrendered yourself. . . . Even just the bewildering minute counts; you have to give yourself up, and then recover yourself, and the third moment is having something to say, before you have wholly forgotten both surrender and recovery. Of course the self recovered is never the same as the self before it was given. (Spender, 1967: 55–6)

This 'recovered self' that is 'never the same' is, I think, a description of what happens in the mind related to what we have learned to think about in our psychoanalytic language as the experience of triangular mental space (Britton, 1989: 83–101). The mental 'space' that one experiences in consequence of the triangular dynamics of the Oedipal situation is space for thinking and feeling different thoughts and feelings. What the various discussions of this concept do not emphasize, however, is that the primary developmental achievement is the capacity to think and feel *contradictory* thoughts and feelings.

From a two-dimensional point of view, as one might describe it, these contradictory thoughts and feelings are believed to be mutually exclusive. A 'two-dimensional' couple composed of two 'single-minded' people might view differing, in the sense of conflicting, feelings and thoughts as mutually exclusive and therefore leading to the breakdown of the relationship. Similarly, a single-minded individual might view internal conflict between opposing thoughts and feelings as tantamount to breakdown. But seen, thought and felt 'in the round', so to speak, both the individual mind and the intimate couple relationship can be seen as constituted in its mature form just by these differences and the capacity emotionally to experience them.

We tend to avoid this 'three-dimensional' experience, this 'giving yourself up' to the other and then 'recovering' ourselves, our own thoughts, feelings and beliefs. There is an appropriate *apprehension of difference*. It is not just that one or the other feels at risk, there is a risk, a genuine risk, in each encounter. Strangely, it feels easier to give up an awareness of one's own thoughts, feelings and beliefs – and it is certainly more tempting to insist that the other

does – than to risk the emotional experience that the ‘self recovered’ will not be the same.

This brings us back to risks attendant on a serious engagement with the theme of this conference. How much can we emotionally enter into the views of others, how much can we think with each other feelingly, without denying or diminishing our own thoughts, beliefs and feelings? I suppose that if this conference were to be an emotional experience for us in which thinking and feeling were fused at a high temperature, we might almost be prepared to call it *metaphysical poetry*.

References

- Bion W (1962). *Learning from Experience*, Maresfield Reprints. London: Karnac Books [1984].
- Britton R (1989). The missing link: parental sexuality in the Oedipus complex. In J Steiner (ed.) *The Oedipus Complex Today: Clinical Implications*. London: Karnac Books, pp. 83–101.
- Damasio A (2000). *The Feeling of What Happens: Body, Emotion and the Making of Consciousness*. London: Vintage.
- Eliot TS (1918). Henry James, excerpted in *Selected Prose of T.S. Eliot* (edited by Frank Kermode). London: Faber and Faber, 1995, pp. 151–2 [references to this edition].
- Eliot TS (1920). Hamlet and his problems. In *The Sacred Wood: Essays on Poetry and Criticism*. London: Methuen. (Reset and reissued in paperback by Faber and Faber, London, 1997, pp. 81–7 [references to this edition].)
- Eliot TS (1933). *The Use of Poetry and the Use of Criticism: Studies in the Relation of Criticism to Poetry in England*. London: Faber and Faber.
- Eliot TS (1993). *The Varieties of Metaphysical Poetry: the Clark Lectures 1926 and the Turnbull Lectures 1933*, edited and introduced by Ronald Schuchard. London: Faber and Faber.
- Fisher J (2000). A Father's abdication: Lear's retreat from 'aesthetic conflict'. *International Journal of Psychoanalysis* 81: 963–82.
- Freud S, Breuer J (1895). *Studies on Hysteria*. S.E.2. P.F.L. 3.
- Freud S (1913). The claims of psycho-analysis to scientific interest. S.E.13. P.F.L. 15.
- Freud S (1916–1917). Introductory Lectures on Psycho-Analysis. S.E.15–16. P.F.L. 1.
- Meltzer D (1981). The Kleinian expansion of Freud's metapsychology. *International Journal of Psycho-Analysis* 62: 177–85.
- Sponder S (1967). Remembering Eliot. In Allen Tate (ed.) *T.S. Eliot: The Man and his Work*. London: Chatto & Windus, pp. 38–64.

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Tom Main, one of the British ‘Independents’, said of psychoanalysis that sitting behind a couch five times a week was only one of its applications (personal communication to Eric Rayner and others). With that definition in mind one need not be shy in thinking of the dramatic and eventful meetings with parents and their infants as equally one of its applications.

My work in parent–infant psychotherapy has been at the Under Fives Counselling Service at the Tavistock Clinic and still continues at a Baby Clinic in the James Wigg Practice in Kentish Town Health Centre. At both places the work is with families about difficulties in their infants’ development. Many cases are referred as sleeping or feeding problems; in addition some parents will come openly talking about their difficulty in making a relationship with their baby.

I am going to argue that this work is *psychoanalytically based* although it is usually very brief; not more than four to six sessions. It is the approach of taking in and reflecting on what parents tell me, so that an understanding and integrative process begins in my mind, and similarly can take over in theirs. I look together with parents at their baby, noting the baby’s uniqueness and so helping them to stand outside fixed ways of thinking and reacting. Although some of the success of this work derives from the experience of seeing many families with such problems, it cannot be done in a routine way – the impact of each family’s stress and bewilderment must be received afresh each time.

One of the mechanisms that operates here is that *projections* that have been spat out and that have bounced back and forwards unowned between parents and infants, are perhaps rerouted through the therapist. Her ability to receive these feelings and to think about them has a transforming effect. Feelings are commented on, acknowledged and may change. In psychoanalytic thinking we also assume that many different facets of people’s lives interlink with one symptom or disturbance – that is, they are *overdetermined*. With an infant’s sleep problem this is certainly so. It need not be daunting to take this on board in brief therapy. My principal hypothesis is that for the therapist to gather in, with the parents, all the relevant aspects of a baby’s life and its relationship to them, within the brief framework of the consultation, is itself therapeutic (Daws, 1989).

With this in mind, the method that I use is to combine three different elements. First, there is a questioning about the details of the baby’s timetable: as I ask for the precise details of day and night, a vivid picture builds up in my mind of what actually happens in this family and their assumptions of what should happen. Second, there is a free-ranging inquiry into memories of the pregnancy, birth and early weeks: I tell parents that I need to know the baby’s life-story to make sense of what is happening now. Third, I ask about the parents’ relationship with one another and with their own parents, so that we see the family context of this particular baby.

The parents I see have usually been offered much advice already and often feel they have ‘tried everything’. What I give them in the first place is simple

– ordinary psychoanalytic free-floating attention. As they tell their story, unconscious threads draw together and connections emerge. Because I do not at once offer solutions, they are less likely to react negatively. They are left able to free associate – that is, let their minds lead freely from one related theme to another. They may perceive me as interested, receptive and capable of holding on to a great deal of information. In this setting it is striking how parents can convey economically much focused information. It seems as though all ordinary parents have a ‘story’ to tell about their baby as dramatic and as moving as any work of literature. What is also communicated, and confirmed by my interest, is the uniqueness of each baby and its family.

Parent–infant work is notable for its activity. Enactments are everywhere. Even the way in which families come into the room and settle themselves down, or, as they leave, the length of time it takes to withdraw their infantile transference to the therapist as they slowly put on the baby’s outdoor clothes, is worth an article in itself. The timing of sessions must allow for this process as a legitimate part of the work, not as an inconvenient side-effect. During the course of meetings babies cling to their mothers and feed, they get down, move away and play, they approach the therapist as the parents feel freer, they cry as painful conflicts are touched on by the adults.

The nature of patients’ thinking

One major aim of this work is to consider not just *what* patients think, but *how* they think it. In brief work it is of course impossible to alter the nature of thinking processes. But spotting how a problem is thought about, and how it is described, is vital. There are striking connections between the *description* of the problem and the problem itself.

Sleep problems

With sleep disturbances I start by letting parents tell me in their own way what the problem is, so that I do not lose the particular flavour of what they feel is wrong and its origin. I also hope to experience the predominant emotion with which parents begin their story. Once I have begun to ask questions, I am perhaps felt to be looking after them and intense emotions often subside. Whatever emotions come out strongly in these first few moments is perhaps the same as what the baby feels is directed towards him during his sleepless nights.

Separation problems

Simplistically speaking, the problem for a mother in getting a baby to sleep is the basic act of putting the baby down – that is, of separating herself from her

Parent–infant psychotherapy: the baby in the consulting room

DILYS DAWS

ABSTRACT

This article aims to introduce the nature of parent–infant work to readers more familiar with adult psychoanalytic psychotherapy. In work with families we deal with the realities before they are translated into metaphors. The author describes parent–infant psychotherapy at the Under Fives Counselling Service at the Tavistock Clinic, and at the Baby Clinic in the James Wigg Practice in the Kentish Town Health Centre. Families are referred about difficulties in their infant's development, often sleeping or feeding problems or 'bonding' difficulties. Although brief, the work is psychoanalytically based, and the way in which problems are described is noted as a clue to understanding them. The use of having the baby in the room is discussed; babies are often in tune with the emotional atmosphere and their actions or crying provide useful material. The value of working, where possible, with both parents is argued. The teaching of this style of work to other professionals, and the complexity of transference and countertransference issues are described. Brief case vignettes are given.

Key words brief psychotherapy, feeding problems, parent–infant psychotherapy, sleep problems.

Introduction

This article is a pragmatic one – I am writing mainly about working with actual babies in the room in parent–infant psychotherapy. However, it also gives us the opportunity to think about the metaphor of the infant in an adult patient's mind. In thinking how to conceptualize the difference between adult psychoanalytic psychotherapy and parent–infant work, I realized that in work with families we deal with the realities before they are translated into metaphors. Breasts and shit are everywhere! Babies are actually fed, their

nappies are changed, in the room. These basic bodily functions and the emotions that accompany them are experienced directly between the baby and its parents; the therapist is an observer, and not necessarily the *recipient* of transference communications. What she observes of course includes parents' perceptions of their baby, influenced by transferences from their own past experiences.

More than 60 years ago Ella Sharpe made similar connections in her article 'Psycho-Physical Problems Revealed in Language: An Examination of Metaphor' (1940). Noting that 'No word is metaphysical without its first having been physical', she says that when listening to patients the search must be for 'the physical basis and experience from which metaphysical speech springs'. Her theory is that 'metaphor can only evolve in language or in the arts when bodily orifices become controlled'. Examples of such metaphors used by her adult patients include:

I've wandered off the point and can't find it again.
I've lost sight of what I came for.
It's the way I set about things that's wrong.¹

Sharpe suggests that difficulties in physical and mental manipulation in adult life, such as awkwardness, 'doing things the wrong way' or an inability to keep to the point or to concentrate, have their origins in suckling experiences. When these have been traumatic the patient unconsciously expects a repetition of this. Likewise there are metaphors about anal and urethral matters such as:

I am sodden with despair.
I'm depressed, I suppose I'm making heavy weather of my troubles.
I feel I've landed myself in a mess.
I've a fear of letting myself go altogether.

She says that a spontaneous metaphor is the epitome of a forgotten experience: 'It can reveal a present-day physical condition which is based upon an original psycho-physical experience'. She continues, 'The metaphors of depression denote the zero hour, exhaustion and immobility, giving us the physical setting which first accompanied the psychical feelings; prolonged crying, bed-wetting, loneliness and exhaustion'. Other metaphors give pictures of futile activity, achievement of no goal; continual thwarting and obstructing of the self. I would say that parent-infant work takes us very close to these raw physical settings and feelings out of which the metaphors, dear to psychoanalysis, arise.

Parent-infant therapy, and particularly *brief* therapy, is, appropriately enough, one of the largest growth areas in psychoanalytically based work. This work is also perhaps a meeting point for psychoanalytic and family therapy concepts.

baby and the baby from her. It can be as difficult for the mother to do without the baby as it is the other way around. I have, however, become aware of how many parents these days keep their babies very close to them, by day and by night, for the first months or even longer. In fact, it does seem that there is a biological imperative for this closeness, which in itself aids attachment. Some of these parents find that their baby has difficulty in getting to sleep; many do not. It seems that there is an ability in some parents and babies to enjoy their closeness, and, at the same time, to let go of each other emotionally, enough for each to be free to go to sleep. Other parents and babies come to experience such closeness as a mutual torment of intrusiveness, and no one is able to sleep long and deeply. They seem also to get caught in the closeness and become unable to think about how to get more separate from each other. There are two important issues here. First, *all* babies need closeness and intimacy with their parents to develop a sense of themselves as individuals, as well as a sense of themselves in relation to other people. Second, all babies need at appropriate moments to take steps away from their parents, both literally and metaphorically, in order to begin to grow.

When a family is able to discuss such issues, allowing the therapist as the outsider to have some new ideas of what might be helpful, it shows that the family is ready for change. One such thought is that the use of ‘transitional objects’ is part of the process by which babies manage some of the first steps of separation (Winnicott, 1971). For instance, when I ask if the baby has a teddy bear, I may be told that she has several cuddly toys. When I suggest that *one* significant toy could be important, parents may be able to create a shared idea with the baby that a particular toy has a job to do. Often, of course, blankets, dummies or the baby’s own thumb may become the source of satisfaction that allows separation from the mother, at the same time as being a link or memory. Parents and babies are able to move on to such solutions when the emotions involved in the original problem have been sufficiently attuned to.

Attunement and dreaming

Attunement and the failure of it is one of our themes. In fact the hard work of this method of therapy comes from the need for the therapist to be in touch appropriately with each set of individuals. In order to change something it is necessary to know what it is first. A family comes in a certain state of mind about their child and his sleep problem. It is necessary for the worker to know and be in touch with this state of mind.

The worker who offers this receptivity is assailed by a jumble of information, emotion and memories. At first I thought of this bombardment just as an unfortunate way of behaving by people who are short of sleep. Hartmann (1973) states that

sleep and probably D-sleep or REM sleep specifically, may have a restorative function with respect to symptoms of focussed attention (especially the ability to focus on one item while ignoring others) and to maintain an optimistic mood, energy and self-confidence.

From this we would indeed expect parents deprived by their babies of sleep to be short of such attributes. In time, however, I came to recognize such consultations as being often the ones that promised most resolution. It requires the use of another set of ideas to work out how this comes about. Palombo (1978) describes the function of dreams as assimilating memories of the day into settled long-term memory. He says that 'the dream itself ... and not merely the interpretation of the dream – plays a positive integrating role in normal emotional development'. I see one of the main uses of the consultations as being akin to dream work, for parents nearly always come in a distressed state with a confused mass of information. What happens in the dream work by the process of assimilation also happens in these consultations with parents: the information they bring to the therapist is brought together during the consultation. Kaplan-Solms and Solms (2000: 46) recent work develops the connection between abstraction and dreams, also suggesting that an important function is in addressing conflicts.

In work on attachment are ideas that link up with this. Mary Main (Main et al., 1985) has noticed that *the manner* in which parents talk about their relationships with their own parents enables prediction on how they get on with their babies. She describes how parents who are themselves insecure in their attachments are *incoherent* in talking about their childhood experiences. The parents I have seen have lost much of their time for dreaming. I perhaps allow them to start to think and then to dream.

Bion (1962) has described how the mother's thinking about her baby enables him to deal with his confused emotional experiences in a way that enables the baby to start thinking and dreaming. I would add that the mother's dreaming is part of this process. Dreams can be a way of anticipating progress before it has been openly achieved, not as a form of 'prophecy' but as an acknowledgement of mental work. Parents' dreams may herald progress in dealing with the problems between them and their children. One father dreamed that his little son, Stanley (who could not yet talk), asked him, 'Why don't you show me how to get to sleep?' This released into consciousness memories that helped Father connect what was happening now with similar problems between his own father and himself. This dream thus linked the past with the present, reminding Father of his own childhood difficulties, and apparently informing him that *his father's failure to help him* were part of the background of his own failure to help his son now. However, I think Stanley's words in the dream, 'Why don't you show me how to get to sleep?' actually came from a dawning ability in Father to do just that. The words in the dream show that Father is *beginning to imagine himself* as being able to help his son. In a sense, therefore, a parent's dreams are one of the many aspects of caring for their children.

Feeding problems

With feeding difficulties, as with sleep problems, it is often appropriate to think of the problem in a relationship context. Feeding problems fall into two main categories, ‘too much’ or ‘too little’. When babies are feeding too often I get a distressed account of how exhausted the parents, especially of course the mothers, feel about unremitting feeding. I ask the parents about the baby’s own history, especially about how feeding, breast or bottle, was established, and about their own parenting, particularly what they know about their own early feeding.

As I listen to this reported story, I also think about how some of this is *communicated*. I think of the parent’s *attitude* to me as a transference of aspects of the problems. Some mothers and fathers seem to experience me as an *ideal mother figure* who will understand them, listen to them and attend to their needs. Such parents may also try to extend the work with me. These families move into my room as though to spend an enjoyable hour basking in my attention. They really enjoy my pointing out the family dynamics – but they do not intend to change. I am used to perpetuate the situation, not to help alter it. Other parents are very irritated by me, find me critical of them, everything I say is experienced as not quite right, as badly timed. I wonder about mistiming between them and the baby. They may break off the work at a time that seems unexpected to me.

Often parents come describing complex fraught feeding situations, and may then calm down simply with the experience of being listened to and taken seriously. Such parents tell their confused story as though expecting either an equally confused reaction, or the opposite – a very directive organizing reaction. If they get neither of these, some will be disappointed and quickly go away; others will start to feel held by a steady thoughtfulness, and within this framework start to think for themselves.

When babies are being fed constantly, whether by breast or bottle, it does often seem that there is a separation problem (Daws, 1993). Parents and babies are able to be close to each other, but cannot manage to pull apart. As with some sleep difficulties, it is common to find bereavements, or significant losses in the mother’s or father’s lives. Equally important is the impact of ambivalence towards the baby in the mother, and particularly of unacknowledged feelings. Some mothers feel that good mothering involves being always available to the baby, and that saying ‘no’ means being a ‘bad’ mother.

Helping parents to work out the connections between their own experience and their perception of their babies’ needs can be helpful. Parents’ ability to work in partnership is particularly relevant here. Sometimes a mother enmeshed with her baby is also excluding the father’s contribution to the relationship. His attempts to help them be a bit more separate may be dismissed as ‘male insensitivity’. Work on the need for three-person relationships and the value of a father introducing the baby into the excitement of what is new outside the close

mother–baby duo can help this situation. Babies with more distance between themselves and their mother can then enjoy the memory of a feed, and the anticipation of the next one.

The therapeutic work must also deal with interactions that can be observed in the room. Parents may be helped to recognize babies' signals in a more varied way: at its simplest this means that an approach by the baby to the mother may not always be for feeding; it may be for an interaction through speech or playing. In one family meeting about an 8-month-old who was being fed constantly, the father was holding the baby. When the baby started to grizzle, father started to hand him to mother. I asked, 'What would happen if you went on holding him?' Father said, 'He'll probably cry'. However, he did try holding on to the baby and was able to soothe him himself. Patterns of response can be thought about with an interested outsider, and altered.

When babies are fed 'too little', this is much more serious. Here again, the relationship aspects of when babies are failing to thrive can be significant. It does seem that, very often, there has been a real experience of neglect, deprivation and hunger in the parents' own lives. Depression in the mother can derive from this, and make her feel she has no resources to give her baby. Therapeutic work has to be able to take account of the seriousness of the negative feelings towards the self, baby and any helping professional (Daws, 1999).

As well as thinking about what goes on *between* parents and baby, it is essential to try to understand what goes on *inside* each of them. Early feeding is about the reality of life and death; it is also about *emotions* that have the force of life and death. Mothers have to face the impact of a baby's fears and greed, and also have to deal with the infantile emotions stirred up in themselves by all this. A worker offering receptivity will equally be assailed by emotions coming from both baby and mother, ranging from voracious greed to an inability to take in what is offered. Empathy with parents can also leave one drained and exhausted, or exhilarated as though with unlimited resources. Parents may apparently leave the worry to the professionals who then feel themselves to be critical and persecuting of the parents when they express concern about the baby's progress or lack of it. There may be disputes over the actual measurements of the baby's gain or loss of weight and professionals may argue among themselves. A vicious circle of the parents feeling empty of any source of good feeding inside themselves and passing on the helplessness to professionals can continue. Any of these feelings need reflecting on; they may be a key to what either mother or baby feel they have, or what they lack.

The baby in the room

What is the need for having the baby actually in the room? Sometimes there is a remarkable connection between what parents talk about, and small babies'

actions and vocalizations. Babies are often in tune with the emotional atmosphere, and may cry when painful matters are being talked about. This can in fact be a clue to why some babies cry excessively; it may connect with some inconsolable experience in the parent's own history. When the parent is able to talk about this with the therapist, they may then be able to console the baby (Hopkins, 1994). The parent's reaction to a baby crying in the session may, in itself, be useful material for the work. Some mothers or fathers may deal with it by taking the baby out for a walk in the corridor, and it may seem to be an attempt to get away from painful issues stirred up in the room. Persuading the family to stay in the room can sometimes enable parents to share difficult feelings with each other for the first time.

With crying babies, mothers who have difficulty in soothing their baby may be trying to do so silently. When I pointed this out to one mother she said, 'If I did say anything to him, it would be too horrible'. The opportunity to put into words to the therapist the 'horrible' thoughts that she had about the baby came as a release to her. Once such thoughts are said, and acknowledged, they may become bearable.

A therapist who is able to be non-judgemental can allow parents to own their hostile feelings towards the baby. In this case, it enabled the mother then to have a different range of feelings towards her baby. She became able to hold him close to her, and to put into words what *he* might be feeling. She was no longer preoccupied with the force of her own impulses. The baby sensed this difference and was able to be comforted by his mother's holding of him. The therapist can be thought of as carrying out a symbolic holding of the emotions going around in a family; the experience of this holding enables parents to pass it on to their baby.

I also am interested in how much we as therapists talk in these meetings. To teach this style of work I sometimes see cases jointly with a referring professional. I saw a depressed mother and two hyperactive children with their health visitor. The mother cried while she told a story of many losses and the health visitor put her arm around her. Afterwards the health visitor and I discussed the meeting. She was impressed with how much the mother had confided in us but then confessed 'at first I couldn't stand the silences'. I thought 'what silences?'. Compared with a psychoanalytic therapy session it had been all talk!

