THE ASSOCIATION OF PSYCHOTHERAPISTS

BULLETIN No. 7

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Marianne Jacoby

The Association of Psychotherapists and The Society for Psychotherapy

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BULLETIN

No. 7 1967

CHAIRMAN'S LETTER

During the past two years the Executive Committee has been developing new methods for dealing with the necessary business of the Association. In the Winter 1965-66 a constitution was drawn up and passed at an Extraordinary General Meeting in March. At the following Annual General Meeting the Committee increased its numbers, Mrs. Dockar-Drysdale and Mr. Frank Orford being elected to fill the two vacancies. Subsequently Mr. Peter Secretan resigned and Dr. A. Erskine was co-opted to the Committee. Thus reinforced it is now possible to delegate much of the work to sub-committees leaving the main Committee greater freedom to deal with major policy issues. There are now permanent sub-committees for Training, for the Well Walk Centre and for the Group Studies Section. Ad hoc sub-committees come into being from time to time to deal with specific tasks such as the re-drafting of the constitution of the Advisory Council, now in progress.

The Honorary Secretary, Mrs. A. P. de Berker, resigned last January after fifteen years' service. We are all most grateful for her meticulous efforts over this long period. She has been with the Association since it began and has guided it through its very difficult early years. She has accepted the Committee's invitation to be a co-opted member so that her detailed knowledge of the Association's affairs may continue to be at the Committee's disposal.

Mrs. Nawaisky has succeeded her as Honorary Secretary and is coping manfully with this most arduous task.

Our sub-committees have been learning how to conduct their affairs and to co-ordinate them in the main stream of the Executive Committee's decisions. We have all been learning how to change from the oligarchy which was inevitable in the early years of few and widely scattered members to our current position of increasing membership. It has not been easy and at times the change from management via personal contact to the more formal ways of a democratic and businesslike structure has produced considerable stress. But if we are to continue to grow and to become a permanent institution this transformation is essential. The personal warmth and reciprocity which has always marked our affairs needs also to be preserved.

Speaking in a personal vein, it has often seemed to me that psychotherapists suffer from unsatisfied dependency needs.

They are moreover (if I can be bold enough to say it) prone to mild but systematised persecutory feelings. These have a rational element in so far as they see themselves to be a coherent body carrying on a battle against the neuroses of Society, which in its turn, seems to persecute those who possess knowledge of the unconscious.

In his introduction to the memorial essays to Melanie Klein on the occasion of her seventieth birthday, Money-Kyrle writes of the difficulties and isolation in which Freud carried out his earlier work, " . . . how in ten years he seemed to have raised the entire academic world against him ". He goes on to say that psycho-analysis now has many friends and that the isolation has been much reduced. None the less, it still persists, and psychotherapists feel the pressures of society against them. The question then arises, how do we as an institution in society react to this and demonstrate it in the affairs of the Association?

The discipline of psychotherapy rests upon the exchange between patient and therapist. On the whole it has not been susceptible to measurement or to experimental verification. Its strength lies in its logical cohesiveness and the fact that the subjective experiences upon which it is founded are available to many. There are, however, many variants major and minor upon the main themes of psychotherapeutic theory. Behaviourial theory of the conditioned reflex school also offers a strong and growing set of alternative hypotheses less rich in their philosophical implications but within their boundaries, fairly firmly founded upon material and experimental hypotheses.

The tenacity and often emotional intensity with which the various schools defend their theories lends support to the possibility that these debates have a reaction formation rather than strictly logical quality about them. Perhaps the therapist needs the theory more than the patient. On the other hand, the tendency to opt out of theoretical rigour which allows the eclectic to form alliances and to borrow theory from wherever he chooses, is equally suspect.

As a small Association open to many cross-currents we too have our needs for rigorous definitions and also our needs to form alliances to gain strength. If these are to be reality-based, however, and to be productive of good work, we need to be clear concerning our own intrinsic ideas and feelings about the psychotherapeutic processes with which we work. In all of them there is a final element of the unknown, greater or lesser in each individual case. Our efforts to winnow this down must continue, but essentially an irreducible segment remains. Our discipline is incomplete and there is an area of potential chaos and anxiety which must ultimately be faced.

An essential service that the Association must provide for its

members is to give them an arena in which they can clarify their intellectual concepts with the utmost rigour and honesty. This arena should also allow the maximum differences between opinions and feelings of the members to be expressed, though every situation must have its boundaries. There must be statements about the means of communication between patients and therapists and further statements concerning how these may be used for therapeutic ends. The arena should offer a forum for a member fully and frankly to express his or her views, no matter how these may appear to be out of keeping with those it is imagined that the majority hold. In addition, the gathering must be organised so that a synthesis of views can take place.

These are aims with which few perhaps would quarrel. They are not easy to translate into action, nor is it easy to test our actions as an Association to determine whether it is in pursuit of such aims or in the pursuit of some reaction formation springing from our own dependency needs. We are what our work demonstrates us to be, this means the patients we help and the contribution to knowledge that we make.

It has been a year of considerable progress, the reports that follow speak for themselves.

REPORTS

SEMINARS FOR MEMBERS 1965-67

After the last report went to press in the spring term of 1965, two more seminars were given, one by Dr. Nancy Swift on Hospital Management of Outpatients and a second by Dr. H. H. Wolff on Problems Arising in the Psychotherapeutical Relationship.

In the summer term Dr. Linken discussed some instructive case material with students, and the therapists of the Well Walk Centre joined in a discussion on their own methods of therapy.

The topic of the spring term of 1966 was specialised. It was How does the Psychotherapist use his Concepts during the Therapeutic Sessions? The speakers were Dr. Rosemary Gordon, whose title was The Ego and the Self in the Analytical Process, Dr. H. H. Wolff, who used our general theme and Dr. L. Paulsen, who spoke on Jungian Concepts and Practice.

The seminars during the summer term of 1966 took place in the Well Walk Centre. An American guest speaker in response to our request invited the audience to join in a group experiment. Dr. Torrie took the chair when two General Practioners, Dr. Ellison and Dr. Hopkins, discussed cases. They invited our comments while they afforded us a good look into the practice of a G.P. well versed in the dual problems of their work from the G.P. as well as from the psychological point of view. To this series also belonged Dr. Clynes' seminar, which was held in the Autumn term. Our last lecturer in the Summer was Dr. John Read, who discussed an unusual case.

Differing from our usual practice the Autumn term of 1966 had no single theme. The seminars were linked together only by the skill of our chairman, Dr. R. MacDonald. Each of the three seminars was highly interesting in itself. Dr. Graham Bennette's paper was on A Psycho-biological Approach to Cancer; Dr. Robin Higgins spoke on Sound, Time, Movement and Emotion and Mrs. F. Tustin on Psychotherapy with Autistic Children.

In the Spring term of 1967, following the suggestion of our Chairman, we discussed the symposium Psychoanalysis Observed. Two of the authors, Dr. Lomas and Mr. Wren-Lewis, spoke to us, and three of our members, Mrs. P. Balogh, Mrs. M. Jacoby and Mr. de Berker.

The only seminars held during the Summer term of 1967 were a course on Kleinian theory and practice for students taking patients and therapists working for the Well Walk Centre.

It is now our practice to hold some seminars at which students or Associate members read papers on a topic of their

own choice, with a view to qualifying for full membership of the Association. These are open to full members only and are not included in this report.

MARIANNE JACOBY.

STUDENT TRAINING

The Association has a three year basic Training Course for students, who are divided into two streams, the one Freudian and the other Jungian in orientation, in addition to training analysis and case supervision.

Paul de Berker, Dip.Psych., B.Litt., John Home, Ph.D., Mrs. Veszy-Wagner, Ph.D., and Erich Winter, Ph.D., have given courses of seminars for the Freudian stream. Five students have completed the course, five will begin the final year in October, 1967, while five are at earlier stages of training.

Mrs. Marianne Jacoby has been in charge of the Jungian students assisted by Mrs. Rowena Phillips and Mrs. Ledermann. From September, 1967, Miss Henrietta Meyer, D.Phil., will tutor the first year students. Two students have now completed this course and eleven are in training.

Case conferences led by Kleinian analysts and supervised by Mrs. Balogh, Dip.Psych., seminars by Paul Senft, Ph.D., on the Existentialist School and by representatives of other modern schools, have been arranged for students in their last two terms.

Mr. Paul de Berker acts as Tutor, giving individual help as required.

Three students have been receiving training for Group Therapy, and it is envisaged that this branch of training will be extended in the near future in association with other organisations, including the Association of Group Analysis.

The Training Sub-Committee is engaged in planning courses for larger numbers of students. Secretarial help has been generously given to this Committee by Mrs. Nawaisky and Mrs. Griffiths. Mrs. Blumenau has kindly undertaken to be Secretary for the year beginning September, 1967.

Enquiries and Applications for student membership and for Kathryn Cohen Memorial Bursary Loans should be sent to Mrs. Nawaisky. These are considered by the Executive Committee of the Association. All other enquiries concerning training should be sent to the Chairman of the Training Sub-Committee.

R. G. ANDRY,
Chairman, Training Sub-Committee.

GROUP WORK

The Association has increased its Group activities considerably during the last year and a half.

Two intensive courses in Group Dynamics were held, each

being attended by about thirty people from a variety of professions. These took place on eight evenings in a fortnight, 6.30—9.30 p.m. and were run on the same lines as the two previous courses except that Inter-group Exercises were introduced. In these, the small groups in a conference mingle spontaneously without any supervision. Some of the participants adopted the role of leaders in forming groups, and other members responded according to their needs, showing either aggression, resentment or docile acceptance. Some groups were very small (two to three people), others were larger. The staff remained in their own room, but were frequently approached by one of the "ambassadors" of the groups, when members felt dissatisfied with their roles and/or those of the leaders.

Following these courses a small study group of nine participants, two consultants and an observer met for ten sessions at weekly intervals to provide for those who had attended previous courses and wished to continue with some group experience. Communications from this group, and also replies received answering a questionnaire indicate that many participants regarded the group conferences as an exceedingly valuable experience, which had influenced both their personal and professional lives considerably.

Several members have been conducting therapeutic groups, including Paul de Berker, Robert Andry, Pen Balogh, Harold Kaye and myself, working in connection with our private practice, patients from the Well Walk Centre and some of us in connection with the Group Analytical Society.

Groups running at present include one consisting of five couples with problems of severe marital stress, one consisting mainly of social workers besides several straightforward therapeutic groups, meeting either once or twice a week.

Many of the group members have been or still are in individual analysis. This is proving to be a very valuable experience for both the group members and the therapists. The patients gain, in addition to the fantasy testing in their individual analytic transference situation some measure of reality testing by both the positive and negative responses to themselves by the other group members. This may lead to bringing out material in the individual session which, without the group experience, might have remained latent. Reactions to the stress of the group experience and the conflicts brought about by interpersonal relations between the group members can be interpreted in the individual session as it affects the patient's unconscious and conscious feelings.

It is still too early to draw any definite conclusions about the ultimate therapeutic value of working with patients in groups and individual sessions at the same time but I believe we should

try to learn more and more about this process, in order to move from experiment to knowledge. I. M. SEGLOW.

THE WELL WALK CENTRE 1966-67

The aim of the Well Walk Centre is to provide analytically orientated psychotherapy for those who are well motivated to make use of it, but who cannot afford the most expensive private treatment. Usually they need more hours per week than National Health Hospitals can offer. There are very many such patients in the United Kingdom if the numbers in London are any indication, and the need for such centres in the provinces must be very great indeed.

Since May, 1966, eighty-four patients have been referred to the Centre, of whom sixty-three came into treatment. It is not possible to give the exact number of patients in treatment at present or of those discharged, because some therapists do not send in their bi-annual reports regularly, but I estimate that at least 180 patients are at present in treatment with our twenty-five therapists. The number of referrals from hospitals and individual doctors has increased, but those from other patients and from therapists have not.

An interesting feature in the treatment of an increasing number of patients is that they join therapeutic groups while continuing with individual psychotherapy. There are indications that this is of value both to new patients and to those who have been in individual treatment for some time. As case material becomes available, careful records will be kept of this development.

In April, May and June, 1967, Dr. Meltzer, Dr. Thorner and Dr. Wolff led a series of case discussions for the therapists and students taking patients for the Centre, which were extremely helpful.

At present one third of all fees paid by patients is asked for by the Centre. It has been the policy of the Centre Sub-Committee to leave it to each therapist to arrange the terms of payment and number of hours appropriate to the circumstances of each individual patient.

The Centre headquarters is being moved in September from Wilmington Square to 48 Montagu Mansions, W.1.

Members of the Centre Committee will be working there daily 9.30 a.m. to 4 p.m. Dr. Mare has agreed to undertake medical consultations, while the panel of Psychiatric Consultants will still be available.

The library will be at 48 Montagu Mansions. Books may be borrowed by members of the Association, who can call for them. Gifts of books are always welcome. PENELOPE BALOGH.

WHAT IS PSYCHOTHERAPY?

P. U. de Berker

A paper read at the Members' Seminar in March, 1967, on the Symposium, "Psychoanalysis Observed," Ed. Charles Rycroft, Constable, 1966.

Charles Rycroft, in his introduction to "Psycho-analysis Observed," speaks of the science of psycho-analysis, and in this term he included Freudian psychology, Jungian, and all the other Freudian-derived psychologies. Despite this initial statement, there seems to me a fundamental confusion running throughout these essays between psycho-analysis which, as Rycroft rightly defines, is the science of understanding human psychology, and psychotherapy, which is the technique of curing the symptoms or emotional discomforts to which humanity is prone.

Fenichel

Fenichel[1] writes: "There are many ways to treat the neuroses, but there is only one way to understand them," and by this he means that psycho-analytic theory provides the only way to understand the neuroses. Psychotherapy is the term embracing the many possible ways of treating them.

Freud considered psycho-analysis primarily as a method of exploration. It is implied that the exploratory method has a therapeutic content. The emphasis is, however, on the results of exploration. The description of symptoms and the uncovering of emotional constellations which underlie them, together with their historical context, are the ends to which effort is mainly directed. Psychotherapy, namely the process of cure, is by no means so extensively explored or discussed.

In the case conferences of the Association of Psychotherapists for the most part we present psycho-analytic theory, or the theory of the aetiology of the patient's symptom in psycho-analytic terms, and, I believe, often regard this as synonymous with the process of a cure. In this paper I shall very seriously question this. I want to keep very clearly in mind the fundamental distinction I am making between psycho-analysis, which can shortly be called the theories and processes of understanding the psyche, and psychotherapy, which here is being regarded as the processes leading to therapy.

Fenichel describes several processes which he believes are psychotherapeutic. There is first and foremost the relief that it affords the patient to describe a painful situation in words to an apparently sympathetic or at least non-condemnatory second party. There is not only a cathartic confessional quality, but to attach words to emotions and to offer them in some rational

form is, Fenichel maintains, therapeutic in its own right. If this principle can be extended and the emotions and words which attend them are then organized into some sort of schematic structure which will place them in a rational perspective, then a chaotic world becomes meaningful and a further therapeutic process begins to develop.

