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Acknowledgments

Editorial

How much wood would a woodchuck chuck if a woodchuck could chuck wood? How much editing should an editor edit…? Existential questions such as these continue to concern readers, contributors and editors of OUTWRITE, and indeed, those of most publications. The current editors attempt to find a path of moderation, between merely accepting every offering without comment or amendment, and heavy-handed re-writing. Respect for the author's vision and creation can, we think, be balanced with suggestions as to how the reader may respond to the way ideas are presented. We are grateful to the contributors, who generously put themselves into print and also listen patiently to our views.

Each issue has a life of its own, a result of the chance coming together of the ideas of those who offer to contribute. Looking at the whole, this volume of OUTWRITE could be seen as an Ages of Man issue, including, as it does, Margaret Farrell's account of working with older people, Walter Morgan's story set in a marriage, and Pat Tate's review of a book about parenthood. Michael Briant gives us the stimulating text of his recent First Monday talk to the Society, in which he places psychoanalysis and its ideas firmly in the context of society and historical perspective. And Peter Lomas' thoughts on lifelong negotiation take us through all the stages of life, offering the possibility of renegotiation in a psychotherapeutic encounter. Indeed, all of our authors touch on the possibilities of change; the possibility that ages and stages are to some extent modifiable.

Benjamin Franklin, both author and editor, wrote his own epitaph. With slight emendation, it would do equally well for those who look to life after death, and those who think more about life during and after therapy.

> The body of
> Benjamin Franklin, printer,
> (Like the cover of an old book,
> Its contents worn out,
> And stript of its lettering and gilding)
> Lies here, food for worms.
> Yet the work itself shall not be lost,
> For it will, as he believed, appear once more
> In a new
> And more beautiful edition,
> Corrected and amended
> By its Author

Carol Dasgupta and Pat Tate

Margaret Farrell

Some thoughts on therapy with the ageing

Few people know how to be old: La Rochefoucauld

Recently I have attracted, or even sought out, elderly patients; I believe that I am even getting a reputation for seeing people in this age group. And I myself have been ageing. This has caused me to wonder about my motivation, since I started my career by working with children (when I had young children of my own), and have ended in being interested in work with people my own age or older. Of course, it is generally easier to work with patients with whom one can identify, and where one's experience mirrors or parallels theirs, but it is also crucial to be able to stand back and not take a position of 'just like me.'

Erik Erikson (1) has delineated the 'tasks' of old age in his famous description of the 'Eight Stages of Man.' He has suggested that the task for the last stage of life involves 'Ego Integrity' (versus its negative, Despair). He says:

> It is the acceptance of one's one and only life cycle as something that had to be and that, by necessity, permitted of no substitutions…The possessor of integrity is ready to defend the dignity of his own life style against all physical and economic threats…Despair expresses the feeling that the time is short, too short for the attempt to start another life…

In a recent Tavistock book, *The Talking Cure* (2), five issues for this stage of life were further elaborated:

> Loss itself; our increasing dependence; the fear of death; the experience of loneliness; and our generational position. How we cope with loss depends upon how we were able to negotiate earlier developmental hurdles where loss is also a central issue, such as weaning or separation anxiety which takes place as we go to nursery or to school. The significance belonging to such earlier phases of development is revived by any

loss later in life and has to be worked over anew.

A few authors, May Sarton (3,4) in particular, have written in detail about what it is like to be old. For most of us this final life-stage is still ahead of us – unlike other times of life that we have been through and can empathise with, or re-construct. These patients are telling those of us who are younger than themselves about issues and concerns that lie ahead – rather than sketching scenes and feelings with which we are familiar. Of course this is also true in other therapy situations where the patient is in very different circumstances to our own. But less is written about the closing stages of life, and we can feel apprehensive or frightened, leading to feelings of denial, wishes to un-do, or the impulse to turn away. When a patient talks about constant spinal pain, or diminution of energy, or the steadily accumulating losses of friends, this is something we do not wish to hear – certainly not to identify with. I have found in myself a strong wish – sometimes acted upon – to offer help and advice for specific difficulties, hoping that I can 'cure' them, or make them go away. Perhaps they won't and never will.

The task becomes much more one of adjustment to a new phase of life – and eventually, acceptance. Buddhist principles of living in the present and accepting life as it is can sometimes become more relevant than tracing feelings back to their origins and 'working through.' May Sarton writes in her book *Encore: A Journal of the Eightieth Year (4)*:

> I have felt weak and sorry for myself. I am afraid. I decided that what I must do is try to realize that I am doing not too badly, considering that I am seventy-nine. I am proud of the fact that I keep to such discipline as it took, for instance today with bad cramps, to get up and get my breakfast, carry it up on the tray, have it in bed, and finally decide what to wear….I might be crying, but if it is a little after four…it is time for me to get up and go up to my desk and do something positive.