I, and others, are devoted to spreading the influence of this work and do believe that professionals of all kinds can *extend* the scope of their work, and be *braver*. The idea of how much to talk with patients is therefore important. Some of us psychotherapists have learned to talk more but other workers need to do so less. The idea of free association, of allowing patients the space to follow the line of their own unconscious, is difficult. For example, postnatally depressed mothers with their infants may, given the chance, relate shocking thoughts of anxiety, anger, self-hatred, hatred to the baby or partner, disturbing dreams, and fears of damage that has, or might, happen. There is evidence

that a series of meetings with a health visitor can greatly help these mothers. What does hearing this kind of material do to the worker? Anyone who takes on this work does need support and supervision.

I have referred to the painfulness of this work; it is also highly enjoyable. Daniel Stern has talked of the creative effect of a new population of patients. Working with young families has brought out the playfulness in many of us. Sometimes, perhaps, we compete with each other in innovative practice. There is a human propensity for risk taking, and this may inspire us more than we realize.

Parent–infant work

I am here going to argue the importance of *parent*–infant rather than *mother*–infant work. Although most of us learned to work and think psychoanalytically with *individuals* in the first place, when we turned our attention to infants, we had to take account of Winnicott's saying, 'There is no such thing as a baby, only a baby and someone'. Walking on Hampstead Heath recently, I saw a stand-off between a father and a probably two-year-old boy. Each held their ground some distance apart, so that the two-year-old looked as though he was on his own. Intrigued, I watched as every passer-by paused by the little boy and looked around until they spotted the father before moving on; interestingly, the ones most concerned were actually other children. In this incident the 'someone' we all checked for was presumably the father. This 'someone' has until recently usually been thought of as the mother. It is time that fathers came in. It would be naïve today to assume that most babies are brought up in conventional two-parent families. But all babies needed a *father for their conception*. It is an essential part of knowing about any baby to know by what route their father comes to be either present or absent in their current lives.

We come to the next set of psychoanalytic concepts. In all our work we think about what we are told, and about what we are not told, about what is missing. Here the concepts of repression, denial and of projection are useful. When I hear a passionate story of an enmeshed mother and baby I of course think of the mother's relationship to her own mother, of possible unbearable separations, of intense ambivalence of love and hate. But I also wonder why the 'intercourse' between the parents is not sufficiently protective to allow mother and baby to pull satisfactorily apart.

Kenneth Wright (1991) talks of the vital role of the *father* in the structuring of the *self*, and the development of *symbols*; it is the mother who helps the first creation of structure in both the world and the infant's self. The father is initially in a third position, externally observing the mother–infant pair. A person in this third position guarantees the space for the child's thought and representation.

The Oedipus complex is one of the key discoveries of psychoanalysis, the one taken up most enthusiastically into common language. Ron Britton describes the Oedipal triangle very clearly (1991). He tells us how 'The closure of the oedipal triangle by the recognition of the link joining the parents provides a limiting boundary for the internal world'. He calls this a triangular space. If this link between the parents, perceived in love and hate, can be tolerated in the child's mind, it allows a third position where the child is a *witness*, not a participant. If he can observe, he can also envisage *being* observed. This provides us with a capacity for seeing ourselves in interaction with other, for entertaining another point of view while retaining our own, for reflecting on ourselves while being ourselves (Britton, 1991: 86–7).

In a case of a *two*-parent family with a baby having very extreme sleep and separation problems, the problem was presented to me as being between mother and baby. The mother convincingly told me of problems with her own mother. I took in the seriousness of this, but also wondered to myself about the relation *between the parents*. It seemed permissible for me to point out that the mother seemed to disqualify and discount the father's *different opinion* about the baby's needs; the theory of 'male insensitivity'. It seemed to me that I as the therapist/observer practised continence in not jumping in to become the potent third person to the mother–baby couple. Keeping in mind that the couple had a relationship that belonged to no one else, even if they were out of practice in it, seemed to help them back into it. The next meeting produced reports of changes between mother and baby that seemed to come from the *mother following the father's advice*. Perhaps also my ability to bear being the witness rather than the participant was reassuring to the baby as well as to its parents in the sessions. Babies often get more interested in the therapist when their parents become more interested in one another.

In this work the need for careful listening to and observing of all the members of the family must be accompanied by similar listening to one's own countertransference. This countertransference must include *sympathy*, getting in tune with, and also *antipathy* to behaviour that is cruel or neglectful. The therapist must be able to *stand* not being in tune with aspects of behaviour even while understanding how this behaviour may have come about. This comprehensive stance may facilitate the parents not to split off their own judgement of their behaviour, and not to use projective identification to get professionals to have the only sense of what is a right way to treat a baby. Failure-to-thrive infants are one example where the danger of persecuted-feeling parents leaving the worry about the infant to professionals is *serious*.

In work with a family, transference and countertransference issues are multiple and complex. The therapist must judge, consciously or otherwise, *who* to attune to at any moment. We may at times feel attuned to where *both* parent and baby are. At other times there is real discordance. I was working with a depressed mother who cried as she talked. Looking at her, with a sympathetic

expression, I then found myself looking at her baby, who was sitting with his face buried in her skirt. He looked up, caught my gaze and smiled at me broadly. I smiled in return. He was perhaps grateful for an adult who wasn't crying; he was probably also showing the means he may often have had resource to, a smile to cheer up his depressed mother. In any case I smiled back at him, then looked up again at his mother and was terribly conscious of my incongruent smile, feeling that I had to 'wipe the smile off my face'. It was a useful lesson for me of the dilemma for babies of depressed mothers – if their mothers cry will they make things *better* or *worse* by smiling?

Two embattled parents came with their sleepless baby. One (surprisingly in this case, the mother) told me that babies need firm boundaries. The father then told me that babies need to be responded to when they cried. A vista of boredom washed over me as I contemplated unpicking each of these assumptions.

With spontaneous impatience I said 'I think you're both right'. The parents seemed delighted and relieved, as though I had managed to contain their hostility and their conflicting opinions. It obliged them to discourse *with each other*, not just through me, and we could then all talk about how their own family experiences, where they had often felt put in the wrong, had led to their current beliefs about their baby.

Was my quip an enactment, a *failure* of attunement, or was it after all an ability to attune to the complexity of the situation? Tronick (1989) talks about the normal often-occurring, miscoordinated interactive state as an *interactive error* and the transition from this miscoordinated state to a coordinated state as an *interactive repair*. Tronick is writing about interactions between parents and infants, but it may equally hold good in thinking about the therapist's attempts to interact with patients. Both these parents were used to being told 'You're wrong!', not just by each other in the present, but, as I discovered, by their unattuned parents in the past. Also, as we know, parents of crying babies often feel blamed by the baby. So my charming but rather sarcastic throwaway line may have had its use.

Another family I saw had an English father and a Chinese mother. Their ideas about child-rearing on first telling also sounded irreconcilable. But I noticed that, angry though they were, they sat comfortably in the room with one another, and both responded to their children. As the mother poured out her despair about 'laid-back English attitudes', I said, 'you seem to be a one-woman campaign for Chinese discipline in Kentish Town'. Not a very subtle remark, but both parents laughed. Next week the mother told me that she felt father had listened to her properly for the first time. They had been able to talk together at home. This empathy with both sides of irreconcilable feelings is a real art. You have to *not mind* what it feels like and not try too hard. Sometimes I think 'Why do I have to listen to this?' as hatred spills out around me. At other times I feel fortunate to be part of a living drama where I have helped emotions to be painfully expressed to some useful end.

Too much attunement can do families a disservice. Schlesinger (1994) points out that in conversation we often listen ‘too closely’ and lapse into identification with the speaker (quoted in Sternberg, 2002). When listening socially we assume the speaker means to make sense and we fill in the elisions and ignore pauses, but this is useless in analysis. I similarly find when *observing* parent–infant interactions that, instead of *staying with noticing what is missing*, I may sometimes fill in the gaps in my own mind, and in a sense destroy the evidence of what is absent.

Colleagues Peter Toolan and Vivienne White recently told me of their reactions while seeing a three-year-old boy, Darren, and his family. Darren had serious behaviour difficulties, with a possible ADHD label. Peter reported having a ‘splitting headache’ after the session. During the meeting Darren climbed up to reach something and hit his head on a cupboard really hard. His mother paid no attention to his injury. Darren became very subdued, clutching his head and burying himself into the seat. Vivienne suggested that he rub his head hard to take away the pain and he did this briefly. The mother commented that it was his own fault, that he never cries if he hurts himself and she made no attempt to go to him. A whole lifetime of interactive error is compressed into this brief statement. We see how each of the therapists enacts, or reacts, in a different way to this incident.

As a therapist similarly working with families with toddlers, I see many small accidents. These always arouse in me a feeling of a need for a certain sort of action. If this doesn’t happen, I have a feeling of incompleteness. When there is a fall or bump it seems *essential* that the mother *touches* the injured part of the body as well as commenting on the injury. There must be a physiological imperative for this touching, as well as the emotional recognition of the hurt. What do we as therapists do when some essential action is missing? Vivienne was restrained in not rushing to soothe Darren herself, but she enabled him to soothe himself, perhaps a necessity for this boy.

A serious question that we all often ask ourselves: in the interests of not interfering, how much absence of what we feel is the right response can we *condone* on behalf of the child, or indeed *tolerate* on behalf of ourselves? Can providing some of what is missing show both child and parent that it does actually exist? – that heads that have been hurt can be rubbed better? Or must we address the underlying deficits in the parents’ experience before interactional errors can be corrected? Indeed, do we show more respect to a parent by actually arguing from the evidence of what we have felt ourselves? Could Vivienne have clutched her *own* head, declaring to the mother ‘What a bang! Did *you* feel that?’ Could she have said to Darren ‘Get your mummy to rub it better for you’.

Peter was as closely attuned to this incident as Vivienne was, but his reaction was different – he took a splitting headache away with him; presumably concretely in identification with the boy’s pain as well as with the metaphorical pain of empathizing with the struggles of this misattuned family. This

example shows how two therapists working well together can absorb different aspects of a family's projections (and in fact as the work progressed this family's attunement to their child's needs improved greatly). However, Beebe (Beebe and Lachmann, 2000) has noted that when mothers show non-attuned behaviour such as intrusiveness, their baby's heart rate goes up. Perhaps, even more frequently than Peter's headache, our blood pressure may be affected as a matter of course by getting in the way of these misdirected attunements! Kalin et al. (1995) have shown in primates that attachment behaviours operate on the brain of the mother as well as on the brain of the baby. How intimate need the contact be to have an effect? Perhaps even in a professional situation therapists' brains are at risk from other people's disorganized attachments!

More optimistically, Regina Pally argues speculatively regarding psychoanalysis:

Since it is known that consciously attending to and verbalising something can enhance cortical activation, it could theoretically be argued that treatments such as analysis enhance cortical functioning, and take advantage of its plasticity, to modulate deeply engrained emotional responses. (2000: 15)

Pally is writing about intensive psychoanalysis, but I suggest that in parent–infant psychotherapy where we touch, albeit briefly, on deep early processes, some major psychic changes also occur. I suspect that there must be equally an emotionally integrative effect for the therapist who goes through such a process with parents and their infants that is deeply satisfying. Ann Hurry has also recently written on this subject (1998: 54–7).

In this brief work 'character analysis' is not possible, but something truly characteristic in the way in which parents relate to their babies is got hold of. Serious listening to the problem as told by parents enables the therapist to think about *what* is told, *how* it is told, and what is *missing*. People who are properly listened to, and who are appreciated for who they are and what they have to face, may then be able to take on the ideas about themselves that start first in the therapist's mind. They may then start thinking for themselves, and perhaps creating some of what was missing.

Conclusion

In parent–infant work we often debate *who is the patient*: is it the baby, the parent or the relationship between them? Relevant to this are some thoughts about justice (which I owe to my husband, Eric Rayner, 1999) and parent–infant work. Habermas (1990) shows how in order to *achieve fairness* a moment of empathy is essential, leading on to public *discussion*. He says that justice can be tested only in discussion and that solitary theory is no substitute for discourse. This moment of *empathy* is essential; each must put him or her-

self into the place of everyone else in discussing whether a proposed norm is fair to all and this must be done publicly; arguments played out in the individual consciousness or in the theoretician's mind are no substitute for real discourse. It is interesting to think that the complex attunements of parent–infant psychotherapy are a live example of this real discourse – at best perhaps our therapeutic consultations give families an experience of striving for some degree of justice and fairness to all the parties involved.

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Note

1. Maurice Whelan has recently edited a book, *Mistress of Her Own Thoughts* (2000), which has brought Sharpe's work back into prominence.

References

- Beebe B, Lachmann FM (2000). *Infant Research and Adult Treatment. Co-Constructing Interactions*. Mahwah, NJ: Analytic Press.
- Bion WR (1962). A theory of thinking. *International Journal of Psycho-Analysis* 43: 306–14. (Reprinted in *Second Thoughts: Selected Papers on Psycho-Analysis*. New York: Jason Aronson (1967), 110–19.)
- Britton R (1991). The missing link: parental sexuality in the Oedipus complex. In *The Oedipus Complex Today* (edited by J Steiner). London: Karnac Books, pp. 86–7.
- Daws D (1989). *Through the Night: Helping Parents and Sleepless Infants*. London: Free Association Books. (Reprinted 1993.)
- Daws D (1993). Feeding problems and relationship difficulties: therapeutic work with parents and infants. *Journal of Child Psychotherapy* 19(2).
- Daws D (1999). The perils of intimacy. Closeness and distance in feeding and weaning. *Journal of Child Psychotherapy* 23(2): 179–99.
- Habermas J (1990). *Moral Consciousness and Communicative Action*. Cambridge: Polity Press.
- Hartmann E (1973). *The Functions of Sleep*. New Haven, CT: Yale University Press.
- Hopkins J (1994). Therapeutic intervention in infancy. Two contrasting cases of persistent crying. *Psychoanalytic Psychotherapy* 8: 141–52.
- Hurry A, Ed. (1998). *Psychoanalysis and Developmental Therapy*. London: Karnac Books.
- Kalin NH, Shelton SE, Lynn DE (1995). Opiate systems in mother and infant primates coordinate intimate contact during reunion. *Psychoneuroendocrinology* 20: 735–42.
- Kaplan-Solms K, Solms M (2000). *Clinical Studies in Neuro Psychoanalysis*. London: Karnac Books.
- Main M, Kaplan N, Cassidy J (1985). Security in infancy, childhood and adulthood: a move to the level of representation. In I Bretherton, E Waters (Eds) *Growing Points of Attachment Theory and Research. Monographs of the Society for Research in Child Development* 50(29): 66–104.
- Pally R (2000). *The Mind-Brain Relationship*. London: Karnac Books.
- Palombo S (1978). *Dreaming and Memory*. New York: Basic Books.

- Rayner E (1999). Some functions of being fair and just – or not, in clinical psychoanalysis. *International Journal of Psychoanalysis* 80: 477–92.
- Schlesinger H (1994). How the analyst listens: the pre-stages of interpretation. *International Journal of Psycho-Analysis* 75: 31–7.
- Sharpe E (1940). Psycho-physical problems revealed in language: an examination of metaphor. In *Collected Papers on Psycho-Analysis* (edited by M. Brierley). London: Hogarth Press, 1978.
- Sternberg J (2002). The relevance of the study of infant observation for becoming a psychoanalytic psychotherapist. Unpublished PhD thesis. London: Tavistock Clinic.
- Tronick EZ (1989). Emotions and emotional communication in infants. *American Psychologist* 44(2): 112–19.
- Whelan, M., ed. (2000) *Mistress of Her Own Thoughts: Ella Freeman Sharpe and the Practice of Psychoanalysis*. London: Rebus Press.
- Winnicott DW (1971). *Playing and Reality*. London: Tavistock.
- Wright K (1991). *Vision and Separation between Mother and Baby*. Northvale, NJ: Jason Aronson.

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Whose unconscious is it anyway?

ELPHIS CHRISTOPHER

ABSTRACT

This article explores the various ways in which the unconscious is understood from different analytical and theoretical perspectives – namely, Freudian, Kleinian and Jungian. It also examines recent developments in the neurosciences that throw light on the workings of the mind that can further the understanding of the possible links between clinical findings and the biology of the brain. The article ends with the dilemmas posed in seeking to publish clinical material about a particular patient, raising the question of ownership of the patient's unconscious material.

Key words brain research, confidentiality, models of the mind, neurology, unconscious.

When I was invited to write this paper, a thought popped into my mind unbidden as a question for the title: Whose unconscious is it anyway? It was perhaps not accidental. I had been working on an article relating to one of my patients, who had been in therapy with me for many years. Aware of current concerns about ethics and confidentiality in writing about patients (Gabbard, 2000), I had, maybe naively in retrospect, taken the step not only of asking my patient for permission to write about the therapy but also of inviting participation by showing the patient drafts and asking for comments. I also invited the patient to write about the experience of therapy with me. It seemed to me that there could be many views on what happened between us and what was going on unconsciously both within and between us, such as to challenge the ownership of such material. I will refer back to this later in my article.

I was also aware of the possibly provocative nature of my question. Had the devil got in – my shadow trailing its coat, carrying the risk of stirring up a

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hornet's nest of controversies within the various theoretical positions and views relating to the unconscious? I decided to take the risk in writing this article, rather as I had done with my patient, in the belief that as analytic clinicians we are collectively united in our acceptance of the notion of an unconscious mind and that our purpose is to study and analyse it. There may be differences in our understanding of it, of how it manifests itself, of how it is accessed, of its properties and its characteristics. Our shared bedrock, however, is that we do not doubt its existence and, following Freud's observation, we do not doubt that one unconscious can affect another without seeming to pass through consciousness (Freud, 1915). We also accept the concepts of transference and countertransference.

In these changing times, with many different types of therapy available in the marketplace, many of the quick-fix variety (which I, as a National Health Service practitioner, can see the need for), there is the absolute necessity of defending and protecting the concept of the unconscious and its contribution to both mental suffering and mental growth. In the *Counselling and Psychotherapy Journal*, Rowan, in an article titled 'Counselling and Psychotherapy: Different and the Same', did not refer to the unconscious at all (Rowan, 2000). The unconscious, as such, merits one paragraph in *The Oxford Companion to the Mind* (Gregory, 1987), although there are scattered references to it elsewhere in the book.

In 1991, *Consciousness Explained*, by Dennett, was published. As one reviewer remarked, it had perhaps the most arrogant title of any book, but she went on to state that it proceeded to justify that arrogance by doing precisely as it claimed (although others may not agree). There does not exist, as far as I know, a book entitled *Unconsciousness Explained*, although one of Jung's *Collected Works*, Volume 8 (1960a), carries the title, *The Structure and Dynamics of the Psyche*. Given the advances in brain research, neuroscience, psycho-neurobiology and neuro-psychoanalysis, perhaps there will be such a book soon. Perhaps the nearest to such at present is Henri Ellenberger's truly monumental book *The Discovery of the Unconscious*, subtitled *The History and Evolution of Dynamic Psychiatry* (1970). He states that his book is intended to be a history of dynamic psychiatry based on a scientific methodology with a detailed and objective survey of the great dynamic psychiatric systems, notably those of Janet, Freud, Adler and Jung. An interpretation of facts and systems is proposed on the basis of an evaluation of the socio-economic, political and cultural background, as well as of the personality of the pioneers, their environment and the role of certain patients. He observes that the word 'school', rather in the manner of the philosophical schools of Greco-Roman antiquity, has attached itself to the names of Freud, Adler and Jung. Other names, of course, such as Klein, could be added today. Ellenberger contrasts the commitments of dynamic psychiatry with those of experimental psychology. Modern science, he states, is based on experimentation, quantification and measurement. In that perspective, dynamic psychiatry is open to criticism.

Who, he asks, has ever been able to measure the libido, ego strength, the superego, the anima, individuation and the like? The very existence of these entities has never been demonstrated, he says. But to those who deal with patients in the immediate psychotherapeutic situation, these terms refer to living realities whose existence is more tangible than the statistics and computations of experimental researchers.

Ellenberger goes on to say that what we have to deal with are two conceptions of reality and that psychic life can be approached from two sides, both legitimate: either with the accurate technique of measurement, quantification and experimentation of the research specialist or with the immediate non-quantifiable approach of the dynamic psychotherapist. The dynamic psychotherapist is dealing with what both Freud and Jung termed psychic realities, which are often contradictory and incompatible with one another. Ellenberger thinks that it would be vain to attempt a reduction of Jung's analytic psychology into Freud's psychoanalysis or vice versa. Jung, of course, during his time at the Burghölzli Hospital in the early part of the 20th century, did undertake for several years psychological research with the Word Association Test, invented by Galton and used and modified by others. Jung used the test on a wide variety of patients with mental illness, including schizophrenia and hysteria, to detect and analyse 'complexes'. These were revealed when a patient had a delayed reaction to a stimulus word or words that carried an emotional charge or conflict for the patient (*Collected Works*, Volume 2). Ellenberger also notes the importance of the creative illness for both Freud and Jung in the development of their psychological theories.

At this point it might be helpful to remind ourselves of the different topographical models of the psyche that were produced by Freud and Jung and later Klein and the object relation theorists. I will draw on the 'Introduction' to *Jungian Thought in the Modern World* that Solomon (2000) and I wrote together, Helen Morgan's (2000) chapter in that book and my own reading to outline these models of the psyche.

Freud's (1940) model, as given in *An Outline of Psycho-analysis*, has a system conscious, a system preconscious and a system unconscious, each with its own properties, and understood as being in relation one to another. Freud (1940, S.E. 23: 159) conceived of the system conscious as being composed of at least two component systems: the perceptual system excited by external stimuli, which become conscious only once these stimuli attract an additional, attentional cathexis from the second component, the system unconsciousness. This latter could also be excited by internal processes, such as thoughts, but these could become conscious only by being brought into associative contact with memory traces of perceptual system excitations. Everything else psychical is unconscious.

Some processes can become conscious easily. This forms the system preconscious. Other psychical processes and psychical material have no easy access to consciousness and require effort against strong resistance to become

conscious. Psychoanalysis aids this effort. The system unconscious was the origin of primary process thinking where opposites are equated: there is no sense of time, no negation and no conflict. Secondary process thinking belonged to the conscious mind that was defined as the rational thinking of ordinary logic.

Freud further developed his topographical structure of the psyche with reference to the id, which is inherited, laid down at birth and is unconscious, and where all the primary instincts are at work; and to the ego, which is partially conscious and which grows out of the id and is the intermediary between the id and the external world. However, internal unconscious processes in the ego may acquire the quality of consciousness through the function of speech.

The third structure or apparatus of the psyche is the superego, in which the parental influence is prolonged (Freud, 1940, S.E. 23: 146), although, as Freud states, it often shows a severity for which no model has been provided by the parents. It acts as our conscience and is the successor to the Oedipus complex. The Greek myth of Oedipus, the overthrow of the father and the unconscious incestuous involvement with the mother was, of course, at the heart of Freud's thinking. For Freud, libido was equated with Eros and sexual energy. The dream, that royal road to the unconscious, was to be understood as having a manifest content that is a facade against the latent dream thought concerned with the unconscious repressed wishes and desires of the person.