Anthony Storr, discussing the concept of cure on page 75[1] writes: "Explanations of human behaviour which make neurotic symptoms comprehensible may not in fact enable people to get rid of their symptoms; but they do provide relief of our fear of chaos, especially if this seems to be within us. . . . Since any explanatory scheme, however, absurd, may bring a patient some relief, it is legitimate and indeed necessary to ask whether the psycho-analytic interpretation of human behaviour has any claim to be considered closer to the truth than any other. To every man his own delusional system is a likely principle of human existence; and the evidence that psycho-analysis is any more than yet another delusional system is slender. Nevertheless, psycho-analysis is the only way of regarding human behaviour which to date possesses the twin advantages of doing justice to man's complexity and at the same time relating this complexity to the biological characteristics which make him part of nature."

I shall come back to the process of making chaos meaningful later. For the time being I wish to go on to examine other processes which might have psychotherapeutic content.

The process of offering what Frank[2] describes as "a world assumptive picture" gives meaning to the patient's chaos and places his symptoms in some position relative to the rest of his life. This takes place within the relationship which he has with his therapist. I will not explore here the well-known process of transference, nor will I discuss its use and its examination to form a world assumptive picture for the patient. I wish, however, to look at an aspect of transference which Winnicott has called caring or the "good-enough" relationship. In this, in some way which is not adequately described, the therapist "holds" the patient while the patient regresses and while regressed goes back to relive certain experiences with therapeutic effect. The theory maintains that in the past these experiences have been unsatisfactory and are thus open-ended. In the holding situation where the therapist provides a "good-enough" relationship, the patient will experience the therapist as a good person with whom a renewed relationship can grow from the foundations of the old not-good-enough relationship. I can remember Winnicott speaking to this Association some years ago. He maintained that in every case, where some radical cure of a really damaged personality had been accomplished, this phase had been gone through.

In certain regressed cases, where the holding and good-enough relationship process is under way, Winnicott indicates that he has taken over the actual care of the patients for a limited time. This means that the therapeutic process has moved out of the therapeutic hour and the verbal exchange between the therapist and the patient. Winnicott speaks of extreme cases, but I wonder how far the same principle, namely that a "good-enough relationship" is difficult to confine entirely to a verbal exchange within the therapeutic hour, holds good.

The demands of the regressed patient for dependency, endless attention, feeding, and so on are well known to all of us. We have also met patients who have left their work, abandoned their family responsibilities and many more who have threatened to do so in this situation. This creates great anxiety for both therapist and patient. The temptation to draw the boundaries very firmly in these cases is inevitably strong.

Where does the maximum therapeutic content rest? Where should the boundaries be drawn with this purpose in mind rather than the need to alleviate the anxieties of the therapist? If the principle that the therapeutic exchange is not inevitably confined to the therapeutic hour is once established, then we may proceed to a more rational decision about boundaries in less extreme cases.

The analogy of the Child Guidance practice comes to my mind. There the child patient moves about the room examining objects, attempting various types of relationship with the therapist. All this is handled therapeutically to the best of the therapist's ability. So in some forms of adult holding relationship acting out within certain limits seems to me to be inevitable and we should bring this within our therapeutic range. Problems of telephone calls, letters, demands for extra time, attempts to involve the therapist in outside activities all seem to me to need treatment inside the various definitions of psychotherapy which we have attempted so far.

The primary need seems to be for the therapist to remain constant but adaptive ; constant in his feelings of permissiveness and positive attitudes towards patients, but adaptive in reciprocal behaviour which is manifest between himself and them. Above all there is a demand for insight on the part of the therapist to illuminate the transaction which is occurring between him and the patient. The objective is the maximum good of the patient.

Incidentally, I would suggest that the same requirements are contained in the supervision of students, in the relationship of parents to their children, and of the good employer to the employee. I will not elaborate this however.

Rycroft

Rycroft, in his Introduction, maintains that the psychoanalytic technique provides a milieu in which the "good-enough

relationship" can be lived through. But he adds, this does not necessarily indicate any superlative excellence on the part of the therapist. He seems to imply that the therapeutic technique will in some way shield the patient from whatever are the realities of the therapist's own personality. What then are the problems in this area? What are the realities of identification between patient and therapist, or indeed between therapist and patient? Do certain therapists get certain types of patient? If so, why? Is the standard explanation, namely that the therapist is sufficiently analysed, either by nature or by virtue of his training analysis, not to have undue resistance to the patient's symptoms in this particular area, the only one available to us? I should like to consider this in the latter half of this paper.

Now in the examples cited of actual therapeutic processes the psycho-analytic description of aetiology, of the symptoms, or of the processes which have given rise to them, has played a relatively small part. In this context some American research done several years ago was reported in the *Journal of Social and Abnormal Psychology*. Here the results of treatment by some thirty psychotherapists of varying disciplines were compared. The disciplines were Freudian (both the classical and various neo-Freudian types), Jungian, and something loosely called eclectic. A further variable explored was the length of time that the therapists had been in practice. It was discovered that there was no significant difference in outcome of treatment between the various disciplines. There was, however, a significant difference which correlated with the time that the therapist had been in practice ; those with ten years or more did significantly better in terms of therapeutic outcome than those with ten years or less. The experiment was as statistically competent as any experiment of this order can be. The results standing alone can mean very little, but nonetheless they can be regarded as a straw in the wind, whose direction is evoking doubt of the unique value to the patient, of any one of the various systems of aetiological explanation that are available to the therapists.

As Storr says: ". . . to each his own delusional system." It may be that any system which makes chaos meaningful is as good as any other, hence the differences between Jungian and Freudian are valid only in these pragmatic terms when we consider them under the heading of psychotherapeutic.

But this opens up another area. What of the therapist? Must his life picture be meaningful in Jungian, Freudian, or eclectic terms? If it is, perhaps his meaning is conveyed to the patient, both cognitively and by more subtle means, as set out at length by Frank in "Persuasion and Healing."

To return to the problem of why some types of patient fit some therapists. Is the world picture of one more appropriate

than that of the other to any one particular patient?

It may be that the personal transaction, rather than the transaction based upon a psycho-analytic order of explanation of one sort or another is the more therapeutically important.

American There is a further study, again done in America, and reported in the transactions of the International Congress of Psychotherapy held in London three years ago. In this, matched groups of patients in a large psychiatric unit were treated by assembling once a week for an hour and a half in small groups of ten to twelve people. The groups were allocated at random to experienced trained group therapists, medical interns receiving training in group therapy, and selected housewives of mature and pleasing personalities who had no formal training in group therapy, but who were competent socially. The results demonstrated that those treated by the trained group psychotherapists did well, those treated by the housewives did only slightly less well, those treated by the medical interns under training did significantly less well than either of the two other groups. This is another straw in the wind which seems to indicate that the personal transaction is the most valuable factor in the therapeutic process. Certainly the formal training in psychotherapeutic/psychoanalytic discipline seems to be in this case of marginal relevance.*

There is a further study reported in Frank's "Persuasion and Healing" where the output of an American psychiatric unit was compared on the basis of follow-up. The therapists were grouped roughly into those who had a 65% constant success rate and those who had a rather poor success rate, around 30%. The therapy in each case was said to be conducted on psychoanalytic lines, and all the therapists in the hospital had had some form of psycho-analytic training. The patients were, as usual, matched for symptomatology, age, class, and so on. An examination of the same two samples of patients was carried out five years afterwards with a view to assessing the current degrees of recovery. It was discovered that the gap 65—30% had narrowed; the proportion of those saying that their condition was now satisfactory was not significantly different in either of the samples. It can therefore be said that the "cure" by both the groups of therapists was the same. The better group initially, however, cured their patients more quickly. You will no doubt be familiar with Eysenck's now-famous analysis of therapeutic closure which demonstrated that those patients who

* Discussion of this example after this paper had been read demonstrated that we should not think of housewives as psychotherapists, but should consider the question of what was the transaction between the housewives and their group which obtained results comparing favourably with those of trained group psychotherapists. Similarly we should consider what transpired between partly-trained therapists and their groups which was apparently less beneficial.

remained on the doctor's waiting list without treatment seemed to recover just as well over a given period of time as those who actively had treatment.

Storr questions the whole concept of cure. He maintains that the symptoms do not necessarily disappear save in a limited number of cases. None the less, the patient "feels better." There is something about the analytic process which is life-fulfilling although it may not relieve the symptom of which the patient first complained.*

There are two further areas of psychotherapeutic content. Rycroft writes: "A patient may not necessarily get better via the exploration of his unconscious motivations. He needs two essentials for cure or alleviation to take place. First of all he must come to understand the origin of his symptoms and, secondly, he must want to get better." I am not sure what Rycroft means when he says understand the origin of his symptoms. Perhaps he is harking back to the psychotherapeutic device already mentioned and elaborated by Storr, namely, the acceptance of a world assumptive picture which makes his symptoms meaningful. It is clearer, however, what he means by the statement that the patient must want to get rid of his symptoms. To illustrate it he uses the example of a marriage in which the male is impotent, and he suggests that the wife has adjusted on the basis of an impotent husband. Thus she will have a vested interest in maintaining her husband's impotence, thus he, in turn, cannot get better unless he is willing to strive towards a marriage which is based on some other dynamic structure than that to which both he and his wife have subscribed until this point in time. The symptom, in fact, may be the best compromise with the situation that the patient can accept. Reality reinforces the symptom.

Symptoms, says Rycroft, as does Lomax, are disguised forms of communication. They represent a commentary on the current situation. Laing's schizophrenic patient being examined by the professor is the most telling example of this. Thus says Rycroft (supported by Storr and Lomax), perhaps the major task of the psychotherapist is to examine the communication system of the patient and to translate it to him so that he can now speak of himself not in terms of bodily sensations, fears and anxieties, but in a language. This to my mind is a most attractive and, I think, potentially psychotherapeutic concept. Laing has illustrated it in his examination of the schizophrenic member of a family; the language of the schizophrenic will clearly indicate to those who listen the pressures which the family has produced

*An observation of our own reactions here might be useful. When a member of an audience makes a warm insightful accepting statement about a patient, we respond and enjoy it. This is an example of, perhaps, one of the processes which are "life-fulfilling."

upon him. It brings us to the concept of the real self and the false self, the real self being the configuration of the person who perceives the reality of life in its true dimensions ; the false self being that denial of perception which the problems of living impose on the individual. Winnicott also subscribes to the idea of the true and false self. In the real dependence that the patient feels for the therapist, the false self which denies dependency and maintains independence can be dissipated. Only when the false self has been sufficiently got out of the way can the real self come into its own and begin to grow again in the good-enough relationship.

inferiority Adler, in his earlier works, maintained that people who feel inferior in fact are inferior in their performance at the moment that they feel the sense of inferiority. It may well be, therefore, that a true recovery from a crippling symptom may not consist only of the exploration and explanation of the symptom, it may also require the individual actively to learn new response patterns. In effect, his behaviour must no longer be inferior if he is to cease feeling inferior. Does our psychotherapeutic process therefore in certain cases include the process of re-education or even of education? I use the term in its broadest social sense.

The following example, drawn from my own practice, is the case of an obsessional girl who had been crippled with this problem from the age of fourteen onwards, and who prior to that had suffered many personality problems. At the age of sixteen she went into hospital for the second time and stayed there for three years. She had the usual run of physical treatments, E.C.T., insulin, drugs, and so on, coupled with some minor group therapy. Her symptoms remained unchanged, and round about the age of nineteen a leucotomy was proposed. The girl has been in treatment for approximately eleven years, and I still see her about once a month. The first five years were tumultuous. There was acting out, refusing to leave at the end of the session, throwing the furniture about, physical assaults on me, swallowing sleeping pills before me, and many other difficult phases of behaviour. They were, however, interspersed with very active interpretations ; an exploration of what we can loosely call the transference in depth and the evolution of an explanatory system of her symptoms on classical lines. This has been accompanied by what I might describe as a progressive social re-education. This first of all meant weaning the patient from the hospital, placing her in a half-way house ; then getting her to her parents' home ; then to a succession of jobs, and eventually, about three years ago, out of her parents' home into a hostel and gradually into better hostels and better jobs. The re-education system included very actively helping her to write letters for jobs and

advising her on hostels, of telling her how to behave in ordinary social situations, and in every way treating her as a child in the process of growing up. Most of her childhood and adolescence had been spent in institutions of one sort or another, and certainly cut off from the normal socialisation processes and from adequate contact with her parents. The growth period has been a long one. Now her obsessional symptoms have disappeared, and she faces the ordinary problems of life ; still lonely, still somewhat immature, still cut off from true communication with her parents since, I would suggest, they are incapable of true communication with her.

Over the last year or so her problems have focused on the pursuit of a competent and adequate young man whom she could marry. Prior to this her problems have been those of survival. Now fresh material is coming forward, and she discovers new symptoms in herself concerned with genital primacy. Thus the shifting of life's demands shifts the symptoms which come forth and need to be dealt with.

For the next case I am indebted to one of our members, Dr. Christie Brown, who has allowed me to quote the case of a bride referred to her in a Family Planning Clinic. The teenage bride and her twenty-three-year-old husband were both in a state of severe anxiety. The bride could not permit intercourse ; her husband said: " She won't let me touch her," and added, "It's driving both of us round the bend."

The girl's anxiety was such that she was completely unable to relax for any physical examination to be possible.

Dr. Christie Brown invited the bride to see her once a week and discussed the physiology of sex with her. She gave both her and her husband the firm advice that for the time being no sexual intercourse was to be attempted. Caresses, kissing, and cuddling were encouraged, but intercourse forbidden. At the same time, in the course of her discussions on the physiology of sex, she encouraged the girl to touch and explore her genitals.

This went on for some six sessions, whereupon the bride triumphantly asked to be fitted with a contraceptive device since intercourse had commenced and was proceeding satisfactorily. Inhibitions over physical examination had entirely disappeared and, so far as is known after several months, all is well. The couple were young, teenagers, of limited intelligence and lower socio-economic status. The girl would have been unsuitable for analysis.

There is a similar case described by Eysenck in " The Causes and Cure of Neuroses." The psychotherapeutic process he calls graduated desensitisation. By this he means progress towards the area which arouses anxiety by progressive stages, each stage being accompanied by rewards and reassurance. Thus in

behavioural terms the subject is reconditioned and the initial negative response is gradually overcome by a series of positive ones. An essential for this whole process is a strong positive relationship to the therapist. It might be interesting to speculate in psycho-analytic terms what this process comprises. Eysenck gives further examples of the progressive desensitisation in terms of school phobia.

