THE ASSOCIATION

OF

PSYCHOTHERAPISTS

BULLETIN No. 1

September, 1959

All communications should be sent to :

Mrs. A. P. de Berker, B.A.
Hon. Sec. Assoc. Psychotherapists,
411 Upper Richmond Road,
London, S.W.15

BULLETIN

This is the first printed Bulletin of the Association. It celebrates 1959, and also our ninth birthday. It presents a good opportunity of mentioning not only the happenings of 1958, but also to comment on some of the questions that we must tackle in 1959.

Registration of Psychotherapists

One of the central problems of 1958 was the potentialities that the new Mental Health Act might offer for the official registration of non-medical psychotherapists. With this in mind, the Committee suggested that the Secretary prepare a review of the possibilities (Appendix A). The position of the non-medical psychotherapist has yet to be formulated in society. If legislation is to come, then we feel that it is desirable that it should be of the permissive sort, i.e., a licensing body should be set up to define standards of training and conduct. The public would then have the choice of licensed and unlicensed practitioners, but licensing should not be mandatory. It so happens that this particular issue has not come to the fore in the bill as it stands at the moment, but members will note that it charges the local authorities with the responsibility of increasing prophylactic facilities for mental health, and so the issue may be raised again either directly or indirectly. We have published the Appendix because we feel that it is essential that members be aware of the problem and its ramifications.

Training Seminars

Another area connected with the above has been the Association's training programme for 1958. We have always felt that we should be in vital communication with all other workers in the Social Science and Mental Health field; accordingly early last year, we arranged three Seminars on Psychological Counselling, based on the experience gained in the St. Anne's House Counselling Service. Members and their friends were invited, plus a selected audience of doctors, psychiatrists and social workers. We wanted to explore the ideas of others on psychological counselling, and to see what response there would be to a training effort in this area. The response was most encouraging, and as a result, we launched a series of ten seminars which were held at the National Association for Mental Health in Queen Anne Street.

Originally, we felt that the seminars should be confined to a small group of eight or ten people, but the large number of applications caused us to raise the size of the group to 15. We did this after a great deal of thought, and looking back, although it is possible that the course might have taken a slightly different form with a smaller group, none the less, we were extremely pleased with the outcome. We had probation officers, child care officers,

psychiatric social workers, a member of the Borstal After-Care Association and a tutor from a Teachers' Training College amongst the members.

The seminars took the form of a short introductory talk by various members of the Association, followed by a Group Discussion on the issues raised. Where possible, the attitudes of the group were interpreted back to it and towards the end the group developed considerable sophistication in self-interpretation. On conclusion the organisers were faced with a request for a further course which could rely even more heavily on interpretative techniques. This has now been organised, and started in April.

We have now been asked to consider the possibilities of running similar seminars on Counselling for the staff of teachers' training colleges. We are investigating our abilities to do this in the autumn. We have also been asked to consider parallel courses for the clergy and for members of industry. At the moment we cannot really see how we can tackle these since we have little contact with either field. However, we are open-minded on the prospects and if the chances to explore the possibilities further should arise, we will take them.

Member training

Due to pressure from our seminars, the monthly case conferences were in abeyance for some time. However, a new series of these started in January and Dr. Torrie has been in attendance. We have not been altogether satisfied with the form of our case conferences in the past, and we are searching for ways of making them more vital. Members of the Committee have undertaken to organise each series in turn, Mrs. P. Balogh was responsible for the first set and Mr. Secretan for the current one.

Training of individual Associate Members proceeds apace. In the past year, Miss P. Footner and Dr. Robert Andry graduated from Associate to full Member. Three Associate Members continue therapy with clinic patients, under supervision. We have received several applications for training and have tentatively accepted one, provided that admission to a degree course in psychology is obtained. Applicants often tend to feel unable to proceed in face of the expense involved in further analysis. A small training committee, consisting of Mrs. Balogh, Mrs. Seglow and Mr. de Berker, has been set up to consider the problems of training and to see if in special cases, some solution to financial difficulties of applicants can be arrived at.

St. Anne's House Psychological Counselling Service

Until the summer of 1958 the Service was operating from the house in Brompton Square, most generously lent by Lord Faringdon. The accommodation was, however, not really suitable, and

after the holidays, especially in the face of pressure of work from the seminars, we regretfully abandoned the premises. Initial diagnostic interviews are now conducted by Mr. de Berker at his house and suitable clients then referred to members for treatment in their respective consulting rooms. Although this has the advantage of convenience, the Annual General Meeting felt, when the procedure was explained to them, that the Counselling Service should seek central accommodation once more, as soon as possible. We are at present doing this.