Object relations theory, pioneered by Klein, Bion, Winnicott and others, took psychic development back to the earliest years of the infant, the pre-Oedipal phase. The relationship between the infant and mother is understood as pre-eminent, with the mother containing and making sense of the infant's powerful and primitive feelings and experiences. Klein referred to this as the paranoid-schizoid position. The child projects unwanted unbearable initial experiences externally into the mother, who holds and manages them until the infant is able to reintroject them in a tolerable form. As a result, the infant eventually develops a secure sense of self, able to recognize its mother as containing both good and bad, positive and negative, aspects. This developmental shift is referred to as the depressive position and is a prerequisite for the child to hold and manage its own loving and aggressive feelings and thus form a stable and whole sense of its self. The individual can then develop a capacity for concern, empathy and relationship. Klein designated positions rather than stages, because the individual will oscillate between these two states, depending on external and internal stresses.

The concept of unconscious fantasies, combining ideas and feelings, is central to Kleinian thought. Hinshelwood writes: 'the unconscious phantasy is the mental representation of instinctual impulses and is the nearest psychological phenomenon to the biological nature of the human being' (1989: 34). At the most primitive levels, unconscious fantasy is experienced by an individual in terms of objects that are felt to be concrete (Roys, 1999). These fantasies can be in conflict with each other in the unconscious. This is in contrast to Freud's view. Klein (1940: 345–6) described 'how an inner world is ...

built up in the child's unconscious mind, corresponding to his actual experiences and the impressions he gains from people and the external world and yet altered by his own phantasies and impulses'. Unconscious fantasy is the mainspring of both creativity and destructiveness. It gives meaning to the external world and richness to the internal world (Bott Spillius, 2001).

Turning to Jung's model of the psyche, it can be imagined as consisting of three layers: the ego/consciousness layer (although the ego complex, like Freud's, has unconscious aspects), beneath which is the personal unconscious which includes shadow aspects – that is, those aspects of the self that are unacceptable to the conscious ego. Beneath this is the collective unconscious, which is identical for all humans. It is thus this third layer that connects us each to the other. (For me it is a moving illustration of Christ's dictum that we are members one of another.) In the collective unconscious the archetypes are found. These are immutable archaic structures that cannot be known directly but that are evident only through their manifestations and articulated through their symbols and images – for example, in internal representations and outer behaviours that cluster around the basic and universal experiences of life. These are the major life events such as birth, marriage, parenthood, separation and death. Thus the archetype structures recurrent patterns of psychological performance that are linked to the instincts. Jung wrote extensively of the archetypes and their accompanying images, such as Madonna and child, the hero, the trickster, the puer/puella, the anima and animus (contra sexual archetypes) and the coniunctio (Jung, 1959, C.W. Volume 9i). It is interesting to note that Freud referred to the 'archaic heritage, which a child brings with him into the world before any experience of his own influenced by the experiences of his ancestors' (1940, S.E. 23).

Jung conceived of the unconscious as a counter-pole to consciousness and therein lay his theory of opposites that are 'indispensable preconditions of all psychic life' (Jung, 1963, C.W. 14, para 206). The theory of the opposites represents a dialectic in which the dynamic in the psyche searches for a new synthesis, a new creation. For Jung, the psyche was flexible and capable of purposive change. He saw libido as related to the total life force or psychic energy of the individual. Jung thought that there was a natural tendency for the psyche to maintain a homeostasis and balance, through the dynamic tensions of the opposites. The resolution of this tension can take place psychologically through the emergence of a symbol, which is the vehicle for the creation of meaning and purpose for the psyche as a whole. This is the essential teleological nature of Jung's psychology. The self, that peculiarly Jungian concept, thus represents an archetypal capacity to develop one's fullest potential and is a unifying principle in the psyche (Jung, 1953, C.W. 12, para 444). Thus the coniunctio, an alchemical symbol denoting the union of unlike but not unrelated substances, symbolizes those psychic processes that lead to rebirth and transformation in the psyche. Individuation refers to the capacity of the individual to become increasingly separate, whole and distinct from other people

and from the collective psychology. Importantly, it implies an ethical and moral responsibility.

It is to Jung that we owe the concepts of introversion and extraversion (used by Eysenck, for example), different and measurable as in the Myers-Briggs inventory, and psychological types. Dreams for Jung have manifold functions. They can express fears as well as wishes. They can give a mirror picture of the dreamer's actual situation. They can be compensatory to a conscious attitude, prospective, creative or warning. Dreams cannot be interpreted if the interpreter is not well acquainted with the dreamer's life and actual situation. Dream series are emphasized – something needs to be understood. Jung sought to amplify the dream, examining all possible connotations of a given image, among which many might be related to the patient's past or present experiences. He described little and big dreams. The latter were often archetypal and needed to be studied carefully and in sequence as milestones marking the path of individuation.

All the theories referred to have undergone further developments and elaboration, as a result of the clinical experiences of later analysts. For example, Michael Fordham (1985, 1995), a Jungian analyst greatly influenced by the work of Melanie Klein, studied child development as a result of infant observation in the light of Jung's theories. He proposed a primary self, present at birth, that deintegrated in order to take in new experiences that are then reintegrated, resulting in the enlarging of the self and the developing of the ego. This process goes on throughout life as an ongoing ego-self dialectic. Bad experiences may lead to disintegration. Other Jungians, such as Solomon (1991), have carefully and thoughtfully made links between different theories, especially that of the archetypes of Jung with the unconscious fantasies of Klein.

I want now to turn to the findings of modern research into the brain and its processes, and child development. The fields of neuroscience, neurobiology, neuro-psychoanalysis and psycho-neurobiology are developing at a great rate. The findings are exciting and challenging and it is only the beginning. Can we find in it proof or supporting evidence about some of the unconscious processes found and described by depth psychotherapy? The work of Kaplan-Solms and Solms (2000) and Schore (1994), in particular, shows that we can.

Freud began his working life as a neurologist. In *The Interpretation of Dreams* (1900) he writes, 'I shall carefully avoid the temptation to determine psychical locality in any anatomical fashion. I shall remain upon purely psychological ground'. However, he continued to believe that the forces and energies he described were ultimately somehow capable of being represented as physical chemical processes (Freud, 1895, S.E. 1). One hundred years later we are perhaps nearer to doing exactly that.

An adult brain has about 100 billion nerve cells or neurones, about the same number as the number of stars in the Milky Way. A baby's brain contains most of the neurones it will ever have, although it weighs only a quarter of the

adult brain. What changes is the number of connections between cells. These connections are what allow an individual cell to respond in particular ways to other cells. This intricate wiring depends on activity and experiences. After birth, experience floods in from all the sensory organs, and cells and groups of cells keep trying to make connections with one another. The pattern of growing and connecting cells is not completely random, so that, for example, cells in the retina of the eye send connections towards the visual areas at the back of the brain rather than to language centres on the side of the brain. However, this process is not simply predetermined: wiring depends on activity.

The connection between two cells is called a synapse. Chemicals flow between them so that the connection is complete. Estimates are that it takes 1000 trillion synapses to wire an adult brain. At birth each neurone in the cerebral cortex has about 2500 synapses. These reach their peak between 2 and 3 years of age, when there are 15,000 synapses per neurone. This is more than in an adult. It seems as if pruning of synapses takes place. The synapses that carry the most messages get stronger and the weaker ones are cut out. This allows the highly specialized adult brain to be finely tuned to its particular environment. The brain is very flexible. The process of making new connections and the pruning of old ones goes on throughout life, allowing us to remember new things and forget old ones. (As I was writing this, I wondered about this in relation to the understood nature of the unconscious, where it is said nothing is forgotten.)

Are there critical periods for learning? A delightful book called *The Scientist in the Crib*, written by three American child development researchers (Gopknik et al., 1999), explores this and other issues relating to what, how and when babies and children learn. It argues that evolution has designed us both to teach and learn. 'Nurture is our nature' and the drive to learn is our most important instinct, they write, agreeing with Klein's views on the epistemophilic instinct. We also have a passion for explanation. Babies and young children are perpetually exploring and experimenting, testing out new theories and changing old ones when they learn something new. It seems, though, that there is a critical period for language acquisition. At birth the baby is a 'citizen-of-the-world' and could learn any language. Its brain can recognize the subtle differences among all the sounds of all languages. By 10 months or thereabouts this is no longer true, for in order to acquire a *specific* language the infant brain has to develop a structure that emphasizes the distinctions in the child's own language, and ignores others. However, as adults, when we face new problems, unexpected environments or unusual inputs, we seem to be able to change the wiring once more. This obviously has therapeutic implications.

Careful observation of brain-damaged individuals and the use of CAT (computerized axial tomography) scans and MRI (magnetic resonance imaging) scans have enabled brain functions to be localized and theorized about. In *Altered Egos*, Feinberg, an American neurologist and psychiatrist, presents a

new theory of the self (2001). He presents dozens of cases of patients who have suffered brain damage through strokes, brain tumours and brain injury, whose disorders have resulted in what he calls 'altered egos', not in Freud or Jung's sense, but in the awareness of the subjective 'I'. It seems that damage to the right hemisphere and the frontal lobes particularly alters the sense of self. Patients with frontal lobe damage, for example, invent fantastic stories of their own lives.

Feinberg poses the question, what is it about the brain that creates the subjective sense that we possess a single and unified point of view? He disposes of the inner eye, homunculus, pineal gland theory of Descartes, and instead thinks that our brains consist of 'nested hierarchies' with many parts of the brain making a contribution to the self. He uses the example proposed by neuroscientist Samir Zeki relating to vision. Cells of the brain project higher and higher in a hierarchical fashion in order to code for increasingly complex and abstract properties, but information coded by cells earlier in the process is not and cannot be lost in awareness. Each must make a unique contribution to consciousness. Feinberg states that the neurobiological self can be understood as 'nested hierarchies' of meaning and purpose and that this only exists for the individual and is part of our being. This seems to support Jung's theories. Dennett (1991) also argues against a Cartesian theatre of the mind. There is no place in the brain in which all the brain's activity converges on one 'pontifical cell'. Dennett proposes the multiple drafts model of consciousness. He suggests that the brain is like a serial processor in which the multiple versions of events, meanings, emotional and sensory states and language exist in such a way that it is not possible to distinguish any boundary between those that become conscious (mental) and those that do not. Consciousness is therefore a field that is in continual flux. Warren Colman (2000) likens Dennett's description to Jung's view of the psyche as a multiplicity of complexes. Furthermore, he uses Dennett's thesis as a way of understanding Jung's concept of the self as a process rather than as an organizing principle within the psyche.

Kaplan-Solms and Solms (2000), working in Britain, bring a psychoanalytic understanding to bear on people who have suffered brain damage. They worked for 14 years studying the changes that occur in personality, emotion and motivation following brain damage in 35 neurological cases by taking them into psychoanalysis or psychoanalytic therapy. These patients were seen fewer than five times a week and were usually seen for a few months only. The findings are remarkable and very moving. They were able to relate several of their findings to Freud's view of the mind.

Kaplan-Solms and Solms have maintained that 95% of brain activity is unconscious. They, like Feinberg (2001), found marked differences in damage to the left and right hemispheres. These can be summarized as follows: those patients with damage to their left hemisphere were able to acknowledge and appropriately mourn what had happened to them. They seemed to have their

ego, ego ideal and superego intact. Those patients with damage to their right hemisphere had profound disturbances of personality, were unaware of their deficit and had near-delusional disavowal of their illness. They either neglected the paralysed part of their body or they experienced hatred when compelled to attend to it. They also suffered from disorders of spatial perception and cognition. It has been postulated that the left hemisphere is dominant for positive emotions whereas the right hemisphere is dominant for negative emotions. However, Kaplan-Solms and Solms put forward the view (corroborating the work of non-analytically trained Ramachandran, 1994) that patients with damage to their right hemisphere, although consciously denying their paralysis, have *unconscious knowledge* of it. The knowledge is repressed because it causes severe distress. Kaplan-Solms and Solms illustrate this with findings from several patients, with whom they worked psychoanalytically, showing the massive defensive measures such patients institute.

Patients sustaining damage to ventromesial frontal lobes seemed to function according to principles reminiscent of those that Freud described for the system unconscious – that is, contradiction was rife, and there was no observing ego and no sense of time. Each memory seemed to exist as an island. There was a loss of an internal reflecting and organizing agency and the patients were unable to internalize the analyst's containing function. Goldberg (2001), a neuropsychologist, has provided a fascinating account of the role of the frontal lobes, which are crucial for all higher-order purposeful behaviour and for allowing the mental representation of imagination. The frontal lobes act as the brain's leader, taking an 'aerial view' of all the other brain functions and coordinating them.

Dreaming, that most important tool for understanding what is happening in the unconscious, can be affected in different ways by damage to particular brain areas. Hence, *left* parietal lobe lesions will affect the ability for abstraction, concept formation and symbolization, and will lead to loss of dreaming. *Right* parietal damage gives rise to defects in visual-spatial memory and this again leads to loss of dreaming. Damage to the ventromesial white matter of the frontal lobes results in loss of spontaneous motivation and with it the capacity to 'dream one's dream', indicating that dreaming must be understood as a meaningful event, as Freud and Jung did.

Our knowledge about the right hemisphere of the brain has been immeasurably deepened by the work of Schore (1994, 1996, 2001), an American psycho-neurobiologist. 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 characterize both internalizing and externalizing forms of developmental psychopathology'. It is impossible to do justice to the enormous breadth and range of his work, which I think has profound implications for our under-

standing of the affective psyche, its normal and abnormal development, with consequences for our understanding of psychopathology and implications for psychotherapeutic work. I will attempt to give some salient findings.

The right brain is concerned with unconscious process and processing of emotions. It is the substrate of affect-laden autobiographical memory. It includes the orbitofrontal cortex concerned with vision and connects with the limbic system and hypothalamus. This is the head ganglion of the sympathetic (high arousal states) and parasympathetic (low arousal states) autonomic nervous system. Thus the right hemisphere receives information about the internal body state. This has possible implications for psychosomatic illness. The right hemisphere matures (increasing, then pruning, its synapses) during the first two, 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 to the capacity to empathize and perceive the emotional states of others. The core of the self is non-verbal and unconscious. Schore (2001) quotes Winson (1990) that the unconscious, 'Rather than being a cauldron of untamed passions and destructive wishes, I propose that the unconscious is a cohesive, continually active mental structure that takes note of life's experiences and reacts according to its scheme of interpretation'. This seems to me a very Jungian understanding of the unconscious. I also pondered on whether the right brain could be equated with Eros and the left with logos. The optimum development of the right hemisphere is predicated by secure attachment with the infant's primary caregiver, which is fostered by 'reciprocal mutual influences' between mother and infant – right brain to right brain. 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. Schore (2001) states that attachment is inextricably linked to developmental neuroscience. Stern (2000: xiii) has written: 'Today it seems incredible that until Bowlby no one placed attachment at the centre of human development'. Solomon (2000) has linked and developed Schore's findings in relation to archetypal psychology.

So far, I have considered the question of 'whose unconscious is it?' in general terms and now, in the final part of my article, I wish to consider this question in a quite different context, that of the unconscious of an individual patient in relation to the issue of publication of an account of a lengthy therapy. Such an account has to deal not only with the unconscious of the patient but also with that of the therapist. The patient and the therapist may have very different views of the patient's unconscious material. This issue arose for me during the *process* of asking a patient for permission to write about the therapy.

From Freud onwards it has been understood that our work could best be advanced by the study and exploration of clinical material. As we know, this

is no easy or simple issue. The International Committee of Medical Journal Editors (ICMJE) recently declared that where patients' clinical records are disclosed there should be no attempt to disguise or misrepresent details. The patient's informed consent should be secured prior to publication. A recent editorial and an article by Gabbard (2000) in the *International Journal of Psychoanalysis* explored the issues relating to confidentiality, disguise and consent relating to analytic patients and written clinical material. The need to audit, test clinical competence and provide proof of evidence-based practice requires the disclosure of clinical material. The editorial expressed concern that accepting the ICMJE's recommendation might lead to a drying up of published clinical material. As Gabbard (2000) noted, 'the patient's right to privacy, the professional's requirement to publish advances and new knowledge in the field and the analyst's need for recognition are inevitably in conflict'.

Why did I seek permission from this particular patient? My choice of writing about this particular patient was partly because the therapy had ended and partly because a near-fatal, unconsciously caused crisis had been survived. We had worked together on understanding this psychologically. There was a feeling of mutual satisfaction at what had been achieved. Therapy had lasted many years and there was a wish to convey that real psychological change may need to take that length of time and why that is so. I also wanted to convey something of the year-on-year work with long-term, intensive, three-times-a-week therapy, with the revisiting of unconscious conflicts and dilemmas from subtly different perspectives. This would hopefully show the spiralling upward process of therapy rather than its linear progression, although in actual clinical work it could be experienced as a static state with a repetition of situations that seemed to undo any progress.

As I went through the patient's notes, and wrote the account of the therapy, I was unprepared for the powerful feelings that were stirred in me. It was as if I was back with the patient again, experiencing the pain and confusion we both felt at times. Through these experiences, the patient had unconsciously let me know about the turmoil raging within. Inevitably, this re-experiencing coloured my writing, which made the account too raw and immediate. Perhaps unwisely, with hindsight, I gave the patient this first draft to read. Not surprisingly, the impact was profound, stirring up a mixture of feelings: pride in being special, dismay in learning what I had been through and anger. The account was demolished almost line by line. I had got almost everything wrong. I think that the patient and I were caught in a kind of madness. I had a dream around this time that I had lost my mind and did not know who I was. I thought deeply about the dream. My countertransference, my emotional state, must, in part, reflect the deeply disturbed state of the patient's mind.

I wrote to the patient expressing my concern that it might appear that I did not appreciate how distressing it must have been to read the account. Although there were aspects that were difficult and painful, there was also the deep suffering that we had worked on together to reach an understanding on

what was going on inside to prevent life being happier and more fulfilled. I went on to wonder whether perhaps we could try to salvage something and that sections could be omitted. The patient phoned in response, saying that there was nothing wrong in the theoretical considerations of the account. I wrote two further drafts, modified at the patient's request. The third draft focusing on the patient's dreams was deemed to be more acceptable.

It has been the most moving and salutary experience and also a deep privilege to share with my patient the feelings, thoughts and reflections as we looked subjectively and objectively at the therapy. Our analytic work together was tested by this process of revisiting, and showed its worth and solidity. This experience also illustrates how crucial it is, but how hard it is, to maintain an ethical attitude in the analytic process.

In the event, I decided not to publish the account of the therapy. The patient's unconscious belongs to the patient. The patient was extremely relieved when told this. It had become increasingly evident, over the time that we had talked about the drafts and discussed the therapy, that the patient had experienced deep conflictual feelings about publication. I believe that if the account were to have been published, despite the patient's acceptance of the final draft, it would have proved very damaging. Some of these issues are extensively explored in a chapter in the forthcoming *Contemporary Jungian Clinical Practice* (Christopher and Solomon, 2002).

As with some therapies that stop but have not ended, there is so much more that I could say about the clinical process: establishing a therapeutic alliance, paying careful attention to boundaries, abiding by a code of ethics, our use of free association, maintaining an analytic attitude, our working with defences to understand them, our emphasis on both patient and therapist being in the therapy together and being changed by it. Underlying all of these is the workings of the unconscious, that of our patients and our own. Respecting and struggling to understand both, and especially how they interact with each other, is our psychotherapeutic task.

References

- Bott Spillius E (2001). Freud and Klein on the concept of phantasy. *International Journal of Psychoanalysis* 82: 361–73.
- Christopher E (2002). Reflections on the process of seeking permission to publish clinical material. In E Christopher, H McFarland Solomon (eds) *Contemporary Jungian Clinical Practice*. London: Karnac Books.
- Christopher E, Solomon H McFarland (2000). Introduction. In E Christopher, H McFarland Solomon (eds) *Jungian Thought in the Modern World*. London: Free Association Books, pp. xix–xxvi.
- Colman W (2000). Models of the self. In E Christopher, H McFarland Solomon (eds) *Jungian Thought in the Modern World*. London: Free Association Books, pp. 3–19.
- Dennett DC (1991). *Consciousness Explained*. Boston, MA: Little, Brown.
- Ellenberger HF (1970). *The Discovery of the Unconscious*. New York: Basic Books.
- Feinberg TE (2001). *Altered Egos*. Oxford: Oxford University Press.

- Fordham M (1985). *Explorations into the Self*. London: Academic Press.
- Fordham M (1995). *Freud, Jung, Klein – The Fenceless Field* (edited by Roger Hobdell). London: Routledge.
- Freud S (1895). *Project for a Scientific Psychology*, S. E., Volume 1. London: Hogarth Press.
- Freud S (1900). *The Interpretation of Dreams*, S. E., Volumes 4 and 5. London: Hogarth Press.
- Freud S (1915). *The Unconscious*, S. E., Volume 14. London: Hogarth Press.
- Freud S (1940). *An Outline of Psycho-Analysis*, S. E., Volume 23. London: Hogarth Press.
- Gabbard GO (2000). Disguise or consent: problems and recommendations concerning the publications and presentation of clinical material. *International Journal of Psychoanalysis* 81: 1071–85.
- Goldberg E (2001). *The Executive Brain, Frontal Lobes and the Civilized Mind*. Oxford: Oxford University Press.
- Gopnik A, Meltzoff AN, Kuhl PK (1999). *The Scientist in the Crib*. New York: William Morrow.
- Gregory RL, ed. (1987). *The Oxford Companion to the Mind*. Oxford: Oxford University Press.
- Hinshelwood R (1989). *A Dictionary of Kleinian Thought*. London: Free Association Books.
- Jung CG (1953). *Psychology and Alchemy*, C. W., Volume 12. London: Routledge & Kegan Paul.
- Jung CG (1959). *The Archetypes and the Collective Unconscious*, C. W., Volume 9i. London: Routledge & Kegan Paul.
- Jung CG (1960a). *The Structure and Dynamics of the Psyche*, C. W., Volume 8. London: Routledge & Kegan Paul.
- Jung CG (1960b). *Experimental Researches*, C. W., Volume 2. London: Routledge & Kegan Paul.
- Jung CG (1963). *Mysterium Coniunctionis*, C. W., Volume 14. London: Routledge & Kegan Paul.
- Kaplan-Solms K, Solms M (2000). *Clinical Studies in Neuro-Psychoanalysis: Introduction to Depth Neuropsychology*. London: Karnac Books.
- Klein M (1940). Mourning and its relation to manic depressive states. *International Journal of Psychoanalysis* 21: 125–53. In *Love, Guilt and Reparation and other Works: The Writings of Melanie Klein* (1975), Volume 1: 344–69.
- Morgan H (2000). Modern western society – the making of myth and meaning. In E Christopher, H McFarland Solomon (eds) *Jungian Thought in the Modern World*. London: Free Association Books, pp. 57–70.
- Ramachandran VS (1994). Phantom limbs, neglect syndromes, repressed memories, and Freudian psychology. *International Journal of Neurobiology* 37: 291–333.
- Rowan J (2000). Counselling and psychotherapy: different and the same. *Counselling and Psychotherapy Journal* 12(7): 22–5.
- Roys P (1999). Recollection and historical reconstruction. In S Ruszczynski, S Johnson (eds) *Psychoanalytic Psychotherapy in the Kleinian Tradition*. London: Karnac Books, pp. 9–37.
- Schore AN (1994). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. Mahwah, NJ: Erlbaum.
- Schore AN (1996) The experience – dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology. *Development and Psychopathology* 8: 59–87.
- Schore AN (2001). Minds in the making: attachment, the self-organizing brain, and developmentally-oriented psychoanalytic psychotherapy. *British Journal of Psychotherapy* 17(3): 299–28.
- Solomon HM (1991). Archetypal psychology and object relations theory: history and communalities. *Journal of Analytical Psychology* 36(1): 37–61.
- Solomon HM (2000). Recent developments in the neurosciences. In E Christopher, H McFarland Solomon (eds) *Jungian Thought in the Modern World*. London: Free Association Books.