It is interesting to note here that, following the behavioural hypothesis, he treats each symptom in its own right. Thus school phobia is seen simply as a fear of going to school and not necessarily as a derivation of disturbed relationship with the parents or disturbances elsewhere.*

I will add one further case, that of a young man who has had six or eight years' analysis elsewhere, followed by a short spell with myself of about a year, after which, his funds being low, he left and had two years' group psychotherapy. He recently returned, and I would say that his clinical picture is unaltered and he is at the moment experiencing a severe crisis in his career. It seemed to me that any further analytical exploration would take an immense time. We examined the presenting problem, which was a crisis in his work; discussed the aetiology, drawing on his many years of analytical work and then together worked out some practical solution at the ego level. I then manipulated his relationship to me by suggesting that he went away for some weeks and completed the task which we had decided was necessary, and returned and reported progress or lack of it. He, in fact, utilised the weeks to good advantage, and after three more sessions he had moved through the current crisis. Is this psychotherapy?

I now want to refer to what Mr. John Wren Lewis calls the moral sadism of psycho-analysis, by which I think he means the extreme insistence on the analytic rule, the insistence that each symptom must have its origin and this origin must be explored; the further insistence on strictly limiting the analytic relationship in terms of theoretical exploitation of the transference. It is clear, however, that the therapeutic results of this process even in Storr's terms leave much to be desired. It might be worth asking why this process becomes so sadistically compelling for both patient and therapist. Reverting to our speculations about the need for a theoretical system to convert chaos into order, it may well be that the disorder and chaos which threatens the therapist is equally great or even greater than that which threatens

chaos into order

* In discussion of this point, it was suggested that relief from enuresis, for instance, had a profound effect upon the social life of the patient. He no longer had problems of wet sheets at night and the accompanying social disapproval. He could sleep away from home, he no longer smelled and so on. All this might considerably alter his psychological economy potentially in the direction of better psychological health.

the patient. He has not only to deal with his own internal chaos, but the chaos of the patient as well. Thus some firm structure is essential to him in order that he may master his anxieties and face both these threats.

Lomax remarks that we really have no theory or verbal process to describe the actual transaction which takes place between therapist and patient, or indeed between person and person. The Existentialists are perhaps groping towards this, and you may detect in my thoughts tonight a strong Existentialist flavour. Any system of inter-personal exploration and explanation, however, needs two dimensions: the first sets out to be a map of the continents and this is perhaps relatively easy, our diagnoses tend to be in a map form. He is suffering from this sort of anxiety, from that sort of fear, probably has this sort of oedipal situation and that sort of anal one and so on. This type of explanatory map is most useful. It does, however, lack the dimension of depth; the depth indicating the strength of the energy locked up in the various areas of the map, what Glover call the psychic economics of the situation.

But my plea is for more than the development of a process of exploration, albeit a two-dimensional one. This process may be essential for the therapist. He then has to translate his findings into the most appropriate form of the therapy available to him for transmission to the patient.

Throughout these transactions I was guided by my own ideas of the psycho-dynamics of what was being worked out between us and the actions that followed. In part I shared these with the patient. I used discretion as to what was best shared or not. This complex process had a good outcome. It needs to be described under the generic heading of psychotherapy.

This leads to further speculation. Is the simple one-to-one relationship necessarily the most advantageous for each patient? Or is it advantageous for the whole of any one patient's therapy? Is it sometimes possible to combine individual and group psychotherapy? When should they best be combined? What form of group psychotherapy could be combined with individual one-to-one therapy? We are already, in a limited way, experimenting with this.

As a final speculation I wonder if there are any other forms in which, to use an Existentialist phrase, "man in the world" can be confronted with himself. I have in mind here some of the Courses on Group Dynamics with which the Association has been experimenting over the last two years. In these courses various situations are created within the limits of the Course, and members are given the opportunity to explore their ramifications. The examination of problems of rôles, self, and interaction in the group comes often painfully to the notice of every

individual member of the Course. Perhaps this might be combined with some further device to ensure that these experiences, often overwhelming, are productive of therapy.

It seems to me that if we are an Association of Psychotherapists, then Psychotherapy is our task and Psychotherapy the area to which we should devote our energies and explorations.

Let me conclude as I began by quoting Fenichel's statement, namely: "There are many ways to treat the neuroses, but there is only one way to understand them." Thus on a firm basis of psycho-analytic understanding, we can go on to explore, describe, and extend the processes of psychotherapy which consist of the treatment and alleviation of psychic pain.

REFERENCES

1. The Psycho-Analytical Theory of Neurosis. O. Fenichel. Routledge & Kegan Paul, 1946.

2. "Persuasion and Healing." J. D. Frank. Oxford University Press, 1961.

[A NOTE CONCERNING A RELEVANT RESEARCH

A part of Paul de Berker's article is concerned with the evaluation of psycho-analytic and other psychotherapies by reference to research findings. It would seem appropiate in this context to take account, as well, of the work in this country of D. H. Malan reported by him in his book "A Study of Brief Psychotherapy" (Tavistock Publications, 1963). In this note I have, with the agreement of Mr. de Berker, set out to do this.

In Dr. Malan's words, the aim of his investigation is summarised as follows:—

> "The original aim of the . . . work . . . was to explore Brief Psychotherapy carried out by psycho-analysts who are relatively skilled and experienced. To this has been added an attempt to reconcile the 'clinical' and 'objective' approaches to psychodynamic material, by treating clinical judgments exactly as rigorously as is appropriate, no more and no less."

The importance of Dr. Malan's investigation of brief psychotherapy is that, as well as evaluating the outcome of a series of psychotherapies, it was designed to give due importance to the nature of a psycho-analytic approach to psychotherapy by attempting to identify salient occurrences in the psychotherapeutic transactions themselves, rendering them quantifiable, and hence able to be statistically evaluated along with the data concerning outcome.

The main source used in the research was a pool of accounts written session by session by a group of psycho-analysts, under the leadership of Michael Balint, who had met together regularly to discuss and refine their common aims in conducting brief psychotherapies, mainly at the Tavistock Clinic and the Cassel Hospital. Dr. Malan, himself one of the analysts concerned, later prepared for quantification and statistical analysis various factors occurring as phenomena in these accounts. Psychologists' assessments, clinical consultation reports, therapists' and patients' follow-up assessments were all variously used as data. Importantly, as Dr. Malan stresses, summaries of this data, for each

patient and his treatment used for the study, are presented in the book. The assessments at follow-up range from one to five years after termination of treatment.

To judge the extent to which this study has done justice to the complexities of psycho-analytic therapy in general and specifically to its evaluation when applied to brief psychotherapy, one must refer to the book itself. As as important example, however, it sets out to compare the incidence numerically of transference interpretations in the therapists' records of sessions with the occurrence of improvement phenomena over short and longer terms. The results of this part of the study along with others (based on a non-parametric statistical technique, the raw data and results of which are presented in detail in the book) are drawn together from the evidence and summarised in Dr. Malan's words as:—

"1. The widely held conservative view that it is the 'mild' illnesses of recent onset that are the most suitable for brief psychotherapy is not supported.

2. On the contrary, there is strong evidence that other factors are more important, and that quite far-reaching and lasting improvements can be obtained in relatively severe and long-standing illnesses.

3. The cumulative evidence is very strong that (a) interpretation of the transference in general, and (b) interpretation of the link between transference feelings and the relation to parents in particular, not only carried few dangers in these therapies, but also played a very important part in leading to a favourable outcome.

In short, the results of our work consistently support the radical rather than the conservative view."

FRANK ORFORD.]

PROBLEMS OF COMMUNICATION IN THE TREATMENT OF ADOLESCENTS

B. E. Dockar-Drysdale

Most of my work during the past twenty years has been an attempt to provide primary experience for emotionally-deprived children in a residential school for the maladjusted, which was originally founded by my husband and myself. I still work there for two days each week in a consultative capacity as therapeutic adviser. Earlier I gave psychotherapy to the children, individually and in groups, as well as supervising the therapeutic work of the treatment team. I also did some therapy with parents in collaboration with Psychiatric Social Workers of referring clinics. I learnt something, therefore, about family constellations, but I was aware of a need to see how the children grew into parents—adolescence was missing in the particular setting. I could make use of insight gained about my own adolescence, and of course our own four children growing up ensured my awareness of the nature of this phase of development from a mother's standpoint; but this, however, was not all that I needed in my work. Since this realisation I have had considerable experience with adolescents, who have been emotionally deprived. Few of these young people have been deprived in any technical sense, i.e., they have been living with their families and have never been institutionalized—indeed, they have devoted, though troubled, parents.

Types of Adolescents Under Consideration

Frozen Ones

The most primitive of these categories, i.e., the least integrated, is made up of those whom I have described elsewhere as the "Frozen Ones" (Dockar-Drysdale, 1958), who have suffered interruption of primary experience at the point where they and their mothers would be commencing the separating-out process, having been as it were broken off rather than separated out from their mothers. They have survived by perpetuating a pseudo-symbiotic state, without boundaries to personality, merged with their environment, and unable to make any real object relationship or to feel the need for such a relationship.

Archipelago Children

The next category consists of those who have achieved the first steps towards integration, so that one could describe them as made up of Ego-islets which have never fused into a continent, i.e. into a total person. We call them for this reason "Archipelago" children.

FALSE SELVES

Winnicott describes this form of defence as follows:—

"At one extreme: the False Self sets up as a real one and it is this that observers tend to think is the real person. In living relationships, work relationships and friendships, however, the False Self begins to fail. In situations in which what is expected is a whole person, the False Self has some essential lacking. At this extreme the True Self is hidden."

Having described other types of False Selves advancing towards health, he writes:—

"Still further towards health: the False Self is built on identifications (as, for example, that of the patient whose childhood environment and whose actual nannie gave much colour to the False Self organisation)."

CARETAKER SELF

The latter organisation Winnicott has described as the "caretaker self"; "this elaborate defence takes various forms and is often difficult to recognise—especially because the 'little self' part of the child is carefully concealed by the caretaker."

I have written in some detail elsewhere concerning these groups (Dockar-Drysdale, 1966). Here I just wish to say that it is a lack of adaption to demands in the "frozen ones" and the archipelago children which makes them so different from the false selves and the caretaker selves, and which also makes them unmanageable in most residential settings; they have, however, an embryonic ego capable of evolvement in a containing environment.

I think of all these children as pre-neurotic because only integrated people can achieve a neurosis involving the containment of personal guilt. The primary fear is one of annihilation, not castration; the primary problem is that of integration rather than Oedipal conflict, although in integrated areas of such patients one will meet castration fears and Oedipal problems—but localized and secondary.

I am going to describe actual communications which have taken place during psychotherapy sessions between such patients and myself, but before going on to do this I want to quote from a paper on communication by Winnicott which seems especially relevant. He writes:—

"This theme of the individual as an isolate has its importance in the study of infancy and of psychosis, but it also has importance in the study of adolescence. The boy and girl at puberty can be described in many ways, and one way concerns the adolescent as an isolate. This preservation of personal isolation is part of the search for identity, and for

the establishment of a personal technique for communicating which does not lead to violation of the central self. This may be one reason why adolescents on the whole eschew psycho-analytic treatment, though they are interested in psycho-analytic theories. They feel that by psycho-analysis they will be raped, not sexually but spiritually. In practice the analyst can avoid confirming the adolescent's fears in this respect, but the analyst of an adolescent must expect to be tested out fully and must be prepared to use communication of an indirect kind, and to recognise simple non-communication.

At adolescence when the individual is undergoing pubertal changes and is not quite ready to become one of the adult community, there is a strengthening of the defences against being found; that is to say, being found before being there to be found. That which is truly personal and which feels real must be defended at all costs, and even if this means a temporary blindness to the value of compromise. Adolescents form aggregates rather than groups, and by looking alike they emphasize the essential loneliness of each individual. At least, this is how it seems to me."

Here Winnicott is writing about normal adolescents: the deprived youngsters I have in treatment present a more dramatic and paradoxical picture, in that they wish to be found without being found, to be understood and answered without communication, to bring the therapist into their inner world while preserving their emotional privacy—from emotional rape and annihilation. These are the difficulties which have to be surmounted in order to establish real communication, in my own experience special ways of using symbols seem to provide some solutions, although also producing some problems.

My impression (based on work in the therapeutic school already mentioned, as well as the therapy with adolescents which I shall be describing here) is that, because of early and severe deprivation, such children have not achieved the capacity for symbolization of experience. It would seem that primary experience is normally followed by realization, symbolization and conceptualization; deprived children can only make limited use of symbols, depending on the amount of primary experience and realization which has taken place. They have been struck by trauma at a stage of development so primitive that they have still either been actually part of their mothers (in a state of primary unity), partially separated out, or at most have only established a fragile and inadequate ego. They are able to realize and symbolize such experience as they have had, but the disasters which constitute the "gaps" have been so terrible as to be *unthinkable*, and can only be remembered by feeling (panic, for example), which in this sense is a form of communication—a statement.

However, once there is any ego growth there are defences, and very elaborate defences. These can be described in symbols, and systems of highly-organised defence can be communicated symbolically.

The use of symbols would seem to provide a bridge into therapeutic involvement (Winnicott, Little), and also to provide a bridge out of involvement following regression into anaclitic dependence (Spitz) on the therapist as a separate person. Marion Milner writes: "The primary 'object' that the infant seeks to find again is a fusion of self and object, it is mouth and breast felt as fused into one. Thus the concept of fusion is present, both in the primary situation between self and object, and in the secondary one between the new situation and the old one."

I think of symbolization as *a form of transitional experience* as described by Winnicott. I have found that if the patient and myself are able to establish a field of symbolic communication, of which we can both make use, we can sometimes reach depths where interpretation could be felt as attack, i.e., impingement, rape, or annihilation ; and it is very difficult, for me at any rate, to choose the moment for direct interpretation ; usually this will only become appropriate when the symbolic communication made by the patient is so transparent as to be nearly conscious. Sometimes, when I have made such an interpretation, the patient has said, correctly, "Of course, I knew this without your having to tell me!" When, however, I have made a premature interpretation, the patient has withdrawn, i.e., treatment has been halted.

Gabrielle, a very ill girl of twenty, split off her stomach from the rest of her. Her stomach was for her a screaming tyrannical baby whom she alternately cajoled and bullied. This, of course, was the real Gabrielle as a baby, deprived, hungry and consumed by helpless rage. I accepted the separateness of her stomach and suggested that we could call "him"—her stomach was essentially male—"Tum." For a long period we talked of Tum as a baby, a frightened, pathetic baby, until one day, when she had gained considerable insight and was feeling better, Gabrielle said, "Really, there's no such person as Tum, there's just a part of me which got split off and is now part of me again."

Symbolic description of defence organizations is intended to bring me into the inner world, in the hope that I can help the patient with the intolerable burden of maintaining massive and crippling defences. Symbolization of primary experiences—the adaptations, the regression, for example—on the other hand, is the result of the patient's need to store such experiences within him, so that they can gradually become part of himself—the missing parts—and *no longer have to be remembered or forgotten :* this storing is also part of the tremendous process of separating out from involvement.

