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Editorial

This issue marks the beginning of a new era in the 40-year history of the *BAP Journal*. First, we have a new partnership with Whurr Publishers, which has designed our handsome cover, and, from the next issue, the *Journal* will be formally refereed. We welcome the Board of Readers who will carry out this important peer-review process. All submitted papers will be assessed anonymously and authors will receive detailed written critical responses. We believe that this significant change will ensure a high standard of published papers. In addition, the editorial board will be available to offer advice on early drafts of papers in progress.

Our primary aim is to ensure that the *Journal* makes a contribution of the highest possible quality in the field of psychotherapy journals internationally. We believe that the BAP as a psychotherapy training organization, with its combination of Psychoanalytic, Jungian and Child and Adolescent sections, has a unique opportunity to develop the *Journal*, making use of the richness of the diversity of expertise and experience.

The *Journal* is now under joint editorship, which reflects our wish to encourage a lively dialogue of ideas. As part of this dialogue we will be developing a clinical commentaries section and a review section for analytic writing on the visual arts, theatre, opera and film. We hope that this will allow people with a special interest in the arts to write for the *Journal*. We will, of course, be continuing our Book Review section.

However, clinical papers will remain our main focus as we believe this to be vital to our continued growth as clinicians. The papers included in this issue exemplify some of the breadth of clinical thinking in the BAP. As well as being of interest in their own right, we hope that these papers will help to foster a growing interest in the links between child and adult psychotherapy, the theme of the 1999 BAP Annual Conference.

As well as papers written by members of our own Asscociation we welcome papers from members of organizations other than the BAP. We would also encourage an ongoing dialogue with readers in the form of letters to the Editors.

Finally, we wish to thank the members of previous editorial boards and acknowledge their contribution through the first 40 years of the *Journal*'s existence to the good reputation of the BAP.

The Editors

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The first year of individual psychotherapy with a child with autistic features

JANINE STERNBERG

ABSTRACT

This paper describes the first year of twice-weekly psychoanalytic psychotherapy with a 4-year-old boy. Detailed extracts from sessions are given to convey the impact of the experience of being with this child. The importance of very close observation and monitoring of the counter-transference is highlighted. Attention is given to the slowly growing connection between the therapist and the child. Thought is given to the similarities between the actions of very young infants and some autistic behaviour. Some reference is made to ideas about autism and the development of the capacity for symbolization. The influence of developmentalists, together with the work of Anne Alvarez, is acknowledged.

Key words autism, psychoanalytic psychotherapy, young child, developmental theories, symbolic play.

In this paper I shall be describing the first year of twice-weekly psychoanalytic psychotherapy with a 4-year-old boy, George, with strong autistic features. I have deliberately concentrated on my interactions with the child in the consulting room, leaving out background information. Although issues of confidentiality have informed this decision, primarily I want to focus on the experience of being with this child, and how we came to develop something approaching a relationship.

My initial meeting was with George, his parents and a colleague, Mrs P, who was available to engage in regular work with the parents. George, then 3-and-a-half years old, was a small, sweet-faced child with short, dark hair and dark eyes, who did not strike me, at first sight, as 'odd'. Within a few moments

Janine Sternberg is a full member of both the Child and Adolescent Section and the Psychoanalytic Section of the BAP. She is a senior staff member at the Tavistock Children and Families Department, based mainly at the Mulberry Bush Day Unit. She also works in private practice with both children and adults.

of arrival, however, many of his autistic features became apparent. His gaze seemed rather unconnected, often rather blank, and when standing unengaged he would dribble a little. He fingered the toys provided in a rather desultory fashion and would go to his father, leaning his body against him, and his father would then stroke the back of his neck. After this George flapped his hands against one another very rapidly and after a minute or so bit his own hand quite hard. The skin on the back of both hands, and especially his left hand, was very scaly, and his mother explained that he bites his hand when frustrated or excited. In many ways the most striking thing about George was the silence surrounding him; he lacked language and did not make sounds. He seemed to lack interest in connecting to the other people in the room. He did, however, dart the occasional shy glance at Mrs P or me. I found George appealing and looked forward to the opportunity of working with him.

There is no doubt that George was 'globally developmentally delayed', as the medical reports describe him, but there was some uncertainty as to the cause of this. From the medical reports we gathered that the mother had suffered from some complications in pregnancy, with a threatened miscarriage at 2 months and intermittent contractions from 7 months until delivery, when labour was induced at term. All went well with the labour, however, and George was a fair weight, fed well and was discharged home at 3 days. I have the impression that the mother was always concerned about George, but the medical reports state that his 'developmental problems were first noticed when he was 13 months old, when his gait was noted to be abnormal. At this stage he had no speech and his social skills were behind'. It seems that he had a CT brain scan aged 13 months and in the reports there is reference to '*possible* bilateral fronto-temporal atrophy'. Certainly the thorough investigations carried out at the Bobath Centre, a centre for children with cerebral palsy, when he was just under 2 years old talk of him as having 'global developmental delay with a cognitive level of between 4 and 6 months. His motor performance is rather better than this'. The report describes him playing 'approximately at the 4 to 6 month level with a lot of batting and banging', but also refers to him as 'socially responsive with eye contact – smiles together with vocalisations'.

However, the speech therapist and occupational therapist's reports from the same consultation mention hand-flapping and hand-biting when excited or frustrated. They state:

> he did not seek out interaction with the therapists, being more object-orientated ... and [his] play level involves random exploration with little purpose.... [He] exhibited some perseverative interest and behaviour with specific objects, e.g. comb, although he did not attempt to imitate hair combing in any way.

George attended a special needs nursery four mornings a week and seemed to make some progress there. At the time I first saw him he could walk well, climb on to a chair or the couch and handled the toys easily. He was, and is,

still in nappies and this, after the first 6 months, became a significant part of our work. At the beginning of the autumn term, aged 4, he moved from his special needs nursery to a mainstream primary school with a special helper. At a meeting with the parents soon after therapy started, the mother made it clear that she found visiting the local special schools very distressing and did not want George to attend them. She insisted that he attends mainstream school to have more opportunities for mixing with 'ordinary' children and she is now very positive about how good this experience has been for him. However, at a recent annual review meeting it was decided that George now needs to move on to more specialist provision, and this is being explored.

The first weeks of therapy

I had found George appealing and, I felt, approachable, so I began the work with considerable enthusiasm. I had never before worked individually with a child without language, but thought that my extensive experience of infant observation would prepare me well for noting and responding to his other forms of communication. I had provided some paper and very stubby wax crayons which I had placed on a table, and two soft toys (a cat and a bear) and a number of small toys in a large plastic bag. These were all placed on the floor in a cardboard box. The small toys included a soft ball, string, some paper clips, a soft yellow toy mouse, a number of animals, some metal cars, some Playmobil people, and quite a lot of Duplo. This was a random assortment and included two squat Duplo figures, some bricks, a helicopter, some rudimentary vehicles, a diver/astronaut attached to a wheel by a string, and a pull-along toy with balls in it which changed colour as it moved. In retrospect, I think I was providing equipment suitable for a very young child, without having much idea of how George might be able to use them. Autistic children's inability to play symbolically is one of the most often quoted features in the literature.

It was striking that in the first session, and subsequent ones, George tossed away the soft toys. He took up the two Duplo figures, went with them to the couch and leaned back against it. Using the holes underneath the figures he placed one on the index finger of each hand and moved them up to and away from his face. Perhaps if there were more than two figures he would use more, but he clearly often wants both and, having found one, searches until he can find the second. He brings them together, close to him, and moves them away and it seems to me that he is illustrating his interest in and concern about couples – mother and father, father often away, and mother and George. The two figures look a little different and, in my mind, could be seen as male and female. The first few sessions continued in much the same way, with brief play with these hard toys, and much wandering about, picking something up and fingering it and then letting it drop. The sense of together/apart, near/far was what struck me most.

I thought I could see times when George broke the contact with me, preferring, as I thought of it, to retreat to autistic defences, involving himself in his own activities rather than being involved in shared activity with me. More recently, I have been wondering about the intensity that George seems to feel at certain moments, and have been preoccupied with associations to work currently being carried out with very young infants using the concept of 'down-regulating' (Moore, 1998). Close video monitoring of interactions between mothers and babies has shown that the feelings aroused by contact with mother in a pleasant way can very quickly build up to a pitch of displeasure. To avoid this, babies will look away before looking back in their own time. Mary-Sue Moore (1998) points out that gaze itself is highly arousing and that the moments looking away are necessary. In secure relationships the baby can look away and then, on looking back, find the parent still smiling, ready to interact, but in insecure relationships the parent feels rejected by the averted gaze, and may 'chase' the baby. Beatrice Bebee (1997) has vivid video examples of this, and she also speaks of the self-regulating mechanisms operated by babies, the touching of themselves or their clothes, which seem to operate to prevent distress or overexcitation. Although it would be absurd to equate these brief moments observed with infants with the prolonged gaze avoidance or flapping rituals of autistic children, I frequently feel with George that the contact is deliberately broken. He is (albeit very briefly) intensely involved with me, and then something happens and he is absorbed in what seems like a sterile and repetitive activity. The sense of loss and also of frustration that I experience at these moments can be extremely strong.

After the first three weeks I noted that his play did *seem* symbolic and wondered if I would only realize that it was not after some months. This idea, that it is only after one has been subjected to months of repetitive behaviour that the true sterility of it becomes apparent, might tally with the seeming inconsistencies in some of the professional reports. Perhaps George's behaviour seemed less 'autistic' when seen only for brief diagnostic meetings: although I did also note aspects that seemed symbolic, I saw how George showed a clear preference in the toys he used, rejecting the soft animals and ignoring the dolls and animals. I felt there was some symbolic significance in him choosing the figures rather than just Duplo bricks. I was struck by how connected at times he was, and also how cut off, and how it felt, primarily through the string and ball play, that this non-relatedness was a choice.

The rest of the summer term continued in a similar way. George became attracted to the toy with the balls that change colour when rapidly spun, and would spend time absorbed in this. He wandered around the room, sometimes engaging with me, sometimes seeming very much in a world of his own. He used to take pleasure in making the water tap spray and was at his most vocal when watching this spray. It also seemed that he was most aware of me at this time, as he knew that I would allow only a certain amount of spray, and a real contact developed between us when he would glance at me to see what my

response was to what he was doing. However, not surprisingly, this sense of me as 'live company' (Alvarez, 1992) was very patchy, and what Alvarez and Reid (1999) have described as the way autism waxes and wanes could be observed. In this context it was unclear to me what the impact of the long (five weeks) summer holidays might be. If George had very little sense of me as 'an other' what would the break mean to him? Might he manage to not notice it at all, but simply carry on as though it had not existed?

The impact of the first holidays

Here are some details of his first session back from the holidays:

> George and his mother were 5 minutes early and George slipped straight through the half-open door into the therapy room. I had not yet taken his box out of the cupboard, and so while I took it out, George watched me with interest. I then closed the door to the room and George looked at the contents of the bag. He picked up the satin mouse for the first time, then turned to the two Duplo figures and with one on a finger of each hand went to the couch and lay on his back, making happy sounds. He did not seem to be taking notice of me. After some minutes he threw down those figures and looked at the toys in a desultory way. He went to the plug socket in the wall and touched it. I told him that was not safe to do and he touched it rapidly a second time before returning to the toys and picking up the string.
>
> I spoke about the string as perhaps forming a bridge between us; there had been the gap of the long summer holidays, which we were now back from, and George was wanting the string to span the gap between us.
>
> He let the string fall from his hand and waited to see me roll it up before going over to the table and rolling the crayons backwards and forwards. I moved so that I could see better what he was doing, and he looked surprised. He began to draw on the table and I told him not to but to use the paper. He pushed the paper away, and rolled the crayons again. Two fell off the table and into the bin, and he giggled at this. When the other crayons fell on the floor he then sat on the floor and rolled them briefly. He again drew on the table and watched with interest when I tried to wipe it off.
>
> I suggested he might want to set his mark on the room, reclaim it as his space after the holidays.
>
> He played with the crayons on the floor, tumbling them through his hands, but soon became distracted from that and returned to being with the Duplo figures on the couch, bringing them close to his face and then moving them away. At first he seemed very pleased but gradually he began kicking his legs and then bit his hand.
>
> I commented on how the good feelings seemed to have turned into something exciting, overwhelming.
>
> George came off the couch and was kicking and throwing the toys around, pulling the string off the roll so that it tangled round his shoes. He took up the soft white cat toy and bit it hard on the tail.
>
> I said that perhaps he was pleased to be back with me, and that perhaps it felt like he was triumphant, now he, and not Daddy/Mr S, had me, but that then that feeling might lead to him hurting himself, as when he bit his hand. George looked at me while I spoke. I then spoke of how he may have felt kicked around, hidden from sight as some of the toys now were, through the holidays.
>
> After this it was time to clear up and George became very excited and flappy as the string was rewound.

Obviously there is the possibility that I am attributing meaning to this play, avoiding the unbearable quality of meaninglessness and seeing everything through the glasses I have put on which tell me that separation and return are the themes with which he is preoccupied. However, when I pay attention to my close observation and accompanying counter-transference then the quality of pleasure in his return seems undeniable. And it seems likely that he had retained good memories of me and our times together. His interest in looking to see what reaction I had to him suggests that he was aware of me. The idea that what he does has some impact on the other is in itself worthy of thought and is to be valued. In retrospect I can see that some of my comments, such as that the biting of the cat's tail might represent triumph over a daddy figure, may have made little sense to him. Anne Alvarez (1993), in describing what needs to happen in therapeutic work with autistic patients, writes of the slow process in which the therapist first names and contains the thought, sometimes shares it, then locates it in herself or the patient, and only finally addresses why the patient is having such a thought. Perhaps over the holidays I had lost sight of how painstakingly slowly I had to move with George and yet my overambitious interpretation seemed to arouse his interest rather than leave him feeling misunderstood.

The reaction to changes

At the end of September George left the special needs nursery he had been attending and began mornings at a local mainstream primary school. This had been arranged prior to his beginning therapy. My colleague, Mrs P, worked with the parents to help George make sense of this change.

In the consulting room I was aware of George as being more of a 'good schoolboy'. He occasionally sat on the chair at the desk and used the crayons to make marks on paper, although his preferred use of the crayons was to roll them and make them fall from the table to the floor. Sometimes he would then sit with them on the floor, rotating his hands and muddling up the crayons in a movement, which reminded me of a washing machine. At other times, once the crayons had fallen he seemed to lose interest in them. In a session early in October he had begun with rolling the crayons, then had been the schoolboy marking the paper with them, and then returned to rolling, deliberately pushing the paper to one side, when I commented on him doing a picture.

> As he rolled the crayons he made occasional attempts to draw on the table. He made shouting noises and I wondered if because I was silent he was feeling that I wasn't paying attention to him and so shouted to gain my attention. I said that I felt he was wanting to communicate with me, and that I was wanting to understand even if I wasn't able to. At one point all the crayons dropped on the floor and I spoke of dropped feelings he might have about his twice-weekly sessions with me and also to do with no longer going to his old nursery. George clambered off his chair, gathered up all the crayons and

climbed back up again. Again he began rolling the crayons but this time my hand was positioned so I caught one as it fell. George seemed pleased at this and deliberately sent the next crayon for me to catch, smiling. However, he then rolled the next crayon to the back of the table which abuts the wall so that I couldn't catch it, and he flicked the rest off fast, laughing delightedly. He went down to collect the crayons and went under the table with them, making the washing machine movement with his hands near his crotch.

I talked about the situation George had got into where something became exciting. I emphasized that clearly he was wanting me not to be able to catch or hold the crayons. When I had done, perhaps he had liked it, but then he had not wanted to stay with that, he had preferred to throw the crayons and play with them in a way which absorbed him and had no role for me. George continued with this play for a while and then returned to sitting up at the table.

At times with the crayons there was a sense of him gathering them together, holding them close to him and then sending them away one by one. Each time they were flicked off George would only find the ones that had fallen near the table and so, having started with eight crayons he was then reduced to three. I tried to formulate an idea about George wanting to feel that he could get rid of things, but then the situation left him with less, that in fact he had very little left. I tried to link this with his mental processes, where things got thrown out of his mind, and how that left him with very little to 'play' with. As I was saying this George got down from the table and went over to the toy bag. He very deliberately emptied its contents on to the floor. I commented that he sometimes emptied it in order to find what he wanted from within it, but this time he had seemed to want it to be empty, perhaps connected with what I'd just been saying. George shook the bag so that it was stiff with air.

This excerpt from the session also shows his use of the bag. This action of emptying the bag and shaking it so it was stiff with air happened quite frequently after this. When George was absorbed in shaking the bag I felt aware of and frustrated by what I felt to be the emptiness of the experience, but I sometimes felt that George viewed the air as solid and valuable in itself. It seemed to me that he was more in touch with a sense of emptiness when he placed one of the squat Duplo figures in his mouth so that it looked like a dummy and then expelled it, and stood for a moment or two really looking very sad. This naturally brought to mind Tustin's (1972) famous example when the idea of the removal of the nipple was experienced as something being torn out of *his* body. However, it seemed to me that George was sad rather than terrified by this experience.

The change in the crayons

Around this time I heard from my colleague that George's mother had expressed concerns about George being allowed to roll the crayons in the therapy, as he is consistently discouraged from doing so elsewhere. While being able to see the importance of conveying that therapy is different from other experiences, I decided to introduce some new crayons in an attempt to encourage George to use them 'appropriately'. I had considerable misgivings about this, being mindful of the differences between therapy and education.

Betty Joseph (1998) warns child psychotherapists against expecting or demanding certain sorts of behaviour from children in treatment, and I gave much thought to how traditional technique may need to be modified when working with autistic children.

The old crayons were much used, very stubby and happened to be all in shades of pink and crimson to brown. I provided a new packet of wax crayons, thinner and in a variety of colours. I had in mind that I wanted to make a distinction between these for making pictures and the others for rolling if he wanted. To begin with George ignored them. Once he showed an interest in them he wanted to roll them, and when he did use them on the paper he began by stabbing them against the paper so it had individual dots on it. He followed this with sweeping movements, making what looked like unfinished circles with a nucleus in the centre. He did not seem to have a sense of colour or much interest in what he produced, and very quickly moved away from them. I was left with the feeling that he *would not* use them as I wanted him to, and he preferred therefore not to use them at all. As the time went on I often felt he would 'buy me off' with a brief scribble and then hope to be allowed to roll them. He showed an absorption in the ends of the crayons, repeatedly looking at the pointed ends and then the flat ends, turning them towards and away from him. It seemed he had an intense interest in the quality of the object and was examining it as if it had never been seen or thought about before.

I found it striking that in the session after the autumn half-term break he went straight to the table and the crayons and showed me what looked like a 'good schoolboy', but very quickly shifted to rolling the crayons. I was naturally feeling considerable disquiet about the decision I had made, fearing I had tried to force him into some sort of conformity. He did not seem to have any wish to communicate symbolically on paper. Doubtless he could be taught to use the paper correctly as a 'good schoolboy', but should this be happening in therapy? Margot Waddell (1998) writes of models of learning and about Bion's theory of thinking. In describing his model of K and –K she describes –K as the mental state in which knowledge is treated as a commodity, something which could be traded or exchanged, so that the essence of any experience is abandoned. However, helping children to abandon rituals and showing them more interesting and rewarding ways that they can use their objects is a valid and laudable aim of therapy. Hobson (1993) also points out the importance of differentiating between the autistic child's ability and his propensity. There is no doubt that rolling was what George chose to do. He was capable of doing differently, but at this time did not want to. My colleague Mrs P has also drawn my attention to the enormous pressure from the mother, the occupational therapist and the school for George to use toys educationally in their presence. If they were watching him play they would encourage 'proper' use of objects. At times he does play without being watched, and so can play as he wishes, but it is only with me that someone attends to his free play.

However, since I had introduced an attempt at educational influence into the therapy room I also became aware of what George did with the experience of being cross and frustrated. At times it seemed that he simply 'blanked off' and became absorbed in something else, and he would also flap his hands against the back of his head. I began to think that this action, so typical of autistic behaviours, was used by him to avoid what might otherwise have been overwhelming feelings of rage.

Further progress: the development of language, attachment to mother and to therapy

After one year of therapy George is still very far from having recognizable language. However, his use of sounds has increased considerably and it seems to me that he is more interested in using sound to communicate. He has more sounds, which I (and his mother) think of as being similar to 'mummy', 'baby' and 'we'. Although occasionally he will make sounds that do not seem directed to me, usually he looks towards me when he vocalizes as though I am to listen and respond to these sounds, which vary in quality from a rather imperative 'look' to a more interrogative lilt. I have heard from my colleague that George's mother feels that George tries to 'talk' to me most of all. The idea of *wanting* to communicate, in fact of there being anyone 'out there' to communicate with, is obviously one that many writers about autism have considered. Alvarez (1993) raises the question of to whom or what is the child failing to communicate and emphasizes the importance of a 'figure who is interesting or who is interested' in the child. This view lies at the heart of her pioneering work. Other writers approach it from a different angle. Sugarman (1984) points out that before children can use language to communicate they must learn what communication is. They must learn that there is a reason for making clear their experience, and also for presenting that experience for another.

