BAP

THE JOURNAL OF THE BRITISH ASSOCIATION OF PSYCHOTHERAPISTS

VOL 42 ISSUE 1 JANUARY 2004

JOURNAL OF THE BRITISH ASSOCIATION OF PSYCHOTHERAPISTS
Volume 42 Number 1 2004 ISSN 0954-0350

Journal of the British Association of Psychotherapists is published twice a year (in January and July), by Whurr Publishers Ltd for BAP.

Subscription rates for 2004: Individuals £39/US$70/€65. Institutional: £78/US$140/€125. Add $15 per subscription for airmail postage if outside Europe.
All subscription orders and correspondence regarding service should be sent to:
Whurr Publishers Ltd, 19b Compton Terrace, London N1 2UN (telephone 020-7359 5979; fax 020-7226 5290).

For all advertising enquiries, please phone Whurr Publishers on 020-7359 5979 or email info@whurr.co.uk

The British Association of Psychotherapists, 37 Mapesbury Road, London NW2 4HJ. Tel 020-8452 9823; fax 020-8452 5182; email journal@bap-psychotherapy.org
www.bap-psychotherapy.org

Design: Stephen Cary
Printed on acid-free paper, which conforms to the international standard ISO 9706 1994, by Hobbs the Printers of Southampton, UK.

The *Journal of the British Association of Psychotherapists* is indexed and abstracted by e-psyche.

JOURNAL OF THE BRITISH ASSOCIATION OF PSYCHOTHERAPISTS

ORDER FORM

This form can be used to order a subscription. We suggest you complete the form, and keep it in this issue for your own records, sending us a photocopy, either by mail or by fax.

Journal of the British Association of Psychotherapists 2004 Volume 42 (2 issues) ISSN: 0954-0350

☐ Please enter my subscription at the individual rate of £39/US$70/€65 (individual rates apply only for home addresses and payment by personal cheques or credit cards).

☐ Please enter our subscription at the institutional rate of £78/US$140/€125.

☐ My/our payment is attached (please make cheques payable to *Whurr Publishers Ltd*).

☐ Please bill me/us at the individual/institutional rate.

☐ Please debit my AmEx/MasterCard/Access/Visa account: _____

Card expiry date_____ Signature _____

Name _____

Address _____

_____

_____

(if paying by credit card, the name and address given must be those held on your credit card file)

Please return this form to: Whurr Publishers Ltd, 19B Compton Terrace, London N1 2UN, UK.
Tel: 020-7359 5979; Fax: 020-7226 5290.

Contents

Editorial v

Music and internal experience
Sarah Nettleton 1

The psychology of the abortive mechanism
Elizabeth Gee 20

Some reflections on the differences between child and adult psychotherapy
Janine Sternberg 36

Clinical Commentaries
Clinical material: Ben 51
Commentaries
Stephen Baker 55
Maggie Hammond 59
Debbie Bandler Bellman 63

Arts review
The Merchant of Venice
Mary Twyman 67

Books Reviewed
Terrorism and War: Unconscious Dynamics of Political Violence
Edited by Coline Covington, Paul Williams, Jean Arundale and Jean Knox
Martin Kemp 73

Melanie Klein: Her Work in Context
By Meira Likierman
James V. Fisher 84

The Search for the Secure Base: Attachment Theory and Psychotherapy
By Jeremy Holmes
Maria Lynch 88

The Work of the Negative
By André Green
Ricardo Stramer 91

Full guidelines for contributors can be found on the JBAP site at www.whurr.co.uk

Editorial

The three main papers in this issue are all by members of the British Association of Psychotherapists and reflect some of the diversity of experience of psychotherapists in the organization. We begin with music – a hitherto rather neglected area in analytic thinking, due in part, perhaps, to Freud's seemingly ambivalent relationship to music – something he may have unconsciously associated with separation anxiety, we learn. We are grateful to Sarah Nettleton for her paper, 'Music and internal experience', in which she takes an in-depth look at the role music has played in the development of the mind and the attitudes towards it of philosophers and psychoanalysts in the past. She explores aspects of commonality between music, psychic development, the unconscious and the emotions and speculates that the 'vocabulary of psychoanalysis may as yet be inadequate to encompass the enigma of music'.

Elizabeth Gee, in her clinical paper, 'The psychology of the abortive mechanism', considers the relationship between an inability to mourn and the capacity for creativity in four female patients, all of whom had had several abortions and who displayed what she terms an 'abortive attitude' in relationships. She speculates that the abortions were an acting-out of the struggle to survive in the face of an emotionally absent internal mother. The inability to mourn the loss meant that any spontaneous feeling self had to be destroyed, or aborted, in intimate relationships. She looks at the consequences of this for creativity in the patients and how this affects and may be handled in the therapy itself.

Janine Sternberg's paper, 'Some reflections on the differences between child and adult psychotherapy', is a welcome discussion of differences in theory and technique facing those working with children as opposed to adult patients. For example, work with children would seem to be more dependent on action than on words, requiring particular attention to management issues in the treatment. But the discussion also raises the broader question of how we each adapt our technique to suit each particular patient, whether child or adult, while still keeping to the principles of psychoanalysis.

The material for our Clinical Commentary section is taken from the treatment of a latency age child. We appreciate the ability of the commentators to weave images and meaning from the material. For our Arts Review section we are publishing a paper by Mary Twyman on *The Merchant of Venice* given at a BAP special evening devoted to one of Shakespeare's most provocative plays.

The Editors

Journal of the British Association of Psychotherapists, 42, 1–19, 2004 © BAP

Music and internal experience

SARAH NETTLETON

ABSTRACT

Despite the fact that music has played a part in all known human societies, its significance within the psyche has been relatively little considered by psychoanalysis. After a brief survey of the place accorded to music by various other areas of human thought, the author reviews the relevant psychoanalytic literature and then discusses aspects of music's place in our internal world. There is an exploration of an apparent isomorphism between music and the psyche, and a discussion of music's relationship to Freud's primary and secondary processes, to verbal language and psychic temporality, and to object relations.

Key words Freud and music, music and language, primary and secondary processes, regression, temporality

Introduction: sound and music

Since, as far as we know, no human society has existed without music, it seems that it is in some way central to our existence. The importance of music cannot be separated from the issue of sound and its place in our experience. All humanity's great spiritual traditions emphasize the importance of sound and hearing. In the English translation of St John's gospel, sound represents the presence of God at the creation of the universe: In the Beginning was the Word. The word 'mystic' derives from the Greek verb *myein*, 'to close the eyes', and in many traditions blindness is seen as intensifying the gift of prophecy. Blind seers occur in the Greek myths, Sufism, Taoism, Zen, Celtic religion and East European Judaism (Berendt, 1988); in Chinese philosophy hearing is the only sense endowed with comprehension, and the Upanishads tell us that 'the Ear is the Way'.

Sarah Nettleton is an Associate Member of the Psychoanalytic Section of the British Association of Psychotherapists, working in private practice. She was formerly a professional musician.

For 300 years science occupied itself principally with the visible world and a central significance has been accorded to the speed of light. However, modern physics has challenged our Newtonian assumptions about reality and this includes our three-dimensional visual understanding; the world is not as we see it. Hearing, unlike vision, does not limit us to three dimensions, for sound is perceived in both space and time. It exists in a subtle context that includes subliminally perceived harmonic overtones.

Hearing starts to develop in the embryo at a few weeks' gestation, it persists in some states of coma and it is usually the last sense to be lost at death. Sound affects us directly on a physiological level (Kohut and Levarie, 1950; Norton, 1996). Its perception involves a physical change – a microscopic impact on the ear drum – and the effect of extreme high or low frequencies is clearly felt in the body. When volume exceeds 80 decibels blood pressure rises, the stomach and intestines operate more slowly, the pupils dilate and the skin becomes paler. Excessive exposure to loud music produces alarm and aggression, and noise is now officially recognized as a potential agent of pollution and 'stress'.

Vision emphasizes separation. Our eyes cannot focus if the object is too close – they require distance in order to function. With our vision we go out from ourselves to explore the world. Berendt points out that western philosophy from Plato to Kant has been based on the separating out of experience – on criticism, judgement and classification. The word 'criticism' derives from the Greek *krino*, 'to sever, divide, separate, select, prefer'. It is a philosophy built on seeing – based, it could be said, on post-birth experience and the distinction of subject and object.

Hearing, on the other hand, involves receptivity, elements of merging; it lessens the division of self and object. Berendt writes:

> The closer we edge up to something, the more judging changes imperceptibly into experiencing. Our most powerful experiences come during states of oneness. Conversely, when oneness becomes closeness, closeness distance, and distance remoteness, the experiencing and participating are transformed back into observing, judging and condemning. We 'stand back' – and must do so in order to be able to see. (1988: 178)

Music and philosophy

Music is of little practical use, but its psychic significance has intrigued some of the greatest philosophers in the western tradition. Its place in Greek thought and society grew out of the mystical and hermetic cosmogony of Pythagoras, who first connected music with the ultimate celestial principle of number via the harmonic series. This linking of sound and the laws of harmonics with the physical facts of inorganic nature showed that musical intervals were, in a sense, inherent in the universe. Whereas the meaning assigned to words is ultimately arbitrary, musical intervals have an independent reality outside the limits of that which is conceived by Man.

The Pythagoreans also originated the linking of music with pedagogy, a legacy that was to remain central to Greek culture. Music was considered to be a means of harmonizing opposites, unifying warring elements and purifying the soul in order to enable contemplation of the ultimate order of reality. It therefore formed an essential part of education. The Greeks believed that if music was taken into the soul while the child was still young, it would help to train him to recognize what was right and wrong in aesthetic terms, thereby promoting unconscious spiritual growth. Aesthetic education was seen as a preparation for the subsequent learning of conscious reason. Jaeger writes: 'Plato intends that after the work of the Muses has moulded them unawares into a certain intellectual pattern, philosophical teaching ... will later reveal to them in full consciousness the highest knowledge; and so philosophical knowledge presupposes musical education' (1939: 229).

However, the influence of music was not necessarily for the good. It was based on *rhythmos* and *harmonia*, both of which concerned patterns, ratios and interrelationships. For the Greeks these had a moral character, an *ethos*, which was the basis for the choice of acceptable musical forms. In Plato's highly organized and hierarchical Republic (Book III), music was rigorously censored. Its effects depended on form as well as content. The Lydian and Ionian modes were forbidden since they were redolent of sorrow and relaxation – neither of which was considered an appropriate influence for the fostering of manly virtue. The Dorian and Phrygian modes on the other hand promoted courage and sobriety. Rhythms must be kept simple in order to encourage a straightforward and harmonious life; dirges and lamentations were banned, as was gushing emotion of any kind. For similar reasons flutes, harps and cymbals were outlawed for creating harmonies and overtones that were too rich, sensuous and diverse. The preferred instruments were the lyre, the cythera and the shepherd's pipe. Plato saw the corruption of music as symptomatic of the degeneration of Athenian democracy. His denunciation, echoed in the comedies of Aristophanes, of the new musical 'modernism' has its parallels in later music history, when revolutions in style were greeted with indignation and emotional upheaval.

As western philosophy developed, attitudes towards music became polarized according to prevailing views on the relative supremacy of reason and emotion. It was universally recognized that music's chief significance lay in the sphere of the emotions, and Kant placed music as the lowest of all the art forms precisely because it has the least connection with the intellect – a view that would be echoed by Freud. Langer (1942) mentions others who regarded music merely as a form of pleasurable sensation – an aesthetic based on like and dislike rather than on meaning. A most extreme and provocative view was put forward by the, presumably, deeply unmusical William James, who claimed that music was 'a mere incidental peculiarity of the nervous system, with no teleological significance' (1890; II: 419).

For the Romantics, on the other hand, music's association with emotional profundity raised it above the merely intellectual. Like Aristotle and Plato, Schopenhauer accorded music a special place among the arts, seeing it as a direct and unmediated manifestation of the metaphysical Will – the reality that underlies perception. He says that Plato's Theory of Ideas can be applied to the other arts, which in various ways represent the Will, but because the subject matter of music is not the world of perception it does not communicate knowledge of the Ideas. It depicts a different order of truth: the *noumenon*, the nonmaterial, innermost soul of the *phenomenon*. He clearly separates the intellectual from the emotional faculties, saying that music is the art least contaminated by conceptual thought or conscious intention. He writes: 'The composer reveals the innermost nature of the world, and expresses the profoundest wisdom, in a language that his reasoning faculty does not understand' (1819; I: 260).

He suggests that music expresses, not particular personal emotions, but pure emotion in its essential nature, free from individual human context. Music has its impact on various levels – from bass notes that relate to earthy physical satisfactions to high notes that represent refined intellect. These ideas anticipate Kohut's correlation of music's varying effects with Freud's structural theory (Kohut, 1957), which will be discussed later.

Nietzsche was also particularly drawn to music and, like Schopenhauer, he considered it pre-eminent among the arts. He was an active musician himself; he composed from an early age and even considered music as a career (Hayman, 1980). However, whereas for Schopenhauer music offered an escape from the mundane world, Nietzsche saw it as enhancing our worldly experience, sharpening our perception and enabling us to participate more fully in the essence of life by expressing what would otherwise remain obscure and unconscious. His dichotomy of Apollo and Dionysus reflects Plato's idea that music can influence us for good or evil; it also relates to Freud's concept of primary and secondary processes (1900a; Chapter 7e). Perhaps it connects, in our own time, to a sense of unease about the primitive effects of the popular music of youth culture.

If music does have particular intrapsychic significance, it may be illuminating to look at its role in myth – the expression of our unconscious collective experience. Lévi-Strauss (1970: 14) describes music as 'a middle way between aesthetic perception and logical thought', and he perceives fundamental similarities between myth and music. In both, he claims:

> the same reversal of the relationship between transmitter and receiver can be observed ... music has its being in me and I listen to myself through it ... Music and mythology bring man face to face with potential objects of which only the shadows are actualized, with conscious approximations ... of inevitably unconscious truth. (1970: 17–18)

The influence of music for both good and evil has its place in the folk traditions of western Europe, in tales such as the Lorelei, the Pied Piper and the Magic Flute. However, it is the Greek myths and legends that reflect most profoundly a connection between music and the depths of the psyche. In the story of Odysseus, the song of the Sirens tempts mortals towards sex and death – in other words, to the world of the instincts. In the following passage, the classicist and poet Ruth Padel implies that music has complex connections with our psychic roots, our present unconscious and with worlds not yet consciously experienced. She writes:

> External influence, which enters through hearing, stirring and threatening the mind or self within, is realized in the Sirens. Their song offers knowledge of past and present. To hear it, for most people, is to be drawn to destruction. Odysseus blocks his companions' ears with wax, that even Sirens' words may not drill through. But he listens. In Homer there are two Sirens: one for each ear, perhaps. They offer truly desirable knowledge. Their song is dangerous, not false. To modern imagination, its temptation might seem to lie in its beauty. In Greece this was inseparable from its intellectual content. The fact that the Sirens offer knowledge is the essence of their sensuous magnetism.
>
> Sirens embody the Greek sense that what comes in through ears – poetry, words, music – is both supremely desirable, or treasurable, and lethal ... Sirens, like Muses, are an image of utmost music that carries divine knowledge of the past (history), of hidden things in the present (science), or of the future (prophecy). (Padel, 1992: 65)

Early psychoanalytic thinking

Because there seems to be evidence from many areas of human experience to suggest that music plays a profound role in our intrapsychic life, psychoanalysis might be expected to have addressed these issues in some depth. In fact, compared with the literary and visual arts, music has been treated by psychoanalysis as a poor relation. Freud undoubtedly gave the lead in this, and his frequent assertions that he had neither ability nor interest in music seem to be borne out by the fact that, although his collected works contain a number of references to composers and to individual musical works (listed in Lecourt, 1992: 219–23), he refers very rarely to the phenomenon of music per se. Other members of Freud's family seem to have had musical aptitudes and interests, but his nephew Harry wrote of him: 'He despised music and considered it solely as an intrusion!' (1956: 313). As a youthful but autocratic older brother, he forbade his sister Anna to have a piano in the house.

Surprisingly, perhaps, this professed lack of interest seems on the whole to have been taken at face value by his colleagues. Theodor Reik, an early disciple of Freud, complained that the latter scarcely noticed his own or his patients' musical associations, and commented that the musical side of psychoanalytic work had been largely ignored (Reik, 1953). He offered the excuse that Freud

had heard very little music during his early life, but he also suggested an emotional reluctance to allow himself to be moved by music. In 'The Moses of Michelangelo' (1914) Freud wrote that he needed to be able to understand the effects that the arts had on him:

> Wherever I cannot do this, as for instance with music, I am almost incapable of obtaining any pleasure. Some rationalistic, or perhaps analytic, turn of mind in me rebels against being moved by a thing without knowing why I am thus affected and what it is that affects me. (1914: 211)

Cheshire (1996) questions this alleged lack of interest, suggesting that the founder of psychoanalysis suffered less from a deficit of musical ability than from deep ambivalence and conflict in that area. He offers evidence that, far from lacking sensitivity to sound, Freud in fact possessed an unusual aural acuity that was intrinsic to the clinical technique that he pioneered. Sound also, at times, played an important role in his theoretical concepts; for example, in his idea of the centrality of auditory memories in the unconscious (1915). He was a noted raconteur; he possessed a marked aptitude for foreign languages – he was said to have spoken English with hardly a trace of an accent – and he wrote in the style of a verbal dialogue, as if he was imagining himself conversing with his readers. In addition, he frequently used musical metaphors in describing his work and he derived much pleasure from opera.

In the face of this evidence, it seems that Freud must have had pressing psychological reasons for his repeated assertions of non-musicality. Cheshire suggests that Freud's attitude to music was overdetermined. In middle-class Viennese society a certain musical literacy would have been assumed, and it was usual to learn to play an instrument; Freud may therefore have associated music with the Viennese values to which he aspired but which he also despised. Cheshire also supports a theory offered by Vitz (1988). As a young child Freud was cared for by a Christian nanny who used to take the small boy to services in the cathedral, noted for its music. The nanny left the family at the time when Freud's mother was absent for the birth of his sister, thereby creating a situation of double abandonment. Vitz suggests that Freud therefore unconsciously came to associate music with separation anxiety.

It may have been the strength of Freud's unconscious projection of his defence that prevented most of his early followers from giving music serious consideration. There were exceptions: Reik (1953) wrote a book on the significance of tunes heard in the head. However, these were considered chiefly from the point of view of their conscious and unconscious associations to the rest of intrapsychic life; he does not discuss the significance of music in itself, or its role in the psyche. In the early issues of the *International Journal of Psychoanalysis* music is rarely mentioned, except for a few rather Procrustean attempts to accommodate it within the prevailing psychoanalytic model. In

meetings of the Hungarian Psychoanalytic Association in 1921, music is discussed within an economic model of the mind, in terms of physiological discharge (*International Journal of Psychoanalysis* Volume 3). Pfeifer, in a paper entitled 'Problems of the psychology of music in the light of psychoanalysis', describes rhythm as the elementary component of music:

> The compulsive repetition in it draws to itself (and so 'binds') conscious attention, so that the cathexis is withdrawn from the repressing censorship and the way opened to wish-fulfilling, pleasure-producing tendencies, all of which is evinced in a general feeling of pleasure, of intoxication. (1921: 272)

In a further discussion in 1923, Pfeifer examines the relationship between music and the sexual instinct and tries to establish the biological fixation point of music (1923: 380). He says that because music is a pleasurable end in itself, it must therefore originate at the pregenital stage, before narcissistic libido has advanced to object-sexuality. He says it is 'pure libido-symbolism', lacking objective content or presentations of object-relations. Its effect involves a regressive state in which 'the encounter with the object-world can be expressed only functionally by means of disturbances and obstructions – dissonances, pauses, breaks in rhythm and modulations, etc.' (1923: 381).

Also in the 1920s, in the context of her view of the infant as primarily object-related, Klein considers the chief significance of sound and music, not as essentially narcissistic, but as related to unconscious fantasies of the primal scene. In 'Early analysis' (1923) she says: 'The significance of speaking as a genital activity ... I found at work in a greater or lesser degree in every case' (1923: 101).

During his analysis her patient 'Felix' developed a love of music, which was interpreted by Klein in terms of the sublimation of masturbation fantasies and of the bringing into consciousness of a fixation to the sound of parental intercourse heard in infancy. She asserts: 'This determination of the interest in and gift for music I found present ... in other cases as well, and I believe it to be typical' (1923: 102).

This rather severely reductionist idea was superseded when Klein produced a variation of the Freudian concept of sublimation in the context of the depressive position. Freud (1908) had conceived of the sublimatory process as a means of discharging instinctual tension, whereby the sexual impulse is desexualized and directed into creative activity as an alternative to repression. It involves a transformation from primary to secondary process in accordance with the reality principle. Whereas repression impoverishes the ego, sublimation provides gratification by keeping it in touch with the original impulse through a higher activity. Klein adapts this idea to fit her object-relational model, providing a different view of the creative impulse, in which sublimation becomes a process of reparation for the infant's greedy and sadistic impulses. The Kleinian view is described by Segal:

> The memory of the good situation, where the infant's ego contained the whole loved object, and the realization that it has been lost through his own attacks, gives rise to an intense feeling of loss and guilt, and to the wish to restore and re-create the lost loved object outside and within the ego. This wish to restore and re-create is the basis of later sublimation and creativity. (1955: 386)

She says that this process constitutes the creation of a new internal reality, involving not only the intellect but also a vivid emotional truth. Segal continues:

> all creation is really a re-creation of a once loved and once whole, but now lost and ruined object, a ruined internal world and self. It is when the world within us is destroyed, when it is dead and loveless, when our loved ones are in fragments, and we ourselves in helpless despair – it is then that we must re-create our world anew, reassemble the pieces, infuse life into dead fragments, re-create life. (1955: 390)

She is referring here to unconscious processes, and these may, of course, be strikingly at odds with conscious experience. However, most artistic activity is not undertaken in states of hopeless desolation; indeed most artists would be unable to function in a mood of despair. The Kleinian conception disregards the fact that artistic activity is intrinsically rewarding and life-enhancing. It may include a reparative element, but this surely cannot be said to define it.

Heimann (1942) takes a broader view, considering the sublimatory process as a matrix for the expression of love and creativity, operating according to the binding principle of Eros. She stresses the element of internal freedom and independence afforded by the sublimation process, which enables the subject to express his own personality, inclinations and impulses. She believes that if the activity is dominated by compulsiveness, it is not true sublimation:

> We know that the impulse to restore is a most fundamental factor in sublimation and creative production. But if guilt and anxiety are over strong they interfere with the successful functioning of the impulse to restore, because they lead to the employment of various mechanisms for magical control of the internal persecutors. This control, however, in its turn keeps the ego under control and interferes with the independent ego-expanding activities which are implied in successful sublimation. (1942: 15)

Later, others take up the idea of ego-expansion in their discussion of music, but the element of reparation in the Kleinian sense tends to be abandoned. The theories mentioned so far do not seem to explain sufficiently what appears to be a fundamental connection between music and the human mind. Some of the subsequent psychoanalytic ideas about the psychic significance of music will be explored later, but let us now look more generally at possible connections between musical experience and the workings of the psyche.

Musical form and intrapsychic experience

Many writers have suggested an intrapsychic experience which reflects, perhaps, the role of sound in the earliest stages of human life (Nass, 1971). Rechardt says:

> there is in music something that corresponds to the way our psyche deals with the experiential world. Musical thinking may follow along the same lines that we use when shaping an image of ourselves, our experiential world, and the relationship between these two. (1987: 512)

Our primitive experience of physiological rhythm, with its relation to musical metre, is echoed as we rock a baby to sleep. But it can also develop into, for example, compulsive rocking or head-banging. This suggests that rhythm exists prior to the split between good and bad, before we imbue it with a particular emotional quality; it is a basic ingredient of our psychic experience. A regular musical pulse recalls intrauterine experiences of the mother's heartbeat or walking pace, and changes in tempo therefore have an immediate psycho-physiological significance. Acceleration, or even simply a tempo that is faster than a heartbeat, will produce excitement and a slight pleasurable anxiety, whereas a slow tempo or a pulse that winds down will feel soothing and will encourage a baby towards sleep. Simple, repetitive rhythmic patterns seem, as it were, to dissolve the boundaries of the ego – hence the use of rocking rhythms in lullabies, and chanting in mystic and hypnotic ritual. Rechardt writes:

> The kind of music that is composed mainly for magical control dispels evil powers and creates experiences of omnipotence. It helps to call forth the presence of the omnipotently satisfying, mighty person, of gods, of beneficial powers, and of the all-gratifying mother. (1987: 516)

Although types of tonality and styles of harmony are largely culturally determined, they all serve a similar purpose; they organize sound and make it intelligible. The awareness of a key-note appears very early in the musical child and is central to our identification with a tune. If a piece of music fails to end on the tonic chord or 'home key', there is a feeling of interruption, of being left stranded – a psychological situation familiar to every baby.

The ability to experience a tune presupposes a sense of beginning and ending. This relates to the baby's experiences of stopping and starting – for example, in relation to feeds, cuddles or proto-conversations with his mother. These early examples of temporally bound 'exchanges' have been extensively researched in the context of developmentally crucial 'turn-taking' (Bruner, 1976; Condon, 1979). The tensions and resolutions present in even the simplest of tunes will resonate similarly with the infant's experience – of waiting for and then receiving the breast, of transient discomfort or of brief

maternal absences. This alternation of dissonance and consonance relates to a pattern that is familiar in children's games and in many adult pursuits.

Repeated hearings of a tune, or repetitions within it, provide the security of the familiar. Storr (1992) points out that while on an intellectual level repetition becomes redundant, emotionally it can offer the opportunity to explore and to master. Most young children will repeatedly request the same story, but the musical child is able to provide a similar repetition for himself through his internal relationship with highly cathected tunes. Melodic or rhythmic variation involves the experience of identity and transformation, and the emotional significance of major and minor keys also arrives very early in awareness. These musical elements can offer a challenge, an opportunity for the infant ego to experiment in symbolic form with Winnicott's 'progressive environmental failure' (Winnicott, 1962). As he becomes familiar with the experience of music the infant learns to expect that he, as listener, will solve the task, complete the journey and manage the conflicts presented during the piece. Even as adult listeners we can experience a sense of defencelessness if we are presented with anything too unexpected.

Music's links with cognition are discussed by Reik (1953), who suggests that internal music is often associated with a preverbal stage in the evolution of an idea: 'Musical associations occurring to us are rarely connected with well-formulated thoughts, but with ideas in statu nascendi, with thought-embryos or vague images' (1953: 91). He points out that some scientific thinkers have found that background music stimulated their thinking, as long as they did not pay it conscious attention. Recent experimental evidence also supports a link between music and abstract thought, suggesting that exposure to music such as that of the Classical period, which is characterized by balance, form and a logical tonal structure, facilitates the establishment of neural networks which improve cerebral function.

Music is an experience that involves the total personality. Kohut (1957) summarizes some of its effects on the musician: he says it provides sensual pleasure (aim-inhibited and displaced libidinal satisfaction); then there is the enjoyment of the player's own skill, which can contribute to healthy narcissism or self-esteem; it may be sociable – an experience of belonging to a group. However, as he points out, these aspects are shared by other art forms. In order to explain why music is unique he offers a psychoanalytically based formulation that accords with Schopenhauer's theory that music can involve the mind on different levels.

Kohut suggests that music fulfils separate functions for the id, ego and superego. At the level of the id it puts us in touch with primitive affective states and archaic object-cathexes, and gives access to preverbal memories via forms of emotion that predate those which later will be verbally communicable. He says:

> In this context we must look upon music predominantly as a cathartic experience or, metapsychologically, as either a transference phenomenon, a compromise formation, or a sublimation. The tensions produced by repressed wishes are allowed vicarious release in the musical emotion when otherwise they would remain pent up, threatening the ego with unmodified forms of discharge. (1957: 235)

This aspect of release is clearest in primitive rhythmical music, but it is often present in a less obvious form – for example, as a rhythmic substratum beneath the more sophisticated melody that holds our conscious attention.

In relation to the ego, he claims that music can constitute an enjoyable form of mastery of primitive trauma, analogous to Freud's *fort-da* game (Freud, 1920). At a very early stage the infant's crying is not a willed response coming from the self, but an automatic physiological reaction to the stimulus of pain or hunger. These painful associations may gradually be mastered through the organization of sound into music, which makes use of the infant's experiences of benign sounds such as his mother's heartbeat and voice.