Stern DN (2000). Foreword to the reissue of *Attachment and Loss* Vol III: *Loss, Sadness and Depression*, by John Bowlby. New York: Basic Books.

Winson J (1990). The meaning of dreams. *Scientific American* Nov: 86–96.

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Intersubjective unconscious: two weddings and a funeral

JANET SAYERS

ABSTRACT

The past 50 years have witnessed a revolution in psychoanalysis towards an understanding of the unconscious as brought into being, intersubjectively, by the mother's love of her child as a baby, and by the psychoanalyst's, or psychotherapist's, 'holding' or 'containing' of the patient's illusions and projections. In this article the author argues that this revolution was inspired in part by the love of two of its major architects – Winnicott and Bion – for the women they married in 1951. This leads in turn to Ernest Jones' account at Freud's funeral of how much we owe to Freud's love for Fliess and for Jung. The author argues that perhaps, in part, we owe Freud's theories of the unconscious, dreamwork, repression and projection to this love.

Key words: Bion, intersubjective unconscious, love, Winnicott.

Introduction

During the past 50 years a revolution has occurred in psychoanalysis. Before then, psychoanalysts, beginning with Freud, theorized the psychical reality of the unconscious as stemming from factors within the individual. Since 1950, the life and content of the unconscious have increasingly been understood as shaped intersubjectively, in the first instance through the relation of the mother and her baby, and, in therapy, through the relation between therapist and patient. This is reflected in Allan Schore's (2001) account of ways in which attachment between mothers and their babies might foster the development of the non-dominant hemisphere of the brain which, as Elphie Christopher (2002) points out, is now regarded as the neurological seat of the unconscious.

While others have been researching into the history of ideas about the neurology of the unconscious, I have been researching into ideas about its spirituality or holiness, beginning with what William James called the 'subconscious self'

(James, 1902: 486) in his Edinburgh lectures *The Varieties of Religious Experience*, Freud's (1927, 1930) rejection of religious experience as an illusion stemming from instinctual need, and Jung's (for example, 1921) account of God as an archetype of the collective unconscious.

In the USA in the early 1950s Erich Fromm (1950) and others took issue with Jung and argued that religious experience stems from what is best within each of us as individuals. Meanwhile, in England, psychoanalysts developed, as I have said, a less individually centred, more intersubjective stance. Many have recounted this development and its beginnings in the pioneering work on the countertransference of women psychoanalysts, notably Paula Heimann (1950), Margaret Little (1951) and Annie Reich (1951). Less often noted is the way psychoanalysts have drawn on their own personal intersubjective experiences in developing their ideas about the intersubjective factors governing the unconscious. To highlight this aspect of their work, I will recount three love stories in terms of two weddings and a funeral.

Donald Winnicott

The first wedding is that of Donald Winnicott and Clare Britton in 1951. They first met, it seems, in 1940 during the Second World War, working in Oxfordshire in hostels established for children too disturbed to be evacuated to ordinary homes. They themselves set up home in a flat over the MacFisheries Building (now Boots the Chemist) just off Oxford's High Street (Kahr, 1996).

Arguably, Winnicott's involvement with Clare, together with his psychoanalytic work during the war with psychotic patients, was a major factor contributing to his first beginning to emphasize the intersubjective factors shaping the unconscious, as described in his first major paper on the subject published just after the war (Winnicott, 1945). In this paper he speculated that initially the baby's inner world is entirely unintegrated. It only comes together, he argued, through the mother's love – through her handling, caring for, bathing, rocking and naming him – thus bringing together the instinctual experiences gathering him together from within. Through her love, said Winnicott, the mother enables the baby to begin to spend long stretches of time not minding whether he is whole or in bits. To this is added the mother's feeding of the baby's inner illusions and dreams (which will later fuel his unconscious). Through her love, care and attention, through attending to, anticipating and meeting her baby's illusions, she inspires them. She gives them life and breath. She gives them truth and reality. Or, as Winnicott put it:

the infant comes to the breast when excited, and ready to hallucinate something fit to be attacked. At that moment the actual nipple appears and he is able to feel it was that nipple that he hallucinated. So his ideas are enriched by actual details of sight, feel, smell, and next time this material is used in the hallucination. In this way he starts to build up a capacity to conjure up what is actually available. (Winnicott, 1945: 153)

Similarly, said Winnicott, children's dreams come alive through sharing them with their mothers and others. Waking up at night, they need grownups to help them remember the dreams that have made them so anxious. Telling others our dreams brings inner and outer reality, sleeping and waking, together. It enlivens one with the other. At the beginning it depends on someone 'taking the trouble', said Winnicott, 'to bring the world to the baby in understandable form'; it depends on someone feeding the baby's inner life with outer reality, from which stems the child's interest in 'bubbles and clouds and rainbows ... in breath' and, Winnicott added, our ideas of 'spirit, soul, anima' (Winnicott, 1945: 154).

Writing to Clare the next year, he said, 'My work is really quite a lot associated with you. Your effect on me is to make me keen and productive and this is all the more awful – because when I am cut off from you I feel paralysed for all action and originality' (Winnicott, 1978: 32). The outcome was startlingly original. In his resulting paper, and going against all received sentimentalizing of mothering and therapy, he drew attention to the many reasons therapists and mothers have for hating their charges, just as he hated, he said, a 9-year-old runaway from a wartime evacuation hostel whom his then-wife, Alice, invited to live with them. Reasons for this hatred, he said, include all the detailed study and care involved in bringing reality into accord with, and thereby feeding and inspiring, one's children's or patients' inner psychical life (Winnicott, 1947).

Winnicott's paper 'Hate in the Countertransference' was published in 1947. Two years later he and Alice separated. The same year, perhaps drawing on his now becoming more settled with Clare, he theorized that our earliest emotional and psychological aliveness depends for its 'continuity of being' on our mothers protecting us from the disintegration involved in reacting to, and defending ourselves from, inner or outer 'impingement'. In doing so, he said, mothers draw on their loving imagination, memory and identification with their babies so as to be able to anticipate and adapt to what their babies imagine might be there, without which babies risk developing on what he called a compliant 'false self' basis in which the mind may simply operate to catalogue the impingement to which it has to react (Winnicott, 1949).

On 16 January 1950, Winnicott spoke publicly, perhaps for the first time, about sex. In a paper presented to the Psychiatry Section of the Royal Society of Medicine, he described the way that, through the fusion of sex and the separateness discovered through the aggressivity of love, lovers enjoy aloneness together, just as babies enjoy being alone with their mothers. He described the baby's excitedly aggressive love of its mother bringing it up against the fact of her as separate and solid, outside and beyond him, just as in sex, he said, lovers ideally find fusion and separateness in each other's 'actual presence, satisfaction, and survival' (Winnicott, 1950: 218).

Early the same year, 1950, he wrote to Clare:

Last night I got something quite unexpected, through dreaming, out of what you said. Suddenly you joined up with . . . something I have always known about but I lost the memory of it, at this moment I became conscious of it. There was a very early doll called Lily belonging to my younger sister and I was fond of it, and very distressed when it fell and broke. After Lily I hated *all* dolls. But I always knew that before Lily was a *quelquechose* of my own . . . If I love you as I loved this (must I say?) doll, I love you all out. And I believe I do. Of course I love you all sorts of other ways, but this thing came new to me. I felt enriched, and felt more like going on writing my paper on transition objects. (Winnicott, 1978: 31; emphasis in original)

That spring, on 2 May 1951, Lacan (1953) presented an account of the intersubjective determinants of the ego to the British Psycho-Analytical Society (BPAS). Three weeks later, on 30 May 1951, Winnicott presented to the BPAS the paper he had told Clare his love of her inspired. The paper was called 'Transitional Objects and Transitional Phenomena' (Winnicott, 1951). In it he described the intersubjective space between inner and outer reality – between mother and baby, lover and beloved – that has become and remains crucial to current psychoanalytic thinking about the therapeutic potential of the relation between therapist and patient in bringing about psychic change, not least in the unconscious.

Specifically he described what he called a 'third area' – and later called a 'potential space' (see, for example, Winnicott, 1967) – between inner and outer reality to which both contribute. This area, he said, begins in infancy when, for instance, the baby, in sucking his thumb, caresses his face with his fingers and, with the other hand, takes part of a sheet or blanket into his mouth, or plucks and collects wool to add to his caressing activity, all of which he may later accompany with 'mum-mum' sounds, babbling and singing. Winnicott called these activities 'transitional phenomena'. From them, he said, may develop a 'transitional object', something soft – a blanket, say – which the baby finds, and in a sense creates. He may give it a name – call it his 'Baa', say. He cuddles, excitedly loves, and attacks it. And then, gradually, it loses its meaning. Or, rather, said Winnicott, its meaning suffuses the whole intervening area between the child's inner personal life and his outer involvement with others. It spreads and widens out into play – including 'the squiggle game' – cultural experience, art and religion – including, presumably, its rituals such as weddings, such as that of Winnicott and Clare at the end of that year, on 28 December 1951 (Kanter, 2000).

Wilfred Bion

This brings me to another wedding the same year – namely, that of Wilfred Bion to a widow, Francesca McCallum. Bion too had been widowed. They were both familiar with bereavement, Francesca points out. It contributed to drawing them together. Bion's first wife, Betty Jardine, had died six years before, just after giving birth to their daughter, Parthenope, on 27 February

1945. In the immediate aftermath of Betty's death Bion felt horribly closed off from intersubjective involvement with others, particularly with his baby daughter, Parthenope, so much did her presence remind him of his loss of Betty. His being so closed off galvanized him to go into analysis. Before the war he had been in analysis with John Rickman. Now he went into analysis with Melanie Klein. And, in March 1951, he fell in love with Francesca who, like him, also worked at the Tavistock Clinic.

He wrote her love letters almost every day. 'It takes me an enormous time to write these letters,' he told her, 'because I stop at every other word to think about you, or I should say to dream about you' (Bion, 1985: 77). He wrote to her about his remembered images of her: 'I find that quite trivial moments seem fixed deep in my heart; for some reason moments such as one when, after I went to look for a taxi when we came out of Kettner's, I looked back and saw you standing waiting in the distance under the theatre' (Bion, 1985: 80). Like Winnicott, he wrote about how his love of her inspired him: 'Dear Sweetheart, my work is coming alive; the dull numb mechanical routine into which I have fallen is bursting wide open and it is all you my darling, my darling Francesca' (Bion, 1985: 84). Love of her softened his shell: 'Even my crusted and hardened armour plate of fossilized worry seems to be shaling off each time I see you' (Bion, 1985: 93).

They married on 9 June 1951, and instead of a honeymoon (which, in the event, had to be postponed till seven years later), Francesca went away to Bournemouth with her new step-daughter, Parthenope. Bion now wrote to her: 'The sound of your dear voice', he wrote on 9 July 1951, 'has really put some life into me in a most magical way ... It has even had the effect of making me get out my own group paper ['Group Dynamics', Bion, 1952] and look at it ... The other paper ... was an expansion of my membership paper ['The Imaginary Twin', Bion, 1950] ... I had better concentrate on that' (Bion, 1985: 104-5).

Love of Francesca not only inspired and galvanized him to write. It also opened him up to his patients. Just after the birth of their son, Julian, on 30 July 1952, he wrote to her: 'Francesca my darling ... I had the best session yet with my problem child [patient] ... My darling sweetheart this is all you. If it were not for the thought of your love for me I don't believe I could cure anybody or anything' (Bion, 1985: 110). He wrote similarly to Francesca following the birth of their daughter, Nicola, on 13 June 1955. In July he wrote to Francesca every day while attending the International Congress of Psychoanalysis in Geneva.

More of his letters to Francesca have been published from a period, four years later, when, having fainted on Victoria Station on 2 February 1959 while travelling from their home in Redcourt, East Croydon, to his practice in Harley Street, he was kept in St George's Hospital, London, for tests. The next day he wrote, 'my analytic work convinces me that it takes a long time before people are able to bear a realistic contact with what other people are,

rather than with some artifact with which they are familiar' (Bion, 1985: 122). He followed this up the next day with a love letter: 'It really did seem as if the sunshine had gone out of the ward when you went out just then ... If it weren't for you I would not have found that out about sunshine' (Bion, 1985: 124, 125). A couple of days later he wrote, 'Like you I feel only half alive though I hardly realize it till I become wholly alive through your letter' (Bion, 1985: 125). The next day he told her, 'all you have done for me has made me feel rich in happiness – even now, far beyond anything I had imagined happiness was' (Bion, 1985: 127).

Again he felt inspired to write. He wrote to Francesca from the hospital about a paper he was now working on. Like Winnicott's 1951 'Transitional Objects' essay, it has proved crucial to the development of psychoanalytic recognition of the intersubjective determinants of the unconscious. Bion called this paper 'Attacks on Linking' (Bion, 1959). In it, and arguably drawing on his love of Francesca, as well as on his experience (like that of Winnicott) of analysing psychotic patients, he described the obstacles to openness to others. He described a patient affectionately remembering his mother coping with him as a difficult child, stammering as he did so, as though, said Bion (1959), he so envied his mother or anyone else taking in and understanding him that he wanted to destroy the very idea.

In this frame of mind, observed Bion, the patient does not credit others with thinking and understanding. Instead he imagines them only taking in his thoughts and feelings so as greedily to devour and destroy them. Others thereby become greedily devouring figures in his mind. Bion claimed that this makes patients sever and attack ever more harshly their links with others. An example was a patient who, severing all such intersubjective connection, made everything and everyone into disconnected bits and pieces, saying 'Rain – without a raincoat – taking the only taxi – pneumonia feared for me – self in rain at my house ... baby with a horn on its nose – some cowl on its head – his wife and blood – shambles' (Bion, 1992: 186). Bion could take in the patient's words. But the attack on what was psychologically alive between them made it difficult to digest or understand (for further details, see Sayers, 2000).

Later that year Bion wrote more about the obstacles to psychotic patients tolerating understanding from others or themselves. In a note dated 5 August 1959 he wrote:

in the psychotic we find no capacity for reverie, no alpha, or a very deficient alpha, and so none of the capacities – or extremely macilent capacities – which depend on alpha, namely attention, passing of judgement, memory, and dream-pictures, or pictorial imagery that is capable of yielding associations. (Bion, 1992: 53)

By contrast, and perhaps because of his own openness to pictorial imagery expressed, for instance, in his increasing painting and drawing following his marriage to Francesca, he wrote of the ability of artists – as well as of writers

and scientists (to which, like James Fisher, 2002, we could add poets) – to achieve this state of reverie which he now theorized as essential to making experience available to the unconscious in the form of dreams. On 24 February 1960 he wrote:

He [‘the intellectual leader’] is someone who is able to digest facts, i.e. sense data, and then to present the digested facts, my alpha-elements, in a way that makes it possible for the weak assimilators to go on from there. Thus the artist helps the non-artist to digest, say, the *Little Street in Delft* [by Johannes Vermeer (1632–75), Rijksmuseum, Amsterdam] by doing alpha-work on his sense impressions and ‘publishing’ the result so that others who could not ‘dream’ the *Little Street* itself can now digest the published alpha-work of someone who could digest it. (Bion, 1992: 143–4)

Analysts, he indicated, should do the same. Like artists, they too should do the alpha-work of dreaming. They should dream their sessions with their patients, and make sure to have ‘plenty of sleep’ so as to stay awake while doing so (Bion, 1992: 120). Later that spring, on 27 March 1960, he wrote to Francesca, then looking after their children in their newly acquired holiday home, ‘The Little Cottage’, in Trimmingham, in Norfolk, about his ideas about ‘alpha’ (Bion, 1985: 134). By August 1960 he had expanded his notion of alpha into a concept he called ‘dream-work-alpha’. He described it as involving the transformation into dreams of ‘events that are grasped on a rational, conscious level’ (Bion, 1992: 184).

He also called this capacity ‘alpha-function’. He likened it to the ‘free-floating attention’ that Freud recommended analysts to adopt in treating patients (Bion, 1992: 215). He described alpha-function as: ‘the first step (without which nothing can be learnt) in turning the emotional experience, or rather the data associated with it, into material from which it is possible to learn; that is, material suitable for dream-thoughts’ (Bion, 1992: 233).

In his contribution to the International Psycho-Analytical Congress the next summer, July–August 1961, and perhaps drawing on Francesca’s mothering of their children, he attributed to mothers the alpha-function he argued analysts should cultivate in therapy. He said:

The infant personality by itself is unable to make use of the sense data, but has to evacuate these elements into the mother, relying on her to do whatever has to be done to convert them into a form suitable for employment as alpha-elements by the infant. (Bion, 1962a: 183)

This conversion, he said, depends on the mother’s capacity for ‘reverie’. He called it the mother’s ‘receptor organ for the infant’s harvest of self-sensation’ (Bion, 1962a: 183).

In his book *Learning from Experience*, also published in 1962, he formulated his notion of alpha-function in terms of sex. He cited Klein’s theory of the baby projecting its bad feelings into the good breast and added: ‘During their sojourn in the good breast they [the baby’s bad feelings] are felt to have been

modified in such a way that the object that is re-introjected has become tolerable to the infant's psyche' (Bion, 1962b: 90).

Calling the baby the 'contained' and the mother the 'container', and symbolizing them in terms of the male and female sex, he in effect represented the process in terms of the woman taking in the man's penis in sex. Similarly, he indicated that, through containing her baby's 'bad feelings', the mother enables the baby to reintroject them as 'container-contained', as part of what Bion now called 'the apparatus of alpha-function' (Bion, 1962b: 91).

In his next book, *Elements of Psycho-Analysis*, published in 1963, he spelt out the point thus as regards infancy:

The infant suffering pangs of hunger and fear that it is dying, wracked by guilt and anxiety, and impelled by greed, messes itself and cries. The mother picks it up, feeds it and comforts it, and eventually the infant sleeps. Reforming the model to represent the feelings of the infant we have the following version: the infant, filled with painful lumps of faeces, guilt, fears of impending death, chunks of greed, meanness and urine, evacuates these bad object into the breast that is not there. As it does so the good object turns the no-breast (mouth) into a breast, the faeces and urine into milk, the fears of impending death and anxiety into vitality and confidence, the greed and meanness into feelings of love and generosity and the infant sucks its bad property, now translated into goodness, back again. (Bion, 1963: 31)

So what is this raw material that is transformed by love of another, in the first instance the mother, into material available for conscious and unconscious experience? In a third book, *Transformations*, published in 1965, Bion called it 'O'. He illustrated its occurrence in therapy as follows:

The patient enters and, following a convention established in the analysis, shakes hands. This is an external fact, what I have called a 'realization'. In so far as it is useful to regard it as a thing-in-itself and unknowable (in Kant's sense) it is denoted by the sign O. (Bion, 1965: 12–13)

He went on to theorize the process by which such unknowable things-in-themselves are transformed through the intersubjective interchange of analyst and patient.

He likened 'O' to what he said one religious writer called God, adding 'God in the Godhead is spiritual substance, so elemental that we can say nothing about it' (Bion, 1965: 139). God, thus understood, is distinct from the human mind, to whom goodness or beauty gives us access. It/He enables us, said Bion, 'to achieve union with an incarnation of the Godhead, or the thing-in-itself' (Bion, 1965: 139).

Transformation of O through therapy, Bion emphasized, involves not so much knowing as becoming O (Bion, 1965: 155). It is concerned with what is happening in the present psychical reality of the session. It is concerned with psychical realities such as depression, anxiety, fear – realities that cannot be sensed because, as Bion pointed out, they have 'no shape, no smell, no taste'

(Bion, 1967a: 17). To be immediately aware of such realities he urged analysts to suspend all memory of the past and desire for the future. He urged them to be at one with the present psychical reality of what goes on between them and their patients in therapy. This 'at-one-ment', he said, is necessary if the analyst is to be able accurately to interpret what evolves between him and the patient in the session, such as, he said, 'the experience where some idea or pictorial impression floats into the mind unbidden and as a whole' (Bion, 1967a: 19).

In his next book *Attention and Interpretation* he again used the letter 'O' to denote what he called 'ultimate reality, absolute truth, the godhead, the infinite, the thing-in-itself'. He added that, although O cannot be known in itself, it can be approximated through what he called 'knowledge gained by experience, and formulated in terms derived from sensuous experience' (Bion, 1970: 26). Put in these terms, analysis involves focusing attention on what he called 'the intersection of an evolving O with another evolving O' (Bion, 1970: 118).