Operating on a once a week basis, last year we saw 26 new patients. This would appear to approximate our maximum under present conditions, since in 1957 we saw 27. It is generally felt that we should go ahead and expand the clinic service, but to do so brings us up against limiting factors of time and money. The majority of our clients pay very little, and some pay nothing. Thus, each therapist has to give a very considerable amount of free time to the work. Without outside financial help this appears to have more or less reached its limit. Appeals for financial aid, energetically organised by Mrs. Balogh in the past year, have brought very little response, as a glance at the accounts will show. We therefore seem to be in something of an impasse. The Committee is, however, still resolutely exploring the possibilities of obtaining more funds. The fees from our seminars have made some small contribution. We are also investigating the possibilities of re-deploying the work of the clinic and so moving the load from where it has pressed most heavily.

There is a further problem concerning the type of client who comes to the clinic. Many of these are chronic near-psychotic people who are living desperate and lonely lives. There is no doubt that they need help, but in many cases it does not lie within our resources to give it. We do the best we can and give sessions of supportive therapy whilst at the same time attempting to refer them to an appropriate social agency. This is very time-consuming, and perhaps not the most economic use of our special skills. We need to explore contacts with sources capable of referring a less deteriorated type of client. Here again, our seminars with case workers may serve this purpose.

Two further points complete this review. From time to time, the possibility of forming a central library is discussed. This was raised at the A.G.M. where it was pointed out that many excellent libraries exist, particularly in London, and that the libraries of the smaller societies are scarcely used. Bearing this in mind, plus the labour and cost it could entail, the meeting came to the conclusion that it should shelve this project for the time being, although noting that at some point in the Association's development, it should be re-opened. The possibility of purchasing and circulating psychological journals was very favourably received, but reluctantly put to one side on the grounds of cost.

The Future

Your Committee are investigating the problems involved in registering the Association as a Charitable Body. This will mean that its income from seminars and so on would be exempt from taxation. It would also demand that the affairs of the Association should be placed on a more formal footing, including the publication of a balance sheet. This is being put in hand.

In Conclusion

We hope to publish at least once, and perhaps twice, a year. In this issue you will find an excellent article by Mrs. Cutner, illustrating a Jungian approach to therapy. The bulletin needs more articles. Please send us some.

We should also welcome letters to the Editor on matters that members would like to see aired in a correspondence column.

Appendix A

MEMORANDUM TO MEMBERS OF THE COMMITTEE
April 25th, 1958

THE REGISTRATION OF NON-MEDICAL PSYCHOTHERAPISTS

The possibility of some form of registration of non-medical psychotherapists is in the air, and it would be as well if we as an Association had some constructive thoughts about this. If the necessity arises, we can then play some active part in determining what form registration takes.

We have been in correspondence with the American Psychological Association, who have already faced this problem for psychologists as a whole. They have very generously sent us some literature, and are interested in our progress in this.

I have also been in touch with the British Board of Registration of Medical Auxiliaries, and have a copy of their bye-laws. It has been suggested that psychotherapists might become Medical Auxiliaries and it would be as well for us to know what this implies.

Definition

What is a non-medical psychotherapist? What do they do?—how do they differ from other specialists doing similar things? e.g., an educational psychologist, a personnel officer, a clergyman, a psychiatrist? So far as legislation is concerned, the following points seem relevant.

A psychotherapist as implied by the designation, sets out to heal, i.e., the client has this expectation of him. The psychotherapist deals with the psyche, i.e., the emotions, and the intellect. He does

not use drugs or physical methods (how about those who use massage or relaxation techniques ?).

The psychotherapist receives fees from the patient, i.e., there is an implied contractual agreement. If the patient or the psychotherapist feels that the mutual contract is broken, e.g., by failure of the patient to pay, or the psychotherapist to give effective treatment, each can seek legal remedy.

These principles can be combined to give a definition of a psychotherapist. The problem of whether or not such a description is exclusive and sufficiently exact for purposes of legislation can be dealt with by " disclaimer clauses," e.g., stating that it does not apply to clergymen, teachers, etc., although this, too, raises certain problems.