Freud (1923) and Isakower (1939) both describe how the superego evolves out of the experience of the parental voice, thus assigning it an auditory root. Kohut relates music at this level to the dual perception of parental commands or rebukes. Whereas the content of the command is dealt with by relatively sophisticated ego functions, the tone of the voice may carry a more unconscious and anxiety-laden connotation. He says:

> We may therefore conclude that the deeper layers of the superego, or its formal quality, are related to a preverbal acoustic sphere. This relationship explains the deeply calming, soothing or near-hypnotic effect of some forms of music, patterned on the whole after the early experience of the mother's lullaby. Music cannot alter the moral code, but it can temporarily replace the coldly rejecting inner voice (for example, the voices that the paranoic hears) with a loving one. (1957: 242)

He describes a particular relationship of the superego to the arts:

> In art the emotional place of the code of morals is taken by the aesthetic code, in music, by the rules of form and harmony. Musical activity may thus become a kind of work, and the submission to a set of aesthetic rules gives to the musician a feeling of satisfaction and security which is akin to the moral satisfaction of having done right. (1957: 238)

The aesthetic experience of music, he suggests, includes an element of compliance, of submission to the demands of the musical superego. There may also be rebellion against the aesthetic rules, but a sense of security is provided by the existence of an ordained order. This linking of the aesthetic code to the moral code helps to explain the shock and indignation that have always greeted composers who have rebelled against the prevailing musical status quo, which can be experienced both as a safe parental container and as a restriction.

Music and language: primary and secondary process

As he begins to experience music as a differentiated activity, the musical child may increasingly cathect his capacity to impose order through the creation of connections and patterns. At around the same time, verbal language also emerges as a means of making sense of the world. From the beginning the mother uses both linguistic and non-linguistic sounds, but these early proto-conversations concern emotional expressiveness rather than factual information. Before he has acquired verbal understanding the infant responds sensitively to changes of mood in the mother as they are transmitted via the tone of her voice through the components of pure sound – intensity, pitch, rhythm and timbre. The earliest vocal exchanges between mother and baby therefore have musical characteristics (Noy, 1967; Trevarthen, 1977). Later we learn that words convey information, but the musical elements of speech continue, often unconsciously, to convey profound and subtle meaning after our conscious vocabulary of expression has become verbal. The experience of a 'double message' can be profoundly disturbing, particularly to a child (Bateson, 1972), and if the tone of voice conflicts with the meaning of the words it is always the non-verbal message that is understood to convey the greater truth.

What is the relationship between music and verbal communication? There has been much controversy over whether music can itself be regarded as a language. Although music is clearly a form of communication, what it communicates is not obvious. Unlike verbal language it is not representational or propositional; it does not sharpen our perception of the external world or convey information (Storr, 1992). Langer (1942) considers that although music involves a form of grammar and syntax, it cannot be a language in the true sense because it has no vocabulary of elements with fixed connotations. (Because a single note has no external referent, it can have no intrinsic meaning; it becomes significant only when involved in change, relationship or movement.) She says that in most music there is no manifest content; it is pure form.

This difference has frequently been described in terms of Freud's two processes of mental functioning (1900). It seems that when the initial primitive relationship to sound develops and becomes differentiated, verbal communication comes to operate principally according to secondary process organization, using signs, signals and symbols, whereas music retains closer links with the world of primary process. There is evidence of a connection between music and the functioning of deeper levels of the mind. For example, in music, as in Freud's conception of the unconscious (1915), there may be a juxtaposition of contrasting elements but there is no contradiction. Langer says:

> The real power of music lies in the fact that it can be 'true' to the life of feeling in a way that language cannot; for its significant forms have that ambivalence of content which

> words cannot have ... Music is revealing, where words are obscuring, because it can have not only a content, but a transient play of contents. It can articulate feelings without becoming wedded to them ... The assignment of meanings is a shifting, kaleidoscopic play, probably below the threshold of consciousness, certainly outside the pale of discursive thinking ... The lasting effect is, like the first effect of speech on the development of the mind, to make things conceivable rather than to store up propositions. Not communication but insight is the gift of music. (1942: 243–4)

Human communication proceeds from primary to secondary process in order to cope with socialization and the discussion of shared reality. However, this skill may be acquired at some cost. As we develop more sophisticated ego functions, we tend to lose some of the direct contact we had with our emotions and with a non-mediated perception of experience; we become distanced in some ways from our inner life. Noy (1972) says that the arts developed in order to preserve a medium in which human experience could be communicated directly. Like dreams and fantasies, they are used by the ego in the task of mastering drives and wishes. He writes: 'While secondary processes develop in order to deal with everything connected to reality, the primary processes continue to serve the needs of the growing self in its never-ending struggle to maintain its sameness, continuity, integrity and identity' (1972: 245).

Music retains the power of communication on an emotional level. It can convey an underlying context – mood, urgency, relationship – and it can both emphasize and contradict with a subtlety that surpasses words. This is reflected in the use of incidental music in film, the best of which can encapsulate the essential atmosphere of a scene, sometimes enhancing its overt meaning, sometimes conveying a latent, hidden theme. Without being discursive or explanatory it has an effect that is precise and specific. A word has no intrinsic meaning; it is an agreed signifier. Music, on the other hand, expresses human feelings directly in a non-mediated way. What is communicated is the communication itself; it is both the signifier and the signified (Saussure, 1960).

Kohut and Levarie (1950) suggest that it is music's connection with primary process organization that provides its depth and power. They say:

> Pure music cannot be translated into words. The world of pure sounds cannot be mastered with the main instrument of logical thinking – the neutralizing, energy-binding function of the mind – which Freud calls the secondary process of the psyche (1900). This fact accounts, perhaps, for the special position of music among the forms of art. It surely is the explanation for the specific quality of pleasure in music. Stimuli which cannot be mastered through translation into words ... mobilize much greater forces, and perhaps also forces of a different distribution corresponding to a very early ego organization. (1950: 145)

Reik (1953) also writes about the ability of music to express emotions without ideational content, and he points out that the musical person will resort to musical thought when words are inadequate. He says:

> Our language emerges from a subsoil in which sounds, fleeting images, organic sensations and emotional currents are not yet differentiated. Something gets lost on the way from the brain, which senses, feels and thinks, to the lips which speak words and sentences. The most essential part of that loss and lack, is, of course, emotional, or rather the specific and differentiated quality of our emotion ... Language is at its poorest when it wishes to grasp and communicate nuances and shades of feelings – in that very area in which music is most efficient and expressive ... Music, so poor in definite and definable objective and rational contents, can convey the infinite variety of primitive and subtle emotions. (1953: 9)

The relationship of music to emotion seems obvious, but Langer warns against too direct an analogy. Like Schopenhauer, she stresses that music refers not to the personal but to the essential. She writes:

> music is not self-expression, but formulation and representation of emotions, moods, mental tensions and resolutions ... Just as words can describe events we have not witnessed, places and things we have not seen, so music can present emotions and moods we have not felt, passions we did not know before. (1942: 222)

It would be a mistake to make too tidy a demarcation between primary and secondary processes in either verbal language or music, for both are complex. The emotional impact of poetry (and some prose) proves that primitive affective experiences can be evoked by words, and music can involve the mind on every level. Langer stresses that music requires the intricate interplay of subtle emotion with high intellectual abstraction. Kohut (1957) also suggests that it parallels the psyche in comprising and juxtaposing both primary and secondary levels of operation, in a complex relationship similar to that found in dreams. He says:

> in music a musical secondary-process layer (tune) may cover a deeper musical primary-process layer (rhythm). But musical rhythm need not always be a primary-process component of music. Sophisticated changes in rhythm may, for brief periods, enter into the realm of the secondary musical processes, and the description of the layering becomes thus more complex: the primary-process experience of rhythm is covered by secondary-process changes and complexities in the rhythm itself. (1957: 241)

If music has its roots in primary process experience, does it follow that it must be a regressive activity? And, if so, does this necessarily have pathological implications? Kohut says that music can relieve tension anxieties 'by permitting the regressive experience of a primitive narcissistic equilibrium' (1957: 245). Noy (1967) describes an addiction to music in certain patients who have a strong desire to return to the earliest types of emotional communication. However, it is not necessarily appropriate to equate the pre- or non-verbal with the infantile. Many have understood music to embrace the whole spectrum of experience from the most primitive to the most highly developed. Kohut acknowledges that it is more than merely a defensive escape:

> ... controlled, temporary regressions tend to prevent or counteract uncontrolled, chronic ones. Freud's paradigm for this kind of fluctuation was sleep, in which most ego functions are reduced and older modes of psychic function make their appearance ... . Art may

> offer the disturbed psyche a temporary, controlled regression to which the extraverbal nature of music lends itself particularly well by offering a subtle transition to preverbal modes of psychological functioning. (1957: 253)

Whereas early psychoanalytic thinking regarded primary process functioning as representing a pathological retreat or fixation, it has come to be understood increasingly as part of normal mental life. It is clear that shifts in ego states are common, perhaps especially in creative people (Greenacre, 1957). This implies that psychic development may need to be understood less in Piaget's terms, as a succession of stages, and more as a cumulative process – a growing stock of available states. Nass (1984) challenges the idea that creativity is linked with pathology and suggests that, on the contrary, true regression subverts the creative process. The successful musician needs to use all his autonomous ego functions, including conscious intentionality and the ability to deal with waiting, doubt and uncertainty. He writes:

> In fact, the capacity to contact and employ ambiguous affective and cognitive states involves a greater degree of ego strength to experience, tolerate and resynthesize early modes of functioning. It builds upon the ... capacity to maintain contact with early body and self states and continuously to re-tap them. (1984: 485)

Storr (1988) draws attention to the phenomenon of 'late periods' in the output of the great composers. In many cases these mature works seem to convey an unprecedented depth of emotion and individual, personal conviction; any narcissistic desire to appeal to the external world has been transcended. He quotes the musicologist Martin Cooper, writing of Beethoven's late style:

> Nothing is conceded to the listener, no attempt is made to capture his attention or hold his interest. Instead the composer communes with himself or contemplates his vision of reality, thinking (as it were) aloud and concerned only with the pure essence of his own thoughts and with the musical processes from which that thought itself is often indistinguishable. (1970: 11)

Can this process be described as regression? Certainly it involves a withdrawal but not, it seems, an escape to a primitive state. It is rather one in which the greatest profundity of emotion coalesces with a lifetime's acquisition of sophisticated insight and awareness.

Music's temporality

The concept of regression depends on a linear model of time. Our sense of time is basic to the orientation of our existence, yet it is essentially paradoxical, and this paradox is intriguingly represented in musical experience. Music is a temporal art that involves both duration and a succession of events. Stravinsky writes that music involves two distinct temporal forms, which he calls 'ontological' and 'psychological' time (Storr, 1992). Ontological time refers to

the flow of regular beats upon which the music is structured; psychological time to the more irregular, malleable form of temporality evoked by the experience of the music. Thus a composition may be based on an objective metrical structure, but the music encourages the absorption of the listener into his own subjective temporal environment. In fact, music itself does not move; we project on to it the illusion of movement by deriving a line of continuous meaning out of a succession of tones. Bohm (1980) analyses this apparent paradox:

> At a given moment a certain note is being played but a number of the previous notes are still 'reverberating' in consciousness ... it is the simultaneous presence and activity of all these reverberations that is responsible for the direct and immediately felt sense of movement, flow and continuity ... the 'reverberations' ... are not memories but are rather *active transformations* of what came earlier. (1980: 198–9; emphasis in original)

The concept of time as a regular measuring device is intellectually comforting; it is predictable and it helps to anchor our external experience. Bohm discusses the history of the concept of 'measure' – a word he coins to convey the multiple meanings of the Greek *metron*. This conveyed far more than mere comparison with an external standard. It had a number of abstract, universal connotations, including measuring, measurability, proportion, ratio and balance. For the Greeks, *metron* was a form of insight into the essence of reality, exemplified by the harmonic series and the Golden Mean.

Through the ages, however, the original concept gradually came to be defined in terms of its concrete application, and its subtle internal significance began to be supplanted by the concrete and the external. Bohm continues:

> Men began to learn such notions of measure mechanically, by conforming to the teachings of their elders or their masters, and not creatively through an inner feeling and understanding of the deeper meaning of the ratio or proportion which they were learning ... As a result, the prevailing notions of measure were no longer seen as a form of insight. Rather, they appeared to be 'absolute truths about reality as it is'. (1980: 22)

Although music is the art that depends the most sensitively on precise timing, to the musician counting can feel like a straitjacket – anathema to expressive playing, which relies on an instinctive approach based on pulse rather than metre. It is one indicator of the musically gifted that rhythm does not need to be explained – it is intuitively understood.

Abraham (1976) describes how, since Einstein, the metrical view of time as a universal constant no longer accords with the understanding of physics. The modern conception concerns instead a plurality of relative 'times', constituting a dimension of physical reality that is linked inextricably with space. Quantum theory, with its notion of the 'chronon', even challenges such basic assumptions as temporal irreversibility and the division of time into past, present and future. In many people these ideas, like that of infinity, produce a profound sense of unease – a seizing-up of the capacity to imagine. Not only do they exceed our

comprehension; they challenge us with the existence of a supra-ordinate reality that limits and trivializes our assumptions.

Yet if we think about time, not as we conceptualize it but as we experience it, we can approach Einstein's conception with greater ease. Moreover, it is perhaps in music that the 'inconceivable' aspects of time, including its spatial dimension, may be approached most readily. Time can be experienced on many levels and in many ways even during a single piece of music. Continuous sequential time is intrinsic to certain musical conventions. In sonata form, for example, the unity of the movement and its psychological impact are created by the sequential introduction of contrasting themes, their exploration and reappearance. The themes therefore interrelate within a logical, linear structure. Other forms of music seem to consist, not in the development of an argument, but in the revelation of something timeless. In this mystical experience, or 'oceanic feeling', the self seems to expand to infinity in both space and time, recalling, perhaps, a primary merged idyll. In other traditions it is understood as a point of contact with the transpersonal or collective. It is also reminiscent of Bion's description of the ideal state of mind in the analyst (Bion, 1962). It could be that these two different experiences of temporality relate to a primary duality: our most primitive timeless existence that is structured by the object-related ego.

Conclusion

The use of words to elucidate what is essentially non-verbal is doomed, at best, to a sense of incompleteness, and the vocabulary of psychoanalysis may as yet be inadequate to encompass the enigma of music. However, the application of psychoanalytic ideas to musical experience does seem to shed some light on its relationship to the unconscious, and on its capacity to reflect, and to interact with, some of the most sophisticated and abstract aspects of our intrapsychic world.

Finally, let us return to the Greeks. In the myth of Orpheus music comes from the gods: his lyre is a gift from Apollo and he is taught by the Muses themselves. His playing holds the key to the language of Nature; it calms the Furies, tames wild beasts and pacifies the drunken brawls of the Argonauts, preserving them from exhaustion and danger. His music was said to surpass even the song of the Sirens – some versions relate that it caused them to commit suicide – and he himself would die only if his music was drowned. When he played at the gates of Hades he temporarily suspended the tortures of the damned and his music won him leave to restore Euridice to the land of the living. But he looked. Vision presented him with the reality principle, the limitations of the external world, and it deprived him of that which was most precious. For Orpheus, perhaps the archetypal musically gifted child, music was divine: it allowed him to live out the ultimate grandiose illusion by crossing the boundary into immortality.

References

Abraham G (1976) The sense and concept of time in psycho-analysis. *International Review of Psychoanalysis* 3: 461–72.

Bateson G (1972) *Steps to an Ecology of Mind*. New York: Ballantine.

Berendt J-E (1988) *The Third Ear: On Listening to the World*. Trans. T Neville. Shaftesbury: Element Books.

Bion W (1962) A theory of thinking. *International Journal of Psychoanalysis* 43: 306–10.

Bohm D (1980) *Wholeness and the Implicate Order*. London: Routledge.

Bruner J (1976) *Play – Its Role in Development and Education*. London: Penguin.

Cheshire N (1996) The empire of the ear: Freud's problem with music. *International Journal of Psychoanalysis* 77: 1127–68.

Condon W (1979) Neonatal entrainment and enculturation. In M Bullowa (ed.) *Before Speech*. Cambridge: Cambridge University Press, pp. 131–148.

Cooper M (1970) *Beethoven: The Last Decade*. London: Oxford University Press.

Freud H (1956) My Uncle Sigmund. In H Ruitenbeek (ed.) *Freud As We Knew Him*. Detroit: Wayne State University Press, 1973.

Freud S (1900) The Interpretation of Dreams. S.E. 4.

Freud S (1908) 'Civilized' Sexual Morality and Modern Nervous Illness. S.E. 9.

Freud S (1914) The Moses of Michelangelo. S.E. 13.

Freud S (1915) The Unconscious. S.E. 14.

Freud S (1920) Beyond the Pleasure Principle. S.E. 18.

Freud S (1923) The Ego and the Id. S.E. 19.

Greenacre P (1957) The childhood of the artist. *Psychoanalytic Study of the Child* XII: 47–72.

Hayman R (1980) *Nietzsche: A Critical Life*. London: Weidenfeld & Nicholson.

Heimann P (1942) A contribution to the problem of sublimation and its relation to processes of internalization. *International Journal of Psychoanalysis* 23: 8–17.

Isakower O (1939) On the exceptional position of the auditory sphere. *International Journal of Psychoanalysis* 20: 340–48.

Jaeger W (1939) *Paideia: the Ideals of Greek Culture*. Trans. G Highet. Oxford: Oxford University Press.

James W (1890) *Principles of Psychology*. New York: Henry Holt & Co.

Klein M (1923) Early analysis. In *Love, Guilt and Reparation*. London: Hogarth Press, 1975.

Kohut H, Levarie S (1950) On the enjoyment of listening to music. *Psychoanalytic Quarterly* 19: 64–87.

Kohut H (1957) Observations on the psychological functions of music. In *The Search for the Self*. New York: International Universities Press, 1978.

Langer S (1942) *Philosophy in a New Key*. Cambridge: Harvard University Press.

Lecourt E (1992) *Freud et l'Univers Sonore*. Paris: Harmattan.

Lévi-Strauss C (1970) *The Raw and the Cooked: Introduction to a Science of Mythology*. London: Pimlico.

Nass M (1971) Some considerations of a psycho-analytic interpretation of music. *Psychoanalytic Quarterly* 40: 303–16.

Nass M (1984) The development of creative imagination in composers. *International Review of Psychoanalysis* 11: 481–91.

Norton S (1996) 'Sound' and the 'sense' of sound in the therapeutic relationship: a factor in the mechanism of projective identification. *British Journal of Psychotherapy* 13: 4.

Noy P (1967) The development of musical ability. *Psychoanalytic Study of the Child* 23: 332–47.

Noy P (1972) About art and artistic talent. *International Journal of Psychoanalysis* 53: 243–49.

Padel R (1992) *In and Out of the Mind*. Princeton, NJ: Princeton University Press.

Pfeifer (1921) Meeting reports. *International Journal of Psychoanalysis* 3: 127, 272.

Pfeifer (1923) Bulletin. *International Journal of Psychoanalysis* 4: 380.

Plato. The Republic. In *The Dialogues of Plato*, Vol. 4. Trans. B Jowett. London: Sphere Books, 1970.

Rechardt E (1987) Experiencing music. *Psychoanalytic Study of the Child* 42: 511–30.

Reik T (1953) *The Haunting Melody*. New York: Grove Press.

Saussure F (1960) *A Course in General Linguistics*. London: Owen.

Schopenhauer A (1819 and 1844) *The World as Will and Representation*. Vols 1 and 2. ed. E Payne. New York: Dover, 1966.

Segal H (1955). A psycho-analytical approach to aesthetics. In M Klein, P Heimann, R Money-Kyrle (eds) *New Directions in Psycho-Analysis*. London: Tavistock, pp. 384–405.

Storr A (1988) *Solitude*. London: André Deutsch.

Storr A (1992) *Music and the Mind*. London: Harper Collins.

Trevarthen C (1977) Descriptive analyses of infant communicative behaviour. In H Schafer (ed.) *Studies in Mother-Infant Interaction*. London: Academic Press.

Vitz P (1988) *Sigmund Freud's Christian Unconscious*. New York and London: Guilford Press.

Winnicott D (1962). Providing for the child in health and in crisis. In *The Maturational Processes and the Facilitating Environment*. London: Karnac, 1965.

Address correspondence to Sarah Nettleton, 59 Napier Road, Isleworth, Middlesex TW7 7HP.
Email: sarah@napier1303.freeserve.co.uk

The psychology of the abortive mechanism

ELIZABETH GEE

ABSTRACT

The author proposes an archetypal pattern that she calls the 'abortive mechanism', which is sometimes inappropriately activated by early psychological damage. She had observed this primitive mechanism in the analyses of several patients and made a possible link to the fact that they had had several clinical abortions, reported as events devoid of feeling or implication. She suggests that the unconscious dynamic behind the abortions is a manifestation of the psyche's symbolic survival struggle. She bases her ideas on the pathological and psychic dramas that impair individuation and discusses early failures in attachment. In defining the differences between loss and mourning she proposes that the inability to mourn was a major problem for these patients. The impact of the pathologically activated abortive mechanism in the analysis frequently led to an impasse. She discusses the need to create a partial sense of fusion to allow unconscious processes to bring about new understanding.

Key words acting out, attachment, envy, individuation, loss and mourning, partial sense of fusion, psychological abortive mechanism

> I remain dismayed by the perverse drive of an energised complex that will not enter treatment but will not forsake it either. It is this ambivalent characteristic that for me is the hall mark of the complex we call borderline when we meet them in analysis: what is borderline is the way they relate to the analytic process. (John Beebe, 1988: 98)

Introduction

During my time as an analyst I have been increasingly intrigued by four female patients. The two main characteristics are that they attended therapy for many years at intense frequency and appeared not to make much psychological

Elizabeth Gee is a training analyst with the Society of Analytical Psychology and a Full Member of the British Association of Psychotherapists. She works in full-time private practice.

progress. Although I constantly struggled to give shape to my countertransference responses I found myself having shocking sensations rather than perceiving images. Instead of the ebb and flow of energy in an evolving process there was instant and violent elimination and the destruction of connections between us in the analytic relationship which gave rise within me to images of abortions. These might be by terse verbal comments rejecting a shared understanding or profound change of mood or silence which felt as if the intrapsychic connections were severed.

Psychological insights that were laboriously gained were apparently almost immediately lost. Generally speaking, if I had a sense that some understanding of an area of conflict was defined and then addressed, this was usually followed by the total destruction of these changed states. This was apparently regression to the psychological state of mind when the analysis started. These experiences were beyond the normally expected need for 'working through'. The beginnings of relief for me came once I saw the power of what I shall call the 'inappropriately activated abortive mechanism' and could understand the defences and the quality of the anxiety being defended against.

Having identified this mechanism in a primary form I was impelled to explore any significant areas of shared experience in these patients that might link them together. One significant link emerged when I discovered that all four patients had had several clinical abortions, which were never disclosed in the initial consultations, and the possible damaging effect of several abortions and the associated trauma had not been made conscious. The patients just reported the fact of the abortions as an event devoid of feeling or implication. However, their way of informing me about their abortions had an emotional impact on me: it seemed to resonate at a deep level. Despite its impact, I had to hold on to this information and tolerate the tension of the unclear and unknown. I am now suggesting that the abortions were an unconscious manifestation representing the psyche's survival struggle, where the conflict between Eros and Thanatos could not be resolved through consciousness and was therefore an acting-out of the unconscious conflict through the activation of the abortive mechanism.

The area of consideration I wish to include is the nature and dynamics of the 'pathologically activated abortive mechanism' in analysis. I will consider primarily the intrapsychic patterns or defence used by these patients and how these manifest themselves in the analytic relationship.

In considering the effect on my patients of their clinical abortions, whether they were seen as a positive decision or as something forced on them, I was reminded of a comment made by Dr Michael Fordham (1978, personal communication), who postulated from his clinical experience that he thought it was impossible to recover psychically from three or more clinical abortions. What did he mean by this? We know that in order to live rather than just exist in psychic terms, we have to be able to negotiate numerous symbolic deaths

followed by creative surges. Put another way, we have to be able to tolerate the tension of the opposites in order to be able to let go when we wish to hold on. My own interpretation of Fordham's statement is that to have three or more clinical abortions may signal the repetition of a traumatic pattern of split-off and intractable attempts both to resolve psychic distress and to contact an aspect of the feminine self that then is felt to be unmanageable. Of the four women in my practice only one had had a child and only one had maintained a long-term relationship.

I refer to the 'abortion mechanism' as archetypal because spontaneous abortions are universal. This seemingly physical mechanism has a psychic dimension. This archetype could be seen to exist because of the survival need to reject that which is not viable, which results in the survival of the mother. It is frequently the case that 'spontaneous abortions' are stimulated physically by the fact of the fetus being so damaged as to not be viable. For this reason we could see that there is a healthy side to the 'abortion mechanism'. The need to bring to an end that which is not viable can be seen as an appropriate reaction to many of life's situations. The capacity to 'let go' is part of healthy separation. However, I would suggest that this archetypal process affects the individual's attitude in other areas of their personality. In my clinical experience I have found that some patients have developed a pathological attitude towards their creativity, which results in their aborting that which would usually be seen as viable. I would see this attitude as having an archetypal component, the abortion mechanism, and an environmental component of a damaging early experience. This combination is what I am calling the 'abortive attitude' which I would see as being pathological. With such patients something may be created but before it can develop it is directly destroyed. Alternatively, something negative is held on to, which results in creative potential being aggressively aborted as part of an attack. For example, anger at a mother, experienced as depriving, is held on to by patients and they might abort their own creativity as a way of indirectly attacking the mother. In some abortions the rejecting, or ejecting, aspect of the abortive attitude may be a perverse way of remaining in control. Gordon (1977) states:

> The need to be always in control and carefully aware of all that goes on is likely to abort any creative work . . . for ultimately creativity depends on the capacity to have and to tolerate the ebb and flow, the rhythm and the oscillations between conscious and unconscious, control and non-control, ego and non-ego. (Gordon, 1977: 120)

I shall discuss the pathologically activated abortive attitude in terms of attacks on the analytic relationship, attacks on the self, and in my clinical examples I shall describe the patients' actual attacks on themselves. The abortive attitude is a defensive system and is used in order to attack relationships. These processes are not fully conscious and I shall explore them through the experience of my inability to make them usefully conscious in the analysis. I think that with these

patients, the analyst is held for long periods in states of what Jung calls 'unconscious identity', *where it is difficult for anything to develop* – the relationship, creativity, separateness, a working relationship (Jung, 1916). The relative breakdown of the bridging mechanism is clearly encompassed in Bion's paper on attacks on linking. He said, '... in talking of the psychotic part of the personality, to speak of the destructive attacks which the patient makes on anything which is felt to have the function of linking one object with another' (Bion, 1967: 93). By this he was meaning attacks on the linking of thoughts with emotions.

Such attacks on linking I could identify as the abortive attitude in myself with particular reference to the ongoing need as an analyst to integrate thinking and feeling and not allow either to 'abort' the other. By this I mean that my capacity to remain engaged with an analytic problem is necessary in order to allow an internal process to germinate and develop (as with a fetus). As the analyst I attempted to present a coniunctio in order to create a symbolic space to facilitate within the patients a sense of self.

Clinical examples

Mrs M referred herself for therapy aged 29 suffering with acute panic attacks that were threatening to immobilize her. With difficulty she managed to work in her own small business. She attended diligently five times a week but she was gripped in the constant fear of being rejected. She lacked a sense of identity as a viable person – she was existing but not living. This seemed to relate to her inability to create a healthy sense of fusion within herself, moving on to interdependence with another, both of which stemmed from very early deprivation. Consciously she was intensely pessimistic, although I made sense of her perseverance in the analysis as the juxtaposition between such pessimism and a partial hope for a positive merger with a benign object. I experienced her pessimism through my countertransference responses of frequent despair, an attack on my ability to keep a good self-object alive with her. I constantly felt empty of feeling or life.

My patient had internalized the parental couple as an abusive pair, with the mother/feminine as a resentful, ambivalent servant to the successful and powerful father/masculine. The father was mostly introverted and withdrawn but occasionally quietly loving. When I was father in the transference she could receive a small good analytic feed. She had many autistic features to her personality but I could sense, when in the consulting room with her, a loving capacity in her description of exchanges with a niece. She was able to have a partially reparative experience with this loved niece, projecting her own unmet needs on to her, thus nurturing herself by proxy.

The internalization of the perverse internal couple had a great impact on an eight-year relationship, including marriage, with an attractive but immature man. She acted out this perverse coniunctio by adopting a parental role towards

him – physically, emotionally and financially. Permeating this were several manifestations of the abortive attitude which were destructive to both of them. Although the relationship was not working, they were unable to separate and let go of a marriage that was not viable. When physical separation eventually occurred, as a result of mutual acts of sabotage and passivity, it took many years to organize the divorce.

