THE ASSOCIATION OF PSYCHOTHERAPISTS

BULLETIN No. 5

The

Association of Psychotherapists

and The

Society for Psychotherapy

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BULLETIN

No. 5 1964

ACTIVITIES OF THE YEAR

We have taken a number of important steps this year. The Association is now a Grade One Affiliated Member of the National Association for Mental Health. This will perhaps be relevant to another development, namely, the beginning of correspondence with the Ministry of Health over the salary and status of non-medical Psychotherapists working with adults within the Health Service.

So far, with one or two exceptions, our members in this position have been recognised as Psychologists or Psychiatric Social Workers, and paid at their rates. Recently a member has been designated a Psychotherapist working with adults. The Ministry has proposed a salary scale equivalent to that of a basic grade Psychologist paid at sessional rates; this was, of course, completely unacceptable. Indeed, it meant a diminution of the salary which she had been receiving in her official role of Psychiatric Social Worker. Letters are now being exchanged in which the Association has made the point that the appropriate level for negotiation would be the best sessional rates paid by a Local Authority, namely those paid by the London County Council to Child Psychotherapists. These are in the region of £4 per half-day session. Obviously a great deal of work lies ahead here, and your Honorary Secretary would appreciate any information and help that members can give.

The executive committee invited Dr. Anthony Storr and Mr. Paul Senft to an *ad hoc* training committee to consider the Association's training policy for Student and Associate Members. The basic programme of personal analysis, supervision of cases, seminars on theory and cases remains, with the addition that in future Student Members should be required to equip themselves with understanding of small-group processes. We felt that this type of experience was necessary not only to give insight into the potentialities of small groups, both as therapeutic and teaching milieux, but also to give recognition to the importance of extending our knowledge beyond the boundaries of the individual psyche and seeing the human being as a social being who is the outcome of interaction between self and group.

P. U. DE BERKER.

Seminars for Members

Since March, 1963, there have been sixteen seminars. The Summer term's theme was group analytical therapy. Dr. Schindler discussed a group attended by the staff of a large hospital for mental and nervous diseases. Mr. Paul de Berker spoke of his experiences with different groups in prisons. Dr. Pines and Dr. Foulkes gave accounts of open and closed groups of patients in a hospital. Dr. Bierer dealt with the selection of patients for group therapy, and Dr. Gosling completed this course by an analysis of group behaviour and the historical development of its theories.

The social aspect of psychotherapy was again the subject of our Autumn seminars. Dr. Rubinstein discussed the problems arising from the psycho-analyst meeting patients' relatives. Mr. Robertson showed excerpts from his films of young children with and without their mothers in hospital. Mrs. Mary Evans, the headmistress of the Gideon School for maladjusted children, gave us an account of the work there. Miss E. C. Mills, a psycho-analytical sociologist, and Miss G. Elles, a research worker on a ten-year project concerned with the family as a unit, reported on their work in the last two meetings. The last contributor to this series had to wait until the Spring term, but proved well worth waiting for. Dr. Dennis Scott spoke to us about his research work with twenty-two families in each of which there is a schizoid child.

For the Spring and Summer terms we implemented a suggestion made by a member at the 1963 Annual Meeting to get to know more about each other's work. A circular letter invited members to speak about an aspect of their work which interested them, illustrated by case work. The response was most encouraging and resulted in an instructive and stimulating course of seminars. None of those who spoke appears to be entirely orthodox, and each revealed his or her particular style and skill. Getting to know each other through our work in this way has helped those who attended regularly to become a more cohesive group. Some of the features which distinguish our Association from other bodies are beginning to emerge.

The programme of seminars by members of the Association up to the time of going to press was as follows:—

Mrs. Marianne Jacoby on The Therapy of the Guilty Mother, Mr. Frank Orford on Individual Psychotherapy, Professor R. W. Pickford (impromptu) on Psychotherapy in America, Mrs. R. Ledermann on The Denial of Psychological Illness, Mr. Edward Barker on Experiments in Analytical Method, Mrs. Penelope Balogh on Flexibility and Timing in Analytical Therapy, Mrs. L. Blumenau on Acting out Problems of a Patient in Therapy,

Miss Henrietta Meyer on Modern Witchcraft and its Appeal to the Psychotic Temperament.

Suggestions for future programmes may be sent to the Seminar Secretary,

Mrs. Marianne Jacoby,
302 Addison House,
Grove End Road, N.W.8.

The Well Walk Centre for Psychotherapy

During its second year the Well Walk Centre has grown from an exploratory venture into a recognised clinic for analytical psychotherapy.

A small but steady number of patients, suitable for therapy or for short-term counselling, apply for treatment each week. They are referred to us by doctors, organisations such as the National Association for Mental Health and Probation Service, by clergymen, the Samaritans, and by other patients.

The problem of man power is ever with us. Association psychotherapists and student therapists already give Centre patients many hours for small financial return. Until the Centre can attract a grant or generous donations, we shall find increasing difficulty in procuring treatment for patients with small incomes. Up to date the Centre has been able to pay its way, including such things as stationery, postage, duplicator and insurance. Hitherto the salary of our part-time secretary-receptionist has been subsidised by the Society for Psychotherapy, but now the Centre is paying for its share of her services.

In the next issue of the bulletin I hope to give a short survey of the work done by the Centre, showing how the different needs of patients have been met by various forms of treatment.

PENELOPE BALOGH.

Group Experience for Social Workers

A group consisting of seven trained social workers employed by the Family Welfare Association met fortnightly for twenty sessions in my consulting room during 1963/64. The men and women who formed this group were all workers of considerable experience.

The tasks of the group as seen by the conductor and members were as follows: discussion of the social worker's handling of his case; assessment of the psychological health of the persons involved; evaluation of the social worker's professional and personal relationships and involvement with his cases.

The group members showed real readiness to come to terms with certain anxieties and apprehensions concerning their work, and it was most gratifying to observe how this group of mature

workers was able to discuss difficulties, doubts and feelings of failure without undue alarm or embarrassment.

The group became more and more conscious of the problem of personal involvement and succeeded, I felt, in finding a balance between their conflicts and the demands made by the reality problems of their clients.

I think the group experience helped the Family Welfare Workers in three relevant ways :—

(1) They acquired greater knowledge of the significance of the interplay of personal and professional relationships.

(2) They became better acquainted with the clinical approach to mental and psychological illness and were thus more able to differentiate between normal and abnormal behaviour patterns in their clients.

(3) They learned and experienced something of *unconscious* motivations both in their clients and in themselves.

I. M. SEGLOW.

THE THERAPY OF THE GUILTY MOTHER

Marianne Jacoby

This title will seem to promise a case history of a singularly bad mother. Although the patient will not be left out, my main theme is the case of the therapist himself. In a broad sense psychotherapy has evolved a highly differentiated mother image with which the majority of therapists, whether men or women, can identify themselves. I propose that the therapist, himself, represents a guilty mother and that both he as the subject, and the patient as the object, confront each other in psychotherapy. It is the mother-in-the-therapist, as well as her patients whose images I shall outline under three sections:

1. The Images of the Mother.
2. The Mythology of the Guilty Mother.
3. The Image of the Wounded Healer.

Although my basic theme is the mother, I do not think that the identifications with her should be defined entirely without reference to those with the father. Therefore the father images are sketched in too, but merely for the sake of contrasting his with the corresponding patterns of maternal psychotherapy.

I

The Images of the Mother

To start with the therapist represents something that is motherly in a sense common to the therapist's and the patient's mother image. For instance, the quietness of the therapist's room, the therapist's attitude of calm and receptivity, the impulse to help and the readiness for letting things happen in their own, or in the patient's way, is characteristic of a mother's good relationship towards her child. Such an attitude belongs to the ground theme: mother. There would be no deep mutual understanding without those collective aspects of her image which have roots in the unconscious psyche. These roots were designated by C. G. Jung as the archetype of the mother. The concept conveys an inborn, unconscious predisposition of the need for the mother which is as natural and unquestionable as being born by a mother; and the first patterns of one's existence with her are pre-traced from the generations of ancestresses who mothered their children from time immemorial.

Inherent in the archetype is the dichotomy of the mother's idyllic goodness and her abject badness. " It turns out," writes Jung, " that all archetypes spontaneously develop favourable and unfavourable, light and dark, good and bad effects."[1] The innate polarity of love and hate is lost only in states of psychic

exhaustion, when there is nothing but blurred impressions. But through the dynamic and, one could say, passionate activity of the archetype the mother can be experienced as sheltering and sustaining, or as imprisoning and devouring. This polarity finds expression in Melanie Klien's good and bad breast, in the fairy godmother and the witch, and in the mythological goddesses of life and death.

It is worth nothing that the images of the mother can be elaborated on various levels to suit various needs. These depend on the maturity of the ego, on prejudice, on tradition, and on changing social patterns.