The Purpose of Legislation

Broadlly speaking legislation has two purposes.

1. To protect the public and to give some guarantee of minimum competence to be expected from " licensed " practitioners.
2. To protect the profession, and to enhance its status.

Forms of Legislation

Legislation can either be prohibitive, i.e., it can prohibit from practice anyone who does not meet statutory requirements, as in the medical profession, or it can be permissive, i.e., offer some cachet or recognition to those practitioners who wish to avail themselves and then allow the public to choose between the licensed and unlicensed.

American practice divides on this, but six States out of the ten having some regulations on the matter, have " permissive " legislation, while four have varying degrees of prohibitory legislation.

The American Psychological Association, after joint discussion with the American Psychiatric Association, are in favour of " permissive " legislation, especially in view of the changing and developing state of psychology.

Qualifications for License

American practice demands formal academic qualifications, plus so-called internship, i.e., practice under supervision. I think we would have no quibbles with this. The academic background—whilst perhaps not necessarily being directly relevant to psychotherapy (although this can be disputed) can perhaps be considered to be an essential discipline comparable to other professions. Moreover, so far as status is concerned, it may be a necessary sop to legislation. Our other requirements, defined in our pamphlet, would of course stand.

The majority of American enactments have the so-called

" Grandfather Clause " by which existing practitioners, recognised as competent by their colleagues, are accepted within the legislation. Grandfathers are sometimes required to acquire the necessary qualifications within a limited period.

Registration Bodies

A competent professional body is defined by the legislation controlling registration. The composition of this is of course crucial. So far as we are concerned, some liaison with the British Psychological Society, the Psychoanalytic Society, the Jungians and perhaps people like the Tavistock, the Maudsley, and also the Universities, might be necessary. We need to do some thinking about this.

Relationship with Other Professions

In America, the principal area of discussion has been with the medical profession. The problems met with are partly professional, i.e., the necessary interdisciplinary liaison for the good of the patient and partly what might be called " trade union," i.e., the fear that psychologists and psychiatrists might be competing for the same cash customer.

Some resolution seems to have been evolved in most states whereby doctor and psychologist participate in the diagnostic stage.

A good deal of discussion and liaison at the official level, i.e., between the American Psychological Association and the American Psychiatric Association continues. On the whole, American opinion is against psychologists accepting a position equivalent to British Medical Auxiliaries. This implies medical domination, and this is considered to be unhealthy for each speciality.

The British Register of Medical Auxiliaries.

The Register was set up under the inspiration of the B.M.A. to supervise the training and function of such people as midwives, chiropodists, masseurs and so on who work with doctors. A medical representative is appointed to the qualifying body of each of the auxiliary bodies and ensures that the standards of competence of its members are medically acceptable. Duly qualified members are accepted for the Register, and from the Register or recognised List the medical profession draws those which serve it in various capacities.

The Registered Auxiliary has to undertake that he will not carry out any medical auxiliary work for any person except " under the direction and control of a Registered Medical Practitioner " (Rule 7A (2), p. 6 of the Bye-laws). There are various other minor restrictions on advertising and selling goods, such as apply to the medical profession as a whole, plus an omnibus clause saying that the Medical Auxiliary shall not act in such a manner as in the opinion

of the Council is derogatory to the honour of his profession. There is a further proviso that the Council may add to or alter any of these conditions in special circumstances from time to time.

In verbal communication, the Secretary of the Board of Registered Medical Auxiliaries has stated to me that there is no restrictive legislation, a non-registered person may practise in a registered speciality. Restrictive legislation is, however, under consideration. He added that in the L.C.C. and certain other local areas, Medical Auxiliary type practitioners are subject to local requirements, such as having premises open to inspection, displaying qualifications and lists of fees. He stated further that Doctors are advised by the G.M.C. to restrict their liaison to duly registered auxiliaries, but they are not compelled to do so.

Other instances, for information

I thought it would be useful to see how other bodies had tackled this problem. I have made verbal enquiries with the Dental Board of the U.K. Prior to an Act of Parliament in 1921, anyone was free to practise dentistry. After that time, all those offering dental treatment were required to register. They were then known as licensed dental practitioners, and it became an offence open to prosecution to practise without licence.

At the time of the Act, all those who had been in practice for five years were accepted on the register. For those in practice under five years, a qualifying examination was demanded. New entrants to the register after 1921 had of course to pass the formal examination of a Dental College. There has been further legislation since then, defining qualifications. The Dental Board is managed entirely by dentists, and has no medical representative upon it.