She became pregnant on three occasions. These pregnancies were named by us as 'by default' as they occurred when the marriage was in crisis. We viewed them as unconscious manipulation, using a powerful external reason to hold the marriage together. More importantly, we saw it as an expression of her need to realize the feminine aspect of herself. The clinical abortions expressed her pessimism about her capacity to keep a good object alive in her 'bad' insides. In thinking of Fordham's comment concerning the problem of recovery, Mrs M described herself as being irretrievably lodged in an inherited line of catastrophic relationships in which the trauma resulting from psychological damage was magnified by a total lack of awareness. She felt 'crucified' within the dependent relationship, fluctuating between withdrawal, attempts to mollify her parents and then using a whole plethora of physical deprivations to try to eliminate her voracious unmet needs and her hatred of those around her. We gradually named this repetitive pattern in the analysis and consulting room but it remained entrenched.

Her appearance and presence in the consulting room was of a woman always dressed totally in black, often silent for months, emitting a smell, visibly mutilated – my frequent experience of her was as 'a neglected corpse'. For many years, interventions to make sense of the odour and partially hidden mutilations were experienced as abusive attacks on her fragile self. Feeding and defecating were mostly secret activities, undertaken during the night, and the smell seemed to represent her intense ambivalence about allowing a process to be completed. She converted good stuff into bad which was then held on to.

Ms X came into analysis six months after the death of her previous analyst. According to the patient, this had been traumatic because she had seen her analyst as her 'Saviour' who, by dying, had abandoned her. Her unshakeable fantasy was that he had given her signs of his impending death and that in his consulting room prior to his death there was a powerful negative atmosphere. The way that she described this atmosphere led me to believe that she was describing the abortion of the developing potential to realize an aspect of herself.

The death of her analyst was experienced as a repetition of previous destructive and premature separations both physical and psychological. She was 30 years old and had been living on her own for 15 years. Throughout her life her original family maintained a superior and civilized persona but within the privacy of the family there were excesses of uncontainable anger and violence. She had to endure constant physical violence by her mother as well as observe violence between family members, afraid that one of them would be killed or

severely hurt. As the eldest of six children, Ms X had been forced to do much of the mothering of her younger siblings, even when she herself was a very young child. In her relationships with men she would attempt to deal with her own hunger by mothering them to gain affection and then sadistically reject them with fantasies that seemed to contain the transferred envious feelings of her special and valued brother. She had had a series of clinical abortions (possibly five) and she seemed to have no capacity to be in control of her behaviour in relation to pregnancy.

In this period she veered between fantasies of being either magically rescued by the men or using them to secretly impregnate her to give her a baby that she would rear on her own. This seemed a poor prognosis of recovery since she remained in a state of excited and sadistic hostility towards me and the analysis. For Ms X chronic lethargy, excessive and prolonged premenstrual tension, followed by abnormal menstruation, filled most of her adult life.

The abortion attitude in relation to individuation

The main Jungian theoretical concept that I shall use to underpin these clinical examples is that of 'individuation'. Jung's (1939) main emphasis in his theory of individuation was on the role of differentiation in bringing to life potentialities of the psyche so that they could be integrated into a creative ego. Fordham considered individuation as a healthy process occurring throughout life from infancy through the process of the primary self deintegrating/reintegrating from the undifferentiated states to more differentiated states. If blocked, could some part of this process be achieved in therapy?

Attachment as part of individuation

Part of the process of individuation in the early stages of development involves the phenomenon of attachment as well described by Bowlby. Hugh Gee links what Jung says about the process of unconscious identity to what is referred to, by Bowlby, as bonding (Gee, 1996: 458). That is to say, the unconscious identity between mother and child is a vital experience giving the child a capacity for creative relatedness. Jung was meticulous in pointing out that Eros was not concerned with sexual drives or nutritional drives, both of which he saw as separate archetypes, but was about the archetypal need for relatedness. Bowlby went beyond Freud's position in that he held that the need for basic attachment had a biological purpose; this is similar to Jung's teleological view. One way of summarizing the early debate between Jung and Freud could be to differentiate Freud's understanding of instinctual life as mainly based on erotic and sexual impulses whereas Jung's view of libido was more in terms of 'life energy'; for him sexual energy was only a part of the life energy. My patients were restricted in their use of life energy.

In considering the theme of attachment I would suggest that there is an obvious and important difference between being in a relationship with another and being able to achieve the profound sense of relatedness that I think is involved in attachment. Evolving out of my sense of relative impasse with this group of patients was the idea that the patients were in a long-term relationship with me but that it lacked a sense of real relatedness. The relative absence of the ability to relate, of course, originates from difficulties in their primary relationships with their parents, particularly their mothers.

The archetypal potential to relate has to be responded to positively if the ability to relate is to become part of the individual's personality. Without an experience of being responded to adequately, attachment or bonding cannot develop, and without adequate bonding, it is not possible to go on to appropriately differentiate as part of the separation process. With my patients it did not seem to be a case of the archetypal potentials not being responded to at all, but more being responded to in an inconsistent or distorted way. This inconsistency or distortion was perhaps a partial result of their mothers' being depressed, withdrawn or obsessional and persecuted, which prevented them from getting into a state of relatedness with their child.

Bowlby's (1969) work on attachment focused on the vital need for a sense of benign fusion. By fusion I mean, for example, that states of unconscious identity through projection – for example, the nipple and the baby are one and the same – allow the steady process where aspects of creativity can be integrated and slowly made conscious. The two concepts of fusion and differentiation, of bonding and separation, might suggest a linear structure that is age-related – that is, fusion precedes separation. Gee (1996) stated that fusion and separation constitute a dynamic and continual process occurring in all relationships, but that it is particularly pertinent to study them in therapeutic relationships. He also suggests that the fusionary state in therapy has been relatively neglected because it means being drawn in an unconscious identity with the patient; because this state feels uncomfortable, greater emphasis is placed on the differentiation that leads to insights. From my own experience I find that with this particular group of patients the main analytic endeavour is expressed in a multiplicity of differentiations – what belongs to the patient/analyst, is fantasy/reality, past/present, parts of the self/not self and so on. However, with regard to the patients I describe here, the degree of narcissistic damage is so disabling that the facilitation of a *partial sense of fusion* is the centrally important part of the therapeutic work, because it is the partial illusion of fusion that they have lacked most. It was as though one of the major building blocks for creative development and use of the analysis was massively impaired. I say 'partial sense of fusion' because the experience of the full illusion of fusion is an idealization and it is their striving towards this idealization that leads to their frequent rejection of what is possible. Thus, what I am attempting to provide is partial fusion, which is all that is needed. When patients are

'possessed' by the depressed and detached mother, they project into me the feelings of despair and hopelessness of their infant self. If the transference is of the abandoning or absent father, I might have extreme feelings of anger which I feel to be too extreme to express for fear of being too damaging. In these states I am stranded for much of the time in extremes of confused feelings. I would suggest that during these states of unconscious identity with my patients I am struggling with their, and at times my, unconscious wish to abort our relationship.

Work in the consulting room

The achievement of a sense of security through attachment comes about as a result of, in Winnicott's term, the mother's 'maternal preoccupation' and her sensitive responsiveness to the infant's needs. This intuitive capacity is described by Winnicott (1960) under the title of 'the holding environmental mother'. Mothering can fall short of being 'good enough' when the mother's attention is sporadic, absent for too long a period, or if there is poor timing. With my patients I gained the impression that their mothers' unconscious attitude to the infant brought to the relationship either a powerful sense of competition and opposition or withdrawal and depression. Some of these patients experienced their mothers as not having had their own inner needs met, and the patients felt in competition with their mothers' own inner needs. These patients also felt that there was no third person – a father – to reduce the damage and isolation.

In the analysis of Ms X it emerged that her early attachment had not provided her with a sense of fusion. Thus, in her struggle to survive, she had felt attacked and had adopted a grandiose self in order to feel more powerful and dangerous than her aggressive mother. Simultaneously, she experienced her own spontaneous impulses as bad and unwanted, and in this way she felt the despised child. This conflict was expressed by way of her ambivalence towards her use of the couch. If she could allow herself to have needs and to withdraw the projection on to me of the aggressive and negating mother then she could remain on the couch, which was more comfortable and which facilitated exploring her inner world. If the opposite position held sway, she sat in the chair in confrontational mode, theorizing about the form of therapy. She also presented endless dreams, mostly old, which she interpreted herself in an omniscient way, rejecting any comments that I might make. She spoke in an almost mystical vein about my capacity to be in touch with her and to meet all her needs and yet could be verbally vitriolic about the misuse of power by analysts. In this way she seemed to have an intense wish, and fear, to be fused with me as the analyst, but if there was any sense of warmth or understanding she would act out by attacking herself through drug abuse. We could not create anything together without it being aborted. She felt bad and empty and I felt

bad and empty. The need to end the pregnancies, actual and symbolic, during the therapy was brought repeatedly into the analytic space and demonstrated her unconscious need to remain dead and empty. Thomas Ogden, writing about the aliveness and deadness of the transference-countertransference (based on Andre Green's concept of the Dead Mother) encapsulates such exchanges as follows:

> . . . an essential element of analytic technique involves the analyst making use of his experience in the countertransference to address specific expressive and defensive roles of the sense of aliveness and deadness of the analysis as well as the particular function of these qualities of experience in the landscape of the patient's internal object world and object relations. (1999: 128)

I observed with my patients that powerful changes in the psyche/soma balance would often activate memories of earlier emotional difficulties which would then be acted out through using their bodies in their struggle to bring about change. The drive to procreate, as an expression of the creative self, would simultaneously activate, at an unconscious level, a psychic drama in which this creation represents a massive challenge to a bad and despised feminine identity. Ms X's inability to tolerate the chaos needed for change and regression in the service of creation had been masked by her heroic efforts to succeed and by a related manic defence against the resultant painful affects. As our therapeutic alliance began to develop she became more in touch with her feelings, and as a result became depressed. There were periods when she could not tolerate the depression, especially when it was connected to loss. On these occasions she would abuse her body by having promiscuous and sadomasochistic intercourse with men whom she picked up in the street. Mrs M would chronically mutilate herself by burning and starving herself. With both of these patients I found the most useful frame was the concept of the trauma cycle and trauma-complex, as described by Kalsched (1996: 25). They both felt attacked for having needs and expressing feelings and would describe the cycles of hope and despair, fear, shame and then self attack.

Loss and mourning

The patients I have in mind in this paper had suffered actual losses which had not been grieved, and this left them with a continual sense of loss. Sometimes they described their losses verbally and consciously but at other times the loss was brought into the analysis unconsciously by way of the transference. Resistance and acting out in the 'here and now' had the effect of maintaining static states, so that the power and value of relationships, and thus of the analysis, were lost. In these states the future was also viewed as a bleak prospect because there was no hope that their needs could ever be met. I find Ehrenberg's (1992) summary of this state rather poignantly expressed, when she

describes it as the negation of desire. The two patients I am discussing manage to work but they find it hard to play, enjoy life, and generally be creative. Both Ms X in all her relationships with men and women, and Mrs M in her former marriage and with her work, channel enormous amounts of their creative energy into 'others' and then are constantly disillusioned when they do not receive an equivalent amount of creative concern.

I want to differentiate between experiences of loss and the process of mourning. I have selected two theories, from fairly recent literature, and specifically focused around conception and pregnancy. In discussing the psychic reality of unborn children, Meltzer (1973) quotes Freud's fascination with the apparent unbridgeable gap between common sense and psychic reality. Meltzer goes on to debate the psychic reality of an unborn child as a crucially important factor to look for when giving psychological help to anyone contemplating having a clinical abortion. We know from analysands about the destructive and long-term negative effects that abortions have on the psyche of most participants, even though the conscious choice may have appeared to be uncomplicated and desired. Meltzer's main theme is that the mother in fantasy selects the baby that she will nurture and give 'the gift of life' to and that after this selection, '... its confiscation or destruction has to be mourned and restored among the internal babies'. If the dead babies are not mourned then they become ghostly persecutors in the internal world of their mothers.

Savage (1989) states that when a mother has given birth and then the baby has died it is possible for the mother to enter into a full mourning because she has the physical reality of a dead body. In the case of an abortion, however, the mother finds it more difficult to experience the reality of the loss and this prevents a full mourning. She clarifies that the combination of actual loss and the mourning of the loss may lead to a creative development in the psyche. She notes the universal shapes and patterns to mourning and thus sees it as central to all healthy psychological development.

If one accepts as a basic idea that the need to mourn is both powerful and universal, then we could ask, what might be the factors that prevented the mourning process in patients with histories of clinical abortions? I identify the *loss* they have had as an event that is either without an apparent emotional reaction or where the emotions remain stuck in a rage at the loss having taken place. With those who appear to have no emotional reaction I have found that their rage is suppressed and therefore covert. Such patients cannot let go of the lost object and this includes objects that they feel they have never had, or, more accurately, not had enough. In such patients there is no sense of mourning – that is, there is no sadness about the loss. In other words, there is no acceptance of the loss. *Mourning*, on the other hand, is an *emotional process* that involves slowly letting go of the object and this process can lead to a resolution. This is similar to what Freud said:

> In yet other cases one feels justified in maintaining a belief that a loss of this kind has occurred, but one cannot see clearly what it is that has been lost, and it is all the more reasonable to suppose that the patient cannot consciously perceive what he has lost either . . . but only in the sense that he knows *whom* he has lost but not *what* he has lost in him. (Freud, 1917: 245; emphasis in original)

I have observed with my patients that the psychological abortive attitude holds sway in their inner world. They are in a semi-permanent state of rage, covert or overt, and have therefore been unable to engage in the process of mourning adequately. We know that human loss has a deadening effect, whereas the work of mourning facilitates the reconnection to the living state. Using my clinical examples I shall explore what may have blocked the course of mourning, which has resulted in an emotional impasse.

My observations of these patients have led me to believe that mourning is the fundamental difficulty for them. There has been a deprivation of a 'good enough' bonding with the mother in the very early stages of life and this results in a powerful dynamic. I think that they are continuously overwhelmed by intense frustration about life. It seems to me that a person can mourn only when they have had a reasonable amount of 'good enough' early bonding experiences. My patients are unable to mourn because they did not experience enough of a sense of benign fusion in their primary relationships.

Their primary experience was of being attacked for having needs, an attack that was in a sense a negation of their right to the 'gift of life'. They identified with the attacks as a way of trying to create the missing bonding. The more this failed, the more intense became their primitive aggression. This primitive aggression was not able to find expression in their early relationships and for that reason it could not be integrated into the ego. Instead, the primitive rage was acted out through the psychological and physical methods of the abortive attitude. Deprived patients who have not experienced a holding/relating partnership with a maternal caretaker have to split the mother into a 'good' and 'bad' object in order to hang on to an illusion of a relationship with a 'good mother'. This creates a defensive personality structure which prevents a spontaneous existence. Such patients seem unable to move towards separation. They cannot acknowledge the loss of an experience that they have hardly had and therefore they cannot truly mourn.

Problems of interpretation

Through the years of work with these patients I have gradually been able to focus more precisely on the areas that are crucially inhibiting and difficult in the day-to-day analytic exchanges. My primary consideration has been to explore minutely how I may be able to convert unmanageable images into more manageable affects as described by Hubback (1983). My patients tended to have omnipotent fantasies in which the main affects were of rage and

destruction. If the images in the omnipotent fantasies could be shared and the analyst not only survives but gradually makes sense of them, then this facilitates some sense of the good enough experience existing within the patient. I accept Savage's (1989) postulation that the unconscious drive for women to become pregnant and then abort may be an unconscious repetition compulsion to re-enact a failed process – an omnipotent fantasy to be in control and then to control the elimination of a poor feminine identity. One of the positive aspects of repetition compulsion is that it provides the possibility of re-experiencing failures in infantile development in such a way as to provide a reparative experience. Before we had been able to establish a trusting relationship, Ms X had used the threat of pregnancy and abortion as an attack on herself and me. However, she came to see that her fantasies about pregnancy were about her unmet needs but also that this behaviour could not meet those needs. This was also true for Mrs M where her pregnancies coincided with crises in her marital relationship. In her therapy I felt that despite her bad marriage and other bad relationships there was the hope that a good baby/self might be created between us. In her external world her desperate attempts to improve the intimate nature of her relationships and to achieve some valuing of her feminine identity were thwarted. At the beginning of her analysis, she felt a sense of moving towards intimacy with me, which was for her a most desired and yet feared state. This she had to try to destroy through the abortive attitude because of her overwhelming fear and conviction that I would reject her. Only after a long period of our working together was this pattern slightly modified.

If the therapist and the patient are able to endure a prolonged relationship, then there may occur a change to the unconscious without the need for conscious insight. This could be expressed as a reparative process in which a form of partial fusion is experienced. The therapeutic relationship has some characteristics that are similar to the infant's vital experience of being in the presence of the attentive mother. These characteristics include being held without words. The couch can symbolize the mother's/analyst's body holding the patient. Mrs M left her wedding ring with me on many occasions for safekeeping. I discussed with the patient where it should be kept in my consulting room. It was important that the ring was put in a drawer so that it would not be 'swept away' by accident. Jung (1917) says that he believed that the wedding ring was, in common usage, a token of a bond of relationship. I felt that my keeping the ring had a double aspect: in part it symbolized my having to hold our relationship in a safe place but on the shadow side it also felt as if the drawer represented a coffin which prevented the relationship from being alive. In other words, it seemed part of Mrs M's struggle to try to find a balance between the healthy and unhealthy parts of her psyche. Over a period of time I made interpretations based on the double aspect of my keeping the ring. It seemed to me that by putting the token of the benign relationship into safe keeping it was possible for us to work on the negative aspects of our

relationship. She was therefore always very anxious about her 'spoiling' destructiveness (abortive attitude) and by giving me a positive token, kept in a place where it would not be spoilt, she unconsciously hoped that it would act as a counterbalance to her destructiveness.

Although I believe that making interpretations promotes insights, I also believe that integration can also occur by way of the unconscious processes that do not necessarily involve interpretations but are brought about by the analytic relationship itself. It is this aspect of my work that I have found to be most important when working with patients who have an abortive attitude. There are, of course, occasions when these patients are actively involved in a negative transference. On these occasions interpretations can result in the re-establishment of a benign atmosphere by promoting an understanding of the hurt that lies behind such anger. However, respecting the unconscious processes provides the much-needed containment that enables integration to take place.

Use of words

As Ehrenberg points out in her discussion on the mutual effect that the analyst and the analysand have on each other, it is useful to distinguish between the theory of technique and the theory of therapeutic action. It was by working with this type of patient that I found my clinical and theoretical position challenged. I would now agree with Ehrenberg when she says:

> Any effort to capture live experience, for example, is doomed to fall short of the mark, precisely because the very process of attempting to articulate it changes it so that what was true as one began to describe it is no longer true as one does so. (1992: 14)

Words are normally used to facilitate insights or provide confirmation. Their shadow side, however, frequently dominated the analyses of my patients in that words were used both as barriers and/or as weapons of power. For these patients, revealing their thoughts or feelings to me via words was tantamount to giving me weapons to attack and humiliate them. Frequently my words were experienced as indicating my separate status, which conflicted with their wish to merge and feel at one with me.

The attempt to negotiate this dilemma was crucial for both patients, although in a contrasting manner. For Ms X my words (weapons) precipitated us into controlling, intellectual battles and for Mrs M my words (weapons) drove her into states of non-retrievable silence. I shall now give two brief extracts of exchanges in the analysis of Mrs M to illustrate a non-retrieval state and then a small shift and an exchange in the latter stages of her analysis.

After a long period of relative impasse when the archetype of relatedness was replayed through brief engagement/connectedness, there was then a violent swing into withdrawal/isolation in which Mrs M launched into a repetitive

description of her sadomasochistic relationship with an occasional boyfriend. Although overtly it appeared as if she was involved in contributing to the inter-subjective space between us, in my countertransference I experienced irritation followed by boredom: her voice and manner were those of an 'innocent victim' who was isolated and helpless. In order to engage I was seduced into making an interpretation based on shared past understanding that her insides are experienced as being full of her non-relinquished and un-mourned fetuses with a death dealing impact, so that because of her past hurt she clings on to a false hope that he will repair the dead infant inside her. Mrs M's silence was icy cold, and she became totally inaccessible. In talking about her relationship from the victim position she had projected her primitive rage and perverse sadistic pleasure, discharged unconsciously by her as destructive and poisonous affects. Rather than being able to tolerate and hold her I instantly discharged them from my psyche by making a premature and reconstructive interpretation. This negative and disabling repetition was an enactment between us in which I had unconsciously reinforced her need to abort what might have seemed to be the *birth* of a usable insight. In these enactments the abortive attitude manifest through my countertransference responses violently split into thinking or feeling, making our symbolic intercourse almost impossible. This relative impasse could temporarily be freed when I did not interpret either state but would bear the discomfort of the tension of the omnipotence/impotence opposites and instead waiting and thereby creating a partial sense of fusion. On one occasion Mrs M said, 'I've lost touch with you all of a sudden, now that I am on the couch, you are out of sight'. Her anxiety about my being out of sight is an archaic fear of being abandoned and when she could tolerate some of that anxiety it allowed the start of a deintegrative/reintegrative process to explore her thoughts and feelings as separate from mine.

Many years later, after a period of months in which Mrs M had been sitting in a chair, she arrived at a session and lay down on the couch. She had been to an exhibition of still life paintings and said that it had been much more enjoyable than she had anticipated. She then asked, 'Do you know it?' I considered saying, 'perhaps you are wanting me to know how you feel', but instead said that I didn't. By replying directly to her question, rather than getting into the usual pattern of competition and envy which would silence her, she described the stunning still life pictures of fruit and hunted animals, but most particularly the portrayal of a fish that was shiny and appeared to be almost alive. She observed and described in minute detail her pleasurable experience. On this occasion, when I was able to bear the tension of remaining quiet and have faith in the process, she then asked: 'Could this be me beginning to find a pleasure in life – no, I mean pleasure in *my* life and creative life inside me?' This seemed a shift away from entrenched hostility, allowing us to share a metaphorical space in which change could occur. As Jung said, 'My aim is to bring about a psychic state in which my patient begins to experiment

with his own nature – a state of fluidity, change and growth where nothing is eternally fixed and hopelessly petrified' (1931).

Summary

In this paper I have attempted to conceptualize my experience of working with patients who have had either many actual abortions or who have symbolically aborted their creativity. With hindsight I have concluded that their 'abortive attitude' was made up of the archetypal abortive mechanism and their sense of not having had adequate bonding in early infancy. With clinical examples I have discussed the clinical difficulties that the abortive attitude creates and how I have struggled towards modifying my clinical approach. I have looked at the differences between loss and mourning as applied to this group of patients and how mourning of the loss may lead to a creative development in the psyche. I have also considered the effect that the abortive attitude has on acting-out behaviour that takes place outside the consulting room and enactments that take place inside the consulting room. I have suggested that both acting out and enactments may relate to frustrations being dealt with by actions which may provide an understanding of their purpose.

Lastly, I have discussed how my clinical technique has changed. Previously, my clinical work has been dominated by insights gained by working within the transference and this work has been mostly based on my making verbal interpretations. However, in this paper I have argued how when working with patients who have an abortive attitude it is necessary to provide a symbolic holding which allows the patient to experience a sense of oneness. I have described how the use of words can often prevent the holding experience necessary for the process of individuation to take place in such patients.

References

Beebe J (1988) Primary ambivalence towards the self: its nature and treatment, in N Schwartz-Salant and M Stein (eds) *The Borderline Personality in Analysis*. Willmette, IL: Chiron Publications.

Bion WR (1967) Attacks on linking. In WR Bion *Second Thoughts*. London: Karnac, pp. 93–109.

Bowlby J (1969) Attachment and Loss, Vol. 1. *Attachment*. London: Hogarth Press.

Ehrenberg DB (1992) *The Intimate Edge – Extending the Reach of Psychoanalytic Interaction*. New York: Norton.

Freud S (1917 [1915]) *Mourning and Melancholia*, S.E. Vol. 14.

Gee H (1996) Developing insight through supervision: relating, then defining. *Journal of Analytical Psychology* 41(4): 529–52.

Gordon R (1977) Death and creativity in the light of Jungian theory and practice. *Journal of Analytical Psychology* 22(2): 106–124.

Hubback J (1983) Depressed patients and the coniunctio. *Journal of Analytical Psychology* 28(4): 313–27.

Jung CG (1916) *Collected Works* Vol. 8 ¶ 519. London: Routledge & Kegan Paul.
Jung CG (1917) Two essays on analytical psychology. *Collected Works* Vol. 7. London: Routledge & Kegan Paul.
Jung CG (1931) The aims of psychotherapy. *Collected Works* Vol. 16. London: Routledge & Kegan Paul.
Jung CG (1939) Conscious, unconscious and individuation. *Collected Works* Vol. 9(i). London: Routledge & Kegan Paul.
Kalsched D (1996) *The Inner World of Trauma – Archetypal Defences of the Personal Spirit*. London and New York: Routledge.
Meltzer D (1973) The psychic reality of unborn children. Chapter 23 in *Sexual States of Mind*. Strath Tay: Clunie Press.
Ogden TH (1999) Analysing forms of aliveness and deadness of the transference/countertransference. In G Kohon (ed.) *The Dead Mother – The Work of Andre Green*. The New Library of Psychoanalysis, Vol. 26. London: Routledge.
Savage J (1989) *Mourning Unlived Lives – A Psychological Study of Childbearing Loss*. Illinois: Chiron Publications.
Winnicott DW (1958 and 1960) *Maturational Processes and the Facilitating Environment*. London: Hogarth Press.

Address correspondence to Elizabeth Gee, 22 Wood Vale, Muswell Hill, London N10 3DP.
Email: elizabethgee@macunlimited.net

 Journal of the British Association of Psychotherapists, **42**, 36–50, 2004

Some reflections on the differences between child and adult psychotherapy

JANINE STERNBERG

ABSTRACT

This paper looks at some ways in which the technique used in psychoanalytic psychotherapy with children differs from that used in psychotherapy with adults. Attention is given to language, play and the management of aggression. Interpretation in the displacement is considered, together with other theoretical views on interpretation. Issues arising from contact with the child's family are addressed and how this affects the transference is looked at. Some attention is given to the way that technique alters according to the theoretical orientation of the therapist and links between aspects of techniques used in different settings are highlighted.

Key words child's consent, developmental objects, interpretation in displacement, physical restraint, play

Introduction

As someone who originally trained as a child psychotherapist and subsequently as an adult psychotherapist and who now practises as both, I reflected on the fact that there were obvious differences in the way I worked with these different groups of patients. I began to think about some of the very obvious variations in approach and wondered whether therefore alternative or additional capacities and skills are demanded of the child psychotherapist. The following are some thoughts on the subject which are not intended to be exhaustive or conclusive: rather they represent some ideas that have occurred to me and that may spark further dialogue around this. I have written from the assumption that adult

Janine Sternberg is a Full Member of both the Child and Adolescent Section and the Psychoanalytic Section of the British Association of Psychotherapists. She is the Consultant Child Psychotherapist at the Tavistock Mulberry Bush Day Unit. Her book on the importance of infant observation and the process of becoming a psychoanalytic psychotherapist will be published by Karnac in 2004.

psychoanalytic psychotherapy provides the template and that child psychotherapy represents some differences from this. There is no suggestion that adult psychotherapy represents the 'proper' approach, with child psychotherapy representing a watered-down form or deviation from it. This paper concentrates on certain aspects of psychotherapeutic work with children where I think we can see how the technique and the underlying theoretical reason for this are different from that used in psychoanalytic psychotherapy with adults, but I have also pointed to certain situations where I think we can make links between aspects of techniques used in different settings which may appear to be distinct but which in fact have an underlying connection.

Underlying framework

It could be argued that the skills needed for child work are no different from those needed for adult work. After all, as Winnicott said, 'Psychoanalysis of children is not different from that of adults. The basis of all psychoanalysis is a complex theory of the emotional development of the infant and child' (1958: 116). Nevertheless, I agree with the statement made by staff at the Anna Freud Centre: 'How ever much the child therapist might wish to model his treatment of children along the lines of the analysis of adults, many factors make this impossible' (Sandler et al., 1990: 209).

This paper will look at some of the factors that cause this 'impossibility'. Psychoanalytic work with children and adults has to be conducted differently, and the alterations in technique call on different technical skills. Betty Joseph states that, 'The very nature of analytic work with children, dependent largely on action rather than words, demands real technical differences' (1998: 359). She emphasizes Klein's ideas that while the principles of psychoanalysis remain the same whatever the age of the patient, the technique is adjusted to the situation of the young child.