A child said to me, "I've got to find somewhere to keep all this—I can't just go on thinking it!" The regression itself can only become feasible when the patient has been able to replace demands by expectations, can count on my reliability in making adaptations to his needs, and has got enough material collected out of which to create his "me"—an illusionary me, of course, but very real to him, essentially a mother at the very beginning, part of him. Also he must be sure that there are enough stepping stones across the emotional space between us for him to feel that he will not be cut off from me should he risk involvement to the point of merger: he must be sure that he can find his way out of the regression. Symbolic communication can provide such stepping stones.

So long as I am concerned with helping the patient to abandon defences, i.e., splitting, dissociation, denial, psychosomatic illness, interpretation becomes essential eventually. Once, however, the second phase is reached in which symbolization of the primary experience provided is taking place, interpretation could be disastrous and meaningless, since I would be interrupting an important process, simply pushing the patient back to square one—to seek other means of symbolization. Sometimes what I *do* may be more valuable than what I could *say*, through symbolic provision (which can also be pre-verbal communication), symbolic realization—as described by Sechehaye—can be reached.

I cannot discuss here communication with Archipelago-type adolescents (those with ego-nuclei and areas of unintegration) because these have not so far come my way, although there have been several such younger children, over the years, in the school.

I have, however, had three "frozen" ones in treatment, and I have a new patient (who comes to see me once a week) who, I am sure, will prove to be another such case. "Frozen" adolescents—delinquent, seductive, with embryonic egos, no boundaries to personality, and relying on symbiotic merger to ensure their parasitic survival—these are the patients with whom I find it most difficult to establish any real communication.

These patients do not, on referral, communicate at all—they talk in order to avoid communication. They chatter to me happily enough, giving an impression of friendliness and ease, but I become aware that there is much that is stereotyped and repetitive in what they actually say. It is as though they use a collection of phrases like a pack of cards, which they shuffle skilfully and quickly, but which they never use in order to play a game. Often they are really talking to themselves, so that any comment from me can be an intrusion. When, for one reason or another, they find themselves silent, this can be a cause for panic. They often scream at me, "Say something, can't you!"

It is all too easy to be seduced, to slip into collusion through fatigue or boredom; they manipulate with great skill and are adept in the art of slipping over the boundaries of other people's personalities.

They make no use of symbols in verbal communication and rarely recount dreams. Only in their actual acting out can one glimpse what might have been inner-world realities had they ever been contained.

One such boy in the therapeutic school, early in treatment, painted a picture of " Tom, Tom, the Piper's Son "; I happened to be passing, and he showed me the painting. I have no idea what this meant to him at the time; this was not a boy with whom I had much contact until near the end of his time with us. We were all concerned about John (aged thirteen) and felt that we had not been able to meet his needs adequately and that we did not know enough about him. During his last six months with us he came to see me three or four times each week. He used his sessions to paint, and to tell me his version of the story of Tom, the piper's son. During the first session he reminded me of the earlier picture. I have these paintings (as slides) and the story—he asked me to keep them and gave me permission to use the material. Now he found himself able to symbolize and communicate to me all his experiences, at home and with us—especially the beginning of his life. The whole work is moving, real, and poetic—utterly unexpected from a tough delinquent of low average intelligence.

Another patient, a seventeen-year-old, Peter, who had slid through his life with delinquent ease, made little use of his treatment. However, subsequently he reached dependence and a depressed mood which caused him to return for weekly sessions of which he could make use. Peter, during his period, fell in love and suffered greatly from his inability to express what he felt about this girl as a separate person, and struggled towards realization and symbolization of an important experience. He had never achieved anything creative—he did not write, paint, or play a musical instrument, although he listened to music by the hour in an inactive way (he was a passive homosexual). Everything this unfortunate boy said was stereotyped and boring, and he himself knew this, but was quite unable to express himself in any other way. I suggested that he might read some Donne, and then try himself to write a sonnet, feeling that the exact form of the sonnet could help him. Peter finally wrote a sonnet:—

Then why do I forever yearn for thee,
When thou and I are both so far apart?
Through loving you I have a happier heart,
Yet, far away, a sadder man I'll be.

I see a rainbow yonder which would start
To move if I should near it questingly,
Though were I to attain it I should find
No pot of gold, or any other trove,
But one who would my love have undermined.
And then if I retreat she'll nearer move,
Beyond this rainbow is the girl I love ;
And when I'm happy, yonder shines the sun,
So also, being sad, the rain does run:
Thus, loving thee, the rainbow must reign on.

Here at last, he was able to communicate, about this girl, his mother, himself. He wrote more sonnets, and at the same time his work at college improved—this was noted by Peter and also by his father—and he himself began to value identity and to accept responsibility for being a person.

There have been child patients whom I have met again as adolescents, either socially or as people in need of further help. One of these, Marguerite (the shrimp child whom I have described elsewhere), used to communicate with me in symbolic terms, concerning a shrimp at the bottom of the sea. When I met her later as an adolescent, she told me that the jug with which I had fed the shrimp was broken. Later still, in the course of a conversation, I reminded her of the little shell house which the shrimp had succeeded in building at the bottom of the sea, and how the house had been broken into by sharks. Marguerite retorted that the shrimp did not know how to build a proper house. She was not angry with me for mentioning the shrimp, and we could discuss her problems in these long-established terms in a way which would not otherwise have been possible.

Another child, Ella, returning as an adolescent to visit us, talked about a picture she had painted of a rage when she was a child. She had on that occasion screamed that she was so full of rage that she did not know what to do. I had suggested that she painted a picture of the rage, there and then, which she had done with considerable skill. She is now a student in an Art School! She remembered the painting of the rage and could describe every detail to me: since I remembered the picture equally vividly, we were able to meet on this symbolic bridge.

Summary

Some of the problems then with which I am especially concerned in communication with adolescents are as follows:—

1. How to establish meaningful communication with those emotionally deprived adolescents whose aim is to be found without being found.

2. How to be sure that such communication, once established,

remains " real " symbolic description rather than deteriorate into mere surface " phantasying."

3. How to choose the moment for interpretation of such description without impingement.

4. How to recognise material from integrated areas of the patient which will need appropriate and very different responses from the therapist (e.g., interpetation of oedipal conflicts).

5. How to distinguish between symbolic description, i.e., making use of symbols, a technique needing eventual interpretation from symbolization, a process needing ego support ; followed naturally and eventually by conceptualization.

Eugene Ionesco in his " Journal " writes : —

> " The most that art provides is a tiny gleam, a very tiny gleam, a tiny gleam of grey light, the merest beginning of an illumination lost in a sea of words, dissolved in a welter of colour, tossed like a cork on the waves and wavering indefiniteness of music."

Perhaps one can think of symbolic communication of the type I am describing as a kind of art, providing " a gleam, a very tiny gleam "—of insight

REFERENCES

DOCKAR-DRYSDALE, B. E. (1958). The residential treatment of frozen children. Br. J. Delinq. 9, pp. 106-116.

DOCKAR-DRYSDALE, B. E. (1966). The provision of primary experience in a therapeutic school. J. Child Psychology and Psychiatry, Vol. 7, Nos. 3/4, pp. 263-275.

LITTLE, M. (1960). On basic unity. Int. J. Psycho-Analysis 4, pp. 377-384.

MILNER, M. (1955). The role of illusion in symbol formation. From " New directions in Psycho-Analysis," Tavistock Publications.

SECHEHAYE, M. A. (1951). Symbolic realization. Monograph series on Schizophrenia, Int. University Press, New York.

WINNICOTT, D. W. (1958). Collected papers. Tavistock, London.

WINNICOTT, D. W. (1960). True-false self. In " The maturational processes and the facilitating environment," pp. 142-143, 145. Hogarth, London.

WINNICOTT, D. W. (1963). The mentally ill in your caseload. In " New thinking for changing needs," Association of Social Workers, London.

PSYCHOANALYTIC PSYCHOTHERAPY WITH AUTISTIC CHILDREN

Frances Tustin

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This paper attempts to explore some therapeutic processes in relation to the treatment of autistic children. There is not space here to define the use of the term "autistic". It has to suffice to say that "autistic" is used to describe children who have many symptoms in common with early infantile autism (Kanner), although they may not manifest the symptom-combination specific to that syndrome. A distinction is made between autism and allied syndromes, and those syndromes allied to childhood schizophrenia. For differentiation between early infantile autism and childhood schizophrenia from a phenomenological point of view, the reader is referred to Rimland, and from a psycho-dynamic point of view to Meltzer, and also to Mahler. Fordham and Anthony also deal with diagnosis.

TECHNIQUE

The most usual psychoanalytic view is that to treat psychotic children, there should be some modification of technique, at least at the beginning of treatment, for example, interpretations are not used and food and fondling are looked upon as an essential part of the therapeutic procedure. Influenced by the work of Melanie Klein, I have not used such a modified technique and it has seemed to me that the process of interpretation has been particularly helpful to autistic children. These children keep experiences discrete and separated from one another; they seem not to be able to link them together and to interpret them. The interpretive process seems to supply the autistic child with just what he lacks. The objection may be made that, at the beginning of treatment, the child has little understanding of words. My experience is that there is a tiny segment of awareness which understands far more words than we realise, as witness the mute autistic child cited by Rimland, who in the moment of panic when a prune skin was stuck in his throat, gasped, "Take it out!" (Rimland, 1962, page 15). Also, in making interpretations it is important to choose words carefully, with a mute child interspersing the words the parents think he understands. With all such children it is important to make

interpretations short and to the point and not to be afraid to repeat the same thing over again, either in the same way or in a slightly different way.

One of the therapeutic features of this approach is that the child seems to realise that someone is trying to get through to him, is bearing the frustration of his lack of response, and is not put off by it but keeps on going forward. The autistic child can often bear this verbal forward movement on the part of the therapist more than physical contact. I have seen a child thrown into a catatonic state by a well-meant attempt to help him by picking him up and cuddling him. In my own work, I have also learned to keep gestures to a minimum since they seem to frighten the child so that he freezes up, or else unduly excite him. Talking does not seem to have this effect, although occasionally the child may be persecuted by words and feel that they are solid objects being pushed into him. In such cases, this is interpreted and, if it is done tactfully, almost invariably it brings great relief to the child, who begins to be able to move from a concrete level of functioning.

It seems as if the therapist provides him with an auxiliary agent of interpretation of experience until he can begin to do this for himself. The therapist acts as if to say, " Rather than lending you my hand as if it were a part of your body, I will lend you my 'thinking apparatus' which will help you gradually to differentiate your body from mine and to develop a thinking apparatus of your own". The interpretation of experience requires the exercise of imagination, and the interpretation of primitive bodily states requires the capacity to enter into someone else's physical states without being bowled over by them. This empathetic reciprocity seems to be a primitive forerunner of imagination. The capacity for imaginative reconstruction of primitive experience is important in therapy with autistic children. The putting of these reconstructions into words is helpful to both therapist and patient; the latter gradually " gets the hang " of this process and begins to do it for himself. He begins to be able to interpose words and later thinking (internal speech) between the impulse to action and its execution. The therapist's capacity to *interpret* seems to provide a mental apparatus, (until the child can develop one of his own), which enables tension to be sustained and action delayed in terms of outside possibilities and his own capacities. By using the therapist's mind as an intermediate, auxiliary agent, somatic processes of immediate discharge gradually become transformed into mental states. This is the step which autistic children have been unable to make. It is the essential core of the arrest of development, which constitutes pathological autism, which needs to be distinguished from the normal autism of early infancy.

Experience has taught me that a firm "holding situation" is of the utmost importance in the treatment of autistic children. In my own case, supervision from Dr. Herbert Rosenfeld and later from Dr. Donald Meltzer, was significant in helping me to recognise and achieve this. This firmness comes from the therapist's own consistent, disciplined and attentive behaviour, from the regularity of the appointments, the careful time-keeping, the use of the same room for each appointment in which changes of arrangement are kept to a minimum; each individual child's drawer of toys being locked after each session. In this technique, the therapist keeps strictly to her role of understanding and interpreting, and is drawn as little as is possible, into active manipulation of the toys or play material.

This consistency gives these insecure children a framework in which to operate. The measure of success which conditioning techniques have had with these children would seem to be due to the fact that the experimenter had simple, clearly defined, objectives and the setting was simple. Such techniques also focus the child's feelings of persecution on to an experimenter who stands firm against outbursts. In the early days of treatment, all these factors are of importance, but later more subtle factors come into play, which highlight the inadequacy of conditioning techniques.

Phases in Treatment

When such a firm technique is used, the following phases seem to occur in treatment. The need to be brief makes the transitions from one phase to the other seem more abrupt than in fact they are. In practice there is overlapping between one stage and the next, and previous stages may recur, due to impingements into the holding situation, such as unexpected absences of child or therapist. However, the following survey gives some idea of on-going development during relatively successful treatment. (It should be made clear that some of the findings described in this section, although not inconsistent with Klein's work, have never specifically been described by her.)

After a preliminary phase in which the child may ignore the toys and in which material for interpretation is sparse and difficult to understand, there will be explosions of rage. This may be screaming, or spitting, or urination, or defaecation or actual overt tantrums. These bodily-experienced rages seem to be the result of the shock of realisation that outside objects are not inevitably formed in terms of a completion of discharge of instinctual impulses. The child now becomes very persecuted by this explosively projected body-stuff which threatens him. For example, one child John, made little differentiation between himself and a humming-top, the spinning of the top seeming to

excite him in the same way as the masturbatory touching of his penis. In the twenty-third session, he failed to make the top spin because he pressed the point into the soft carpet. After trying to use my hand as if it were a part of himself to try to get the excitement of the spinning top, and failing to achieve this, he threw the top to the ceiling in a tantrum. This was followed by grief-and-panic-stricken pre-occupation with this broken top and other broken things. (The "black hole" type of depression which results from such a blow to autistic omnipotence was demonstrated and discussed in the paper "A Significant Element in the Development of Autism" (Tustin, 1966). This paper discusses the importance of the mother (therapist) *not only* as a need-satisfying object, but as a "*container*" (Bion, 1962) for the child's bodily-experienced rages and anxieties. The transforming function of this "containing", by means of the processes of projective identification, was also discussed.)

At this stage the child can cry or scream in a most distressing way. The differentiation between his own body and the outside world seems far from clear at this point. If the child sees a break or a hole, he seems to feel that he is broken or has a hole or has a part missing. He may show fear of holes and try to avert his eyes from them. The child's sense of body integrity, and thus his sense of identity, is very insecure at this point. Benign visual hallucinations may occur, and almost invariably, the child, at some point, shows fear of his own shadow which, among other things, seems to be an emanation of dangerous bodily stuff.