I also made enquiries from the Institute of Chartered Accountants. They state that their members qualify after formal examination and apprenticeship. Anyone can, however, practise as an accountant, and call himself such. He may not of course call himself a Chartered Accountant, which title indicates professional competence. The Board of Trade restricts the auditing of Public Companies to Chartered Accountants, although it may issue a license to do so to a non-chartered accountant, where it deems him qualified for this function.

Conclusion

You will see that there are several patterns to choose from. Perhaps we could all think about this problem, and air it thoroughly at the next Annual General Meeting.

MOTHER ARCHETYPE AND INDIVIDUAL MOTHER IN THE CASE OF A MOTHERFIXATED WOMAN

The interest of the case I am presenting lies not so much in any particular psychological problems connected with it, nor in a particularly new way of approaching it but in the fact that the analysis was a particularly straightforward, short and consistent process which was reflected in dreams of an extraordinarily lucid and clear-cut character. They seemed to provide an almost textbook-like example of the way in which a mother-problem may be overcome, not only by tracing it to its infantile sources, but also by invoking the healing power of the archetype. I have chosen six of the 60 to 70 dreams which occurred during the analysis, and I hope to show in their interpretation how reductive and constructive symbolism overlap and interlace.

The case is that of a young woman of 24, who had been sent to the Outpatients' Clinic where I worked in February, 1950. Her main symptoms were : general irritability, tempers, weeping fits, constant loss of weight, disturbed sleep, frequent headache, attacks of biliousness, and a lifelong habit of nailbiting and of swallowing bits of paper and material such as bus tickets, towelling, etc. There were also marriage difficulties, which, however, as the patient herself felt, were due to her own state of nervous tension.

She had one interview a week or less, from March till December, 1950, by which time she could be discharged as recovered as her symptoms had then cleared up. In October, 1951, I checked up on her and she was still very well.

The patient was a very intelligent woman with a great sense of humour and a certain buoyancy which made work with her very enjoyable. She had been one of four children, with two elder brothers, of whom the eldest was killed in the war; the patient had been extremely fond of him. The next brother was three years younger than she, and there had always been jealousy between him and herself. He seems to have been easygoing, and was possibly favoured by the mother. There had been another sister, six years younger than the patient, who had died at the age of three. This sister seems to have been very pretty and the patient had been intensely envious of her, particularly of her fair curls, but at the same time she must have been very fond of her. This child often figured in her dreams, and was, amongst other things, associated with everything that is lovely, fresh, young and sweet. The patient thought that she herself, as a child, had been very plain.

Until the death of the elder brother (i.e., when the patient was 15), both father and mother seem to have been fairly happily married. After that there were continuous scenes which eventually led to the parents' separation. The apparent cause was the father's jealousy. Whether or not the mother had given him any cause for it the patient could not now say. At the time, however, she had

violently taken sides with the mother. When the patient went to the Grammar School the mother began to go out to work to help with the school fees. In 1939, the patient was evacuated. She remembered having walked home twice from the country into London because she worried about her parents.

After the parents' separation the mother lived with another man and the father with another woman, a fact which was a source of shame and sorrow to the patient. The father had had a small business. From the patient's reports one got the impression that he was a kindly but somewhat weak and unstable person. The mother had very definitely been much the stronger personality. She appeared to have been a successful business woman, very impulsive, generous and full of vitality, most affectionate one moment and completely indifferent the next, an extremely extroverted type, whose unreliability, coupled with her great charm, had obviously contributed greatly to the patient's neurosis. She was a tall, slim woman, and the patient remembered that, even as a child, she had often wished her mother to be of a more plump and motherly build. It is probably quite significant that the patient was never breast-fed.

The ambivalent attitude of the patient towards her mother had led to one of her symptoms, a typical and often recurring sequence of happenings which took the following form : the patient would find herself sitting for hours, brooding, and worrying about her mother and longing for her presence. Then she would go into her mother's room and, to her own surprise and horror, start deliberately to hurt her. After this she would be tormented by guilt feelings. This, taken on its own, might suggest a strong Oedipus complex. However, from her unconscious material (dreams, associations, pictures) it did not appear that the Oedipus problem was the most decisive pathogenic factor. Instead, her relationship to her brother and her sister, and in particular the relationship of all of them to their mother, appeared to me to be of an importance at least equal to if not greater than that to the father. In this paper, therefore, I am leaving out dreams which deal with the patient's relationship to her father (as well as with a number of other problems), and am concentrating on those which centre around her relationship to the mother.