(and again) …in constant pain for months…It has made me difficult and cross, difficult with friends whom I cherish. Relentless pain is making the psyche ill as well as the poor old body.

How do we respond to cries like this? With a similar patient, active in her late eighties, I have discussed the conflict between her wish to control her life and her need to be cared for. She would like to organise trips that she can manage and enjoy, but she is dismayed that she often is left behind, harried off the coach, not given enough time to catch her breath. She, like many others, is living alone, and needs to seek help either from friends whom she is afraid of boring, or from a 'professional.' She says that "it helps to come and moan."

 In the past few years, although working only part-time, I have seen at least eighteen 'elderly' patients (i.e. from 60 to 95), fifteen of them women. Two of them I saw for at least ten years, and the rest have been relatively short-term or intermittent. Although I think analytically about every person I see, I would have to say truthfully that I have not worked in a strictly analytic way with any of this group. This contradicts some of the advice of Ann Orbach in her splendid book *Not Too Late* (5), which I would regard as required reading for anyone wishing to work with the elderly. When I wonder why this should be, I think that it is because on the whole these clients have come with very specific problems or questions, which they have felt needed urgent attention, partly in the context of the approaching end of life. Most of them have had rich life experiences and have long ago resolved major issues of career, marriage, or how to live. For most of them the core conflict has been between the sense of awareness of the limited time left to them, and yet the recognition of diminished energy and fitness to accomplish what they still wish to do. For a few, life has ceased to have much meaning – but their bodies live on. Some seem bewildered by their old age, as if it wasn't what they *wanted* or had planned for themselves. This was particularly true of a few of the very elderly patients, who felt that they had lived past their time.

Many elderly people – even those who are quite sophisticated – do not seem to want the leisurely, detailed investigation of their lives or their personalities as played out in the transference situation. Perhaps Freud was right that true psychoanalysis is not for older people, although I am thinking of people above the age of 60. However, I realise that I am actually speaking of two generations here, and the 'young old' may have quite different expectations of therapy than the 'Fourth-agers.' 'Interpretation' for some, in the

strict Freudian sense may be intrusive and arrogant, but it can more positively be seen as an indication that the therapist remembers and has thought about the patient's narrative. But who are we to prescribe psychoanalysis when perhaps some other form of psychotherapy might be more helpful? This is not to say that many elderly people may not want a space to talk – though usually to only one individual, not to a group. In thinking of the well-known Rogerian trio of non-specific curative elements in therapy (6) (non-possessive warmth or unconditional positive regard, therapist genuineness, and accurate empathy), I would say that these elements are now more skewed, with more emphasis on the first two. Accurate empathy can only be, for younger therapists, an act of imagination or comparison with similar (but not the same) life-experiences. In place of 'accurate empathy' we may have to put 'attentive listening.'

 A word about groups. My own experience of seeing elderly people in groups is limited. One woman of 65 was in my therapy group, but she was unhappy there, perhaps because previously she had been in a much more open, supportive and non-analytic group, where pets were brought in, and Smarties were passed around. In my group, she was sporadically aware of various negative transferences arising in her interactions with other group members, but she found it too distressing to work through these. She wanted relief from her painful life situation, and when that was not easily forthcoming, she left. A talking group for the elderly was well advertised in a local GP practice, but there were hardly any takers, and those that came wanted something more directive. Sandra Evans, a psychiatrist and group analyst working with the elderly, has said:

> Why is it significantly hard in getting the elderly patient to attend the group?
> It is common to hear people refuse to attend day care, hospitals, or even pensioners'clubs because they are 'full of old people.' I see this phenomenon as a special example of Malignant Mirroring (Zinkin 1986): "In looking at a   mirror,   the unacceptability of ageing may be projected onto it and wrongly be felt to come from outside." The internalised oppression of ageism has been so completely taken in that the patient not only denies his own advanced years, but projects all the negative assumptions about old people onto the group (7).

 David Clark, on the other hand, ran discussion groups in the University of the Third Age in Cambridge called 'Living in the Third Age' (8)– dealing with existential and practical issues, which were enthusiastically taken up. Nevertheless he emphasised that the members:

mostly concentrated on…feelings about the problems. We did not spend very much time talking about the facts that can be found in handbooks…we came to know one another better and to trust one another, and …were more able to talk about the difficult, painful and frightening subjects of which we all know.

However, on the whole these were active, positive elderly people who perhaps chose these discussion groups rather than the more intimate situation of therapy, and did not see themselves in the demeaning role of 'patients.'