If the mother is conceived of only as the originator of the child and therefore identified with the beginning of life, her imagery remains incomplete. So far, psychotherapy has brought into its domain the individual patterns of the birth and its traumata. The attention is focussed on the where-from, on the cause and origin of the unloved child which invariably point backward to the baby-in-the-patient and his internalised mother. But the mother of the past is *one* sphere of the archetypal activity, the other sphere lies with the mother of the future, or the end of life. Yet, this latter mother seems to be out of bounds, her patterns being considered either as too collective, or too personal and in any case unknown ; although the images of the omnipotent mother of death can hardly be overlooked in the treatment of patients. There is no reason why the fantasies and infantile hypotheses of birth should be given priority over an adult's patient's images of his death or immortality.

Jung incorporated the individual patterns of death into his theory. He added to the question of causality the complementary question which asks where-to, and therefore included death as the final goal of life and the ego's surrender to a cosmic Self.

In most patients under forty the end-anticipations are still unconscious or repressed. But in many older patients the images of the last goal are not so much split-off as undiscovered by psychotherapy. It is usually stated that a patient's fear of death is better understood as a displaced fear of life and if this is dealt with, the fear of death will disappear automatically. This may work out satisfactorily with younger patients, but it does not do justice to the images of ultimate re-union with the archetypal parents. These primeval images which may be still dormant in the unconscious may, if integrated into consciousness, liberate an older patient from his fixations to the failing parents of his childhood.

In the most ancient myth of Mother Nature life was cyclical. Its symbol was the serpent swallowing its tail. Life began where it ended in the womb of Mother Earth. Life originated in her and after a painful or adventurous separation from her she

received, at the end, her child back into her womb, Thus, a longed-for return and peaceful re-union with her may correspond to a joyous emergence from her. However, a return to the womb may be denied with all signs of panic by a patient who projects his unconscious memories of a terrible birth on to a rejecting womb at the end.

But the images of the womb as the place of origin and ultimate withdrawal are significant for therapy in yet another way. In reversed order, first death and then birth, it relates to maternal therapy itself as an image of the womb in order to be reborn from it. A patient's longing for love and shelter which therapy can provide suggests that therapy is a symbolical pregnancy from which his erstwhile, hated self will emerge transformed and renewed. But rebirth in the symbolical mother may not succeed all at once. It is just possible that the patients who periodically break off their treatment and repeatedly return to it, re-live unconsciously, in spite of obvious defences, the ancient myth of seasonal rebirth.

This myth of nature's transformation from winter into a new spring, underwent many changes in ancient religions, only the central figure of the mother remained unaltered. She was Isis, the mater dolorosa. Each year she would, again in ceaseless effort, search for the lost and dismembered Osiris, and when she found his scattered fragments, revive him once more and conceive his child and successor. This is the main motif of a myth which, in mythological or therapeutical form, seems to recur through the millennia.

The maternal cycle of winter-death-sadness and spring-rebirth-elation differs fundamentally from the image of the life span that belongs to the archetype of the father.

The paternal symbol of life is a straight, ascending line.[2] Hence, psychic life was, and still is, conceived as a continuous progress from below to above, aiming at the summit of individual achievement and to a re-union with the creator in the bliss of the paternal heaven.

If the paternal pattern determines the way of therapy, it will be envisaged as a continuous development towards an ideal goal. Hence, to break off treatment, before the end is attained, would be a fatal mistake. A satisfactory end of therapy is inherent in both, the paternal pattern of attaining a goal, and the maternal pattern of a complete unfolding.

It might be inferred from the foregoing that only the female therapist can respond to a patient's need for being mothered. But, in fact, the male therapist also represents a symbolical mother. In order to do so, his own mother image must be very differentiated. If the term, mother-complex, still conveys something infantile and dependent that impedes his masculinity, it

would be better described as his participation in the spirit of the mother. This will enrich his therapeutical method with a capacity for intimate relatedness and receptivity. To be methodical, systematic and theoretical is the prerogative of the father, a prerogative which is not always favoured by "feminine" women. This would seem to imply that under their regime there would be muddle, a sort of warm and earthy mess. But the archetype of the mother is not without order. Hers is the order in which nature unfolds, obliterates and repeats her patterns.

The feminine, ordering spirit of nature was also depicted in myths. The autonomous and repetitive order, for instance, the coming and going of seasons, the change of day and night, and the rhythm of life and death were conceived as flowing from the same source which was personified as a goddess. Her order was idealised in images of paradisical harmony, balance and symmetry. However, the magicians and scientists of antiquity discovered that the patterns of their goddess could be made predictable and calculable. Hence, the ancient Egyptian goddess Mayet[3] may be thought of as a pre-figuration of the principle of science. Scientific thinking, in antiquity as today, relies on the capacity for apprehending regular and repeatable arrangements in the combination of matter and energy. Modern, scientific terms have long outstripped their feminine origin. But languages have a longer memory; to mention only two: In French and German the nouns "order" and "science," as well as "harmony", "balance" and "symmetry" have retained their feminine gender.

In the practice of psychotherapy some typical patterns of order are discernible, as for instance, in the coming and going to sessions, in the regular re-union with, and separation from, the therapist and also in the stable arrangement of chairs and couch in the therapist's room. The maternal sense of orderliness allows a measure of natural flexibility, but the same maternal sense, inasmuch as it is a manifestation of the mother archetype, can turn the beneficial order into a terrifying regularity.

II

The Mythology of the Guilty Mother

The personification of the negative aspect of order is the matriarch. Her spontaneous appearance is not confined to antiquity alone. Now as ever, she can terrorise her family with her fixed ordinances. Her tyranny is often decried for being masculine, but her inescapable rigour is earthbound like that of the awful Erinyes. The matriarch is the guilty mother of many patients. Her love is as devouring as is her punishment of the unwary children who venture to trespass her inviolable laws.

Such children, whatever their age, can find their way into therapy only if they can still rebel and depotentiate their powerful mother image. The matriarch, herself, is a rare patient. She may even resent being the patient's mother or wife.

The theme of the children's, and particularly of the daughter's rebellion against the mother does not seem to die out in our culture. The so-called Electra-complex dates back to the fifth century B.C., when Sophocles wrote his tragedy *Electra*.[4] His rendering of a " pathological family history " and of the fanatical hate between mother and daughter are in no way unfamiliar today, nor is Electra's obsessional recounting of the evil events of her past. Although she holds the mother responsible for a gamut of bad deeds, the mother is not shown to be matriarchal but to be a reckless, selfish woman who, in her daughter's eyes, is no mother at all. Electra's rebellion is against this " most unmotherly " mother who must be killed. The matricide is not only a redemption from Electra's wounds. It is more than that, it is a service in " the justice of nature," or " the proper and natural order of things," for which the Greeks had a word, Dike.[5] Sophocles seems to say that Dike regulates human affairs and if violated requires violent acts of retribution. Thus, the legendary children, Electra and her brother, kill the unnatural, unmotherly mother.

This concept that the order of nature, once interfered with, strives to regain its balance, has relevance to another type of mother who is guilt-ridden, passive and timid. She fears that her natural, instinctive mothering will do violence to her child whom she perceives as a strange exponent of an extraneous order. If she interferes with it, it will turn against her with automatic vengeance. Hers is a philosophy of doom. Unlike the matriarch who can punish and annihilate her child, because she herself is the guardian of order, the passive mother is its victim who feels compelled to harm her child without intending to do so. She awaits punishment at the hands of her children, as they grow up.

Although no sharp distinction can be drawn between these three types of guilty mother, they appear frequently as the bad, internalised mothers of patients. The powerful, possessive matriach arouses envy in her child as easily as Electra's reckless, unmotherly mother. Her type matches Melanie Klein's description of the daughter's envy of the breast which " had given rise to bitter resentment, for the mother had been felt to be selfish and mean, feeding and loving herself more than her baby."[6] Whereas the doomed mother is not so much envied by her child, as herself envious of her child in whom, she believes, resides the justice of nature.

Last but not least, the therapist will feel guilty, when things go wrong with the patient. As a rule his guilt is integrated into

his personality and there are no symptoms. But if situations, either with one patient alone, or with a whole family setting, require his interference his guilt may increase for his violation of Dike. Then there will be symptoms. In a recent psycho-analytical article it was stated that "guilt makes one deny the knowledge which one actually has."[7] When this is the case the therapist will be clueless, lose his spontaneity, will fight shy of the situation which confronts him and may want to take refuge behind other therapists and authorities, or even behind the patient's parents; or the therapist may become afraid of his patient and identify his own guilt feelings with those of the patient and by doing so increase these; or the therapist's behaviour will be too good to be true, he may play the role of the patient's ideal mother.

On the other hand, the therapist can be so certain of his own goodness that he feels no reason for guilt, however much he interferes. This means that his guilt is not integrated and in due course will find an external scapegoat. The therapist and patient may seek the cause of all guilt in the patient's bad mother. This is not unusual since the failures of patients' mothers were made public, as it were, about two decades ago. Then for the first time the onset of schizophrenia was said to be a consequence of the mother's lack of relatedness towards her child. This turned out to be a truth with a vengeance for it lent itself to abuse. Any therapist with an unresolved, infantile resentment against his own "mummy" could now vent, i.e., project, his hatred on to the patient's mother.