Children express themselves far less through language than adults. Although over recent years we have become more alert to the *unspoken* parts of the dialogue between patient and therapist, still in our work with adults we expect much of the emphasis in the work to be on what is said – and not said. With children, especially younger children, there is a different form of communication – that of play. I do not want to imply that I think that the privileging of verbal content means that adult therapists are unaware of other aspects. As we will see in the section on the use of countertransference feelings, the therapist needs to be acutely aware of how the patient uses the analytic setting as a whole. There may well be a parallel between the way a child psychotherapist focuses on a child's play, especially when the play is in interaction with the therapist, and the way an adult therapist, especially with more disturbed patients, has to focus on the way the patient acts upon the therapist and the setting. As quite frequently occurs with children, the adult patient in a more

disturbed and regressed state cannot access his thinking capacity and so cannot find words with which to communicate. In these circumstances for both child and adult patients action is used instead. The therapist then has to find a way of understanding and talking about (and, if necessary, stopping) that activity. Perhaps with adult patients there is a desire to return to more traditional verbal activity. Child psychotherapists are accustomed to the idea that a child in therapy is not going to sit and talk about what they perceive to be his or her difficulties – or, if they do, what will be offered will be pseudo-adult, all on a conscious level and not having much bearing on the difficulties experienced.

Play

Play is at the centre of child psychotherapy. Child psychotherapists provide specific limited play material, designed primarily to be used as an aid to symbolic expression. In the setting of the consulting room the child psychotherapist makes this play material available and sees what, if anything, is done with it. Not surprisingly, the issue of play is a complex one, and one in which major theoretical differences appear between the Kleinians and the Anna Freudians, differences that are probably less acute today than they were 50 years ago, but that still have some significance because of underlying assumptions about the task of psychoanalytic psychotherapy.

The amount of active engagement in the child's play, as opposed to observing it but not participating, will vary according to the therapist's personal and theoretical views, as of course will the way it is understood.

Betty Joseph (1998) says that she is always looking for the meaning of play and would only play as long as she saw it as productive. She writes that she would throw a ball back and forth, then see what happened after she spoke and interpret according to that. If the child continues the activity as a game in order not to think about the interpretation, then the therapist must understand this, interpret and probably stop the activity. This model of course is predicated on the importance of the therapist's understanding. We might wonder whether this is helpful if the child does not yet understand.

An experienced and gifted therapist might well grasp the significance of something long before her patient can either intuit it or receive an interpretation about it. In those circumstances the play may need to continue until the child has understood something of its meaning for him or her.

All are agreed that it is not the play material itself but what is done with it that is important. Child psychotherapists should not automatically assume that all playing is necessarily symbolic and expressive of underlying fantasies. From recent work with children on the autistic spectrum we have become painfully aware of the meaninglessness of certain play, and even with very different children play can be used in a repetitive, mind-numbing, defensive way. Perhaps this is in some way similar to the 'chuntering' that Joseph (1982) writes

of with adult patients, which could at first sight appear to be productive but is really serving a defensive purpose. Winnicott's statement, that 'if a child is able to enjoy playing, both alone and with other children, there is no very serious trouble afoot' (1964: 130), has to contain the proviso that we need to be able to see the difference between types of play. The ability to observe closely and to be alert and responsive to the countertransference aroused within us from what we are seeing is surely crucial here. I am sure that adult practitioners at this point are thinking about both similarities and differences in their own work. Adults *do* play – with words, ideas, images and perhaps especially with dreams – in their therapeutic encounters and therapists are used to being receptive to these in a very particular way. This way, when working successfully, creates both a sufficiently 'light' atmosphere for such play to continue and treats the 'play' with the utter seriousness that it deserves. However, it is my experience that except in relation to dreams it is often easier with children than with adults for the therapist to speak freely about the underlying symbolic content of the play. A child playing has entered a slightly removed, 'as if' state which makes the disowned aspects more tolerable, especially if, as discussed below, the interpretation allows this to continue.

Interpretation

It is in the area of interpreting that we can perhaps see the other major technical difference between child and adult work. It is not my intention here to address in detail the many important strands that go into a successful interpretation. Issues to do with timing or the tone of voice used are as vital with children as they are with adults. All therapists need to think about the impact of their interpretation and phrase it in a way that will be most helpful, and more attention to certain aspects of this will be given later. Although any patient may react to interpretations as attacks or criticism and feel he must fight them off, the child's way of doing so (which may, for example, involve running from the room or physically attacking the therapist) makes the need for care in offering interpretations even more essential. Often children object to the therapist talking to them as they play. For some this is because it interrupts their sense of being immersed in the play; they cannot 'live' it and stand outside it to answer questions about it simultaneously. Others find the therapist's comments an intrusion. As with adult patients a wish not to communicate with the therapist may be the predominant feeling at that point and the therapist's verbal connections may make the child feel chased. Interpretations may describe something that is painful to hear, so bringing the wish to reject it. Of course none of this means that the therapist should necessarily sit in silence until invited to speak. The therapist must judge when and how to speak, following her attuned responsiveness, as well as her theoretical framework, to evaluate what might be helpful.

However, especially with the technique used by the Anna Freudians and the Independent child therapists, there are other aspects of interpretation that are important. The way children use toys allows the child a certain degree of displacement or externalization of self and object relationships and of the interaction between them. The therapist may make an interpretation in the form of a comment about a toy figure or character in the story without obviously linking it to the child himself. By talking of what, for example, the lamb had done and thinking about how the lamb might have felt, but not overtly linking it up with the patient's experience, the therapist hopes to make the interpretation more internalizable by the patient. This holding back is not, or should not be, done simply to avoid hurting the child (or in some instances being hurt by his counter-attack). Rather it is influenced by thoughts about what is bearable for the child to take in, and how the patient deeply knows and appreciates his similarity to the lamb without needing it to be made explicit. The interpretation in the displacement acts as a spur to thinking, offered in a way that can be received, when a more overt interpretation could lead to resistance and a pulling down of the emotional shutters. Although therapists working with adults are used to their patients telling of events happening to other people or dreams in which the patient himself does not manifestly appear, most therapists working psychoanalytically would link those aspects they saw as referring to the patient directly to him and not leave them displaced. There is of course a danger of colluding too much with the child's defences rather than analysing them, but many therapists nevertheless feel that such a sideways approach may make it possible to begin to address difficult areas.

Priscilla Roth has produced a most interesting paper in which she describes how the same material could produce different levels of interpretation. Using material from psychoanalytic work with an adult patient she illustrates how the therapist could interpret the same material on a historical level (level 1), about the transference (level 2), about the transference in the here and now (level 3) or an awareness of the analyst's internal difficulties which led to an internal relationship which is in fact being enacted within the session at that time (level 4). She says the therapist has to decide where it is useful to intervene: 'But we must always remember that in choosing to focus our attention on one aspect of the patient's communication we must, in our minds, hold onto and be aware of the other aspects as well' (2001: 535).

Roth describes the understanding of the here and now transference relationship as the 'epicentre' of the emotional meaning of analysis, and says that the therapist must keep his mind located at this level at all times, 'it is where we always live within the session', but that it is not always possible or desirable to interpret at levels 3 and 4. The therapist and patient need to 'roam a bit over the wide territory' that other material provides. Fred Pine is very aware of how certain patients may be flooded and disorganized by interpretations and so he advises alterations in technique to minimize this possibility. He

states that classical psychoanalytic interpretations are left open ended, either through vocal tone or sentence structure, as this is thought to leave the patient room to react, but he thinks that more fragile patients can feel panic and rage at this, and so he suggests that the therapist should use phrases that emphasize the working-together aspects. He also advises that the therapist should 'strike while the iron is cold', in contrast to the usual expectation of addressing a feeling in the heat of the moment, so that the patient can have available an adequate control structure to receive the interpretation (1985: 153). We can see some similarities between ideas about displacement interpretations, these thoughts from writers of very different theoretical orientation, and in John Steiner's work on patient-centred and analyst-centred interpretations, which all address how to describe what is happening in a way that the patient can hear and make use of. According to Steiner, if the patient is made too anxious and persecuted by what he feels to be the blame implied in a patient-centred interpretation, he may not be able to 'develop an interest in understanding no matter how small or fleeting'. The interest in understanding is, according to Steiner, the purpose of the encounter (1993: 141).

Differences in the use of transference and countertransference and the impact of the external world

Contemporary practitioners, working with both adults and children, have an increased interest in the relationship between therapist and patient, and on the interactive nature of the dialogue between them with a corresponding emphasis on transference and countertransference. The experience of feeling differently without necessarily understanding why may be more common in therapeutic work with adults than has been previously acknowledged. Certainly the current emphasis on micro interactions might well suggest that most patients are going to remain consciously unaware of the myriad minute interactions that have transformed their internal world views. Betty Joseph (1998) makes this point about this more recent change of emphasis, while Hazel Douglas states: 'Our playrooms are likely to be full of reciprocity' (2001: 44) and she suggests that this is more in evidence in work with children than it is in work with adults, although it certainly can be seen there.

Esther Bick states that the countertransference with children is often more difficult to bear and to process than with adult patients. She sees children as evoking parental feelings in their therapists which make it hard for the therapist to bear the experience of the child's pain. She says that: 'the counter-transference stresses on the child analyst are more severe than those on the analyst of adults, at any rate of non psychotic adults' (1961: 107). She understands this as due both to the unconscious conflicts that arise in relation to the child's parents, which I will look at briefly, and to the nature of the child's material. For her the intensity of the child's dependence, and the primitive

nature of his fantasies, tend to arouse the analyst's own unconscious anxieties. She thinks it is difficult to contain the violent and concrete projections. She also states that the child's material is more difficult to understand because it is primitive in its sources and mode of expression. Of course the material of certain adult patients, especially borderline or perverse ones, may also be emerging rather unmodified from those parts of the mind. Bick states that because of this the child analyst has to depend more on his unconscious to provide him with clues to the meaning of a child's play and non-verbal communication. Other theoretical schools might argue that this reliance on the therapist's unconscious, traditionally used by Kleinians with both adult and child patients, is a double-edged sword, potentially bringing wonderful understanding but potentially imposing the therapist's own issues on the patient. From a different theoretical position Ogden (1997) notes how important it can be for the therapist to attend to what may seem to be the random and unconnected thoughts that occur to him during the session. He points out how these apparently unconnected fragments can be invaluable in helping the therapist deeply understand some aspect of the patient or of the interaction between them at that moment. In these different ways we can note an emphasis on the need to have free access to countertransference feelings, which is very much in accord with contemporary thinking. Margaret Rustin, in writing of her separate once-weekly work with two boys, expresses it as follows:

> As a starting point I had to get a grasp of the internal psychic pain that underlay their grossly distorted development. Since neither of them could talk to me about themselves (in fact they were a million miles away from that sort of use of a therapist), this meant I had to experience in the countertransference, in my own emotions within sessions and in my thinking about them between sessions, the intolerable feelings which their way of life seemed designed to hold at bay. (2001: 274)

One could convincingly argue that this situation of intolerable psychic pain, defended against by the patient and necessarily experienced by the therapist, is more common in work with children, who very probably have not chosen to come to treatment, than with adults who, albeit very ambivalently, have committed themselves to engage in treatment. Daws puts it as follows: 'In all of us, whether in therapy or not, there is a degree of resistance to change, a feeling that the pain involved in making change is far worse than the pain involved in keeping even inadequate functioning going' (1986: 108).

As will be addressed below, in thinking about the issue of consent with adult patients there is likely to be more recognition that there is value in experiencing the 'intolerable feelings', albeit in very manageable doses, and the commitment to therapy depends on this.

In working with child patients, transference needs thinking about differently. Anna Freud (Sandler et al., 1990) suggests that the therapist should interpret the transference from the mother in the present before referring to the

past and should not take everything as referring to the therapist. Taking transference to refer to feelings and responses activated from the past, it is important to recognize that:

> Children have a continuing dependent relationship with the parents in the present. This complicates the task of distinguishing between a fixed pattern of behaviour used with parents and adults in general and the specific revival of a past experience within the context of the treatment situation. (Sandler et al., 1990: 81)

A recent study by Miriam Steele and colleagues (2003) shows how influential the people we live with are. Recently adopted children were asked to complete narratives designed to give the interviewer awareness of the child's ways of relating to the world and their expectations of significant adults. By linking the Adult Attachment Interviews of adopting mothers with the story stems of children recently placed with them, she showed that the children's story stems (and so, it was argued, their attachment patterns) radically differed according to whether they were placed with securely attached or unresolved mothers. These significant differences showed up within three months of placement and were not influenced by the level of the children's previous traumatic circumstances. Child therapists have to tread very delicately – a suggestion that life at home is unsatisfactory may challenge a child's loyalty, and references to, for example, an unreliable mother figure, could inhibit the play.

Recent work by graduates of the Anna Freud Centre (Hurry, 1998) has emphasized the analyst as a 'developmental object', one who the child can relate to in a new way. It could be argued that children who have lacked the experience of an interested maternal object first need the experience of someone who can notice and respond to their needs before they can progress to experiencing loss and deficit in a way that is ultimately enhancing rather than overwhelmingly threatening. Anne Alvarez (1992, 1997) has cogently made the case for formulating interpretations with this in mind. The developmental object is a significant idea but it is important to know the difference between this and a good teacher or a 'kind auntie'. Adult psychoanalytically informed practitioners are also aware of the deficits that their patients are likely to have experienced and how they need to tread a line between creating an environment in which the patient can use the help the therapist offers and falling into the pitfalls of the 'corrective emotional experience' (Alexander, 1946). The level of external deprivation that many current child patients experience also stirs up 'rescue fantasies' in the therapists. Therapists working with adults rarely want to take their patients home with them!

Betty Joseph (1998) writes of the way that child patients 'pull' on parental feelings in ways that may lead to acting out with the child. She warns that the analyst's own unconscious wishes can easily contaminate his analytic approach and highlights how difficult it can be to keep moral and educational values out

of the treatment. With adult patients the therapist may be better able to abstain from therapeutic zeal, being aware of the risks of this, perhaps even keeping in mind Bion's (1970) suggestion of the need to eschew memory and desire. While few of us (I believe) achieve this, we are more likely to be able to keep such a stance in mind.

Because the child has greater face-to-face contact with the therapist than an adult would have, Anna Freud and her colleagues think that the child may have a better sense of the reality of the therapist. Although this may be true when the child is not too dominated by fantasies, and where clues and cues can be picked up on more readily, perhaps because of the level of damage in the children many child psychotherapists are currently working with, I would argue that the capacity for distortion of the object is as great in children as in adults, if not greater in children than in adults.

Contact with parents and the extended network

The reality of a child's parents inevitably affects the child's analytic treatment in many different ways. Melanie Klein tells us that when she began working analytically with children she would attempt to treat a child in his or her own home, but she found that the transference situation could only 'be established and maintained if the patient [was] able to feel that the consulting room or the play-room, indeed the whole analysis, is something separate from his ordinary home life' (1955: 125).

Nowadays no one would consider working in the child's home but contact with the child's family is considered, to some extent, necessary, although the frequency and nature of this contact is a matter for debate. It is not possible, and I would argue not desirable, to avoid contact with parents. Especially with younger child patients the parents must be seen to ensure that they provide the continuing emotional and practical support that is needed for the child to continue in treatment. Moreover, there may be many circumstances in which without changes in the child's family the treatment for the child can only be partially successful. Sandler et al. (1990) point out that while an adult can remove himself from a particular situation once he has understood why it is appealing or feels necessary, a young child has relatively little control over his environment. Esther Bick (1961) suggests that the child psychotherapist inevitably experiences unconscious conflicts in relation to the child's parents, and tends to either identify with the child against the parents or with the parents against the child. Frequently, therapists may experience rivalry with parents, or a desire to be a better parent to the child, and such feelings need to be recognized and well managed.

When the family needs help with its pathology an additional professional may well be brought in for this work, especially in child and adolescent mental health services, but in some circumstances it is the child psychotherapist who

will have contact with families or with others, such as teachers or social workers, who are concerned with the child. Child psychotherapists may also find themselves more actively involved in trying to influence the external world of the child by attending review meetings or liaising with concerned professionals. Although traditionally some of this has been done by other colleagues, there may be times when it is the child's therapist herself who engages in this work. She may feel herself best able to represent to others things that are important to the child. Obviously such contact potentially poses problems about confidentiality, and the therapist needs to be very aware of these. Daws (1986) draws attention to difficulties that may arise about confidentiality when there is such contact. Monica Lanyado has written of her views about the need to keep a child 'in her pocket' and be very active in the network on their behalf at times of transition or entering adoption (Lanyado, 2002). She makes a cogent case for the value of this work. This may then lead to tension between the need to communicate and the need for privacy. The child psychotherapist's awareness of the child's helplessness in the situation may lead to identification with that helplessness, or an omnipotent 'busyness', neither of which are helpful.

'Consent' and how to tackle the negative transference

Dilys Daws, in writing of the importance of the *child's* consent as well as the parents' consent to therapeutic treatment, gives an example of how viewing the decision to cut down or terminate therapy as only the parents' decision would have meant that she missed the significance of the child's part in the decision and her ambivalent feelings. Writing of a child whose battling parents had conflicting views about the usefulness of therapy, she tells of a meeting at which the child proposed fortnightly sessions. The child was able to use the new frequency very well and Daws reflects:

> Now that she came fortnightly, perhaps the week she did not come contained the negative feelings; the one where she did come she could proceed with the positive ones. If I had missed this split and felt myself only to be the helpful therapist supporting a vulnerable child with her feelings about difficult parents outside the therapy room, I would also have missed the chance for her to look directly at these negative feelings and experience them in regard to myself. (1986: 109)

Anna Freud (Sandler et al., 1990) points out that many analyses of children are terminated with the expectation that in a year or two the child will come back if more therapy is needed, but she emphasizes that this hardly ever happens. She states that relatively few analyses of children are terminated according to plan, most being interrupted by external circumstances. It seemed to me that this view of interrupted analyses may take insufficient account of the forces of development and the consequent fact that a child analysis need not

take the length of time an adult one does. Anna Freud warns that a child's *manifest* wish to stop treatment may disguise all sorts of feelings, especially anxieties about abandonment and rejection. This is of course true for all patients. The wish for termination may also follow a wish to avoid the pain that treatment inevitably brings. However, we also have to take account of the possibility that the balance between health and illness may be such that it may be healthier for the child to no longer wish to come to therapy but instead to use their time and energies in activities with their peers. This is also true for adults but is perhaps especially apparent with children and young people.

The question of how much, if at all, there is consent to having therapy may be, in many although not all cases, very different for adult and child patients. With adults the problem is much simpler, because if the treatment alliance sinks below a specific level, the patient stops treatment. If the patient continues to attend, the analyst tries to find out what brings him, but with the child all this is obscured by the fact that the child is not necessarily coming of his own volition. Indeed, parents are encouraged to bring the child at times when he does not want to come. Anna Freud understands this commonly accepted necessity as being because the child is more likely than an adult to break the treatment alliance because the mature part of the person which holds a patient in analysis during phases of negative transference and resistance is less developed in the child. The situation is complicated when the therapist lacks an alliance with the family, which would enable them to help, or even make, the child attend. Sutton (2001) and Daws (1986) both explore the question of *what* the child has consented to and how this must fluctuate during the course of the treatment. Anna Freud bluntly suggests that if for one week children only came to therapy if they *really* wanted to, 'without any pressure from anybody else I don't say there would be none, but you'd be surprised by how few there *would* be' (Sandler et al., 1990: 18–19; emphasis in original).

Managing the boundaries

Although an adult patient may try in various subtle ways to stamp his presence on a consulting room, he is not likely to be able to do this, or at least not in ways that would then be subsequently disturbing to the next patient. However, child patients may frequently mark walls or break furniture, so impinging on the next patient. In clinic settings children also have to get to and from the waiting room to the therapy room. While this may be true for adults seen in institutional settings, adults are more able to grasp quickly the concept that the session begins once within the consulting room. Young children may feel that the session begins as the therapist appears, and may say or do things on the way to the therapy room that place the therapist in a dilemma. While ideally interpretations should be confined to the privacy of the consulting room, something has to be done or said at that moment. The need to address both the activity,

whatever it is, and the underlying communication it contains *simultaneously* calls on particular skills which may be less needed for a therapist working with adults who has more space to address the underlying communication with less sense of need to alter the activity *immediately*. We also need to be aware of the way that, as Joseph (1998) warns, particularly in work with children, the therapist is liable to be drawn into some kind of acting in. In describing the question of bringing new equipment, for example paper, into the therapy room Joseph states that the analyst is frequently manipulated into situations where whatever he does he is in the wrong and the patient has grounds for complaint. While similar issues may arise with an adult patient around requests to change session times or holidays, they are much less acute in that setting. Indeed, Daws (1986) also gives an example of how work with a child was able to flourish once she changed his session time, respecting his view of an external reality that made the original time offered *particularly* awkward.

Child psychotherapists need to be aware that certain times of leaving or returning to school may be so problematic for the child that the benefits of therapy are severely undermined by the peer or school problems caused. Similarly, whereas in work with adults the regularity of sessions and a culture of not altering them are likely to be paramount, those who work with children have to evaluate in their own minds the merits of a child going on a school outing or taking part in a school performance over and above the benefits of the therapy session. Yet even if the 'external' event is deemed by all to be the better choice, the child's sense of being deprived of his session and resentful about this is likely to still need addressing.

Aggression

Child psychotherapists, perhaps more so currently than in the past, often have to manage aggressive behaviour in the consulting room. Although some adult analysts (for example, Bateman, 1998) write of occasional acts of violence from patient to therapist, usually such behaviour would lead to the termination of treatment. Clearly an attack from a fully grown adult (in the case described, the flaunting of a knife) would pose considerably more danger than one from a child, but nevertheless many child psychotherapists accept a level of physical attack from their patients that would be simply unimaginable in ongoing adult psychotherapeutic work. Of course some therapists work in forensic settings where different expectations may be in evidence, but in those circumstances aspects that would make the work safe will have been thought about and put in place.

Sooner or later in a child analysis the therapist will be called upon to set limits. It is likely to be an important and necessary part of the therapeutic work that a child will test any limits to assess the therapist's tolerance for and acceptance of them. Adult therapists, especially those working with more damaged

patients, may be faced with dilemmas about how to manage late-night phone calls, letters between sessions or other attempts to extend the boundaries of the sessions. However, it is usually possible to create a setting in which there is time to think about what is happening and why. While the child psychotherapist must interpret what the child is trying to do, he must also stop the child when necessary. This is different from adult work when fantasies or thoughts are being expressed verbally. As Sandler et al. say: 'In adult analysis there are no limits to free association, whereas in child analysis there are limits to action' (1990: 190).

This differentiation between thought and action is important. Although few therapists would expect the limits to action to be drawn in the way they would be in situations outside the consulting room, 'The therapist always has to be ready to impose restrictions on the child, for good reason: it is done to protect the child, the therapist and the environment' (Sandler et al., 1990: 189).

I take it as completely acceptable, and simply material to be thought about, that both children and adults can be offensive, swear, fart, smear themselves (but not me) with snot; however, there are of course limits to any action and these are needed to keep the patient safe and to prevent him from feeling too anxious or guilty about his behaviour. Klein states that she does not allow attacks on the analyst because they stir up excessive guilt and persecutory anxiety, but that she expects and welcomes aggressive fantasies and verbal attacks. She views this as helping avoid actual attacks:

> I have sometimes been asked by what method I prevented physical attacks, and I think the answer is that I was very careful not to inhibit the child's aggressive *phantasies*: in fact he was given opportunity to act them out in other ways, including verbal attacks on myself. The more I was able to interpret in time the motives of the child's aggressiveness the more the situation could be kept under control. (1955: 128; emphasis in original)

However she goes on to admit that, 'with some psychotic children it has occasionally been difficult to protect myself against their aggressiveness' (1955: 128).

She writes of preventing physical attacks by interpreting 'in time' the motives for the aggression. I note her statement 'interpret in time' and wonder if perhaps the most skilled clinicians can do this but that, for less gifted practitioners, the consequences of their limitations are more obviously (and physically!) painful than similar limitations would be in adult therapists. Betty Joseph is adamant that the child psychotherapist must provide a setting in which the child is able, with few limitations, to express his aggression and actual destructiveness. If worrying about protecting the room or himself, the therapist can all too easily get caught up in rushing about and then is unable to observe the child and think about him. In such situations the analyst can become like the child, 'violent, difficult and out of control' (1998: 361), and the child has been able to force his desperate violent self into the analyst, who has become a suitable receptacle for it. As therapists with adults we will in all

likelihood have experienced moments in which we feel full of violence and hatred. It is essential for the analyst to go on thinking and talking, and not just defending or retaliating. While this is essential for any therapist, and I am all too aware of the tremendous effort this can be at times, the additional strain that is imposed when the violence is physical is immense. Child psychotherapists need to process their reactions very fast and hold on tight to their own feelings until they have had the opportunity to do so.

Many writers suggest that it is possible to make effective interpretations while physically restraining a child, but the need for the capacity to observe, process and be involved simultaneously is surely very great. Unlike the adult therapist, the child psychotherapist may also have physical contact with the patient at times other than when restraining. Child psychotherapists may on occasions need to help their younger patients carry out certain physical tasks, including going to the lavatory, which would be unthinkable and inappropriate with adult patients.

Concluding thoughts

Just as the English and the Americans were described as being divided by a common language so I think child and adult psychoanalytic psychotherapists may assume that their colleagues in other sections are working in similar ways when this is not in fact the case and when such assumptions might be unhelpful. We need to be aware of how technique needs to be adapted to suit certain patient groups and this adaptation is relevant not only for work with children but also for different types of patient within adult psychotherapy. As well as there being certain therapists who have built up an expertise in working with a particular client group, the skilled practitioner undoubtedly behaves differently with each individual patient while operating within a chosen and familiar framework. The therapist's internal work, also carried out with the help of peers and supervisors, is to constantly monitor and evaluate when these 'deviations from standard technique' are helpful and when they are a type of acting out induced by the pressures of the situation. The child psychotherapist goes about her work with an expectation of needing to behave in ways within the analytic session that differ from what she experiences in her own analysis and which would be very alien to her adult colleagues. Nevertheless, the theories underlying the choice of technique are held in common, and I hope that consideration of some of the similarities and differences will produce further fruitful discussion.

References

Alexander F, French TM (1946) *Psychoanalytic Therapy: Principles and Applications*. New York: Ronald Press.

Alvarez A (1992) *Live Company. Psychoanalytic Psychotherapy with Autistic, Borderline, Deprived and Abused Children.* London and New York: Tavistock/Routledge.

Alvarez A (1997) Projective identification as a communication. Its grammar in borderline psychotic children. *Psychoanalytic Dialogues* 7(6): 753–68.

Bateman A (1998) Thick- and thin-skinned organisations and enactment in borderline and narcissistic disorders. *International Journal of Psychoanalysis* 79: 13–25.

Bick E (1961) Child analysis today. In *Collected Papers of Martha Harris and Esther Bick* (edited by Harris Williams). Strath Tay: Clunie Press, 1987, pp. 104–13.

Bion W (1970) *Attention and interpretation.* London: Tavistock Publications.

Daws D (1986) Consent in child psychotherapy: The conflicts for child patients, parents and professionals. *Journal of Child Psychotherapy* 12(1): 103–11.

Douglas H (2001) Containment and reciprocity. *International Journal of Infant Observation* 4(3): 29.

Hurry A, ed. (1998) *Psychoanalysis and Developmental Therapy.* London: Karnac.

Joseph B (1982) Addiction to near death. *International Journal of Psychoanalysis* 63: 44–56.

Joseph B (1998) Thinking about a playroom. *Journal of Child Psychotherapy* 24(3): 359–66.

Klein M (1955) The psycho-analytic play technique: Its history and significance. In *The Writings of Melanie Klein. Vol. 3.* London: Hogarth Press and The Institute of Psychoanalysis, pp. 122–40.

Lanyado M (2002) *Psychotherapy with children in transition from fostering to adoption: a question of technique.* Paper given at Association of Child Psychotherapists Scientific Meeting December 2002.

Ogden T (1997) *Reverie and Interpretation. Sensing Something Human.* Northvale, NJ: Jason Aronson.

Pine F (1985) *Developmental Theory and Clinical Process.* New Haven and London: Yale University Press.

Roth P (2001) Mapping the landscape: levels of transference interpretation. *International Journal of Psychoanalysis* 82(3): 533–43.

Rustin M (2001) The therapist with her back against the wall. *Journal of Child Psychotherapy* 27(3): 2.

Sandler J, Kennedy H, Tyson K (1990) *The Technique of Child Psychoanalysis: Discussions with Anna Freud.* London: Karnac Books and the Institute of Psychoanalysis.

Steele M, Hodges J, Kaniuk J, Hillman S, Henderson K (2003) Attachment representations and adoption: Associations between maternal states of mind and emotion narratives in previously maltreated children. *Journal of Child Psychotherapy* 29(2): 187–205.

Steiner J (1993) *Psychic Retreats.* London and New York: Routledge.