It seems to me that by the time I first saw him George had some ability to draw the other's attention to something. However, his interest in doing so increased dramatically under the 'sunshine' of my sustained attention on him. Obviously, within a therapy session my attention is focused on all he does all the time, and George would at times look at me to see if I was watching him. As time went on he would occasionally come up to me and gently but firmly push my shoulders or face backwards, making it clear he did *not* want to be watched so intently. However, in the earlier months it really felt to me as if George found my interest in him a nourishing experience that enabled him to grow under my gaze. Dawson and Adams (1984) write that there is evidence that when autistic children are themselves imitated by an experimenter, even those with low imitative ability improve in social responsiveness and eye contact. I would sometimes try to imitate George's sounds, but often found this difficult. However, I was able to develop a game that used imitation and reciprocity with him. One day in January he banged his elbow repeatedly and

deliberately on the table. I repeated the rhythm he had used. He looked startled and then delighted. He banged again, and again I echoed it. This game was left then, but returned to at other points. However, George did not want me to elaborate on his rhythms. If I echoed his and then tried to introduce a variation he would ignore me. It was also a short-lived game, with George after two or three repeats then moving off to something else. Perhaps this is related to the idea of self-regulation. For George a little goes a long way; something pleasurable all too quickly becomes so intense as to be unmanageable.

This moving on to something else is, of course, a feature of George. Although he certainly has a number of rituals, and a way of playing that concentrates exclusively on one aspect of what an object can do (the man on the string is always swung around, the crayons are either rolled or examined closely each end), he does not stick with his rituals for long. The quality of dropping something and moving on in a rather aimless fashion is still there. It is often hard for me to feel that I understand what George is looking for when he takes something up, nor do I understand why it ceases to have meaning for him (if it ever had any) and can be dispensed with. However, so far my tentative efforts to interest him in something *I* offer in the way of toys or play have been useless. Having in mind Alvarez's ideas (1996) about the importance of helping the autistic child give up a ritual, and the need to replace the ritual with a new object of interest, I have occasionally moved one of the cars across the floor, placing a driver deliberately on the vehicle, but George has ignored them. Perhaps this has been a rather feeble attempt on my part to 'demonstrate that the world beyond autism is interesting' (Alvarez and Reid, 1999), but I also think that perhaps it is premature in terms of the progress of the therapy to expect this new phase to have happened yet.

Some of George's autistic responses may have made him 'easier' to manage. He rarely, if ever, has temper tantrums. I have seen that when he is thwarted and might feel cross, as for example when I pack up the crayons to prevent him rolling them, he rubs his hand against the back of his hair and this seems to calm him. Frances Tustin writes of autistic children moving away from relationships with their mothers into what she describes as: 'self-generated sensations which are always available and predictable and so do not bring shocks. These bring about a state of diminished thinking and feeling. The autistic child ... is numb and dumb' (1986: 27).

I would see it as important that George should allow himself to know of his feelings, without feeling utterly overwhelmed by them, and then should feel safe to express them to a mother–therapist who could receive and then modulate them, very much in the way famously described by Bion (1962) in his description of container–contained. The idea of 'being in relationship with' has also emerged in his interaction with me. At times when he is rolling the crayons, George will glance at me and it is clear that he is aware of my views about this.

Clearly there are times when George does not want, perhaps cannot bear, to be related to me. During the spring term there were frequent times when he would gaze at me and move his face so close that he could not see a person there any more, but only perhaps fuzzy shapes or colours. This breaking of contact sometimes followed times when he had been particularly interested in looking at me. He discovered switching on and off a table lamp and was interested in the way I, and also objects in the room, looked different when lit up or in shadow. He often looked at me when turning the light on or off, and although I saw it as being about control and being in charge of on and off (his fascination with it emerged after the Christmas break) I also wondered how much it might also be a wish to 'light up' me/his rather depressed mother – to see the radiance of his light fall on his object. Yet, at times he seemed to experience my interest as intrusive.

Thoughts on George's play

It is commonly agreed that children with autistic features do not engage in symbolic play. In order for play to be symbolic the action engaged in must represent something, stand for something else, and not just be itself. There must be some sort of unconscious phantasy behind the play (Isaacs, 1952; Segal, 1957). Yet, Tustin states categorically: 'These children have no inner life. To ascribe fantasies to them is incorrect' (1986: 21).

Hobson writes of autistic children's play, even when apparently representational, as 'often stereotyped' and 'relatively impoverished in content' (1993: 12). He quotes a study by Wing and colleagues (1977) which showed that non-autistic, mentally retarded children with a language comprehension age of under 20 months could not engage in symbolic play, but concludes from this and other studies that the association between autism and deficits in symbolic play go beyond what might occur through general intellectual retardation alone. This is not surprising, given that one of the features of autism seems to be that the person with autistic features lacks the capacity for/is not interested in differentiating animate from inanimate (Alvarez and Reid, 1999).

It has been apparent throughout this paper that I have at times attributed symbolic meaning to George's play and have spoken of my thoughts about this to him in a way I have assumed, at times, to have been interesting and meaningful to him. I have not believed all of his play to be symbolic all of the time – far from it. Some of his repetitive spinning or rolling play I have seen as being sensation dominated, what Tustin (1981) describes as a 'tranquilliser', something he can 'lose' himself in. I have wondered even with this play if it *began* with meaning, but then perhaps the intensity of the quality of the object overwhelmed whatever else might have been thought about in relation to it. I tend to believe that the close examination of the sharp and flat ends of the crayons may have *begun* with questions about sharp and flat ends of

people, and fundamental questions about the differences between mummies and daddies. However, this curiosity, if it ever existed, became lost in a haze, a blanket of familiarity and repetition, to such an extent that nothing new was seen. Alvarez makes the distinction between deficit and disorder and suggests: 'that which replaces imagination, the terrible symptom of repetitive and stereotyped rituals, may have as much to do with disorder and deviance as with deficit' (1996: 528). She also draws attention to Kanner's (1944) original observation that the 'ecstatic fervour' which often accompanies the repetitive rituals strongly indicated the presence of masturbatory gratification. This, which I saw with George's frantic hand-flapping when I wound up the string, is different from the rituals which can have a very boring quality, but in which the child has become stuck, and from which he may need to be rescued.

Concluding thoughts

Although working with children with autistic features has over recent years become an accepted and expected part of any child psychotherapist's practice, there is still much disagreement about the causes of autism and thus how much change individual psychotherapy can hope to bring about. There is now a general assumption of multiple causes of autism, but the emphasis naturally varies. Both Hobson (1993) and Trevarthen (1996) link the atypical development of the autistic child to a failure to establish primary intersubjectivity fully in a way that would allow the growth of secondary intersubjectivity and symbol formation. There is still debate about whether this failure arises from trauma in the early weeks, as suggested by Tustin (1994), or whether it is, as Trevarthen (1996) says, that this deficit might stem from damage, very early in foetal development, to the neurological structures that deliver the experience of primary intersubjectivity. Recent research on brain development (Perry et al., 1995) also suggests that the brain cannot develop without early stimulation and neurological studies have shown that without appropriate early stimulation or experience of relationships, there is maldevelopment of the areas of the brain that are responsible for such functions as attachment and affect regulation.

This view of early deficit that needs to be repaired lies at the heart of my thinking, strongly influenced by the work of Alvarez and Reid. They also clearly differentiate between subgroups of children with autism, and emphasize the difference between 'undrawn passive children and passive children who turn out to be more *with*drawn and so more actively involved in their passivity' (1999: 9). Their description of children with autism as seeming 'to lack a sense of a world in which there are people with minds who could be both interesting and interested in them' (1999: 1) sets the scene for therapeutic work in which the therapist is indeed interested in the child and tries to present the child with an interesting object. They talk of the way 'caregivers amplify and develop their infants' capacity for reciprocity and for entering

into the world of human intercourse' (1999: 7) and how therapists' work is informed by this knowledge. The parallel with the normal experiences of mothers and babies is clear.

This links with other ideas about therapeutic practice which are currently being explored. The term 'developmental therapy' is now being used by Anne Hurry (1998) and her colleagues at the Anna Freud Centre to describe the work that takes place in child psychotherapy, which not only helps children with developmental deficits or distortions, but also that ongoing aspect of work within all analyses in which the therapist can be an appropriate 'developmental' object for the patient.

The value of adults engaging in play with children, termed 'guided play', is addressed by Sylva. She writes that:

> a partner, besides being a helper and someone to share the pleasure, can lift action into the linguistic plane, thus enabling it to be reflected upon. This changes the child's plane of action from the enactive to the symbolic and lays the foundation for reflection on one's own actions (1984: 182).

The need to play at the child's level, which may be very infantile, is emphasized by Juliet Hopkins (1996). In writing of her work with a very damaged little boy, Paddy, she tells of his pleasure in imitating and being imitated. She thinks of this in terms of mother–baby games and states that within these games the infant distinguishes between the 'me' and the 'not me'. This recognition that there is 'me' and 'not me' and not a merged object is crucial. Monica Lanyado (1987) writes that when a primitive recognition of being separate from the mother dawns, then a means of communicating across that space is required. It is important in the therapy to try to create a context in which that space is not experienced as a part of the child torn off (Tustin, 1972) or as a chasm, an unbridgeable and therefore terrifying gulf. The 'lifeline' so movingly described by Alvarez (1992) when writing of her work with Robbie needs to be strong, with a great deal of effort put into the holding and pulling.

Clearly, my work with George has only begun. In the face of such serious problems even careful, painstaking work will be able to bring about improvements only over a long timescale. Although it would be premature to try to come to any conclusions, there have been some changes observed in George both by me and by his parents as reported to my colleague. Indeed, her contribution has been an invaluable part of this work. The parents have been enabled to think about George and look at him in different ways. George has, I think, begun to have more emotional contact with those around him, and this is surely to be welcomed.

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Karma and individuation: the boy with no face

DALE MATHERS

ABSTRACT

Karma is a traditional Eastern concept, mirrored in Western analytical psychology as 'individuation'. These notions about how meaning is made are concepts near the top of the hierarchy of ideas in their respective traditions: both are theories about connections between a time-bound part of the mind, which analytical psychologists call ego, and a time-free, transcendent experience, which we call self. The concept 'complex' describes both a structure and a process: repetitive patterns of thought and behaviour create suffering. From stillness and clarity, self unfolds into unresolvable oscillations; its developmental spiral is arrested, forming instead a 'strange attractor', ever circling and never reaching its archetypal core in the psyche (Lonie, 1991).

Jung saw individuation as a task involving working through complexes, a project for the second half of life, requiring a stable identity and persona. His 'classical' view, emphasizing the role of archetypes and the collective unconscious in the individuation process, contrasts with that of Michael Fordham and 'the developmental school'. The latter are close to Eastern ideas – both see self as a gradual unfolding from potential to actual throughout the whole of a life.

This paper explores karma and individuation, through the work I did with Yukio, a young Japanese man born with severe bilateral cleft palate. Overwhelmed by shame, he believed himself beyond help due to 'bad karma'. Repeated emotional traumas hindered identity formation, producing deep problems in forming symbols and relating to others. Born with a malformed face, he felt fated continually to 'lose face'. As a new sense of identity emerged, with it came the courage to have a new face. The enactment, 'gaining face' by plastic surgery, was a counterpoint to our work.

Key words: Buddhism, analytical psychology, individuation, ego–self axis, plastic surgery.

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Introduction

What is 'losing face?' It is shame. Outcast from family, social group and culture, wounded at the core of our being, in pain more than we can bear, we lose belief in our value, we feel of no value to others. Suffering mounts. Identity becomes a trap. We question life. Can this suffering have any meaning or purpose? We may seek answers in religious experience, therapy or analysis; escape into spirals of co-dependence; obsessionally stick in paranoid or depressive mind-sets, unable to reach, maintain or tolerate ambivalence.

Let's take karma and individuation as narrations on the meaning of suffering – the first from a tradition of moral philosophy; the second from a tradition of philosophy of mind. Buddhism, a religion, is also an Eastern depth psychology. Analytical psychology, a Western response to psychic suffering, is not a religion. Both treat 'religion' as a natural, human instinct expressing patterns vital to survival. Exploring how meaning contributes to individuation is a purpose of this paper. I'll define karma, individuation and complex, and look at these concepts in analysis – principally through dream interpretation, which, with active imagination, allowed a mute part of Yukio's psyche to talk, and to find new meaning.

Karma and individuation

How we are given meaning by external systems in the collective pre-empts how we give meaning in our own inner systems, and this determines the strength and shape of our ego–self axis (Edinger, 1962). My patient, Yukio, born with a bilateral cleft palate, was abandoned by his parents to be raised by their traditional Buddhist rural extended family. His ugliness led to exclusion and abuse. Stigmatization, in social psychology (Gregory, 1987), is a negative myth. Yukio, as a small child, internalized a religious myth, the myth of karma. He thought it meant that ugliness results from bad acts in a past life: 'I am ugly, so I am bad, so I deserve all the bad things that happen to me'.

'Religion' derives from the Latin 're-ligare' – 'to bind back to' (*Cassell's*, 1963): back to mother, to another individual or to society. Transference and counter-transference are also forms of 'binding back to'. As we become aware of movements of feeling in these experiences, there can be moments when we feel aware of 'something bigger than us'; a consciousness of self, which is a prerequisite for individuation. Unfolding of 'self-as-purpose' (will, or volition) parallels a Buddhist concept, karma, the unfolding of cause and effect.

Karma means, in Buddhist terms, 'self in action', or, in Zen, 'not-self in action' – a paradox (Watson, 1999). Rosemary Gordon calls 'big self':

> ... a metapsychological construct or concept ... which refers to the wholeness of the psyche and includes the conscious as well as unconscious areas ... it lies behind phenomena such as those symbols that convey wholeness and the eternal, as well as behind all those drives that seek fusion and union ... it is the object of individuation. (Gordon, 1993: 33)

Buddhism has no idea of 'God' in a Western sense. It seeks direct experience of numinous mind, here and now. This can happen through the simple practice of watching the breath in meditation. Watching thought wander creates and strengthens reality testing, and builds what Westerners define as 'ego strength'. The gain is clarity, learning to move with, rather than against, karma.

> Buddhism is a religion which puts wisdom to the fore rather than faith. Intelligent and honest enquiry are not only welcomed, but encouraged. Part of this enquiry requires a good background understanding of the way cause and effect function on the personal level. This is the domain of ethics or morality, and the specific domain of karma. (Payutto, 1996: vi)

Buddha taught 'four noble truths': suffering exists, has a cause, can cease, and cessation comes by cultivating awareness:

> ... Buddhism's great innovation was the ethicisation of the pan-Indian doctrine of karma, the law of cause and effect, by reinterpreting it in terms of intention ... Buddhist teachings are centrally concerned with the functioning of the mind, how willing comes about. (Watson, 1999: 69)

Karma could mean just 'the law of cause and effect'. Traditionally, it explains how actions in previous lives affect experience in this life. Whether or not we accept reincarnation, there are in all lives patterns in the mind which become habitual, that is, 'unmindful', *unintentional*, outside of volition, arising from unconscious complexes.

Jung demonstrated their reality with the word-association test, described in the Clark Lectures (1909). Subjects respond with free associations to a list of words. Both content (words) and form (time delay between stimulus and response) give information. Time delay results from awareness being given subliminally to repressing associated painful feelings. Actions without mindfulness give rise to anguish and suffering. Understanding karma as *intention* (the act of bringing mindfulness to actions) emphasizes that it conceives of human beings as free agents with choices to make.

However, for Yukio, karma meant simply 'past actions have inevitable present consequences'. Although choice depends on personality (Wood, 1977), circumstances reinforced Yukio's negative belief and entrenched his complex. After giving clinical details, which we both fictionalized to preserve confidentiality (Tuckett, 1993), I'll use them to examine the concept of complex. I'll describe a moment in Yukio's analysis when a time delay occurred, and how mindfulness brought change.

The boy with no face

Yukio was born in rural Japan into a traditional Buddhist extended family. His mother left him within days of his birth, to live abroad with his father. He was

raised by a nanny. In his early years he'd needed many operations, yet the centre of his face sank inwards, speech was impaired, and he looked and felt ugly. Soon his behaviour fitted his 'bad' face. He joined a rough gang of older boys, truanted, stole, and ran away; behaviour which drove his uncles to distraction. His escapades often ended with a whipping and him being locked in his room.

Negative attention reinforced his personal myth that 'attachment means abandonment'. Being 'exiled', sent to live with his unknown parents at the age of 10, confirmed it. Abroad, at an international school, he found that Western children didn't notice his odd looks. He joked, 'to you, we all look the same anyway'. A gifted child, Yukio achieved highly at his studies, in sports and music. He worked hard to get to university, have a 'student life' and escape from his closed family. Yet, when he got there, he could not cope. A few weeks into his course he became suicidal.

When I met Yukio, as he was then, he wore shapeless grey clothes. He hid his squashed face behind thick pebble glasses and lank, greasy hair. He hardly made eye contact. Eighteen years old, he knew he looked, felt and behaved like a scared 10 year old. I suggested that he join a therapy group and, bravely, he did. A year later, he came again. He wanted to talk about incest with his elder sister, and felt too ashamed to tell the group. While seeing him individually felt like further incest, after discussion with colleagues, I agreed.

Trust was extremely hard to create. Gradually he told me about several serious suicide attempts during his teens, and his 'loss of face' at lacking the courage to kill himself. Eventually, he told the group, learning that others had survived similar experiences. The group was like the gang that supported him during childhood – his confession was an initiating ritual, and, as he began to feel he 'belonged', he began to change. He started dressing like a student, studying, and playing music again. He graduated and returned to Japan. A few months later he wrote, saying he wanted to come back to England to study music. He'd begun thinking about having plastic surgery and could he see me? He began analysis using the couch, three times a week. We've now worked together for seven years.

In the transference, I quickly became an idealized 'good father he'd never had'. He longed for advice, was furious when I didn't give it; then, terrified I'd retaliate, withdrew. He'd lie silent for long periods, facing the wall, hiding his face. He'd make sobbing movements, but never cried. I asked if he did the same when being whipped? He agreed; crying meant giving in. Together we valued the stubborn courage of the 'boy with no face'.

Yukio talked of his desperate longing for 'a father', and his envy of the boys in 'the gang' who'd had one. Alas, when he met his real father, he was physically and sexually abused. Yukio had powerful, distressing, repetitive, ritualized sadomasochistic memories and sexual fantasies, and despaired of ever having any relationships.

The effect of early experiences of rejection, physical pain and abuse (in his first sexual experience) was that he couldn't imagine sex any other way, nor

see himself as anything but grotesque, ugly and unlovable. Suffering, and making others suffer, equalled 'intimacy'. No experience of others could be symbolic, that is, a bridge between the known (himself) and the unknown (the other). Psychoanalysts call this a 'core complex' (Glasser, 1986). The complex held unbearable murderous wishes towards his father for abuse and his mother for abandonment. Her inadequacy as father's partner and as Yukio's protector meant he gave her role to his sister.

Using active imagination, we created together the idea that he could become a 'good father' to the 'boy nobody wants' in himself. He'd imagine what it might be like to 'be different', with a new face. I'd encourage him to visualize this and to talk to the 'new face'. As his confidence improved, the 'new face' was able to talk with the child he had been.

Dreams

After three years came an important dream sequence. First, he saw himself naked on a beach on a Polynesian island, at puberty, being held down while the men of the tribe tattooed on a new, adult, face. Second, lying naked on my couch, while I buggered him. Third, on a hot summer afternoon, naked, on a London pavement with his closest male friend, having sex.

The dreams explore his complex. The first dream is the past, his constant wish for a new face and, with it, proper initiation into the world of men. The second is his 'here and now' fear: if he's attached to me, an 'idealized father' analyst, then I'll sodomize him. The karmic pattern will repeat. The third is his 'current relationship', his hope/fear that he is gay. Nakedness he associated to being a baby, to innocence and vulnerability, to being stripped before being beaten, as well as to sex.

Yukio was scared by strong homosexual feelings towards me and his friends. A homoerotic phase is a normal part of development. Being able to love another has to start with loving one's self, exploring one's own body ... and bodies like one's own. In traditional cultures, as in Polynesia, rites of passage humanize these feelings. There is a 'group event'.

Maleness (the animus) is a 'group' experience; it often appears in dreams as a group or crowd (Emma Jung, 1978). All men group and need secure identification with other men before seeking partners of the opposite sex. Yukio's next dream was of being part of a 'tribe of eco-warrior lads'; young, colourful, environmental protesters fighting to save a forest. In real life, he increasingly shared these values, ones opposed to either capitalist or collective social order. He 'hung out' with such lads, and restarted martial arts – enacting his dream.

In his early 20s, he was reaching adolescence. Gradually, he could let himself have good sex on his own without sadistic fantasies. Encouraged by the Polynesian dream, he took steps towards surgery. The new face given by the 'group of men' is an image for a new persona, as well as for the face itself. He realized that he would never go through all the pain involved until he knew

he 'was worth it', yet to accept that he might be 'worth it' felt like betraying his karma.