I would agree with Roderiguez that the visual hallucinations are a sign of progress, and help in establishing a closer relationship with the child. They also seem to help him to assimilate experience and to begin to achieve mental functioning. It has been my experience, as it was that of Roderiguez, that the blissful hallucinations sometimes took place when I was speaking. (Roderiguez, 1955, page 165.) As with Roderiguez's patient, these blissful hallucinations were also associated with persecutory ones. However, it has not been my experience, as it was with Roderiguez's patient, that the blissful hallucinations always emerged first.

The "visions", both the blissful and the persecutory ones, seem to be emanations of body stuff which are on the point of becoming mental images of absent objects. Interpretations concerning these enable the child to withdraw these objects from the outside world and to manipulate them within his own mind as mental images. This seems to be an important stage in assisting the autistic child to achieve mental functioning. As all therapists who have treated such children know, this is the most difficult

achievement for an autistic child in therapy. In my own experience the work of W. R. Bion has been valuable in throwing light on the early stages of mental functioning.

The next stage in therapy is reached when the child, as it seems, *suddenly* gets the notion that he can *mend* things, albeit omnipotently. As he feels that he can mend the "holes" and "breaks" which seem to be in his own body, he gets a more secure sense of bodily integrity and thus of personal identity. In John, the patient cited earlier, this was strikingly illustrated when his first use of the personal pronoun came apropos a toy bus he had broken in a tantrum, of which he said, "*I* mend it! *I* mend it!"

The next stage is when the patient gets the notion that I, as a therapist, can mend him. Again there is omnipotence in this, in that I am endowed with super-human powers, but omnipotence is diminished in that he begins to be able to bear being dependent on an outside person. A certain degree of trust has developed. This healing that the therapist is able to do is sometimes associated with oil as a healing medium. I had one autistic boy who oiled his Dinky motor-cars like a High Priest giving Divine Unction. At times he felt that I did the same for him. Winnicott cites two adult psychotic patients with whom this was the case. One of them speaks of oil "as the medium in which the wheels can start to move". Winnicott then goes on to say that this was an important forward step in the man's treatment, because he had come to the notion of the analytic situation being a healing and facilitating medium which held him. This development of trust in the therapeutic "holding situation" is an important step, but it brings with it all the anxieties concerning dependence. During this stage, the child may sometimes be reluctant to come to treatment, but as the anxieties concerning dependence are worked over and begin to be tolerated, he begins to show signs of intelligence. From seeming mentally retarded, he begins to function as an intelligent child beset by psychotic anxieties.

In this third phase, when the child is beginning to be able to bear the awareness of a clear distinction between himself and other people, there invariably develops a phantasy which I have come to call the "nest of babies" phantasy. This is associated with the notion that there are "special babies" who are given "special food". The faeces in the child's own anus, which is felt to be his own private "breast", a sort of walking larder, are very linked with this phantasy. This phantasy was characteristic of a patient suffering from anorexia nervosa and, at this stage, eating idiosyncrasies which are characteristic of most autistic children, begin to be worked over in treatment. The child also begins to learn, i.e., to take intellectual food.

The fact that certain phantasies seem to be common to most children when in certain states of mind, may be due to the fact that they arise from early experiences based on instinctual patterns which are relatively unmodified by reality, and also because they arise from somatic experiences which are common to every child. The imaginative faculty seems to play upon an inbuilt instinctual configuration which is then expressed in each child's own individual way. For example, John used the term "egg-shell babies", another child called them "special babies", another child took over from me the term "inside babies", another child called them "button babies".

The "nest of babies" phantasy is the earliest feature of the stage when the child clearly begins to have a mind of his own. In this phantasy, the child is concerned with getting all he wants. This state is imagined and therefore he feels that it exists, but, as reality creeps in, he realises that it does not. The next thought is, "But there are some who have it", to be followed by, "But it isn't me". This leads on to disappointment, rage, jealousy, envy and competition, all in terms of imaginary especially-favoured entities. Ontogenetically, the primitive fore-runner to all this was the disappointment that the climax to his oral excitements were not always forthcoming from the outside world in the exact terms of his instinctual expectations, the world was not part of body stuff conceived in his own terms.

As imagining and thinking get under weigh, the inadequacies of behaviourist hypotheses concerning the treatment of autistic children become apparent. It becomes very clear that imagination and thinking exist, are operant and causally significant and are caused by and cause other events. In this phase, the child has a growing awareness that there is a difference between the inner world of phantasy and the outer world of fact. During this part of the treatment I find myself picking up and reinforcing the child's conviction that *how* he *uses* the outside world affects the internal model which he makes of it. For example, if he uses it cruelly, he makes a cruel thing within. This inner formation, arising from inbuilt predispositions, and further constructed in terms of his own moods and behaviour, is what he has to turn to when he is alone. In terms of relationships, this inner formation seems to be a mother, or rather instinctually significant aspects of a mother, or a parental couple, or a parental couple and their babies conceived in oral terms, a kind of "breast of babies". It is difficult to discuss in words these non-verbal constructs. The "babies" are mythological entities formed, partly, from sense impressions of objects in the mouth, or in the anus. They also seem to come from inbuilt predispositions. It seems as if the infant brings an internal analogue of significant life situations with him, just as the bird brings a

particular pattern of nest-building. How he manipulates this internal analogue in phantasy, or how he behaves to those parts of the external world, which "click" with instinctual features of this inbuilt analogue, affects his development.

If, due to constitution, or, to an environment which brings undue privations, he behaves with cruelty, then cruelty seems to play a predominate part in the child's internal model. This model will influence his outlook on life, and his behaviour. In this way, cruelty breeds more cruelty, kindness more kindness. As well as a superlatively beneficent "button", presiding over a superlatively happy "breast of babies", there lurks in the shadows a "black hole" containing threatening, sadistic demon-like entities. Thus, at this stage, as well as seeing the beginnings of mental functioning, we seem to come upon the mainsprings of morality. This was well illustrated by the little girl whose "black mummy", whom she greatly feared, became a strict policeman as she grew up.

It is at this stage that the parents often break off treatment. The child has now become teachable and they feel that they can help him themselves without therapeutic intervention. I sympathise with their feelings, for here is a child who has been inaccessible for years and who is now able to respond to their overtures. It is understandable that they want to enjoy him without sharing him with a therapist. However, if he can remain in treatment, his growing realisation that therapy is a joint piece of work between himself and the therapist will mean that omnipotence becomes diminished and the gains from treatment can become more stable.

It will be realised that such a treatment places a great strain on parents, child and therapist. The child has his therapist, the therapist has his own personal analysis and possibly supervision; it is commonly recognised that the parents also need skilled help.

REFERENCES

Anthony, J. (1958). *An Experimental Approach to the Psychopathology of Childhood: Autism.* Brit. J. Med. Psychol. 31, 3 and 4.

Bion, W. R. (1961). *A Psycho-analytic Study of Thinking.* Int. J. Psycho-analysis 43, pp. 306-310.

Bion, W. R. (1962). *Learning from Experience.* Heinemann Medical Books. London.

Fordham, M. (1965). *Contribution á une theorie de l'autisme infantile.* La Psychiatrie de l'enfant. Volume 8. France.

Kanner, L. (1944). *Early Infantile Autism.* J. Paediat. 25, pp. 211-17.

Klein, M. (1932). *Psycho-analysis of Children.* Hogarth. London.

Klein, M. (1961). *Narrative of a Child Analysis.* Hogarth. London.

Mahler, M. (1952). *On Child Psychosis and Schizophrenia: Autistic and Symbolic Infantile Psychoses.* Psychoan. Stud. Child. 7, pp. 286-305. New York.

Meltzer, D. (1963). *Autism, Schizophrenia and Psychotic Adjustment.* (Unpublished paper.)
Rimland, B. (1962). *Infantile Autism.* Methuen.
Roderiguez, E. (1955). *The Analysis of a three-year-old Mute Schizophrenic. New Directions in Psycho-analysis.* Tavistock Public. London.
Tustin, F. (1958). *Anorexia Nervosa in an Adolescent Girl.* Brit. J. Med. Psychol. 31, 3 and 4, pp. 184-200.
Tustin, F. (1966). *A Significant Element in the Development of Autism.* J. of Child Psychol. Psychiat. 7, pp. 53-67.
Winnicott, D. W. (1958). Collected papers. Tavistock Public. London.

TRAINING FOR STUDENT COUNSELLING

An Experiment in the University of Leicester School of Education Psychological Advisory Service

Mary Swainson

The term counselling covers many forms and levels. In this article, the kind of counselling to which I refer, while not psychotherapy, is yet analytically orientated. To me it seems essential that those who will soon be expected to counsel the next generation should have the opportunity during their college life to make personal contact with older people who have some experience and understanding, both with heart and head, of the psychology of the unconscious.

The need in Britain for counselling in *Schools* is slowly being recognised. Selected, experienced teachers are now trained as counsellors at the Universities of Keele, Reading and Exeter; social workers have been introduced experimentally into some schools; there is talk of inter-disciplinary training of teachers and social workers to their mutual advantage, while one College of Education[1] has started to train teacher/social workers. Does not the need for training extend into the *Colleges*? Are there enough facilities for helping the teachers of teachers—the tutors in University Departments and Colleges of Education—to acquire modern counselling attitudes?

Leicester, a pioneer outpost in several areas of psychological education, possesses two particular background resources for such work. First, group experience has been available for University and College tutors (together with personnel workers from other professions) since 1957, when the Tavistock Institute of Human Relations, in conjunction with Leicester University Department of Adult Education, started intensive residential conferences in inter-personal and inter-group relations in Leicester. Several tutors have since applied this experience in modified form to their own student groups.[2] Secondly, two-person counselling and psychotherapy have been provided for the last eighteen years at the Psychological Advisory Service for students in training for teaching, social work, youth leadership and speech therapy, for teachers and for the University and College tutors concerned, with the result that many of the training staff in the area are now thoroughly familiar with therapeutic attitudes either through personal experience of psychotherapy or through consultation about a student. It was in response to a demand from some tutors that, from small beginnings in 1955, the training experiment arose.

An Experience Rather than a Formal Course

As yet, the training offered is developing and unofficial; there is no named award. It is not designed to qualify people as official "counsellors"; only one — my colleague — of the twelve trainees up to date has taken up student counselling professionally. Rather, the training is intended to help those tutors who feel drawn to such work to develop further understanding about themselves and about students' problems so that their more insightful attitudes may be caught and passed on, directly or indirectly, to these students and thence to their pupils. It follows that, during this experimental eleven-year period, whilst learning myself both about the need and the art of training,[3] I have not been unduly selective; it is as important on a College staff to help a member who is in difficulty to gain some insights as it is to help one with considerable awareness to go still further. If, however, the experiment ever became an official course, selection would need to be rigorous.

Qualifications of Trainees

Of the twelve trainees, seven are men and five women. On enrolment five were College of Education tutors (all lecturers in Education), four University tutors (in teacher or social work training), two school teachers and one psychiatric social worker responsible for training others. Most of these have a first degree in a teaching subject and/or a further degree or diploma in Education which provides an academic background of educational and developmental psychology and of the major authorities on the psychology of the unconscious. P.S.W.'s have their own qualifications, stronger on the clinical, less strong on the academic side. Since student teachers are a highly selected body of supposedly "normal" and healthy people, examined by the Medical Officer in charge of each College at both ends of their course, the general emphasis in student counselling is more on the development, emotional education and character aspects of personality work than on the clinical, although it is most essential for trainees to know both.

Before starting training, candidates are required to take a course either of group experience or of personal psychotherapy, and preferably both. Of the twelve, eleven have had group experience, mostly at the Tavistock conferences. All except one underwent personal psychotherapy or analysis (and this one had group experience). One of the difficulties in a pioneer area is that of finding people qualified to provide psychotherapy. Since I have been responsible for the training and supervision of all twelve, I have been reluctant also to be their therapist. Fortunately, five had been analysed elsewhere, but in the other six cases there was no alternative but to take them. Therapy,

however, always precedes training, although in two or three cases there has been some overlap. Personal psychotherapy may last for six months to several years, according to need or opportunity. With some, a short period is enough to achieve the essential insights; others, with longer analysis behind them, are capable of more fundamental work provided that they are far enough away from their own deeper work to be able to adjust to emergency short-term counselling, and to refrain from stirring up more than the youthful ego can take in the short time available.

THE TRAINING EXPERIENCE

The duration of training has varied from the extremes of six months to ten years, but the average is two to three years. In term-time, two periods of one and a half hours each week are usual, one for theory and one for casework supervision, the trainees taking their control clients in their own time.

Course A: Introductory. We plunge straight into discussion of the basic principles of counselling, looking at our own motivation and our deeply-felt philosophies. As in teacher-training, second-hand skills do not work; the counsellor must function from what he *is*, and each functions differently. For instance, the position of each counsellor on the scale ranging from directive advice to the completely non-directive approach is related to his concept of the nature of man. Therefore I never present techniques until trainees have achieved at least some degree of conscious responsibility for their use.

In discussing techniques, we begin with group personality-work as an aspect of the total educational process in the classroom and with the whole range of students. Many educational skills can be used with a double reference: typological studies, self-rating and other-rating, child-studies, family-studies and self-studies, social surveys—all these and many others can help students to understand themselves and each other as well as being a necessary preparation for teaching children. It is here that methods modified from the trainees' group experience can be applied to the students' own ways of learning, for the modern education of teachers includes social and emotional as well as intellectual and practical experience and growth. Indeed, most education tutors already employ many of these methods, but not always with clear understanding of what they may stir up.

Individual counselling begins with a study of interviewing skills with particular reference to the first interview, since trainees will be starting with a control client about this time. Later on, we look at deeper ways of communicating with the unconscious, among them art therapy and the study of dreams. Here is a debatable point: should counsellors study dream-work? Although most trainees will not be employing dream and picture

interpretation in their actual case-work, yet in view of their own personal experience during analysis, and of the need always to understand at a level deeper than one practises, I believe that these ways of communication should be understood.

All the above, though broad in outlook, including Rogerian, Freudian and other theory where appropriate, has a mainly Jungian slant.

Course B: A formal survey of Clinical Types is based primarily on Fairbairn's model of the psyche. Fairbairnian theory was chosen partly to make a bridge for those trainees who had already been given this conceptual basis at the Tavistock conferences, but mainly because, as presented by Guntrip,[4] it would appear to offer the clearest pattern for classifying neuroses any psychoses analytically. In my opinion, it is more far-reaching than Kleinian theory and is the closest to fundamental Jungian concepts of all the Neo-Freudian schools, so in this way I have aimed at achieving a balance and as much integration as possible between Freudian and Jungian theory. Here again is a debatable issue, but it must be remembered that most of these trainees already teach the theory of the main schools of the psychology of the unconscious in simplified form, and particularly as applied to child development, to their students, so that integration, at least intellectually, presents little difficulty. Although studied at a deeper level than will be used in practice, Course B is justified, I feel, both generally on the ground of comprehensive training, and specifically so that trainees may be better able to distinguish between those who can or cannot be helped at a counselling level, and to know when to refer elsewhere.