Sutton A (2001) Consent, latency and psychotherapy or 'what am I letting myself in for? *Journal of Child Psychotherapy* 27(3): 319–33.

Winnicott DW (1958) Child analysis in the latency period. In *Maturational Processes and the Facilitating Environment.* London: Karnac, 1990, pp. 115–23.

Winnicott DW (1964) What do we mean by a normal child? In *The Child, The Family and The Outside World,* pp. 124–30.

Address correspondence to Janine Sternberg, 9 Keats Grove, London NW3 2RR.

CLINICAL COMMENTARIES

Clinical material: Ben

This session occurs in the fifth term of twice-weekly psychotherapy with a nine-year-old mixed-race boy. In the weeks before this session, the therapy time has been filled with much manic activity. Ben has been leaping around the room with great athletic agility from chair to table to sofa while at the same time recounting to me in much detail and with a great deal of animation the exploits of his favourite characters from films such as *Spiderman*, *Dragonball-Z* and the James Bond films. Attempts by me to help him feel less anxious and to think about what is behind all this activity have usually been met with verbal abuse or an angry leaving of the room. He has been particularly hostile to any links I have tried to make between his worries and the impending arrival of a first sibling. However, we have been able to establish together that watching television and playing computer games are his 'addiction' (his words), and that he feels that he needs to act like a warrior and be on his mettle most of the time as life can be so frightening.

Session

I go to collect Ben from the waiting room and as usual check that all the clinic doors are shut on the way to the therapy room. Helping Ben to reach the therapy room has been a major task and I have often felt that I am gently ushering a wild pony into a corral.

In the waiting room I cannot see Ben but his grandfather indicates with his eyes that Ben is hiding behind the door. I look down and see him, which disappoints him. I invite him to come to the therapy room, which he manages to do without any problems.

Once in the room Ben climbs on to the counter and insists that I wait by the door and do not turn around because he wants to show me something. I do wait but I wonder aloud about what kind of surprise he is preparing for me. He tells me that I can now look and when I turn around I do express surprise. Ben is on his knees on the counter but he has placed his shoes under his knees so that he looks like a dwarf.

He is delighted by my surprise and starts to jump around the room from chair to table and so on. This is a game that he and his friends have been playing and he describes how they enjoy making themselves into 'midgets'. I acknowledge that he wanted to give me a shock today and achieved this after being disappointed by the first planned surprise in the waiting room. It seems that today I am the one who must experience being shocked and surprised, not Ben. As I am watching Ben move around the room, I notice that he has a black mark over his eye. I ask him about this and he becomes defensive. He tells me that it is black paint and that it will stay on until Wednesday. I am aware that this is the day of his next session. I am unclear about the meaning of this but comment on how he is inviting me to be curious about what is happening on Wednesday.

He ignores me and asks if I know when it will be his birthday. I tell him that it will be very soon – in a few weeks' time – and Ben starts to question me about the date. I find myself uncertain (and feel annoyed with myself for not having this date firmly in my mind) and tell him that I am not sure of the exact date. He draws an imaginary three in the air and I remember that his birthday will be on the third day of the month – a Thursday. Ben then asks me if I know when the baby is due and I remember that his mother said that the due date was on Ben's birthday. Ben insists that it is due today. I acknowledge that he must have a lot on his mind today. Will the baby be born today or will it be born on his birthday? Ben tells me that he hopes it will be born after his birthday as that way it will have to clear up the mess from his birthday party. He laughs. I say that I think I understand how very worried he is that the new baby will mess up his birthday and that he would like to keep the third of the month as his special day. Ben ignores me and then tells me to shut up. He stops moving around the room and flops on to the sofa, pulling the big cushions on top of him.

This withdrawal behaviour is unusual for Ben and I talk to him about how I have noticed he becomes uncomfortable when we talk about the new baby. He must be wondering how things will change when the baby is born. Today I notice that his grandfather had brought him instead of his mother and he may be wondering who will bring him to his next session this week. Ben tells me that Stephen, his stepfather, will bring him. Ben becomes irritable and defensive with me and returns to talking about his birthday. He wants me to guess how old he will be. I invite him to tell me. He says that he will be eleven years old and I playfully remind him that I can remember that he was nine years old last birthday. Ben smiles but continues to insist that he will be 11.

In this more playful mood I decide to ask him what age he would like to be. He tells me that he wishes to be 20 and then he could buy a gun. Then he would shoot me and he would not have to come to see me again. I talk to him about how hard he finds my interest in his thoughts and feelings today and how he does not like my comments as they give him surprises and shocks. Ben is still lying on the sofa but he tells me that he wouldn't kill me but that he would still like a gun.

He then tells me that if he had three wishes these would be what he would want. First, he would wish that he could send me away or rather have me put in a bottle that he could carry around. I comment that he wishes that he could have me completely under his control and get me out and look at me whenever he liked. He agrees. Second, he says that he wishes that he could be a super-San, an oriental superman. And third, he wishes that he could have five more wishes. He laughs at this clever solution around the final choice. Ben is now warming to this game and he gets up and starts moving around the room, talking about how he would use his additional five wishes. There is a wish about having more wishes. Another about sending me away, but this develops into the idea of placing me – his therapist – in front of a monster or dragon and seeing how I would survive. This fantasy begins to take hold and Ben builds it into an account of how I would manage in the story *Lord of the Rings*. First, I am placed in the shoes of Gandalf the Wizard and I am to stand on a pinnacle telling the dragon-monster to stop and go no further. He then enacts me/Gandalf standing with right hand raised, shouting: 'You will not pass!' Then the plot develops and I am joined by Gandalf and the Fellowship of the Ring. I am given the ring and told that I am to return it to the place of its creation. Ben is very pleased with how he has embedded me into the *Lord of the Rings* story and I observe to him that he has given me the most dangerous job to complete. Ben declares that he will be around watching how I manage to complete the task.

He decides to draw how this great expedition and battle will occur. He draws stick figures showing how I and others come up against the Black Horsemen and then the Orcs. I am very struck by the coherence of this account as well as by the placing of both myself and Ben in this narrative. Normally much of the clinical material has consisted of Ben describing endless battles between male superheroes and their evil counterparts. Clearly, the *Lord of the Rings* material has arisen from him seeing the film shortly before the session. I become aware of how the account of the battle through the drawing begins to change subtly and does seem to become more sadistic and repetitive. I find myself looking for a way to bring Ben back into our present relationship. I say to him that I think that today he has taken us both on a journey that has been full of shocks, surprises and danger. He started the session by wanting to give me a surprise, first hiding behind the door and then seeing him as a midget. It has been easier to give me the surprises than face them himself. Today he is waiting to see if a new baby will arrive in his family that will be quite a shock for him. Also, he must be wondering what the new baby will look like. Ben quickly tells me: 'It's all right. The doctor says so and it will be a different colour to me. It will be white.' I acknowledge this and wonder what he thinks about this.

Ben says it is OK and not a problem. It is nearly the end of the session and Ben is unwilling to think about this any further with me. He continues to talk of the characters in the *Lord of the Rings*. We return to the waiting room and

Ben's grandfather says that he is not sure whether Ben will be able to come on Wednesday because he will not be able to bring him and there is no news yet on the arrival of the baby.

Clinical commentary: Ben

STEPHEN BAKER

Most child and adolescent psychotherapists will find themselves on familiar territory in reading about this male latency patient, and will also recognize in this account of a session the struggle to find the meaning of, and a way through, the patient's rather defensive presentation.

At this point I would like to bring in the theoretical context. Writing about the latency period, Melanie Klein says:

> Unlike the small child whose lively imagination and acute anxiety enable us to gain an easier insight into its unconscious and make contact there, they (latency children) have a very limited imaginative life, in accordance with the strong tendency to repression which is characteristic of their age: while, in comparison with the grown-up person, their ego is still undeveloped and they neither understand that they are ill nor want to be cured, so that they have no incentive to start analysis and no encouragement to go on with it. (1932: 58)

The scene-setting information in the first paragraph of this account describes a mood in previous sessions of omnipotence and a difficulty for Ben in allowing the therapist to link his material with underlying anxieties. Ben's former acknowledgement that television and computer games are an 'addiction' is tantalizing: does this represent insight and will it be in evidence in what one is about to read? And we learn that looming beyond all this is the fact that his mother is about to have a baby, Ben's first sibling. The gender of the therapist is not explicit from the account. However, one's sense is that it is a woman.

As the therapist goes to the waiting room her anxiety about getting Ben into the therapy room is patent. It seems as though he has succeeded in projecting into her his fears about not being in control of his environment. The therapist is spared the potentially disconcerting experience of finding an empty waiting room by the non-verbal hint from the grandfather that Ben is hiding. The therapist accepts this help but the cost is that Ben is robbed of the desired

Stephen Baker is an Associate Member of the Child and Adolescent Section of the British Association of Psychotherapists. He works in a Child and Adolescent Mental Health Service in North London.

response. However, the therapist registers Ben's disappointment. When they reach the consulting room the therapist does as Ben commands and stands with her back to him. Thus, early on, one gains a sense of the trust that exists in the relationship between these two. When the therapist is allowed to turn around, Ben achieves the spontaneous surprise he has been seeking – he is revealed as a 'midget'. He must have presented a curious sight on top of the counter, at some height and yet apparently little in stature: a physical metaphor for his feeling state. It seems that the therapist has been given the experience of waiting passively while Ben can be the one to make things happen. Rather nicely, the therapist links this success at giving her a surprise with the first (failed) attempt in the waiting room.

Soon after this, the therapist realizes that Ben has a black mark over his eye. Such events present a technical problem in work with children. A dilemma is created about whether to ask: ignoring it may mean abdicating a child protection aspect of one's role, but in posing the question one runs the risk of disturbing the therapeutic environment. In this situation the therapist asks about the mark (it may be that this decision is related to the history). It is now Ben's turn to have a surprise. His response is described as 'defensive'. Ben seems to experience the question not as stemming from a sense of concern for him but more that he is at fault in some way. The difficulty, particularly at this early stage of the session, is that this is not Ben's material. He answers that it is black paint and then creates confusion in the therapist by saying it will stay on until Wednesday (the day of the next session). The waters become further muddied when Ben asks whether the therapist knows the date of his birthday. Now she is the one who is made to feel angry and in the wrong by being asked an awkward question. In the countertransference the therapist is left with a sense that she has let him down; as though he has not been in the forefront of her mind. The parallel is with the pregnant mother. It appears as if any meaning which the black mark might have had is lost.

Having succeeded in turning the tables, Ben rescues the therapist by drawing a three in the air, effectively reminding her of the date. He then prompts her to remember that the due date for the baby coincides with this. In this sequence Ben is managing to bring his preoccupations into focus. After saying that the baby is due today, when it is not, Ben expresses a wish for it to be born after his birthday. He jokes that it would then have to clear up the mess from his party, whereas his fear, at a pre-conscious level, is that, in fact, he will be clearing up behind a messy baby. Here one sees Ben vainly wanting to be in control in order to maintain his primary position in the family. The therapist interprets the anxiety behind this. With his manic flight of fancy punctured, Ben tells her to shut up and 'flops' on to the sofa, seeking refuge underneath cushions. The therapist says that this 'withdrawal behaviour' is unusual. She pursues him with comments on the potential changes taking place in Ben's life because of the baby, and makes a reference to the fact that his mother did not

bring him to the session today. However, going back a step, I wonder whether Ben's flop on to the sofa is more like a feeling of deflation. There may have been a fleeting opportunity to make a connection with a more depressed aspect of Ben. Perhaps the therapist has felt caught up in an anxiety to prepare Ben for the baby coming.

The therapist writes of Ben becoming 'irritable and defensive'. Instead of discussing the birth of the baby as the therapist would like, he returns to the topic of his own birthday. He says that he will be eleven years old, yet in reality he will be ten. Somehow, joining the 'double-digit club', as it can be known, is not sufficient. The way in which Ben hangs on to the importance of his birthday is consistent with a child in the latency years. Even in normal development at this stage the ego is a fragile entity. Thus, when Ben is subjected internally to turbulent feelings of competition, fears regarding his place and value, he seeks to bolster himself with the fact of his birthday. Of course a birthday celebrates the day of one's birth – how much is Ben thinking of the circumstances of his own birth? What might such thoughts evoke for him? Children place much investment in a birthday: it is hard to overestimate its importance.

The therapist is attuned to the possibilities of creativity around this topic and so she elicits from Ben that he would like to be 20 years old and would like to acquire a gun to shoot her. Her response, acknowledging how much her comments disturb him, brings a softening. Now he will not kill her. There is a straightforward phallic symbolism to the gun and one can empathize with Ben reaching for it. He is having to cope with the reality of his oedipal situation: Stephen, his stepfather, has come into the family and impregnated his mother. This is something of which Ben is physically incapable, notwithstanding the incest taboo.

The rest of the session can be seen against this backdrop; a rather omnipotent, controlling quality predominates. Ben grants himself three wishes and then decides that he will not be bound by this convention (a repudiation of the oedipal triangle). Instead he will have a further five wishes. However, by a process akin to sublimation Ben begins to demonstrate the power of his imagination as he develops a narrative in which the therapist becomes a protagonist in Tolkien's *The Lord of the Rings*. In so doing Ben moves from the starkness of the gun to something more complex: the distancing by means of the metaphor affords Ben safety. What seems to occur is the therapist becoming a proxy for Ben as the powerful wizard, Gandalf, fighting the forces of evil. At times Ben becomes the wizard and at other time he watches the therapist in this role and her progress. There is a sense of a battle against an evil world – a rather primitive template with oedipal overtones. The contrast with previous sessions is that Ben now places the therapist in the story, as though she has a protective role.

The therapist becomes aware that Ben has begun to savour the aggression involved in these battles. Such material is almost a commonplace feature of

therapy with latency boys. Almost invariably, after a prolonged bloody struggle, the patient emerges on top. The attraction of the fighting here for Ben is that it gives him a feeling of potency. There is pleasure in the sadism. The therapist wishes to lead Ben away from this, 'back to their present relationship' as she puts it. In order to do so she recapitulates the beginning of the session and links the surprises visited on her to the expected arrival of the baby. Ben responds to her comments and we learn that it will be white-skinned, in contrast to his mixed-race origins. Many questions are raised here: does this have a bearing on the 'black' marks? Has this topic emerged in the transference around the colour and ethnicity of the therapist? Ben feels the need to brush this topic aside with a brave reassurance, that the doctor had explained it. Here the therapist comes up against the lack of distinction between knowing and understanding, a gap to which the latency child is particularly prone. One is saddened that Ben cannot face this as yet and like the therapist one fears for how he will manage. Ben retreats into *The Lord of the Rings*, something he feels he does know about. From this point, patient and therapist seem to drift apart. The problem here is that neither of them has been able to join the other in their material. One suspects that Ben experiences the therapist as like his mother, wanting to get him ready for the baby. Meanwhile for the therapist, his sadistic play may represent a retreat from meaningful contact. From the description given, the session peters out. There is nothing specific conveyed regarding the way it ends in the consulting room.

In the waiting room, the grandfather intimates that it is unlikely that Ben can be brought for his next session. Reading this brings a feeling of disappointment and it is a reminder of the extent to which a child in therapy is dependent on the arrangements by the parents. Often one learns *after* the session of such changes and there is no opportunity to address the feelings of the child patient. Yet, one feels some optimism regarding the future of this therapy. Overall, Ben's family seem committed to it. Ben's internal objects are sufficiently sound for him to make good use of his therapist. For her part, Ben's therapist provides him with solid empathic containment. I am grateful that she has chosen to share a session from this key moment in Ben's life.

Reference

Klein M (1932) The technique of analysis in the latency period. In *The Psycho-Analysis of Children*. London: Hogarth.

Address correspondence to Stephen Baker, 27 Marsh Road, Pinner, Middlesex HA5 5NL.

Clinical commentary: Ben

MAGGIE HAMMOND

My first response on reading this session with Ben was, 'Help, I'm not a child therapist', and how presumptuous to try to comment. I then reread the material, drawing on my experience as an infant observation seminar leader, and also, of course, on the daily clinical experience of working with the child within the adult patient. Inside that frame, many thoughts emerged from my Jungian orientation, but I remain aware that all my ideas come in the light of hindsight. The beginning of a session is easier to understand when we know the end!

There are a few things connected with the therapeutic frame which are unknown. We don't know the gender or racial origin of the therapist, both of which might be relevant with this mixed-race, nine-year-old boy. I find myself thinking of the therapist as female, so I will use 'she' when referring to her. We also don't know how the two sessions a week were arranged, perhaps Monday and Wednesday, or Wednesday and Friday. Was this the first session in the week, or the second? How long was the wait until Wednesday, the session Ben might or might not make? How long must he keep the black paint on his face?

For me, one of the issues to emerge in this session is; how much can Ben bear to engage with the therapist, and take her in, as a helpful figure? From the introduction it seems that this has always been a problem and that Ben has found manic ways of expelling her from his mind, warding her off, warrior fashion. My sense is that in this session, with the imminent arrival of the new sibling, something might be beginning to change.

I think of this in terms of Michael Fordham's concept of deintegration and reintegration (1957). In this model the self develops through a process of opening up receptors to the outside world, being affected by what is encountered there, and taking this experience inside where it will build on experiences already internalized, for good or ill. The self will naturally deintegrate and grow

Maggie Hammond is a Full Member of the Jungian Analytic Section of the British Association of Psychotherapists. She is in private practice in Shepperton, Middlesex.

unless there have been too many traumatic experiences that have inhibited or diverted this process. Now, too, I might understand this in neuroscientific terms (Pally, 2003) and think of neural circuits being consolidated or developed. When the opposite happens, under the influence of fear and anxiety, a closing down takes place and nothing can be received. Ben fluctuates between these positions. When he prepares a surprise for the therapist in the waiting room, he is wishing to communicate an experience to her by involving her in it. When he tells her to 'shut up' and hides under the cushions, he is turning away, pushing her and her unbearable thoughts out.

The feelings Ben apparently wishes to communicate to the therapist are to do with surprise, the frustration of waiting and the issue around whether he has to be heroic and very powerful, or whether he can let himself be little and scared. He is a child who may not yet have the language to express himself and so he does this through play. He begins with an attempt at surprise. The therapist, in her interpretation, equates surprise with shock. Here, because I had read Ben's thoughts about the coming baby which he verbalized at the end of the session, I questioned this equivalence. A surprise may be a nice surprise, whereas a shock always has a negative connotation. The surprise was Ben making himself into a midget, playing with being small. Could the therapist think of him as a little boy, tiny like this coming baby, or would she be shocked if he weren't always the hero he aspires to? He is clearly ambivalent about this so perhaps, for him, it is both a surprise and a shock.

Next comes the question of the black mark. As the text says, it is a matter for curiosity, but it led to the issue of the imminent arrival of a new sibling, which underpins this whole session. I found myself musing whether the black mark was Ben's way of holding on to something, reminding himself, perhaps, of the Wednesday session and the therapist, when there was so much uncertainty around for him. It emerges that Ben thinks that the baby will be born this very day, or perhaps he hopes that, so it will not take over his birthday. However, there is something to do with this that is too awful to think about and he withdraws under a pile of cushions, like a baby in the womb.

The therapist does not leave him there, but tries to reach him with her words and her reflections. Ben responds, first by being defensive and irritable, but then by mobilizing a coping strategy. He invites the therapist to play. Instead of questioning her and discomforting her as he had done earlier, he invites her to guess his age. Now he can make himself big, 11 years old in fact. The therapist joins in the play, enabling Ben to express his wish to be 20, a powerful man with a big gun. His first thought is that he could then kill the therapist because he would be so big that he would not need her. When she talks to him he relents but he still wants the gun, perhaps his own powerful penis, for making babies or fighting enemies.

With the anxiety of his destructiveness quietened, Ben then throws himself into his fantasy. The session takes on the atmosphere of a fairy tale. Ben is the

hero with his three wishes, perhaps feeling he must go and seek his fortune, if his place is being taken at home by a new baby. However, he is armed with his therapist in a bottle, a bit like Aladdin with the genie of the lamp. He is also a trickster, delighted with his ruse to wish for more wishes and flout the collective authority of the magic three wishes, thereby gaining limitless power. The arrival of a new sibling in a family is a universal human experience, a crucial developmental stage that requires coping mechanisms. Such developmental issues tend to unfold in recognizable patterns that Jungians have described as archetypal. These are the patterns that are expounded in folk tales and Ben seems to be calling on such collective wisdom to help him. Things are more complicated for Ben because, as we learn later, this is a half sibling, and will be a different colour from him. He needs a powerful strategy. The Trickster, in Jungian thinking, represents such a figure, who can overturn the normal laws and restrictions of humanity.

Delighted with his creation, Ben then subtly allows a transformation. Gradually, he begins to play with the idea of making the therapist the hero, to see how she would manage. I think this contains an element of sadism and perhaps a wish to triumph over her or to see her suffer like him. But it also contains a wish for an example from which he can learn and someone to help him in his battle. He sees himself as an external spectator but a connection is there. When the fantasy develops into an identification with *The Lord of the Rings*, it clearly becomes a fight with The Shadow, which is what Ben is deeply engaged with. When Gandalf shouts 'You will not pass', he is addressing the Balrog, a black horrific monster from the depths of Khazad Dhum. Ben will know this, because he has seen the film. In the story Gandalf is apparently destroyed by the monster. Ben wants to know whether his therapist will fare better. I think Ben has found a vivid way of expressing his struggle against his terrors, perhaps his destructive devouring feelings, welling up from the depths, brought about by the arrival of this sibling. He needs a therapist who can help him face them, as Gandalf did the Balrog. The ring in the story is the great ring of power but it is malevolent and enslaves all who carry it. Ben wants the therapist to return it to the place of its creation, perhaps in the hope of a new start for him. As the hero, superman, he would have been doing it himself, but now there is the beginning of an acceptance that he needs help.

However, when he begins to draw his imaginings he loses touch with the relational aspect and is drawn back into his sadistic, controlling patterns, back into the Land of Shadow from which, again, the therapist extricates him. *The Lord of the Rings* has a lot to say about black and white, an issue that emerges in the last few minutes of the session. In the rings black is equated with bad, Sauron is the black lord and Gandalf returns from his life and death struggle with the Balrog as Gandalf the White. I think Ben is struggling to make sense of good and bad, black and white, dangerous and safe, in terms of himself and this baby. He has in his mind a good doctor who might be equated with the

therapist. This doctor has said the baby will be white and it's all right, which, on the surface, Ben has accepted. Does he think that the baby will not have to struggle with a shadow like he does and so it will be all right? Is there a sense of a new start with a new baby that the ring can be flung into Mount Doom and that's all right? However, he will not talk much about it, perhaps because he is struggling to push back down his terrifying feelings for fear they should overwhelm him. It is a fascinating session, which left me frustrated that this is a story of which I cannot know the end.

References

Fordham M (1957) The origins of ego in childhood. In *New Developments in Analytical Psychology*. London: Routledge & Kegan Paul.

Pally R (2003) *The Mind-Brain Relationship*. London and New York: Karnac Books.

Address correspondence to Maggie Hammond, Fulford, Sandhills Meadows, Shepperton, Middlesex TW17 9HY. Email: mhammond@macunlimited.net

Journal of the British Association of Psychotherapists, **42**, 63–66, 2004 © BAP

Clinical commentary: Ben

DEBBIE BANDLER BELLMAN

This is a lively and sensitive account of a session with a latency-aged boy beginning to engage in a dialogue with his therapist. As such it illustrates what must have been an internal change, a change that allowed Ben to feel safe enough to have moments of talking to the therapist as a nine-year-old boy as opposed to as a superhero. The session will undoubtedly bring a smile to all those child psychotherapists who, like myself, have struggled through weeks of listening to apparently unapproachable fantasy accounts, wondering what to take up, how to do it, what can be said without arousing too much anxiety, and, not least, when, if ever, was the material going to shift? Throughout the session we get not only a sense of Ben, but also a strong sense of a therapist intent on 'listening' to the patient (Casement, 1985), to subtle nuances in the material, to what Ben might be able to hear.

In reading the clinical material I was grateful that the therapist – whom for the sake of brevity I shall refer to as 'she' – offered a context for the session. It is helpful to know at the outset that a first sibling is soon due, and to have a sense of the material preceding the session given. As a therapist or supervisor I would have this (and much more) at the back of my mind, available to draw on when useful.

The introduction conveys a clear sense of Ben as a boy relying on omnipotent defences to protect him from feeling frightened, helpless, powerless, and perhaps also terrifyingly small in the face of others experienced as mercilessly powerful. Although we do not know about the therapeutic relationship preceding the weeks prior to the session given, we are told that he has responded to the therapist's recent attempts to address his underlying anxieties with anger, which I would presume was aimed at maintaining his defences. Yet at the same time some understanding has been reached between therapist and patient of why he needs to be a 'warrior'. This, I feel, is crucially

Debbie Bellman is a Full Member of the Child and Adolescent Section of the British Association of Psychotherapists and an Associate Member of the Psychoanalytic Section.

important. I would think that it is because of this shared understanding based on repeated experiences of being understood, or, in Stern's (1985) terms, Ben's successful 'intersubjective relatedness', that he can begin to have a dialogue with the therapist, and, late in the session, place her inside his *Lord of the Rings* story rather than consign her to the role of witness to his fantasies.

The session begins in the waiting room, as it might with a much younger child. Ben is hiding. Understandably, the therapist does not want to engage in play in the waiting room, but Ben is disappointed to be found. Thwarted in his need to communicate, Ben wants the therapist not to look while he 'prepares' a 'surprise' in the treatment room. Sensitive to Ben's need to surprise, she obliges. Ben's delight when the therapist does in fact register surprise that Ben had made himself into a dwarf also reminded me of a much younger child. The therapist then interprets an aspect of the countertransference, that Ben needs her to be shocked and surprised as opposed to feeling shocked or surprised himself. At this point I was curious as to why the therapist chose only to comment on Ben's need to make her register surprise. What would Ben's response have been if, for example, the therapist had suggested that today Ben was struggling with some little boy feelings that took him by surprise? Would he have walked out? Certainly, from what we know from the introduction, Ben might have grown angry or walked out had the therapist interpreted at this point what I feel was also going on, which was Ben's anxiety about suddenly being surprised by the arrival of a sibling, a little person. In any case, the material moves on, and thus the therapist's caution loses nothing and possibly enables Ben to stay emotionally available.

Soon Ben puts the therapist on the spot in regard to the date of his birthday. I was interested in the therapist's annoyance with herself that she couldn't remember the date, and wondered whether this was a countertransference response to Ben's strong wish to be special and his fear that he will be forgotten once a sibling is born. Ben puts the therapist on the spot again by asking whether she knows when the baby is due. Once again he seems to be communicating – in addition to what the therapist takes up – his anxiety about not knowing, about being surprised. I also feel that he is introducing a theme that comes in later through the *Lord of the Rings* story, which is his exploration of whether or not the therapist is all-knowing and omnipotent.

At this point in the session, however, Ben withdraws when the therapist explicitly takes up his anxiety about the new baby messing up his birthday. In contrast to the weeks mentioned in the introduction when Ben could not accept comments about his worries about the arrival of a sibling, he and the therapist are very much in a dialogue with one another, and he would seem to be in touch with some poignantly depressive feelings, which perhaps surprises the therapist. However, when the therapist explores who will bring Ben to his next session, she touches on what I feel is a central anxiety of Ben's at present, first revealed in his hiding at the start of the session, which is that he will

suddenly lose the therapist, that she will 'hide' from him. It is all too much for Ben and he returns to the subject of his birthday, possibly in the hope of countering some inner feelings of emptiness and fears of loss. The therapist follows Ben back to this subject, playfully introducing the reality that Ben is nine and therefore would not be about to turn 11 as he insisted he was. I felt that the therapist's use of playfulness here, which enables the interchange to be 'real' but not too real, and which introduces a safe, intermediate space between them (Winnicott, 1971), enables Ben to continue to reveal himself and not need to resort to defensive behaviour aimed at shutting the therapist out. Ben wants to be a lot older, presumably so as not to feel little and dependent, and says he would then shoot the therapist. This is, of course, the opposite of what he wants to do, as shown in his subsequent comment that he would like to be able to carry the therapist around with him.

There follows what I think is the most interesting part of the session. Ben places the therapist inside his *Lord of the Rings* story. As mentioned at the beginning, I feel Ben can do this because some shared understanding has developed between him and his therapist. The therapist has managed to begin to make contact with Ben's inner anxieties, a contact he has allowed to continue throughout most of this session, and he has felt understood. No longer solely needing to portray himself as an omnipotent warrior on guard against the therapist, Ben allows the therapist to become part of his fantasy, in which I feel he is exploring, among other issues, how omnipotent the therapist might be. Because there is a large part of him that functions on a primitive, magical omnipotent level, he might in part experience the therapist's capacity to know what he is feeling as due to *her* magical omnipotence.