In a recent article, Dr. D. W. Winnicott makes some statements which correct the mother's monstrous failures and he also accounts for unpredictable failures as well as for those "conflicts that are truly personal to the individual and relatively free from environmental determinants."[8] My point is that various kinds of "failure of basic provision" have come to be attributed solely to a phallic monster of a mother who forces by her torments an innocent child to become a psychotic nothingness, leaving him but an empty shell. In her wantonness she has swallowed up the father as well. Such case histories, which have a habit of repeating themselves, are perceived more through the dim light of negative projections, than put forward as a contribution to research. "Projection is," as Jung formulates it, "an unconscious, automatic process, whereby a content that is unconscious to the subject transfers itself to an object, so that it seems to belong to that object."[9] If the mother seems to be the cause of every traumatic experience which a child can have, then both child and onlookers project on to the mother the negative aspect of the archetype, whereas the therapist identifies himself with its positive aspect. The good-mother-therapist with

her warm feeling, stability and calm meets, so it seems, the bad mother in her patient. The pair belong together.

The bad mother, inasmuch as she really is a matriarchal monster, cannot feel guilty herself, because she is not conscious of her identification with an image of Mother Earth, and therefore she is not herself. Her guilt feelings can emerge only in the process of becoming herself. Electra's selfish mother projects her guilt onto external causes, and the doomed mother suffers from an omnipotent judgment that condemns her.

From the child's point of view guilt is inherent in the process of separation from the mother, even if the mother is not excessively possessive, rejecting or envious. In turn, this process of separation is a continuous stimulus for the child's intra-psychic development. However, if a greater independence from the mother does not succeed, the contents of the child's potential self remain in the mother, or are projected on to her. Proportionate to the child's loss of reality, the mother's reality increases, or so it seems to him.

The frustrated, infantile instincts conjure up the images of the ideal mother who represents the maximum of immediate wish fulfilment. If she fails she becomes the terrible mother who is responsible for all evil. The ideal and the terrible mother are the two titles of the fantasies which I elicited from current, psychological literature and the verbalisations of patients. To preserve their anonymity I have refrained from making any explicit quotations. I must emphasize once more that the mother, as a person in her own right, and dependent on her environment, does not, by any means, enter into these fantasies. However, the mother may be perceived through these projected fantasies which will make her appear larger than life.

THE IDEAL MOTHER

Hers are the rich and kindly gifts which Mother Earth bestows and which she adapts to the latest knowledge brought to light by depth psychology to suit her own, spontaneous self-expression.

Her womb need never be left and grows with the child, while her umbilical cord provides nourishment from inexhaustible resources. If her breasts are preferred, they will like fountains pour forth milk as well as symbolical food. Even when bitten, torn to pieces or scooped out her breasts will improve their quality.

Being intuitive she perceives, awake or asleep, whether her breasts are wanted or refused. She divines if they are not wanted because of denied greed, depressive anxiety or even from a wish to be independent of them, while the need for them persists. Upon rejection she remains or swiftly withdraws into her

inner sanctuary, from whence she will emerge just one moment before her breasts are wanted again.

She possesses as many breasts as she has children, so as to suckle each child individually and all at the same time.

She gives all her children the same high I.Q., scientific and artistic talents, beauty and charm and while cheerfully keeping the family together as an organic whole, she protects each one without interfering.

For the benefit of her children she has rich experiences also outside her home which absorb neither her energy nor time unduly. Never ill, she serves her children unselfishly and unfailingly. She understands all without watching and always knows what she is doing.

She administers frustration while communicating enjoyment. She is youthful and gay, she will show her affection if desired, but she will, on being envied, appear dull and aged.

In order to encourage heroism in her children she presents herself as a monster and on being killed meets her death without fuss, after which she re-constitutes herself so as to save them from committing matricide.

Her unfathomable wisdom can be entrusted with the sole responsibility for her children's character formation, and while she plans and provides for their future and accompanies them joyfully throughout their lives, she has no wish for a mate, nor have her children any need of fathering.

THE TERRIBLE MOTHER

Being possessed of matriarchal fury and the irresistible lure of regression she uses her perverted instincts to signal love, when she means to destroy.

Without consulting her children as to whether they want to be born, she pushes them prematurely out of her womb which she operates in a paradoxical fashion, with the result that the child who wanted to become a strong boy is turned into a feeble girl, and the child who wanted to be a sweet, little daughter is forced to be a tough male.

Her body is huge and fat, yet she makes her bones rattle with fury and her open mouth, gnashing her giant teeth, betrays her vagina dentata, ready to devour her victims which she can kill by a glance.

Her breasts are hard like stone, yet become flabby when wanted and force their poisonous food down her children's throat. She hugs them till they scream while she presses their bodies against her belly which, containing her devoured children, protrudes like a globe.

She promises her first-born her undivided affection only to betray him by spewing forth many more children in rapid succes-

sion and, amused by the jealous struggle ensuing amongst them, holds on to her offspring as her only insurance against boredom and loneliness.

She maintains that children are forced on her by a boorish husband and uses them to ensnare him, while she revenges herself for his violation of her subtler nature by setting her sons against him. She trains her sons to be better lovers than their father and, after committing them in incestuous indulgence, castrates them as a token of their loyalty to herself and then dismisses them, firmly attached to her womb by an invisible, umbilical cord. She triumphs over her daughters whom she keeps to wait upon her, whilst she indoctrinates them with her own contempt of their father, thus turning them against men and marriage and imprisoning them at home.

She expects her children to guess her wishes correctly and fulfil them instantaneously, but on suspecting disobedience she will secretly renounce her maternal obligations. After having weakened her children by slow starvation and their anxiety about her silent wrath, she will with an enigmatic smile resume her functions now made more enjoyable by her children's completed regression and absolute dependence on her.

She only keeps her children alive as food for her insatiable greed, while she teaches them to want more than they need. When they have learned their lesson and their inordinate appetite threatens to suck her dry, she punishes them for their ingratitude by accusing them of being responsible for her time-consuming ailments.

As a test of her power she sends her pampered children out into a cold, hostile world and, while demanding that they distinguish themselves to satisfy her pride, she persecutes them with her morbid affection and blames them for her lonely old age, thus playing upon their anxiety about their separation from her until they forgo their ambitions and return to her; whereupon she devours such weaklings.

The mother's position in the centre of psychotherapy is of quite recent date. Her present status arises out of a complete volte-face from the preceding phase in which she was a mere appendage to the all-powerful father. He, in his time, was the child's sole security, while he was enthroned, grimly and solitarily, in the super-ego.

The transition from the father's predominance to that of the mother seems to have occurred in the 1930's. Perhaps psychotherapy was slow in reflecting upon the Victorian Father's abdication, or perhaps Freud's pre-eminence obscured a development that was well under way. Melanie Klein published her basic work on the mother-infant interaction at the time, when the

great father seemed to be silently withdrawing. As far as I know, there was only one author who actually argued vehemently against Freud as an overbearing father. It was I. D. Suttie who published his book *The Origins of Love and Hate* in 1935.[10] He makes a somewhat resentful attack on Freud's omission of the need for the mother. Suttie also broached the debatable subject of the child being born good and only becoming bad and defensive if exposed to frustration. But I cannot agree with him about this. Nevertheless he, too, brought the mother into the limelight of psycho-analysis. It must have been in the air in the thirties. In 1938 Jung published his important essay, *The Archetype of the Mother*[11] which established the mother's new status within the Jungian school. Yet, Jung would also, if a case seemed to give him an opportunity, blame the mother for what was wrong in her children.

Since the thirties women in increasing numbers have become psychotherapists; and gradually the therapist, the analyst, or the healer, who was male by tradition, has become assimilated to the mother image. It may be said that healing is a natural concomitant of the mother's care and love to which belongs the therapeutical quality, called empathy, which perceives and responds to the otherness in the patient. Empathy is an integral part of the mother's spontaneous understanding of the otherness in her child.

In contrast to the maternal capacity for feeling her way into the patient's psyche, the attitude of the father therapist is more active, giving a lead, blowing new life into a neurotic, stagnant pool, and breaks through the patient's defences rather than melting them down, as the mother will do. The patterns of the mother's therapy unfold in the privacy of participating in the patient's actual, individual needs; whereas the paternal therapy lays greater stress objectively in order to establish a body of theories which define, as well as safeguard the boundaries of psychotherapy.

The ideal images of the father therapist are those in which he is perceived as the leader, the master-mind, the independent authority, the ever-active spirit, or as the head of therapist's organisations. Short of their perfectionism such images do not only influence the father-therapist's personality, but they are also contained in the feminine psyche. Generally speaking, the father image in the woman is complementary to the mother image in the man. Jung called the contra-sexual images the anima in the man, and the animus in the woman.