Course C is fluid, geared to the particular interests of individuals, and may involve a paper to be given by the trainee to the group.

Methods of Presenting Theory

Under the older training methods emphasising bookwork and particularly systematic clinical theory, those trainees who had difficulty in abstract thinking tended to find the ideas meaningless, whereas those who shunned feeling seized on them too eagerly, attempting to fit neat, preconceived concepts onto human nature (which obstinately refused to be thus pigeon-holed). Certain modern methods of group training with a consultant, therefore, show a swing of the pendulum towards learning by emotional experience based on concrete casework in the here-and-now. In attempting to find and follow the middle way here, I have discovered that, since "the readiness is all," real learning depends on careful timing. Too-early presentation of abstract theory is unwise, but, introduced at a later stage, exactly when the trainee has become fogged by the confused mind of his

client, then " there is nothing so practical as a good theory "[5] to explain the contradictions he finds.

Again, much depends on the way in which the theory is presented. It must be remembered that most of the trainees are themselves expert educationists, living by the cardinal principle: " It isn't what we teach, it's what they learn "; and they expect the same dynamic learning situation applied to them. Obviously, with only four or less people in the training group at a time, formal lectures are out of the question. Instead, the theoretical material is given in the form of duplicated notes, containing lists for further reading, and the learning problem centres round the use of these notes. Most trainees prefer to take them home, to read them first and then spend the following session in discussion, but here, as also in relating theory to practice, there is a difference between the more academic " thinking " people and the more personally oriented " feeling-intuitive " types. The thinking types read anything, discuss fluently, and work by deductive reasoning, applying from first principles to a particular case, but they found practical work more of a strain than did the others. Those approaching from feeling, intuition and the more personal angle, however, tended to enjoy casework and to be good at it, but to find books and notes useless unless preceded by live cases. No matter how many specimen case-histories were provided to illustrate each clinical type, they found it difficult to work from idea to case so that it was real to them. They learned *inductively*, and, when given conceptual consolidation after the living experience, though slow, their learning often showed greater integration of heart and head and greater permanence than that of the thinkers. Ideally, with this type, the trainer should gear their head-learning to their casework, no matter how disorderly the syllabus becomes. This means that the requisite theory must be available " on demand," which is not always easy for the trainer. These people do excellent work, but often have no idea why they do it, and will ask afterwards, " Why did I feel I had to say that?" This is the moment that must be seized to discuss the reason behind the action. In our world of today which puts so much value on thinking and verbal expression, they often feel unwarrantably inferior at being unable to verbalise their feelings and values to their more glib colleagues, and it is extremely difficult to get them to write. The same applies to reading-lists ; they will not read unless the book is completely relevant to their need of the moment. The best way to achieve incentive is to allow a certain degree of muddle with a client and then refer to a helpful book on it.

These two types, of course, are highlighted as extremes. One trainee hit the happy medium when he said that he liked the theory presented systematically first, then he has it for reference,

and when he has a case he reads the relevant note "and it becomes real." By whatever approach, the aim is that the trainees should learn to see and to analyse what is involved in their own rôles so that, in achieving some understanding and detachment, they will avoid becoming either unduly inflated or discouraged.

Supervised Casework

After some initial practice in personality work with the whole range of students in their education groups, trainees study specimen case-histories and then proceed to take disturbed clients in two-person sessions. It is here that the exigencies of a pioneer set-up, in which we still have to establish our cause fully, create problems which I do not find mentioned in reports from the more ideal training conditions in London.[6] First, there may well be suspicion of the validity of depth psychology—and even hostility to it—among some of the trainees' colleagues, especially academics at the University. Some trainees even wish to keep their association with the Service secret since they fear it might be detrimental to their careers. Others in more liberal environments consider it an advantage. Secondly, the pressures brought to bear by College authorities that we should "get the student cured" as soon as possible involve the prestige both of the Service and of the trainee, interfering with the freedom to move naturally between counsellor and client. Of course we resist these pressures firmly, and most tutors know now that time and early referral are essential. Nevertheless, emergency short-term cases do not make good control cases because there is too high a level of anxiety in everyone concerned and too little time for consolidation. Whenever possible, therefore, I attempt to find control clients where such external demands do not arise. In the early days I aim to create adequate safeguards for the trainee to work in his own way and rhythm, yet without over-protection. Later on he needs to be exposed progressively to outer pressures because, being part of the reality situation, they are also part of the training process.

Choice of control clients, especially the first, is very important. For a first client I try to find a student who is near the trainee's own personality type, preferably showing a disturbance pattern similar to the one with which the trainee has come to terms in himself sufficiently long ago to be reasonably objective about it, yet to have plenty of empathy. (Here is one of the few advantages of my having taken a trainee previously for psychotherapy.) If the trainee is still in analysis, and if the client's problem is too near his present self-work, he may become too identified; if, on the other hand, the client's problem is too remote from his own experience, he may either feel helpless or

be hearty or uncomprehending. It is vital that his first experience of counselling should give him reasonable confidence as it may well set his attitude for subsequent work. Second and third clients, however, can well be more difficult—opposite types, less familiar problems—presenting a challenge. But one cannot always achieve this desirable gradation in practice!

To facilitate such selection, and also because personally I find it very difficult to supervise adequately when I do not first "have the feel of" a client, I interview the client beforehand; I am perfectly open about the situation, asking permission that we should work as a team. This appears to be another debatable point in training,[6] some trainers considering that control clients should not be told that their counsellor is still in training because it weakens his prestige. I can only say that we have never experienced any difficulty either from trainees or from clients in this respect, but here perhaps our pioneer situation is actually an advantage since control clients are often students from outside the Service area who otherwise would be turned away. Accustomed to the modern team system with their doctors, they are thankful to be accepted at all. A very useful device, especially later on in the training, is that in which the trainee and I take a married couple between us, discussing on equal terms, supervising each other. One of the trainees (the P.S.W.) in her own work is experimenting with four-person interviewing—two counsellors and two clients—and I hope to learn and practise this with her in marital situations.

From experience I have come to recognise three stages of learning-problems in supervised casework. In the first stage, the beginner tends to be dependent, asks what to do, easily becomes alarmed and over-responsible, yet not objectively self-critical. If he has had a deep analysis and is still close to it, he may apply his analyst's methods regardless, and often these are quite unsuitable for counselling. It takes a good deal of experience to handle short-term cases. Further, just as he identifies consciously with his analyst, so he may project his own patient-self unconsciously onto his client, becoming involved. Or, if social pressure should be strong, he may come too near to the sort of counselling that is brainwashing to achieve social norms. Success in his first few cases is very important to him. It is in the second stage that he grows sufficiently confident to let the compulsive need for success go and to take risks. Mistakes happen to us all, and our keynote is: "Whatever happens, *use* it!" Here is a razor's edge between my responsibility for the trainee's learning and for the client's progress; as in all training, we have to let the guinea pigs suffer to some extent that we may learn. And now there comes a phase, beneath all techniques and rôles— of exposure of the trainee himself in relation to another

human being, together with the realisation that basically no one can help him very much. He asks himself, "Should I be doing this work at all?" *Who* needs help? To what extent are we separate entities or changing parts of a pattern in a field of patterns?" He may rebel in face of these questions. In one case, a trainee deliberately went against the advice of both his analyst and his supervisor in a control case and, judging by the outcome, he was perfectly right. He could handle it this way because he was himself, and this was a valuable growing point in the experience of us all. So finally, in stage three, the trainee comes to realise that he cannot be other than he is in the pattern; with real humility he allows himself to be used in relationship—then things really begin to work. And all concerned in the training experience—trainer, trainees and clients alike—begin to find that problems are not things to be got rid of nor solved; rather they are ways of learning, processes to be lived with, until, in the end, perhaps the problems will solve us.

REFERENCES

1. Edge Hill College, Lancs. See Maurice Craft: "Course with a Social Bias," *The Teacher*, July 1st, 1966.
2. City of Leicester College of Education. See G. Hanko: "Inter-group Projects in Teacher Training," *Education for Teaching*, No. 64, May, 1964.
3. Mary Swainson: "Learning the Art of Training," *The Association of Psychotherapists Bulletin*, No. 2, September, 1960.
4. Harry Guntrip: *Personality Structure and Human Interaction*, International Psycho-Analytic Library, Hogarth Press, 1961.
5. Dr. J. Sutherland, speaking at the Davidson Clinic, Edinburgh, Summer School, 1960.
6. "Symposium on Training," *The Journal of Analytical Psychology*, Vol. 6, No. 2, July, 1961, and Vol. 7, Nos. 1 and 2, January and July, 1962.

THE BULLRING

A. J. Grainger

The nickname "Bullring" was given by some children to their weekly free-discussion lesson, because, as one girl put it, "the speaker and the person being spoken to are all alone, like the bull and the matador." In these "discussions" the children's task was to study their own behaviour as it occurred in "the here and now." (See Appendix.) I shall try to outline some of the problems that arise in a normal school setting when working with children aged between twelve and fourteen in groups of this kind—in which there were usually about thirty members. In all I spent between 140 and 150 hours in Bullrings with different classes over a period of two and a half years.

In his book *Learning for Leadership,* A. K. Rice writing about adult groups with the same task says, "the only overt constraints placed on the Study Group are the definition of its task and the consultant's persistent attempt to refuse to do anything else."(1) In fact "nothing but group pressures and their own conscience is stopping them (the members) from doing anything they wish."(2) However, for children it is necessary to provide certain rules. These rules, by providing external constraints give a structure to the Bullring and perform approximately the same function as group pressures and individual conscience in an adult group. Rules are needed because of the threat which an "unstructured situation" holds for the "immature mind."(3) By providing a structure the rules relieve some anxiety that the situation inevitably holds, but not more than is necessary for both children and teachers. It is possible that other teachers in other schools might feel the need of a different structure — either more or fewer rules.

The rules do not needlessly inhibit the children and it must be emphasised that children's groups are not necessarily easier to manage than adult groups. The particular strains to which teachers are subjected in ordinary lessons, are intensified in the Bullring. These strains are caused largely by the unconscious feelings of love, hate, etc., which the teacher has for the group or for individuals in it, and constitute what psychoanalysts call the "counter-transference response." Teachers who in normal lessons are aware not only of the children's reactions to them, but also of their reactions to the children will not be surprised to learn that, "in general there is more counter-transference response in child therapy than in adult therapy, and in group therapy, as compared with individual therapy. In doing group therapy with children, therefore, the therapist should expect appreciative amounts of positive and negative feeling that may

at times occasion guilt and shame or inadvertently discharge itself on to the children."[4] Prof. Anthony's remarks refer to the feelings which a therapist may expect to experience in a therapy group, but they are no less relevant to the feelings that an adult is likely to experience either in the Bullring—or if he is sufficiently aware—in a normal classroom; there will, though, be considerable differences of degree.

The adult in the Bullring has to contend with possible feelings of hatred towards the children which may be based on a fear that he will be unable to control the group, and also with a feeling that he may not be able to control himself. This was well expressed by a visitor saying after a Bullring that he had had to fight down a feeling within himself of "we must put a stop to all this nonsense." He wrote to me a few days later saying, "I discovered quite a lot about myself as I suspect always happens in that situation, anyhow if one is willing to learn." The adult's fear then may range from a mild hope that the teacher next door won't come in and complain about the noise to anxiety about his ability to control the group even within the structure with which he has provided himself.

Rules 1, 2, and 3 forbid damage to property, excessive noise and causing physical harm. There is seldom any danger to personal property, and children sense accurately how close things can be thrown to, for example, the light shades without actually hitting them. They are usually, too, conscious of what is a reasonable level of noise; the volume is often greatest at the change-over between lessons when it matters least. But I have had to remind groups about this rule and we have had complaints from other staff. Rule 3 has occasionally been invoked —once when peas were being shot out of a pea-shooter at close range and again when some boys were flicking a long piece of elastic and there was a danger of someone being hit in the face with it; however these are isolated incidents.

Rule 4 is that the meeting must stop if anyone enters the room and that normal respect must be shown to those entering it; it thus draws another boundary which adults draw for themselves. Children do not find it easy to tolerate interruptions, and both teachers and children have been uncouthly shouted at in the excitement of the moment. Whatever adults might *feel* about an intruder they would not *act* as impulsively.

Rule 5 states: "Attendance is voluntary, but any child who wishes to be absent must inform the teacher on the school day before the next meeting." This rule has been used more often by me to prevent children from deciding a few minutes before a Bullring is due to begin that they don't want to come in, than it has by children genuinely wishing to be absent, and giving

twenty-four hours' notice. On three or four occasions small groups have said that they wished to take advantage of the rule, and have gone off to do work on their own. Usually they returned the week after, complaining that the work I had given them to do was too difficult and that it "Wasn't fair!" and that they were going to come back to the Bullring even though as several implied, it was a waste of time. The ostensible reason for withdrawing from the Bullring is that it is a waste of time, and yet the opposite of this, hard work, is equally undesirable!

Rule 6 states: "The circle must not be broken"; its importance can be best illustrated by what happens without it. In the first or second meetings groups have sometimes split up into sub-groups of about half-a-dozen members and formed closed circles on their own. Sometimes my comment that the group was taking flight caused the sub-groups to break up and the circle to be re-established; often no notice was taken, or the children agreed that they *were* taking flight and intended to go on doing so. The teacher can then only guess what is happening in the sub-groups and has no means of communicating with the group as a whole. Even in an adult Large Group it is possible for the members to ignore the Counsellors' remarks longer than they can in a Study Group, but adults will, on the whole, accept the convention of sitting on chairs in a circle, and though their minds may wander, their bodies are less likely to do so.

But "playfulness" *is* a feature of childhood and children "naturally" resort to it in place of language or when language is found to be inadequate; boys, particularly, find sitting still "sissy"; so the impulse to be on the move has to be recognised. Against the children's needs to be active and playful, has to be set the adult's need to be protected from a mob, and to some extent from his own anxiety. Anthony writes: "the essence of good group therapy is to know your group, more particularly the tension level at which it functions best, and to know yourself, your tolerance for tension inducing behaviour, and for the positive and negative feelings aroused in you by the sustained pressures of the children."[5] The situations which sometimes arise with groups of thirty-five children without rule 6 are full of interest, but raise more anxieties than I care to sustain; this is an account of one such situation. Two of us, a woman teacher and I, were with a group of thirty-five boys and girls aged between thirteen and fourteen who split into five or six sub-groups, each forming closed circles of their own; just under half the group remained in the circle. I commented that they were showing their hostility to the teachers by turning their backs on them. This had no apparent effect on those in the sub-groups, but about fifteen

girls who were still in a straggly line which was part of the original circle, shuffled across the room on their chairs and surrounded me in a semi-circle. They were joined by a boy who kept shouting: "What's it like to be a teacher?" whilst another imitated every action I made. The girls' move seemed to me hostile, and I said that I felt that they were now quite happy as they had found someone upon whom to focus attention, and I also suggested that they were trying to split the teachers, since my colleague was now alone in a far corner of the room with no children near her. This caused the fifteen to turn their chairs round and shuffle across the room to surround my colleague. *She* then said that perhaps the children had discovered that as one teacher wouldn't help they would try the other. This comment resulted in the fifteen turning their chairs about, shuffling across the room and surrounding me again. At this point I was filled with some alarm and fought to get in touch with my real feelings which were, I discovered, that we had a mob on our hands and not a group. I may have been wrong in thinking this, but when I said: "I feel that I am no longer talking to a group but to a mob," they all shuffled away and returned to their places in the circle.