The following series of dreams seems to me to give an interesting indication of the way in which the healing process took place. As happens so often, her main problem was stated very dramatically in an initial dream (during the night after her second interview).

Dream : " I was watching hundreds of sharks, and the most significant thing about them was their dorsal fins, they were like knives cutting through the water. A voice then told me to watch the mother sharks very closely, for they would not let their young ones go very far on their own. As I watched them a mother shark pulled a young one back by her fin.

Just as that happened, some teeth closed round my ankle and I awoke with a start."

Sharks, like most big fish or reptiles, are symbols of what Jung calls the Archetype of the Mother, in particular its negative aspect. As will be remembered, Jung's conception of the archetypes is closely connected with that of the Collective Unconscious.

Whereas the Personal Unconscious (the conception of which we owe to Freud) contains forgotten or repressed experiences of the personal life of an individual, the conception of the collective unconscious presupposes that certain fundamental experiences which human beings have undergone through the ages, such as birth, death, relationship to parents, etc., and the various typical forms of such relationships, have left typical patterns of potential feelings and reactions in every one of us; a kind of latent racial memory, which will be activated as soon as an individual finds himself in any such situation.

For example, every human being, from babyhood on, through thousands of years, has experienced the mother as the one who protects, nourishes, comforts—as well as the one who, at other times, denies the baby's wishes—and also the one from whose care and protection the growing child has to emancipate himself—often with considerable growing pains. This fact has left in the racial memory of us all something like an idea, or an image of *The Mother*—in her twofold aspect—a positive and a negative one, and our relationship to our own individual mother is largely coloured by the reaction-pattern that has been formed by a *more* than personal relationship, and therefore always includes a great many archaic and more than life-size features. By way of projection these supra-personal features are transferred and form themselves into symbols which we find in dreams as well as in myths and fairy-tales. Such symbols of the Mother-Archetype in its positive aspect are, for instance: the good fairy, the goddess, even the Mother Mary; further, trees (because of their protective character, their " patience," etc.), the Mother town, and even the Church itself. As symbols of the *negative* aspect we find in folklore: the witch (who enchants the children and tries to eat them), the deep water (that endangers the ship in which, e.g., the hero is trying to complete his life's journey), or the fish or reptile which, as in the story of Jonah or the above dream, swallows or retains the hero or dreamer.

All these archetypal symbols represent the power of the possessive mother as well as the regressive tendencies in the child himself.

There are countless possible symbols in which an archetype may express itself; whatever expresses " The Motherly " may be made use of by the unconscious.

Here then we have the shark as a symbol of the negative mother aspect, and, to make matters still more unmistakable, a *mother* shark, and, moreover, a mother shark that does not let go of the

young ones, and, to top it all, the warning voice. The mother-shark pulls the young ones back, and at the same time the dreamer feels "some teeth closing round her ankle." This last feature indicates a feeling of identification of the dreamer herself with the young shark. The warning voice, too, indicates a sudden realisation of her problem. The "voice," although one might suspect it to be "only" the voice of the analyst (implying a certain amount of dream-suggestion), yet represents often an ultimate inner authority. It was again Jung who observed that "the voice" frequently represents a spontaneous realisation of a previously unconscious condition. In this case, too, when I asked the patient about her reaction to the dream, she told me that, on waking, she had a feeling of an immediate understanding which was completely new and surprising to her. She had at once connected the knife-like appearance of the shark with her feelings about her mother's figure, and the situation of the young shark "somehow" with her own. (It goes without saying that I had by then not given her any hint whatsoever about dream symbolism.)

About a month later, after we had started to discuss her relationship to her mother, she had the following dream:

> "I was in a car crash, and it was very dark. I was carried into a building, and two rings fell off my right hand fingers. I awoke the next morning still in this building and was worried about these rings which belonged to my mother. The room I was in was underground, and I walked up the steps and proceeded to search for the rings. I could not find them. I went back to the building and came to a room with displaced persons in it. I asked at the lost property office but my rings had not been discovered. Then suddenly a woman appeared and asked me if I was ready. Rather puzzled I said 'Yes' and we started out. Up some winding steel stairs, round and round. Half way up we stopped to get our breaths and then continued. After a very long trek we arrived at the top, and what a disappointment. Just a platform and the open space, bitterly cold and blowing snow and ice. I shivered violently and then woke up, still feeling cold and disappointed."