In any case, the therapist is first allocated the role of the powerful Gandalf, able to stop the dragon-monster. I think this indicates his relief that she can contain his 'monstrous' aggressive feelings. She is then given the dangerous task of returning the ring to its place of creation. Although this may be too fanciful on my part, I felt here he was expressing his wish that the unborn baby be returned, a wish that probably makes him feel monstrous. I felt, however, that it was right of the therapist not to attempt to interpret his underlying aggression, as this would have frightened him enormously, although I did wonder whether a simple comment could have been made about how he might be wondering how powerful the therapist was.

Ben's aggression does seem to surface, though, in his play, which the therapist notes becomes 'more sadistic and repetitive'. Ben's verbalizations are now being used less to communicate than to express sadism, and she wants 'to bring Ben back into our present relationship'. Here, as in the rest of the session, the therapist shows her sensitivity to Ben, her attentiveness to nuance in his presentation, to not only what Ben says and does but to the way in which he acts and speaks. She is showing how attuned she is to Ben, and how she places paramount importance on the ongoing, present dialogue between them. She

sums up many of the themes of the session rather than commenting on the increased aggression in the play, presumably because she has learned from experience that such a comment would send him further away rather than bring him back.

We then learn why we were given the detail that Ben is a boy of mixed race. The baby must have a different father from Ben, as the new sibling will be white. I couldn't quite see why at this point the therapist brings in that Ben may wonder what the baby will look like, as I couldn't find curiosity or anxieties about this anywhere in the session, but Ben does respond. Poignantly, the full meaning of Ben's hiding before the session, as well as his preoccupation with Wednesday, is revealed only after the session, when it is too late to bring it up. There might be no one to bring Ben to therapy for his next session. This is, perhaps, Ben's main 'surprise' for the therapist, and she is left to register it on her own, a very strong transference/countertransference communication of how alone he might feel between sessions with all that is currently confronting him.

When I began to write this commentary on the material, I felt quite handicapped at not knowing more about Ben and his background. I was subsequently surprised at how enjoyable this has been to write. Knowing so little steered me away from too much speculation about the meaning of Ben's communications and possible alternative interpretations, and steered me towards thinking about what the therapist actually said and did. I am left with an impression of a therapist well able to provide a facilitating environment (Winnicott, 1965) for her patient. I am also left curious about subsequent sessions. Was Ben, for example, able to continue to build on the shared understanding between him and his therapist or did he, as a reaction to the birth of his sibling and consequent missed sessions, need to resort to his omnipotent, and therefore solitary, stance?

References

Casement P (1985) *On Learning from the Patient*. London: Tavistock.

Stern D (1985) *The Interpersonal World of the Infant*. London: Karnac.

Winnicott DW (1965) *The Maturational Processes and the Facilitating Environment*. London: Hogarth Press.

Winnicott DW (1971) *Playing and Reality*. London: Tavistock.

Address correspondence to Debbie Bellman, 27 Somali Road, London NW2 3RN.

ARTS REVIEW

The Merchant of Venice

MARY TWYMAN

The following paper was presented as part of a panel discussion of *The Merchant of Venice*, often considered to be one of Shakespeare's most problematic plays. The panel was made up of Warner Chernaik, an academic teacher of literature, who contributed an overview of the literary, aesthetic, dramatic and critical responses to the play, setting it in its various historical contexts; Michael Billington, theatre critic, a chronicler of modern times in the theatre, whose task was to comment on the director's overarching vision of a play and how s/he succeeds in communicating that to an audience through the means of the text, the actors, the staging, the lighting, the music and all else that goes to make a complete theatrical production; and David Calder, an actor, who offered his vision of playing the role of Shylock, central to the drama being considered. I was on the panel in my role as a psychoanalyst. What did the psychoanalytic perspective have to offer in this line-up of discussants?

There is a link between the practices of the professions represented on the panel. The link seems to me to be that of interpretation. The academic's task is the exegesis of the text, and the history of how the play has been seen and presented over the centuries, how it has been understood, or not understood, and how contemporary events have coloured that comprehension. The theatre critic's role is to bring a present-day sensibility to the interpretation of current conceptualizations of the play as they are brought to audiences in today's productions. The actor's work involves an *identification* of himself with the role as the dramatist has written it and then to find his own interpretation of that role within the structure of a particular production.

The link here is that the main activity of the psychoanalyst is to interpret. We listen to the text, to the unfolding drama of the patient's discourse, and we seek to understand and communicate to the patient our understanding of both their conscious utterance and what we perceive as the unconscious elements that those conscious verbalizations include. This we call interpreting. And we also interpret our own role in the patient's mind – this being a vital constituent in what we hope to bring about in the patient – which we refer to as psychic change.

Mary Twyman is a Member of the British Psychoanalytical Society and a Member of the British Association of Psychotherapists.

Now psychoanalysts are on dangerous ground when it comes to the artistic creations of painters, sculptors, novelists, playwrights, composers and poets. We are fascinated by their creativity and eager to bring our theories to bear on their productions. Freud, wisely, warned himself and us about this in the introduction to his study of Jensen's *Gradiva*:

> It may be that we have produced a complete caricature of an *interpretation* by introducing into an innocent work of art purposes of which its creator had no notion, and by so doing have shown once more how easy it is to find what one is looking for and what is occupying one's own mind. (*S.E.* 9: 3–5, 41–62, 64–75; emphasis added)

My response to this amazing play is partly as a student of literature and partly as a member of an audience who is also a psychoanalyst, and so my responses are a meld, a mélange. It is not perhaps a particularly clear role, but, mindful of Freud's warning above, I am venturing to go ahead anyway, as he did.

I love the lyricism in the poetry, and in the language overall. I love the humour, the teasing, the clowning of the young men on the Rialto. I enjoy the relationship between Portia and Nerissa, which is intimate and joking not always kindly about the men, but also, I observe, reflecting the hierarchical convention in their manner of addressing each other. Differences in their rank are signalled by the fact that to Nerissa Portia is always 'you' and to Portia Nerissa is always 'thou'. Position and status are significant as ever in the social realm the play depicts, most evident of course in the perceived differences between Jew and Christian. There is a poignancy in the devoted homoerotic yearning of Antonio for Bassanio, the more so as Bassanio appears unaware of it, concerned as he is with his pursuit of Portia. Bassanio makes his priorities clear as he requests further financial backing from Antonio, presenting his suit to Portia, promising a future fortune as much as marital happiness.

> In Belmont is a lady richly left,
> And she is fair, and (fairer than that word),
> Of wondrous virtues.

I partly enjoy the casket scene, for it has a ritual element – in a tradition with a long history in many cultures it has to be played out – and Shakespeare uses it to consummate theatrical effect. I partly find it tedious in that, as in folk tales, the outcome is known – of course the hero, the true lover, will make the correct choice and win the prize. For this play is a comedy at least in so far as the relationships between the lovers are concerned, and the audience is left in no doubt that Portia intends to have Bassanio, notwithstanding the dictates of her dead father. The choosing of the lead casket is the means by which the two lovers are tested and made to overcome obstacles to the fulfilment of their desire.

Freud made a study of 'The Theme of the Three Caskets' (*S.E.* 12, 1913: 291–301), beginning with *The Merchant of Venice*, tracing versions of the theme through Shakespeare's sources in the *Gesta Romanorum*, noting the choice that

King Lear enforces between his three daughters and proceeding by way of the Cinderella story (two ugly stepsisters and the hard-done-by heroine who, although hidden, is found and chosen by the prince), to Greek mythology and the three goddesses known as the Horae (the seasons). The Horae personify the natural order and as such are perceived as the guardians of water, sky, clouds, and by association are thought of as spinners, analogous to the Fates, and the Norns of German mythology. Freud sees the nature myth evolving into a human myth of the law relating to life, death and dissolution, 'as though men had only perceived the full seriousness of natural law when they had to submit to it' (1913: 298). So beside the play's charming colourful casket scenes with their romantic tensions, there are profound themes of man's relations with the natural world and with his own destiny and with death.

The dark centre of the play itself could be said to explore the themes of justice in the light of the supposed distinction between the Old Law and the New Law. Shylock may adhere to the old talion law in which the fixity of the bond admits of no mediation. The New Law, by contrast, is marked by a gentle, 'gentile' aspect and includes the notion of mercy, forgiveness and redemption. Working out the ramifications of this theme in the play also anticipates the preoccupations that Shakespeare follows in the other so-called problem plays, especially *Measure for Measure*, and also importantly in *Hamlet*. Frank Kermode in his study *Shakespeare's Language* (2000) draws attention to the similarity between Portia's 'quality of mercy' speech in the *Merchant* and Isabella's argument with Angelo in *Measure for Measure*. Isabella says,

> ... all the souls that were forfeit once,
> and He that might the vantage best have took
> Found out the remedy. 'How would you be
> If he, which is the top of judgement, should
> But judge you as are you.' O think on that,
> And mercy then will breathe within your lips
> Like man new made. (II, ii: 75–79)

Isabella, faced with the terrible choice Angelo forces on her, to yield her virginity to him as the price for securing her brother's pardon as he faces a death penalty, advances a comparable plea for mercy rather than the obdurate extraction of stern justice. Portia pleads in vain with Shylock to accept the payment of his bond in money, double the amount he lent to Antonio, and it becomes apparent that Shylock's interest is a murderous vengeful one.

There are two themes in the play to which I think psychoanalytic ideas have something to contribute. One is aggression, and particularly by its manifestation in murderous violence; the other is narcissism. The two are, I think, in this play related.

Shylock has achieved a position where he can contemplate with relish the murder of Antonio in Act 4. To speak of this as an achievement may be strange, but psychically there is a violent overcoming of the narcissistic wounds

that constant taunting, repudiation and humiliation by the Christians have visited upon him; and in addition there is the loss of his daughter and the wealth he has acquired and which she has taken with her as she goes to 'marry out', to marry a Christian. Were he to take the money that is offered, were he to absolve Antonio from the bond, this would diminish him psychically beyond what makes it possible for him to live. He is a widower, with his daughter gone, taking his wealth, material as well as the value she represents to him as the only possible remaining affectionate relationship in his life. The accommodation of losses and betrayals that this represents is overwhelming. But with the loss of Antonio's argosy, the tables are turned, and the underdog sees his opportunity to reverse the roles. There is a recognizable oral talion sadistic quality to Shylock's vengeful rage:

> Thou call'st me dog before thou had'st a cause,
> But since I am a dog, beware my fangs – (III, iii: 7–8)

He is ready to fight dog-like against the relentless contempt and persecution to which he is subjected by the Venetian Christian characters, his fellow traders on the Rialto: it is evident how trapped Shylock is. As so often, Shakespeare renders the speech of a character who is in extreme psychological conflict with the broken syntax that reveals the fragmentation of mental processes where unbearable rage and pain are being experienced.

> Why there, there, there, there! a diamond gone cost me two thousand ducats in Frankfurt – the case never fell upon our nation until now. I never felt it until now. ... I would my daughter were dead at my feet, and the jewels in her ear; ... no news of them? why so? ... why then – loss upon loss! ... the thief gone with so much, and so much to find the thief and no satisfaction, no revenge, nor no ill luck stirring but what lights o' my shoulder, no sighs but o' my breathing, no tears but o' my shedding. ... (III, i: 76–88)

and later most poignant – about the turquoise ring:

> – it was my turquoise – I had it of Leah when I was a bachelor. I would not have given it for a wilderness of monkeys. (III, i: 110–12)

evoking his youth and memories of married love. (Incidentally, this links with the later giving and receiving of rings by Portia, Bassanio, Nerissa and Gratiano, and the ensuing tricks played by the women upon their men.)

The predicament of Shylock's daughter, Jessica, however, is that she cannot remain within the confinement of Shylock's oedipal possessiveness and herself survive psychologically. The cruelty of her elopement and theft of the jewels is also inspired by her drive to self-preservation and her own development.

Mervyn Glasser in his paper on violence (1998: 887) makes a distinction between self-preservative violence and sado-masochistic violence, and finds, with his colleagues at the Portman Clinic who studied the phenomenon of violence, these differentiated categories both theoretically and clinically useful.

It is a tenable reading of Shylock's insistence on exacting his bond from Antonio as an example of self-preservative violence. Of course it is revenge for a life-time of attacks on his identity as a Jew, his character, his habits, his commercial practices in changing interest on loans, for the frustrations, the humiliations, the insults to his sense of self, to his ideals and to his religion. And as has been noted above, there is a sadistic element that accompanies this vengeful movement. But there are signs of internal disintegration and the threat of internal annihilation that are manifest in the speech quoted above. In Act 4 in the court scene, it is clear that Shylock has reintegrated himself around his determination to exact payment of the bond. He has found *justification* for himself in seeking revenge under the law.

> What judgement shall I dread, doing no wrong? (Act IV: 89)

Before this court scene Shylock's sense of unmet need and loneliness, exacerbated by the narcissistic wounds inflicted on him in his despised and persecuted status, is searing for the audience. What is so uncomfortable in watching the play is how our identifications as audience fluctuate. We are at times complicit with the contempt and mockery of Shylock by the Venetian Christians, but the sympathy Shylock evokes arises from his carrying numerous split-off aspects of other characters: the greed of the Venetians, the yearning for inclusion and relationship which Antonio harbours and which is never met, and the pain of exclusion. There is a chilling clarity and coherence now in the triumph he manifests as he prepares to take his pound of flesh. There is a delusional sense that this will restore psychic homeostasis – there will be nothing amiss in his world if his (Old Law) justice can be carried out. It has been noted in clinical observations that a state of calm, detached determination may sometimes characteristically precede the carrying out of a homicidal/suicidal act. But then, in the playing out of the courtroom scene, he is finally defeated in his aim of restoring the self. As witnesses, as audience, we feel that Shylock has assumed an extreme position when he insists on his bond despite being offered twice the value of the original bond, that he holds to the Old Law, the talion law, and he sees Venice as succumbing to lawlessness if he is refused. This ferocious anxiety about 'law and order' has its modern equivalents – there is a kind of fundamentalism here. There is also an elevation and idealization of Christian values which is spelled out in the rhetoric of the play, but hardly exemplified in the behaviour of the Christian characters.

This is a mercantile society and Bassanio is certainly a young man on the make. We need to note that the idea of a young man fortune hunting a wealthy young woman was probably more acceptable, and less inclined to excite criticism, than in contemporary society. The punishments given to Shylock, although they stop short of the death penalty, strip him of everything that gives meaning to his external life but also to his inner life, particularly his religion. This is indeed a 'regime change', marked by a brutal lack of respect for

difference, which is only too recognizable in our current social and political climate. We have to note that, after the Duke has pronounced his verdict on Shylock, it is Antonio who delivers the coup de grace, insisting that a substantial portion of Shylock's wealth goes to his daughter and Lorenzo, her husband, and that Shylock converts to Christianity. The passive, depressive Antonio in his turn can twist the knife in his erstwhile would-be murderer. The Christians are not without their sadistic and annihilatory impulses. Shylock's response – 'I am content' – is a mocking, harsh, ironic comment on his bereft state.

Recently John Alderdice spoke to a gathering of the psychoanalytic psychotherapy profession about the contribution it might make to thinking about political conflict situations. He stressed the need for *respect*, for the capacity to make identifications with the different other as a pathway towards understanding, and a willingness to forgo one's entrenched position, however true or right it may be, in the service of resolution of conflicts. It strikes me that Shylock invites identification with his state by others in his great speech in Act 3, i.

> Hath not a Jew eyes? hath not a Jew hands, organs, dimensions, senses, affections, passions? ...

but he is not able himself to identify with others. It is then that such identification, his enforced conversion to Christianity, is inflicted in a grotesquely vengeful way.

It has perhaps been possible in this brief contribution to a study of *The Merchant of Venice* to illustrate how a psychoanalytic view of the play can illuminate some of the problematic features of the drama. Psychoanalytic interpretation belongs properly in the consulting room. But something of what we learn and practise there can be made available from the more extensive understanding of works of art, especially those of the depth and complexity of this play. The interpretation of the play and the conflicts its performance arouses in us, the audience, are fruitful areas for psychoanalytic study, provided we recognize that we can never fully 'explain' the essential mystery of the creative genius behind the work.

References

Freud S (1907) Jensen's Gradiva. *S.E.* 9, 3–5.

Freud S (1913) The Theme of the Three Caskets. *S.E.* 12: 291-301.

Glasser M (1998) On violence – a preliminary communication. *International Journal of Psychoanalysis* 79: 887.

Kermode F (2000) *Shakespeare's Language*. London: Penguin.

Shakespeare W (1991) *Measure for Measure*. The Arden Shakespeare, edited by JW Lever. London: Routledge.

Shakespeare W (1993) *The Merchant of Venice*. The Arden Shakespeare, edited by John Russell Brown. London: Routledge.

Address correspondence to Mary Twyman, 14 Fitzjohn's Avenue, London NW3.

Books reviewed

Terrorism and War: Unconscious Dynamics of Political Violence
Edited by Coline Covington, Paul Williams, Jean Arundale and Jean Knox
London, Karnac Books, 2002, pp. 435, pbk £19.99

With 25 contributors covering a wide variety of themes, *Terrorism and War* promises a rich feast for the reader, and an indigestible prospect for the reviewer. The papers are organized into four groups: 1) Terrorism, 2) Hatred, Emnity and Revenge, 3) Why War?, and 4) The Aftermath of War. Rather than attempt the impossible task of précising each, I want to discuss the strengths and weaknesses of the various contributions by considering the way that they make links between unconscious dynamics, the particular interest of psychoanalysis, and the world of war and violence.

Any attempt to use psychoanalysis to discuss social questions will involve a theory of how these two spheres interrelate, however hidden or implicit this may be. Such an application of psychoanalytic thinking is not, in any case, a simple or straightforward project. There is an inherent danger of speculations degenerating into a kind of wild analysis. Robert Young has written extensively on this subject in his book *Mental Space*. Freud – often described by Robert Young as a 'swingeing reductionist' for his commitment to psychic determinism – indulged himself at times to speculate, wildly, on the causal factors in the developmental history of early mankind. In the 1980s Chasseguet-Smirgel and Grunberger published *Freud or Reich? Psychoanalysis and Illusion*, with a chapter entitled 'The primacy of internal factors' that sought to defend this position. Psychoanalysis, they suggest, 'claims to be not only a key to understanding humanity, but the key which unlocks the doors to knowledge of our species, in all aspects of our behaviour and knowledge' (Chasseguet-Smirgel and Grunberger, 1986: 30). They quote Freud, approvingly, when he writes that 'psychoanalysis has established an intimate connection between these psychical achievements of individuals on the one hand and societies on the other by postulating one and the same dynamic source for both of them' (Chasseguet-Smirgel and Grunberger, 1986: 31). Cultural concerns are minimized, as analysis has 'given rise to the idea of a human psyche governed by laws

common to all humanity and structured as an intangible kernel' (Chasseguet-Smirgel and Grunberger, 1986: 36). Everything, the authors insist, is sourced by an internal psychological process. Consistent with their position, they cite Freud's view that it was 'verticalisation' – the transition to an upright posture – that 'triggered off "the fateful process of civilisation"', with the comment that 'this civilising process must have been set off by an internal factor' (Chasseguet-Smirgel and Grunberger, 1986: 63). Nor is it permissible, in their view, to suggest that Freud was in any sense a man of his times whose views reflected his social position or personal biography; they are instead to be seen as natural expressions of the psychoanalytic paradigm (Chasseguet-Smirgel and Grunberger, 1986: 85). They repudiate the idea that any aspect of our internal worlds might be contingent upon external social structure or the particular culture of the family (Chasseguet-Smirgel and Grunberger, 1986: 210–12), comparing the idea of social factors fashioning the aims and instinctual drives of the individual with the influencing machines sometimes imagined by paranoid schizophrenics (Chasseguet-Smirgel and Grunberger, 1986: 211)!

> Psychoanalytic theory, without being in the least idealist, considers that primary drives – aggressivity and the hunger for love – determine the economic conditions themselves. This theory tends to see social institutions as the exosmosis of the unconscious, a projection of the drives and the defences against the drives. Such a theory gives a place to the human unconscious as the basis of social institutions, which accounts for the specificity of psychoanalytic analyses of social and political phenomena ..., and which also accounts for the resistance which this kind of work inevitably encounters. (Chasseguet-Smirgel and Grunberger, 1986: 207–8)

It is difficult to know whether this is representative of views within the profession. There is, in any case, another tradition that persists at least at the fringes of psychoanalysis to which these remarks by Otto Fenichel belong:

> Not because primitive instincts are still effective within us do we have wars, misery and neurosis; rather, because we have still not learned to avoid wars and misery by a more reasonable and less contradictory regulation of social relations, our instincts are still kept in an unfavourable form, which is used in wars and misery and which also produces neuroses. (Fenichel, 1946: 589)

Writing that 'there is no "psychology of man" ... in a vacuum ..., but only a psychology of man in a certain concrete society and in a certain social place within this concrete society', Fenichel warned against a psychoanalysis that viewed 'the genesis of neuroses and character traits ... [as] rooted in conflicts between contradictory biological needs in an entirely endogenous manner. Such a point of view is dangerous even in therapeutic analysis; but it becomes entirely fatal if it is assumed in applications of psychoanalysis to sociological questions' (Fenichel, 1946: 6).

He argues that social institutions have their origin in attempts by human beings to satisfy their instinctual needs. However, these quickly develop an

independence from the current needs of the group, and thereafter have a formative influence on those socialized into the culture defined by the presence of these particular social constraints (Fenichel, 1946: 488). The culture then influences 'the biological structure' itself – favouring particular repressions, and neuroses, and encouraging specific character types (Fenichel, 1946: 532). Feudalism favoured an authoritarian character, and early capitalism – seeking economic opportunity and a liquid labour market – 'the new ideals of liberty and equality' (Fenichel, 1946: 587). Late capitalism, however, offered a conflicting picture: 'economic conditions made the entire society unstable to such a degree that, with the disappearance of free competition, authoritarian necessities appeared again'. Contemporary society intensifies anal-sadistic strivings, and both ideals of individual independence and 'regressive longings for passive receptive regulation' (Fenichel, 1946: 587).

There are certain texts which read as an elaboration of this position – Erik Erikson's *Childhood and Society* and Lasch's *Culture of Narcissism* come to mind (as well as a rich seam of writing in Britain around the journal and publishing house Free Associations). But it has been a diminishing presence in mainstream publications, perhaps because, like Fenichel, writers tempered their writings to suit the prevailing political atmosphere (Jacoby, 1986), possibly because psychoanalysis has largely lost interest in the area of socialization and character formation to focus on the infant's experience within a presumed nuclear family. This shift in the area of theory-making might be regarded as a natural process reflective of an enhanced capacity to see deeper into the primitive areas of the psyche: Meltzer has written of the development of the profession as 'formed around a thread of logical necessity ... [adhering] to a chain of logically necessary propositions as garlands of flowers wind about a wire' (Meltzer, 1978: 4). The danger in this, perhaps, is that we have at hand a ready mechanism to explain everything – the primacy of unconscious process – and may be deterred from coming at the question from the other direction, namely considering how we may overlook the influence of a contemporary socio-political culture on our own thinking (see, for example, Gellner, 1985; Zaretsky, 1999). Meltzer's metaphor perhaps needs to be refined by suggesting the vigorous intertwining of mutually supportive vines. To the extent that our thinking is more subject to a social determination to which we are oblivious, we might expect our thinking to become more ideological. This, I imagine, was the danger to which Fenichel was referring when he described as fatal the application of psychoanalysis to social comment without a social theory. It raises the question of whether we can ever be neutral, the asking of which analysts like Marie Langer would see as itself expressive of ideological naivety and collusion (Langer, 1989).

A minor example from *Terrorism and War* might be the way that Papadopolous (Chapter 18), in a paper that, as I describe below, is fully alive to these possibilities, explains the shock and dismay with which we greet each new military adventure as the product of 'a protective function in human

beings that enables us to 'forget' painful memories of war and react with the wrath of naïve ignorance when conflict recurs (2002: 292). My sense is that this 'forgetting' relies on a more politicized and selective projective process, one that is illustrated by various authors in the book, not least within Freud's own contribution (Chapter 12). In his response to Einstein's letter asking him to account for the persistence of war, Freud gives a hard-headed view of law and morality as being rooted in the violent imposition of the interests of the powerful on the weak (2002: 191–2). Alongside this he introduces the idea of cultural evolution and the growth of civilization. The 'cultivated' races he considers characterized by higher intellectual and aesthetic ideals, fuelled by a restriction of instinctive impulses: the impairment of the sexual function and the internalization of aggression. He worries that 'uncultivated races and backward strata of the population are already multiplying more rapidly', such as may ultimately constitute a threat to civilization (2002: 201). Considering that this was written during the heyday of European expansionism, we may conclude that this was a clear example of the truth turned on its head, perhaps even of a perverse projective identification. But no historian of European culture would be surprised at hearing such views. If Freud had not bought into the apologetics of imperialism, and offered himself and his readers a self-portrait that so flattered their narcissism, he may not have seen the violence of the 1914–18 war as such an aberration.

It is a central tenet of western social democracy that the major *substantial* causes of domestic and international conflict – this time projected into the past – have been largely solved. This view is echoed by Alderdice as he frames the book in his Introduction:

> The end of imperialism, the democratization of political power, and the establishment of international and in some cases global institutions are remarkable ... achievements in themselves, but we are still threatened by our own capacity for violence. ... One of the distinctive contributions of psychoanalysis is the appreciation that congenital social and economic circumstances while helpful, are not in themselves a sufficient protection against mental and emotional disturbance. ... (2002: 6, 7)

My suggestion is that our outlook – that of psychoanalysis and the culture in which it is embedded – has been characterized by a certain complacency: 'This is where we are in history – to think the table will remain full; to think the forest will remain where we have pushed it; to think our bubble of good fortune will save us from the night...' (Stephen Dobyns, 2002: 52).

And that this is at least one of the factors that made 11 September 2001 seem such a watershed. To step into the arena just at this moment and to attain a measure of objectivity and distance was the task that faced the contributors to *Terrorism and War*. Our clinical theory helps prevent our being blown off course when exposing ourselves to the pain, and defences against pain, used by our analytic patients. We are similarly exposed to profound social defences against

thinking, and require some parallel protection. Two of the papers – by Hinshelwood and Segal (Chapters 16 and 17) – use a tried and tested adaptation of the classical site of psychoanalytic observation as developed by Jacques and Menzies Lyth in their work as organizational consultants. Menzies Lyth, incidentally, has at various times cited Fenichel's view of the autonomy of social structures to emphasize the central role that internalization of defences embedded in the environment plays in early development (Menzies Lyth, 1989). Hinshelwood and Segal take the stance of consultants to society as a whole, and the power of their suggestions derives from the fact that they are participant observers able to make appropriate use of their countertransference in a society they know intimately. The adaptation of the consultancy model in these papers is only available to these authors because they are seeking to elucidate unconscious meanings behind strategies and their manifest rationalizations current in the domestic sphere.

In another article in the 'why war' section, Diana Birkett (Chapter 15), concerned herself with identifying where psychoanalysis has been able to make a useful contribution to the study of war, cites Money-Kyrle and Glover to the effect that any war necessitates the utilization of psychotic mechanisms (2002: 233, 236). You cannot, in other words, determine the nature of an act of war merely by observing the mental states of those undertaking it. This is a lesson that some of the other contributors have failed to learn. The mire into which some authors sink is deepened by their difficulty in defining terms – another sign perhaps of an unreflecting participation in a particular political culture. What is terrorism? At one point Alderdice almost gives the game away by referring to it as a 'tactic' (2002: 10) – which would seem to require the kind of social analysis that Eric Hobsbawm once offered to explain banditry (Hobsbawm, 1972). But the present book is premised on the view that we need psychopathology to understand terrorism. Where an attempt is made to give the term 'terrorism' some specificity – as by Salman Akhtar (Chapter 6) – the definition is such as to (apparently) exclude the actions of whole nations:

> the term terrorism refers to the violent expression of a political agenda by an organised group of individuals who operate in a clandestine manner and who are bound to each other by hatred of a common enemy and love of a common political, ethnic, or ideological goal. (2002: 89)

This leads on to an unconvincing description of the role of masochism, the elaboration of 'an intrapsychic terrorist organisation', and so on, making specious and unresearched connections between the pathology of individual patients and 'the psychodynamic dimension of terrorism' (2002: 92). The problem is brought down to that of a personality type, with social factors being treated as mere 'triggers' (2002: 90).