At this point came a powerful dream. His sister tried to seduce him, but he didn't want sex with her any more. While telling me this, he rocked to and fro like a baby. I felt, for the first time, intensely maternal, and said, 'you're rocking like an abandoned infant'. I said that his sister stood for mother, and suddenly found myself suggesting he tell me how he felt in his 'mother tongue'.

Yukio said, 'but you don't speak Japanese'. 'No, but you do,' I agreed, 'and maybe you need to tell *you* what you feel like.' The whole atmosphere changed. Time stopped. Then he took a huge breath, and began. His voice was like a frightened little boy. He started to cry, then he choked. I gave him a glass of water. As he recovered, he told me (still in Japanese) about being 10, sent alone on a long-haul flight to parents he didn't know in a country he'd never visited, with a culture and language he didn't understand.

As he wept, I gently said, 'now you are crying like a baby, like a baby who chokes on his mother's milk, like the boy nobody wants'.

He said, 'I want him'.
I said, 'Yes, you do. That's new, you didn't want him before'.

Complex

Complexes are neural networks through which sensations change first to feelings, then to thoughts. Jung's definition is: 'recollections, composed of a large number of component ideas ... The cement that holds the complex together is the feeling tone common to all the individual ideas' (Jung, 1973: CW8: 202) Samuels et al. (1986: 34) say:

> ... collections of images and ideas, clustered round a core derived from one or more Archetypes, and characterised by a common emotional tone. When they come into play (become 'constellated') they contribute to behaviour and are marked by affect, whether a person is conscious of them or not.

Complexes shape unconscious habits, unfold from birth, through sexual differentiation, initiation, courtship, parenting, ageing and gaining wisdom, to death with its attending rituals. The archetypal core is humanized by *rites de passage*. Often, religious ceremonies mark developmental stages (Sullivan, 1987) with religious signifiers to orient us in our social group.

A well-functioning ego relates to self through complexes in a way similar to a self relating to the collective through the cultural unconscious. Henderson (1988) suggests that information moves in both systems by a transcendent function capable of mediating between opposites, say, dependence and independence.

Religious ideas, by definition, 'bind things back', from a part to a whole. Ego moves towards self: self moves from its own uniqueness to universality.

Religious attitudes create myths, shape perceptions, give meaning and purpose to suffering. 'True compassion is a powerful antidote to our own suffering because it counteracts alienation' (Young-Eisendrath, 1996: 59).

Jung viewed 'religion' as a psychological system. He defined self as ' ... the whole range of psychic phenomena in man'. Appearing in time, developing its archetypal patterns a bit at a time, self is an ocean, finite yet uncountable. It is awakened mind, described in the Tibetan tradition by *The Precious Treasury of the Way of Abiding* thus: 'Like a gem that provides everything, awakened mind serves as the ground that is the source of all phenomena of samsara and nirvana' (Rabjam, 1998: 165).

Ego recognizes psychic wholeness, maintains identity, personality and temporal continuity (Jung, 1971a). It appears as 'me' in dreams and active imagination. The dream ego is not the 'me' of the waking world, but the 'me' self sees, or wishes 'me' to see (Whitmont and Pereira, 1989). Ego is a complex which reality tests, it reads the Tao. Tao is 'not-doing' – a Zen concept from Nakae Toju, a Japanese philosopher from the seventeenth century, who used *Ri* as a name for world soul (collective), *Ki* as a name for world stuff (ego), and *Ryochi* as a name for 'self'. Tao argues about ' ... darkness, water, the "uncarved block", emptiness, energy, anti-action, transformation and self-likeness' (McNaughton, 1971: ii–xiv). Like Buddhism and analytical psychology, Taoist philosophy takes the view that psychic structures provide our route to the phenomenal world, to inner and outer worlds, and to the collective. It says we *know* through our sense perceptions.

Jung borrowed the same epistemological ideas from the philosophy of Kant (see Nagy, 1991) and Plato's (1974) notion of ideal types. He also understood Tao, describing it as 'the irrational third' (1971b: 369–460):

> ... the existence of two mutually antagonistic tendencies, both striving to drag man into extreme attitudes and entangle him in the world, whether on the material or spiritual level, sets him at variance with himself and accordingly demands the existence of a counterweight.

Buddhism and analytical psychology agree that part of the mind is concerned with *episteme*, that is, with objects of knowledge: analysts call this ego, Buddhists call it self. Knowledge arises from perception, when 'not-doing' interacts with 'being with'. In analysis, this knowledge of not-doing is called self (*Ryochi*).

Bridging functions in the ego complex bring together parts of the psyche. This mediation is essential for individuation (Fordham, 1985); yet in the process ego inevitably experiences defeat by the self.

Contemporary Jungians stress that ego provides continuity of personal history and maintains 'persona' (Hall and Young-Eisendrath, 1991). In individuation, ego derives and develops from self. It is defended against the outside world and the self by persona and shadow. Persona is the face we show the world. The word derives from Ancient Greek theatre; 'personae' were the

masks worn by actors to represent different characters, just as in the traditional Japanese Noh theatre.

Jung uses persona as a concept within his theory of object relations:

> The persona is a functional complex existing for adaptation, but it is not identical with individuality. The persona is exclusively concerned with the relation to objects. The relation of the individual to the object must be sharply distinguished from the relation to the subject (Jung, 1971c: para 465).

Shadow – the 'thing a person has no wish to be' (Jung, 1954: para 470) – is the unlived good in a bad person, the unlived bad in a good one: it is our 'bad karma'. Karma and individuation are negotiations between ego and collective, *Ki* and *Ri*; but which has control?

For developmental theories of analysis, ego is primary:

> The ego, according to Freud, is the organised part of the self, constantly influenced by instinctual impulses but keeping them under control by repression; furthermore it directs all activities and establishes and maintains the relation to the external world. The self is used to cover the whole of the personality, which includes not only the ego, but the instinctual life which Freud called the id (Klein, 1975: 249).

In analytical psychology, self is primary. It appears in dreams as a ruler or wise being, a mandala figure, or, commonly, a crowd or an ocean.

> The ego stands to the Self as the moved to the mover, as object to subject, because the determining factors which radiate out from the Self surround the ego on all sides and are therefore supra-ordinate to it. The Self, like the unconscious, is an a priori existent out of which the ego evolves. It is, so to speak, the unconscious prefiguration of the ego. It is not I who create myself, rather, I happen to myself. (Jung, 1958: para 391)

Self and ego are not *things*, they are concepts, lacking anatomical or neurophysiological correlates. They name two sides of one boundary, the border between time-bound and time-free experience. Self relates to time-free modes of perception and experience; ego relates to time-bound modes. They attribute value to percepts through our feeling function. Feelings become thoughts as we learn names for them through cultural rituals. Reification of either concept leads to premature closures in the systems (individual–collective) and (ego–self).

Closure and non-closure: opening and failing to shut

Theory is a heuristic, explanatory device, an explanation of a system, an aid to and part of helping a person retell their story. In systems theory, 'theory' is closure around an episteme, a 'bit' of knowledge. To illustrate: Yukio and I have a 'bit of knowledge' – 'having a cleft palate means you cannot suck'.

Systems theory examines movements of information within structures. The 'byte' is a unit of information. When I understand Yukio's difficulties using a

theory, I am moving a 'byte of information' – for instance, amplifying its informational content, by using active imagination with dream material, or 'asking for associations'.

Analysis is a 'theory of system', the system being the psyche and its structures. A structure is a model of operations that allows for subsequent transformations of myths, while still conforming to the structure's rules. A structure may be open or closed, opening or closing. I'll show you what this means by using this clinical example.

If I link 'having cleft palate' with 'maternal deprivation' to get 'severe narcissistic injury', I am using a form, 'if ... then ...' to make meaning. 'If you couldn't suck, then you couldn't attach to mother: if you couldn't attach to mother, then you can't attach to me': this is a closure. The same 'byte' can be 'spun' in a narrative about 'archetype': 'An archetype is a pattern of imprinted behaviour, like suckling. If you could not suckle, the developmental failure prevented archetypal installation.' This is also a closure.

Theories are predictions and, systemically, a subset of (myth). Any analytic language, 'classical' ('self-ish') or 'developmental' (ego-ic), is a member of the set (myth). Theories are myths designed to convey meaning and define a range within which meaning may be made. When we are 'in a complex' it is as though we can't read the script of the psyche. We live our story the same way every time. Closure.

Structuring meaning is formally called gestural praxis. Greimas (1987) says meaning can be referential or directional. In a referential meaning an expression (a word or gesture) refers back to a content (an associated set of ideas): that is, the words 'This boy is ugly' refer to a code about facial appearances. In a directional meaning, there is intention. It is as if he said to himself 'I'm bad because I'm ugly' – this is a child's magical, circular, primary thinking process.

Developmental theory is directional; archetypal theory is referential. A developmental metaphor says: 'Yukio suffered severe narcissistic injury as a result of failure of early attachment'. An archetypal theory says: 'an archetype could not express itself, could not "unpack", could not "install and run properly"'. Developmental theory is about the directed expression of archetype; archetypal theory refers to the ordered expression of development. Developmental theory views structures from the point of view of ego, and archetypal theory, from self. Both are true, each is true separately and neither is true alone.

Using both metaphors was essential to help Yukio understand an experience of congenital difference, a premature closure. In archetypal metaphor I might say, 'Yukio, look. You could not embark on your hero's journey for deliverance from the terrible great mother because you didn't have a real mother'. Or, developmentally, 'Yukio, you can't take in what I say, just like you couldn't take in the milk your mother had to give you'. I said something like both at the 'crux', the centre of the clinical material, when Yukio spoke Japanese. I could not translate his words. Yet, at that moment and for the first time, I

understood his pain, he knew I understood and we both knew we had changed. We 'made a word', an analytic signifier out of his experience. A closure opened.

Problems in analysis arise from linguistic failure, which amplifies intrinsic failures of trust. For example, we are genetically programmed to bond to mother through suckling. If this is difficult, later tasks involving bonding will also be difficult (Bowlby, 1958). In the gestural praxis of attachment theory we recognize 'I' exist, then we discover 'I' am separate from 'mother', and 'm/other' has things I need to survive. In the negative form, this is called envy; in the positive form, it is 'awareness of twoness'. The theory predicts that if early attachment is 'no attachment' then we form the myth 'no attachment' means 'attachment'. We can't manage twoness, tolerate difference, or recognize envy – particularly the envy of ego for self.

In the gestural praxis of alchemical theory 'the gold of the self' exists; it can be separated from 'prima materia' through condensation, distillation and so on. 'Matter' gives us the things we need to survive. Mother is earth mother (Gaia), material world, a self that can supply every need of the ego. Theory predicts that if we deny the existence of 'the gold of the self', then we never learn to meet our basic developmental needs. We remain forever greedy.

However, there is no reason to suppose that developmental failure or inadequate integration of archetypal patterns by the culture at the stage of *rites de passage* in themselves 'cause' complexes. Our analytic language shapes our theories about meaning and its disorders. Some things can be said in one language and not another, for languages are themselves relatively closed systems. Analytic communication is a relatively open system: we are not objective, only intersubjective (Stolorow et al., 1987). If we concretize cause and effect I believe we create more 'bad karma'. We become prisoners of our interpretation.

For this reason, I prefer to work through dreams, a natural psychic product given by self to ego. Dream work includes interpretation of transference, counter-transference, personal and cultural myths. Dreams provided a means by which Yukio worked on individuation.

Discussion

Individuation means 'a person becoming himself, whole, indivisible and distinct from other or collective' (Samuels et al., 1986: 76). It is archetypal, inevitable, and happens when self has cultural freedom and ego has a persona, capable of meeting its age-appropriate responsibilities. Jung defines individuation as individual, rather than collective, psychology:

> Levelling down to the collective stunts an individual, a society of such individuals is not healthy. Social cohesion and collective values exist only when an individual has sense of their own value, and therefore, of their value to, and the value of, society.

> Individuation involves opposition to the collective, not antagonistically, but due to different orientation. (Jung, 1971d: para 757–62)

Fordham (1976: 27–8) saw individuation as 'differentiation of the individual personality'. Primary identity, the experience of fusion between an infant and mother, yields to experience of part objects (like the breast or penis) then whole objects (like mother or father). Individuation presupposes, includes and depends on collective relationships. This is why it cannot happen if parts of the psyche, objects in the psyche, can't enter relationships. Yukio's complex was an eternally repeating scene of abuse, a karmic trap. The part trapped could be called 'autistic' – the boy crying alone.

I understand 'autistic' to mean that a part of the self is encapsulated, unable to participate in what Hillman (1983: 26) calls 'soul making'. The hallmark of soul making is imagination: not 'what would I be if?' but a '... releasing of events from their literal understanding into a mythical appreciation'. This requires imagining our own personal myths over and over again until envy, an experience of twoness and an 'I do not have that, I wish to become it' – opens us to a change in our personality. As it does, we learn to live with our own 'twoness', with being both a self and an ego.

Yukio learnt to reimagine good boyhood experiences as well as bad ones, and future experiences. Using a chair and the couch, he could move – and become 'the boy with the new face', who is envied by 'the boy nobody wants'. He could sit in different places, talk as, to and between these personae, or 'subpersonalities' (Redfearn, 1985). This technique comes from psychosynthesis, a humanistic therapy originating with the Italian psychiatrist, Dr Roberto Assagioli (1975), who worked with Jung at the Burgholzli Hospital in Zurich.

Now, autistic parts of the psyche can't reimagine, or put value to percepts (Fordham, 1976; Tustin, 1981; Hobson, 1993). Autistic people profoundly lack imagination, can't see how their acts affect others, or do so in highly specified ways; karma and complex have us, we don't have them. Yukio's sado-masochistic complex counteracted deep inner emptiness. In it, as his first three dreams showed, shame-filled sexual fantasies recurred, excluding other forms of relating. This karmic result prevented individuation.

There was profound turning inwards of psychic and sexual energy. Using one theory, this complex arose from a fundamental failure in the mother–infant relationship, for he literally could not 'take in good things' without risking choking to death.

> In psychoanalysis, one does encounter individuals who have been so traumatised that they cannot take in anything from others that they have not already thought of themselves. If in order to preserve the coherence of the self one must exclude other versions of reality, one's ability to learn from others will be impaired. (Modell, 1993: 179).

Yukio found it extremely hard to learn in the therapy group. Until his trauma repeated in the analytic space, with a different outcome, he could neither 'put out' how he felt nor 'take in' interpretations. What went in came straight

out. This was repeated many times, during which I often felt severely nauseated. He 'made me feel sick' by projecting sensations.

As we amplified his dream about incest and he spoke to me, his 'analytic mother', in his 'mother tongue', then a body-memory, an encapsulated experience, came back, overwhelming and terrifying. As Winnicott (1991: 140–53) says: 'the original experience of primitive agony cannot get into the past tense unless the ego can first gather it into its own present time experience'. Or, in Ajahn Sumedho's words (1984: 109–15), 'karma is a pattern of memory, a habit which only ceases through recognition'. It is a closed system.

Yukio couldn't suck. And it was as though his emerging ego kept on seeing his self as a mother who contains all good things but who deliberately chokes him when he expresses his most basic needs. A physically embodied complex formed, centred around feelings of rejection and starvation. In any relationship, he expected always to 'lose face' and be punished. He relived this, having a severe choking fit on my couch. Time stood still, what happened before happened again.

Beverley Zabriskie (1997: 25–41) calls this the 'thawing of a frozen moment'. Ajahn Sumedho (1984), Abbott of Chithurst Monastery in Hampshire, says karma is a memory pattern, a habit that ceases only through recognition; neither striving to change it, nor not striving make a difference. Or, as my first analyst once told me, 'it's being able to say, "there I go again", and accept it'. It is being able to survive shame.

As recognition of his complex increased, his attacks on himself diminished. The most powerful of these was an intense persecuting belief in his ugliness, denying the possibility of intimacy or ordinary sexuality. Also, he'd always known he'd need more surgery. However, to have it felt like betraying the tough kid who'd struggled so hard with the face he'd got from his 'bad karma'.

As the complex changed Yukio's energy became available – to martial arts, to music, to friends, to concern about social and environmental issues. Attacks by his ego on his self (and on me) moved into the background. Exchanges between psyche and physicality became easier. A few months after the choking incident, Yukio turned up with his eyebrow pierced. He did it, he explained, to show himself he owned his face. It fitted him in with his new 'gang' (the eco-warrior lads). He felt he needed to do this to remind himself of who he'd been after surgery.

The body is 'the physical materiality of the psyche' (Jung, 1959: para 392). Yukio's inner transformation was paralleled by the surgical enactment of his 'Polynesian' dream. The operation was long, painful and successful. Afterwards, he brought a dream: 'I'm a naked child standing on the shore of the Pacific, beside a Tori (a Japanese ceremonial gate). The sea stretches away. I feel "its timeless ... its everything".'

We both felt awe at his numinous experience. He felt at one with himself and completely bewildered, as if he'd died and been reborn. There was a

mirroring in the awe present between us of a mother and a newborn; he saw in my face the 'sparkle in mother's eye' he'd been born expecting, but which, because of his deformity, he'd missed. And, with joy, he brought a dream in which he'd met a 'girl with a face like me'; a shy, wild anima figure, who, he dreamed, was actively seeking him out for love making. He had undergone his *rite de passage* and felt able to be a man.

Conclusion

Analysis means 'resolving a thing into its parts', opening and closing. For Yukio, his face was taken apart and resolved. He no longer believed it his karma to be ugly. His ego opened prematurely due to difficult conditions in infancy. He was too soon cut off from self, the oceanic source of being; from mother, who represents self as a 'flow of wholeness'. Jung describes self thus:

> The undiscovered vein within us is a living part of the psyche; classical Chinese philosophy names this interior way 'Tao' and likens it to a flow of water that moves irresistibly towards its goal. To rest in Tao means fulfilment, wholeness, one's destination reached, one's mission done; the beginning, end and perfect realisation of the meaning of existence innate in all things. Personality is Tao. (Jung, 1954b: para 323)

Yukio felt this with his new persona and new face. This meant first recognizing, then accepting his shadow, as it appeared in his sadomasochistic complex. As he did so, its hold relaxed, leaving an ego capable of letting self have many relationships. For, like 'society', self is a collective noun. It contains infinite possible 'subpersonalities' – 'father', 'mother', 'child', 'hero', 'shadow', 'boy nobody wants'. As the health of society depends on harmony between members, so, in individuals, psychological health depends on harmony between different personae in the psyche. Active imagination helped Yukio integrate his subpersonalities.

Jung (1960) emphasizes that integration is not individuation, nor is it simply ego emerging into consciousness. It is the unfolding of self ... finding the face we had before we were born ... having choices about how we appear. Underlying this is a purpose. At its simplest, it is relationship to others in order to survive (Fairbairn, 1952). Individuation is relationship. Its processes are both causal and final. They occur simultaneously in the timeless self and the time-bound ego (Wiener, 1996).

The *Tibetan Book of the Dead* (Fremantle and Chogyam Trungpa Rimpoche, 1987) describes this process. In his introduction, Chogyam Trungpa makes clear that while the text describes experience 'between lives', it is also a metaphor for the unfolding of self through the ego. The parallels to the process described above are strong:

> The first component is form, the beginning of individuation and separate existence, and the division of experience into subject and object. Now there is a primitive 'self' aware

> of an external world. Not as soon as this happens, the self reacts to its surroundings: this is the second stage, feeling. It is not yet fully developed emotion – just an instinctive liking, dislike or indifference, but immediately it grows more complicated as the centralised entity asserts itself by reacting not only passively but actively. This is the third stage, perception, in its fullest sense, when the self is aware of stimulus and automatically responds to it. The fourth component is concept, covering the intellectual and emotional activity of interpretation which follows perception. It is what puts things together, and builds up the patterns of personality and karma. Finally there is consciousness which combines all the sense perceptions and the mind.

The nature of self is to raise religious and mystical questions As it is similar to a God image, there can be unfortunate confusions between analytical psychology and religion (Noll, 1996). I think a way to understand the Jungian notion of individuation is with the notion of karma, and the way to understand self is with a Buddhist notion, not-self. A Buddhist could have written: 'The Self is not only the centre but also the circumference which embraces both conscious and unconscious; it is the centre of this totality just as the ego is the centre of the conscious mind'. But this was Jung, in 1953 (para 9: 44). Ego can never hope to accommodate self in all its aspects. No more than a naked child with a new face can hope to accommodate the ocean.

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The impact of repulsion: some thoughts on the understanding and use of counter-transference in my work with a borderline patient

ANNE TYNDALE

ABSTRACT

In this paper the author looks at various aspects of the counter-transference in work with a borderline patient and the way these have helped her towards an understanding of the patient's affective relationships with his father and his mother during childhood. She considers how the patient tried to draw her into his negative world of sadism and triumph and how, through the counter-transference, she gradually became clearer about the meaning of his defences. Throughout the paper the counter-transference affects of hate and repulsion are particularly noted and the use the patient made of them to help the therapist to learn about the roots of his disturbance.

Key words: counter-transference, affective relationship, hate, repulsion, defences.