Quite apart from my own antipathy towards children breaking ranks in large numbers, if the circle splits into sub-groups in its first meeting, it may never cohere as a group at all. Rule 6 forces children to find out what is meant by "living within the ring"—they cannot simply take flight into small groups. Since the Bullring is voluntary, it seems reasonable to insist that they should face at least this much tension—of having to remain in the circle. Usually if children are forced to sit still they will begin to pass something around the circle and then to throw things across it—an awareness of a perimeter, followed by a realisation that there is a centre, something which has to be crossed. Gradually the disdainful looks disappear from the faces of the rather shy and repressed little girls as they pluck up courage to throw their first paper dart. Children realise that the throwing of paper may represent inter-action.

Things are both put into the centre of the circle and taken from it. One group spent some time throwing pennies into the middle and then retrieving them, and others have heaped clothes up in the centre; at one time there were about five blazers, several books, six pairs of shoes, four or five satchels and a dozen or so ties. Some children are able to leave their contributions in the central pool for longer than others, and there are many who are more anxious to throw in something belonging to someone else than they are to offer anything of their own. This corresponds in a "talking" group to the very common request of one child to his neighbour—"Go on, say

something," to which the reply is, "No, you." Again where adults remain *silent* in the hope that someone will speak, children will try to get someone else to do the talking or throw someone else's shoe into the middle. I have interpreted the throwing in of clothes as representing contributions which individuals are making; when I made this interpretation for the second time in one meeting, I was told: "Yes we know that's what we're doing—you've said that before."

But what is really meant by "breaking the circle"? Do you break it if you move six inches off your seat, or if you sit on the floor and lean against your chair? Do you break it if you discreetly change places with your next door neighbour?—with someone five places away from you?—or with someone in the opposite side of the circle? If you want to retrieve your shoe from the centre, can you just get up and fetch it back, or must you fish for it with a ruler? Is it breaking the circle if you hold your chair with one hand and stretch out into the centre? Or is it, to take a more extreme example, breaking the circle if you lie on the floor with one foot hooked round the leg of your chair so that you can reach even further into the centre? All these manoeuvres have been used frequently. As a group becomes more mature it is able to distinguish between the letter and the spirit of the law, and the fact is I *want* them to break this rule, once they have understood its purpose if they *need* to. I hope that by allowing this rule to be broken the children will come to see that what is important is the principle behind it and not literal obedience to its letter. Children then learn to distinguish between an inner morality willingly accepted and followed, and external restraints reluctantly obeyed.

I began by referring to the external constraints placed upon the children, and want now to look at the responsibility that the teacher has to accept.

"Permissiveness does not mean inactivity in the face of aberrant conduct," nor should it be equated with a lack of leadership [6]. In a permissive environment "deviant behaviour" is accepted so that it can be examined; it is not ignored. The particular function of leadership which the teacher has to exercise is that of "understanding"; he is an interpreter of events and not a judge of them. A ventilation of one's feelings may bring some benefit, but, as Dr. Morrice insists, it is less important than interpretations which "encourage the more permanent effects of insight and growth." Apart from seeing that the rules are kept, the teacher will try only to act as an interpreter; his role thus approximates to that of the Study Group Counsellor in an adult group who, 'controls the boundary' of the group, and thus provides security for the members in three ways: he

stays in role; he starts and stops on time; and he maintains confidentiality"[7]. The teacher therefore will not collude with the children in approving "aberrant conduct"—should it occur —nor will he condemn it. When a girl walked across the circle and fired a water-pistol into my face and I commented that perhaps this was useful, since no one seemed to know what was possible and what was not possible in the Bullring, I was defining a boundary. I would equally have been defining boundaries, but of different kinds, if I had reacted either with fury, or with gratitude because I was being treated just like one of them.

Teachers find it hard to get off the good-bad continuum of conduct; they fear that if they leave their roles of moral judges — even temporarily—the children will somehow become less responsible. But behind the fear that the children will become ill-disciplined if moral pressures are not constantly asserted, often lies, I believe, a projection of their own internal moralising self without which they feel their lives would be ill-disciplined. The authoritarian teacher is rigid with himself and not at ease with his own emotions; he cannot allow children to be free in a way in which he is not. The Bullring calls for an internal discipline on the part of the teacher based not on repression but on acceptance. Learning takes place for the children when they become able to "incorporate" the attitudes represented by the counsellor or teacher, and for this reason the teacher is under an absolute obligation—within his own human limitations—to stay in his role of interpreter in order to represent by example the possibilities of "insight and growth" when based on "understanding." It must be admitted that there are teachers who can only exercise discipline in an authoritarian way because of their own unconscious anxiety and who sense rightly that the Bullring is not for them.

The extent to which many of our everyday actions are defences against anxiety becomes clear in the Bullring. Meetings often begin with an anxious silence, followed by equally anxious giggling. The face to face situation is one which raises anxieties because it means having to face up to people directly. Sitting in a circle implies equality; it also implies unity and relatedness, and, because escape is difficult, it implies the acceptance of responsibility. In the process of studying their own behaviour both children and teachers experience anxiety; it is not the aim of the Bullring that this should be so, but the study of the causes of our behaviour uncovers it. It is said that the truth is painful. The anxious person is not reassured by being told that there is nothing to worry about, but by feeling valued. Such anxiety as is raised in the group is met by the teachers' consistency, for their valuations are based on what they feel *is* and not on what

ought to be. They try to show their own unanxious acceptance of *what is* so that the children are secure in the knowledge that however they act—within the rules—the teacher will only interpret. It is not his job to *improve.* The best way of diminishing anxiety is by a true valuation of what is—an exact study of the actual situation as it is, and as this is the aim of the Bull-ring, the same process that entails the raising of anxieties contains within itself the means of alleviating them. Interpretations are made in terms of what the group is doing and it is valued by the teacher for being just what it is at that moment.

I want now to illustrate the phases through which it is possible for one group to go in a single meeting. The children were all of average ability (i.e., I.Q., 95—105 and between twelve and thirteen years old ; the meeting lasted for about seventy minutes. It was the first time the boys and girls had met together, though previously they had met as separate groups. The boys began by talking among themselves, and I said that I felt there was a barrier between boys and girls which seemed to be causing difficulty. There then followed about twenty minutes of aggressive pairing in which about half-a-dozen pairs were involved, mostly one boy and one girl attacking each other. One particular pair, sitting either side of the other teacher, attracted attention by their love-hate relationship which ended in the boy getting his face slapped. There followed much talk about taking sides and a suggestion that places should be swapped ; I commented quoting from a girl on a previous occasion—" changing chairs alone won't solve the problem." I had earlier said that everyone seemed to want someone else to talk and that many people were busy trying to persuade the person sitting next to them to say something, but were unwilling to make any contribution themselves. I commented on the alignment—that both sides felt that it was a question of " them " and " us." They then asked for another form to join them and there were efforts to bring in material from the " there and then," and some attempt to remember how they had behaved in the past. One girl complained about this, and I said that the group would do anything rather than deal with the present situation. They then talked in a critical way about an absent member, and I pointed out that they were doing this. A few moments later when one of the girls left to fetch her handkerchief, she turned round at the door and said: " I suppose you'll all start talking about me now." The exchanges gradually became less aggressive, and at the break between the lessons my colleague and I left to arrange for the meeting to continue as we felt it had reached an important stage. We returned to find a discussion about V.D. in progress, which slowed down and stopped as we took our places again. I suggested that the discussion had stopped because the group was

unable to trust the teachers ; one boy said that he didn't want the teachers to know what he was really like, and I said that I thought this was the difficulty for the whole group. The problem of trust was then discussed and the teachers were accused of betraying confidences. There followed a complicated discussion about the Family Planning Association and Artificial Insemination Donor, and there was uncertainty as to what the initials F.P.A. and A.I.D. stood for ; in addition the F.P.A. and ante-natal clinics were not distinguished and there was talk about how women went and " got it out of a test tube," etc.

So far the broad movements seemed to be from aggressive pairing to dirty and dangerous sex as represented by V.D., but they now moved into a more positive phase, in which, though there was competition, there was not a great deal of hostility. I had earlier commented that the group seemed only able to deal with the " dirty side " when the teachers were absent. They now attempted to solve this problem by projection ; the teachers were told that it was *they* who were dirty and not the children, and that the group would get on much better without them Someone then wanted to know why boys couldn't go to strip-tease clubs and there were various references to local nudist camps. Another boy then asked why boys and girls shouldn't use the same changing room and this was discussed quite seriously ; someone suggested that if they did this you would see who was " flat." This ushered in a more sympathetic " exchange of views," and they were able to discuss this sensibly, because, I think, they were caught up in the latent meaning—they were " really " talking about their relationships in the group at that time. Nudist camp tennis was then mentioned and the hazards which this held for girls who were in danger of getting a ball on the " chest." The use of padding by girls to keep " them " up and the things men could buy to keep " it " up were then discussed, and there seemed to be a general need for both sexes to keep their own ends up. They then discussed problems connected with "overcoming nature " which, they had been told in Assembly that morning, they ought to try to do. I said that perhaps there was a difficulty here because in the Bullring they had the opportunity of *following* nature ; they had, I pointed out, been talking about " nature camps." This led to a consideration of the right age for sex instruction—some thought ten and one boy said, " when girls start having their periods," but there was a feeling that the knowledge they had been given so far was inadequate. One boy had been told by his mother that he had " come down the canal in a boat "—and another, a farmer's son, that he had been " found behind a gooseberry bush." Someone said: " We don't want sex instruction—we want practical demonstrations."

I was so amused by the manifest content of this remark that I failed at the time to see its relevance to the "here and now." I believe though that there was an equation between ordinary lessons = instruction and the Bullring = practical experience. Certainly they had, during the morning, been experiencing interpersonal relations rather than merely talking about them.

The final quarter of an hour was taken up with a discussion about getting married, and what clothes the bride should wear. There were some strange contributions—"in Greece they get married and go straight to bed" and "a Chinese baron is married when he's a year old." "Do you get married to have children or just to go to bed?" This was the final problem. I said that the group had gone some way to achieving an understanding between the boys and girls and that perhaps the "marriage" they were talking about was related to this.

During this meeting which moved from aggression, through "dirty" sex, physical sex and finally into marriage, there was no conscious attempt by the teachers to get the group to behave differently.

The Bullring is hard work for the children, groups vary and are by no means always in work—they may successfully take flight from studying their behaviour for quite long periods because the task is difficult. One group expressed its awareness of this by complaining about my sitting "like a stuffed dummy" and went on to discuss "robot" teachers and "computers". The problem they wrestled with was: "Does a computer help you to work things out?" "Robot teachers" and "computers" were disliked because they didn't answer your questions—that is for the same reason that the teacher is objected to in the early stages of the Bullring. One child said: "A computer makes you do more work . . . it's not a good idea." I have often felt that complaints about homework were really latent complaints about the work which children found themselves having to do in the Bullring, and there have been bitter references from time to time about cinema prices going up—the increase in the cost of entertainment. When two groups were brought together for the first time and were having some difficulty in establishing any sort of relationship, they united in condemning the "Perry Mason" television series because you had "to get to know too many different characters each week in order to understand the programme"; they preferred "Steptoe and Son" which was a "family" affair.

The children are ambivalent about their experiences because of the effort that the Bullring demands. The ideal of remaining "in work"—that is of studying their own behaviour—is held up to them until the end of the final session, since this is the only

way to prevent closure of learning, and to ensure that it continues beyond the last meeting. The teacher cannot allow that there should be any end of term lesson with fun and games, because this, perhaps like an audience's applause at the end of a tragedy, would imply that the learning process is finished. The teacher by staying in role until the end of the final session inevitably attracts the group's hostility rather than its thanks. And he must be willing to face the fact that many of the children's final judgments about the Bullring and himself will be critical, though not many children will say at the end that they would rather not have had the experience at all.

Staying in role means that the teacher must not allow himself to be seduced by the manifest content of the discussion, but must always be considering how it reflects the group's latent preoccupations. Frequently there are discussions about the colour bar; one of these began by the group complaining that I was "ignorant" because I refused to answer questions and then turned into a complaint about "black" men coming into England —"our" country. It was felt that if they came to "our" country they ought to accept "our" way of life, but they didn't do this; they put "millions of people into one house"—a reference, perhaps, to the size of the group. They then complained about "black bus conductors" whom it was impossible to understand because they didn't speak "our" language properly, and as if to underline the fact that I was a stranger, a gap in the circle was filled up so that the empty place was now next to me. "Black" people, too, wore "funny clothes," though some sympathy was expressed for them because they had to leave "their tribal dances" behind when they came to "our country." I interpreted the black bus conductors as the teachers who were conducting the Bullring and who spoke the "foreign language" of interpretation and who could be recognised as the only ones not wearing uniform—that is "in funny clothes." I didn't comment on the "tribal dances" but wondered whether these referred to the teachers' normal roles which they left behind when they came into the Bullring. Although some sympathy was being expressed for the teachers' predicament, this interpretation made the class very angry and was greeted with: "We mean what we say."

Sometimes, however, interpretations are accepted even when the group appears to be frightened of the teachers. The following meeting happened to take place in the Devotional Room, on the wall of which is a large crucifix. There was anxiety in the group about the power of the teachers and a fear that they would take it out of the children in ordinary lessons if they misbehaved in the Bullring. A boy told a story about a man who went into a church and drank the communion wine, but put the bread in

his pocket; when he came out of church he found that the bread had turned to blood. Someone else referred to another man who went into a church and struck a crucifix with an axe and blood poured out. There was then much talk about God in his punishing aspect, being struck down for blasphemies, etc., and a discussion about what would happen if someone hit the figure on the crucifix in the room where they were sitting. There was a feeling that you might get killed on the next day, but there was, perhaps significantly, confusion about cause and effect, since, in fact, the conversation was related to the teachers in the Bullring: if the children attacked them today would these punitive gods revenge themselves in the next ordinary lesson? One boy said that he wouldn't be frightened to strike the crucifix, but when he got up to do so, he only struck the bottom of the cross — declaring, which was not true, that he couldn't reach the figure. He went unchallenged, however. The atmosphere was very tense at this point and there was complete silence. The silence was broken by another boy saying that he wouldn't mind hitting the crucifix either; there was "nothing to it." Several people said: "Well do it then." The boy repeated that he wouldn't mind doing it, and made as if to get out of his chair. He was challenged again—more than once, but finally said there was no point in doing it as he wouldn't mind. In the end he didn't move from his place. I asked why everyone was so anxious, because God must know the truth and value it; yet the group was unwilling to be seen as they really were. They did not resist the interpretation that their fear of God on this occasion was a projection of their own feelings about being unable to talk and act freely in front of the teachers for fear of reprisals. The intensity of their feelings found an adequate correlative in a punishing God; it is quite common for adult groups to attribute omnipotence to their counsellors.