In effect Bion devoted his 1970 book to describing analysis as a process of attending to what goes on intersubjectively between analyst and patient so that it – this intersubjective evolution of O, of what is most psychical, spiritual, or even holy between us – can be registered and interpreted, this being a precondition of it being internalized in a form that can be consciously or unconsciously experienced. Having described this process, Bion ended his book enigmatically with the conclusion:

What is to be sought is an activity that is both the restoration of god (the Mother) and the evolution of god (the formless, infinite, ineffable, non-existent), which can be found only in the state in which there is NO memory, desire, understanding. (Bion, 1970: 129)

Most of all, Bion was concerned to promote an analytic practice maximally open to what goes on between patient and analyst. As we have seen, following his falling in love with Francesca and marrying her in 1951, he had theorized the patient–analyst relationship as the means by which raw data are transformed into the material (the dream thoughts) of conscious and unconscious experience. But he was also aware of the obstacles to this intersubjective process. In 1974 he wrote to his and Francesca's son, Julian:

for some reason when 'mind meets mind', or 'boy meets girl', or 'boy meets boy', or 'X meets Y', they shy off it as if shot and one begins to feel it is dangerous to like one's own kind. So it is. (Bion, 1985: 219)

Nevertheless, analysts have found Bion's account of just such meetings in analysis, and the need to attend to the intersubjectivity involved, enormously helpful and inspiring. Nina Coltart spoke for many in celebrating Bion's

insights in this matter. Likening to Buddhism his idea of analytic attention to the intersubjectivity of analyst and patient, she described it as 'profound and self-forgetful opening of oneself to another person' (Coltart, 1990: 182).

Sigmund Freud

Freud died on 23 September 1939. At his funeral on the morning of 26 September 1939, Ernest Jones concluded: 'And so we take leave of a man whose like we shall not know again. From our hearts we thank him for having lived; for having done; and for having loved' (Jones, 1957: 265).

Thanks to the revolutionary change occurring in psychoanalysis since Freud's death, we can now perhaps appreciate more than Jones how much there is to be grateful for in Freud having loved. Just as Winnicott's love of Clare and Bion's of Francesca arguably contributed to their discoveries regarding the intersubjectivity of the unconscious, so too did Freud's love of others shape his discoveries about the unconscious. In particular, as others have noted, his discoveries were shaped by his love of Fliess and Jung (see, for example, Gay, 1988; Kerr, 1994).

It seems that Freud's love of Fliess began in the autumn of 1887 when Fliess attended Freud's lectures in Vienna. After Fliess's return to his home town, Berlin, Freud wrote to him on 24 November 1887, saying 'I entertain hopes of continuing the relationship with you ... you have left a deep impression on me' (Masson, 1985: 15). Opening himself up to Fliess, he pressed his patients to open themselves up to him. He began pressing them to say whatever came into their minds. By 10 May 1888 this had evidently become his established method. In notes for that day he described his patient, Emmy von N, pursuing this method in telling him 'memories and new impressions' affecting her since their last meeting, this leading to 'pathogenic reminiscences', he said, 'of which she unburdens herself without being asked to' (Freud, 1895: 56).

Initially he wrote only very occasionally to Fliess. But, following a number of meetings, or 'congresses', as Freud called them, he wrote much more often. Just after Fliess's marriage to Ida Bundy in May 1892, he started addressing Fliess as 'du' (Masson, 1985: 31 n.1). The next summer, in a letter dated 20 August 1893, he began addressing him, 'My beloved friend'. He went on to tell him that, since the birth of their fifth child, he and his wife Martha no longer made love (Masson, 1985: 53, 54). By the following spring, in a letter of 21 May 1894, he told him, 'you are the only other, the alter' (Masson, 1985: 73).

With Fliess's treatment of Freud's patient, Emma Eckstein, their intimacy increasingly preoccupied Freud. It became the central impelling factor of what is now known as his dream of Irma's injection. He famously turned this dream into the centrepiece of his theory of the unconscious, which he developed in subsequent letters, notes and drafts to Fliess in which he also told him about

his memories, dreams and self-analysis. He wrote to him on 27 October 1897 of 'days when a flash of lightning illuminates the interrelations' (Masson, 1985: 274). He described himself, in a letter of 18 May 1898, as 'writing only for you' (Masson, 1985: 313). He wrote of his love and need of him. Shortly after one of their meetings he wrote to him:

Here I live in ill humor and in darkness until you come; I get things off my chest; rekindle my flickering flame at your steadfast one and feel well again; and after your departure, I again have been given eyes to see, and what I see is beautiful and good. (Masson, 1985: 339)

The next June, following the publication of the outcome of his investigation of his dreams and discoveries about the unconscious, inspired by his love of Fliess, they met at Freud's holiday home in Bellevue where, five years before, Freud had had his famous dream about Fliess as a doctor about whom he had written in association to the dream's central image – the trimethylamin injected into Irma:

Trimethylamin was an allusion not only to the immensely powerful factor of sexuality, but also to a person whose agreement I recalled with satisfaction whenever I felt isolated in my opinions. Surely this friend who played so large a part in my life must appear again in these trains of thought. (Freud, 1900: 117)

And he did. And now, five years later, on 12 June 1900 he wrote to Fliess after their meeting in Bellevue, 'Do you suppose that some day one will read on a marble tablet on this house: Here, on July 24, 1895, the secret of the dream revealed itself to Dr. Sigm. Freud' (Masson, 1985: 417).

But Freud's love affair with Fliess, which contributed so crucially to his discovery of the secret not only of dreams but also of the unconscious, was nearly over. Early the next month, in August 1900, they met at the Achensee, near Innsbruck. They quarrelled, and never met again (see, for example, Jones, 1957; Gay, 1988).

It left Freud wary of opening himself up again as he had to love of Fliess. Nevertheless, he became impassioned by Jung. At their first meeting on 2 March 1907 they talked for hours. That September, Freud stayed with Jung in his flat at the B rgholzi Hospital in Zurich. Inspired by Jung, Freud began studying psychosis. He linked it, or at least paranoia, with homosexuality. Warning Ferenczi off seeking to become too intimate with him, he told him in a letter dated 6 October 1910: 'since the case of Fliess ... this need has died out in me. A piece of homosexual charge has been withdrawn and utilized for the enlargement of my own ego. I have succeeded where the paranoiac fails' (Gay, 1988: 275).

A couple of years later he was similarly wary of Jung. On 8 December 1912 he wrote to Jones about an occasion the previous month when he had fainted at a meeting with Jung in Munich. He said it was due to what he called his

'homosexual feeling' and to his first having been in Munich visiting Fliess when he was ill there in 1894 (Gay, 1988: 276). To this he added in another letter to Jones later that month: 'You are right in supposing that I had transferred to Jung homosex[ual] feelings from another part but I am glad to find that I have no difficulty in removing them for free circulation' (Gay, 1988: 276).

His fainting fit brought to an end his love affair with Jung, which had inspired not only his research into the unconscious as regards psychosis but also as regards religion. Now he became still more wary of opening himself up to others. But he continued to urge his fellow-analysts to open themselves up to their patients through what he called 'evenly-suspended attention' (Freud, 1912: 111–12). By 1921 he likened such openness – at least oneness with another – to being in love (Freud, 1921). Elaborating on the analyst's oneness with the patient a couple of years later, he wrote of the history of psychoanalysis:

Experience soon showed that that attitude which the analytic physician could most advantageously adopt was to surrender himself to his own unconscious mental activity, in a state of *evenly suspended attention*, to avoid so far as possible reflection and the construction of conscious expectations, not to try to fix anything that he heard particularly in his memory, and by these means to catch the drift of the patient's unconscious with his own unconscious. (Freud, 1923: 239; emphasis in original)

But he was also uneasy about what such oneness might bring. When, in 1927, yet another man to whom he had become intimately attracted, Romain Rolland, emphasized against Freud's dismissal of religious experience as illusion the value of opening oneself up to oceanic oneness with others, with the universe, Freud replied that he had never had such an experience. Replying to Rolland further, in the opening chapter of his 1930 book *Civilization and its Discontents*, he ended the chapter with two lines from Schiller's poem *The Diver* to highlight the dangers involved and the advantage of following Schiller's dictum:

Let him rejoice
Who breathe up here in the roseate light!
(Freud, 1930: 73)

He went on to warn analysts about their defences against their unconscious becoming weakened in response to their patients. He advocated that if their defences were nevertheless weakened, they should have further analysis (see, for example, Freud, 1937). It was left to others in the early 1950s – notably to Paula Heimann, Margaret Little, Annie Reich – as I said at the beginning of this article, and to Winnicott and Bion as I have detailed more extensively, to expose the importance of attending to this intersubjective factor in the analysis of the unconscious, which is at the heart of our work as psychoanalytic psychotherapists.

Conclusion

What, then, have I been saying? The film after which the subtitle of my talk is called ends with the funeral of a homosexual. My article too has ended with love between men, with Freud's love of Fliess and Jung. In this article, I have sought to indicate how love inspired Freud's dreams and discoveries about the unconscious and how, in the past 50 years, a massive change has occurred in psychoanalysis towards increasing recognition of the intersubjectivity of the unconscious. I have raised yet other questions, regarding the realization of love in sex, the ethics of containing and accepting negative feelings (see, for example, Tillich, 1952; Kristeva, 1997), and the obstacles noted by Bion, Freud and many others, both in the past and today (see, for example, Quinodoz, 2001), to therapists as well as patients opening themselves up to the intersubjectivity of what goes on unconsciously as well as consciously between them in the therapeutic process. But these questions are, as they say, another story.

References

- Bion W (1952). Group dynamics: a review. *International Journal of Psycho-Analysis* 33: 235–47.
- Bion W (1950). The imaginary twin. In *Second Thoughts*. London: Heinemann, pp. 3–22.
- Bion W (1959). Attacks on linking. *International Journal of Psycho-Analysis* 40: 308–15.
- Bion W (1962a). A theory of thinking. In E Bott Spillius (ed.) *Melanie Klein Today: Volume 1: Mainly Theory*. London: Routledge, pp. 178–86.
- Bion W (1962b). Learning from Experience, in W Bion, *Seven Servants*. New York: Jason Aronson.
- Bion W (1963). Elements of Psycho-Analysis, in W Bion, *Seven Servants*. New York: Jason Aronson.
- Bion W (1965). Transformations, in W Bion, *Seven Servants*. New York: Jason Aronson.
- Bion W (1967a). Notes on memory and desire, in E Bott Spillius (ed.) *Melanie Klein Today: Volume 2: Mainly Practice*. London: Routledge, pp. 17–21.
- Bion W (1967b). *Second Thoughts*. London: Heinemann.
- Bion W (1970). *Attention and Interpretation*. London: Heinemann.
- Bion W (1985). *All My Sins Remembered and The Other Side of Genius*. Abingdon: Fleetwood Press.
- Bion W (1992). *Cogitations*. London: Karnac.
- Christopher E (2002). Whose unconscious is it anyway? *Journal of the British Association of Psychotherapists* 40(2).
- Coltart N (1990). Attention. In *Slouching Towards Bethlehem*. London: Free Association Books, 1992, pp. 176–93.
- Fisher J (2002). The evolution of the analytic process: Poetry and psychoanalysis, twin 'sciences' of the emotions. *Journal of the British Association of Psychotherapists* 40(2).
- Freud S (1895). *Studies on Hysteria*, S. E. 2. London: Hogarth Press.
- Freud S (1900). *The Interpretation of Dreams*, S. E. 4. London: Hogarth Press.
- Freud S (1911). Formulations on two principles of mental functioning, S.E.12: 218–26. London: Hogarth Press.
- Freud S (1912). Recommendations to physicians practising psycho-analysis, S.E.12: 111–20. London: Hogarth Press.

- Freud S (1921). *Group Psychology and the Analysis of the Ego*, S. E. 18. London: Hogarth Press.
- Freud S (1923). Two encyclopaedia articles, S. E. 18: 235–59. London: Hogarth Press.
- Freud S (1927). *The Future of an Illusion*, S. E. 21. London: Hogarth Press.
- Freud S (1930). *Civilization and its Discontents*, S. E. 21. London: Hogarth Press.
- Freud S (1937). Analysis terminable and interminable, S. E. 23: 216–53. London: Hogarth Press.
- Fromm E (1950). *Psychoanalysis and Religion*. New Haven, CT: Yale University Press.
- Gay P (1988). *Freud*. London: Macmillan.
- Heimann P (1950). On counter-transference. *International Journal of Psycho-Analysis* 31: 81–4.
- James W (1902). *Varieties of Religious Experience*. London: Collins, 1960.
- Jones E (1957). *Sigmund Freud: Life and Work*. London: Hogarth.
- Jung CG (1921). *Psychological Types*, C. W. 6.
- Kahr B (1996). *D.W. Winnicott: A Biographical Portrait*. London: Karnac.
- Kanter J (2000). The untold story of Clare and Donald Winnicott: How social work influenced modern psychoanalysis. *Clinical Social Work Journal* 28(3): 145–61.
- Kerr J (1994). *A Most Dangerous Method*. London: Sinclair Stevenson.
- Kristeva J (1997). *La Revolte Intime*. Paris: Fayard.
- Lacan J (1953). Some reflections on the ego. *International Journal of Psycho-Analysis* 34(1): 11–17.
- Little M (1951). Counter-transference and the patient's response to it. *International Journal of Psycho-Analysis* 32: 32–40.
- Masson J (1985). *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887–1904*. Cambridge, MA: Harvard University Press.
- Quinodoz D (2001). The psychoanalyst of the future: Wise enough to dare to be mad at times. *International Journal of Psycho-Analysis* 82: 235–48.
- Reich A (1951). On counter-transference, *International Journal of Psycho-Analysis* 32: 25–31.
- Sayers J (2000). *Kleinians*. Cambridge: Polity Press.
- Schore AN (2001). Mind in the making, *British Journal of Psychotherapy* 17(3): 299–328.
- Tillich P (1952). *The Courage to Be*. Glasgow: Collins.
- Winnicott C (1978). D.W.W.: A reflection. In SA Grolnick, L Barkin, W Muensterberger (eds) *Between Reality and Fantasy*. New York: Jason Aronson, pp. 17–33.
- Winnicott DW (1945). Primitive emotional development. In DW Winnicott *Collected Papers: Through Paediatrics to Psychoanalysis*. London: Karnac, 1992, pp. 145–56.
- Winnicott DW (1947). Hate in the countertransference. In DW Winnicott *Collected Papers: Through Paediatrics to Psychoanalysis*. London: Karnac, 1992, pp. 194–203.
- Winnicott DW (1949). Mind and its relation to the psyche-soma. In DW Winnicott *Collected Papers: Through Paediatrics to Psychoanalysis*. London: Karnac, 1992, pp. 243–54.
- Winnicott DW (1950). Aggression in relation to emotional development. In DW Winnicott *Collected Papers: Through Paediatrics to Psychoanalysis*. London: Karnac, 1992, pp. 204–18.
- Winnicott DW (1951). Transitional objects and transitional phenomena. In DW Winnicott *Collected Papers: Through Paediatrics to Psychoanalysis*. London: Karnac, 1992, pp. 229–42.
- Winnicott DW (1958). *Collected Papers: Through Paediatrics to Psychoanalysis* London: Karnac, 1992.
- Winnicott DW (1967). The location of cultural experience. In DW Winnicott *Playing and Reality*. Harmondsworth: Penguin, 1971a, pp. 112–21.
- Winnicott DW (1971a). *Playing and Reality*. Harmondsworth: Penguin, 1974.
- Winnicott DW (1971). *Therapeutic Consultations in Child Psychiatry*. London: Karnac, 1996.

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CLINICAL COMMENTARIES

Clinical material: 'Karen'

This session takes place four years into the therapy. When I open the door to Karen I am always slightly surprised (as I was in this last session before the Christmas break) to find her standing some distance from the house. I somehow expect her to be near the front door. She seems to glare at me from under her brow, before she stomps towards me and the door. I go to the consulting-room door and wait for her to enter. As she passes the mirror in the hall she glances at her reflection, and then walks past me in her heavy-footed manner, eyeing me in that certain way that feels to me a bit menacing. I wonder to myself, as I frequently do, what battle might be on its way. She reaches the couch, puts her large briefcase on the floor, and leans it against the leg of the table next to the couch. She then remembers her coat, and puts that on top of her bag (as she always does). By this time I have reached my chair and I notice that, in removing her coat, she has touched the flowers on the table (as she had in yesterday's session when she had almost knocked them over). Today I reach out to steady the vase in order to avoid its toppling over. I think to myself that this is something I might do with a small child, in order to protect the child by removing a potential danger.

She lies down on the couch and says, 'I have my voice – I don't know why.'

There is a pause. 'I don't think you like it that I put my coat there.' I feel a certain irritation with her saying this. It is not what she is saying so much as the way she tells me what I'm thinking. In fact she frequently tells me what she thinks I am thinking or feeling, and there is a factual presumptuousness that is both irritating and annoying. This seems to get in the way or interrupt any thinking between us, as if she has little sense of us being two separate people, with separate and different thoughts.

She yawns a lot and says, 'I know I'm yawning – and it's rude. But I can do what I like here, can't I? It's my mother – she yawns a lot – and I don't like it.' I say that maybe she wants to displease me. Again there is a pause. 'I think you didn't like me putting my things there. But I like to keep them near me – next to the wood of the table. I always do that.' There is a pause. 'It reminds

me of Dr X' (a therapist she saw many years ago). 'She used to say, "there are hooks for you to hang your coat on – so why don't you hang it there?" But I want my things near me.'

I say that I can hear her say that, but that we could think and wonder together about why she needs and wants to keep her things near her, and to do this in this particular way, and we could also wonder why the 'voice' came at that moment.

'Well, I think you didn't like me putting my things there. You moved the plant. You were thinking about the plant and not me.'

I say that I thought this had made her feel angry, and that when she feels angry she can have the thought that the 'voice' expresses that her behaviour is not approved of. She laughs awkwardly and says, 'why do you say that?'

I say that I was wondering why she had her 'voice' at that particular moment. There is another pause. I ask her what her thoughts are about what I have just said – I then have a distinct feeling that a battle is brewing.

'Oh, I don't know – you're so vague.' She sounds so impatient and irritated. After another pause she says angrily, 'well – I won't put them there any more – I'll put them here' (pointing to the floor next to her). I say that it seems to make her angry when I suggest she thinks about why she does things.

There is another longer pause, before she begins to talk about two friends of hers, both of whom she feels disgruntled and angry with and envious of, because they both have lives that she feels deprived of – lives that include a husband and children. She feels so bitter and deprived, as she is alone without so much of what they have. I find myself feeling that she has a way, frequently, of blaming the other for her deprivations. This includes me, for example, as if it is my fault that she hasn't got these things 'after all this time' in therapy. The idea that she might play a part in her own situation seems to be nearly impossible for her to consider.

I make a comment that things seem so unfair to her (as she sees it) and that it feels so unfair that I am leaving her for the break and not including her in whatever I am going to do. There is another pause, until she launches into another of her disgruntled topics – so familiar to me. She argues with herself about where she should live. She criticizes England and the English, but does not know whether life would be much better if she were to return to her country of origin. She thinks that if she were to go back people would see how little she has in comparison with them and she would feel so terribly ashamed. And the thought hurts terribly. All this time she seems to be fighting the tears.

I say I can hear how much it hurts and how hurt and angry she feels with everyone, including me. All these people having what she would like, and how much she would like to be part of what they have.

'You don't have to say that,' she says bitterly. 'I know that – that doesn't help.'

I experience this response as quite a blow, because I had felt a certain warmth, compassion and sympathy, and a closeness to her as I voiced that recognition of her hurt. Now I feel kicked away.

I try to talk with her about how much she wants closeness, help and understanding, and of how hard it is for her to allow herself to have it, or to recognize it when it is offered. There is another pause.

'It's my mother' (she is trying to hold back the tears again – and I feel a bit tearful myself). 'She (mother) sometimes tried to say to me that she understood, but she didn't of course.' She sounds so bitter.

I say I think she feels I couldn't possibly understand, like she felt her mother hadn't understood. I find myself thinking of the start of the session, and yesterday's session, with her apparent lack of concern about the near-toppling flowers. And I wonder about her not having yet reached the stage of concern for others, and whether this is why she almost demands concern from the other (me) but cannot recognize it when it is offered to her.

There is another pause before she begins the battle again. She seems bent on leaving this last session before the break on a confrontational note. She brings up our very first meeting, and how I had not offered her my hand, and how she just 'couldn't understand it. Honestly! This country, so unfriendly ...', etc. I feel defeated in a way. But it is time, and I say so.

She looks at her watch to check the time – or to see whether I've got it right (again a familiar behaviour). She frequently quibbles about a minute here or there. But today we have gone over a minute or so, if anything.

Eventually she gets up from the couch, picks up her bag, makes a remark about the flowers, which I can hardly hear; maybe she sneaks a slight glance at me and wishes me a good holiday, in that begrudging tone. I thank her. She stomps out of the door, closing it firmly shut behind her. I am left with a sadness and frustration, as if she is determined not to let my words near her, to touch her, or to stimulate any thinking between us. I wonder whether things will ever move for her, and whether she will ever really let me help her in any way.

Clinical commentary: Karen

JOHN PRIESTLEY

This snippet of clinical material describes a session immediately before a break four years into a psychotherapy treatment. The patient's basic pattern of object-relating seems to include a kind of hostile taking something in from the therapist without really experiencing the goodness of what is being offered and therefore experiencing no warmth or gratitude towards her object in return.

Early in the session the therapist and patient discuss a voice that the patient has. This seems to be a part of the patient's personality that is experienced by the patient as something outside of herself, as it were, coming at her, like a symptom. The therapist first invites her to think about this experience and later (after the patient has effectively turned down this invitation) makes an interpretation that links the appearance of the voice to what is happening in the interpersonal situation between the therapist and the patient. This intervention attempts to help the patient integrate a meaningless symptom by giving it meaning and in that way making something that is 'not I' (a voice) into something that is a part of the patient.

In one sense this activity represents the overview of the entire session. The therapist is at all points struggling to transform the patient's experiences and communications into something that has meaning. In Bion's terms we might say that s/he is transforming beta elements into alpha function (1962). The long-term hope is that the patient will eventually internalize the capacity to do this and also internalize the concern that the use of this capacity entails. Internalizing the therapist's concern implies the possibility of changing the nature of the internal objects that the patient relates to and in that way modifying her experience of reality and of herself. However, in order to internalize the therapist's concern the patient must first discover and experience it for

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herself. I would see this as something like a quality of an emotional experience within the therapeutic hour and with the therapist that the patient gradually becomes aware of. In the meantime, however, she puts pressures on the therapist's patience and forbearance. I admired this therapist's capacity to stay within the analytic frame.

Given the above, I think it is an open question as to whether it might make a difference whether the therapist interprets the patient's need for closeness and warmth, or whether s/he focuses on the patient's hostility and envy, or whether s/he pays more attention to the development of transference and countertransference patterns in the hour. Even if one gave in to one's analytic superego and for a moment imagined that one could make interpretations that perfectly balanced all these elements, I wonder if it might make a difference. By that I mean to admit to an uncertainty about whether the therapeutic element in psychotherapy has to do with knowing or being. If the therapist wrote down her interpretations and put them into an envelope and read them before and after the sessions to herself, instead of sharing them with the patient, would that make a difference? If the task is to help the patient internalize a new experience, is it more the therapist's general attitude and inner understanding of the patient that will make a difference, as opposed to particular interpretations?