The more the contra-sexual images are integrated into the feminine psyche, the more complete her personality will be. Hence, the woman therapist, however motherly, will not be lacking in masculine traits. But the more unconscious the images

of the male are in a woman, the more will they be projected on to those male authorities whom she deems worth idealising or hating. Nor are these lacking in patients. But a description of the masculine projections or identifications as failures is beyond the scope of this article.

Corresponding to the negative aspects of the mother the archetype of the father has also bad aspects. The father-therapist becomes negative and terrifying if he rejects the mother images within his psyche ; and consequent upon this rejection he moves into opposition to the mother's therapy. Despising the maternal ways as indefinable and slow, he will accelerate his driving force. Speed is what matters. He listens no longer. His opinion is infallible. He wants to get things done and to restore the patient's health in record time. Any hocus-pocus is good therapy, so long as the result is quick!

III

The Wounded Healer

But to return to the good male healer, his prototype was Aesculapius, the Greek god of physicians.[12] According to this myth which was known since pre-Homeric times the divine physician was inflicted with an incurable wound. In this image the art of healing was conceived as a creative process, emanating from a sickness unto death from which the healer himself suffered. Aesculapius is a personification of an unconscious, innate, integrative system which heals by unifying the opposites, ailing and curing. Aesculapius represents Dike internalised.

It is Jung's basic concept of psychotherapy that it can rely on an innate, integrative process which originates in the unconscious and to which the ego submits. Therapy aims at welding the pairs of opposites into a new psychic whole. It happens often that a patient comes for treatment just at the moment when the process of integration begins, and it is the therapist's task to keep the process going until a new-born self emerges.

If, symbolically speaking, Aesculapius hands over his office to the maternal psychotherapist, the ideal demands that he, like Aesculapius, be a wounded healer. This ideal may seem truly mysterious. Yet, it has a deep affinity with our idea of the psychotherapist's training analysis. Since this is the main part of his training, the idea of his own analysis is based on the assumption that the psychotherapist is an injured person himself. It is demanded from him that he knows from his own experience what it is like to be a patient. As the therapist's own psychic injury, be it a sense of inferiority, a memory of failure, or a tragedy in his childhood, is never without a sense of guilt, Aesculapius' incurable injury can be conceived as analo-

gous to the therapist's guilt. It is built into the concept of therapy in its creative aspect of making reparation. Guilt, if integrated, is a means of healing. Yet, guilt is incurable.

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A RECENT VISIT TO AMERICA

A Talk given at the Annual General Meeting of the Association of Psychotherapists, May, 1964

By I. M. Seglow, D.Phil.

I know that a certain feeling of restlessness always induces me to find a good reason for travelling somewhere. So, when I felt the urge to go to the States for three months, I had to find many good reasons to combat my guilty conscience for spending a lot of money, "deserting" my patients and getting leave of absence from the L.C.C.

The good reasons I found were many: To visit my brother and his family in Los Angeles, to be with friends from long-ago days, to find out about the professional work in our particular field, to give some lectures, and last but not least to come to terms with some feeling of hostility towards America and the Americans.

Let me tell you, at the outset, that this feeling has not only completely disappeared, but has changed into one of great warmth, admiration, respect and affection.

Maybe this is partly due to the fact that I happened to be in America during the tragedy of President Kennedy's death. I never thought it possible for an atmosphere to change so completely as it did on that sunny November day in New York.

I had spent the day before the assassination in a turbulent, vivacious, loud, exuberant New York. The next day it had changed into a dead city, where one wished to do nothing but participate in the mourning, the grief and the horror which swept the city.

That morning I sat in the coffee shop, where I usually had breakfast and which was always full of laughter, noise and brisk talk. Now people sat at their tables with tears in their eyes, and one felt that something in them had died on that day. Only twice in my life have I felt that a city can be so wholly united in one single emotion: once during the Blitz in London and now at Kennedy's death in New York.

I stayed nearly four weeks in New York, and what impressed me most were the contrasts in almost everything I saw and experienced. Parts of the city have a strange and unusual beauty and other parts are dismal and ugly. New York at night seems a different city from New York by day. Some people in the streets, shops, restaurants and cafés look very depressed and sad; others have an air of happiness and ease, friendliness and candour, which made me feel good, warm and responsive. Some people are rude and vulgar in their behaviour, others gracious and charming; and I was constantly caught in these changing moods.

The main topic of conversation and concern was the Negro problem. Everyone I met seemed to sense the urgency to come to terms with the conflict of their irrational, instinctual dislike of coloured people and their wish to be reasonable and behave like civilised human beings. This conflict expressed itself very clearly when people said that they did not mind in the least working with Negroes in the same office, hospital, college or hotel, but that they did not want them to live next door or even in the same block.

To turn now to our professional concerns; I belong to various international professional associations, whose members received me with open arms and I could only accept a few of their invitations. One of these was a small reception with about fifteen colleagues. It was very different from any similar party I had attended in England or on the Continent. The women took complete charge of the evening, while the men remained rather inert and passive. They only came to life when provoked by the women, who all seemed much more sparkling, alive and

kicking than the men. Most of the people were married, and there was a very intense discussion on what they felt was their relationship to their children. My general impression was that they seemed to expect and demand very little from their children, much less than parents in similar professional groups here: less obedience, compliance, good manners and involvement in family affairs. But they seemed very much concerned that their children constantly expected something from them. It struck me at moments that they were almost afraid of their children and over-anxious to be good and perfect parents.

This may be connected with the importance with which education and upbringing of children are regarded in America. Countless books and articles on this subject are written and religiously read by millions of parents. This over-emphasis seems to result in making many parents anxious, uncertain, insecure and perhaps too permissive with their children. It may be that this also explains the extraordinary importance attached by Americans to all kinds of Social Agencies, Psychiatric and Analytic facilities, Counselling Services in Schools and Colleges. I heard children of eight and nine talk about "my" therapist or "my" counsellor, as naturally as they talk here about their teachers or friends.

Parents tend to seek help from experts more readily and almost automatically for themselves and their children when their anxiety is aroused by some unfamiliar or strange behaviour within the family circle. They seem to feel less competent than our people here to deal with anxiety-provoking situations. There is also much less embarrassment involved and much less stigma attached to seeking psychological advice, guidance or treatment.

One would need years in such cities as New York, Chicago or Los Angeles in order to visit all the public and private offices concerned with counselling services and treatment of emotionally disturbed adults and children as well as those for people with ordinary every-day problems.

In New York there are five Psychoanalytic Societies and, although only one of these belongs to the International Psychoanalytic Society, all have equal professional status and proficiency. They vary mainly in their orthodoxy and tradition regarding original Freudian principles. While here in England the main cleavage is between the Freudians, Kleinians, Jungians and Existentialist Analysts, this is not so in America, where Melanie Klein's teaching is, as yet, very little known and when known often rejected.

In New York I spent some time at the Post-Graduate Centre for Mental Health, at some case-work agencies, at a therapeutic Club for the Aged, and with the New York Society of Freudian Psychologists. The main purpose and task of this society is the training of psychoanalysts, the dissemination of psychoanalytical

knowledge and the furtherance of psychoanalytical research. The society firmly believes that Psychoanalysis is not the prerogative of the medical profession and maintains that in this assertion it only re-affirms Freud's principles which he has stated in his book "The Question of Lay-Analysis." They often quote Freud's dictum that "No one should practise analysis who has not qualified himself by prolonged and proper analysis and training; whether the person is a doctor or not seems to me to be of altogether minor importance." The society endeavours to follow in its training programme as well as in its other projects Freud's original concepts and strictly adheres to his theories. This is in contrast to many training institutes which—so this society maintains—tend to obscure and distort the basic fact that Psychoanalysis was Freud's creation and thus offer a rather bewildering programme of diverse and confused ideas and techniques. The society therefore restricts itself in all its activities to Freudian principles and takes no account of the many changes which Psychoanalysis has undergone since Freud.

Among the social agencies I visited in New York "The Jewish Board of Guardians" appeared to be the most progressive. Its programme is based on the premise that social and emotional problems of children and parents are the concern of a psychiatrically orientated social agency. Most case-workers there have an analysis and a post-graduate training in psychotherapy. The conventional, strictly separate roles, which in this country are played by psychiatrist, psychologist, psychotherapist and psychiatric social worker, have been abandoned and any one member of the team may treat any one member of the family. The emphasis is on combining social and psychological understanding in the study and treatment of adults and children and incorporating reality experiences in diverse treatment methods. The agency combines individual and group treatment with summer camps designed to provide what they call "environmental treatment." There is a special school for disturbed and delinquent children as well as treatment facilities for the family unit. The agency maintains that such a comprehensive programme provides a unique opportunity for observing the interrelationship of various treatment methods.

I spent two full days at the "Post-graduate Centre for Mental Health." This is a large Community Centre, catering for people in need of psychotherapy who cannot afford the very high private fees which are paid in the States. It is also concerned with the training of psychotherapists, the organisation of study groups and lectures in co-operation with teachers, doctors and university lecturers, and the provision of special training for supervisors and staff of various social agencies.