To experience one's patient as repellant is uncomfortable. Gradually over four years I have found Mr B more and more unattractive. He has put on 2 stone and looks like a heavyweight boxer at the same time as becoming, in a subtle way, increasingly womanly. The fear that he expressed when we first met, that he might seem to me contaminating, has come true; I have wanted to shake him off me, get him out of my system: but I have known I cannot do this. He and I are inextricably bound in a complicated relationship to which we are committed. It is from such a position that I am taking this opportunity to explore the meaning and use of aspects of the counter-transference in my relationship with Mr B.

Although Freud (1913) asserted that 'everyone possesses in his own unconscious an instrument with which he can interpret utterances of the unconscious in other people', he never altered his view of counter-transference as an obstruction to the freedom of the analyst's understanding of the patient: taking the term to refer to unresolved neurotic elements in the analyst's attitude to his patient, this remains true. At times it seems as though Mr B unconsciously knows how to team up with negative aspects of figures from my past

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and, until I have managed to disentangle him from them, this can make sessions particularly unbearable. A second view of counter-transference came in 1949, when Paula Heimann wrote of it in terms of 'all the feelings which the analyst experiences towards his patient' and recognized how feelings that the patient evokes could provide a very important form of unconscious communication.

There is a neatness to the concept of counter-transference being defined in these two ways – one as a nuisance and the other as an essential tool for understanding the patient – but the subject becomes more complicated when 'all the feelings' towards the patient are considered. There is a *relationship* between therapist and patient which Heimann felt had not been granted due significance and which is indicative of feelings being experienced by each of the two people involved. The distinguishing feature of the analytic relationship as seen by Heimann, however, is the analyst's ability to sustain rather than discharge his feelings and to subordinate them both to self-analysis and to the analytic task in which the analyst functions as the patient's mirror. She adds: 'If an analyst tries to work without consulting his own feelings, his interpretations are poor', and suggests that along with freely working attention the analyst needs 'a freely aroused emotional sensibility so as to follow the patient's emotional movements and unconscious phantasies'.

Thirty years later Pearl King (1978) considered the importance of using the counter-transference as described by Heimann to understand the *affective* relationship between a patient and significant figures of his or her past and found this particularly useful for patients of very disturbed parents 'unconsciously using their child as an extension of themselves and a receptacle for unwanted parts of themselves, before the child was able psychically to protect himself or to build up any basic trust with a significant object'. Being available to the patient's affects helps the analyst to understand the particular version of the significant figure that the patient is experiencing in the transference; for instance is it a depressed mother, a critical one or an envious or jealous mother? King maintains that the answer to this question can be discovered only through the analyst's careful monitoring of his or her own affective response.

In his paper 'Hate in the Counter-transference', Winnicott (1947) expresses his conviction that unless the patient can reach the analyst's objective or justified hatred, he cannot reach objective love. Winnicott writes: 'I suggest that the mother hates the baby before the baby hates the mother and before the baby can know his mother hates him' (1947: 200) and he gives a list of reasons why a mother might objectively hate her baby. The mother is aware of the hatred but contains it in an appropriate way, neither expressing it nor acting on it. In time, the child, aware of his mother being able to acknowledge and manage her own hate, is free to express his. However, the baby who, like my patient, is not hated objectively but as a result of his mother's projections, finds the hate uncontainable and tries to deal with it by his projections. Caught in these projections, the therapist hates the patient who is ruthlessly

trying to protect himself from onslaughts from the transferential object who feels dangerous. However, although his hate is not objective, the therapist, like the mother of a newborn baby, must now recognize and manage the hating feelings without retaliation. Acknowledgement of the therapist's hate can take place only when the therapist has managed to free himself from the single system of shared illusions which constitute the transference and countertransference, as described by Symington (1983). He calls each inner act of freedom leading to this state the 'x-phenomenon'; this phenomenon is necessary to bring about change in both the therapist and patient.

Mr B

Mr B is a 40-year-old man whom I have seen three times a week for four years. When we first met he struck me as tall and of average weight, with a shock of blond hair. At every session he has worn a unisex T-shirt and jeans or shorts. His father was a compulsive gambler who became angry and violent when he lost money; at other times he could be kind. For the most part, however, the patient experienced him as constantly denigrating and cruelly teasing him. His mother, a depressed woman suffering from severe physical handicaps, was unable to look after the household; both parents, however, did some community work. Mr B seems to have passed his childhood feeling depressed, unwanted and physically neglected. He furiously tried to earn his parents' love by cleaning and gardening and fancied that without him they could not keep going. During his adolescence he indulged in some delinquent activities, taking triumphant delight in disrupting, sometimes dangerously, the lives of neighbouring adults. He also spent much time wandering in the countryside alone and became an expert on butterflies, of which he made a huge collection. He found some pleasure in killing these creatures, which he valued both aesthetically and scientifically; he justified his behaviour by telling me they only lived a few days anyway. 'Nothing in this life lasts or is worth much,' he said. He obsessively remembered every detail about each butterfly and where and how many times he had found it, and he pinned them all on to cards never to escape. There was, however, the comma butterfly, with which, in fantasy, he developed a special relationship. These insects would sometimes, as they do, alight on him and he imagined that he was the only person in the world to whom this happened. The butterfly had come particularly to visit him; he was the chosen one with a special attraction. He told me that this butterfly had saved him from suicide in his teenage years. His delusion about it extended to me in the transference; I was the comma butterfly there solely for him, admiring, wanting and favouring.

A drop-out at school, where stick took precedence over carrot or concern, the patient eventually found a job in a small business where the employer took an interest in him. His need to 'drop out', however, persists; for instance, he puts himself through painful experiences of embarrassment by refusing to

wear appropriate clothes at work or on social occasions, trying to drown his own humiliation in arrogant denigration of those who 'become one of the herd'. He longs to become 'one of the herd', to compete with other men and to be successful, but inner conflict prevents him. He came to me soon after the business had been taken over by a much larger company and in his efforts to please and to make sure that the new venture succeeded, the patient overworked, became intolerably anxious and collapsed. He felt that he had been forced into this position and was extremely resentful, at the same time as wanting to tell me that, but for his efforts, the business could not have continued. The omnipotent, masochistic and servile attitude of his parents' gardener was being repeated.

Mr B eventually left home at the age of 30; he moved in with a woman much older than himself who looked after him as if he were a child; he found it hard to let her out of his sight. He said he felt as though she were the man and he the woman in the relationship; this suited him because he did not wish to be identified with men whom he saw as violent 'bruisers'. By the second year of his therapy, his demands had overwhelmed his partner and she suddenly left. He knew he had brought this about but ruthlessly denounced her and his need for her, turning his profound grief into triumph by refusing any further communication. A year later he made a new relationship with a younger woman who was, at the time, pregnant; he now lives with her and her baby. There is no sexual relationship, but gradually, and at first reluctantly, he has begun to view himself in the role of a father and to make a caring relationship with his partner and her child.

The counter-transference: father

When he first started therapy, Mr B acted out by self-mutilation of various kinds, including an illegal form of getting himself branded by another, or by going to prostitutes with whom, however, no sexual activity took place. It was clear that this behaviour was provoked by feeling humiliated or ignored. For instance, in the first week of his treatment, he arrived for the second session an hour early, having made a rushed journey to meet me. He felt I had tricked him into declaring his need for me, only contemptuously to spurn him, and he cut his wrists. He then went to a gathering of work colleagues and displayed his injuries, arousing disgust in some and horror in others. I felt concerned and guilty, although I knew this was irrational since I had not mistaken the time. I was worried too that his employers, who knew little about therapy, would decide that it was detrimental and stop making it possible for him to come to his sessions. It seemed that he was wanting me to feel sorry for what I had done, and to feel sorry for him. He also wanted to make an impact on his colleagues and to enlist them as allies against someone who, he felt, had abusively hurt him. My counter-transference reaction to this incident clearly shows how, as Symington (1983) describes, my superego and that of the patient were

already caught in one system. I was not just reacting to feelings the patient had put into me, he had 'lassoed' me into his illusionary world.

In the transference I was both Mr B's father, the aggressor who in terrifying fury banished him to his room, and also the potential protector, possibly his mother, who would sympathize with him and save him from, or even punish, his cruel father. This split in the transference made it impossible for the patient openly to express his aggression towards me; he could not be angry for fear of destroying his good object. I was therefore left in the helpless situation of being unable to address the issue. After this behaviour had been repeated several times, however, I realized that the helplessness was not just arising from my inability to confront the patient's anger; there was a feeling of blankness as though the aggressive behaviour had never taken place: Mr B acted as though nothing had happened. It was through gradually becoming aware of this aspect of the counter-transference that I learned about Mr B's helplessness as a child when his father, on the morning after he had indulged in rage which frightened his son, would ignore the previous evening entirely and take him fishing for the day. His father became for him two different people and now, so did I. Within himself too, Mr B was split between the angry, hated object of his father's cruel contempt and the child who could be enjoyed.

Searles (1979) has discussed the difficulties of working with borderline patients who bring many split-off selves to sessions; these are not repressed aspects of the patient's own personality, they are unintegrated introjects which, when projected on to the therapist through the transference, give her, in the patient's perception, only one identity at a time. Sometimes I have felt confused and exhausted when Mr B has brought different identities into sessions one after the other and has expressed positive and negative feelings towards me, not ambivalently but juxtaposed in one sentence: the child yearning for love, the delinquent adolescent, the bully and the bullied are side by side. Sometimes I have been surprised by his perceptions, which have seemed to have nothing to do with my own experience of a situation. For instance, one day he said to me: 'I leave the sessions feeling horse-whipped'. Mr B has always found the ends of sessions hard to bear. I have thought of Winnicott (1947) reminding us that the ends of sessions legitimately contain the therapist's hate. Mr B has known that I have sometimes been glad when he goes, but he has also not been ready to know this. My feelings have had to be contained in my professional attitude and not acted out in the ending: if they had been, I would indeed have become for him unmitigatedly an angry parent. My surprise arose from the divergence between my being relatively at ease about the containment of my feeling at the ending of sessions and the feeling the patient described; I felt somewhat affronted. 'When however the affect being aroused in (or projected on to) the analyst is not ego syntonic', writes Pearl King (1978), 'the analyst may find it difficult to accept the discrepancy between how he himself feels himself to be, on the one hand and the affects and the role the patient is projecting on to him, on the other hand.'

My second reaction to the patient's accusation was one of self-questioning and guilt. After thinking about it carefully, however, I was left surmising that perhaps after leaving the session, Mr B had used the fantasy of being 'horse-whipped' to replace feelings of loss he was unable to bear by a sadomasochistic exciting scene in which he felt cruelly treated; he then wanted to come back and bind us together by arousing in me, through the counter-transference, an unwarranted and therefore masochistic feeling of guilt.

This patient often asks me questions and then adds 'I know you won't answer that and I don't want you to'. He is enacting a struggle within himself between wishing to fit in with my thoughts and wishes and wanting me to notice that he can work things out for himself. At the same time, he tries to coerce me into commenting on the world, giving advice and telling him what to do. He has held a delusional belief that I, an omnipotent parent, could put his universe to rights if ever I wanted to. At times I have been aware that in inappropriate 'role-responsiveness', as described by Sandler (1976), I have offered an interpretation or different point of view. This has given Mr B the opportunity to turn what I have given into an attempt by me to fix my own particular stamp on him, to force him to see things from my perspective or to be the receptacle for my projections and therefore to bring about a distortion of himself. He sees me, like he saw his employers, as wanting to crush him and compel him into over-burdening subservience, 'branding' him as he felt his father did. In the face of such tyranny the options are to collapse as he did at work or to project his own unbearable inner objects on to the outside world and protest against them. This revengeful objective had been held so long and so unconsciously by Mr B that it had become part of his character. He used to enter my room in a seemingly down-trodden, obsequious but smug fashion which aroused in me a fury that took me aback. I felt like violently kicking him out; such was the level of stored-up rage and self-righteous reproach against his ferocious and dismissive father whose image was now projected on to to me, the person whom he perceived as having whipped him away from our last meeting. My reaction to Mr B could be described as projective identification but it is important to acknowledge my part in it: I have not just been at the mercy of feelings that the patient has 'put into me'; no doubt I have responded to his vivid communication about his early experiences with his parents but I have also not wanted to be tyrannized.

Directly this short performance had been acted out Mr B would start talking before he sat down. I have found this habit almost equally oppressive. I have felt pinned down by his bombarding monologue like the butterflies on the cards, having no room to gather my thoughts, no space for my free thought: I have felt at his mercy. These characteristic ways of behaving have been brought into Mr B's consciousness to his surprise and interest. We have discussed their possible meaning and, to my relief, he has, by and large, stopped sidling into my room, although the talking continues.

Counter-transference: mother

At various intervals this patient has expressed a wish to exchange chairs with me or to sit on my lap. His associations to this wish have been to his father's large armchair in which he would sit after his father went to work. He has no recollections of sitting on anyone's lap. Instead of responding with kindly parental feelings to the patient's fantasy, I have felt myself to be in the presence of a monster who would squash me or devour me totally and triumphantly replace me. Initially I understood these feelings in oedipal terms but as the therapy has developed the maternal transference and counter-transference feelings have become much clearer. Mr B has on several occasions reminded me of the story of Samson and Delilah: at times, in morbid fascination, he has shaved his legs, wondering if this is a manly thing to do. Hair cutting, or even trimming a garden hedge, are matters liable to arouse acute anxiety. His deep wishes to rape and be raped, which he conceals in horror and projects on to other people whom he verbally castigates, are still impenetrably defended against, and sexual intercourse is viewed by him as a dastardly act in which one partner steals from another. He has talked about the shame he felt when changing for swimming at school; a terror that someone could catch sight of his genitals, which might turn out to be abnormal. The patient's wish to change chairs may on one level be related to better memories of his father, but the threat that I felt seems more likely to have arisen from my identification with the projections of a patient who experienced his mother as castrating: it has brought to mind Cooper's (1991: 23) description of the 'core trauma' in perversion as a 'terrifying passivity in relation to the pre-oedipal mother perceived as dangerously malignant, malicious, and all powerful arousing sensations of awe and the uncanny'.

I have reflected on these feelings when wondering why Mr B has never used the couch. I have been conscious of an unwillingness within me to have him near me. I see this as the counter-transference response to his transference which makes it necessary for him to keep enough distance between us for him to have a visual impact on me. He wants to repel and to shock me and to see that he has. 'If I lie down', he has said, 'you will disappear.' I shall no longer have to look at him, there will be no repulsion to hold me and nothing to remind me that he is not the castrated girl whom he unconsciously thinks that I desire. It is, however, Mr B's womanliness that I find his most repellent aspect in the counter-transference, so why does he try to use this form of female demeanour apparently to please me? I have wondered whether his mother wanted him to be a girl, not for her to love and cherish, but as someone despicable as she felt herself to be, to protect her from her unbearable envy and fear of an aggressive boy who she felt would lord it over her. This possibility might help to account for the muddle about his sexual identity into which Mr B's mother unconsciously plunged her baby and in which he has increasingly involved me.

Subjection to the torments of the patient's inner world and understanding its meaning more clearly through the use of counter-transference

When I first knew Mr B I found myself listening with some fascination as he gradually introduced me to his world of horror, while at the same time fearing I might report him to the police. He half wanted me to endure his terrible stories and half wished I would recruit the law of his own conscience to lock away the cruel self within him. At the same time he always wanted to reassure me that his involvement in a fantasy world of sadistic pleasure where people were chopped up and eaten was only a game, or of no consequence. He projected his destructive fury on to those with whom he associated or on to characters in books or films, and he deposited his aggression in my lavatory in the form of urgent diarrhoea, before and after each session. Meanwhile, he bombarded me with self-righteous and dogmatic statements about his own goodness and the cruelty and lack of concern of other people, which disallowed any reflection or thought. Humour was also used in a sadistic and sometimes worrying way. He would tell me how he 'laughed and laughed' when he saw someone feeling ill at ease at a public event; he played small tricks on colleagues at work and took great delight in their discomfort.

One day my window had warped so that I could not shut it to stop the rain coming in. I was aware that I was bracing myself for the enjoyment, laughter and scorn which I envisaged emanating from Mr B when he found me in something of a dilemma. Instead, however, he used the session to convey to me the desperation and panic he used to feel when his incompetent parents could not set the home to rights and he spoke with some wonderment about how I could bear to leave the window, even for a morning, without calling a carpenter to have it fixed. After some discussion he said: 'Perhaps the house will not fall apart if you do not fix it straight away but I feel as if I will'. The crisis reached the patient before he had time to fix it with sadistic defence. He did not laugh at me, he became extremely anxious and in the counter-transference, instead of buttressing myself against attack as I had anticipated, I felt sympathy and the need to contain his panic. It was clear that through his memories from a later date, some of his deeper fears were coming nearer to consciousness. At the same time as experiencing this panic, however, Mr B expressed great surprise and some relief that something beyond my control which caused me considerable inconvenience could happen to me; in other words, his view of me as omnipotent, and the envy that went with it, were punctured.

This session created a shift in Mr B's perspective, which helped to make him feel safer. It illustrates how the 'x-phenomenon' postulated by Symington (1983), an act of inner freedom in the therapist, may be facilitated by the patient. I realized that I was not going to be attacked and in fact there was nothing to attack me for. The patient's feelings of helplessness, albeit experienced by him as frightening, helped us both to take a step towards freedom

from a shared illusion about my omnipotence. Soon afterwards Mr B was describing a friend who lectured him relentlessly. I pointed out in a light-hearted tone that there was no room for discussion with this friend and the patient burst out laughing. He returned to talking about the friend in quite a playful way and then said 'of course I am just like her!' In this short exchange I experienced something new with Mr B, a joyful sense of play which felt very liberating and at times there have been glimpses of it happening again. Instead of being caught in identification with the omnipotent attitude of his friend, he could free himself with humour.

Mr B mentioned early on that alongside his visits to the body piercer or brander, he went to an aromatherapist who, he hoped, would transform his looks. He soon gave this up and it crossed my mind that in his fantasy I might magically perform the task he had set the massage specialist. Meanwhile the patient has continued to become fatter; he eats too much and takes no exercise. He identifies himself with the 'bruisers' whom he sees playing cards on the beach, the aggressive, irresponsible gamblers who are, for him, representatives of the male sex, but at the same time he has also come to look increasingly, and unattractively, feminine. He chews throughout sessions, ostensibly because he has given up smoking. Through this unappealing behaviour Mr B has been determined to lead me to the core of his disturbance.

Soon before our third summer break, the patient asked me if I would write a reference for him; he was thinking of applying for another job. I was astounded: how could this patient still be so naïve as to expect me to do such a thing! I told Mr B that I felt it would be inappropriate, and for the next few sessions he attempted to make me feel stingy, unfair, denigrating and rigid. Neither of us, however, really understood what the episode had been about until he recalled with enormous embarrassment the time when he had chickenpox as a child. His mother had asked someone else to look after him, turning away, he felt, in repelled disgust and shame. In asking me to write the reference the patient had wanted to reassure himself that I was not ashamed of knowing him before he took the risk of telling me a screen memory which demonstrated his mother's attitude, and therefore his own, towards his body. It seems that his *naïveté* arose from a confusion within him which appears as a particular form of retardation: he could not understand his mother's behaviour towards him and it has left him with a confused idea about boundaries, his own thoughts and his general perspective on the world.

Since the session concerning the chickenpox, the diarrhoea before and after each session has stopped. I have also become more aware of my increasingly negative feelings towards Mr B's bodily appearance. Telling me about his mother's experience and finding that I did not turn away from him, encouraged him to go further. I have barely endured his lengthy tirades against those in authority whom he feels have abused or let him down, his venomous attacks on people whom he sees as failing to protect the disadvantaged and his contemptuous denigration of successful men.

Equally hard to tolerate has been his adoration of certain public figures, whom he sees, like the comma butterfly, as being in a special relationship with himself. His behaviour can be seen in terms of wanting to take revenge on his parents in the transference and as delusion used in defence against unbearable pain, but it has seemed that another purpose has been to make himself as unattractive and boring to me as he possibly can. It has been difficult to sustain my own ambivalence and often I have experienced feelings of intensity towards the patient which seem to match his. Searles (1979) describes just such intense hatred or intense love often being expressed in juxtaposition or incongruous combination of feeling. He ascribes this to the incompatible introjects stemming from ill-fitting parents and parents who were not, in themselves, integrated.

Just before the most recent summer break, Mr B told me he could not go swimming in the sea for fear of exposing his body, which others might find revolting or horrifying because of the scars from his self-mutilation and his size. He could not, he said, even drink a cup of coffee on the beach with friends. He might gulp it down, make a mess and repel people or struggle for breath and retch. He spoke disparagingly about people who eat elegantly, putting on airs and graces. He then went on to describe teenagers who pick up men on the sea-front and told me they ought to find partners who cared about them and not just those who wanted something: he used to think the prostitutes he visited cared but he realizes now that they never did. I took up his concerns about how it was between him and me but also mirrored back to him the very early relationship with his mother which he was letting me know about: a mother who found his body unattractive and either thrust milk at him, making him feel gagged, or left him hungry so that when the milk came he gulped it down causing her to find him repulsive. Mr B gave me a further insight into the 'gobbling' behaviour he displays when he starts talking before he sits down, making me feel he is allowing me no room to give and just taking. I felt greatly moved and helped by the linking of his thoughts during this session.