Nelson Mandela recently suggested that terrorism was the military targeting of civilians by individuals, groups or states ('Mandela: The Living Legend' BBC

1, 5 March 2003). This is helpful. It brings to mind Dresden, Hiroshima and Hanoi; napalm and Agent Orange; Deir Yassin and My Lai; a long series of examples in America from the Santiago Stadium to the 'disappeared' in Argentina to the Contras in Nicaragua. The virtue of all of these examples is that the perpetrators are all home-grown – a product of the West: we could have been studying the phenomenon for years, right under our noses. But this is not the world in which many of the book's contributors live. One wonders whether, with the passing of a single year, with Guantanamo Bay and the invasion of Iraq, a rather different emphasis might have emerged. At times the writers' alliance with western power is plainly obvious. Alongside deep psychoanalytic fulminations over the crimes of others, the few allusions to abuses by western states are commented on with regret, as unique and unrepresentative 'blunders' (for example, pp. 10, 37, 38). Only Segal makes reference to the promotion of terrorism by the US, and to 'the guilt and shame of Vietnam' (2002: 280).

Philip Ringstrom (Chapter 3) adopts a shrill tone that echoes the politicians' depiction of western democracy threatened by an alien fundamentalism:

> A war of cultures is what we face ... it is critical for psychoanalysts to participate ... we need to contend with extreme fundamentalist forces that are in conflict with our modernity. Modernity is exemplified by what must be the most powerful evolutionary statement of western civilisation – the Constitution of the United States of America. (2002: 36)

It is almost embarrassing to dwell on Ringstrom's chapter, but it does illustrate an extreme version of a tendency also present in some other chapters. He quickly and glibly legitimizes Unites States policies in the Middle East, and having established that there can be no material basis for Arab hostility – all of which is encompassed by the term 'fundamentalism' – assures us that it's all about envy. It is the 'cornucopia of popular western cultural temptations' that provokes (anti-US) fundamentalism (2002: 40); it is because we are so successful and good that we are attacked, by a people whose 'closed system thinking' deprives them of the opportunity to enjoy in the benefits the Pax Americana offers to its adherents.

Twemlow and Sacco (Chapter 7) aspire to 'offer some thoughts on social context as a crucible for the making of a terrorist' (2002: 98). They suggest that societies need to find acceptable outlets for socially committed individuals, and that deprived of them such people can progress towards fanaticism and on to martyrdom and terrorism. 'The issue is how social aggression is directed, controlled and modulated' (2002: 98). They recognize the difficulties of diagnosing in this field – of 'vilifying personalities we don't like' – and acknowledge, with direct reference to Palestinian violence, that 'social traumata may be central' (2002: 105). However, the bulk of their paper is based on the idea that at root we are dealing with a pathology of aggression

'suppressed and manipulated by the cause'. This justifies a search for the mindset of the 'terrorist' in the pathology of 'school shooters' from the United States. In the latter they found the fanaticism of adolescence, the wish to induce fear, the dynamics of shame and humiliation, megalomania, alienation and paranoia. I was left unsure whether they were offering anything helpful either about 'terrorists' or about 'school shooters'. An interesting contrast can be made with Michael Moore's film *Bowling for Columbine*, whose premise is that there must be something specific about the *cultural* environment of the United States – about its own *history* – that turns a psychological phenomenon – adolescent Angst – into mass murder on a regular basis.

As a reader, one is struck by the frequent references in this book to the psychopathology of Palestinian activists without either proper acknowledgement of the conditions that have generated their resistance, or reference to the terrorizing tactics used by Israel to sustain its occupation. Such writers, very much mirroring Freud's position referred to above, seem determined to pathologize not only people they have never encountered, let alone treated, but whose culture and history they have little sense of. There is no awareness of an existing literature about the nature of western perceptions of the colonized 'other', perhaps most relevantly found in the writings of the late Edward Said (for example, Said, 1994). If one was tempted to some wild analysis of one's own, then identification with the aggressor, perhaps an unconscious collusion with collective paranoia, comes to mind.

The book does offer a number of papers that reflect a different level of sophistication. Ronald Britton (Chapter 2) pointedly avoids making links between their descriptions of individual psychopathology and 'group beliefs and behaviour' (2002: 33). Britton's major contribution (Chapter 10) is a rich examination of 'fundamentalism' and 'idolatry' as psychic phenomena understood within a Kleinian perspective, and in so far as these link to a social as well as an individual pathology he sees them as dangers inherent in all religions and philosophies (2002: 159–73). Aleksander Vucho (Chapter 4) offers a complex integration of socio-historical analysis and psychological speculation building more on Freud's work, creating a tragic picture of an endless cycle generated between collective victimization and increasingly polarized political stances that are seen also as reflections of unconscious responses to the earlier trauma. Garwood (Chapter 21) and Fonagy (Chapter 20) contribute to the literature on the psychic consequences of the Holocaust. The former considers survivor guilt as a defence against states of powerlessness, and Peter Fonagy offers an adaptation of his models of attachment, mentalization and the nature of self-representations in normality and borderline patients to describe a mechanism for the transmission of trauma to the third generation.

Only two papers consider in any depth the placing of the authors themselves in regard to their subject matter. The inclusion of a chapter by an Israeli clinician was particularly interesting: where we might not notice the subtle

ways in which our professional outlooks might reproduce socially dominant assumptions, in Israel the context forces itself into the work and presents therapists with direct clinical challenges. Miller-Florsheim's paper is concerned with just this issue, and she proposes a conceptual framework that both explains and allows the therapist's position to be an expression of the strengths and weaknesses of the cultural environment:

> The hypothesis of this article is that the therapist's identity is formed in a cultural context, and therefore, the collective narrative and the associations connected with it will be an inseparable part of this context.... Therapists are not just neutral objects but rather subjects sharing in collective, cumulative traumatic experiences. (2002: 74)

To illustrate this, Miller-Florsheim provides a moving account of a particularly difficult clinical experience where therapeutic success is claimed for a process that involved discovering the basis for unity among a divided group of Israelis in a shared sense of threat from a common enemy, reinforcing the very divide that has prompted so much killing. It is of course easy to be critical from such a safe distance: a more authoritative alternative vision can be found in the works of Emanuel Berman (for example, Berman, 2003).

A second example is the paper by Papadopolous (Chapter 18), which could stand as a critique of many other contributions to the book. His starting point is that we should make explicit the 'epistemology which we imperceptibly employ in approaching the study of destructiveness' (2002: 290) which often results in the confusion of 'mixing theoretical with moral dimensions' (2002: 292). As mental health professionals with a particular – analytic – mindset we should be cautious in employing simplistic 'causal-reductive' assumptions, or of transferring a traditional health-pathology opposition from the consulting room to the study of 'complex and multi-dimensional phenomena'.

> By being preoccupied with our own internal theoretical arguments we seem to have missed glaring external factors such as environmental pressures, socio-political realities, and historical legacies. Spasmodic expressions of concern about social issues appear not only to have little effect but they also exemplify the fact that we do not have, as yet, any approaches which could join together in a seamless way our theory, clinical practice and social concerns as citizens which may then provide us with coherent responses to societal expressions of destructiveness and violence. (2002: 296)

Beyond such theoretical difficulties, however, he identifies our complicity in a certain kind of economic exchange via the function we have as experts providing this particular society with 'sanitised' theories 'to explain away the disturbing complexity of destructiveness' (2002: 293–4): 'The Societal Discourse of the Expert creates a certain type of inter-dependence among its actors which, at best, facilitates smooth and easier living conditions and, at worst, fosters exploitation and manipulation...' (2002: 290).

As mental health professionals asked to comment on destructiveness, we can only fall into line by offering 'to locate it in the context of the pathology-health polarity' (2002: 291) He warns against making powerful but implicit assumptions about the meaning of our work: 'Our understanding of a situation becomes equal with our "discovery" of "what has caused it"' (2002: 293), particularly where this involves the easy scapegoating of others who carry the blame for the destructiveness we all carry. From the starting point that 'Violent acts are not committed, necessarily, by perverted individuals but by ordinary people caught up in tragic circumstances', he goes on to offer some thoughts on the nature of 'the ecology of violence' that might help us understand how terrible acts of human cruelty become possible, and are in fact quite common (2002: 299).

It is interesting, I think, that much new and challenging thinking on the way we address such issues comes either from clinicians like Papadopolous, who work with marginalized groups within society (Papadopolous, 2002), or others, like Dalal, who bring the perspective of belonging to a visible minority in our racialized society. Dalal has contributed two books that have focused on a critical examination of the way that psychoanalysis understands the relationship between the internal and external worlds, the more recent one focusing on the nature of racism (Dalal, 1998, 2002). There is much to argue with in Dalal's work; it is unfortunate that his hostility to psychoanalysis undermines the objectivity with which he reads analytic texts. A curious footnote could be written about his misinterpretation of a paper by Chasseguet-Smirgel where she argued that Nazi racism contained an encoded expression of a universal unconscious fantasy ('the archaic matrix of the Oedipus complex') in which an infant strives to remove all obstacles to unity with the maternal body (Chasseguet-Smirgel, 1990). In direct contradiction to the position she outlined with Grunberger, cited at the beginning of this review, she suggests that cumulative *social* traumas experienced within a specific *cultural* context provided fertile ground for an ideology whose power may in part be explained by the way it exploited this particular infantile fantasy. Dalal dismisses the paper as grossly stupid, 'universalistic' and 'individualistic' (Dalal, 2002: 71), when it is none of these things. His conviction that psychoanalysis is irredeemably 'internalist' and 'instinctivist' blinds him to the possibility of contributions which make creative use of psychoanalytic models to discuss social structures. Dalal's own focus on the internalization of language adds something extremely valuable to our understanding, but its explanatory power is exaggerated and its limitations ignored. What he does describe, however, is a fascinating theory of the way power differentials – the division between the 'haves' and the 'must-not-haves' – are reinforced and maintained by a 'social unconscious' whose functionality is invisible, because the values and assumptions of which it is comprised are unknowingly internalized by all who are

socialized into a particular group. Just as the psychoanalytic outlook constantly seeks to unsettle the subject's trust in the veracity of his or her own mental products, so Dalal wants to 'problematize' our readings of the external world, including those that might have been mistaken by psychoanalysts to actually reflect some aspect of human nature. Our understanding of 'terrorism' – whose use in common parlance usually says less about the activity itself than whose side its victims are on – would perhaps benefit from an analysis of its history and function in political discourse.

Defending historical materialism against what he regarded as the inept intrusion of ahistorical concepts from an alien discipline (which, as it happens, derived some of its idealist formulations from Lacanian theory), Edward Thompson insisted that we needed to attend to 'the dialogue between social being and social consciousness. 'Obviously,' he continued, 'this dialogue must go in both directions' (1978: 9). It is an area whose complexity is sometimes caught by poets through an effective juxtaposition of elements conscious and unconscious, internal and external, universal and historically specific, as in Auden's prescient 'September 1st 1939'. Perhaps we can do more than point to interesting coincidences, but if so there is a need for care that we do not make unwarranted claims for our insights, nor make assertions of privilege in the area of causation. Simple juxtaposition is not enough. Nor are assertions of privilege in the area of causation. The impact of Hanna Segal's paper is a reflection, I think, not of the psychoanalytic theories she mobilizes, but the frankness with which she applies it to aspects of her own cultural milieu. She states at one point 'I think I have grounds for believing that the deepest causes [of the first Gulf War] had unconscious psychological roots'; a little later she adds 'Unfortunately, we also have to contend with the God Mammon' (2002: 282–3). This bilateralism well suits a one-off political intervention, but hardly forms the basis for understanding how conceptually discrete dynamic elements coalesce. Because of the nature of our profession, we perhaps have to be particularly guarded against the temptation to regard unconscious mechanisms as causal agents. How do we, when considering Israeli violence for example, bring together thoughts about the psychological impact of centuries of anti-semitism, and note the similarities in the ideologies and behaviours of settler colonies across the world?

Terrorism and War offers much to the reader, from whichever direction it is approached. This review has not begun to convey the variety and scope of the various contributions, very few of which are without interest. The question the book raised most powerfully for me, and which I have tried to explore here, is one concerning the validity, or the preconditions for meaningful, cross-disciplinary comment. And furthermore, to wonder how far the everyday discourse of psychoanalysis is directed or limited by idioms that draw their strength from the wider cultural environment – in much the same way that Raymond Williams investi-

gated the social determinants of significant 'structures of feeling' in literature (Williams, 1975). Beginning points seem important. Perhaps Alderdice is simply wrong to talk of 'the end of imperialism'. Different questions would follow if imperialism was viewed as precisely the defining characteristic of contemporary 'inter-group relationships', and its dismissal as a structured and functional element in its ideological defence. This would then be the context within which war, torture, occupation, and the various strategies that people have adopted in response – resistant and collusive – would have to be viewed. We would need to find a framework – something more seriously self-questioning than our governments' 'war against terrorism' – within which to frame our psychoanalytic speculations.

MARTIN KEMP,
British Association of Psychotherapists

References

Berman E (2003) Israeli psychotherapists and the Israeli-Palestinian conflict. *Psychotherapy and Politics International* 1(1): 1–16.

Chasseguet-Smirgel J (1990) Reflections of a psychoanalyst upon the Nazi biocracy and genocide. *The International Review of Psychoanalysis* 17(2): 167–76.

Chasseguet-Smirgel J, Grunberger B (1986) *Freud or Reich?: Psychoanalysis and Illusion*. London: Free Association Books.

Dalal F (1998) *Taking the Group Seriously*. London: Jessica Kingsley.

Dalal F (2002) *Race, Colour and the Processes of Racialization: New Perspectives from Group Analysis, Psychoanalysis and Sociology*. Hove: Brunner-Routledge.

Dobyns S (2002) Where we are, in N Astley (ed.) *Staying Alive*. Tarset, Northumberland: Bloodaxe Books, p. 52.

Fenichel O (1946) *The Psychoanalytic Theory of Neurosis*. London: Kegan Paul.

Gellner E (1985) *The Psychoanalytic Movement: Or the Coming of Unreason*. London: Paladin.

Hobsbawm E (1972) *Bandits*. Harmondsworth: Penguin.

Jacoby R (1986) *The Repression of Psychoanalysis: Otto Fenichel and the Political Freudians*. Chicago, IL: University of Chicago Press.

Langer M (1989) *From Vienna to Managua: Journey of a Psychoanalyst*. London: Free Associations.

Meltzer D (1978) *The Kleinian Development 1*. Strath Tay: Clunie Press.

Menzies Lyth I (1989) A psychoanalytic perspective on social institutions. *The Dynamics of the Social*. London: Free Associations, pp. 26–44.

Papadopolous RK, ed. (2002) *Therapeutic Care for Refugees: No Place like Home*. London: Karnac.

Said E (1994) *Culture and Imperialism*. London: Vintage.

Thompson EP (1978) The poverty of theory or an orrery of errors. *The Poverty of Theory*. London: Merlin Press, pp. 1–210.

Williams R (1975) *The Country and the City*. London: Granada.

Young R (1994) *Mental Space*. London: Process Press.

Zaretsky E (1999) 'One large secure, solid background': Melanie Klein and the origins of the British welfare state. *Psychoanalysis and History* 1(2): 136–54.

Melanie Klein: Her Work in Context
By Meira Likierman
London, Continuum, 2002, pp. 202, hbk £16.99

With the publication of this book Meira Likierman has made a major contribution to our understanding of the work of Melanie Klein, and at the same time she has produced what was for me a most engaging book. Each time I go back to it I find myself dipping into a different chapter and some time later realizing that I have been taken up with an idea or a perspective that has provoked a new train of thought. I am curious why that is so, if for no other reason than my envy of the capacity to evoke in readers such experiences. Perhaps it is no more than the fact that I have a special interest in the book's subject matter, although I have not found myself having a similar response to other systematic accounts of Klein's writings, few as they are.

There are some characteristics of Likierman's approach to her subject that stand out and give some clues as to why I find it so provocatively engaging. Interestingly, these characteristics point to both the weaknesses and the strengths of the book. To begin with, we might be surprised to discover that this is not the kind of clinical exposition we have come to expect from exponents of Melanie Klein's ideas – the kind of study that draws continuously on writers' reports of their own experiences in the consulting room. I say surprised because this is so much a clinician's book, written with the sensibility of a practising child psychotherapist and written for an audience with some desire or need to get to grips with Klein's ideas. The clinical mood of the book is felt in the way that questions and challenges are taken up, as if the subtext were to clear away the visceral/intellectual stumbling blocks and objections so that the reader may engage with Klein's ideas and their implications for the consulting room.

I do not mean that Likierman's book is of no value to readers other than clinicians. But because her approach feels to me as if it assumes that readers will bring their own clinical experience to the book, and because most of the readers will in fact either be trainees or clinicians who want to rethink their understanding of Klein, there will be, I imagine, little objection that the clinical side is missing. In that way Likierman's approach is very different from the Kleinian and post-Kleinian style with which we are so familiar – discussions of Klein's concepts and theories in the context of what is in effect a clinical seminar (with the writer as presenter and discussant).

This difference is reflected in Likierman's stated aim for her book. She notes that Klein's ideas have largely become known through secondary sources – the writings of analysts who have taken up those ideas, developing them in their clinical papers. And I think she is probably right that this 'selective use' of Kleinian concepts has come to be seen as an adequate substitute for an engagement with the writing itself. One consequence of this, she suggests, is that it continues to be true that 'Kleinian theory is likely to engender a

response of wholesale acceptance or rejection' (2002: 5); in other words, perhaps, a party political atmosphere. Her aim, she says, is to 'facilitate a fresh approach' to the texts. Hers is a very personalized kind of 'history of ideas' approach to the evolution of Klein's thinking through a close examination of the texts in chronological order.

I think Likierman succeeds in this aim, not so much because she herself offers a coherent fresh vision of Klein's work, although she does offer some interesting and helpful perspectives on difficult conceptual problems and familiar areas of controversy. Rather I think she succeeds because the tone and shape of the book give it the feel of a personal account of the author's own struggle to come to terms with Klein's ideas. As a result, the reader has overall the sense of listening to someone trying to think Melanie Klein's thoughts as these thoughts developed as opposed to either being told what Klein meant or being shown how to use her ideas in the consulting room. As with all effective teachers, this mood of struggling with difficult ideas invites the reader/student to join in the thinking process of having one's own ideas and eventually one's own Klein.

This is demonstrated most charmingly in Likierman's exploration in the first two chapters of Klein's first paper, 'The development of a child' (1921). Likierman interweaves an examination of the text of this two-stage article (the first part constituting Klein's membership paper of the Hungarian Society) with a biographical study. However, it is not a biographical study aimed at an understanding of Melanie Klein as a person so much as it is a study of how her thinking evolves under the influence of both Freud and her first analyst, Sandor Ferenczi – in that sense a 'history of ideas' approach rather than a psychobiographical one. Even the issues and dynamics of a young analyst using her own son as the patient at the heart of her first psychoanalytic paper are explored in terms of how they played a vital role in the evolution of radical new ideas both about psychoanalytic work with children and about human development. The tensions between those ideas she absorbs from Freud and those from Ferenczi are fascinating in the light of the experiences with this young boy (Erich to be disguised as 'Fritz'). Although in one sense inevitably the discussion is influenced by our knowledge of the later evolution of Klein's thinking, there is a frisson of being able to think these thoughts in an embryonic form.

I do not have many, if any, books on my shelves with more marginal notes, from 'enthusiastic-appreciation-of' to 'irritations and grumbles-with' to 'new-thoughts-provoked-by' to 'outright-even-violent-disagreements-with' the ideas and the way they are formulated. As an illustration of the first, I found very helpful Likierman's discussion of how some of the ideas and sensibilities of Klein's two analysts, Ferenczi and Abraham, were taken up and held in tension with Freudian instinct theory. Throughout the first five chapters we see how emphases of these two analysts, such as Ferenczi's focus on the move from

infantile omnipotence to a developing reality sense and Abraham's recasting of the oral and anal stages into a developmental process essentially relational in nature, began to coalesce in Klein's eager mind into an embryonic 'object-relations' reorientation of Freud's focus on instincts. However, Likierman shows how perhaps the most critical influence in this process of the evolution of psychoanalytic thinking was the contribution of Klein's (very) young patients and her remarkable capacity to take seriously what they were telling her.

The influence on Klein's thinking of the way children talked and thought of course led both to some of her most startling contributions to the psychoanalytic vocabulary and to some of the most intense and difficult controversies within the psychoanalytic community. It also led to some significant conceptual difficulties, and it is these that Likierman takes up with enthusiasm. One of the greatest strengths of the book is the way she insists on detailing the conceptual difficulties and then clarifying them as much as she can.

For example, when she comes to discuss the notion of internal objects as central to the structure of virtually all of Klein's major concepts such as the depressive and the paranoid-schizoid positions, she faces unflinchingly the implications of Klein's use of her young patients' way of talking and thinking. Of course the concept of an internal object also became the focus of major debates in the psychoanalytic world, from the 'Controversial Discussions' in the British Society in the early 1940s right up to the present (see, for example, Meir Perlow, 1995). But Likierman's discussion makes clear that she is not primarily responding to other people's criticisms of Klein so much as she is struggling to make something clear to herself, a characteristic of her whole approach I am suggesting. She notes that 'in the patient's unconscious, the internal object assumes the form of a powerful anthropomorphic being that inhabits his internal domain, permeating both mind and body'. It is the result of Klein's view of introjection:

> ... since introjection signified for Klein a type of taking in which was much more primitive and cannibalistic than an ideational representation of objects in the mind.... Defining the concept of internal objects thus, meant that it was more likely to make sense to anthropologists than to psychiatrists; it had more in common with tribal beliefs about being possessed by spirits than with Western scientific views on the mental recall and representation of external events. (2002: 108)

Likierman identifies the problem here as a failure to distinguish between subjective experience, the feeling or the fantasy of beings inside one's body, and a conceptual account that could form the basis of a proper theoretical definition of mental activity. She then quotes from an unpublished account by Klein of her use of the term 'inner object' in which Klein says that she prefers the term because 'it exactly expresses what the child's unconscious, and for that matter the adult's deep layers, feels about it' (2002: 109). Likierman is unhappy with this response because it 'does little to clarify the term's theoretical status or

technical meaning' and she proceeds to offer her own description of an internal object 'as a distinctive mental process which generates a characteristic emotional state', a process that 'treats the subject in a characteristic way' (2002: 110). I am not sure that it really helps to anthropomorphize the notion of *process* so that it does all the sorts of things that an internal object does, things such as treating its host in various ways, having all sorts of very human sounding relationships. It does make clear, however, that the language we tend to take for granted needs a more adequate conceptual framework.

Many topics in the book are more straightforward than are the discussions of concepts like internal objects and unconscious fantasy, but the author always thinks them through in painstakingly exploring their genesis and development. This allows the reader to have a sense of the way that complex ideas such as the depressive and paranoid-schizoid positions evolved from following through the implications of observations made possible by taking seriously the play of children as a form of thinking and communication. The bivalent schema which emerges of a struggle between hateful and loving impulses, between the good and the bad, emphasizes just how much Klein's thinking depended on an expectation that development, indeed survival, is the result of the triumph of the good and the loving over the bad and the hateful. Klein's locating of love in the earliest years, rather than in Freud's genital stage, is critical to this essentially optimistic view of human nature.

It is puzzling that in spite of giving a clear account of this dynamic, Likierman is preoccupied with the question of whether Klein had too negative a view of childhood and of human nature – what she refers to as an 'original sin' view. She seems to be at pains to assure the reader that Klein is not as negative as she sometimes sounds, and that when she is negative it needs to be noted that this was not her last word on the question. This seems to hint at an underlying moralism that is in tension with a side of Likierman that wants to be clear, dare we say scientific, in her account of the evolution of Klein's thinking.

There are many other serious and interesting questions and issues raised in this book that I would like to take up but this is not the place. It will be obvious that it would be a delightful book to use in teaching a seminar on Klein. It is also an essential book for anyone who seriously wants to explore, debate, and understand-by-thinking the ideas of Melanie Klein.

JAMES V. FISHER,
British Association of Psychotherapists

Reference

Perlow M (1995) *Understanding Mental Objects*. London: Routledge.

The Search for the Secure Base: Attachment Theory and Psychotherapy
By Jeremy Holmes
London, Brunner-Routledge, 2001, pp. 183, pbk £15.99

Jeremy Holmes is a Consultant Psychiatrist in Psychotherapy in the NHS and a Senior Lecturer at the University of Essex. His teaching background is evident in *The Search for the Secure Base* both from the clarity with which he writes and the interest he evokes in the reader as he draws out his main theme.

Moving from two of his earlier published books on Bowlby and attachment theory, Holmes here authoritatively argues for attachment-based psychotherapy as a variation of object relations and for its place in the psychoanalytic field alongside other modalities. Holmes claims that Bowlby has been distanced by the psychoanalytic world over the past 20 years through his dismissal of the Kleinian approach, based on his own misreading of it, and his criticisms of the psychoanalysis of his day as being overly authoritarian rather than evidence based. Now is the time for rapprochement, says Holmes. Furthermore, he sees the enterprise of working at the interface of psychoanalysis and attachment theory as having gains for psychotherapy as a spin-off from the empirical research record of attachment-based therapy over the past 50 years. He is clear about the aim of an attachment perspective. It is concerned with creating a secure base from which the patient can deal with past pain and develop greater capacity to deal with issues around intimacy and authority.

The book begins with a delineation of the needs of the patient with disorganized attachment difficulties and how these might relate to the practice of psychotherapy. The patient seeking a secure base will look for consistency, reliability, responsiveness, non-possessive warmth and firm boundaries in therapy. If the patient finds these in the therapeutic work, it will lead to a greater sense of security and self-esteem and gradually the internalization of the therapist as a reliable object. Here, the big hurdle from the attachment viewpoint is the negotiation of the need for secure attachment alongside the concomitant fear of intimacy. All this is familiar in the everyday practice of psychotherapy, as are the attachment emphases in clinical treatment: attunement, emotional proximity, establishment of therapeutic alliance, need for challenge without being persecutory, ability to keep an area of space between the patient and therapist, being able to bear not-knowing, capacity to think and to be present.

The author goes on to draw parallels between the diagnostic categories of attachment theory and those of contemporary psychoanalysis. The patient with an avoidant pattern of insecure attachment corresponds with the schizoid personality; the ambivalent patient parallels with the hysterical type; and the incoherent pattern of attachment reflects the borderline personality in psychoanalytic parlance. He acknowledges that such categorizations and parallels is

'broad-brush mapping' and that there is overlap. Nevertheless, he points out that attachment theory research has shown that these categories accurately describe behaviour patterns across different populations and cultures.

Moving to clinical practice where Holmes fleshes out the meaning of these categories, he is under no illusions as to the difficulties in assuaging attachment needs. He presents two patients, Avoidant Kate and Ambivalent Oliver, and highlights the different approaches in therapeutic technique required. The session presented in each case focuses around a telephone call. Kate slams the phone down on a friend who has been out of touch for some time. She relates her story to her therapist with much self-justification and harsh blaming. The therapist's task, Holmes points out, is not to collude with the patient's story but to break it open so that the patient gets more in touch with the emotions underneath. So the therapist takes up what Kate must have felt when she put down the phone and links this with a rejecting experience she had in childhood as well as an impending break in the therapy. This intervention enabled Kate to stand outside her story, reflect on it, and come to recognize some of her need to control others in relationships, combined with a denial of her own neediness which frequently led her to destroy relationships.

Oliver makes a phone call on his wife's behalf to patch up a row with the mother of their son's friend. He gets into an unholy row with the woman so that his wife has to grab the phone from him to sort it out. In this example of ambivalent attachment Holmes says 'the therapeutic task is to help create a story out of the uncontained emotion and unstructured narrative which the patient presents' (2001: 39). The therapist was able to help Oliver become more aware of how he had identified with his son's rejection and had poured out his own feelings of anger in the phone call, thus illustrating how 'ambivalent sufferers use others to do the holding, which they cannot sustain themselves' (2001: 40).

In the discussion of these two cases, Holmes draws attention to the different vocal patterns of these patients. Avoidant Kate has a harsh voice in contrast to the pleading look in her eyes, while Ambivalent Oliver's tone is monotonous and rambling. Holmes informs us that research on the subject has established these vocal patterns as characteristic of differing attachment needs and he sees this as something that attachment theory has to offer psychoanalytic psychotherapy both in terms of diagnosis and technique.

Another correlate of attachment theory and psychoanalytic theory lies in Balint's basic fault theory. Holmes shows how Balint's 'oncnophilic' modality, where people hold on to their caregivers yet fear the space between them, equates with the ambivalent person in insecure attachment. Likewise, Balint's 'philobatic' patient who feels safe in using the space between yet feels threatened by objects, parallels with the avoidant personality in attachment terms. Holmes develops Balint's model using two clinical examples. Through

these he shows how a conflictual element of a fundamental need alongside competing anxiety is present in the basic fault area rather than a 'deficit' as Balint pinpointed. The import of this is that Holmes is bringing together the Independent Group of Psychoanalysis with the Kleinian school (favouring a more conflictual model) and also attachment theory with its emphasis on the approach-avoidance seesaw. Again it is a familiar consulting room experience to encounter the patient who longs for a deep wish to be fulfilled yet who also fears the same and consequently shrinks from the possibility of change. In the clinical illustrations set out, Holmes emphasizes the contribution that attachment theory can make here in terms of timing: 'First the secure base must be established, then comes challenge and confrontation' (2001: 63), which applies within sessions as well as to the overall therapy.