The Centre has one of the largest Out-Patient treatment Departments in America. Approximately 850 patients are in

active continuous treatment there, and more than 50,000 individual therapeutic sessions are given annually. The methods employed are psychoanalytic in the widest sense of the word. In addition to the Individual Therapy Department there is the Group-Therapy Centre, which operates therapeutic teaching, supervision and research projects, and the Social Rehabilitation Department, which sets out to provide a therapeutic environment for patients in search of better relationships with others. The staff in this department co-operates with patients in creative social activities such as music, painting, dancing, group discussions and excursions.

The training services provide training in psychotherapy and psychoanalysis, psychoanalytic medicine, child psychiatry and child guidance, analytic group-therapy, mental health, consultation and so on. The research programme includes studies of perceptual processes, investigations of transference and counter-transference phenomena, follow-up studies of patients who received treatment at the centre, and research into the relation of an analyst's work to his personality and training.

The Community and Education Services Department is designed to meet the growing demand for education in Mental Health. The emphasis is on working with such organisations as schools, professional societies, parent-teacher groups, social agencies, hospitals, industry, denominational societies, and courses are given to meet special needs.

I spent many hours at the centre and attended one research seminar, which was engaged in examining the application of methodology to problems in individual and group psychotherapy. I sat in on various individual therapy sessions and one group-session consisting of four couples with severe marital difficulties. All these sessions are available to selected visitors, who sit behind a one-way screen with many students and colleagues.

On the whole I felt that the standard of work at the centre was very high, and I was particularly impressed by the group with marital problems. This group began six months ago with a young male therapist as the conductor. He said very little, but the group was more free, lively, exuberant and versatile than any I have met with before. The main subject of the session was a general complaint by the women that the husbands did not take any interest in the children and left it all to their wives. There was a constantly changing climate in the group ; some moments when all the husbands seemed to join in defending themselves against the attacks of their wives ; others when one couple hurled insults at each other in a wild, hysterical way. There were also long silences, followed by prolonged weeping from two women, and a desperate effort made by an elderly Negro-couple to express some feeling of tenderness and affection towards each other. Before the therapist ended the session, one

woman said to her husband, " I don't know how and why, but I think it is the first time that I have seen you not as my husband, but as a real person."

I was less impressed by the staff conferences, which followed almost all the sessions, and which were used to evaluate the work and attitude of the therapist conducting the preceding session. There was a tendency to over-criticise and de-valuate the therapist to such an extent that it aroused visible anxiety and distress in him or her. This then showed itself in his next session with his patients, where he appeared tense, fearful and somewhat helpless.

From New York I flew to Washington, where I stayed a few days only and did not make any professional contacts. I had, however, a very amusing experience in the Police-Station. When I was leaving, the porter at the Air Terminal failed to take my travel-bag out of the cab, which I discovered only after the cab had gone. Washington has thousands of taxis and my bag contained things essential for any further travel. The Airport officials advised me to go to the Police Station, as the only possible way to trace my bag. I arrived at the Police Station, which is one of the many elegant and beautiful buildings in Washington's really beautiful squares, avenues and streets. It was a Sunday morning and the Officer in charge had just put on his coat to go off duty. He listened to my tale of woe and immediately responded by assuring me that, not only would he not leave the office now, but would make it his personal responsibility to find my travel-bag on that Sunday. He immediately set to work, telephoning dozens of taxi proprietors, instructing them to search for the unknown driver of an unknown cab, who took an unknown lady to the Air Terminal at 9 a.m. He then offered me a comfortable chair and a cup of coffee and asked where I came from and what I was doing here. When he learned that I came from England and was a psychotherapist, he became very interested and asked whether he might put some questions to me. He then proceeded to tell me about his unhappy marriage, his difficult teenage son, his wish for further education at a college, his grief over Kennedy's death and so on, as if we had known each other for years. He became so involved in our conversation and so enthusiastic that he suddenly got up and said that he was going to ask some of his colleagues to join us. He returned to his office with eight other Police Officers, three of whom were negroes, and we sat together over more cups of coffee until 5 p.m. We talked and talked about every conceivable topic, but mainly about comparisons between American and English education, art, literature, and government; about the negro problem, communism, unemployment, religion, war, Churchill, the affluent society, etc. At intervals he organised a search party for my lost bag, which was found at 6 p.m. I was

then taken by car to my old hotel and we all agreed that we had had a most enjoyable, stimulating day.

The next day I travelled on to San Francisco with the firm intention to do nothing but enjoy myself. It is a fascinating city, built like Rome on seven hills. On one of these hills is the famous Mark Hopkins Hotel. The view from this sky-scraper which looks out over the whole city and bay is beyond description. The city and its surroundings have a dream-like quality, particularly when you are among the fabulous Redwood trees up in the wild forest. These trees are not like any we know and seem to have survived from an immemorial age. They cast a strange spell on you, as does so much of San Francisco.

The last halt on my journey was Los Angeles, where my brother and his family live. In contrast to all the other places I have seen, it struck me as a very unattractive city. It has some very elegant and beautiful parts such as Hollywood Hills, Beverley Hills, the fabulous Marine Stadium, the enchanting Disney Land and lovely beaches, beautifully kept, where sun, sea and sand are free to anyone. But those are isolated beauty spots and unconnected with other parts of the city; suburbs without an urban centre. You are lost in Los Angeles without a car; public transport is almost non-existent.

I spent some time at Lathorp Hall, which is a residential treatment centre for girls with behaviour disorders and is run in conjunction with the medical division of the Los Angeles Probation Department. It has 42 beds for girls from 12 to 19. It was set up to accomplish a rapid rehabilitation of children who had been exposed to acute family conflicts, which precluded their living at home. Lathorp Hall's new approach is to investigate in each case how consciously or unconsciously parents damage their children's self-respect or ego-functioning by devaluating them and by *expecting* them to be bad. The method of treatment therefore is not with the individual child, but with the family Unit; in this way revealing the family conflicts as they are felt by each member.

There is no visiting by parents except in family meetings, which include the child, parents, probation officer, nurse, teacher and the therapist, who acts as a moderator. All home visits are planned in the family meetings and reviewed in subsequent family meetings. The home visits are used as a forum in which the child and her parents can work out problems in anticipation of her returning home. Family meetings are held each week, and parents are not allowed to see their child unless they participate. If parents refuse to attend, the child is helped to accept this fact, before any other steps are taken. Adjustment to the institutional life of Lathorp Hall is not emphasised. The child is made aware that she can go home when she can get along there and her parents will accept her.

I think that in principle this approach might be very successful, and I was interested to see how these family meetings worked. I am afraid I must say that I was disappointed. The therapist seemed so eager and keen to get his point of view across to the family and was so incapable of letting an atmosphere develop that he talked and talked incessantly and never gave the parents or child a chance to say anything. The meeting thus turned into an intellectual, theoretical and rather artificial discussion and failed to provide a therapeutic climate in which feelings can develop and be spontaneously expressed.

This leads me to some general conclusions regarding the standard of work in our field in the States. There exists, I think, a very deep and relevant discrepancy between the highly sophisticated, complex and accomplished way in which psychological theories and concepts are expressed in books, articles, lectures, discussions and research projects and the way in which many professional bodies function in the reality setting of day-to-day work. Aims and goals are high, research and experiments generous and elaborate, but in the practical sphere I found the standard in the States no higher than it is here.

When I ask myself what made the deepest impression on me in America I find that apart from many gratifying personal experiences, it was the strange anomalies of American life, which in my opinion make all the many generalisations about the Americans so meaningless. Their loneliness—which they try so hard to banish with jazz music, and which makes them talk to strangers in a most intimate way ; their distrust and antagonism to "Government," which comes out when they refer to it as "they"; their violence and lawlessness in racial questions and politics ; their passionate belief in competition and enterprise, in the dollar and in the urge to work their way to the top ; their insecurity regarding their sexual roles and fear of their children. On the other hand, their warmth and generosity, the friendly, lively exchanges you can have with all kinds of people, from taxi-drivers and police officers to high-placed professional specialists, makes you feel a great affection for them all. I felt this particularly during the days of their national mourning ; so that when I try to recapture the strongest impressions which this journey made upon me, the overwhelming impact of Kennedy's death overshadows all others.

PROBLEMS OF SUPERVISION

GRATITUDE AND INGRATITUDE

L. Veszy-Wagner, Ph.D.

One of the most important stages in the training of psychotherapists of any school of thought occurs when the successful candidate takes his first steps as a therapist under supervision. The therapist, after his basic training plus self-analysis, should have matured and reached a state of mind, which is attentive, tolerant and open to further study. The desire for new knowledge, alert willingness to consider suggestions and acceptance of guidance without feeling hurt, are the proofs of his maturity. His experience gained through the interchange of ideas with his supervisor during this period is also the subtle tool which will remove the last remnants of any paranoid anxiety. This period is, however, also a test for the supervisor. The wrong kind of supervision, whether too authoritative or too obliging, would harm both the patient and student-therapist and would deprive the latter of a beneficent and valuable experience.