In her advocation of adherence to Freud's idea of the analyst as a mirror, Enid Balint (1968) writes: 'His idea of using the metaphor, and stressing the opacity of the analyst, was to make it clear that the analyst's personality and opinions should not be shown to the patient, nor should he give advice, sympathy or consolation. His job was just to reflect back to the patient what he could understand'. She describes how important it is for the analyst to be unobtrusive, 'just there', in order to help some patients separate. Her paper emphasizes that mirroring is not only an intellectual activity and she concludes: 'The mirror model presupposes not a detached but a participating observer, where participation, however, is strictly limited. Without participation, that is introjection, identification and reflection, there can be no analytic work'. I think that if I had offered a comforting or sympathetic remark, the next session could not have happened, perhaps even the impact of the

recalled trauma which caused the patient to take no notice whatsoever of my comments but to turn away to other things, might have been defused. In his chapter 'Functions of History', Bollas (1995) refers to Winnicott noticing that infants needed time to recover from a thing done. Bollas stresses that a space created after confronting trauma is necessary to allow for the future possibility of psychic elaboration which creates a meaning around the trauma where previously nothingness existed. He insists that the analyst must 'return to the patient's presentation of his or her facts of life ...' because the patient is *entering the intrinsically traumatic in the process of analysis, unconsciously asking that the trauma of things done be addressed* (p.113).

The patient arrived for the next session, our last before the break, dressed in shorts, scanty T-shirt and embroidered shoes. He looked womanly and utterly unappealing. He began with a sanctimonious sermon about his exceptional capacities to look after his partner's baby, which involved putting his own needs aside, and told me about a callous landlord who had taken a woman's three cats away causing her to kill herself. He spoke again of prostitutes and how all they wanted was payment. I said I thought he felt he had to buy my concern by telling me how good he was; in reply he said he always had to earn his parents' love.

My feelings in this session were extremely uncomfortable. I struggled to survive the antagonism aroused in me by the patient's looks and smug behaviour, which revealed both contempt and triumph. He knew how to care and I did not: he wanted to make me envious. No doubt I was sometimes his father in the transference but now a different dimension had been revealed: the patient was also triumphing over a mother who knew only how to stuff and not to feed and whose care had to be earned and was never freely given. I felt he was letting me know that in very early childhood he had killed off a needy and instinctual part of himself in order not to face deprivation and a lack of response which he could not bear, and the loss of his three sessions over the break was reminding him of this. The necessity to create a split between a mother whom he hated and the idealized comma butterfly, willing to put her own needs aside for his, became clearer. At the time, however, all I could do was to survive in the face of what seemed like a distancing and hostile assault. I felt sad after this session, sad for his plight.

I have pondered on what the effect would have been if I had interpreted to my patient the understanding I later reached about this session. It is a matter for speculation, because at the time I could not have done so. Did concern about my own discomfort stand in the way or would I have been wanting to hand back painful feelings the patient left with me? By trying to break through his manic defence would I have denied him the chance of reaching his own grief and deciding what to do with it? He could set me up as the needed breast and then in triumph destroy me, cut me out as he has demonstrated by cutting his wrists, or he could enlist my help in mourning grievous loss.

After returning from the recent summer break looking almost grotesque, Mr B has begun to wonder if his tactics to shock are necessary. He has talked about making me find him repulsive as if we have both known about his intention all along, which, of course, in the unconscious world of our transference and counter-transference, we have. He has endorsed my own feeling that the repulsion I have experienced has not arisen from unresolved prejudices within myself but from direct communication with the patient. He has spoken of not wanting to look like a 'bruiser' but equally taking pleasure in persuading others to dispel their prejudices about such people; he is not the repulsive psychopath they might expect but a kind and gentle person. It seems as though it has suddenly struck him that there may be no more need for him to force me to realize this; for the first time, when he returned from the holidays, he was sure I would be there for him. The transference has not been worked through; the past is not forgiven but the patient is now aware that his envious, angry self could spoil his chance for a better relationship between us.

Human response in counter-transference

The question of 'human response' in the counter-transference has been a simmering preoccupation with analysts and therapists since the time of Ferenczi, and its use is favoured among many psychotherapists today. It is a concept that needs clear definition. Margaret Little (1957), writing about patients more damaged than Mr B, has claimed that sometimes a declaration of the analyst's own feelings is necessary in order to enable the patient to use transference interpretations. If there has been no real relationship with the original object, she claims, then the unreality of the transference relationship cannot be appreciated. She describes the patient's need to have a 'feeling person there and the opportunity to identify with him, both by projecting his own unfeelingness and finding the projection and by introjecting the feeling analyst'. Sometimes Mr B has desperately asked me to tell him what my feeling is for him and whether I really care what happens to him, so unbearable has it been to be left in uncertainty. He has himself said, however, that were I to give him the reassurance he seeks, he would need it again in the next session. Why should such a declaration from me have real meaning when he has never trusted anyone? My experience with Mr B has shown me that it is only through firmly keeping to the analytic framework which makes him feel safe but at the same time confronts him with reality, and through the gradual dissolution of the transference that the patient can start to see me as someone with human feelings.

Sometimes outside events, provided they are not too traumatic, are useful in helping the patient to realize that his therapist is, after all, human. The question of whether therapists should show themselves to be human, in the sense of being subject to feelings which have to be managed (such as my unavoidable discomfort about the window), becomes unnecessary; and there is

no need to step beyond the analytic boundaries in order for the patient gradually to learn that the therapist is at the mercy of the same kind of misfortunes as anyone else.

I have indeed felt bored and annoyed, for instance, by Mr B's need to spoil everything, but when I did, in exasperation, make a reactive response to this by suggesting something constructive he might do, the effect was detrimental. I had failed to 'sustain rather than discharge' my feelings, as Heimann recommends. The patient missed the next session and came back telling me he could not remember what had happened in the previous one: he talked about his partner's baby needing tolerance. It was important to acknowledge that he had felt let down and frightened. As Grinberg states:

> Patients burdened with the anxiogenic and destructive contents of their primal objects feel obliged to act so as to relieve the unbearable tension of their psyche. In the analytic situation the analyst is the depository of this type of projective identification; sometimes he ceases to function as such; his counter-transference loses the quality of a cognitive instrument of the patient's psychic reality; and the analyst feels battered by emotions that he confuses with his own, which lead him to put into action – by counter-identification – the impulses that the patient cannot work through within his own psyche. (Grinberg, 1992: 94)

In this instance I had done the spoiling.

Pearl King has stressed that if the analyst monitors his own responses it helps him to understand what is going on *intrapsychically* for the patient. Recently, when Mr B has been telling me of other men's achievements but immediately denigrating them by pointing out weaknesses, I have found myself commenting that despite these aspects to them, they have done well; this spontaneous counter-transference reaction to his spoiling is not irritated or defensive, protecting myself or someone else against his pernicious onslaught, nor does it feel confrontational. It arises in my counter-transference from a modification in Mr B's perspective which he has lodged with me. He is on the side of life and is beginning to be on the side of the man in himself: he is starting to realize that negativity about his own sexual identity may be no longer necessary, but this belief is still deposited with me. He wants to reclaim it, for me to give it back to him. He rants and moans but is beginning to tell me that he does not like what he hears despite the temporary satisfaction he gains from it. He is using me as a receptacle to contain the feelings while he sorts out a balance and begins to realize that he is wasting life. The patient is getting bored with himself; he is experiencing a normal human reaction to his own behaviour and is able to appreciate that I have probably felt the same. His re-introjection of my comment about the men doing well was in tune with a change that had already taken place within himself: this is not the same as introjecting something new from me. On the contrary, Mr B is beginning to contemplate the possibility of living with the absence of the primary objects that he will never find again. As Gregorio Kohon (1986) writes:

> The success of an analysis is not achieved by identification with or incorporation of the analyst into the patient's inner world..... The analysand will have to reconcile himself with the fact that the primary object will never be found again. (Kohon, 1986: 60)

And Symington (1983) writes:

> Transference and counter-transference are two parts of a single system; together they form a unity. They are shared illusions which the work of analysis slowly undoes. Psychoanalysis is a process which catalyses the ego to ego contact; the area of the personality that is non-corporate, personal and individual. (Symington, 1983: 262)

As we are gaining a greater understanding of Mr B's inner world, he and I are beginning to extricate ourselves from some of the illusions. We have both been knocked about in a world of distortions but these are gradually being understood and released, allowing for a more genuine working alliance to help us to address the feelings of a painfully confused adolescent. Mr B knows that physically he is a boy but there is an inner representation of a girl whom he also believes himself to be. If he is a girl will he be laughed at? If he is a boy can he be loved? How does he become either? These are questions which currently preoccupy him.

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Thoughts on the assessment of children for psychoanalytic psychotherapy

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ABSTRACT

This paper describes the complex process that is involved when a child psychotherapist undertakes an assessment of a young person for psychoanalytic psychotherapy. Such an assessment requires the consideration of a number of factors: an objective evaluation of the child's strengths and weaknesses, an indication of the child's suitability for psychotherapy and an exploration of the willingness of the child's family and external environment to support him or her through long-term treatment. A framework for completing an assessment is outlined, and two clinical examples are given to illustrate these points.

Key words: assessment, psychoanalytic psychotherapy, child psychotherapist, children, counter-transference

In the following paper, I describe the growing need for children and adolescents to receive therapeutic help and how this puts pressure on scarce resources. Consequently, as practitioners we need to be as effective as possible in assessing which children are likely to be able to make use of psychoanalytic psychotherapy. I discuss the purpose of an initial assessment before embarking on treatment, the framework in which an assessment can most helpfully take place and finally a discussion of the therapeutic approach usually taken in an assessment. I describe two different assessments to illustrate these points.

A growing need

Over the past 20 years, the prevalence of mental health problems and disorders in children and adolescents seems to have increased. Rutter and Smith (1995) describe specific conditions that seem to show increasing prevalence,

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such as delinquency, eating disorders, deliberate self-harm, suicide, and drug and alcohol disorders. In 1997, the Department of Health focused its annual survey of the health of people in private households on children and adolescents. Some outcomes revealed the following: feeding problems among school children is estimated at 12–34%; 13% of 3 year olds in London had problems in settling at night; between 2.3% and 9.2% of children are estimated to have simple phobias; about 10% of 5–10 year olds have abdominal pain without organic cause; estimates suggest that up to 25% of children have a diagnosable disorder of which 7–10% are moderate to severe and 2.1% are disabling. (All of the above comes from the Joint Health Surveys Unit 1998.)

The government has identified mental health as a national priority, with a shared lead between Health and Social Services (Department of Health Circular, 1998). Effective child and adolescent mental services are recognized as important in alleviating distress in children and their families, but also in reducing mental illness in the next generation of adults and their children. At present, child and adolescent mental health services are striving hard to respond to the mental health needs of young people across the country, but demand often exceeds available resources and most clinics have to operate a waiting list. Consequently, like other members of their clinical team, child psychotherapists have to evaluate carefully the best allocation of therapeutic time and resources.

Earlier thoughts on assessment

The assessment of a young person for psychotherapy is a subject on which little has been written. Anna Freud developed the Diagnostic Profile (1965), which was designed to accumulate a range of information in order to build a comprehensive metapsychological profile of the child, that is, 'a picture which contains dynamic, genetic, economic, structural and adaptive data'. Witttenberg (1982) and Rustin (1982) contributed further thoughts on the assessment of children. Wittenberg describes the use of an 'interactional model' – namely development is seen as based on the interaction between internal and external factors. Both authors stress the need for the therapist to observe but not develop the transference relationship, and to pay particular attention to the counter-transference – that is, the impact the child has on the therapist throughout the sessions. Recently, Reid (1999) has written about the more specialized assessment of children with autism, and how the observer needs to be interested not only in the child's behaviour, but also in monitoring the states of mind they evoke. She writes: 'The changing states of mind (counter-transference) can then be used to guide the observer's own responsive actions and in noting the child's response to their response. Thus, we gradually learn something unique about each child' (Reid, 1999: 64). The need for a framework is recognized in the *1999 Handbook of Child and Adolescent Psychotherapy* (Lanyado and Horne, 1999), with a chapter (Parsons et al., 1999) dedicated to non-intensive psychotherapy and assessment. So,

despite few accounts of the assessment procedure, practitioners have been developing the thinking on this subject, and the following paper is my contribution to the subject based on my experience of working in a variety of National Health Service clinical settings.

The purpose of an initial assessment

It is often helpful to look at the root of a word to gain a better insight into its use. Assessment is derived from the Latin – assidere – and literally means 'to sit beside'. It was originally used as an assessment of taxes in which a person's assets are weighed. In this instance we are trying to understand the nature of the child's difficulties and to weigh up their strengths and weaknesses within the organization of their personality. We also want to make a decision as to whether they will be able to use psychoanalytic psychotherapy, or whether they would be better helped by group work, cognitive behavioural work, family therapy or art therapy. The offer of individual psychotherapy results from a complex assessment which requires the consideration of a number of factors. These include the availability of resources, an indication that the external environment can support long-term treatment and, last but not least, the capacity of the child to make use of this kind of help.

Child psychotherapists are trained to approach their work with a particular understanding of the inner world of children and how childhood experiences influence everyday life. The aim of child psychotherapy is to help children develop emotionally and learn more about themselves and their relationships. It also seeks to provide help to the child with their symptoms. The hope is that this will enable a child to achieve their developmental milestones and progress into adulthood with a more secure sense of self, so that they can lead a creative, satisfying and productive adult life.

As we know, children (generally) do not come to us asking for psychotherapy. They are dependent on their parents or carers to seek the right kind of help for them, and need their support and encouragement to face difficult thoughts and feelings. Thus, unlike an adult therapist who engages directly with their patient-to-be, a child psychotherapist needs to engage first with the parents or carers. They need to learn more about the child's external environment and to explore whether the parents can emotionally understand and support the aim of psychotherapy. Therapy takes time, and hopes to bring about an internal change within the child as well as a change in their behaviour. Parents need to understand that it is not a quick fix. Furthermore, the child's psychotherapy may also have an impact on family relationships. Parents need to be prepared for this possibility. Help in this area can be offered by the therapist, or by a colleague, who will meet the parents during the assessment.

Parents approach the possibility of therapy with a variety of feelings: some are apprehensive that therapy will stir things up and cause more disruption at

home, some feel that the offer of therapy implies that they are 'bad' parents whereas others can feel envious and left out of the private therapist–child relationship. These issues need to be explored during an assessment, as they could become vital during treatment. A large burden falls on the parents or carers both to transport physically the child to therapy sessions and to continue to provide a caring and supportive home environment.

Finally, the purpose of the assessment is to examine the possibility of change in the child, within the constraints of a therapeutic setting and a relationship with the therapist. Child psychotherapists use their skills of observation and understanding of transference and counter-transference, as well as knowledge of child development, to build up a picture of the child's inner world – that is, the picture of the world that the child has in his or her mind. This internal world will be the result of an interaction between the child and external factors, such as the early mother–child relationship, and between the child and his inner thoughts, feelings, impulses and fantasies. Factors such as age, gender and culture will have an impact here, as well as past traumatic events and any physical illness or disability. In all, the assessment aims to make a decision about whether a clinical intervention will be helpful at this time, in the light of resources, commitment and suitability.

The framework and setting for the assessment

The framework and setting for the assessment are extremely important and are designed to make it possible for the child to feel safe, so as to be able to communicate about their inner experience. The aim is to offer a setting and an experience where the child can be properly listened to without judgement or criticism. We want to create an atmosphere in which unconscious material can emerge so that we can begin to understand more about the child's inner thoughts, dreams, fantasies, anxieties and so on. We want to set up an opportunity to observe the child's relationship to himself or herself and the important people in his or her life, as well as his or her attitude towards someone from whom he or she seeks help.

The assessment process takes time. A meeting with the referrer (be it a team colleague or an outside agency) is essential to begin the process of asking 'Why now?' about the referral. I sometimes find it helpful also to meet with the parents or carers without the child in order to find out more factual information, such as the child's behaviour at home and at school, to hear about family relationships (both present and inter-generational influences on the family) and about any societal pressures due to race, gender and culture. It is then important to meet the child with their parents or carers; this provides a chance to observe the interaction between the child and their parents. It is also an opportunity to ask about the worries and concerns of both parties. This can then become useful shared information between you and the child to discuss when meeting together. A joint meeting is also an opportunity to

describe the format of the assessment and to obtain the child's agreement to come along and join me in the process.

Following this, a number of individual sessions are offered to the child; I usually offer three sessions as this has the appropriate feel of a beginning, middle and end. The shape of the weekly sessions in the same room with the same materials helps to provide containment for the child, and helps the therapist gauge the child's ability to manage the gaps between the sessions. This is an important indicator as to how the child will manage the frustration of waiting between sessions and during the therapeutic breaks. It also tests the family's real ability – both practical and emotional – to take the child to the clinic. After the individual sessions, it is then important to meet with the child and parents to discuss both their experience of the assessment process and the therapist's view of whether psychotherapy would be helpful.

Case example 1 – an assessment of a 14-year-old boy

I would now like to give you a short account of an assessment I undertook of a 14-year-old boy. This boy, Thomas, had received a lot of input from the team over the years for his difficulties at home and at school. He had been diagnosed as suffering from hyperactivity and had been medicated on Ritalin for the past three years. He was the only child in a family which clearly had a number of problems. I learnt that his father also suffered from hyperactivity and was medicated on Prozac, while his mother was anxious and over-protective of her son. Thomas had managed to maintain attendance at a mainstream school but was continually getting into difficulty with teachers and other boys. He seemed to be finding ways of attracting the interest of the police. When I met with him and his parents, he was most talkative (to the surprise of his parents) and I sensed that he did not seem to feel that anyone understood him. He was very denigrating of his mother and yet idealized his father. He accepted the offer of three individual sessions and in our first meeting spoke of his difficulties at school. I give here a fuller account of the second session.

At 14 years old, Thomas was a white English boy of average height and stocky build and presented with a rather cheeky attitude. He came into the session and produced a letter saying that his mother said I was to see it. I looked at the letter and saw it was from the school and so asked Thomas to tell me what it was about. He told me that he had been excluded from school for three days and thought it was ridiculous. I looked at the letter and asked if we could go through it together. He nodded OK and we went through how Thomas had hit a boy in the face at school and that Thomas had later regretted his actions. At this point Thomas grinned and said, 'Well you have to have say that, don't you?' I asked him about this as he did not seem very remorseful and as we talked it became clear that he did not understand why he had hit the boy.

The letter went on to describe how Thomas had later become disruptive in his Spanish lesson and had been asked to leave the class. One of the things he had done was to shout out that a boy who was not in class was in the toilet masturbating. Thomas denied that he had ever said such a thing and that the problem was the teacher. He was someone who just gave out 'bad news slips'. At first, Thomas displayed a great deal of bravado and indignation at being given the three days' suspension, even when I pointed out to him that being suspended happens only for serious matters. I spent some time going over what had led up to the fight at school, and Thomas described how he had been involved in a fight a few days before this incident at school. He said that a big black boy had come up and demanded 20 pence. The older boy started to slap Thomas around the face when he refused to pay up. Thomas became very angry and lashed out at the boy, punching him on the face and felling him to the ground. Fortunately the police arrived and the fight was stopped. The incident was described with great bravado. I found myself taking up with Thomas how it sounded to me that what had happened had been extremely frightening and had really unsettled him, leaving him feeling vulnerable and therefore more exposed for what later happened at school.

I remembered how Thomas had told me the previous week about being very frightened when he was chased by a 'big black man' down a dark alley. I described to him how sometimes a person can feel so very frightened inside that they try to overcome their fear by being very brave or the one who makes other people feel terrified. I suggested to him that perhaps this is what had happened to him so that he was the one doing the bullying and hurting in the classroom. Thomas was able to admit that he was very frightened that somebody was going to hurt him and how he felt that he had to have eyes in the back of his head all the time. He had to make sure that people showed him respect. He was very disparaging about the police, who he felt were not really up to the job of keeping things safe.

We moved on to talk about what happened in the classroom with the Spanish teacher. Thomas was clear that he did not feel that this teacher could keep the class under control. I put to Thomas that he felt less safe in the classroom with this teacher, and that this was just the kind of situation which stirred up all his feelings of being terrified and having to look out for himself. Thomas told me that this teacher would not be able to split up a fight and would just sit there and write out another 'bad news slip'. He assured me that loads of kids mucked around in class, not just him. It was at about this time during the session that Thomas got out a cigarette and looked as if he was going to light up. When I asked him what he was doing, he seemed to remember himself and asked if he could smoke here. We thought about this for a while and arrived at the fact that this was a no-smoking clinic. At that moment, it seemed to me that Thomas was testing out whether I, unlike the Spanish teacher, could keep things safe when we were talking about his

provocative behaviour. He handled the cigarette during the rest of the session but made no attempt to smoke it.