In this particular session there is a great deal that might be interpreted. It might be possible to see the repeated incident of the flowers as a kind of envious attack. The therapist has a life that includes flowers. Who knows what else it includes. The patient, on the other hand, feels that she has a life that has nothing, no achievements and no loving human relationships, and now the one thing that she does have – her sessions – are being removed. For a time the therapist is going to get together with her objects (possibly symbolized by the flowers that stay in the consulting room after the patient leaves it) and leave the patient out in the cold. No wonder that she wants to attack the flowers. Could one interpret such an attack?

A part of this interpretation, which is that the patient's state of mind is affected by the break, is made by the therapist and has a powerful effect. In her response the patient goes from talking about not feeling at home in England to saying that she feels that she could not go home because she has so little and is ashamed of herself. In reading the account these statements caught my interest and I read them as statements about belonging. In the first section I would see her as saying that she does not feel that she has a sense of belonging/attachment with her adopted country (adopted parent/therapist). In the second section I would see her as making a communication about her inner sense of who she is. I would read her as saying that she feels that she cannot form an adult attachment (come home) because the self that she feels that she has to offer is so depleted and unlovable that she is ashamed of it. So she does not feel at home, attached, relaxed, looked after. I would also infer from this statement that it is impossible for her to imagine a time when she

might feel attached because she feels so unlovable that she cannot imagine that getting close might mean anything other than being ashamed and shamed. Here it seems that the patient is pointing towards a narcissistic injury in the face of an unresponsive object.

There seems to be some clues in the session as to the nature of the self/other constellation in childhood. The therapist describes the patient's physicality in very negative terms. She 'glares', 'stomps' and is 'heavy footed'. Is this an instance of complementary countertransference (Racker, 1988: 135-7)? Or, is it possible that the therapist's attitude contains some unconscious identity with the patient's mother's negativity towards the physical presence of the patient in the world? If so, then this might certainly leave deep feelings of shame and an injured narcissism. The patient also gives other clues about the character of the mother (or other important carer). The complaints about the coldness of the English and that the therapist will not shake hands are presumably complaints about a cold and unloving object. I think she is also showing the therapist something about the mother when she yawns and says that she did not like it when mother yawned. She is, in a sense, putting herself in the place of the mother and the therapist in the place of herself and showing the therapist what it is like to be treated without regard for your sensibilities.

Now we arrive at the point where the therapist recognizes the patient's feelings of pain, exclusion and envy. The patient does not experience this as empathy and a sign that she is not alone but rather rejects the therapist's intervention. The side of this that I am interested in is the patient's experience of her 'self'. What kind of self does she feel she has? It is clear from what she says that she experiences the self that she has as a wrong self. She feels that she is in a 'wrong life' and her bitterness is the bitterness of shame and narcissistic rage. Given this, might it be that her basic wish is for this self not to be known? Because of her own contempt for herself might it be inconceivable that someone else might know that same self and not feel contempt? So when the therapist accurately recognizes her feelings and describes them, could it be that a part of the patient hears that as something like: 'I know and recognize what it is like to be you inside and that means that I know how worthless you really are?'

This is, of course, not what the therapist is saying, nor what s/he means. However, the therapist sees from the patient's reaction to her intervention that there is something that prevents the patient experiencing her concern as concern and s/he therefore names the patient's dilemma: that the patient longs for closeness but cannot accept it. In my view this piece of understanding leads to the moment of greatest intimacy and understanding in the session – a moment of shared sadness (where both the patient and therapist feel tearful) about the situation that they (the patient and therapist) are in. This seems to me to be an emotional experience arising out of the transference and

countertransference situation, and in this moment the patient comes close to taking something in from the therapist. In fact, I would say that at this moment the patient did take something in from the therapist, but that she is not fully aware that she has done so, nor that the therapist's reaction to her is not the reaction that her inner object constellation has led her to expect.

The way that the self is understood as something that exists in relation to others is very clearly stated in the field of attachment theory. Attachment theorists talk about 'internal working models' of the self and of others, in rather the same way that we might talk of inner objects. These models are based on experience with real caregivers and are always seen as complementary pairs: unloving other, unloved and unlovable self; loving other, loved and lovely self; unresponsive other, crushed, shamed and shameful self.

The interactional basis for the last is described by Allan Schore as follows:

Upon return from exploratory forays the senior toddler in a high arousal state of stage-typical excitement and elation exhibits itself to the caregiver. Despite an excited expectation of psychobiologically attuned shared positive affect state with the mother and a dyadic amplification of the positive affects of excitement and joy, the infant unexpectedly experiences a misattunement communicated in the mother's facial expression of disgust. This break in an anticipated visuo-affective transmission triggers a sudden shock-induced deflation of narcissistic affect. The infant is thus propelled into an intensified low arousal state which he cannot yet autoregulate – these early unregulated shame experiences lie at the core of various developmental psychopathologies. (Schore, 1994: 212)

What lies at the heart of this is a rigidity and lack of responsiveness to the other. This is to some extent how the patient is described. She is possibly identified with the rigid and unresponsive mother, and the child's feelings of despair and injured narcissism are hidden or projected into the other (maybe into the long-suffering therapist).

The question that I might be interested in (if I were seeing this patient) is whether my recognition and understanding of the patient's feelings is experienced by her as evidence of concern and a wish to help, or whether it is experienced by the patient as a triumphant statement that I have a better self than she has. I might be tempted to view this as part of the total transference situation where the object is viewed by the child not only as being rigid but as getting gratification from being better than the child (and from the child being worse than it). This might create a very difficult therapeutic situation where the therapist's interventions are seen as 'corrections' that have the subtle purpose of demonstrating her superiority over the patient. The moment of shared sadness in the session seems to me to have healing potential because it demonstrates to the patient that her inner object is not the object that she is faced with – the therapist has a quality of concern that she does not expect. But how long will it take for her to really take this in?

References

Bion WR (1962). *Learning from Experience*. London: Heinemann.

Racker H (1988). *Transference and Countertransference*. London: Maresfield Library.

Schore A (1994). *Affect Regulation and the Origin of the Self*. Mahwah, NJ: Lawrence Erlbaum.

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Clinical commentary: Karen

TERESA BAILEY

The work presented by the psychotherapist seems very difficult. It is relatively easy to analyse a colleague's work when one has time to think and it is with this in mind that I present my own thoughts.

The case material I have been asked to comment on is a session four years into therapy. It is not known how frequent the sessions are although the therapist refers to the previous day's session at one point. The patient is a woman; her age and ethnicity are not stated, although the material makes clear that she is not from England. I do not know the gender of the therapist.

My first impression after reading the description of the session was that the therapist did not feel much warmth towards the patient, in fact felt the need for a barrier between them. Subsequent readings of the article allowed me to understand why this might be the case. The loss of hope on both sides seems to be an important aspect of the work as illustrated by this session. Projective identification is a powerful element throughout the encounter.

The patient struck me as someone who may find it difficult to regulate distance and affect. She stands back from the house, having presumably had to get near in order to knock or ring the bell. One might say this shows a person who is anxiously attached (Ainsworth et al., 1978) and ambivalent and who finds difficulty in accepting comfort or reassurance. She wants to be close but cannot come near without knocking things off balance.

Although the way the patient approaches the front door seems to be usual, the therapist is surprised and I wondered why. Is s/he hopeful at the beginning of every session that they can start anew? Perhaps s/he hoped that this time things might be different, that there would be a closeness that was usually absent. Yet, this being the last session before the Christmas break, the therapist must surely have been expecting strong resistance from the patient.

As the patient 'stomped in', 'glaring' at the therapist, I sensed a fear of invasion on the part of the therapist. Perhaps the powerful projective identification that runs through this session is already making itself apparent. The

patient has taken control of the first few minutes and is setting the scene for the 'battle', as the therapist calls it. The therapist has immediately been put on the defensive.

This encounter put me in mind of the parent who returns after having been away, only to be met by an angry child, unable to enjoy the reunion with the missed mother/father because of a sense of resentment at having been left in the first place.

Intriguingly, the patient looks at herself in the mirror on the way to the consulting room. What does she see reflected back at her? Not something pleasing judging by the look her therapist then experiences. There is a ritualized flavour to the way the patient settles herself and her belongings, as if she is preparing herself for something familiar, perhaps the 'battle' referred to earlier by the therapist. The battle lines seem to me to be further drawn by the therapist reaching out to steady the vase of flowers knocked by the patient's coat. I thought there was something being played out by the therapist here, a wish to remind the patient that she had almost knocked over these flowers the previous day. I think the patient pushes the therapist to act out and s/he becomes an unforgiving object, resentful of the intrusion of the patient. I did not read the steadying of the vase as similar to protecting a child from danger, but of the therapist attempting to protect herself/himself from the invasiveness of this patient, who attacks the therapist's thinking and manipulates her way through the session.

This is seen in the next section of the session where the therapist seems to feel some resentment that the patient tells her/him what s/he is thinking or feeling. The denial of separateness in the patient in a narcissistic state can be felt keenly by the therapist. If the patient projects anger and resentment into the therapist, the patient can then feel unbearably vulnerable because of dependency on a reliable object, reliability that amplifies her own neediness. She becomes like Rosenfeld's 'thin-skinned' narcissism (1964), only able to focus on her own distress and unable to allow communication and thought to take place between them.

At this point in the session, the patient brings in her mother, who 'yawns a lot', something the patient dislikes and therefore assumes the therapist will dislike. The therapist agrees, in a way, by suggesting that the patient wants to displease her/him. The patient goes on to talk about how she needs her things (the things that irritate the therapist?) near her. She does not want hooks to hang her things on. Hooks here could be seen as ways of understanding her acts of aggression and intrusiveness. She cannot let go of them, 'I want my things near me'.

The patient accuses the therapist of thinking of the flowers and not her when she reached out to steady the vase. I think she may have been right and the therapist again senses a battle brewing, as if there were not already a battle going on. Perhaps the patient understands that the therapist's mind may not

always have enough 'space for her things' as it can be easily intruded upon.

Something becomes difficult at this point and the patient talks about two friends of whom she feels envious. I wonder if she envies other patients who can have more space in the therapist's mind than she feels she can as it gets filled up with her projections.

There follows a rather moving moment when the patient wonders about 'going back' (to her country of origin) and how ashamed she might feel if she did. There is a great sense of loss and sadness, also something depressive. If she were to give up her defences, what would she have left? Maybe only sadness? It is poignant that she even 'fights' her tears. The therapist's reminder of her vulnerability speeds her back to her previous position of attack. Something has been lost here: I do not know if there may have been an opportunity for the therapist to contain something for her before she retreated to her entrenched position again, but the therapist was only able to mirror what was happening for the patient; containment was 'kicked away'. There was a certain lack of attunement here, the therapist and the patient were not quite in synch with one another and the moment was lost. Perhaps it was difficult to keep up with the psychic dance back and forth as they come close then run off again, seen from the moment the patient appeared at the front door and all through the session, perhaps?

Maybe she even predicted what would happen in the session when she glanced in the mirror at the start, thinking she might be mirrored but maybe not contained. Maybe she cannot believe the therapist can ever understand her and lacks what Erikson (1950) calls 'basic trust', unable to receive and accept what is given. The therapist mirrors the patient's painful feelings but the affect is not contained; there is no chance for the therapist to convert concrete 'beta elements' into something thinkable through 'alpha functioning' (Bion, 1962).

The patient's feelings of lost opportunity and a wish to go back to the beginning emerge as she remembers the very first session, when the therapist did not offer to take her hand and how disappointed she had felt, how unwanted. Both therapist and patient are now stuck in a feeling of hopeless defeat. The therapist says it is time to stop and the patient accepts it. Has the patient managed to create a state of homeostasis in the consulting room, where whatever happens, neither person moves out of their bunker? It makes for a strange sort of equilibrium, and one that the patient somehow needs desperately to maintain.

The patient stomps out of the room, closing the door on the therapist, perhaps frustrated and pleased at the lack of movement in the session; both therapist and patient seem to be in the same positions they were at the start. It seems a hopeless situation but there is room for optimism. It may be that an irresistible force has met an immovable object but, as the song says, 'Something's got to give'.

References

- Ainsworth MDS, Blehar MC, Waters E, Wall S (1978). *Patterns of Attachment: Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Bion WR (1962). *Learning from Experience*. London: Heinemann.
- Erikson EH (1950). *Childhood and Society*. New York: Norton.
- Rosenfeld H (1964). On the psychopathology of narcissism: a clinical approach. *International Journal of Psychoanalysis* 45: 332–7.

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Clinical commentary: Karen

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In this session from an established treatment, now into its fourth year, the therapist with great immediacy introduces us to a significant aspect of this particular therapeutic relationship – the extent to which the patient communicates at a non-verbal or pre-verbal level. Despite repeated experiences to the contrary, the therapist is ‘always slightly surprised’ when, although expecting the patient to be close to the front door when going to let her in, finds this not to be so. This perhaps signifies a recognition on the part of the therapist of the patient’s ongoing need for a closer relationship with the therapist, within which more primitive and painful aspects of the self can be tolerated. We understand that the patient has had to come up to the door to announce her presence, by bell or knocker, but has then retreated to what could be seen as a safe distance, or, I wonder, is it a backing-off in the service of making ready to charge into the therapist’s environment, with ‘her glare and stomp’. It seems that the patient is making a stand even before she enters the therapeutic space. The therapist, waiting at the consulting room door for the patient to enter, observes her glancing at her reflection in the hall mirror, as if to establish, confirm and justify her way of entering, by seeing herself as glared at. There is no reality testing here; in relying on her own ‘menacing’ reflection the patient is able in an illusory way to control the response she will get. Only after confirmation from the mirror does she eye the therapist ‘in that certain way’ which is perceived by the therapist as (a bit) menacing. I suspect that ‘a bit’ is used here as an attempt to modify the impact of these introductory moments of the session in which powerful feelings within patient and therapist are already manifest. The therapist tells us that familiarity with this look does not diminish its power. The therapist is alert to the prospect of a battle; it is only the form of the battle that is in question.

The patient then leans her large briefcase against the leg of the table next to the couch before covering it with her coat, in what we are told is her usual

way. Reading this material for the first time I was astonished at the rapidity with which I registered and then almost dismissed my own fleeting association to this action: that this bag was an unlikely stand-in for the patient's infant self left leaning against the warmth of mother, then hidden.

The mood of these first moments in the consulting room is the result of the patient taking careful control of the environment, which the therapist equally carefully observes. The patient, having 'fixed' the therapist with a look, then seeks to further exert her control over the situation by methodically ordering her possessions around her – nothing seems to have been left outside. Although we do not know what arrangements there are for coats and belongings, we could assume there are some, yet the patient brings everything into the room with her. In spite of the patient's apparent control in organizing herself so carefully before lying on the couch, she almost topples a vase while taking off her coat, apparently unaware of her action; at the moment when the therapist responds by 'saving' the vase, she thinks about protecting a small child from potential danger. I found myself relieved in seeing that the therapist could look after herself when subjected to this unconscious attack from the patient, but surprised (from my distance as commentator) that she did not put into words what had just taken place, even though the same thing had happened at the beginning of the previous day's session. For the moment, at least, it seems that something has to remain unacknowledged.

There is something repetitive and fixed in the opening of the session which creates a feeling of impasse that continues as the session proceeds. The patient's opening verbal communication, 'I have my voice', strikes me as so enigmatic that my first response to the material is to imagine that there is an error in the printing (that is, I have not 'heard' it correctly). However, the therapist is given no time for reflecting on these puzzling opening words, if indeed they are puzzling to him/her (no comment is made on them), but is immediately drawn into yet another familiar pattern of relating, we are told, when she/he is subjected to the patient declaring that she knows what feelings she has invoked in the therapist by her action in putting her coat down in the usual way. The therapist is aware of feeling anger (although calls it irritation and annoyance) at the patient's concrete 'certainties' and is also aware that there is no possibility of thinking or of testing the reality of these 'certainties', or, it seems, of putting into words what is happening between them. The therapist recognizes here that the patient has 'little sense of herself' as separate and differentiated from her therapist, which I would understand as a result of the complex projective processes holding sway, the same processes that are making it so difficult for the therapist to put into words what is happening between them.

At this point the patient yawns a lot, apparently behaving like her own mother, and then, in a delusional way, says of her yawning: 'It's my mother ... and I don't like it'. Here the patient seems to be complaining about her yawning (to her) inattentive therapist, as if pulling the therapist's attention once

again towards her non-verbal communications by saying 'you don't like me putting my things there'. It is at this point that the patient puts into words her desire for closeness, 'but I want my things near me', which she had so far only enacted, by putting her belongings close to the table. It is the patient's reference to 'the wood of the table' (a natural, warm material) that indicates a sensitivity to the surroundings provided for her which had hitherto seemed absent. We also learn that whatever a former therapist's actual response had been to the patient's behaviour, the patient's perception had been that she was told to leave her things outside. This would suggest to me the patient's adeptness at evoking a concrete response from her therapist. 'But I want my things near me' could sound like a petulant demand and I wonder if this is what elicits the therapist's response now, that they could think and wonder about why this is so?

I find myself concerned about this patient being asked to think and wonder. I have in mind again just now the large briefcase carefully propped against the wooden leg of the table, to which my immediate and fleeting association had been of an infant leaning against mother and which sits in such contrast to the thing itself, a briefcase redolent with its own connections to power, professional expertise and specialist knowledge. Because this material has come to me with no history and little context, I am left to my own imaginings about the work of this patient and the extent to which she might use her intellect/words as a massive defence against a profound sense of vulnerability, which is what seems to happen in the treatment. In the presence of the patient the therapist is enlisted to stay on the side of the rational, thinking patient rather than join up with the dangerous, unthinking patient. Her belongings in the room can be conceived of both as part of her armoury (even her coat has been used as a weapon!) while also representing a frightened infantile self. In the battleground (that the therapy has become) the patient is masterly at enlisting the therapist with her more grown-up thinking self while the needy (encapsulated) infant remains unheard.

But the patient is on safer ground now and she moves in to attack, again telling the therapist what she, the therapist, is thinking; that she had 'rescued' the vase of flowers and in doing so thought only of herself. For a second time the patient had attempted to 'topple' the therapist and had effectively done so by engaging her in a response to this enactment (stopping the vase from toppling). There is real confusion about who/what the vase of flowers represents, which confirms that some complex interplay of projective identification is holding sway. This makes it increasingly difficult to use the patient's hostility towards the therapist and recognize it as a vital communication. It is these projections that are interfering with the therapist's capacity to use more freely his/her countertransference. When the therapist voices the patient's anger at the thought of having a therapist who looks after themselves, the patient's anger can be expressed only through the 'voice' which now seems to stand for some mutually recognized and split-off part of the patient, too dangerous to be

acknowledged and integrated. The patient criticizes the therapist for her vagueness, but then immediately manages her own impatience and irritation by telling the therapist that she will avoid the difficulty in future, effectively destroying any opportunity to understand. When the therapist then goes on to acknowledge the patient's anger at being asked to 'think' about why she behaves as she does, it is part way to the truth. The patient needs the therapist to recognize and put into words the impulses that precipitate her actions, which are so frightening to her that she cannot yet think about them for herself.

Something frees the patient to express feelings of hurt and exclusion at being deprived. In talking about 'two friends' who have so much more than her, I think she is expressing just how doubly deprived she feels, in her past and in the present. It is not yet possible for this patient to take responsibility for herself and still impossible for her to allow her therapist to take responsibility either, because of the humiliation this would arouse and the much-feared envy that would ensue. Although the deprivation the therapist recognizes does no doubt link with the break, I would also understand it as a result of the therapist's difficulty in engaging in the battle. The patient moves on to talk about leaving England, a dramatic retaliative gesture on the one hand, to convey how abandoned she feels by the therapist's break. Hidden behind this threat is an expression of the more profound fear: her need to go back to her 'country of origin'. It occurs to me that in this way, by resorting to the language of an official document, an attempt is made to bypass the need, even while attempting to express it, which is to regress in her therapy to earlier ways of being and experiencing which she knows will leave her feeling small, vulnerable and ashamed. Even her tears are something she fights with and the therapist recognizes this. It is an affective experience that this patient demands while unconsciously conspiring to prevent the therapist from responding.

At this moment the therapist's verbal acknowledgement of the patient's feeling excluded and abandoned is perceived only as rubbing salt into the wound: 'You don't have to say that ... I know it and it doesn't help'. The therapist's understanding brings no relief because of the humiliation it arouses in the patient unable to bear being reminded of something she needs but cannot provide for herself. The therapist, having experienced a sense of closeness, now feels kicked away, any understanding expelled. The therapist continues to voice the patient's need for closeness but not the terror this arouses in the patient. For her part the patient voices only bitter disappointment. The therapist, thinking back to the toppled flowers, seems not to voice these thoughts. I wonder if this isn't the source of the bitterness (bitter-sweet disappointment?) heard in the patient's voice as well as the continuing sense of a fight as the patient recalls the beginning of therapy when the therapist failed to give her what she wanted. Again this entreaty contains both a desire for closeness and

a satisfied contempt at the therapist's failure to give it. The therapist is left feeling defeated. It is time for the session to end although only after 'we have gone over a minute or so ... if anything', as if the therapist has to be left wondering whether she can give 'anything' to this damaged and difficult patient. The therapist is left feeling sadness and frustration as the patient leaves the room, with just a slight glance 'sneaked' in her direction as if to establish that the therapist remains unchanged by what has been taking place between them.

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ARTS REVIEWS

Dreaming of citrus fruit, or, how to censor an orange

CAROL TOPOLSKI

A Clockwork Orange: In a morally bankrupt world, a group of adolescent boys roam, apparently free to commit acts of rape, violence and murder. They call themselves the Droogs and are led by the charismatic Alex, who terrorizes his minions as much as they terrorize their victims. The Droogs abandon their leader to the authorities and Alex is imprisoned, where he reinvents himself as a model prisoner. A cynical political regime seeks to 'kill the criminal reflex' in order to make room in their jails for political prisoners and Alex volunteers for aversion treatment by means of the Ludovico Technique. He is rendered helpless and nauseous when confronted by sex or violence, but inadvertently he also becomes averse to Beethoven's music – his favourite. He is released from prison and his victims, including the Droogs, who are now policemen, are free to mount retaliatory attacks. Unable to bear the sound of amplified Beethoven played to him by another of his victims, he jumps from a window and is badly injured. He becomes a political *cause célèbre* and enters into an unholy alliance with the politician who promoted the Ludovico Technique; it suits both their ends for the aversion to be reversed. He is free to rape and murder again.