There are too many problems around supervision to deal with in a short article. It has become almost a tradition of our journals and periodicals to publish from time to time individual observations and suggestions by supervisors selected from their experience. These reports reveal a host of problems encountered in practice, yet on the whole they rarely contradict each other in their inferences. This is reassuring, since one is amazed and impressed by the richness of material. One concludes, however, that there is a real need to deepen and broaden our knowledge of these details in order to improve both the standard of the new therapist's work and, which is almost equally important, that of the supervisor.

Choosing almost at random one cluster of problems from among many, I am going to deal here with that of *gratitude* and *ingratitude*; how these are reflected in the transference and counter-transference of the therapist and the supervisor. Neglect to make this fully conscious and to discuss these matters frequently leads to quite serious errors and therefore to disappointments. Naturally the new therapist will be more vulnerable than the dyed-in-the-wool older and more disillusioned one. Thus the first thing we must learn about this is not to become too easily disillusioned and hence despondent, and yet at the same time to have the heart to dismantle systematically those illusions left over from our theoretical training. Neither dark glasses nor rosy ones are for us, not yet the cold artificial light of a laboratory, but rather the honest light of day. Although we have to learn through our work and from our patients, they

are not guinea-pigs and their emotions are essentially the same as ours even if distorted and inflated sometimes beyond recognition.

One of these basic emotions in the interpersonal relationship is gratitude. Envy is the greatest enemy of gratitude, and the therapist will understand his patients' feelings of gratitude or, alternatively, the lack of it, only after he has come to terms with his own. It is, however, not enough to understand the patient's envy or whatever blocks his feelings of gratitude. We have also to bear in mind what gratitude as well as the lack of it does to human relations in general, and how it affects the therapist himself, as he experiences it in the patient, and also what happens if he feels grateful himself. The self-analysis of envy is just not enough. If analysis were restricted to this, it would often elude the therapist's scrutiny how far manifestations not of envy but of gratitude both in the patient and himself influence the transference relationship.

The envious patient always wants more than is his due, from mother, from life, from the therapist, and it is his greed which is torturing him. Yet, disregarding abnormal greed, we can safely state that everybody likes to be rewarded for honest work well done. The patient is no exception—that is why it is so painful for him that in treatment he has to undergo so many incomprehensible frustrations. This can be mitigated only when his disproportionate greed for praise has been analysed. However, some acknowledgment of his efforts can be made by the therapist, who by this means expresses his gratitude to the patient.

For we have to take into account that both the therapist and the supervisor also desire gratitude. Their financial reward is of secondary importance to this. It is in human nature to feel that some acknowledgment is due for work well done, and a healthy child enjoys his mother's smile even more than the sweet he gets as a reward for achievement. The well analysed therapist will be able gradually to discard both the tendency to withhold gratitude and the compulsive need of it for himself. The former attitude belongs to the unloved though spoiled child, and the latter to the severely deprived child. The greedy therapist proves that he is not sufficiently analysed, for the patient should never be used as a parent-substitute to gratify his needs. This is sometimes overlooked by the beginner when the patient's inability to feel gratitude deals a blow to his narcissism. He has to learn to recognise this by watching and analysing his own reactions. He may adopt a "sour grapes," couldn't-care-less attitude or, alternatively, become parsimonious with encouragement. The supervisor often has a better opportunity than the training analyst to see these tendencies. They are revealed in the tone of the trainee's report as well as in its

content. Coolness or bitterness towards the patient are usually an indication of unconscious resentment caused by ingratitude.

A patient will sometimes keep silent about his better adjustment, his vanishing symptoms and general improvement, attributing this to his own grandeur, good nature or to external circumstances, even to co-incidence or to God, while at the same time being critical of the therapist's calmness, which he sees as indifference or fear of involvement. Now a conscientious therapist might also say to himself "Je le pensai mais Dieu le guérit," but his feeling is essentially different from that of the patient who says the same words not primarily to show gratitude to God, but to avoid giving the therapist due recognition. In such circumstances the therapist needs the help of a supervisor to help him make a true assessment of his work.

The beginner will feel over-elated by small successes and unduly dejected by negative therapeutic reactions. He may unconsciously try to keep these feelings secret even from his supervisor, because he does not want to outshine or, alternatively, to sadden him. For a time he will be prone to feel that he is either a miracle worker or a failure. It is the task of the supervisor to point out that neither attitude is based on reality, and that the trainee's elation means that an analytical hangover will follow, also that in a state of dejection the therapist loses not only his zest and enterprise, but also his intuition and clear judgment. The sooner the trainee can learn to take his successes with a grain of salt, the better for him and for his patients. Only the supervisor can teach him this, but he too must watch his attitudes to his pupil's successes or lack of them, for traces of envy on the one hand or gloating on the other. He needs to remember too not to anticipate the new therapist's moves.

It is another of the supervisor's tasks to show the therapist how to accept with good grace, i.e., gratitude, the "lesser gift" from the patient, even though the latter is wont to exaggerate, like a child, the importance of his own gifts. In order to fill the role of both educator and therapist, the trainee has to learn how to be exacting enough, yet not too critical, of the quality and quantity of the material, which his patient brings as a "gift," lest he should drive the latter to want to swamp him or to withhold altogether. The supervisor teaches by means of his own example in the supervisory sessions.

The more the patient senses that the therapist is "ungrateful," i.e., does not appreciate his gift or waits too impatiently for it, implying that he over-estimates it, resistance will set in. Yet the same applies to the trainee's reaction. Soon, however, he will recognise this if the supervisor can point it out to him, and so understand the essentially similar reaction of the patient; and why the shamefaced, rather disguised display of the patient's hesitating or over-pretentious manifestations of symbolic grati-

tude are withheld or trickle away. The patient is usually unconscious of ever having wanted to give. To analyse his anal withholding—his not wanting to give—is imperative, yet the positive part of the feeling should not be neglected. It needs delicate handling ; a tactless approach here would be humiliating, serving nothing but the therapist's vanity rather than the patient's self-confidence. It is the supervisor's task to show the therapist how to avoid this pitfall. To take it both silently and as lightly as possible, i.e., for granted, is certainly an art, which strengthens the positive transference bonds without their becoming a bondage for the patient. The aim is to steer the relationship towards a more mature and friendly quality, and this cannot come about without acknowledgment of the truly giving attitude. This also holds good for the supervisor's and the supervisee's mutual relationship.

When the patient is " bored " he also often feels that it is the therapist who has been bored by him. The supervisor has to be careful that his relationship to his pupil should be kept free from projected boredom, and, if it arises, discuss freely with the latter why he felt bored by the patient, and also why he feels bored with a particular supervisory session or a topic. This also holds good for the supervisor himself ; he must scrutinise in himself whether he himself feels bored and if so why, or why he suspects the supervisee feels bored. By this the supervisor will help the supervisee automatically to self-analyse his own negative counter-transference manifesting itself in his boredom against the patient's person or his performance, and also against points held, maintained or emphasised by the supervisor. " Feeling bored " is very often a concomitant of a feeling of ingratitude.

There are many papers published dealing with these problems, also with the therapist's *loneliness*. In these it is assumed that communications to the patient must always be exclusively patient-centred and hence in a way must perforce remain unilateral. It is the supervisor's task to show what this loneliness really means for the therapist and that it is often recognisable as the root of an unduly strong yearning for gratitude. The supervisor must convince his pupil of the futility of this wish and that such " reassurance " is nothing but a mirage. What the therapist actually did well or not so well does not depend on whether it was or was not pleasant for the patient, nor yet upon whether it was or was not recognised as such by the latter. The trainee being a beginner will need a measure of reassurance from his supervisor, who will affirm to him, if this is his view, that what he did in the circumstances was really a good piece of work. Later the therapist will no longer need this, having learned by then to assess his own work with fair security and precision. For this the trainee, a supposedly

healthy person, cannot fail to be grateful. This would also reinforce a benign kind of transference between him and the supervisor, on grounds of mutual gratitude. If this is not the case, some doubts would be justified as to either the trainee's emotional preparedness to be entrusted with patients, or the supervisor's emotional preparedness to fulfil his duties to the trainee. The fact that any praise given rests on objective merits helps the conscientious beginner to overcome his scruples as well as to tone down his nascent conceit. Again, these both have to be pointed out, because there is a great difference between being able to assess one's own merits soberly with the help of the supervisor and of keeping the unconscious desire to push that help aside. The attitude would create a strained relationship because of the unconscious ingratitude implied in it. To counteract this feeling, whether it originates in envy, rivalry or grudge, needs a great deal of tact on the part of the senior person. On the other hand, the mere presence of a supervisor can lessen the initial austerity of the young therapist's loneliness. Later it may lead to friendship, mutual exchange of ideas and other kinds of collaboration. By then the beginner will have learnt that his loneliness, unpleasant as it is, has not to be assuaged by his patients or their gratitude, but exclusively by his good interpersonal relationships with his peers, elders and other persons.