Using this understanding, I went on to ask Thomas who he did feel could really help him to feel safe. He told me it was his father who could help him and would put up with his difficult behaviour. He said that Mum just gets cross and shouts at him, and he laughs at her and the whole thing ends in a mess. He also spoke of how his mother is the one who wants him to take the Ritalin so that he is quieter and better behaved. For him, the drug did help him to manage his schoolwork better, but it also meant that he was less alert and less able to defend himself.

It became clear that there were very few people that Thomas felt could really maintain, manage and bear his anger, fear and panic. As the session moved on, he began to speak to me in a very moving and honest way about his feelings. He told me that 'It's really tough out there' and that I wouldn't know what it is like going out and being terrified of the outside. He spoke of how he felt he had to look out for himself all the time as he never knew what was going to happen, while at the same time he also had to look out for his parents.

He told me that sometimes he had thought about killing himself but then he had decided that he was too young to die. I acknowledged how important it was that he was telling me these things and that I could hear how desperate, frightened and unhappy he feels at times. He continued that people would think he had a nice life and indeed that is what his mum told him, but he did not think so and he was not happy. He told me that he could see himself going with a 'bad lot' and ending up dealing drugs such as ecstasy. I found myself talking to him about how unhappy and dismal he felt most of the time. How he must feel that there was no point in hoping or wanting anything because he believed he was just going to end up in a bad situation for which he would be endlessly blamed. I said that I could see the temptation to get caught up in dangerous and risky activities like drugs or violence because he felt so hopeless about anything good happening to him. Thomas told me that his father wanted the family to move to another area, but it was not something he wanted. He maintained that he would miss the people he knew, but when he did go, he was planning to beat up several people. It seemed that any change for the better would be met by Thomas with revenge and retribution. We came to the end of the session and I agreed to see him for the third session in a week's time. I was left feeling very puzzled and worried about the 'human jungle' that Thomas seemed to inhabit.

Before I saw Thomas for the third session, events in his family overtook the assessment. Thomas' mother contacted my colleague and announced that the family had split up. She and Thomas had moved out of the home after she had discovered that her husband was having an affair and planning to move to another area with his lover. She also revealed that there had been serious

marital violence and conflict between her and her husband for a number of years which she had tried to manage on her own and had never disclosed to the workers involved.

This information and turn of events certainly intruded into the assessment and also helped some things to fall into place. I began to think about Thomas' description of the outside world as being not just a projection of his inner conflictual world but also a place where there were real reasons to be afraid and cautious. He certainly seemed to be describing an outside world that he experienced as a jungle where there were attacking and preoccupied parents, teachers and other gangs of boys. Within himself, he seemed to be caught between internal objects who were either collapsed victims to be mocked and denigrated or violent and dominating figures who had to be appeased and admired. All this left little room for him to be kinder to himself and his needs, as he struggled to grow up in a very fraught environment.

The new information also made me think about Thomas' powerful fear of castration and harm to himself, the need to identify with the aggressor and become the person who did the bullying. There did not seem to be any secure sense inside him that there could be a father–policeman who could contain the aggression and care about his more infantile needs. It seemed that Thomas felt that his aggression could be contained only by more aggression. I also wondered about his mother's insistence on him being medicated and whether this was her way of exerting control and trying to stop him behaving like his father. In all, it certainly felt as if the 'bad news' was out and I wondered if this would be helpful to Thomas and whether the assessment itself had somehow brought things to a head.

I did see Thomas for a third session. He was brought by his father, who was very loud and demanding when he entered the clinic. It seemed that there had already been some friction whereby both parents had gone to pick up Thomas from school and his father had 'won' because he had arrived in a fancy sports car. The session was full of material about Thomas feeling in the middle of two warring parents and not knowing how he was going to manage the to and fro between the opposing camps. I did ask him about how aware he had been of the arguments and violence between his parents and he admitted that he had listened to them rowing for years. He told me he usually went to bed and tried not to hear what was happening. He spoke of them hitting each other and on one occasion his mum was so cross with his father that when he was asleep, she had attacked him with a knife, cutting his father's arm. Thomas laughed at this and, as I listened to him, it became clear that he had little experience of his parents actually being able to come together to think about him and his needs. This was reflected over and over by the lack of good parental figures in his internal world.

At the end of the assessment, it seemed to me that this was not the right time to be offering psychotherapy. Thomas had shown me that he was an adolescent boy who could describe and be in touch with his frightening thoughts

and feelings. He also had been able to engage with me during the sessions. In the counter-transference I had been aware of a range of feelings: shock, alarm, anxiety, disbelief and a preoccupation with overwhelming events. I felt that in order for him to be able to explore his inner world, he needed a much more secure external world. The present situation between his warring parents replicated and reinforced the world inside his head – a world full of sadism, danger and fear. I felt that there needed to be some family work done to help the parents manage and contain the very angry feelings they had towards one another so that they could concentrate on the emotional needs of their son.

During the last session, I asked Thomas directly if he had ever been hurt by his parents and he told me very clearly that he had not. However, it did seem likely to me that there might have been threats of violence towards Thomas at home. I perceived him to be a very frightened boy full of inner fears and fantasies which he could barely think about. Unsettled external circumstances would serve only to heighten his inner anxieties and I felt that his defence mechanisms of omnipotent thinking and the turning of passive experience into active, possibly risky behaviour would be employed all the more. I discussed with my colleague my concerns about Thomas' safety and we agreed that she would discuss our worries with the Child Protection Team at the local Social Services department. At this time Thomas needed to be helped to feel more secure in his external environment, and it was this that I fed back into the family and professional network.

Thomas did seem to appreciate the time to talk and have someone listen to him carefully. This was a good indicator for his capacity to use psychotherapy. He told me the experience had been both good and bad. It had been good to talk about things but bad because there were things he could not tell me – these were apparently 'criminal' things of which he felt I would not approve.

The therapeutic approach in an assessment

I hope that the above example illustrates the way that the framework offers containment for the process of the assessment, and suggests something of the therapeutic approach. The therapeutic approach, or technique, in an assessment does employ elements of the way child psychotherapists work in an ongoing treatment, but there are significant differences too. As in therapy, a child is offered an unstructured session in which they are invited to talk or play, using the materials provided, so that material about their worries and difficulties can emerge.

In this way the therapist will become aware of the child's preoccupations and will notice the transference relationship to themselves from the child; that is, they will recognize a repetition in the present of aspects of the child's way of relating to current parental figures. They will also pay attention to the impact of the child on themselves, by either verbal or non-verbal means. The therapist may pick up on the child's attitude or mood by noticing within themselves a

feeling of (say) distraction, or uselessness, or wanting to be teacherly or parental. Such observations of our counter-transference tell us much about the child's internal world and can be thought about as a communication from the child, often about frightening or intolerable aspects of themselves. Wittenberg (1982: 133) stresses the importance of studying the impact of the child on oneself and of the many benefits to the child if the therapist can 'think, and digest and verbalise it, rather than be frightened or overwhelmed'.

In an ongoing therapy, we use these insights in the form of interpretations to the child about their unconscious infantile feelings towards us as transference figures. In an assessment, this use of interpretation about the personal transference observed is usually avoided. We do not wish to further draw the child into a regressive state of dependency before they are in a therapeutic relationship in which such infantile feelings can be understood and worked through together. It may be that the child will receive psychotherapy from another therapist.

In an assessment, the therapist aims to provide comments that promote clarification and the linking together of different aspects of the child's experience. (Some therapists do like to test out how a child might be able to make use of interpretation by offering one at an appropriate opportunity.) The therapist must offer a physical setting and an empathic attitude which enables the child to feel safe, private and in the presence of an adult who wants to understand what is going on inside them. The way that the child responds to this process is an important diagnostic tool.

In thinking about the unstructured session, I think that most child psychotherapists will have a number of questions that they would like to be able to answer at the end of the assessment. These are questions that need to come out of the encounter between child and therapist, and we may not always get all the answers. In general, child psychotherapists are cautious about producing diagnostic labels for a child. Sometimes a diagnosis can be clearly made and may be helpful to the family, for example in cases of children falling within the autistic spectrum. On the whole, I think child psychotherapists prefer to view children and adolescents as operating within a shifting picture of developmental stages and environmental provision, and to address the interplay between these issues and how the child might be helped. There are occasions when child psychotherapists need to identify psychiatric symptoms and it is my practice to consult with the consultant psychiatrist in my team.

Key questions

In an assessment, the following are some of the questions that I think a therapist would have in the back of their mind:

- Why might the child be displaying this range of symptoms now?

- What falls within normal developmental limits for the child's age and background, and what does not? Here I am thinking of the work done by Anna Freud (1965) to describe normal developmental lines for children from the first five years, through latency and into adolescence.
- How does the child describe their relationship to their parents, siblings and peers at school?
- What is the nature of the child's anxieties and worries?
- How does the child cope with inner conflict and are their defences rigid or flexible?
- Does the child have the capacity to tolerate and talk about their mental pain?
- Do they have to enact their worries and/or blame others for everything?
- Does the child have a capacity to be concerned about others, or are they egocentric and isolated?
- Is the child in touch with the reality of their situation, or is there excessive use of fantasy and denial?
- How does the child think of themselves, their mind and their body?
- Does the child show curiosity, an interest in learning, and the ability to use their imagination, or is their thinking concrete and stereotypical?
- Does the child think that there is anything wrong with them?
- Is the child motivated to receive help, or are they resistant to the process?
- Does the child view the therapist as a potentially helpful new person in their life?

This list is not exhaustive, and individual children throw up particular concerns and questions. I think, though, that all the way through an assessment the therapist is looking for an incident, however small, which shows the possibility of the child forming a therapeutic alliance with the therapist. The assessment sessions are a live encounter in the here and now. Openness to the experience is a key essential for both the child and the therapist.

Case example 2 – an assessment of a 5-year-old girl

In the following example, I would like to give an account of the process and content of an assessment of a 5-year-old girl. Philippa was referred for a psychotherapy assessment by a team colleague after some family work had been undertaken and some of the presenting symptoms had been alleviated. It seemed that Philippa had suddenly decided to stop eating and drinking for a 24-hour period, which greatly alarmed her parents. She had also developed a fear of germs or contamination in food and everyday materials, and had become increasingly clingy at times of separation, such as going to school. Philippa was helped to start eating again by joining some family friends and their children and the immediate crisis was over. However, she remained a very troubled little girl.

Philippa's parents were both caring professional people who placed tremendous importance on the value of family life. At 5, Philippa was the eldest of three children and had reportedly managed the birth of her two siblings with great ease, that is until a few months prior to the referral when she had found separation from her mother difficult. The suggestion of a child psychotherapy assessment was felt to be quite alarming to her parents, and they asked to meet with me first to discuss the implications. For them, it did feel like a serious indictment of their parenting skills, which up until Philippa's 'outburst' had been unassailed. After my discussion, they agreed to an assessment, and we started with a family meeting.

Philippa presented herself as a pretty little girl, small and petite for her age and able to be articulate. During the meeting, she played quietly with the doll's house, giving me shy looks every so often. I made contact with her by asking some direct questions. She was able to tell me that she had 'some worries but had forgotten them' and that she 'had worries that but she couldn't tell mummy and daddy'. She agreed to come and see me for three sessions.

In the first session, Philippa walked with me to the therapy room and told me how she was 5 years and 1 month old and had two younger brothers. I sensed that this was her way of reassuring herself about seeing me on her own. I showed her the room and the various toys and materials she could use, and talked to her about how we would be meeting two more times after today. I reminded her that this was a chance for me to get to know her a little and some of her worries.

She immediately started to play with the toys and, in a rather strange way, decided to completely redesign the doll's house. The kitchen furniture was placed in the bathroom, and the bathroom suite in the kitchen. She thought this hugely funny, and her laughter left me feeling uneasy. Then all the five children dolls were placed in one room on beds and a sofa. She spoke in a lively and unselfconscious way, and was indeed critical of my doll's house and its lack of stairs. Eventually I observed how all the children had to share one bedroom and wondered how they felt about this. Philippa was irritated by my comment and informed me that they all had beds and one a sofa. I acknowledged this, but added that I supposed they also had to share the same mummy and daddy. This was met with a most dismissive look and an exasperated comment that 'Children don't *share* mummy and daddy'. I replied that I could hear that she didn't like my idea about sharing. She responded by banging the furniture around the doll's house and let me know of her displeasure. I observed to her how I thought that my idea about sharing made her feel quite cross. There was more banging of furniture, with much laughter. I commented on how I bet that she had feelings about having to share *her* mummy and daddy with her two brothers. It was exciting being the oldest, but it could be hard too. She agreed with me, 'Yes, it is hard'.

The play moved on and Philippa became more active. She decided to wriggle under the small table, adjust the doll's house furniture and then dive back.

I responded to this by describing her popping up game and she began to repeat the movements. It became like an early peek-a-boo game, and suddenly the omnipotent girl of earlier had been replaced by a much younger child enjoying my attention. The session came to an end and there was a joyful reunion with mother.

In the second session, Philippa found it more difficult to leave her mother but was eventually able to come to the therapy room. She decided to paint and boldly set out to paint the picture of a girl, with a round face, long dress and boots. The girl was standing on some grass, which was later covered with mud, and a house was put in the background with a window showing where mummy and daddy's room was. She chatted as she painted and I was struck by her imperious tone to me. The girl was called Philippa, like her, and when I showed interest in this, I was tutored in the proper way to say her name. As she painted, I observed to myself how the girl in the painting had no arms or hands – only the short sleeves of her dress. Philippa seemed oblivious of this. She went on and told me of how she had fallen down the stairs when she was little (this had happened the previous year) and I commented on what a frightening experience this must have been for her. The picture was soon finished and Philippa decided that the girl was standing out in the rain; this led to her splashing large blobs of paint on to the picture, and the table. She became quite excited, and when I asked whether the girl minded being out in the rain, I was told that 'she likes it'.

She moved away from this, and started crawling under the small table, and I remembered with her last week's game. She responded by putting all the small dolls in one room and reciting the rhyme about the old woman who lived in a shoe and had so many children she didn't know what to do. (I was very struck by this unconscious attack on her mother and the other children.) I remembered with her our discussion about children sharing a bedroom and their mummy and daddy. Philippa grinned. I took this opportunity to talk of how we were meeting to try to understand some of her worries, and how I remembered that there were some worries that she couldn't tell mummy and daddy. She told me that she is never sent to her room now. I commented on how I thought she was trying very hard to be a good girl for mummy and daddy and didn't want to be a bother to them. But that this was a place where we could think and talk and play about the worries.

I sensed that Philippa became rather anxious by this talk, as she became very active. I was treated to a display of jumping on and off the sofa, that is until she caught her foot on the chair. She held it to stop the pain and then tried to unbuckle her shoe. She became more anxious and desperate, but would not allow me to help her or be comforted by my words. Eventually she did manage to adjust her shoe, and then turned her attention to trying to undress the rag-doll. She had great difficulty in taking off the pinafore dress, and again rejected my offer of help. She became very cross, and ended up throwing the doll at me. She then decided that she wanted to take the

painting home and became very upset when I gently talked to her about how it would be helpful to leave it here as part of our work together. However, I could see that she was becoming overwhelmed with feelings of frustration and anger, and so agreed that it seemed very important that she take this picture home today. I encouraged her, though, to bring it back next week. The session ended with her rejoining her mother. During this middle session, I felt that Philippa's desperate desire to present herself as a highly competent and good girl began to come under pressure. Her inner feelings of anger and frustration began to break through, and instead of being able to accept help for her more infantile needs, she became brittle, imperious and isolated.

In the third session, Philippa arrived a little late with her mother. She came into the room and told me quite airily that she had forgotten the painting. I remembered the difficulty she had over this last week. Philippa, who was looking for the paints at that moment, deliberately threw a ball at me. I pointed this out to her and she grinned.

She then began painting and told me that she was going to do a 'dark picture'. It turned out to be a picture of a terraced house in a city, with lots of rain and black clouds in the background. During this activity, there was an air of superiority and exasperation in her answers to me if I got the slightest thing wrong. For example: 'She wasn't born in Scotland. She was born just outside Scotland.' She began to start energetically flicking 'rain' on to the picture – and all over the table, floor and me. She laughed with delight, and eventually I did say that I could see she was enjoying herself making all this rain, but I would have to stop the rain-making if the rain didn't stay on the paper. I was impressed that she was able to respond to this with some internal control, and the 'rain' eased up. She then recreated the picture of herself as a girl out in the rain, and again with no arms. It did seem that my remark felt like quite a criticism to her, and I was shown again the excluded Philippa.

Eventually, both pictures were pushed aside and she returned to the diving game under the table. This had now become a shared game between us, although like most games it helpfully lent itself to variation. As she dived under the table, Philippa began to push up the table so that the doll's house began to topple and the furniture fell out. I commented on how today I thought Philippa was feeling very cross – she had thrown the ball at me, she had flicked rain everywhere and now she wanted to turn the doll's house upside down. I continued that I thought she wanted me to understand how she felt full of wanting to mess and break and spoil things today.

My comments were met with a further toppling of the doll's house and the small dolls were thrown around the room, with the noticeable comment of 'horrid mummy' as the mother doll was tossed aside. She then threw herself on to the sofa and snuggled down into it, and it seemed that she didn't know what to do now that she had thrown away all memory of a mummy, both good and bad. I took this opportunity to talk to her again about how she had been showing me how sometimes she is so full of cross feelings that she just wants

to break everything up, and these feelings leave her feeling very frightened. I said that I knew how much she wanted to be a good girl who went to school and looked after her little brothers, but that it is very hard for a little girl to hold on to all these wishes and feelings all the time. In response Philippa told me she had not been sent to her room for a long time.

When I wondered what she would think about coming here every week to carry on talking about her mixed-up feelings, she said she didn't know and told me about a problem her brother was having. There was a final display of leaping before the session ended. Thus, the three sessions were completed, and I spent some time going over my notes, thinking about the assessment and discussing the case with my colleague who had met with the parents during the sessions. At 5 years old, Philippa was obviously a very bright and articulate child who was being offered a caring family environment and a good education. But something had gone wrong and I sensed that she was struggling to manage on her own, with only partial success. She had experienced two siblings being born, and had rather quickly lost her place on mother's lap. She seemed to respond to this disappointment by being determined to grow up as quickly as possible, leaving behind all infantile needs and managing herself by dint of sheer willpower and her considerable cognitive abilities. However, a series of events had really put her under pressure – a change of house, a new class, a busy summer schedule – and she could no longer cope using her preferred methods.

The material in the sessions showed that she had many loving feelings towards her parents but was also disappointed and very cross with her mother over the 'too many children'. She seemed to feel that her mummy was more interested in nappies than in food for her; this was graphically illustrated by her reversal of the kitchen and bathroom and suggested a big muddle in her mind between eating and going to the toilet. Things were going in and out of the wrong place. I think she felt enormous rivalry with her two younger siblings and would have loved to take their place. It seemed to me that she had tried to deal with her enraged infantile feelings by projecting them into food, household materials, even her siblings. These things became the problems to be avoided but the difficult feelings kept returning to haunt her. Phobic avoidance worked only partially. I suspected that deep down her unconscious fantasy was that she was an unwanted 'poo-baby' and she had to work extremely hard to conceal this. All this, however, left her feeling very isolated, as was so painfully portrayed in the drawing of herself as a girl with no arms or hands. She could not reach out, and it made it very difficult for anyone to give her a 'helping hand'.

During the sessions, I felt that Philippa was able to use the setting and materials provided. Her imperious and controlling attitude had a considerable impact on me and I needed to hold on to my adult feelings of irritation. In the counter-transference, I could sense how humiliating it was for Philippa to be reminded of her little-girl status and she did allow herself to show me some of

her angry, messy and spoiling feelings. However, she did engage with me and I think her repeated invitation to the diving or peek-a-boo game revealed her capacity to form a therapeutic alliance with me. In all, I felt that Philippa had shown me a motivation and a capacity to engage in psychotherapy. Although her immediate symptoms had receded, it did seem that in her mind she had a different view of herself and the world from that of her parents. I felt that this could cause increasing inner conflict for her as she moved into latency, and would mean that she would not be able to benefit from the good things being offered at home and at school.

I decided to recommend twice-weekly therapy for 12–18 months on the basis that, being so young, she would benefit from not having to wait too long between sessions and the work would move more quickly. I was aware that this would put some strain on family commitments, and spent some time talking this over with her parents and with Philippa. Her parents were upset at my recommendation and had hoped that family life would be sufficient help at this time. We agreed to leave things for a few weeks for them to think the matter over. About four weeks later, the parents contacted me to say that they would like Philippa to receive therapy as they realized that she needed additional help to make some internal changes. My colleague agreed to meet with the parents to discuss parenting issues throughout the therapy, and the psychotherapy started.

As a footnote to this, I am pleased to say that the psychotherapy had a successful outcome and ended when Philippa was 6 and a half . She was a very lively and engaging child who thrived on making a big mess in my room every session. She became symptom-free quite quickly. She used the sessions to explore her position in the family – something that was particularly helpful when her mother had another baby. At the last session, she drew a picture of herself as a young girl in her blue checked school dress so that I would have something by which to remember her. I noted with pleasure that the girl in the drawing had both arms and hands.