For some several years I had an almost ideal marriage of jobs: one half of the week I worked as a Senior Film and Video Examiner – aka censor – for the British Board of Film Classification (BBFC) and the other half of the week I worked as a psychotherapist. Freedom to think and speak was naturally at issue in each respective area of work as I tried determinedly to disinter the unspeakable from the minds of patients in the consulting room and just as determinedly silenced the unspeakable in films. Globally, psychoanalysis seeks to give the unconscious a voice in all its unacceptable, babbling tongues, while state censorship has as its primary task the modification of material to render it acceptable – repressing it into the unconscious realms of the societal mind, as it were. Psychoanalysis investigates what must not be said in an individual's mind and asks why, whereas censors gag the unsayable on behalf of the collective mind and bother themselves little with the why. But the why is important in film censorship too. In the dozen or so years of exposure to sometimes quite extreme material, my distress was less to do with the material itself, and more to do with what it bespoke of its audience. Films are commercial products, not made in a vacuum or out of philanthropy; that a film is made is predicated on there being a potential audience, so any material is

both a product – a dreamed product – of a society, and food for an already extant appetite. Any film reflects the culture from which it springs.

A Clockwork Orange, a notorious film made by Stanley Kubrick in 1971, exemplifies both film-as-dream and the internal and external call for censorship. Based on a novel by Anthony Burgess which imagined a futuristic world in which the ordinary symbols of social order were absent or corrupt, the film ignited a furore which identified the film itself as an agent of corruption. Several high-profile criminal cases in the United States ran the so-called ‘*Clockwork Orange* defence’ – ‘I saw the film, Your Honour, came over all unnecessary, and committed this heinous crime’ – and Kubrick came under pressure to withdraw the film. When his family received death threats, he did so immediately, recalling all prints of the film from Britain. Although running almost continuously in Paris over the past 25 years, it was only after Kubrick’s death last year that it became officially available here and was re-released on film and on video. In the eye of the storm, Burgess fielded the fierce political and media attacks. He said,

it was left to me, while the fulfilled artist Kubrick pared his nails in Borehamwood, to explain to the press what the film, and for that matter the almost forgotten book, was really about, to preach a little sermon about *liberum arbitrium*, and to affirm the Catholic content ... I realised, not for the first time, how little impact even a shocking book can make in comparison with a film.

The question is therefore framed: why is film so much more effective than the written word? What is the direct communication between images on a screen and fantasies and feelings in a mind? I suggest that film’s familial relationship to dreams may nestle in the heart of the answer.

Freud was hardly the first to contemplate the significance of dreams and dreaming – anthropologists and historians will tell of dream interpretation across cultures and time – but his understanding of the structure and dynamics of the dream lies, of course, at the fundament of the psychoanalytic project. Film shows all the familiar characteristics of a dream in both form and process: it layers, it condenses, it disguises, it plays with temporal and spatial displacement, it merges and abbreviates dialogue and scene. In a film, as in a dream, anything can happen and in any order; the alchemical art of Special Effects transforms solids into liquids, one shape into another, human into animal, and for the course of the film – as for the course of a dream – we believe it to be the truth. That is its delight and its luxury, its temporary invitation to unfettered indulgence.

A film, as a dream, is primarily a visual form. When we, or a patient, recount a dream, the language is of pictures, of images; the narrative is potentiated by the eye. Ideas, feelings, experiences are explored through what is seen; a film is a kind of licensed voyeurism where anything that is possible to see, can be seen (*pace* the BBFC). We are drawn into the most primitive of pleasures, made into scopophiliacs casting a beady eye on private moments,

private parts, with no punitive consequence. Guiltlessly we can look at the primal scene – at our elders, grandparents, siblings, ourselves – cost-free we can relish the thrill of violence fearless of the firing line. In a dream, we can be anything or anybody we want; in a film, we can lose ourselves in the momentary illusion that there are no bounds to the possible.

And in this film, looking and seeing are thematically at its centre as much as in its technical form; through the camera's eye we are looking at looking as much as looking at the forbidden things themselves. The first shot of the film – and the image chosen for the film's iconic poster – is of Alex's face with its exaggerated eye. Fringed by preposterous fake eyelashes which stand in their spiky regiment, this is an eye made for aggression, for stabbing with sight, not caressing an observed object with love. Kubrick's camera looks at its women with the eye of the lascivious jailer: as Alex and his Droogs prepare their victim for rape and murder, we look up into her crotch, a male hand grabbing at her genitals as she's swung around; we look at her breasts as they are savagely exposed by scissors cutting holes in her clothing; we look only at her sexual organs, her head (seat of self and volition) and lower body (legs for kicking or escaping, vagina dentata) cut off and denied her. We/the camera reify her for the pleasures of sexual violence along with Alex and the Droogs; for us, there is no counter attack by the forces of moral order, we are free to enjoy.

It would be unprofessional and impolitic to analyse Kubrick at one remove and post mortem, but his lamentable last film *Eyes Wide Shut* danced around its voyeuristic centre with similar steps as Tom Cruise watches a stylized orgy straight out of 1980s porn, looking up and at masked, available women. Both he and Kubrick's camera display an interest in looking at impotent or passive female sexuality.

Alex's aggressive eyes are aggressed against in the Ludovico Technique's reformatory treatment. His body and head are strapped to a chair and pincers pull his eyelids back as he is forced to watch images designed to provoke aversion, his eyes drowned by waterfalls of eye drops insisting on clarity. The state denies him the option of closing his eyes, blocking out the potency of the images – an option that remains for the audience – and he is in turn watched by anonymous observers in the back row approving, enjoying his agonies: we are looking at looking at looking.

The back row figures and the hand that administers the eye drops represent the moral order abroad in this society: the corrupt and baleful eye of authority. Most films have an over-arching sense of moral order – that there's a moral universe in which these events occur – and whether the white Stetsons ultimately prevail over the black Stetsons, there is at least the idea of a Stetson structure. Those that don't have that structure – *Henry*, *Portrait of Serial Killer*, for example – are serious trouble for the censor and for the viewer because the throne where the superego arbiter would sit is vacant and there are no constraints on the anarchic wishes of the unconscious, of the primitive mind. In *A Clockwork Orange* the moral universe is as delinquent as Alex, with no

sensor to restore order or make events palatable as the dream censor does by refracting forbidden wishes through its prism.

Dreams, like films, are vehicles for communication, the dream to the dreamer, the film to the viewer, but while the dream has a vernacular peculiar to the dreamer, film speaks in what it supposes is a universal vernacular but which has psychic resonances peculiar to each viewer. The work for a patient and a therapist when contemplating a dream is to interpret the meaning of a dream by understanding the censorship process it has gone through in the environment of the patient's peculiar internal world. A more or less psychologically healthy viewer goes through a similar internal process during the 'dreaming' of a film and its aftermath: situating it in the unique landscape of the individual mind.

A film is, then, experienced as a dream by the viewer, but is also dreamed experience in the sense of a temporary loss of self and objective reality for its duration. Unlike theatre, in which the suspension of disbelief is a necessary precursor to engagement, film dispenses with the 'as if' and 'as though' and delivers the pictured experience as actual, immediate. In theatre, psychic work is involved in being convinced that a block of polystyrene is a tree, but in *The Blair Witch Project*, a film which anyway plays with the elision of 'documentary' reality and fictive reality, what the audience looks at are real trees in a real forest. The audience is, for 90 minutes or so, quite deluded. In most other circumstances this would be considered mad but it is co-terminus with the kind of psychotic state that Freud (1900: 44) attributes to dreaming:

a turning-away from the real external world and there we have the necessary condition for the development of a psychosis ... the harmless dream psychosis is the result of a withdrawal from the external world which is consciously willed and only temporary, and it disappears when relations to the external world are resumed.

Leaving the cinema – waking up – and abandoning the collectively experienced though individually interpreted hallucination of the film represents the return to an external, sensorily verifiable reality.

Just as dreaming a film is mad, so this film dreams a world gone mad, a world where 'real horror show' means good or exciting, a perverse world, in fact, in Chasseguet-Smirgel's (1985: 3) terms:

The pleasure connected with transgression is sustained by the fantasy that – in breaking down the barriers which separate man from woman, child from adult, mother from son, daughter from father, brother from sister, in the case of murder, the molecules in the body from each other – it has destroyed reality, thereby creating a new one, that of the anal universe where all differences are abolished.

The savaged tramp bitterly attacks the perversion of ordinary hierarchies: 'this stinking world with no law and order – young people over old', and the Droogs' favourite hang-out is the Milk Bar. Here, what's on offer is 'milk with

a twist', twisted milk, maternal nourishment spilling not from a maternal breast but the sexual breast of a stilled female body lifted straight from porn. Naked female figures from the same pornographic culture bear the tabletops on their backs for booted feet to rest on, their bodies eroticized and available; the same porn imagery appears on the walls of one of Alex's female victims. Truant officers are sadistic paedophiles, politicians are murderers, the Droogs grow up and put on the uniforms of a moral authority which they use to impose talion law, and Alex – well, Alex is censored.

Alex is the delinquent product of a mad world which censors him, subverts his capacity for moral choice, for its own nefarious political purposes. He is censored – his desires cut and banned – just as films are cut and banned, to make society believe that some sort of moral order, some sanity, has been re-established. Film can be seen as the dreamed product of a societal mind that must in turn create a censor to control those products. Publicly we wish to seem sane, to repress intolerable wishes into some social unconscious and to punish or destroy those same wishes which burst out unbidden on celluloid. This censor, this regulatory superego, is the BBFC, which holds what it claims to be a consensus-based moral *pro forma* which it throws at the dream products to make the unacceptable palatable. It moderates the transgressive wish or thought or image to the point where it is transgressive enough, not catastrophically destructive of all order. No one said dreams were not allowed to be transgressive. In the name of moral order/psychic balance, the BBFC super-ego-censor distorts the film's narrative as Freud (1933: 225) describes the dream censor distorting the wish when he writes of

two psychical forces (or we may describe them as currents or systems) one of these forces constructs the wish which is expressed by the dream, while the other exercises a censorship upon this dream wish and, by the use of that censorship, forcibly brings about a distortion in the expression of that wish.

So the native delinquency in dreams and the psychotic narcissism in film must be curbed for good mental health: the final credits must roll over a shadowy white Stetson and the Droogs must shrug on their Establishment coats. Order is restored and the dreamer can safely dream again.

References

- Chassequet-Smirgel J (1985). *Creativity and Perversion*. London: Free Association Books.
 Freud S (1900). *The Interpretation of Dreams*, S. E., Volume 4. London: Hogarth Press.
 Freud S (1933). *New Introductory Lectures on Psychoanalysis*, S. E., Volume 22. London: Hogarth Press.

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Reflections on the First European Psychoanalytic Film Festival

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From 1 to 4 November 2001, the British Psychoanalytical Society held the First European Psychoanalytic Film Festival (EPFF) at Regent's College and the British Academy of Film and Television Arts. The festival's Honorary President was Bernardo Bertolucci. This was an unusual festival insofar as it combined the format of academic conference-style panels on the one hand with film screenings and question-and-answer sessions with directors on the other. The point was raised several times as to whether this was a Film Festival or a Film Conference but, in practice, this was a highly successful hybrid.

Eleven major films from nine European countries were shown, with 10 of the 11 directors present and involved in their presentation (the eleventh film was directed by Samuel Beckett). Among the films shown were Tom Tykwer's *Lola rennt* (*Run Lola Run*, 1998), Vinko Brešan's *Maršal* (*Marshal Tito's Spirit*, 1999), José Luis Borau's *Leo* (2001), Nanni Moretti's *La Stanza del figlio* (*The Son's Room*, 2001), Dominik Moll's *Harry, un ami qui vous veut du bien* (*Harry, He's Here to Help*, 2000) and Ildikó Enyedi's *Az én XX. századom* (*My Twentieth Century*, 1989). The Chairman of the EPFF Organizing Committee was Andrea Sabbadini, who for several years has been in charge of the British Psychoanalytical Society's programme on Psychoanalysis and the Arts and is a former film critic.

These were a few momentous days to remember and savour. So what made this such an exhilarating and joyous event? It is true that I had already tasted and enjoyed the experience of exploring the relationship between psychoanalysis and film by attending the film screenings and discussions run by the British Psychoanalytic Society at the Institute of Contemporary Arts; and I had started a similar venture in Brighton. But the EPFF was a particularly rich and delectable diet. There were added ingredients: the film-makers and those involved in the world of film production; scriptwriters, actors and actresses; the international ingredient; and the academics from literature and film history who have used psychoanalytic theory to enrich and give flavour to their respective disciplines for many years. All these groups of people were adding to the dialogue that developed over the weekend and were integral parts of the process of formalizing an ongoing relationship between film and psychoanalysis.

The year before the EPFF, in July 2000, I had attended the First International Neuropsychanalytic Conference where I had heard Mark Solms, in his opening talk, address the need to develop a shared language between the two disciplines of psychoanalysis and neuroscience. Andrea Sabbadini said something similar when he welcomed us to the film festival on the first evening. But there was a sense in which an aspect of this language had already started to develop. Despite the differences in the professional backgrounds and the cultures of the individuals at the festival, they were in direct juxtaposition to the common language that we all shared and enjoyed; the symbolic language embodied in visual imagery; a language that has developed during the history of film. The festival organizers made a bold and direct non-verbal statement to this effect when they decorated the reception room that we entered after registration. Around the edge of the room were slightly larger than life-size plastercast models of film icons, and film memorabilia: Charlie Chaplin, Humphrey Bogart, Marilyn Monroe and clapperboards, to mention but a few. We were at once transposed into a world where dream and fantasy play an integral part, a world where visual and symbolic imagery are part of the everyday currency of communication. This initial introduction to the festival therefore dramatically established a large area of shared territory and the basis for an ongoing dialogue. This was fertile ground.

I will deflect briefly from the festival to interject a clinical note: this 'shared territory' that I refer to can, of course, be a common symbolic language in the consulting room. As I write this I have recently had a session with a patient where I made reference to the internal conflict between the idealized and denigrated parts of himself. His response to my interpretation was to think briefly about what I had said and to go on to say that he was finding himself thinking of the contrasting nature of the films in his video collection. He could see the validity of what I had said because it was so clearly represented by a similar split in his choice of films. When he talked about the films, my interpretation was at once brought to life and given depth and meaning by this introduction of visual and symbolic imagery. It has given us a language for an ongoing understanding about the relationship between the opposing parts of him, both conscious and unconscious.

But to return to the film festival: the film directors were consistently receptive and willing to engage with a psychoanalytic understanding of their work. This was not entirely unexpected with a director such as Bernardo Bertolucci, who has been in analysis on and off since 1969. Psychoanalysis became a film-making tool for Bertolucci, 'like an additional lens in my camera, which wasn't Zeiss, it was Freud'. For most of the directors, however, there was little awareness of the psychoanalytic theories underlying their films. For example, after the screening of *Harry, He's Here to Help* we listened to Dr Candy Aubry, who took a Kleinian perspective in her paper about the film and looked at the processes of projective identification and reintroduction between Michel, the protagonist of the film, and Harry, his childhood 'friend'. Dominik Mol, the

director, who was on the panel for this post-screening presentation, listened and responded with interest to this and the ensuing discussion. At one point, he made a claim that he knew nothing about psychoanalytic theory. However, his film and his contributions on the panel show clearly that he is a director who is in touch with, and able to use, unconscious processes in his work. The films in the festival often showed quite strikingly some of the complex aspects of human emotional behaviour. There was a real sense that this was a two-way learning experience and exchange between the film-makers and the psychoanalysts. Quite a few times over the weekend I was reminded of the adage that, 'Shakespeare's analysis of Freud's work would be just as interesting as a psychoanalytic analysis of Shakespeare's work'.

It is perhaps interesting to note from the history of psychoanalysis and the history of cinematography that they share a similar birth time and have therefore developed over the same period. It would seem likely that this genesis and shared cultural history have contributed to the potential for a natural relationship between the two disciplines. This was the First European Psychoanalytic Film Festival. It gave a wonderful opportunity for this relationship to begin to grow and flourish. I eagerly await EPFF2 in the autumn of 2003.

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Books Reviewed

Disability: Controversial Debates and Psychosocial Perspectives

By Deborah Marks

London: Routledge, 1999, pp. 189, pbk £16.99

This book is an important contribution to the general debate and critique of issues and politics of disability. It is well worth reading or just dipping into, and having on your bookshelves for reference. What makes it good is that it is written by a non-disabled writer who knows the issues and believes in what she writes. It also reflects differing views of disabled writers themselves and these are quoted from liberally throughout. This adds to the growing respectability of academic writing in this field, which has been accompanied by the establishment of various schools of disability studies in some of our universities, Deborah Marks being Director of Disability Studies at Sheffield University.

Too often, books are written about us rather than by or with us. Whether they are sociological or psychological, they do not often reflect the views and debates from disabled people themselves. This book does. So it is extremely refreshing for me to recommend it.

Why should psychotherapists and other professionals read this book? Marks writes:

I am arguing that those people engaged in attempting to understand the inner world of the people they work with would improve their work if they became politically literate regarding the social experiences of the broad range of social groups with which they come into contact. (1999: 112)

She meets the remit of controversial debates (how far can we as a society stretch our levels of tolerance with areas of difference?) by asking such questions as 'Who is disabled?' 'Who decides on who lives or dies?' The area of eugenics – aborting fetuses that are not 'healthy' (should we?) – is admirably covered. As is language, its impact and image, its lack of immediate impact in films, yet the 'in-your-face' impact when a disabled person is met on the street.

As regards the psychosocial perspectives, these are less well defined. Little emphasis is given to working with the unconscious when writing about psychoanalytic treatment; more is given to defences and projections (Chapter 1). This is forgivable, for the book is primarily a sociological one and the purpose

of bringing in psychoanalysis in the form of defence mechanisms and projections is to try to answer the question, or at least to raise it, of why non-disabled people have to distance themselves from disabled people. One question Marks asks, for example, is why do some carers show sadistic behaviour? I think we would agree that it is more likely that such people are drawn to working with disabled people rather than that they become sadistic as they work.

After reading the Introduction I began to wonder whether Marks was doing too much in such a small book: a sociological approach is to do with groups and societies whereas a psychological approach is more to do with working with individual differences. Yet she does have to bring in a psychosocial perspective if she wants to include the emotional traumas of impairment. These can centre around the pain of impairment as well as the dislocation and dysfunction of family life following the general interruptions of interventions from medicine and services such as dislocation to housing, needing social services and so on.

Her introduction and first chapter set the scene and the subsequent chapters deal with the value of life and the medical and social models of disability. It is heartening to find that a non-disabled writer sets such store on the social model of disability, one of the few non-disabled sociologists to do so. Marks then moves on to looking at impairments and how there is confusion over individual difference: she deals with people who are blind or deaf or who have had spinal cord injury and notes that no one person has exactly the same effects of impairment (Chapter 6). For example, a person with a spinal cord injury may be paralysed from the 'waist downwards' but may have some feeling in different parts of their body, or they may have no feeling from the chest down. Some people can get out of their wheelchairs, or some 'blind' people may be able to see some way ahead but have no peripheral vision. Able-bodied people seem to want to have a blind or deaf person totally blind or deaf, or a wheelchair user to stay in their wheelchair! In Chapter 7 (Does language disable people?) one is reminded of phrases such as wheelchair-bound – who ties who into a wheelchair?

In Chapter 8 Marks helps us to think about image, and what struck me most is her comments that disabled people usually take a shadowy place in films – in the shade, up the stairs, far away; and actors are usually able-bodied, such as Daniel Day Lewis as Christy Brown, the boy genius who had cerebral palsy. It helps, Marks says, to keep the filmgoer feeling safe if she or he knows that the actor is not really disabled. Language and image also have their place in the book, both so relevant in dictating our general attitudes based on fear towards disabled people.

Some disabled people will feel it is not right to dwell on impairment as such; far better to go with the social model and deal with the *effects* of impairment (social and environmental, attitudes and access). The pain and struggle of getting what we need make us deny, I believe, the effect of this on

us: it is easier to struggle politically and direct our anger away from our impairment to the social structures and barriers that we face neglecting our psychic needs. This is barely touched on by Marks. Nor does she deal with the ideas of professionals that all disabled people are either passive or angry – far too simplistic!

Throughout the book runs the theme of cause and effect, and the control by others of our lives can seem all-powerful. We call ourselves disabled people, because we are disabled by the society we live in.

This book is not going to tell us how to work with disabled patients; but it sets the scene of how disabled people have been so misused and abused and denied their civil rights. We shall still have to work with disabled patients and I do believe that we put barriers in the way of our work by believing that somehow the disabled patient is different from other patients. I do not believe this. Their struggle may be different, and their stress and/or mental distress may be caused as much by the institutionalization as by individuals or by circumstances, but we work with disabled people in the same way as we do with other clients or patients: using our psychoanalytic skills in assessments, in the sessions and within supervision. But in understanding the social context of each individual patient who comes to see us, then and only then will we make more sense of what they present to us in sessions.

FRANCES BLACKWELL

Jung and Film: Post Jungian Takes on the Moving Image

Edited by Christopher Hauke and Ian Alister

London: Brunner-Routledge, 2001, pp. 254, pbk £16.99

Film-makers are the storytellers of the modern world: contemporary myth is transmitted and elaborated on the big screen. *Jung and Film* is a series of essays in which writers analyse selected films from various Jungian perspectives, but with this idea always in mind. The foreword announces,

Jungian film studies is a fast growing discipline, but this is the first book to bring together the best new writing from both sides of the Atlantic. The essays represent both clinical and academic perspectives, forming an essential bridge between analytical psychology as therapy and Jungian studies as a way of understanding the world.

The book has a comprehensive introduction by Christopher Hauke and Ian Alister. For me, this introduction was very important as a guide through the book, and I would recommend that the reader use it as such, to gain the maximum from the collection. Without this map, the essays may come together as a postmodern pastiche, and some of their original flavour may be lost.

In the introduction, the editors introduce the idea of cinema as an alchemical process, where images and themes from the unconscious can be projected, literally, on to a screen, in the *temenos* of a darkened space, and are there available for active imagination, for reflection, and potentially for integration and transformation. They see this as a process similar to a Jungian psychotherapy session, with the holding provided by the film, rather than the analyst.

Referring to Christopher Hauke's previous book, *Jung and the Postmodern: The Interpretation of Realities*, they speak of Jung as the depth psychologist who recognized the deficiencies in the one-sidedness of modern consciousness, but who also observed the process by which a culture will allow its opposite to emerge (*enantiodromia*). Film is seen as one such medium in which the emergence of the opposite is at its most powerful. The effect of this is enhanced by the collective experience of modern cinema. Although films are produced for mass consumption, they are viewed by small numbers of people in close proximity, providing the possibility of a group experience, but with great value placed on the subjective view of the individual observer.