In the later chapters of the book, Holmes seeks to align the attachment approach with narrative theory and such issues in psychotherapy as trauma, intergenerational transmission, money and endings. He covers these areas with well-chosen clinical vignettes, summaries of research and illustrations from poetry, literature and film. All this makes for an interesting read and the psychoanalytic psychotherapists of any school will find themselves in areas with which they are well acquainted professionally. Here, a subtle persuasion goes on in the book to counter arguments that Bowlby and his followers were more interested in the external environment of the child than the internal world. Using Wordsworth's *Ode*, Holmes suggests that an attachment perspective approaches the patient in much the same way as one relates to a poem:

> Our initial task is to open ourselves to the poem as it stands, to attune and align ourselves to it, and try to enter the mind of the poet, without imposing our own models or preconceptions, seeing avoidant attachment here, manic defence there, and so on. Such theorizing is permissible, but only after we have fully grasped the poem (or the patient) in its own terms. (2001: 115)

There are many gems in the applications of attachment theory in the book. The reader will be engaged by these as much as by Jeremy Holmes' argument for attachment therapy as a variant of object relations, which he convincingly presents. Sometimes, unmindful of the historical antecedents, I found myself wondering why there was the need for this justification. I concluded it was an argument with classical psychoanalysis rather than contemporary psychoanalytic psychotherapy.

MARIA LYNCH,
British Association of Psychotherapists

The Work of the Negative
By André Green
London, Free Association Books, 1999, pp. 317, pbk £25.00

Resistance, a subject originally dealt with by Freud as well as by others in order to study the negative therapeutic reaction, is here examined by André Green in a most original and comprehensive fashion. In the present volume, published in France in 1993 as *Le Travail du Négatif*, Green continues the development of his ideas which he began in *Le Discours Vivant* (1973) and more recently in *La Folie Privée* (1990), attempting to link structural theory to object relations understanding in order to delineate more precisely the workings of the negative in the psyche. *The Work of the Negative* develops a method of studying and constructing a comprehensive meta-psychological model of the internal world when under the influence of unmetabolized death forces.

The main aim of *The Work of the Negative* is to identify and study the derivatives of the death instinct on mental progression. Green identifies these manifestations in terms of the defensive constellations of negation and negativity, and all that pertains to the disavowal of desire, love and, ultimately, object relations. In this very thorough study, the author examines carefully the differences between the aggressive-assertive and the destructive aspects of the death drive. In this endeavour, he discusses in detail the differences between aggression against objects and aggression towards the very mental mechanisms that can experience life.

The central thesis in Green's book is that extreme forms of negativity lead to the refusal of all desire, which leads towards the implosion of the mental apparatus and to a state of adhesive inertness. Green tries to tackle three questions: what are the sources of the negative; how does the negative relate to Freud's original thinking; and how does it relate to today's theoretical and clinical thinking? Green traces back Freud's work on Hegel's philosophical thinking on the phenomenon of negation and then proceeds to study the evolution of the psychoanalytic study of negativity. Green reminds us that although the negative has been extensively observed and studied from an ego defence point of view (such as repression, splitting and disavowal) by Freud and many other authors, there has been less examination of the instinctual variables causing negativity. Green studies the effects of the death instinct through the mechanism of the drives, and arrives at a particular phenomenon, which he calls the 'de-objectilising function', resulting in a personality constellation dominated by what he terms 'negative narcissism'.

The book is divided into eight chapters, a postscript, and four additional appendices, which constitute further mini-chapters in their own right. It begins

with an examination of the contributions by philosophy on the subject of negativity and Freud's work on different forms of negation, including distortion of perception of reality and fetishism. Green then looks at subsequent notions of the workings of the death drive and proceeds to concentrate on extensive examinations of narcissism and the negative therapeutic reaction, with particular attention to the mechanisms of what he calls the phenomenon of 'negative hallucination' and the splintering of the mental apparatus. The book ends with an examination of sublimation.

Throughout, the author examines and poses important questions about the workings of the death instinct. Green appears, however, to be less inclined than Melanie Klein and Bion to define the death drive as motivated by envy and destruction and instead veers towards in-animation, an idea originated by Freud. Green considers the 'de-objectilising function' as being a tendency by the mental apparatus towards non-life or non-functioning, rather than agreeing with the central Kleinian view which emphasizes the active tendency towards destruction, which includes the annihilation of the mental apparatus as well.

Chapter 1, entitled 'Aspects of the Negative. Semantic, Linguistic and Psychic', sets out the three main areas he wishes to examine: 1) Negativity in language and its philosophical derivatives; 2) Negativity in the psyche, derived from clinical procedure, and 3) Negativity in thought, which sets the paradigm between representation and bodily needs.

Chapter 2, entitled 'Hegel and Freud: Elements for an Improbable Comparison' offers an introduction to the philosophical, linguistic and analytic aspects of the study of negativity. Although authors have repeatedly attempted to bring Hegel and Freud's ideas to a similar plane, Green considers that their respective conceptions of the negative are different. According to Hegel, consciousness apprehends itself only in the moment of negation, and, accordingly, affirmation, in Hegelian terms, is conceived of as a negation of negation. Hegel contains somewhere some notion of the unconscious, but stops at its definition and exploration. Green feels, therefore, that Hegel's work marks the end of the era of philosophy and the beginnings of psychoanalytic research.

Although both Hegel and Freud attempt to reach similar goals, Green poses the question:

> ... how should we describe psychic organisations whose negativity takes on such a curiously deadly meaning, whereas the subjects who provide asylum for these negative vicissitudes just see them as a way of life which they say they would willingly exchange for any other which would deliver them from their suffering? Psychoanalytic work, however, which perceives the desperate undertakings of negativity, will often, in its attempts to avert its tentacular progression, come up against the most passionate attachments to this yoke, which constitutes their subjectivity. (1999: 49)

In Chapter 3, entitled 'Traces of the Negative in Freud's Work', Green begins by remarking that a theory of the negative is not a new addition to metapsychology, but in fact is a new interpretation of the existing theory of

psychoanalysis. He examines disavowal, an original Freudian discovery, which is prevalent in the fetishist (Freud, 1927). Disavowal is a mechanism that functions somewhere in between foreclosure and representation. Disavowal refuses to accept representation and seeks an alternative perception of reality, which is called a fetish. Green feels that disavowal creates an illusion of having lost nothing, and he states it very eloquently thus: 'having within reach of what is lost ("at hand") by shutting out the awareness which would oblige it to recognise that it is in fact only an imitation having' (1999: 78). He continues:

> Disavowal here plays a contrary role, ie., of stopping the pursuit of a frantic and pointless search, setting a limit once and for all to the process of intellectual curiosity by tying itself to it. In this case, the accepted loss offers the solution of a closure which allows nothing more to escape, but in which the subject has become his own prisoner. (1999: 79)

In Chapter 4, entitled 'The Death Drive, Negative Narcissism and the Disobjectilising Function', Green posits that in order for the death drive to be analysed, three areas have to be investigated: first, the domain of clinical experience, which teaches us that the death drive helps us to re-evaluate psychopathological phenomena; second, the areas of anthropological and cultural phenomena, which determine the aetiology of the death forces; and finally, the domain of the intrinsic nature of the death drive as it influences the actual functioning of the mental apparatus.

Psychoanalysis is not uniform in the understanding and acceptance of the death instinct. Freud admitted that psychoanalysis lacked an equivalent function to the libido to represent the death drive. Since then, Melanie Klein has shown how the expression of the death drive is represented by the psychic function of envy. For his part, Green wonders whether a lot of clinical manifestations, such as the profound disintegration existing in the processes of psychosis, clinical depression and negative narcissism, can be expressions of what Freud called primary masochism. In effect, Freud proposed that primary masochism is located at the instinctual level and that it is closely related to the death drive. Green, in accordance with Freud, thinks that the purpose of the life drive is to develop what he calls the 'objectilising function'. This means not just to be able to relate to an object but to be able to transform inner contents of the mind into an object.

On the other hand, the purpose of the death drive is to promote a 'disobjectilising function' by means of unbinding mechanisms. It is not just the object but also the ego that invests in the creation of an object, which is attacked.

Chapter 5, 'Masochism and Narcissism in Analytic Failures and the Negative Therapeutic Reaction', examines how Freud, through the study of the mechanism of perversion, understood the deeper levels of masochism in the personality. In examining primary masochism, Freud put into question his own theory of the pre-eminence of the pleasure and unpleasure principles. Freud proposed a beyond the pleasure principle to suggest that our psyche is not only dominated by such principles but also by the compulsion to repeat, which is

driven by death instinctual forces. Green thinks that primary masochism comes about as a result of a co-excitation between the pleasure and unpleasure principles in early life when the infant is struggling to bind psychic forces. In essence, Green seems to think that there is a gap between the development of the mental apparatus and the instinctual forces.

The author compares and distinguishes between failures in psychoanalytic success and in the negative therapeutic reaction. He refers to the narcissistic tenaciousness, which holds the analysis together, but without any real change occurring. The aim of the narcissistic organization is to destroy links to the object. (In clinical terms, this manifests itself as an attack on the development of the classical transference.) Green shows that when the drives are disavowed, the instinctual forces, instead of becoming mentalized, are either evacuated or taken over by the death forces, thus activating the mechanism of 'disobjectisation' and of psychic death.

On one of those rare occasions when Green looks at clinical work, he examines the intractable transference of the narcissist. He sees narcissistic defences in this way:

> the analyst ends up having the feeling that what really counts in the treatment is preserving the narcissistic organisation, as a resistance to transformation through analysis, faced with the danger of compromising a system of values and negative investments whose disappearance would mean the end of the *raison d'être* of their investment. (1999: 112)

It is as if the narcissistic organization exists for itself and defends its own futile position. The narcissistic dilemma is described well by Green. The personality loses its own reason for existing, reminiscent of the Kafkaesque situation in which the organization just exists for its own sake. The patient avoids satisfaction because the satisfaction would have to acknowledge the external source of such gratification, which in turn creates a feeling of humiliation. The narcissistic part of the personality feels diminished for lacking the capacity to give satisfaction. A common narcissistic defence is the enslaving of the ego by the object. The object becomes the omnipotent provider of satisfaction. However, instead of expressing hatred towards this idealized object because it is envied, the personality turns that hatred against the self that is dependent. In conclusion, masochism and narcissism go hand in hand. The former, driven by objectilizing binding forces, ends up in depression. The latter, which is more destructive in nature, attacks links and can end up in destructive nihilism.

Chapter 6 is entitled 'Splitting, from Disavowal to Disengagement in Borderline Cases'. Having identified the mechanism of disavowal, Freud examined the mechanism of splitting as a form of negative functioning driven by death forces. For Freud, the ego follows similar paths as sexuality, splitting and pursuing the perverse route of fetishism. Green reminds the reader that there had been a shunning away from the ego, particularly in France, as a reaction to Hartman and US psychoanalysis. They were considered to be

adaptive, and ideologically manipulated. However, Green thinks that it is time to go back to study the ego and its transformations in connection with the vicissitudes of the death drive and the life drive. The ego is affected by the drives in two main ways, by the transfer of force of the drive and reversal of its aim (for example, to exclude, to refuse), and by the creation of a system of beliefs providing an infrastructure for the ego to rationalize.

Green wonders what happens when the mind implodes. Is it regression to a place where there is less conflict for libidinal satisfaction or is it instead a special variety of narcissism, not based on self-love but on turning against desire? Green explains:

> as the subject is unable to avoid the object's existence; he wards off the pain which the latter may inflict on him, believing he is thereby sheltering the ego in order to create the space which is absolutely essential to avoid the shock of psychic interpenetration, and in so doing causes, without realising it, a breach between the ego and the drives. This is the major difference between repression and splitting. (1999: 154)

The patient feels distaste for the drive and sulks, feeling that the grass is greener on the other side. The subject complains of not knowing what he is doing here and what he is looking for and blames the object for being faulty. The ego finds itself isolated and in distress because it has not appropriated the drive process (which filters through to representational systems and to reality), and, on the other hand, the ego is wounded because of the object's independent capable life.

In borderline situations, therefore, one can see the extreme form of disavowal, leading the personality towards disengagement from desire and from the world. Interestingly, Green does not think that negativization in this sense is a fixation to a pre-Oedipal stage of development. He prefers to see this as a vicissitude of the drive, halted in its functioning to the point of total abdication of its functions.

Chapter 7 is entitled 'The Work of the Negative and Hallucinatory Activity (Negative Hallucination)'. In this lengthy and elaborated chapter, Green examines the intra-psychic workings of the mind when the personality freezes its feelings, becomes mindless, perceives no images and concretizes experiences. He examines in detail every mechanism between representation, perceptions, hallucinations and feelings.

The avoidance of experiencing desire is determined in infancy, when the infant decides not to wish in fantasy or to hallucinate. Yearning disappears and negatively hallucinates – that is, denudes his mind of visual images, of desire, of motivations and any function of linking. Green names this process one of 'sideration', involving a lack of capacity for condensation, displacement, repression and for dream work. He maintains that negative hallucination is a defence mechanism, which serves to maintain a representation of absence of image. The mechanisms of abolition of awareness and foreclosure are directly involved in this experience. The author then proceeds to show how something

can be forgotten through repression and then dreamt about; he then shows how something can be foreclosed and disavowed and not dreamt, and instead appear as an hallucination.

Towards the end of this difficult chapter, Green makes a clear distinction between classic and primary defences. Repression is used against the internal processes of drives, affects and representations – that is, all that are mental representatives. Whereas negative hallucination is carried out against perceptions, it is the role of reality testing to make the distinction between perception and representation. He feels that the study of perception has not been examined sufficiently and that it is essential to understand the reference of psychoanalysis – that is, the world of representation. He thinks it is high time to establish a psychoanalytic conception of perception. Perception cannot be split up like representation. Perception can be eclipsed, confused, diffused, projected, denied and disavowed but cannot be combined.

The penultimate chapter, 'Sublimation Considered. First as a Vicissitude of the Sexual Drive and Then as Being in the Service of the Death Drive', is one of the most interesting chapters in the book because it opens many new areas of inquiry and further research. Green begins this chapter with the definition and function of the drives. At first, the drives are fed by the instinct and seek an aim to be satisfied. However, along their path they can endure different transformations depending on the obstacles found along their way. The most salient are reversal into the opposite, turning against the subject's own self, repression and finally sublimation. According to Green:

> Sublimation preserves while surpassing; in other words by means of a kind of settling process or 'volatilisation' (transformation of the solid state into the gaseous state), satisfaction reappears in a disguised and acceptable form, provided it has abandoned its original state, that is to say, has broken off its first ties and makes do with gratifications which are less directly sexual. (1999: 216)

Most authors, Green asserts, deal with sublimation in terms of the vicissitudes of the sexual drive, but not of the relation between sublimation and the final theory of the drives, which includes the death drive. Green indicates that we need to examine a diversion of sexual aims away from de-sexualization, which involves a modification of the nature of sexuality itself. If we can say that thought formation and symbolization are the foundations of sublimation, then thought comes about as the result of the sublimated energy of the erotic forces. Green, like Freud, refers to the transformation of erotic libido into ego libido, the rechannelling of the sexual drives component of the life instinct into thinking and symbolization. Melanie Klein deals with this important metapsychological understanding extensively when she talks of the epistemological instinct, the channelling of the life force towards mental growth. This implies that there is an instinct of growth independent of the sexual drive.

Freud thinks pessimistically that the sublimated ego works against sexuality and is taken over by Thanatos. Therefore, the purpose of Eros is to extinguish itself to zero. Green asks: 'How are we to understand such an unusual form of sublimation which involves turning away from sexuality, which makes the ego want to be loved in place of the object?' (1999: 228).

The difference between the Freudian position and the Kleinian one is that, in the former, the rebalancing of life and death forces occurs through giving up and inhibiting the drive whereas, for the latter, it is through transformation of the drive.

Interestingly, Green feels that Winnicott comes closest to explaining the process of sublimation and of culture creation. Desexualization for Freud, and reparation for Klein, are aspects of sublimation, but it is through the creation of transitional objects that culture is created. Green refers to what he calls the tertiary processes, in addition to the primary and secondary ones, which are those that have the capacity to grow and create.

He feels that the power of sublimation is based on a growth instinct fed by the life instinct, allowing and encouraging psychic transformations. Based on the previously discussed 'objectilising function' (which is related to the binding function of the life instinct), it creates language and symbols because it involves condensation, displacement and alpha functioning. These functions exist to create an object, which is a mental representation of the interaction between the drive and the aim of the instinct.

Following the final chapter, there is a section entitled 'On the Edge' in which Green examines where psychoanalysis situates itself among the disciplines – is it a science, is it a philosophy? Although both subjects pose similar questions, their methods and intentions are not the same. Green believes that in searching for a solid basis for the theorization of the new configurations that psychoanalytic experience requires us to define, the philosophical notion of the work of the negative is encountered. Therein lies the interface between philosophy and psychoanalysis. The study of thought production has been long neglected but Green believes it will produce one of the most fundamental changes in psychoanalysis.

There are four appendices at the end of the book, which are very rich and contain further elucidations to Green's thinking. In the first, entitled 'The Work of the Negative', the author explains that there is a pre-objectal stage where mechanisms such as incorporation and what he terms 'ex-corporation' take place. Green (looking at what Bion might call the early stages of projective identification) believes there is a reflex, driven by the drives, to expel what is bad and take in what is good. The ego then takes over to separate itself from the object. Green wants to know what happens here at the level of sensations. He speaks of an early stage where there is badness that has to be expelled, but very quickly has to find a psychic recipient where

projective identification becomes a useful mechanism for disposal of these elements so that eventual repression can take place. Although he does not state so, Green is describing what Bion refers to as the development of the alpha functioning, where storage of memory can take place and can be used for dreaming.

The second appendix is, in a way, an extension of the chapter of the same name, entitled 'On Negative Hallucination', a concept that André Green proposes which identifies the phenomenon of the representation of the absence of symbols. It is interesting to note that Green's observations lead him to think that when the patient experiences a blank or void in his mind, it is a sensation searching for an image. In the countertransference, the analyst has to imagine through reverie the representation that the patient is seeking.

The third appendix, entitled 'A Seminar on the Work of the Negative', is based on a seminar held in 1988. Green points out that the major developments in psychoanalysis since Freud have been the role of the object and the ideas that have been elaborated in connection with it. This is a very important section of the book because in it he exposes his view that the sole use of object relations is not sufficient to explain what happens in the psyche. He stresses the point, in accordance with Freud, that the next step forward in psychoanalytic discovery and understanding should be to think in terms of mental functioning.

Green's seminar continues with more detail into the study of negativity. The negative is a mixture of destructive envy, which shrinks the mental apparatus, and a need to establish a balance with boundaries, which creates repression and regulates the conscious-unconscious border. In other words, psychic functioning deals both with the mental apparatus itself and with its objects: 'If you do not differentiate this object relationship, if you do not filter it, if you do not decant it, if you do not analyse it in terms of psychical functioning, you have gained nothing from the exchange' (1999: 280).

Appendix 4, 'Primary Anality', deals with anality marked by narcissism in comparison to classical anality, which is identified with secondary symptoms. Green clearly describes this type of primary anal personality. Because there is concreteness of thought because primary issues are unresolved, the patient's thinking apparatus leads him to experience ambivalence in two-dimensional terms. The anal drive cannot arrive at representation and therefore the personality becomes either obstinate or masochistic. He proposes:

> This kind of obstinacy in communication coexists with its opposite: a fusional relationship in which the subject communicates secretly internally – aided by an uninterrupted interior discourse outside the session – with an entirely good object. This is the only way to bear the frustrations imposed either by its absence or by the conflicts engendered by contact with it when it is present. (1999: 287)

The patient is unable to love and therefore has no sexual desire. These patients reject their own self-image in the form of negative hallucination. The

countertransference felt is one of hatred and futility and the analyst wants to throw in the towel. The patient appears to be addicted to words and not to objects. Dependence is feared and the patient defends himself by becoming manic and in control. This stage of primary anality follows the stage of omnipotent symbiosis and, therefore, the patient fears being devoured and/or suffocated. Green's description here comes close to Meltzer's concept of the claustrum (1992), which includes anal masturbatory projective identificatory mechanisms. For the patient, to reach his narcissistic aims is more important than achieving happiness.

It is interesting to note that within the very detailed description of the patient's personality functioning, Green does not attempt to explore what is behind this narcissistic resistance. It would seem, for example, that the power of envy lies behind this anal retentive activity. The envy of experiencing the object as possessing any capacity makes the patient feel envious and deprived. The existence of the helpful introject makes the patient feel miserable.

Like most of Green's work, this book is not an easy read. It is thought-provoking and extremely comprehensive in terms of its background and elaboration of ideas around concepts and technique. Green creates a bridge between object relational theories and the structural principle, which is very useful for the practitioner. Although the emphasis is on the theoretical aspects of psychoanalysis, Green does refer to general clinical situations to illustrate his theoretical arguments.

Green's main strength lies in his great capacity to conceptualize psychic phenomena. He creates a language to define pre-verbal material and primitive psychic events, which adds substantially to the meta-psychological corpus. What is also so very interesting about his work is that his contributions offer a methodology not only for understanding the individual, and also form a basis for socio-cultural analysis.

In some ways the book leaves the reader somewhat disappointed because Green ends it before expanding on his promise to develop further ideas around the death drives. He constantly flirts with the forces of the death instinct. I use the word flirts because he does not fully affirm its existence. The feeling of envy, for instance, and the persecution that it creates leading towards all sorts of defences and negative functioning such as mindlessness, addictive attitudes, parasitism and non-growth are touched on but not given their full attention. As I remarked in a previous review of Green's writings (Stramer, 2002), it is surprising that in trying to understand the expansion or the shrinking of the mental apparatus, Green confines himself to describing the phenomena but does not attempt to offer new hypotheses.

Anglo-Saxon readers will find the lack of clinical material somewhat frustrating because the tradition in Anglo-Saxon scientific presentations gives preference to examining phenomena from the starting point of experience and observation. However, as already mentioned, Green's approach, more in line

with the French tradition, offers general clinical situations to demonstrate phenomena, albeit without discussing in detail any specific case.

Green conveys a wealth of ideas through elaboration of his countertransference, and through the evolution of his thoughts and interpretations. He reminds us that in the process of writing, the analyst engages himself in self-analysis through the working through of his own theoretical elaborations. The result is a rich contribution to both the meta-psychological corpus of psychoanalysis and to the development of methods to think about the discoveries made in psychoanalytic work. I highly recommend this book to both experienced practitioners and students.

RICARDO STRAMER,
British Association of Psychotherapists

References

Bion W (1984) *Second Thoughts*. New York: Jason Aronson.
Freud S (1927) *On Fetishism*. *S.E.*, Volume 21. London: Hogarth Press.
Green A (1973) *Le Discours Vivant*. Paris: Presses Universitaires de France.
Green A (1990) *La Folie Privée*. Paris: Gallimard.
Green A (1997) *On Private Madness*. London: Karnac.
Green A (1999) *The Fabric of Affect in the Psychoanalytic Discourse*. London: The New Library of Psychoanalysis.
Meltzer D (1992) *The Claustrum, An Investigation of Claustrophobic Phenomena*. Strath Tay: Clunie Press.
Stramer R (2002) Book Review: On *Private Madness*, *Journal of the British Association of Psychotherapists* 40(2): 190–96.

Guidelines for contributors

The *Journal of the British Association of Psychotherapists* welcomes original papers from members of the association and from members of the wider analytic community.

Types of submission
The journal will publish papers on clinical or theoretical topics relevant to the psychotherapist practising privately or in institutions. The main emphasis will be on clinically oriented papers which concern the practice of analytical psychotherapy, or that have theoretical implications.

Submission
All submissions to the journal (apart from book reviews) should be sent in the first instance to the Editors, The British Association of Psychotherapists, 37 Mapesbury Road, London NW2 4HJ.

It is the authors' responsibility to obtain written permission to reproduce material that has appeared in another publication, including quotations, tables and illustrations, and this should be submitted with the material.

Please submit four hard copies of your paper, double spaced, with numbered pages, A4, printed on one side only and an exact copy on disk. THE FILES SHOULD BE SAVED AS ASCII/TEXT ONLY FILES on either PC- or Mac-formatted disks. All disks must be labelled with author(s) name(s), the filename of the paper and the word count.

Typescripts are not returned as it is assumed that authors will be able to generate further copies. Papers accepted for publication are sometimes returned for revision.

Selection
All papers will be sent for anonymous peer review and, wherever possible, authors will receive feedback, regardless of the decision reached. The Editorial Board reserves the right to make the final decision on papers to be published.

Format
Papers should not exceed 7000 words (minimum 3000 words) or contain more than 10 tables/figures. An abstract of 120–150 words should be provided on a separate A4 page, together with four or five key words. The title, author(s) and author(s)' affiliations should be given on the title page. To facilitate review, no indication of the authors' identity should be given in the rest of the paper, but please ensure that the title is included on the first page of the typescript or headers. Please include a word count with your manuscript.

Copyright and confidentiality
When submitting a paper, the author must confirm that:

a publication does not involve any breach of confidentiality or professional ethics,
b publication does not infringe the copyright of any person,
c he/she indemnifies the BAP in respect of any claim arising from the publication of the material,
d he/she is submitting the material on the terms set out in the journal,
e he/she agrees that copyright of the paper will remain the property of the BAP journal and that permission will be requested if he/she wishes to publish the paper elsewhere.

Contact addresses
To facilitate the speed of the editorial process, authors should give a 'quick contact' address/number, and preferably include email and fax details.

References
The Harvard system is followed. All references cited in the text should include date and page numbers for quoted material, e.g. (Winnicott, 1971: 11–24), and should be given in full in the reference list. This list should be arranged alphabetically, and, if the same set of authors appears more than once, the entries should be arranged chronologically. For example:
James HM (1960) Premature ego development: some observations upon disturbances in the first three months of life. *International Journal of Psychoanalysis* 41: 288–95.
Winnicott DW (1971) *Playing and Reality*. London: Tavistock.

Please include full details of the original publication where papers have been reprinted in a subsequent publication, e.g. Riviere J (1936) A contribution to the analysis of the negative therapeutic reaction. *International Journal of Psychoanalysis* 17: 304–20. [Also in: A Hughes (ed.) (1991) *The Inner World of Joan Riviere: Collected Papers 1920–1958*. London: Karnac Books, pp. 134–53.]

Avoid the use of ampersands (&); instead use 'and' both in the text and in the reference list. For citations in the text of multiple authors, please use the form 'Maxwell et al. (1995)'.

Book reviews
These should include a full specification of the publication details: title, author(s), publisher, place of publication, price, ISBN, number of pages. Please send two copies, together with an exact copy on disk, to: Book Review Editor, The British Association of Psychotherapists, 37 Mapesbury Road, London NW2 4HJ.

Offprints
The main author of each paper will be sent three copies of the Journal with the Publisher's compliments. Offprints may be ordered at proofs stage.

Further information
If you require any information about the preparation of your manuscript, the Editors will be available to assist you.

THE JOURNAL OF THE BRITISH ASSOCIATION OF PSYCHOTHERAPISTS

VOL 42, NO 1, 2004
ISSN: 0954 0350

v Editorial

1 Music and internal experience
Sarah Nettleton

20 The psychology of the abortive mechanism
Elizabeth Gee

36 Some reflections on the differences between child and adult psychotherapy
Janine Sternberg

Clinical Commentaries

51 Clinical material: Ben

Commentaries

55 Stephen Baker
59 Maggie Hammond
63 Debbie Bandler Bellman

Arts review

67 *The Merchant of Venice*
Mary Twyman

Books Reviewed

73 *Terrorism and War: Unconscious Dynamics of Political Violence*
Edited by Coline Covington, Paul Williams, Jean Arundale and Jean Knox
Martin Kemp

84 *Melanie Klein: Her Work in Context*
By Meira Likierman
James V. Fisher

88 *The Search for the Secure Base: Attachment Theory and Psychotherapy*
By Jeremy Holmes
Maria Lynch

91 *The Work of the Negative*
By André Green
Ricardo Stramer

WWW.WHURR.CO.UK

WHURR PUBLISHING FOR PROFESSIONALS

Whurr Publishers Ltd
19B Compton Terrace
London N1 2UN
Tel 44 (0)20 7359 5979
Fax 44 (0)20 7226 5290
email info@whurr.co.uk