Of the eighteen people whom I have seen individually, twelve of them were living on their own, which is an important and difficult issue in itself. It presents particular problems for those who were used to sharing their lives with a partner, so that in addition to the pain of bereavement, there is a new, unaccustomed and often unwelcome change in living circumstances, sometimes involving a residential move as well. The sense of self for many people in these new situations may no longer be reflected, or shored up, by a companion.

The two clients whom I saw for a long time had both had therapy (in one case, analysis) before, and had life-long problems stemming from earliest childhood. With them I felt that, although they were comfortable with analytic thinking, they basically needed what I think of as 'analytic support'. They shared their childhood stories, the difficult events in their lives, their dreams and frank discussions of their sexual lives with me, but we rarely discussed or unravelled the transference. Neither of them essentially wished to change her present life relationships, and both were married with grown-up children. Nevertheless they were haunted by spectres from the past, in one case major childhood psychological trauma. For both women, ageing has added further difficulties to those previously experienced in life, exacerbating crippling phobias and anxieties in one, and a retreat to semi-invalid agoraphobia in the other. Each of them settled in to a basically 'good-enough-mother' transference, which they would acknowledge, but did not wish to tinker with. The unresolved narcissistic issues for one of them, Sylvia, who had been a great beauty in her day, were painful to deal with. For her, in fact, I represented not her neglectful and dangerous mother, but a loving grandmother. As I responded over many months in a Kohutian 'mirroring' mode, she eventually retrieved a sense of herself as an artist, and returned to her painting.

With three others I think I became more an echo of a 'good father.' With Mary, a woman in my therapy group who had had a very tragic life, I

mainly represented a bad, depriving mother or a bossy, demanding sister. The other members of the group also frequently represented hateful figures from her past, and in the end she found the group too hard to bear – which was very sad for us all, and we missed her outspokenness and her sharp, vinegary sense of humour. Because I was relatively close in age to most of these patients, I was generally not perceived as a daughter, although I sometimes felt like one in my own counter-transference. Those who had good relationships with their children, or had friends and continuing interests, were on the whole more robust than those who either had serious problems with their adult children or were remote from them. Most important was my role as a listener, someone who could try to understand their stories, and to respect the lives that they had lived. It was more difficult for me to ease their sense of loss and bereavement, a universal existential problem. The best I could do was to acknowledge it. The greatest existential problem of all is the encounter with approaching death. Rather to my surprise, for most it seemed not to be death itself, but fear of loss of competence and self-hood, fear of pain and illness, and fear of the unknown. This echoes a comment in a recent article in the British Medical Journal on 'Patient-centred death': 'It seems the fear of death is being replaced by the fear of dying.'(9)

I think that much of the time I was a sort of 'actual' figure with whom these clients felt safe enough to explore current problems. Three women and one man had difficult, unresolved issues with their grown-up children. One woman was desperately struggling with early signs of dementia. Loss, or in one case unresolved recent bereavement, were issues for almost everyone. For seven of them there were very painful echoes and scars from the war, especially for the three who had been refugees. But losses—of life-long partners, of competence, of a former active life— and fear of a loss of memory, were almost universal themes.

Because of issues of confidentiality, it is impossible to describe most of these stories in detail. However, one woman whom I shall call Catherine has subsequently died, so I can perhaps tell a bit more of her tale. She – alone of the entire group – had not married. She had been very close to her family in the early 1900's, especially to her father. In spite of the ethos of those days, when women were generally not expected to have a career, she came from an intellectually liberated family, and became an academic. She also became a Catholic convert; her religion was very important to her for the rest of her life, and she had joined a lay Catholic order. She spoke to, not to say lectured, me on spiritual matters, during our sessions – which because of her age and infirmity, were held in her home. Her

religion and belief in the after-life sustained her in the face of approaching death. She told a story of some non-believing friends, about whom she said that when they died "Won't they receive a lovely surprise!" At various times in her life she had suffered from depression, but when I was asked to see her, at the age of 94, it was because she felt she was fighting a demon of sloth and lack of discipline. At first I was almost tempted to laugh, and even said to her "Well, I think you are old enough now to decide when you want to go to bed!"