Concluding remarks

In conclusion, I have attempted to describe and illustrate the complex process that is involved when a child psychotherapist undertakes an assessment of a young person for psychoanalytic psychotherapy. I have tried to show how assessment requires both an objective evaluation of a child's assets and their environment and a live encounter with the child in the therapeutic setting. This aspect is a crucial part of the attempt to gauge whether a child will be able to form a working alliance with the therapist in an ongoing treatment. It also offers the child the experience of a meaningful encounter with an adult who demonstrates the capacity to listen and bear with their difficulties and worries. This in itself can be therapeutic.

Sometimes the outcome of the assessment will be the eventual start of psychotherapy, as in the case of Philippa. In other situations, it may be that the child is interested and suitable but the environment around them is not conducive to supporting therapy at that time. That was the situation with Thomas. At least it gave a young person, like Thomas, a taste of what a therapeutic relationship might be like so that he could choose it for himself when he is older. The assessment provides an important and valuable picture of a child at a particular age and stage of development, and provides a basis and starting point for individual psychotherapy.

Note

An earlier version of this paper was given as part of a series of public meetings – 'Who's For Therapy? (Thoughts on Assessment)' – organized by the BAP Scientific Meetings and Public Conferences Committee on 9 November 1998.

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Books Reviewed

Freely Associated: Encounters in Psychoanalysis with Christopher Bollas, Joyce McDougall, Michael Eigen, Adam Phillips and Nina Coltart

Edited by Anthony Molino
Free Association Books, London, 1997, pp.211, pbk £15.95

Anthony Molino, psychoanalyst, introduces conversations with five psychoanalytic thinkers. A theme that emerges in the book is the way that for all five psychoanalysis is an 'object' that is used passionately (and in one case then given up), both to give shape to their own lives, and to produce radical reflections on human nature. The conversations are with Christopher Bollas, Joyce McDougall, Michael Eigen, Adam Phillips and Nina Coltart.

Molino's method is to use the writings of each interviewee as a basis for questions, which then enable him to begin an exchange of ideas. I can do little more than give snapshots of the wide-ranging discussion in each interview. Molino is skilled at pursuing what his interviewees say in order to deepen the conversations.

Molino's interest is in how each of the speakers has dealt with the conflicting demands made by the dogmas of each of the psychoanalytic schools in order to arrive at an independent position. This issue is clearly of central importance to Molino. This is revealed in one of his questions when he talks about the way that the 'entire Italian psychoanalytic establishment' caved in to government pressure to legislate that all psychotherapists and psychoanalysts must first train in medicine or psychology. (All five of Molino's subjects are from arts backgrounds. At least three are lay analysts.)

Molino says of this event: 'In one fell swoop, the entire history of "the question of lay analysis", expressive of a different strain of Freud's personality, was obliterated' (p.148).

Molino regards this as symptomatic of a tendency in psychoanalysis to veer towards orthodoxy and dogma. What is 'different' from the orthodox is therefore what interests Molino. He pursues this theme relentlessly throughout each of the discussions, indicating the strength of his belief that psychoanalysis can

renew itself only by attempting to free itself of dogma and by paying attention to what is 'repressed' as being 'other' and therefore unacceptable. In all the interviews he chases this theme.

The conversations begin with Christopher Bollas. Molino quickly picks up on this matter of 'otherness'. Bollas says at one point: 'if a psychoanalyst proceeds via free-association'. Molino therefore suggests that Bollas is implying that some analysts do not do this. Bollas says that in his view there are two forms of psychoanalysis: one proceeds via the analysand providing a narrative and the analyst then interpreting this as metaphor for unconscious functioning; the other form is one in which the analysand is encouraged to re-create himself or herself via the analyst's usually silent presence. It is obvious which of these Bollas regards as formal and limiting and which he believes points to the creative future of psychoanalysis.

Molino observes the rarity of references to the idea of the death instinct in Bollas' writing. Bollas offers an interesting distinction between Klein and Freud's views of this idea. When asked about instinct theory, Bollas produces a succinct description of the difference, as he sees it, between the Freudian and the Kleinian superego. Occasionally a question of Molino's elicits a surprising response, such as when Bollas says that he thinks that: 'sexuality is still *the* unspeakable repressed force' (p.42, emphasis in original).

The conversation with Bollas is wide ranging, encompassing thoughts about the cultural climate and the influences that Bollas feels have been important for him. There is, in Bollas' statements, an undercurrent of gentle but vehement questioning of any orthodoxy which, it is implied, leads to the stultification of psychoanalysis. Each generation, he says, needs to reinvent psychoanalysis for itself.

At the end of the interview when Molino asks Bollas about the future of psychoanalysis, Bollas says, provocatively, 'Psychoanalysis just has to survive the psychoanalytic movement' (p.50).

Joyce McDougall provides an engaging and sometimes wryly amusing account of her arrival in England, her interrupted stay in Britain, her move to France and her subsequent, determined passage through the tensions in French psychoanalysis, to emerge as an independent psychoanalyst of world standing. McDougall seems to have found herself an object of desire for those on each side of the Parisian analytic divide. She describes how, when she went to a Freudian analyst and then to Lacan, instead of providing the information she sought, each spoke as though he possessed the truth, Lacan asking her 'what she was lacking' and insisting 'that everyone would come to him because he had the answer'.

Molino again elicits some notable responses, such as when McDougall says: 'I too still maintain that interpretations are not the cardinal factor in psychic change' (p.86).

Molino encourages McDougall to discuss the influences on her. She contrasts Lacan and Winnicott. She describes Winnicott's aim as one of creating

a trusting environment within which play can occur, while Lacan, she thinks, wished to create the maximum insecurity in his patients. She feels that with Lacan there was a gap between his theory and practice and that she 'sometimes thought he created a theory for every one of his weaknesses' (p.64).

McDougall's even-handedness about others' theories comes through. She seems able to acknowledge what she has gained from her very different teachers without giving up her independence of mind.

Molino asks her if she can extend her ideas about diversity of sexual behaviour and tolerance of this diversity into the area of political tension between the schools of psychoanalysis. McDougall says: 'I think our greatest perversion is to believe that we hold the key to the truth. Any analytic school who thinks this way has turned its doctrine into a religion' (p.90).

I am not familiar with Michael Eigen's work. I was intrigued by his conversation with Molino. Eigen comes over as charismatic, guru-like, highly tangential and sometimes infuriatingly vague. Reminiscent of R.D. Laing, he is fond of aphorisms: ('What's uncommon is unmadness'). This stance is a conscious one in that he says of himself: 'I'm a spokesman for ambiguity' (p.103).

But I did find that some of the things he says made me think. For example, 'whatever impasse is created by the patient and therapist together, one knows in one's being, as well as theoretically, that one can always be doing and being something else' (p.100).

The impression that Eigen created in me was of someone who is interested in the 'feel' of an analytic thinker such as Bion and not particularly in the theory. Marshall McLuhan, the 1960s culture-guru (he of 'The Medium is the Massage') said about newspapers: 'you don't read them, you get into them like you get into a warm bath'. I think Eigen comes over rather like this. You either get into him or you prefer a shower. But maybe Eigen is right to think this way. Perhaps we all use theory to justify what it is about a particular psychoanalytic school that 'feels' right to us. The danger in this is emphasized by Bollas and Eigen in that by getting into what feels right we repress or deny the validity of what does not feel right. Eigen sees psychoanalysis as: 'An aesthetic, as a form of poetry' with 'all these psychoanalytic singers and poets trying to express their aesthetic experience of a session' (p.104).

Sometimes Eigen does comes up with something interesting, but it is a bit like the proverbial monkey at the typewriter: it is a long wait for Shakespeare. On the other hand, perhaps Eigen is brave to leave his contribution in a probably unrevised 'this is me thinking aloud' state. Sometimes Eigen says something striking, as when he and Molino are discussing the nature of the self: 'So a good borderline patient can always say, "Well, why should I listen to what you're telling me ... it is after all *you* telling me"' (p.118).

But statements such as: 'I feel more centred. But what that centre is, or how to describe it, I wouldn't know' (p.95) date Eigen firmly as a child of the 1960s. Eigen's talk of a guide in the Nevada desert saying enigmatic things to him about cacti took me right back to Carlos Castaneda. Bollas is of course

also a child of 1960s California/Berkeley, but where Bollas seems able to rein in his wild creativity, Eigen sometimes seems to float off gently on a cloud of psychobabble. But maybe I should adopt the spirit of the book. If Eigen is 'other' to me maybe I should try to 'get into him'.

Molino's conversation with Adam Phillips concentrates on Phillips' views on the relationship between psychoanalysis, orthodoxy and science. Phillips is as endlessly questioning and provocative as he is in all his books. For example, 'In order to do a psychoanalytic training, you have to have a repertoire of false-self solutions' (p.130) and:

> when psychoanalysts mix with each other they end up doing the same thing ... they either totally disagree with each other, or they altogether agree ... and it doesn't matter which they do, since the end result is the same. That is to say, they're basically keeping alive a certain consensus. (p.141)

Phillips emerges once more as passionately seeking to question every premise of psychoanalysis and like Bollas believes that the greatest danger to its survival is the exclusion or repression of that which is thought to be unorthodox. Also like Bollas he believes that it is the task of each new generation to reinterpret psychoanalysis as a new object.

He implies several times that he believes that there is an inbuilt paradox about psychoanalytic training in that it espouses individuality but unwittingly it creates a tendency to conformity. Phillips has little time for what he would see as the pretensions of psychoanalysis to be scientific. (I assume he would see these pretensions as based on insecurity.) He sees psychoanalysis as a unique sort of human adventure and much more as an art form. Phillips does, though, indicate that he would be very interested in what is going on when analysts think of psychoanalysis as a science. Phillips emerges again as a master of the sideways look; passionately believing that psychoanalysis must question its own assumptions about itself in order to survive.

The last conversation is with Nina Coltart. Molino begins with Coltart's decision to leave the Psychoanalytic Society. Coltart goes into some detail about this. She says that she felt she no longer needed the society any more. She does not mince her words when she says:

> many analysts go on working far too long, which suggests to me that their lives are rather barren. In my eyes, I see them as wandering on, dementing steadily behind the couch, running the Society with the kind of ghastly authoritarianism that old people develop. (p.171)

Nina Coltart was chairperson of the board and council of the British Society and tells Molino the society is riddled with mistrust, back-stabbing and hypocrisy. She makes no bones of her view that it would have been better if the Kleinians, who she believes to be an element with a religious fervour who '*know* they are right', had formed a separate society. (McDougall tells Molino that the French analysts were incredulous at this. Such a compromise

would not have been allowed in Paris.) Coltart's opinion is that a proper separation would have avoided what she calls destructive sniping under the cover of superficial politeness. She implies that much of what she says about the society could not have been said without her resignation. I was left feeling that behind Coltart's spectacular frankness there lay a very complex woman.

Molino, in his introduction, draws attention to Coltart's death, not long after the interview. In his conversation with her Molino eventually picks up what he calls, with beautiful tact, the 'intimations of finality' that he has noticed in her later writing. Coltart confesses that she has not been conscious of this. Molino pursues this theme and Coltart talks movingly about her earlier life and the shocking, sudden death of both of her parents in more detail than she had ever done before. This leads the conversation on to the subject of Coltart's own eventual death. She says:

> I have always thought that I can tolerate the idea of my own death far more easily than a great many people can. I do think one should acquaint oneself with the idea of one's own death. I believe one should contemplate ending. (p.193)

I was left with the idea that for Coltart, psychoanalysis could be said to have been a transitional object which she used to bridge the gap between the tragic death of her parents when she was young, and her own eventual end.

Finally, a word about Buddhism. Coltart was a Buddhist and has interesting things to say about what this meant to her. Molino has written about Buddhism and brings it into each of the conversations. His interest in introducing it does not lead to any great insights about Buddhism or, in my view, any great insights about the possible comparisons to be made between psychoanalysis and Buddhism. It seems to me that Molino uses Buddhism as an alternative mental object with which to approach psychoanalysis. Because what psychoanalysis is *not* is what interests Molino as much as what it *is* (Bollas, Eigen and Phillips all have a similar interest), Molino uses the idea of Buddhism to focus on this idea of what is *other* to psychoanalysis. This does lead each of his subjects to say interesting things not about Buddhism but about psychoanalysis. Coltart, for example, says that Buddhism and psychoanalysis do not conflict in the area of morality because 'Buddhism aims, on one level, to help establish and strengthen a moral base' and 'whatever analysts say about being non-judgmental, or about being neutral on matters of morality is, of course, absolute bunkum' (p.203).

The volume ends with a moving obituary to Nina Coltart written by Gill Davies, then publisher of Free Association Books. The conversations are full of passion and life, as well as being touched by the sadness of Coltart's death. I would compare the book with a five-course meal: you may not like everything that is served but you are likely to feel you have dined well in interesting and stimulating company.

SIMON ARCHER

The Handbook of Child and Adolescent Psychotherapy, Psychoanalytic Approaches

Edited by Monica Lanyado and Ann Horne
Routledge, London, 1999, pp.475, pbk £16.99

The 50th anniversary of the Association of Child Psychotherapy is an appropriate time to bring out this handbook, which provides an overview of current thinking and practice. The present book is the third publication of its kind which, like the earlier two excellent publications, *The Child Psychotherapist and Problems of Young People* (1977) and *Extending Horizons* (1990), looks at different areas of practice, summarizing the theory and evaluating technique using brief clinical examples. It is an excellent guide for professionals and parents interested in particular aspects of work with 'troubled children' but its broad range means at times it can be disappointing to those wanting depth. I cannot do justice to the whole book, but I will mention a few chapters that especially caught my interest.

The introductory chapters provide a clear and readable introduction to the theory base, and are therefore invaluable for students and for those interested in psychoanalytic thinking and child development. They are followed by a discussion of therapeutic work in the community and in inpatient settings, stressing the importance of negotiating painstakingly with both the network and the carers if the work is to be successful. This confronts some of the dilemmas facing child psychotherapy now: when can we work effectively doing only once-weekly sessions; can these be time-limited?; when is individual psychotherapy the treatment of choice? The chapter on research by Jill Hodges (Chapter 9) shows how research is beginning to look at these questions. Evidence is emerging to confirm that child psychotherapy can bring about long-term improvement in the child's development, using both internal and external measures of change. Comparative research is beginning which will help us to be clear which type of treatment is most effective for different children.

In the chapter on 'International Developments' by Judith Edwards, I discovered that in other countries formal child psychotherapy training is limited, but that psychoanalytic theory and practice underlie many innovative developments there in other professions. This chapter whetted my appetite, and I would like to have known more about some of the fascinating projects mentioned. Maybe this could be the basis for another book. Another chapter where I would have appreciated more depth was that on 'Some Intercultural Issues in the Therapeutic Process' by Chriso Andreou. This provided a helpful overview of the issues but I wish more space had been allowed for Andreou to describe her clinical work, and the work of others dealing with the inner struggles of children around identity and prejudice, as described, for instance, in *Intercultural Therapy* (Kareem and Littlewood, 1992). It is this detailed

clinical work which often makes most sense of the dilemmas facing such children and their therapists.

Child psychotherapists work in a wide range of settings and this has meant adapting techniques and developing theory. I work with families at the more disturbed end of the spectrum, so I appreciated the thinking in the chapters on violence, trauma and delinquency, where the authors have tried to elucidate a theory and practice base for the work they are doing in a setting where the child's violent behaviour militates against any real thinking. In their chapter 'The Violent Child and Adolescent', Marianne Parsons and Sira Dermen suggest that the violence be understood as an attempted solution to a trauma that the individual has not been able to process, and they define this trauma as 'helplessness in the absence of a protective object'. I quote:

> Because of failures in early nurturing, the violent individual lacks the adequately flexible protective membrane which would allow him to register anxiety as a signal of impending threat and mobilise appropriate defences. He has developed instead a rigidly protective barrier (more like a fortress). This renders him powerful, invincible and independent in fantasy, and extremely vulnerable to the slings and arrows of ordinary intercourse (in reality). (p.330)

They suggest that any threat which penetrates this barrier is experienced as traumatic and triggers the most primitive defences of fight or flight. In this situation, the therapist has to be very much in touch with his or her own sadism, fear and levels of frustration so as not to respond to provocation by the child, while also providing a safe setting where trust and understanding can develop. They stress the importance of good supervision and colleague support for therapists doing this type of work.

A specific form of trauma and its consequences is discussed by Ann Horne in her chapter 'Sexual Abuse and Sexual Abusing in Childhood and Adolescence'. She helpfully links the two areas of work, looking at the experience of the young perpetrator and young abuse victim and the therapeutic task with each. She points out that 50% of abusers have been abused, but the other key factor in their lives is the experience of trauma, most commonly violence, with the experience of rage and helplessness that is re-enacted as abuse on another young person. She vividly describes work with one young man, both abused and abuser, emphasizing its slow pace, the toll on the therapist and the effect on the network, which can so easily mirror the blaming and impulsive action intrinsic to sexual abuse.

There are other chapters which I enjoyed as they gave me an insight in topics where I have less expertise, such as 'Eating Disorders' by Niki Parker which gave a beautifully clear summary of the therapeutic issues with young people who have responded to varying levels of help. Another was the chapter 'Psychotherapeutic Work with Child and Adolescent Refugees from Political Violence' by Sheila Meizak, which stressed the resilience of children in supportive family settings and their dual need to share their distressing memories

and to forget and get on with ordinary living. Finally, the chapter on group work with children reminded me how useful this is for children or adolescents who need help in social relating and who may not be able to tolerate individual work. Group work is also being used in a range of settings, such as schools or children's homes, where child psychotherapy can be accepted only if it is seen as part of the life of the institution rather than as something separate and 'special'. From my experience, the introduction of such a group can result in a change in the thinking of the staff as well as the children, and as the staff see the visible improvements in the children's behaviour, they become interested in different ways of thinking and responding to difficult behaviour.

It is unusual for me to read about such a broad range of work all under one cover. It made me wonder how the differing areas of work will inform each other in the future. We will have to wait for the next update in this series to answer my curiosity.

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DEIRDRE DOWLING

No Lost Certainties to be Recovered

By Gregorio Kohon, Karnac, London, 1999, pp.204, pbk £17.95

Gregorio Kohon is well known in the psychoanalytic community as a writer, teacher and supervisor, both prior to his move to Australia in the late 1980s and also since his return to London five years ago. His previous volume *The British School of Psychoanalysis – The Independent Tradition* is rightly acknowledged as a classic text, which makes this new volume keenly anticipated. Whereas the previous book was a collection of papers by Independent analysts, the new volume is all his own work – papers written between 1984 and 1994. Some of the earlier papers, such as those on Dora and fetishism, which have been previously published, have been reworked and integrated into the flow of the book, so as to present a more cohesive picture of what psychoanalysis, theory and practice, is and means to the author.

The first section, 'Sexuality', has three chapters, on hysteria (including the Dora paper), fetishism and a third, largely clinical, paper, on obsessionality and sexual inhibition.

The hysteria chapter discusses this apparently disappearing diagnosis in analytic practice, and especially focuses on the hysteric's relation to sexuality and sexual desire. He posits that there is a 'hysterical stage' in the negotiation of the Oedipus complex, at the crucial juncture in which the subject has to change object from mother to father, and at this stage the hysteric becomes

stuck – unable to move forward, constantly vacillating between father and mother, and thus ultimately unable to take possession of a genital sexuality of her own.

I find this a challenging and fascinating idea, but I also have my doubts. I was not sure that I altogether recognize the picture Kohon presents of the hysteric from my own clinical experience. Where, I wondered, is the hysteric's seductiveness and the defensive veneer of sexualization, and how does his model account for these aspects? Ironically, one of Kohon's missions in this book overall is, as he quotes from Lacan, 'to reinstate the primacy of the father in psychoanalytic theory', and yet the hysteric's particular (and peculiar) relation to the father is not given much weight, except as the object she cannot ever ultimately give up mother for.

The other two chapters in this section were, for this reader, less contentious and more satisfying. Both begin as detailed clinical papers, and then move to theory, and one senses clearly the writer's real pleasure in playing with psychoanalytic ideas, as well as his adept skill as a clinician. The fetishism chapter moves from a vivid account of a patient to a discussion of the role of castration anxiety, the phallic mother and the absent father in the aetiology of perversion. The importance of the absent father continues in the next chapter, on an obsessional patient, and especially on the patient's unconscious determination to keep the father absent and dead. Threading through all of these three chapters is the idea that the unconscious failure to both relinquish mother and to fully incorporate the father into the oedipal scenario is the seedbed of pathology for both sexes.