It is a moot point whether a therapist should or should not accept gifts from the patient. I personally am definitely against it. The patient often wants to express his gratitude by the symbolic way of giving presents, but he also tries sometimes to give presents in order to evade guilt feeling and also to be " exempted " from giving affection and gratitude. To those who wish to accept, I would say that the more symbolical the present and at the same time the less financially valuable, the smaller is the risk. It should be, however, pointed out to the trainee that he has to impress upon the patient, even if not in so many words, that the only real and worthy present with which to express his gratitude to the therapist is his getting better. Further, it should be noted that if the patient has a really good and warm inward feeling which he is, as yet, unable to express verbally, it would be unkind, hence ungrateful, on the part of the therapist to reject it wholesale. If he does this, the patient is likely to feel rejected not only in his gift and his giving attitude, but also in his whole person ; and it would then become imperative to interpret these anxieties and discuss the emotional situation immediately. Here again it is the supervisor's task to watch over the situation and see how far the therapist unconsciously really wants to reject the patient or to belittle the gift. On the other hand, the supervisor should warn the therapist not to accept too eagerly. This attitude could give rise to anxiety in the patient that the therapist wanted to swallow him up ; on the other hand, he can

manipulate the therapist by bribing him or even become a benefactor to him. Both of these attitudes would only serve the patient's unconscious wish to denigrate and disdain the therapist and create the illusion that he can get the upper hand in the conduct of treatment, besides gratifying his infantile curiosity about the therapist's subjective reactions. The same vigilance, however, is needed in the supervisor himself. He has the "ungrateful" task of pointing out, as tactfully as he can, where he sees defects in the feeling of gratitude in his pupil. Conversely, the supervisor should not fail to be grateful for his pupil's confidence and gratitude. It is equally nice for the therapist to bask in the positive transference of the patient and for the supervisor in that of the supervisee, but this is not permissible.

Neither supervisor nor trainee may forget that the primary aim of their relationship is a third person's, the patient's, real need, with which their own narcissistic interest must not interfere. Here the supervisor bears the greater responsibility.

There is yet another trap for the new therapist in the cluster round gratitude. He may feel disproportionately grateful to the patient for the mere fact of his having come to *him*, and showing confidence in him. It is a grand thing to get one's first patient. The good-natured therapist will be in the seventh heaven when, after so many years of work and study, he meets the first person who turns to him for help. If not, the supervisor would be well advised to probe into the reasons why not. After all, we assume that the therapist is sufficiently mature to acknowledge something good from any source, but exaggerated gratitude can make him just as giddy as the temptations of omnipotence which he has to fight when confronted with his first patient. He may be suffused with gratitude, and it is again the supervisor who has to moderate this enthusiasm. Unfortunately this sobering down will not please the trainee. He will feel that even this innocent and rather nice, almost altruistic, feeling is interfered with, because of an unjust, inexorable discipline within the profession. Yet he is not right; this gratitude to the patient is a tricky thing; it provokes setbacks and invites pitfalls. The supervisor may then very tentatively remind him that, after all, it is usually not the patient's absolute merit or unguided choice; but again the supervisor should be wary of tactlessness and free of the least envy, covetousness or hankering for gratitude to be obtained for himself from the patient or the supervisee, if he had a hand in the choice or the arrangements.

Those regressed patients with the most difficult problems are likely to be those who are also most prone to ingratitude. The therapist should not thrust himself headlong into too many difficulties at once, but get slowly braced to greater burdens and responsibilities. Ingratitude, in the patient in particular, if it is

blatant and offensive, is one of those burdens one needs time to be able to shoulder. It is again the supervisor who should watch this. If a beginner wants to take on the worst cases (and I am thinking now of the fashionable therapeutic interest in schizophrenia), he is not only foolhardy, probably he is an over-ambitious person whose desire to help is not unadulterated or entirely autonomous. This makes the new therapist suspect for some still unanalysed masculinity problems even in the female, or, on the other hand, for being a kind of moral masochist who treats therapy as a prolonged orgy of self-sacrifice.

The supervisor will have to show the supervisee in what respects the already heavy enough burdens with an easy case will be multiplied with a difficult one in respect of ingratitude versus gratitude. In other words, the beginner will sometimes be prone to dismiss a patient's psychotic tendencies by treating some of the patient's characteristics as though they belong to the customary manifestations of ingratitude than to appreciate their diagnostic significance. I think extreme ingratitude is in itself a serious warning signal that the patient is more ill than at first suspected. Nevertheless, there is always a virtual possibility that from under the apparent ingratitude a true and good response may be elicited, freed from the barriers of repressions or the shackles of denials. Yet this is, even in a benign case, no easy thing to achieve, and the therapist must regretfully accept the dire fact that it is not very likely to occur in genuine cases of the psychopathic ingratitude. Here the supervisor can play a motherly role, showing the trainee the hard facts, but also that there is no need for despair. It is the supervisor who can make him understand that the more he registers these facts and does not get lost in the maze of his otherwise laudable humanitarian utopias, the better it will work out both for the patient and himself. Also, he must come to the understanding of a type of patient's attitude, which some authors call " the effort to drive the analyst crazy," or " attacks on the therapist's peace of mind." The patient himself is often enough blissfully ignorant of these manœuvres ; were he not, he would soon cease to come, because of intolerable guilt-feelings aroused, or even be dismissed as unanalysable by the therapist. This type of schizoid patient includes the weapon of withholding gratitude from his maligned therapist in his arsenal. Moreover, this even becomes his pet weapon, because of his sensing unconsciously how much this can hurt his " adversary," the therapist, impassive though he may appear. The supervisor can make the beginner understand that this will hurt him only as long as he is unaware of the object of this manœuvre. And he must do this in such a way that the new therapist's narcissistic self-respect will not suffer to such an extent as to undermine his steady enthusiasm for his work. Some of the unjustified optimism of the super-

visee will, of course, disappear in the course of this more or less painful disillusionment, which is also a maturation process. Yet the result will be that a more mature therapist will emerge during this training, who will feel grateful for having had the opportunity to learn what gratitude really is, how it is to be used, evaluated and finally accepted for what it is. His own feelings of gratitude to those who deserve it from him will have become nobler and more refined through this cleansing process. Not only his work will profit, but the therapist himself will become through this process a deeper, more genuine and above all more humane person.

REVIEWS

DELINQUENCY AND PARENTAL PATHOLOGY

By R. G. Andry, M.A., Ph.D.

METHUEN AND CO. LTD. 21/-.

The author examined the widely accepted notion that maternal deprivation is a major cause of delinquency in children. He felt that the role played by the father had so far been largely neglected by investigators.

In order to study the emotional triangle which exists between a child, the mother and the father, Dr. Andry devised an interview-questionnaire. He put forward a series of hypotheses and tested their validity by statistical methods, eighty delinquents were matched with a control group of eighty non-delinquents. A sub-sample of thirty children in each group was then submitted to a closer examination ; at this stage both the children and both their parents were interviewed. The results show the great extent to which delinquency is related not only to disturbed maternal patterns, but paternal ones especially.

PSYCHOLOGY'S IMPACT ON THE CHRISTIAN FAITH

By C. Edward Barker

GEORGE ALLEN AND UNWIN LTD. 28/-.

Mr. Barker is concerned with the invocation of a God that a man can love. He seeks to relieve traditional theology of its obsessional sado-masochistic ideas. Using Fairbairn's concepts of central, hungry and condemning egos, he lucidly describes the possible origin of sick beliefs in an unfortunate infant's need to preserve the image of the good mother at the cost of imagining itself bad.

In the interests of his patients he ruthlessly separates wheat

from tares in psychological and Christian orthodoxies, offering a wholesome Deity to the hungry self. His patients benefit from his courageous inspiration, and readers will be stimulated by this evocative book. WILLOUGHBY CLARK.

THE MYSTERY OF PHYSICAL LIFE

By E. L. Grant Watson

ABELARD SCHUMAN. 18/-.

Mr. Grant Watson was trained as a biologist at Cambridge and has been a zoologist, a field naturalist, a novelist and later a psychotherapist.

The variety and ingenuity exhibited in animal and plant life has always fascinated him, and this book contains examples of the complex patterns of relationship which sustain life. These strange relationships, which will sound echoes in those whose work is with the unconscious of human beings, have made Mr. Grant Watson dissatisfied with the explanations of scientific materialism. He has become convinced that there is the presence of a spiritual reality in all things, and he tries to indicate how contact can be made with it.

The unconscious participation mystique enjoyed by primitive people and children is no longer possible for us. We have to stand apart from the objects we study, but need to learn to take the further step of conscious " exact imaginative participation " before we can feel their true quality.

In a brief notice it is not possible to convey the scope of this small book. The author's reflections are arresting both for their minute particularisation and for their immense implications, and cannot fail to give the reader pause. ROWENA PHILLIPS.