The book is structured around different approaches to Jungian analysis of film. Some chapters deal with content and form of films along lines of Jungian psychological theory, in broad sweeps involving concepts like the collective unconscious, archetypes and individuation, and others discuss more particular concepts, such as *anima* in relation to film. Gender themes are to the fore in several chapters, as are concerns around the advance of science and technology and its meaning for modern man.

There are three sections to the book: A Jungian Perspective; Four Films and a Director; and Studies in Genres and Gender. The first three chapters, A Jungian Perspective, are helpful for readers unfamiliar with Jung, and may be read in conjunction with the glossary of Jungian terms at the end of the book. I thought they were useful to a reader well versed in Jung as well, and provided a good introduction to the material of the book. In the first chapter, Jung/Sign/Symbol/Film, Don Fredericksen considers the contrast between a Freudian semiotic approach to film and a Jungian symbolic perspective on the psyche, and how this influences film analysis. Fredericksen is interested in the felt power of images, much deeper and stronger than a response to a mere sign, and uses the image of the monolith in 2001, *A Space Odyssey* to illustrate this idea. Lydia Lennihan, in Chapter 2, offers an original analysis of Quentin Tarantino's film, *Pulp Fiction*, in terms of the alchemical quest, illuminating the symbols of the film from this highly original viewpoint. Pat Berry explores the relationship of the film to modern society in Chapter 3, suggesting that the bombarding quality of modern life requires a discrete representational space or digestion zone, and that space is provided by the films produced by society. She makes the point that the very act of filming transforms what is filmed, just as the act of putting into words transforms thoughts, making them available for reflection; and so again, makes the parallel between film and psychotherapy.

Part 2 is entitled Four Films and a Director. The films are *Field of Dreams*, *Dark City*, *Blade Runner* and *2001, A Space Odyssey*, and the director is Steven Spielberg. John Hollwitz approaches *Field of Dreams* by thinking about the actual field where the film was made, which has subsequently become an attraction for hundreds of visitors each year. The popularity of the film has spilled over from the celluloid to an actual geographical space. Hollwitz uses the archetypal theme of the quest for the Holy Grail to shed meaning on both the theme of the film and its powerful effect on its viewers. In his exposition on *Blade Runner*, Don Williams states the film's theme as 'the quest to determine for ourselves what it means to be human'. He explores the failure of modern society to maintain a balance between conscious rationality and other aspects of the psyche, such as spirituality, or collective beliefs, and follows this theme through the film. He interprets the union between a human Adam and a genetically engineered Eve as a sacred marriage, a *hierosgamos*, between conscious and unconscious, thus restoring a note of optimism, and moving from the depiction of an unbalanced psyche which might be described as post human, to a conclusion in the film where love does triumph over power. The third film, *Dark City*, is the subject of Jane Ryan's chapter, which she portrays as a story of a classic encounter of the hero against the dreadful 'other'. Again, she is interested in the lack of balance between *logos* and the spiritual, and sees *Dark City* as a dark portrayal of a soul attempting to strive towards the light and individuation. John Izod is the fourth author, and his subject is *2001: A Space Odyssey*. His theme is connected to Jung's *Answer to Job*, for he writes that Man and God, or Ego and Self, are in an interdependent relationship with each other, God in need of man, and man in need of God. He interprets the monolith, the overwhelming symbol of this film, as representing a numinous source of primitive energy, in need of a relation with man, as man is in need of a relation with it. He speaks of the influence of such a film, which not only arises from the unconscious, but which feeds back into the unconscious, a seed of great potential for modifying the culture.

The director, mentioned in the title of this section, is Steven Spielberg, and in his contribution Christopher Hauke tracks the development of the masculine, through six films, *Duel*, *Jaws*, *E.T.*, *Close Encounters*, *Schindler's List* and *Saving Private Ryan*. This masculine appears as a heroic encounter in *Duel*, but through the later films the aspects hidden in the shadow are gradually integrated, and the feminine, the poetic, the mystical and the subjective can return. Hauke says: 'In our postmodern times, the technological achievements of this type of consciousness (detached rationality) have, ironically, delivered us a technique of projection that is now returning what we have lost on a massive collective and cultural scale.'

The final section is entitled Studies in Genres and Gender. Luke Hockley writes on 'Film Noir: Archetypes or Stereotypes', and applies Jungian analysis

not to a specific film but to a particular form of analysis itself. He explains how films that create a genre interconnect, referring to each other, and evolving common images, which may be archetypal, such as the *femme fatale*. He explains how audiences become part of this evolution, feeding back into the process, much as an analyst is affected by, and affects, the process of an analysis. In the second chapter, 'Love-Life', Mary Dougherty considers how five films are linked to gender issues, being the product of our current attitudes to gender as well as influencing those attitudes. She describes the multiplicity of roles that women can represent on the screen, and shows how those roles also carry the shadow element, as in fairy tales. She explains, too, how she might use films in a clinical situation. John Beebe continues this theme in 'Anima in Film', where he compares the director to the self, creating a living image of the archetype on the screen, evoking feeling-toned complexes in the viewer. He suggests that the viewer can engage in active imagination about the behaviour of an archetype – in this case, the *anima* – and traces how this develops in relation to the characters it affects. The final chapter is by James Wyly, on the work of the Spanish film-maker, Pedro Almodovar. He interests himself in the idea of the hermaphrodite, the ultimate gender issue. Jung thinks about the hermaphrodite as an undifferentiated, therefore childlike being, whereas Wyly sees it as separate from male or female, evolving from polarized adult sexuality, as a kind of third. Speaking of the work of Almodovar, Wyly says,

His work as a gay artist strongly suggests that 'gay sensibility' can be defined as a sensibility determined by activity of the archetype of the hermaphrodite. From such a perspective the two gender positions are equal and psychologically inseparable ... as the complexities of sex and gender become ever more urgent issues for reconsideration in our society we could do worse than inform ourselves by studying his oeuvre.

This is a book full of original ideas and creative essays. However, I found it difficult to read straight through, in spite of the helpful introduction, and this was because of my ignorance of many of the films discussed. To gain the greatest benefit from *Jung on Film* I think the reader should study the chapters in conjunction with viewing the video of the film concerned. Without that, I missed the originality of many of the interpretations. I think it is an invaluable book from which to teach, because of the close connection between film, myths and fairy tales, and I have already used it for this purpose, encouraging creative theoretical and clinical thought. Finally, it has whetted my appetite, and I envisage many fascinating hours reviewing those films I have only partially understood, and seeing for the first time those I have missed. For that, I thank the authors greatly.

MAGGIE HAMMOND

References

- Hauke, Christopher (2000) *Jung and the Postmodern: The Interpretation of Realities*. London: Routledge.

On Private Madness

By André Green

London: Karnac Books, 1997, pp. 380, pbk £19.99

André Green is a distinguished member of the Paris Psychoanalytic Society whose extensive work has permeated psychoanalytic thinking, particularly in France, continental Europe and Latin America. Dr Green's technical approach and theoretical premise comes closest to what in Britain would be considered the Independent School, with its emphasis on object-relations and use of the countertransference.

Green has written 14 books, and about 200 articles, of which seven (including this one) have been translated into English.¹ *On Private Madness* collects 14 of his papers, covering a wide cross-section of clinical and theoretical themes. They do not follow a strict chronological pattern, but are assembled to present the evolution of his ideas around narcissistic resistances to psychological progress. The topics studied range from subjects as seemingly different as the importance of writing in psychoanalysis as a form of working through the countertransference to the splitting of affect from thought in borderline personalities.

Green belongs to a particularly French psychoanalytic tradition that takes place in the context of an implicit and explicit critical dialogue with philosophy. Some crucial themes discussed in philosophy appear in his work, such as absence, negation, negativity and nothingness. Green's originality lies in his ability to examine and apply the contributions made by Lacan, Melanie Klein, Bion and Winnicott while remaining basically Freudian in his beliefs.

In this present volume, originally published in 1986, the author concentrates on his evolving theoretical framework on the treatment of patients with severe personality disorders and extreme forms of negative transferences and negative therapeutic reactions. André Green's central preoccupation, which underlies the compilation of papers in this volume, is the understanding of narcissistic states of mind, and of the process he calls 'unbinding' (*délaison*). Green's thesis is that the ego denudes itself of interest in the object as well as in itself, leaving only a yearning towards death and nothingness. He emphasizes that, as a result, the personality is left with an incapacity to project.

Green introduces the book to the Anglo-Saxon reader with a very interesting synopsis of the history of the French psychoanalytic movement. He offers

the reader valuable insight into Lacan's contributions and influence, as well as his limitations, particularly in the area of affect, where Green feels that Lacan paid excessive attention to language and abstraction and not enough to the instinctual life.

Chapter 1, 'Psychoanalysis and Ordinary Modes of Thought', introduces Green's concept of 'tertiary processes' to supplement Freud's original primary and secondary processes. The tertiary process is a function of the ego, which is capable of being in touch with unconscious and conscious processes at the same time. The tertiary process is the mechanism through which symbolization can take place. In studying the negative therapeutic reaction, Green tries to bridge the Freudian theoretical corpus with the object-relations theorists. In effect, narcissism is no longer an autoerotic objectless state, but a failed object-relational enterprise, whereby the ego is overwhelmed by instinctual forces which have not yet reached their object.

Green summarizes the difference between repression and splitting. Repression implies a vertical relationship between the ego as representative of reality and the instinctual demands as representative of the pleasure principle. In splitting, the relationship is horizontal. Green reminds us that in repression the ego is still intact and recognizes when repressed material reappears. In splitting, however, the ego is not intact and cannot be aware of itself. In the transference, the 'mad thoughts' are those that are split from the ego. Green calls the place where these elements reside the analysand's 'private madness'. Green ends this very well-written paper with the conclusion that, as psychoanalysis reaches deeper layers of the mind, it also discovers that there are many types of rationality that coexist in the human psyche that mutually influence each other at any given moment.

Chapter 2, 'The Analyst, Symbolization and Absence in the Analytic Setting', examines the contradictions and new challenges for psychoanalysis when compared with psychoanalysis as it was practised in its early days. Green does this by looking at the role of the analyst in the analytic setting and at the role played by narcissism in analytic treatment. The subjective aspects in the analyst at work have altered the perception of aims in the psychoanalytic cure. Green proceeds to look at how the field of analysis has changed. At first psychoanalytic interest was focused mainly on the historical contents of the patient's psyche and the ego, and mechanisms of defence and transference were the main objects of study. Today, the psychoanalytic field has shifted to the analytic situation as a whole and focuses its attention on the mental functioning of the patient. Green states, 'the real analytic object is neither on the patient's side nor on the analyst's, but in the meeting of these two communications in the potential space which lies between them' (1997: 48).

In Chapter 3, entitled 'The Borderline Concept', Green stresses the role of the intermediate, between internal and external reality and the failure and/or success to create it, as central to understanding the arrested state of

development in borderline personalities. Green feels that borderline psychic states cannot be understood in terms of representations but in terms of movements of energy and of attempted symbolizations. The borderline is constantly trying to find meaning through projective identification. The author reminds us that the return of the repressed gives rise to anxiety, whereas the return of split-off elements is accompanied by feelings of catastrophe, and disintegration. Green stresses that what is particular to the borderline is that splitting occurs on two levels: splitting between the psychic and the non-psychic and also splitting within the psyche. For the borderline, the ego is fluid, variable, and thoughts are conceived as archipelagos.

Chapter 4, 'Projection', presents a useful discussion on the differences between projection proper, projective identification and pre-projective identificatory activity. Projective identification needs a recipient, whereas pre-projective identificatory activity does not. Green calls the latter activity excorporation, whose aim is to evacuate unwanted mental activity. Projective identification finds itself midway between excorporation and projection. Through interesting examples both from the clinic and from literature, Green shows how projection is not just a way to escape reality but also a way to get to know reality.

Chapter 5 is entitled 'Aggression, Femininity, Paranoia and Reality'. The main thesis in this somewhat weaker paper is that because of anatomical differences between the genders, boys tend to express more their aggression and assertion and outward energies than girls. Femininity, according to Green, corresponds to an extremely intense cathexis of the inner world due both to fixation and to defence mechanisms. As a consequence, there are specific peculiarities of the development and transport of aggressive drives in women when compared with men.

Green equates masculinity and femininity, which are cultural concepts, with passivity and activity. He asserts that females are more likely to find compromises between the fear of object loss and aggressive incorporations. If one agrees with these hypotheses then one would have to agree with the debatable view that primitive mechanisms of defence are not common to all human beings and that the sexes differ in their emphasis on aggressive incorporation functioning.

In Chapter 6, 'Moral Narcissism', Green uses the Greek myths of Ajax and Oedipus to illustrate shame and guilt. Object cathexis leads towards guilt due to the internalization of the conflict, as is the case in the Oedipus story, and seeks reparation. Shame in contrast is engendered by an externalized conscience and seeks repentance and expiation. From a defence standpoint, the moral narcissist functions somewhere in between repression and disavowal. Moral narcissistic states are more amenable to change than destructive narcissism, because the patient finds himself somewhere in between the paranoid schizoid and depressive positions. Usually the patient is afraid of change because of the fear of catastrophe engendered by the shift in narcissistic mode.

Green feels that the analyst's careful interpretation of the patient's constant need to render the analyst useless and impotent is essential if one is to help the patient change his narcissistic defence organization.

Chapter 7, 'The Dead Mother', examines the relation between the depressive position and the existence of a mother who is depressed or emotionally inaccessible for the child. The process of analysing such patients involves the setting up in the transference of a dead object. The transference is characterized by the patient trying to keep the breast alive but at the price of living in a false self manner. The analyst has to use his countertransference in order to help the patient recreate a life-oriented situation where play can take place between an 'alive' mother and a child wishing to play. Green emphasizes the actual emotionally depressed mother and considers in these cases the aggression in the patient as a secondary reaction rather than a primary one. These cases therefore are not fixated on the oral stages of development, but have encountered a secondary trauma in the course of their early development.

Chapter 8, 'Conceptions of Affect', deals with the evolution of the concept of affect from Freud to the present time. Freud originally used the ideational representation to denote the representative of the drive, whereas later he tilted in the direction of affect. Over the years, as more marked pathology was brought to analysis, more attention was paid to early affective states. Abraham, Ferenczi, Jones and Klein brought affect into the foreground as difficulties developed treating certain patients with the need to pay less attention to reconstruction and more to early developmental stages. The emphasis shifted from symptom formation to structure and organization of the personality. In the United States Hartmann introduced the genetic and adaptive points of view to add to the already existing Freudian ones (dynamic, economic and topographical). Affect is studied under the general rubric of motivations but there is no connection made between sign and affect and language. Green is surprised by the limitations in American psychoanalysis imposed by the very small importance given to the affective life of the analyst and to his countertransference.

The author proceeds to look at the British school of object relations and Melanie Klein's influence. Although Green feels in accord with Klein's discoveries of the early functioning of the psychic apparatus, he feels that Winnicott, Milner and Khan's approaches in technique permit better possibilities for change than the traditional Kleinian interpretative technique, which, he feels, can be too intrusive to the yet undeveloped ego in the patient. Green continues with a useful summary of Lacan's contributions to psychoanalysis in particular in relation to the theory of affect. According to Lacan, the unconscious is structured like a language, with two levels of meaning – the signifier and the signified. Green parts company with Lacan in that he believes that the unconscious is composed of many signifiers which are not solely based on language.

Green distinguishes between two types of affect. A primary one, which comes directly from the instincts, and a secondary one, which emerges from mental content. The latter affect can be worked through in classical analytic ways; the former needs containment and the application of new holding techniques. Green proposes the following hypothesis:

The psychic apparatus registers the traces of affective experiences before it is ready to establish mnemonic traces of perceptions and that the whole aim of analytic work is to separate out the representations from the contradictory affective infiltrations whose general tendency is towards diffusion, whilst the representations seek articulation. (1997: 211)

Chapter 9, 'Passions and their Vicissitudes', continues to examine the link between affect and representations. Passions before the age of enlightenment were considered to be demonic. There was an undeniable link between passions and madness. Psychiatry and psychoanalysis were born out of the need of developing reason over religion and magic. Madness, according to Green, is not a disorder of reason but an affective passionate element, which modifies the subject's relation to reality. Green advocates the need for psychoanalysis to distinguish between madness, passion and psychosis. Psychosis is an organizational defence system, which uses representations to protect the psyche from the overwhelming force of its own passions.

'Negation and Contradiction', Chapter 10, studies the unconscious and its relationship to language development. The introduction of negation sets up the advent of the self and of individuality. When the child learns to say no he affirms his difference and separateness. The advent of contradiction and negation forms part of the interpretation of experience. The resulting separateness created through contradictions helps the patient create his internal analytic object. The act of interpretation, which emerges as a result of the associations of the analyst, contradicts the manifest, and therefore establishes a sense of separateness in the patient. Green describes it this way: 'Interpretation is an act of exorcism. It is a means of ridding oneself of what the patient has handed out and giving it back to him so that he may get rid of what has been put in him or what one has put in him' (1997: 271).

Chapter 11, 'Potential Space in Psychoanalysis', studies the concept of object in psychoanalysis, how it is formed or fails to be formed and what forces act against its creation and development. According to Green: 'The aim of psychoanalysis is the construction of the analytic object, which the analysand can carry away with him from the analysis and can make use of in the absence of the analyst, who is no longer the object of transference' (1997: 281). In examining psychic conditions that lead towards the formation of the analytic object, he emphasizes the importance of the creation of psychic space formed by the transitional area between oneself and another. This potential space is that which allows the infant and therefore the ego to find a place where play and meaningfulness can develop.

Green describes two types of resistance against the growth of the analytic object. The first is based on a depressive form of narcissism (see Chapter 6). Green refers to negative investment and postulates the existence of a negative narcissistic structure, which is characterized by the 'valorisation of a state of non being' (1997: 292). This description is akin to the state of adhesive identification described by Donald Meltzer and of autistic types of object-relations. The second type of resistance is based on a more destructive form of narcissism, seeking to scotomize, denude and fragment the psyche. This form of narcissism is often accompanied by perverse functioning. It often manifests itself in psychotic prominence in the personality with its attempt at destroying reality and meaning.

Chapter 12, 'Surface Analysis, Deep Analysis', examines the aims of the psychoanalytic process. Green feels that the main aim is to prepare the patient for self-analysis. In order to achieve this he proposes the establishment in the mental apparatus of a function he calls 'tertiary processes'. These result from the stimulation of the preconscious, which is achieved through free association. Fluid preconscious functioning encourages the flow and association between primary and secondary processes. The author criticizes the classical Kleinian approach of directly interpreting the instinctual life. He feels that ego and preconscious functions are inhibited by this approach. He concurs with Winnicott that technically it is better to interpret from the superficial to deepest levels gradually at the pace of the ego of the patient. Green does not seem to take into account post-Kleinian thinking, exemplified by authors such as Rosenfeld, Bion, Meltzer, Steiner et al., who developed interpretative techniques aimed at helping the mental functioning of the patient while keeping in mind the importance of making the patient aware of his instinctual tendencies.

Chapters 13 and 14, 'The Double and the Absent' and 'The Unbinding Process', deal essentially with the applications of psychoanalysis to cultural studies with special attention paid to literature. Green posits that interpretations are creations of absent meanings and not merely revelations of hidden meanings. The analysis of the text is in fact found in the countertransferential feelings and elaborations and not in the original text. He believes that ideas when expressed in words seem to lose their meaning. He differentiates between verbal thought and language. The act of meaning adjudication is effected in the transitional space through interpretation or awareness of the occurrences in that space. Thus, Green conceptualizes that writing is both an act of reparation and of creation in a transitional space. Green equates writing with Winnicott's idea of the capacity to be alone in someone else's presence because for both the reader and the author, the interlocutor is absent.

The intensive dialogue with philosophical thinking that characterizes André Green, and French psychoanalysis in general, is extremely stimulating. For the reader who is interested in the interface between philosophy, culture and psychoanalysis, this book offers a wealth of creative ideas and thought-provoking formulations. Although the writing style seems difficult at first, it does become accessible to the reader in that the concepts are familiar to

experienced practitioners, albeit through Green's use of unique vocabulary and theoretical formulations.

The book's strength lies in the quality and breadth of insights and experience offered by Green. As such, it gives the reader a method to conceptualize and create a language to describe the phenomenology observed. What is very special about Green's work is the way he encompasses the whole of the theoretical corpus in psychoanalysis, thus helping the reader place the phenomena observed in context. He includes at any one moment the combination of ideas, insights and concepts from all different points of view – namely, the topographical, the dynamic, the economic and the structural. This is in fact refreshing and singular when compared with other authors who, as a general rule, tend to remain within their own scope of orientation.

Although Green repeatedly stresses Winnicott's part in helping to understand the role played by absence in the negative therapeutic reaction, it is somewhat surprising that he does not mention Klein's discoveries of the role played by envy in the difficulties encountered by borderline patients. Similarly, he does not mention the important contributions by Herbert Rosenfeld in understanding the role played by the internal narcissistic organization. Green approximates Bion's conception of the personality seeking to escape mental pain through the denudation of its own functions.

Although Green defends the almost total lack of clinical illustrations in his writings by stating that they are often biased and serve only to fit the analyst's own beliefs, it would have been useful to have more than one or two clinical vignettes. It is also somewhat bewildering why Green sometimes goes to great lengths to remind the reader of the differences between concrete and symbolic thinking, since it is obvious that when there is loss of an object, there is an internal representation of the absent object. The author tends at times to overwrite and overstretch his arguments in his attempt to relate object-relations theory to the structural model of the mind.

Despite these minor criticisms, Green's main contribution lies in the clarification and conceptualization of psychoanalytic findings and in developing a language that contributes greatly to psychoanalytic thought and its metapsychology. At the same time, he also helps to bridge the gap in understanding between the Anglo-Saxon and French analytic traditions. I highly recommend this book to both experienced practitioners and students alike.

Note

1. *The Work of the Negative*, London: Free Association Books, 1999; *The Dead Mother*, London: Routledge, 1999; *The Fabric of Affect in the Psychoanalytic Discourse*, London: Routledge, 1999; *Life Narcissism, Death Narcissism* (London: Free Association Books, 2001); *The Chains of Eros* (London: Karnac Books, 2002); *Time in Psychoanalysis* (London: Free Association Books, 2002).

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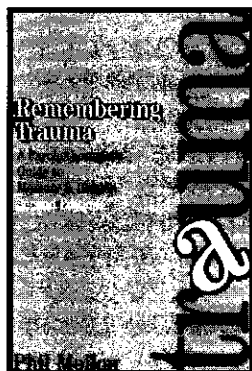
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