The next section of the book, 'Creativity', provides an interesting contrast to these ideas. The first chapter considers the absence of creativity in the example of patients who suffer, at heart, from an impoverishment of the capacity for symbol formation. Such patients, Kohon argues, who are difficult or indeed impossible to treat, and much prone to acting out, cannot use their own dreams and fantasies or indeed the analyst's interpretations symbolically, and often can feel recognized only if they can be hated. Their primary object, usually physically present but emotionally absent *à la* Green's 'dead mother', has been turned away from in hatred but never actually separated from. A fundamental consequence of this is an inability to mourn, which in turn results in an intolerance of psychic pain. Rarely do we hear discussion of patients we fail to help, and why, and I think most clinicians will have little difficulty in recognizing the category of patients Kohon is describing here. He next considers a patient with very similar internal objects who did struggle, and ultimately with some success, to be creative. In discussing the case, and the profound sense of emptiness and despair that existed in the patient side by side with an impulse to create, he discusses the understanding we have – or think we have – of creativity from psychoanalysis. He is especially critical of what might be called the dominant model (on these shores) of creativity as arising from a working through of depressive anxiety leading to reparation. Kohon argues that aggression, cruelty and primitive

states of mind must be included as important aspects of creativity, and prefers Winnicott's idea of ruthlessness as a necessary stage in the creative use of an object. This is further discussed in the following chapter on 'the horrors of writing' in Stephen King's novel *Misery*, especially in terms of the writer's relationship to writing as an addiction and a compulsion, and one that necessitates aggression and ruthlessness. I felt that Kohon's critique of the Kleinian model of creativity was well and passionately argued, and ultimately, for me, restored the essential mystery of creativity. We may not care to acknowledge it, but the fact is that very ill and disturbed people can be creative, and we do not know why.

The final chapter, 'Knowledge and its Vicissitudes', an extended essay on the relationship of psychoanalysis to knowledge, perhaps is where Kohon comes closest to defining what psychoanalysis means to him. In the course of disputing notions of psychoanalysis as a science, a medical cure, or a religion (the latter claim is especially vigorously argued against), Kohon describes psychoanalysis as 'an objective knowledge of subjectivity' which can never be definitive because it is 'a deconstructing method which never reaches an absolute conclusion'. 'Knowledge in psychoanalysis is not discovered, it can only be constructed', but such knowledge as can be constructed contains no certainty. 'Certainty cannot ever be achieved. It was never lost, thus it will never be recovered' (hence the title). The analyst's task is not simply to tolerate being in a state of suspended ignorance, but a much more sophisticated problem: 'Our ignorance consists of not knowing the meaning of what we know'. Finally, he concludes, internal unity and synthesis are as unrealistic goals as the notion of cure, because the splitting of the ego is never resolved. What is possible by virtue of psychoanalysis is something rather more modest – patient and analyst 'moving along in the dark, planting signs'.

Various themes and preoccupations weave their way through this book: our neglect of the role of the father in emotional development; a similar neglect of the contribution of French psychoanalytic writers to British thinking (which Kohon considers 'an outrageous disgrace'); returning sexuality to the centre of psychoanalytic attention; the danger of theory becoming ossified into dogma; that we understand less of the workings of the human mind than we think we do. The patterns these threads create is an original and provocative book, clearly written, and well worth engaging with.

NOEL HESS

Contemporary Jungian Analysis.
Post-Jungian Perspectives from the Society of Analytical Psychology

Edited by Ian Alister and Christopher Hauke
Routledge, London and New York, 1998, pp.xiv + 314, pbk £17.99

Until recently we seem to have been through a rather fallow period as far as

the publication of general Jungian books is concerned. There have, of course, been some notable and important exceptions of single-authored books, but over the past couple of years we have seen a wider range of post-Jungians able to write about clinical and theoretical developments with confidence and have them published as anthologies. This book is a welcome addition, providing a diverse yet coherent collection of writing from 28 members of the Society of Analytical Psychology (SAP).

The book is divided into 12 sections or themes, all but one of which contain two chapters. This is not to set up an opposition, but to give us two different perspectives on that theme. The first six chapters concern clinical work and, as promised by the title of the book, give a good picture of the principles and practice of contemporary Jungian analysis. There is a confidence here in an exposition of the 'Developmental Jungian' school of thought and its clinical application. Appropriately, Michael Fordham's work is summarized in the very first paper by Astor. By extending Jung's concepts back to childhood Fordham has provided a solid platform from which to connect with the object-relations theorists, and it is a connection that is evident throughout the book.

These first chapters cover important aspects of clinical work: the link with infancy and infant observation, the body–self relationship, the use of transference material, training, assessment and the use of dreams and active imagination. On the whole this is a solid and well-grounded collection of work where clinical material is used to illustrate a theoretical position that is noticeably consistent and coherent. This despite the fact that there was no 'SAP party line' and each author was given freedom to speak from a personal position. If one wishes to gain a picture of how the modern graduate of the developmental school actually works in the consulting room, then these six chapters provide an outline as well as colour it in.

The second half of the book takes Jungian theory further out into the world and considers some of its social, cultural and political aspects. This is the half that is both more inventive and more problematic. Although many of the writers take care to anchor their thinking in clinical practice, there remain some difficult areas where rigour and scholarship of relevant disciplines outside of analytical psychology are sometimes lacking. The section on gender and sexuality encapsulates something of this. This is a difficult and controversial topic and Jung's writing on this subject, especially on the feminine psyche, is problematic to say the least. As contemporary Jungians we do need to revisit his theory in the light of the contributions of such disciplines as sociology and politics, and of feminists and of other analytic thinkers such as Lacan. For me the two chapters on this theme reflected two different approaches. Bratherton's paper has more of the feel of a classical Jungian writer – both in content and in style. She roams over the area, touching on a variety of subjects, and assumes innate gender differentiation as well as the existence of the contrasexual archetypal structures – anima and animus.

While this will appeal to some, for me the range was too wide and I wished for more rigour and critique of the concepts she uses. I found Coleman's paper more satisfying in that, even though he has little space to explore them thoroughly, he struggles with such debates as that of essentialism versus constructivism, as he considers the thorny problem of gender identity.

One of the chapters that I found particularly interesting was that on 'Myth and Fairy Tales' by Crowther, Haynes and Newton. What was innovative about this well-written piece was that it takes a theme that one usually finds buried deep in the heart of classical Jungian writing, and airs it under the light of a developmental perspective. It is more customary for those of the developmental school to be using their thinking to examine clinical practice, or to take it into new areas of study. Most of the book follows these lines, but it is in the chapter on myths and fairy tales that a new look is given to an old theme.

The other 'classical' realm that appears in the book is that of 'Religion and Spirituality', with a chapter by Jones on Gnosticism and Alchemy and one by Clark on Christianity. But they tend to use the 'classical' tools to consider their subjects, whereas the authors of 'The Psychological Use of Fairy Tales' play with the subject from a developmental as well as a classical viewpoint. This felt rather new and refreshing.

The confidence of the contemporary Jungian voice that has expression throughout this book is very much there in the final chapter by Hauke, where he links Jungian thought to postmodernity and sees it as a model that offers a framework for the age we are in. It is a well-written piece that attempts to restore Jung's relevance for this age. Many interesting points are made. This is important work if Jungian thinking isn't to slip into a mere clutching of relics from the past. I enjoyed Hauke's positive approach, but I do wonder whether the claims he makes for Jungian thought aren't a little extreme. I found myself turning back to the piece that preceded it in the same section, 'Contemporary Overview of Jungian Perspectives', where Plaut ponders on why he no longer has a photo of Jung behind the desk of his consulting room. Here he considers the debt he owes to Jung and the important concepts he treasures as they have been handed down. But he also is able to look critically at the body of work and find fault.

In their interesting introduction Alister and Hauke repeat a question that is often asked, that is, 'How "Jungian" is the SAP?....To what extent might Freudian and Kleinian ideas be outweighing Jungian ideas and practice in the modern SAP?' Assuming these 13 papers are some sort of measure, then it is striking how many references to Jung there were in the book. In past years the developmental school has perhaps been over-concerned to assure psychoanalytic colleagues that we understand object-relations theories, that we can work in the transference and know about boundaries. Reading this book, I wondered whether the need for justification now has shifted audiences to that of the wider Jungian community. Or maybe it is that the various schools of thought in this community are finding more common ground now and the

need to retrace steps back to the founder is the affirmation and consolidation of a common root.

This is an important and timely book. It provides a useful teaching resource for those who are learning, but will also be of interest for all Jungians as it stimulates thought on a wide range of relevant topics. I would also recommend the book to those outside of this particular frame who are interested in finding out what post-Jungian thought is about. I suspect the book may confirm a few stereotypes but challenge a lot more.

HELEN MORGAN

Forensic Psychiatry: Race and Culture

By Suman Fernando, David Ndegwa and Melba Wilson
Routledge, London, 1998, pp.286, pbk £16.99

In this book the authors offer the reader a detailed account of racism in Britain and the United States and show how it impinges on the care and treatment of people in multiethnic societies, particularly those from African and Caribbean ethnic groups. Backed up by research, they look at general psychiatry, forensic psychiatry and the criminal justice system and how these militate against the welfare of black people. They also look at future prospects in terms of challenges and opportunities for change.

Suman Fernando, a senior lecturer in mental health, and David Ndegwa, a clinical director for forensic psychiatry, have each focused on a separate section of the book. Fernando, focusing on the historical background to race and culture, goes back to the days of slavery. He states that 'race' based on skin colour occurred in a context where the words 'black' and 'white' had been associated in the English language with the notion of 'good' and 'bad' and therefore went hand in glove with prejudice from the beginning. Slavery, he noted, thrived on greed and in turn fuelled racism. Fryer (1984) in his study said that as a corollary to the slave trade black people became a visible minority in British cities by the final decade in the sixteenth century, and with the abolition of slavery in 1807 racism became a crucial ingredient of colonialism. Fernando, looking at the concept of mental illness, talks about 'Degeneration', used as a basis for understanding poverty, lunacy and racial inferiority and the idea of the 'born criminal' which was bound up with the concept of backwardness and the 'primitive'. Pick (1989) said that degeneration was not primarily a theory of madness alone, but that it linked crime, insanity and race.

Psychiatry, as with politics, is seen as a way of controlling people, particularly ethnic minority groups, when features such as paranoid anger and aggression and dangerousness are exhibited. A diagnosis of schizophrenia is often the result, leading to incarceration in mental hospitals on medium-secure units. Although these findings were noted in the nineteenth century,

Fernando's account leaves the reader with the sad notion that the same applies today; that racism plays a large part in the treatment of mental illness in the black population.

In the section on clinical issues, David Ndegwa writes on similar lines and sets about outlining the position of racism and stereotyping in the treatment of mental illness in ethnic minority groups. He finds that psychiatry and forensic psychiatry are used largely to exercise power and social control over black people by the use of large doses of medication and incarceration in secure units as mentioned above. They are also found to be overrepresented in hospitals and often underdiagnosed. Schizophrenia being the most likely diagnosis, people from ethnic minority groups often miss out on a more appropriate treatment for their condition.

Melba Wilson, a mental health adviser to MIND, in the section on public policy writes candidly about recent social policy on mental health, race and criminal justice and the way in which this influences, and is influenced by, public attitudes and pressures. A 'glimmer of hope' is implied when she notes that there are black professionals who are at the cutting edge of service delivery and practice and who are insistent that the way forward is to reframe the status quo in order to reflect the crucial component of culture.

In the final section of the book, Fernando, Ndegwa and Wilson identify changes that should be effected within the forensic psychiatry services in Britain and the United States and which would be in the interests of black people and the multiethnic society that exist in these countries. The arguments and suggestions they present have important implications for psychiatrists, social workers and other professionals working in the field of mental health.

It is a well-known fact that racism is not a new phenomenon, but reading this book, written on such a factual basis, brings one sharply face to face with the reality of how ethnic minority patients are treated in the psychiatric services in Britain today. For some readers, whether professional or user in the service, this could stir up negative emotions – a feeling of fear and a sense of no hope or end to this phenomenon. If read objectively, one could gain some insight into the plight of black people who require mental health resources. It could also set each individual a personal challenge to help create a process to change from this position of conflict and hate to become more understanding and integrative. This process should not only involve the professional staff but, most importantly, the user of the services mentioned above. It is also a known fact that when professional staff and patients work together, there is a much better prospect for effective patient care.

Finally, this is a book that is worth reading by all involved in the care of the mentally ill, as well as those members of the general public who are interested in the welfare of people from the ethnic minority sector and are seeking to gain some insight and knowledge of race and culture, and the plight of ethnic minority groups.

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BEATRICE STEVENS

The Adolescent Psyche: Jungian and Winnicottian Perspectives

By Richard Frankel
Routledge, London, 1998, pp.243, pbk £14.99

Anna Freud once referred to adolescence as 'a neglected period, a step child where analytic thinking is concerned'. She made her observation at a time when adolescence was not readily written about and when its general unpredictability caused distinct unease among psychoanalysts. This still persists, perhaps more strongly than many would care to admit. In psychoanalytic circles, despite the clamour of society that something should be done about its teenagers, there continues to exist an odd reluctance to enter into the mire. No doubt there is fear, confusion and a reluctance to depart from established procedures. In many ways adolescents are mercurial, often delinquent and it may be that psychoanalysts, given to seek order and the pursuit of truth, do not like uncertainty and, as Winnicott once put it, 'being lied to'.

Nevertheless, increasing interest has built up during the past 20 years or so and this book takes its place in a continuing line of enquiry. Like others, it takes on an ambitious task – delving into the nature and experience of the adolescent psyche and finding within it clues and possibilities for psychotherapeutic intervention. Those who have undertaken psychotherapy with adolescents know that there are very few firm guidelines. So rich in paradox is the adolescent's experience and so replete with ambivalence is the adult response that any semblance of an orderly pathway through the psychotherapeutic process is many times more unlikely to be achieved than with people of other ages or developmental stages. As Frankel puts it: 'No one yearns to return to adolescence. It is not so sweet'. In the pages of this book, however, he shows no hesitation in drawing us both passionately and compassionately into what can be called the unique mean time of adolescence. It is very clear that he is a man who, as a psychotherapist and clinical social worker, has had considerable experience working with adolescents, individually, in families and in institutions such as schools. In his writing he is sensitive to the plight of the adolescent and always alert to his own predicament – a mortal human being, already passed through his own adolescence, living with its memories and holding himself as best he can as a grown-up (whether parent or psychotherapist).

He gives a great deal of thought to theory, particularly in the earlier part of the book, in which he covers well the basic conceptual ideas that have under-

pinned our understanding from psychoanalysis and developmental analytic psychology. It is clear, however, that he is eager to get on to advance his own reconstruction of Jungian psychology and to take forward a strong and compelling teleological view of adolescence. He clearly is very dissatisfied with the traditional psychoanalytic view of adolescence. He takes particular issue with its over-emphasis on adolescence as a recapitulation of the past and is critical of the use made of the concept of defence. Although he clearly understands the need of adolescents to protect themselves from anxiety, he seems to see defence being used in a mechanistic way, imposed from without (through prohibition), and not as an integral dynamic process. Whereas there may be good cause for many of his discontents, there is nevertheless in this complaint a strong vehemence against the psychoanalytic establishment. He allies himself closely with the adolescent, resisting any attempt to reduce his or her complexity and vitality.

He raises the question: 'does the theory of recapitulation capitulate to our desire to get away from the unsettling movements of becoming, by promising the discovery of fixed origins in the adolescent's past?' Similarly, referring to Peter Blos and Anna Freud's 'derisive' responses to adolescent idealism, he expresses concern that:

> in a certain sense, what is most magnificent about adolescents, their deep felt sensibilities concerning beauty and friendship, their illuminating idealism, serves as fodder for the interpretations of the infantile past which fits in to a cohesive psychoanalytic system. Is this reductive method of interpretation a kind of *senex* feeding frenzy for what is vulnerably and shakily coming to life in the adolescent spirit?

Questions of this sort occur frequently and are of key importance to the spirit of the book. They draw us ever more closely to the heart and strength of the writer, to his commitment to and awareness of the creativity and distinctiveness of adolescence. He makes it very clear from early on that 'the object of the book is to draw off some of the energy and focus on childhood and bring it to adolescence'. His emphasis always is on the entry of something existentially new in adolescence. Whatever has occurred, and indeed been influential in the past, nevertheless in adolescence there emerges a phenomenon fundamentally different and separate from what has gone on before in childhood. Following James Hillman, a Jungian analyst, he suggests that 'something is born or awakened in adolescence that was not generated in childhood' – and in this he takes further Jung's view that 'psychic birth, and with it the conscious differentiation from the parents, normally takes place only at puberty with the eruption of sexuality. The physiological change is attended by a psychic revolution'.

Frankel's teleological perspective views adolescence as a period of crucial transformation, a time in which the young person, unformed yet purposive, is in a constant state of transition, of becoming, of discovery. Within this, he understands the powerful influence of imperceptible, unconscious, archetypal

forces. The spirit of the *puer aeternus*, for example, is an archetypal phenomenon that resides as a primary fundament in the adolescent experience – a self-originating, 'unwieldy' spirit that seeks spiritual growth and freedom and that inevitably conflicts with *senex* archetypes representing order, history and authority.

He writes clearly of the intensity and indeterminacy of ordinary teenage life, of its multiplicity of identities and fluidity of moods. He is conscious too of its serious preoccupation with issues of separation/connectedness, disintegration/identity and stasis/movement. Drawing on the work of Robert J. Lifton, he describes in detail the ramifications of adolescent 'awareness of mortality and struggle to make sense of the resulting life and death imagery that pervades consciousness during this time'. It is this attention to spiritual detail that gives Frankel's description of adolescent development a particular quality of meaning. Throughout, he recognizes the central task of individuation in adolescence and of integration, most essentially of the shadow, 'the dark aspect which we hate as incompatible with our ego personality, what we fear as a threat to our self image and to our peace of mind'. Integral in all this is Frankel's readiness to embrace and accompany the extremities of adolescence, to face the fierceness of its vitality, and not to shrink from its demand for truth and authenticity. He understands that crying, loneliness, self-pity, 'lugubrious thoughts of death' are part and parcel of the process; suicidal ideation too he sees as carrying a symbolic transformational urge, a seeking of a new life.

The impact of the adolescent on the adult world (whether it be parent, teacher, community worker or psychotherapist) can never, of course, be overlooked – and there is much in this book that gives guidance and clarity to those so prevailed upon. First and foremost, Frankel repeatedly stresses the importance of self-awareness among adults as they encounter their teenagers and in many ways *see* their own adolescence relived. Without recognizing and understanding their own failures and weaknesses, their own follies and painful memories, they are unlikely to acquire the strength or authority to withstand the testings and the provocations of their adolescents – or indeed to welcome and celebrate the arrival and creativity of their adolescents. In addition, he warns, 'if we are not willing to face up to the fact that adolescence, in and of itself, contains the darker edge, we may be subtly communicating the message that such an emotion is wrong, intolerable and cannot be survived'.

Frankel appreciates the sheer difficulty and complexity of sustaining a mature adult position, holding authority, setting limits yet allowing for their adolescents' idiosyncratic waywardness. He understands too that this is made none the easier in our contemporary Western society. Towards the end of the book, he writes increasingly angrily of its lack of coherence, its allegiance to individualism and hedonism, its failure to establish clear initiation rites of passage. With such disarray and under what he sees as an overpowering adult constraint (for example, prescribing medication to anaesthetize and suppress

adolescent vitality) it can come as no surprise that a catastrophe such as occurred at the school in Littleton, Denver, should occur. There is a great deal in Frankel's writings that is persuasively explanatory – especially about the archetypal need for adolescents to create their own self-initiation rites.

In the midst of all this sit the psychotherapists. Where do they fit in? What do they do? Frankel is clear that they have a crucial role to play in enabling adolescents to discover their own purposes and solutions – and, with this in mind, to preserve a setting relatively unimpinged by the demands of others for conformity and compliance. In this, he draws particular inspiration from Winnicott whose inimitable insights and turns of phrase he often quotes to lift and punctuate his own line of thinking. He gives clear indications of the stance and bearing he adopts in staying in touch with his adolescents and describes very movingly his approach to particular problems; in relation to adolescent anger, for instance, he writes of 'helping the adolescent to give form to the anger, finding out how it is shaped, discovering its rhythm and sense of time and most importantly what it is seeking'. He is always careful to stand back – to observe, to provide space, to respect privacy – and avoid getting caught up in the intensity of the moment or the panic of the crisis. At the same time he shows glimpses of a more active technique – deliberately exaggerating and intensifying an emotion, 'giving voice' to a part of the self, sometimes playing chess or at other times using a blackboard in a group session. He also gives examples of questions he asks of adolescents to help them clarify their thoughts, and the purpose of their actions. Much of this has a clear, direct, cognitive emphasis and at one point he writes about 'the ability to engage dialectically, which is at the heart of adolescent psychotherapy'.

These are all interesting observations and clearly add up to an innovative and coherent therapeutic orientation. If there is one major criticism to be made about this book, it is its failure to present this orientation in a more systematic and concise way – somewhere, whether in an introduction or concluding chapter. Although there are numerous clinical snapshots in the text, the book cries out too for at least one more sustained and detailed clinical illustration to give a fuller picture of what is clearly a complex and subtle approach.

This is a rich and enlightening book that can be of considerable relevance to everyone – parents, psychotherapists, teachers – who is struggling with themselves in relation to their adolescence. It captures much of Winnicott's enjoyment and celebration of the potential of adolescence, without losing sight of its wildness and potential destructiveness. It, above all, values taking the risk of liberating the adolescent's spirit rather than settling into the past or occupying it in the present. The search is for what the adolescent can become; to understand, in other words, the *teleos*. 'This perspective', Frankel writes, 'gives a novel twist to how we comprehend an adolescent action in the world.'

PETER WILSON

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