Her associations to the dream were these: The rings really belonged to her mother, but she was in the habit of borrowing them from time to time. She only half liked them, found them a little too flashy for herself and would on most occasions have preferred to wear a ring given to her by her husband, but in the end she could usually not resist mother's suggestion to wear her (mother's) ring. One of them, though, had an especially unpleasant association in that it had been given to her mother by one of the men with whom she used to associate.

Now, the fact that the patient was in the habit of wearing her mother's rings (she also used to borrow her clothes occasionally)

betrayed even in real life an exaggerated attachment and a partial identification with the mother; the dream stresses this fact and uses the rings, the special symbol of a close union between two people (viz., the engagement ring) to underline her deep attachment. The beginning of the dream shows that something has happened, there has been a crash, the rings have slipped off. This is an obvious allusion to the shock which the first glimpses of insight into the neurotic relationship to her mother had caused her. She is then carried into a building, to which she associated the clinic, and there finds herself in an underground room.

As has often been observed, underground places in dreams can frequently be interpreted as symbolic representations of the unconscious mind. The underground room here, therefore, would indicate that our talks had touched the patient on a deeper level than that of mere rational understanding, i.e., that we had touched the level of the unconscious.

To understand the next part it must be remembered that unknown persons in dreams often stand for tendencies or mental features of the dreamer himself. The displaced persons, therefore, would symbolise the feeling of a general dislocation and lack of security which the patient was bound to experience after her first attempt at severing the mental " naval cord " between herself and her mother.

She is then being led by a woman—interpreted as the analyst—out of the underground and up a spiral staircase, on to an open platform.

The meaning of this would seem to be that, through the analysis, her formerly unconscious relationship to her mother had been lifted into consciousness—or out into the open. In other words, she had begun to emerge out of the womb of her own unconsciousness into a state of consciousness in which her blind identification with her mother was beginning to be replaced by a growing consciousness of ser own individuality, i.e., had started, as it were, to be born as an independent human being. (My Freudian colleague at the Clinic, to whom I told this dream, immediately interpreted this part as a reference to the " birth trauma." As a Jungian I believe that an interpretation on this " reductive " level alone would possibly not have activated the positive Mother Archetype in such a way as to evoke further, helpful manifestations.) However, like any newborn baby, the patient did not like the experience and, in the dream, felt cold and shivery. In her waking life, too, she felt, at that time, rather " out in the cold," and experienced a strong resistance against the new state of affairs, which showed in an aversion to come for her interviews, and in aggressive behaviour against her husband who, as she knew, was in constant co-operation with me, and therefore got a good many of the blows which were really aimed at the analyst.

This resistance showed itself at its peak in the following dream :

> " I was in a small room that seemed quite bare, apart from the gas stove. You (the analyst) were there, tormenting me by turning the gas taps on and then striking matches. This did not perturb me in the least, but I got into the corner in case you blew us both up. You then told me that you had locked the door and that you were going to leave me locked in. I laughed to myself and thought, ' You think you know everything, but there are still a few things you don't know.' The French doors were open, and you stepped out of them and closed and bolted the door from outside. I wasn't frightened, I knew I could not get out, but somehow I kept laughing and telling myself that there was a way of getting out, but if I did get out that way, then you would be as clever as me, for I would be showing you my secret."

To " gas stove " the patient associated : an early memory of mother cooking on a gas stove and Beryl, her little sister, hanging " as usual " on to mother's skirt. Then there seemed to have been an explosion. The patient seems to remember a loud bang, then everything being black with smoke and a piece of the wall missing. This explosion seemed to have taken on a symbolic meaning for her—standing for a feared and repressed explosion of her own feelings of jealousy of Beryl, and anger against her mother. Thus in this dream, where the analyst represents the mother, the patient is afraid that, by taking the analysis further, we might hit the explosive force within herself. Therefore she prefers to be locked in and keep her secrets to herself rather than give any more of her thoughts away. She adopts towards the analyst the same attitude of seeming unconcern, spite and forced indifference, or even bravado, which she had defensively adopted in early childhood with her parents, and which had caused a great deal of her trouble in later life. She herself called that attitude " brazen," but like a real brass armour it caused her to be rigid instead of responsive in critical situations.