However, Catherine urgently felt she had some important academic work still to complete. Un-sorted papers and articles were untidily contained in cardboard boxes in her dusty study, and she kept hoping that younger colleagues would come to help her sort them out. Yet she could not stop herself reading detective stories until 3 or 4 a.m., and then 'wasting' the precious productive morning hours by sleeping. I could understand that particular dilemma very well! – but it took considerable effort on my part to respect the seriousness of her concern. Unlike the mainly psychiatric/counselling help she had had in the past with her tendency to depression, we did indeed make some links with her early life. This was not easy at first, since she felt it was so long ago, and found it almost impossible to say anything at all negative about her parents or her siblings. However, gradually we were able to establish links with her Edwardian childhood before the First World War. Catherine remembered a long period of illness at the age of five during which she seemed to consolidate a sense of herself. This appeared to set a life-long pattern of self-sufficiency. She struggled to bring into consciousness her ambivalence about her demanding mother, and her loving but equally demanding father who simultaneously wanted her to stay at home and be a sort of hostess for the family, and yet also encouraged her to spread her wings. He expected her to act as hostess to his own academic colleagues after her mother had died and her siblings had left home. We found considerable evidence for the establishment of a strong superego, which had stood her in good stead in terms of her remarkable career, but also could be punitive and demanding, as she experienced it in her old age. She seemed not to regret never having married, and eventually collected around herself a vast number of friends and students.

I wonder what Catherine and I accomplished? I felt, as I did with several of the others, that perhaps my chief role was as a kind of active, interested, non-judgemental listener – not difficult, since I have always been fascinated by life stories. I think there was also a cultural hurdle which I could at least partially cross, from the pre-war or even pre-First war expectations of loyalty and devotion to parents and family to the post-war too- ready attribution of responsibility, even blame, attaching to parents. I found it relatively easy to acknowledge and even respect the older tradition, while at the same time adhering to Freudian psychic determinism in the sense of connecting the present with the past – no matter how distant. However, her very narcissistic strength and strict superego made it difficult sometimes for me to help her acknowledge both the deterioration of her physical state, and what she perceived as her psychological or moral weakness. Eventually, however, she seemed calmer, more at peace, and somewhat regally dismissed me, saying that nevertheless we could perhaps still be 'friends.'

I remember one of the men, Cyril, telling me about the cold, lonely dormitory in the boarding prep school to which he was sent when he was seven – and my questioning him about what it felt like. '*It was hell,*' he replied – and we both sat silently for some time in shock that his otherwise loving but conventional parents could allow this to happen to him – or indeed that he never told them his feelings. Was there a connection between his upper-middle-class lonely childhood and the obsessional ruminations that were plaguing him in later life? Making that link, and then following the narrative of his (very successful) life story eased his psychological predicament, although he still had to cope with a recent bout of cancer, and a lonely life after a divorce.

With Catherine, and others as well, I observed a great tendency to take too much of the burden of guilt or shame on herself – and a resulting inability to connect current symptoms with their earlier life stories. Two of the women who were refugees could only repeat, "I was lucky, *so lucky.*" In one sense this was true, but by our standards nowadays, they had been through appalling times, including abrupt separations from parents and siblings, and terrifying experiences of bombing and war-time travel. Partly because of the powerful culture of the times, they had successfully repressed or denied the psychological wounds they had survived. A consequence, for one woman at least, was nightmares, which took on less painful immediacy when some of the pain could be connected to disowned aspects of the past. It was helpful, I hope, for me to press for these links with the past, and to stand in, even after all these years, as a sort of more forgiving or tolerant 'mother figure'— but this was only possible if they saw me in this role, or at least in a more narcissistically mirroring one. It was also, I am sure, important for them simply to have me as a listener, someone who tried very hard to

understand their stories, and to respect the lives that they had lived. I think it was more difficult for me to ease their sense of loss and bereavement. The best I could do was to acknowledge it and not dismiss it with platitudes.

The greatest existential problem is the encounter with approaching death. For most of these people, it seemed not to be death itself, but fear of loss of competence and self-hood, fear of pain, fear of the unknown to come. In her moving book, *The Story of my Father* (10), Sue Miller makes a very relevant point. She says:

> Listen sometime to the way people speak of others' deaths…It's full of judgement…What we all approve of, what we like in a death, is the dignified old person, still relatively intact physically and all there mentally, who carefully puts his clothes away one night, goes to bed, and never wakes up. We like someone who doesn't suffer terribly and make us watch that suffering…"That's the way to do it," we say, as though praising a canny decision.

Many times both the people I have seen, and I myself, have had thoughts like these. I recognise that I may not be able to offer as much comfort as some spiritual advisors – I can only acknowledge them, and continue to listen. Ann Orbach says:

> To my patients I say very little, but I do a lot of listening. Sometimes, they air their doubts and beliefs. I am seldom tempted to tell them mine. Often, they express their fears, which usually have more to do with life than death, although the two fears tend to go together. (3)

My hope is that, in spite of the sometimes severe challenges and confrontations with personal issues we may not wish to face, therapists will take a positive and flexible approach to this very interesting and rewarding group of patients. We might remember the words of the Psalmist (11): "Cast me not off in the time of old age; forsake me not when my strength faileth."