Children have to learn to distinguish between manifest and latent meanings in order to realise that there may be no necessary contradiction between what they say—"We mean what we say"—and the teachers' interpretations, which refer to the latent content only. Even when the manifest content is important in itself, as in the discussions on immigration and divine retribution, the teacher cannot in the Bullring consider it on this level; to do so would be to create unnecessary confusion. The manifest content can always be dealt with in ordinary lessons.

Finally I want to summarise briefly the kind of learning that may take place, and to suggest that the Bullring, or a modified version of it, may have a place in the moral education of children. Children become more aware of the extent to which they are dependent on teachers who tell them what to do; they don't

like "stuffed dummies" or computers which make *them* do all the work. They learn how difficult it is to make a serious contribution—to be the only one speaking and not know whether anyone will support you; how easy it is to take flight or to find a scapegoat upon whom all the blame can be put. Something is learnt about the cruelty of groups to their own members and outsiders, and about the power of group feeling. They discover how groups split into two and find their own David and Goliath to fight out the battle on everybody else's behalf. They see how a group can be united by finding a common enemy. They learn something about the place of rules and something about voting; one group talked for a long time about whether to vote *to vote* for a leader, and finally when the hands were counted only one went up. They learn too about the difficulties of trust, particularly in relation to adults and outsiders—"We don't trust him." An all girls' group finally "accepted" two male teachers as visitors by re-naming them "Jane" and "Mary"; they said, "You're one of us now." They discover that silence is not an end in itself, but only a means to being able to say something; often when it has been achieved *as an end* no one has been able to think of anything to say. They learn about the difficulties of finding out what other people are really like and about their own limitations—"It is a frightening experience to speak to the group in order to give your opinion, for there is a great deal of 'micky-taking' going on. I admit that as part of the group I am not much use when it comes to thinking up subjects to discuss," or as some boys admitted: "We always laugh—that's why the girls don't talk."

The Director of the Farmington Trust Research Unit, recently set up to consider the implications of "Moral Education," has said that, "what we need is to build into our schools and elsewhere those contexts and methods of communication which will enable children to make their own morality; to understand the point of rules in a way which will be real enough to make them their own: to understand their own feelings and the feelings of others . . ."[8] The Bullring provides a context in which certain new methods of communication are established, and within this context children are able to go some way towards making their own morality, since such regard as they come to have for the rules and one another is based largely on understanding derived from their own experiences.

The expression of anti-social feelings is not regarded as necessarily "bad" in the Bullring because genuine "concern" can only be achieved when an honest attempt has been made to discover, and then to understand, one's feelings in relation to other people. In a very small way the Bullring may achieve what

Melanie Klein hoped that the analysis of children would do, for: " as soon as the child's sadism is diminished and the character and function of its super-ego changed so that it arouses less anxiety and more sense of guilt, those defensive mechanisms which form the basis of a moral and ethical attitude are activated and the child begins to have consideration for its objects and to be amenable to social feeling."[9] The title of the essay from which this quotation is taken is " Early development of *conscience* in the child," and it needs to be stressed that though the teacher does not make moral judgements about the children's behaviour it is *likely* that the children will develop more rather than less consideration for others. Teachers, because they normally appear to children in the role of a moral judge, however benign, come to stand for an authority figure, which, the children imagine, will side with their harshest moral evaluation of themselves; that is, they stand to some extent as an external " super-ego." When, however, it becomes plain that the teacher's role is not to condemn but only to try to understand, it may become possible for the group to express those anxious and aggressive feelings which it normally feels must be hidden. And if the teacher can accept these feelings, then perhaps the children will be free to do the same; behaviour can be considered on its merits, and their is no longer a compulsive need to project " bad " attitudes onto others. The growth of concern for others which the child begins to experience is thus bound up with the diminution of anxiety and aggression, since something is done to " break up the mutual reinforcement that is going on the whole time between his hatred and his fear."[10]

REFERENCES

1. Rice, A. K. *Learning for Leadership.* Tavistock, 1965. P.66.
2. Rice, ibid. P. 66.
3. Morris, Prof. Ben. " Mental Health in the Classroom " in *Studies in Education,* No. 7. University of London Press, 1955. P. 79.
4. Foulkes, S. H. and Anthony, E. J. *Group Psychotherapy.* Penguin, 1965. P. 190.
5. Foulkes and Anthony, ibid. P. 219.
6. Morrice, J. K. W. " Permissiveness " in *British Journal of Medical Psychology.* (Vol. 38, pt. 3. Sept., 1965).
7. Rice, ibid. P. 66.
8. Wilson, J. "A Basis for Moral Education " from *The Times,* 7/10/65.
9. Klein, M. *Contributions to Psycho-Analysis,* 1921-45. Hogarth, 1950. P. 271.
10. Klein, ibid. P. 276.

APPENDIX

THE BULLRING

NOTES FOR CHILDREN:

THE AIM.—The aim is to give both children and adults an opportunity to increase their understanding of their own and other people's behaviour in the groups in which they find themselves. The increase in understanding aimed at can only be brought about by practical experience in group situations.

THE METHOD.—In order to provide a setting for this experience members of the group seat themselves in a circle so that equal opportunities to see and be seen, to hear and to be heard, are offered to all. The *task* of each group is to study its own behaviour as it happens in the "here and now."

The task of the teachers is *to help* the group to examine its own behaviour; they do not, therefore, lead, guide or comment on the discussions unless they feel that to do so will help the group with its task.

FREEDOM AND RULES.—Complete freedom is neither possible nor desirable. Both teachers and children accept certain obligations and the following rules are laid down:—

1. Damage must not be done to school or personal property.
2. There must be no excessive noise.
3. Acting in such a way as to cause physical harm is forbidden.
4. The meeting must stop if anyone enters the room and normal respect must be shown to teachers or children coming in on school business, etc.
5. Attendance is voluntary, but any child who wishes to be absent must inform the teacher on the school day before the next meeting.
6. The circle must not be broken.

Visitors—either children or adults—may be admitted to the Bullring but their task is the same as that of the permanent members.

APPLICATION OF LEARNING.—From time to time there will be ordinary lessons in which certain topics raised during the Bullrings will be discussed. An attempt will be made to link Bullring learning to other situations and some explanation will be given of the methods used in the interpretation and understanding of individual and group behaviour.

REVIEWS

PSYCHOANALYSIS OBSERVED

By Ed. Charles Rycroft

CONSTABLE, 21/-. PAPERBACK, 10/6.

This book contains contributions from three analysts, Charles Rycroft, Anthony Storr and Peter Lomas, an anthropologist, Geoffrey Gorer and John Wren Lewis, a Christian industrial scientist.

Messrs. Constable published a series of "Objections", self-critical essays on some Christian Faiths, and Humanism and planned to finish the series with "Objections to Psychoanalysis". It is interesting that the title was changed. Rycroft, who writes the introduction, explains that to use the title "Objections" would have begged the question "what sort of an animal psychoanalysis really is, whether it is a religion, as some of its critics assert, a science, as most of its practitioners claim, or an art, a craft, one of the humanities, a form of semantic theory—or even something *sui generis*, a new phenomenon which eludes classification into any of the traditional categories."

The book maintains the self-critical attitude, which is the hallmark of the series, and so it will raise as many questions as it answers in the public mind. It will not persuade faint-hearted sick people to embark on analytical treatment, but it may show them what analysis can and cannot do. As Eliot puts it:—

"What you thought you came for
Is only a shell, a husk of meaning
From which the purpose breaks only when it is fulfilled
. . . And is altered in fulfilment."

Rycroft disposes of several prevalent misconceptions about psychoanalysis. His discusses briefly, though never superficially, the ground common to all schools who study the unconscious. Psychotherapists would have welcomed a comparative survey of the different schools of thought about this subject from his pen, but another book would be necessary. In any case Rycroft believes that psychoanalysis is really a semantic theory rather than a causal one and that analysts, regardless of whether they know it or not are always conducting "research into the private languages of patients and into the ways in which their cryptic and disguised utterances and gestures can be understood and translated back into common and communicable language" (page 19).

This theory leads to consideration of the concept of meaning, and how Freud himself used it, though he dismissed it saying that anyone who questions the meaning of life is ill. Comparing the cosmology and theology current in Freud's early years with

recent trends of thought, Rycroft finds that the changes which have taken place dispel the idea of the incompatibility between psychoanalysis and religion. The emphasis on immanence, the God within the self, is in tune with Freud's idea of the Id and Groddeck's It, so that psychoanalysis can now be " a semantic bridge between science and biology on the one hand, and religion and the humanities on the other ".

Anthony Storr discusses lucidly why intelligent people continue to demand analytical treatment, although such results as have been recorded by statistics are so discouraging. In his view any idea of cure analogous to the notion of the cure of a physical disease becomes meaningless, when we consider " the manifold problems of the human condition and the difficulties we all have in living ". He goes on to discuss what people do in fact get from analytical treatment, how it is that many of them come to find their symptoms of secondary importance and discover that they are capable of more rewarding human relationships and a fuller life. In contrast there are some cases where people are already comparatively well adjusted to living and a symptom is caused by trauma or environmental conditions of exceptional stress. For these people brief psychotherapy or behaviour therapy can be successful.

Those who can only be helped by much longer treatment form the great majority of patients and Dr. Storr discusses why he considers analysis has a claim to be more useful than any other treatment for them, and what really helps them.

Analysis of transference, the basic therapeutic " tool " of the classical school is still important and even indispensable for those whose underlying problems are connected with dependency. But Storr believes that there are other useful techniques, based on formation of a fruitful relationship, reminding us of Winnicott's " good enough relationship " differing with the personalities of different therapists and patients.

Peter Lomas makes a survey of the relationship between Freudian and Existentialist analysis, and finds that the practitioners of both schools can ill afford to be divided among themselves. The phenomenological approach of the Existentialists needs to be complemented by theories of symbolism and psychic economy. He is of the opinion that symptoms arise from a combination of an intrusion of the environment and the projection of undesired unconscious states. He discusses how Melanie Klein's and Winnicot's theories come into this dichotomy, and makes some interesting observations about hysteria as an expression of the false self.

Geoffrey Gorer and John Wren Lewis survey psychoanalysis from outside the field as onlookers. They both require the workers in this discipline to take a long look at the theories

and themselves. Wren Lewis maintains that the psychoanalytic movement inherited a streak of moral sadism, which has caused an inversion of its professed intentions. He describes this "censorious quasi-religious legacy" as being in opposition to the main impetus of Freud's ideas, and more in line with what is called scientific materialism.

Gorer compares the attitudes to and effects of psychoanalysis in several changing cultures in the Western countries, against a background of anthropological evidence. Some of his ideas are extremely debatable. The whole question of how the handling of infants affects their development is touched on, and Gorer feels that little real knowledge is as yet available. He finds the ethologists' observations of animal behaviour, related to human behaviour as in the studies of Bowlby, a promising field of inquiry.

This small book (148 pages) is proving to be important to professional psychotherapists, though the writers must have had intelligent lay people in mind as readers. Often the short space given to a topic is used with admirable economy and there is little padding.

ROWENA PHILLIPS.

GAMES PEOPLE PLAY

By Eric Berne, M.D.

A Psychology of Human Relations

ANDRE DEUTSCH, 21/-.

Dr. Berne, Lecturer at the Californian University Medical School and Chairman of San Francisco Social Psychiatry Seminars, wrote this book mainly for students and practising psychiatrists. It soon became a best-seller in America. First published in England in April, 1966—a reprint was needed within two weeks. Wherein lies its wide appeal?

Games are played by almost everyone in their interpersonal relationships throughout life, maintains Dr. Berne. He considers them both necessary, and desirable, if constructive, but most seem destructive. He proceeds to analyse, in certainly a witty and amusing way, some thirty-six of these games—Marital, Life, Sexual, etc., with a variety of titles, e.g., "See What You Made Me DO", "Look How Hard I Tried", "Rapo", etc. Some of the Games are cleverly played and no doubt is left as to the Aim and Dynamics. It is difficult to avoid seeing oneself in some role or other.

Dr. Berne uses this concept analytically in Group Therapy and claims patients are helped towards greater awareness and thus to an opportunity of leading a more satisfying life. He thinks that a much greater awareness, spontaneity and intimacy

transcends all these classifications but can only be reached by a fortunate few.

This may seem a rather slick, cynical way of treating what is only too often a sad life-situation, nevertheless there is an underlying sympathy and kindliness of feeling and the introduction of humour may well prove effective.

MARGARET MIZEN.

LOVE AND ORGASM

By Dr. Lowen

STAPLES PRESS, MACGIBBON & KEE, 37/6.

This is an excellent book for those people who want up to date information about what psychotherapists have learnt from observing different aspects of sexuality.

In the last ten to fifteen years a kind of general knowledge has grown up about sexual feelings and behaviour and the matching behavioural characteristics. Dr. Lowen writes of this knowledge clearly and convincingly. His method of seeing an individual's route to maturity via experience or via arrest as: — son/daughter, brother/sister, knight/romantic ideal, father/mother is so simple, that it could seem over-simplified until one reads the further descriptions and the striking, easily recognisable examples.

Nevertheless, it is perfectly evident that Dr. Lowen has no wish to portray or believe in any "pure type", thus the simplicity of his classification does not jar.

He traces sexual deadness, rigidity, perversion to lack of proper body-mind contact and care during infancy. Readers will not be surprised at his persuasive plea for lengthy breast feeding, gentle training in cleanliness and affectionate preparation for independence.

For G.P.s and the other workers making efforts that may improve the relationships of patients and clients, this book will be invaluable. It is not comprehensive or statistical in the way in which the Kinsey report was comprehensive, yet it provides the same data with further reaching etiologies and conclusions.

That a serious book with this title can be published in an ordinary hard back cover is a hopeful occurrence, for it presupposes an adequate interest and sale among professional people.

Are we going to be happier when we are this much wiser through knowing more about what sort of characteristics go with what sort of sexuality or absence of sexuality? Yes, perhaps a little happier through avoiding some frustrations and rejections inevitable without these warning lights. Love is blind; but now that the orgasm is so widely recommended and sought

after, many engaged couples take their problems to a psychotherapist rather than to a priest. By degrees this sort of consultation will replace the purely medical one and this will come about just as much because of doctor's advice as despite it. Books like this one remind men, women and adolescents that their bodies give important messages which should most certainly be respected.

PENELOPE BALOGH.

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