Another association to " gas stove " was this : She had, a few days previous to the dream, discussed her mother with her husband while cooking on her gas stove. The things mentioned then were her mother's immoral life, particularly the fact that she had been living with a number of different men, and her husband had insisted that she must tell me about it. It had also dawned upon her then that she always expected him to look down on her because of her mother, and she found it difficult to believe that he did not do so. This fear had also been transferred to me.

Through analysing this dream, a good many of her bottled up secrets and the accompanying fears were released without causing the kind of explosion of which she had been so afraid before. The reassuring effect of this made itself felt during the following

period. The symbol of the gas stove reappeared again in one of her last dreams but, as we shall see, it appeared then in a completely different and very happy context.

At the time of the above dream I had included certain relaxation exercises in the treatment in order to loosen up that "brazen" attitude of hers. In connection with her growing awareness of her muscular tenseness we discussed its origin and meaning, and she very soon discovered that behind this tenseness was a fear of letting go, quite analogous to the fear of explosion through analysis in the above dream. On relaxing she re-experienced old childish impulses to get herself into mischief in order to annoy mother. She also regained memories of her own early physical awkwardness which made her bump into furniture, stumble frequently, upset crockery and also lose her things. Analysis showed that all these were unconscious acts of aggression and revenge directed against the mother. It was repeated at this stage of our work in the transference situation in that she forgot to bring her dreams for the interviews, etc. During one of those relaxation exercises she also recalled that, as a child, she used to sleep-walk, mostly into mother's bedroom. The unconscious motive for this was obviously to reassure herself about her mother's affection.

I want now very briefly to discuss a dream in which the patient and her little sister Beryl are escaping together from the unhealthy atmosphere of the parents, who are each sitting with a different partner in a theatre, the father with another woman, and the mother with her present "boy friend." The patient feels comforted by Beryl's "warm, chubby little hand" resting on hers, and then puts her into a rowing boat and rows her to safety.

In this dream the figure of Beryl was interpreted on what Jung calls the "subjective level." This means that Beryl here is not primarily regarded as the actual little sister for whom the patient felt love as well as envy in real life, but that, in this dream, she represents a part of the dreamer herself. The lovely and mentally healthy child here stands for that part of the patient which had remained unharmed by the warping influences of her early experiences, the un-neurotic core of her own personality which was just then beginning to come to the fore. Such new beginnings within a patient are often symbolised in dreams as small children (cf., Jung: "Das goettliche Kind" and others), or as young animals, plant shoots, eggs, etc. Under the comforting influence, then, of Beryl's chubby little hand, she is beginning to escape from the bad parental atmosphere—in other words, with the healthy part of herself she is beginning to overcome her neurosis.

Roughly at the time of this dream the patient had painted a picture in which she recorded a hypnagogic image, expressing the same idea. In this picture she is trying to extricate Beryl from the circle of a snake. Again Beryl stands for the healthy part of

herself; the snake, as was borne out by a number of associations, symbolised the fascinating power of the Mother.

(It may be worth noting again that at no time were the patient's pictures or associations influenced by any kind of knowledge of their symbolic meaning.)

In the next dream the patient is openly coming to grips with the overpowering mother figure.

> *Dream :* " I was in a shop where E. was an assistant. We noticed that an article was broken and E. took it to the manager. He said, ' Yes, you have broken it.' When E. denied doing so he brought a book out and said that she had signed for the breakage. We both looked in the book and E.'s signature was forged. She stamped her foot and said, ' I won't pay for it, I didn't break it.' At this a woman came and got hold of E. and said, ' Oh yes, you will pay for it.' This really roused me into action. ' Take your hands off her,' I said, and dived at her, sending her flat on her back on a table. I punched her and beat her with all my might, and then eventually stood on the table, and with the heel of my shoe and the force of my leg I kicked her in the face. I then gave her a push and she fell into a heap in the corner, dead.
>
> " I grabbed E. and we made a getaway, although I did not seem convinced that I had really committed a crime. I had done what was right to me, and I was willing to say so to anyone. I remember that it was raining and the air was warm and sweet."