MEMORIES, DREAMS AND REFLECTIONS

By C. G. Jung. Edited by Aniela Jaffé

COLLINS AND ROUTLEDGE AND KEGAN PAUL. 45/-.

This book, his last, was written when Jung was over eighty years old. It is a unique autobiography, because it is three dimensional, that is, it includes the author's unconscious. After a long life, Jung looks back and finds that his inner experiences have come to seem more important to him than outer events. His secretary, Mrs. Aniela Jaffé, who collaborated in and edited this work, tells us that there was considerable conflict about writing it, and even when Jung had agreed to posthumous publication, he arranged that it should not be included in the list of his official works. His ambivalence is understandable when the depth of the personal revelation is taken into account.

Naturally it makes enthralling reading for psychotherapists, indeed for all who have any interest in the unconscious. From a small boy Jung was more than usually conscious of his inner world, and felt that in this he was different both from his elders and contemporaries. At times this made the demands of his exterior life intolerable, and he describes how as a schoolboy he got caught in and pulled himself out of psychosomatic fainting fits.

As a senior medical student, while reading Krafft-Ebbing, part of the despised psychiatry course, he suddenly knew that he had found his own work, where two worlds, the inner and the outer, came together. "Here alone the two currents of my interest could flow together and in a united stream dig their own bed. Here was the empirical field common to biological and spiritual facts which I had everywhere sought and nowhere found. Here at last was the place where the collision of nature and spirit became a reality." (Page 111.)

Jung never wavered in the exacting task of forging the links between these two worlds. This meant that the scientist, the empiricist had to confront and come to terms with his "inner law." At times, particularly after his break with Freud in 1912, he was bewildered by the immediacy and numinosity of the daemon that urged him on.

He knew that his former friend and collaborator would consider that he had entered the "black mud of occultism," and he writes, "When I parted from Freud, I knew that I was plunging into the unknown. . . ." He was conscious of the risk to his future in this as in the further step of resigning his lectureship in the University in order to work with his own inner images. These critical years Jung came to regard as the most important in his life. "In them everything essential was decided. . . ." (p. 191), the material that burst forth from the unconscious formed the prima materia for his subsequent work.

The later chapters of the book relate vividly how this was worked out; in the symbolism of the building by stages of his house at Bollingen, in his travels, in his nearly fatal illness and through all his scientific work and research. For Jung it was an ethical responsibility to understand these images of the unconscious. It has been well said that he "looked deep into madness and prevailed."

We now have the advantage of being able to set Freud's and Jung's explorations side by side. Their autobiographies reveal the heroic courage and determination which they both possessed, and also what it meant to them to join forces and then to part.

The treasure they brought back from their journeys is very different, but we are gradually coming to see, as further discoveries are made, that it is not so contradictory as it at first appeared.

Freud investigated the personal unconscious in detail, discovering the patterns of development of the ego and the specific defences which operate at each stage, while at the same time recognising archaic elements in the psyche. These Jung studied in himself, in his patients and in society and discovered behind the archetypal images the archetypes themselves, and their dynamic nature. ROWENA PHILLIPS.

FRINGE MEDICINE

By Brian Inglis

FABER AND FABER. 30/-.

The title "Fringe Medicine" indicates the doubtful nature of the status accorded to Osteopaths, Christian Scientists, Psychotherapists, etc. Whether these people like it or not, they are dealt with between the same hardboard covers.

Mr. Inglis always writes courageously and interestingly. Critical of "establishment" reactions, legislation and behaviour in this field, he highlights the inadequacies of administration, education and performance within the medical profession mercilessly. He illustrates some of these within the therapeutic bodies outside medicine proper, but one senses that these and the controversies—for example among the naturopaths—are treated with greater leniency. This is only fair. To be of the "establishment," particularly the medical establishment, gives such security that rigorous investigation must be expected. In looking outside, Mr. Inglis is careful to find as much good as possible in the different fields he has investigated. This leaves him unable to say a great deal about Herbalism, Acupuncture, Yoga or Christian Science. Yet he gives a sufficient picture to enable one to estimate whether these could ever attract or not.

Most is written about Osteopathy, Psychotherapy and Spiritual Healing. It is a pity that the author did not give more detailed descriptions of the different systems and procedures commonly believed in and employed. For instance, in the field of psychotherapy there could have been some discussion on why Freudian Analysts prefer their patients to lie on a couch, on the various kinds of emphasis in analytic interpretation, situations where long-term treatment would be essential, where brief counselling would be applicable. He might have gone into the wide variety of personality and approach among spiritual healers. Nor were there any figures indicating the rate of growth within different schools of thought or any overall numbers. No reference was made to hospitals where spiritual healers are called in nor, most lamentable of all, to the remarkable acceptance by the National Health Service of certain Group Psychotherapists. Mr. Inglis has failed to give any account of the psychotherapeutic

work done by doctors and lay personnel together, for instance in the Tavistock Clinic, at Knapsbury, the Maudesley and the Cassel Hospitals.

If one is describing "the fringe," it is important to show where and how it joins on to the main body. The much more promising future and the more solid groundwork of Psychotherapy compared with other bodies discussed show that there is a real bond between enlightened medicine and those who study unconscious processes. No doubt this serious omission stems from two facts.

The first is that Mr. Inglis wrote a more important and forceful book six years ago. It was called, in this country, "Revolution in Medicine." Here recommendations were made to all, who had good medical treatment at heart, to take the teachings of Freud and his followers seriously. This book most probably contributed in no small way to the improved liaison between doctors and psychotherapists.

Secondly, this liaison has only become apparent since this book under review was published. It is to be hoped that the improvement in relationship, so long awaited, will grow apace.

PENELOPE BALOGH.

DRAMA

LE FIL ROUGE

3 actes de Henry Denker
Adaption de Pol Quentin
Mise en scene de Raymond Rouleau

31.5.63.

Working every day with the implements devised by Freud, in territory originally mapped out by him one is bound to have many and varied thoughts, phantasies and feelings about him.

Personally I always felt what marvellous theatrical material his life would make. The idea savoured of blasphemy, but I agreed with it all the same. This play, produced in Paris, was most thoughtful and in very good taste. I hope it will be brought to London. It deals almost exclusively with the case of Elisabeth von Ritter. University and medical politics, domestic issues and fundamental psychoanalytic findings and technique are all present in this context, naturally, inextricably and inevitably. It would be impossible, one feels, as the play proceeds, to imagine Freud doing anything other than he did or achieving it in any other way than the way in which Curd Jugens depicts. Surprise takes the modern analyst at moments where the questing Freud gives in to a display of desperate personal feelings provoked by the resistance of his case. I must confess that for a second I was aghast at Freud actually shouting at his patient and at the abandon of his emotion and bewilderment. If it was

overdone it was overdone expressly—dramatic licence being necessary to facilitate comprehension of the immensity of the problem confronting Freud—the pathos of the unhypnotised, paralysed girl. But, of course, if one is steeped in the orderliness and strength of Freud's writings, the French language and occasional melodramatic gestures are bound to jar—it is proper that they should. Thanks to the discoveries which the play reveals, present-day analysts do not think of hypnotising or terrorising patients into acquiescent reception of interpretations. But it was precisely because these methods failed, and we as audience watched them failing, that free association and some understanding of the positive transference came about. At this play one is observing the birth of psychoanalysis, and the pangs which heralded it merit the drama of raised voices and signals of despair.

The play was most skilfully written. We must bear in mind that Freud must have spent months treating Elisabeth von Ritter, yet relevant associations were gathered together and unconscious motivation was elucidated in about three quarters of an hour. I do not think Mlle. Nicole Hiss's acting was equal to the demands made by the part of Elisabeth. There is a calm inassailability in being paralysed which she did not put across, nor could one sense the unselfishness and charm which was hers and which is quite often part of the personality of self-punishing persons; Mlle. Hiss was altogether too high pitched. Chantal Vivier as Martha was impeccable. When she was addressed as "Princesse" by her lord and master one's heart ached at the slavery implied! Lucienne Bogaert gave a delicious performance as Freud's mother. She was dominating, adoring, distractingly practical and wrong-headed all within two minutes.

Whoever cast Curd Jugens as Freud was inspired. I am told this actor lived in Vienna for some time trying to glean historical details with which to colour his mind and performance. He appeared superbly attractive, neurotic, devoted and obstinate; one realised all over again that only the thoroughness of a German living in a slightly lighter hearted community could have stumbled on and worked through the intricacies and depth presented by the Unconscious. The mise en scene represents a real love of the Freud family and of impoverished academics. The fact that a misty effect was achieved whenever the lights were not full on (as they always were for Elisabeth's sessions) augmented the whole "verge of discovery," "power of phantasy" awareness.

The play opens and closes with the departure of the Freud family from Vienna in 1938. The young Nazi guard, the suitcases, dust sheets and bath chair bring us face to face with the grim realities which beset the family of this most remarkable explorer.

PENELOPE BALOGH.

Printed by H. H. GREAVES LTD., 106/110, Lordship Lane, East Dulwich, London, S.E.22.