E. was a girl who worked in the same office as the patient. The patient liked her, and felt that the dream figure really was partly E. and partly herself. Being accused of having broken something refers to her early mishaps (cf. above) and, connected with that, her feeling of not being wanted. (The manager and the " woman " standing, of course, for father and mother). But protesting against the accusation, fighting to have her innocence acknowledged and sticking up for her rights points to a lessening of early guilt—and inferiority feeling. The woman in her dream is " big and hefty " because she represents the overpowering, frightening aspect of the mother. But the fact that the patient associated her with "Evil " and, again, with a Snake, showed the archetypical features which had got mixed up with the picture of her personal mother. There is, of course, also a connection between this woman and the analyst, who at that time largely carried the mother projection. (I cannot here, for lack of space, go into all the details of the transference situation). In this dream the patient came, for the first time, to grips with the negative mother aspect, and gave way to her own violent aggressions. This was part of the " explosion " hinted at in the gas stove dream. Much as she had feared it previously, as the result of analysis and relaxation, now that it had happened

there was relief, expressed in the softly falling rain and the soft sweet air.

Shortly after she had this dream she stopped her nailbiting without any effort. Yet before she had tried in vain to stop this life-long habit. (I myself had purposely never referred to her nails.)

The last dream in this series followed nearly two months later. In this she is finding a completely new attitude to the whole mother problem.

> *Dream:* "I was in a hospital ward, and a black nurse asked me if I would take the milk round to the patients for their supper. She gave me a large jug, and I proceeded round the ward pouring the milk into the cups that the patients held out. They were all elderly people in the first beds, and after some time I came to a bed with a small child in it. I said to the child,'Would you like some milk, dear?' and it stretched its hands out as if to say yes. I tipped the jug up, and much to my annoyance there wasn't any milk in it. I went up the ward and marched into the kitchen; the black nurse was there and I said, 'What do you mean by not giving me enough milk for the babies?' She smiled and said, 'There is an urn full of milk, put it on the stove to boil and you will have ample for what you need.' I stooped and lifted the urn, it was very heavy, and after a lot of puffing and blowing I managed to get it on to the stove and over the lighted gas."

The black nurse was associated with one who did tend the patient at an early illness. The patient remembered her as particularly kind and gentle. But apart from the personal association, this black nurse, a genuine mother-figure, carries the features of the positive aspect of the mother archetype. In contrast to the patient's personal mother, whose whole being radiated over-activity and a somewhat glaring brightness, this nurse was dark, full-breasted, and gentle. Her association with the Night, which balances the activities of the Day, with the darkness of the Earth that contains the roots of the plants, as well as her role as the provider of the milk, the life-giving food, state her archetypal character, as does her authoritative way of speaking and the big urn (itself a mother-symbol) of which she is in charge, and from which the smaller jug of the patient is being filled.

The patient now is no longer the one who is waiting to be fed with milk, or love, but, under the guidance of the good mother-nurse she herself is taking the milk round to old people and children, demonstrating by this that she herself—being neither sick nor helpless (like old age or the child)—is now realising her true state, which is that of a healthy grown-up woman, ready to give love rather than wanting to be loved. She is not quite sure of this new state yet. Therefore, for a moment, she doubts whether there will

be enough milk in her jug. But after renewed contact with the nurse and her big urn—i.e., with the Mother Archetype—she finds her jug filled and puts it on to the gas stove. This, by now, has lost its unpleasant associations, and can be used to add warmth to the nourishing quality of the milk.

Shortly after this dream the patient could be discharged as recovered; her symptoms had cleared up, and her marriage had become very satisfactory.

MARGOT CUTNER, D.Phil.,
Member of the Association of Psychotherapists,
Assoc. Member of the Society of Analytical Psychology.

THE ASSOCIATION OF PSYCHOTHERAPISTS
FINANCIAL STATEMENT FOR 1957/58

IN				OUT			
Jan., '57	£	s.	d.		£	s.	d.
Balance b/forward ...	59	12	1	Overpayment of Subs. ...	2	10	0
Members' Subscriptions	49	1	0	Stationery	2	19	11
Gifts	10	10	0	Printing	3	15	7
Seminars	99	15	0	Typewriter repair ...	3	7	6
				Telephone	2	10	0
				St. Anne's House ...	1	1	0
				Incidentals (Secretarial and Postage)	51	2	0
				Bank Charges	2	3	0
					69	9	1
				Balance in Bank ...	149	9	0
	£218	18	1		£218	18	1

PRINTED BY
H. H. GREAVES LTD.
EAST DULWICH
LONDON
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