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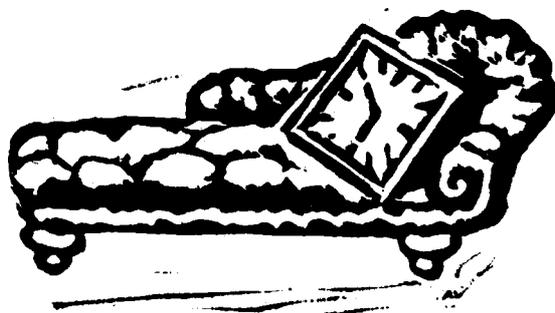
Michael Briant

Psychoanalysis and society

I came to Psychoanalysis from the History of Ideas, from Philosophy – in particular, from Political Philosophy and Ethics. Two features of it impressed me deeply from the very beginning: first, the patient listening, which is so central to it, the attempt to create an environment in which there can be complete honesty about thoughts and feelings, fantasies and impulses; second, the body of insights, humane, alive, and often moving which this process has engendered. It wasn't long before I started to wonder what a society that made substantial room for these insights might look like, still more, one based on them. In Political Philosophy there is widespread understanding that at the heart of every political philosophy there lies a picture of human motivation. What, then, might be the social and political implications of Psychoanalysis?

Such a question had excited interest amongst analysts from early on. In 1908 Freud had written a paper *On Civilised Sexual Morality and Modern Nervousness* in which he argued that 'civilisation' needlessly and hypocritically restricts sexual pleasure at great and questionable cost to our mental health. Then, a few years later, in reaction to the devastation of the First World War, he introduced the notion of the Death Instinct, the idea that there is an instinctual destructiveness in us all that we must face with stoic courage. In the thirties he gave increasing rein to this speculative side of himself in writings such as 'Totem and Taboo', 'The Future of an Illusion', 'Civilisation and its Discontents', 'Moses and Monotheism', and the letter, 'Why War?' to Albert Einstein. But the intervening period, the period following the Peace Settlement, was not an encouraging climate for conjecture about the good society, for so much life seemed to have been senselessly wasted during the war years that ethical relativism had become the prevailing fashion. With support in Philosophy from the emergence of Logical Positivism, the belief people found most comfortable was that morals were merely a matter of taste.

Such attitudes ceased to be sustainable with the rise of Fascism, especially after the success of Nazism in Germany, and a number of studies appeared attempting to analyse its underlying psychodynamics. Reich, Fromm, Adorno, Erikson, and later Henry Dicks all identified the authoritarianism of German society as the source – the cult of conformity expressed and enforced by the patriarchal structure of the German family. Erikson, for example, writes of the typical German household as one where, when the father comes from work , 'even the walls seemed to pull themselves together' (1965 p.322). Such an environment, where obedience became the supreme virtue, engendered a resolution of oedipal conflicts in which boys characteristically identified with a harsh, authoritarian father figure, splitting off and projecting any desires, feelings, fantasies or impulses inconsistent with that figure, while girls grew up to feel that only such a figure as the authoritarian father was truly male. Both then saw the outgroups who were the recipients of their hate-loaded projections as threatening, and justifying attacks on them.

I once interviewed Henry Dicks at some length about the social and political implications of Psychoanalysis. It seemed to me that someone who had done clinical assessments of 10,000 German prisoners of war, who had had psychiatric responsibility for Rudolf Hess (whom he visited daily) and had seen us, as it were, at our worst must surely have something worthwhile to say on the subject. He took me over to a small table on which lay a copy of his recently published *Marital Studies* (1967) and invited me to read the last page. This linked his two main areas of work. The way forward, he said, was anything that undermined

the stereotype of the harsh authoritarian male as a model which children might emulate.

It was similar, although much less extensive experience that led Roger Money-Kyrle to write about Psychoanalysis and politics from a Kleinian point of view in his book *Man's Picture of his World* (1961), and Fromm to write *The Sane Society* (1956). But this post - Second World War period also saw the more modest application of psychoanalytic insights to the understanding of difficulties within institutions, as in Isobel Menzies Lyth's classic paper on *Social Systems as a Defence Against Anxiety* (1960). Social work, industrial relations, education, childcare and many other fields were enlivened by similar attention. There had been occasional examples of this before the War, as in the case of the Malting House School here in Cambridge, but alongside such initiatives there had been the banning of psychoanalytic ideas, or at least of attempts to disseminate them, as Fairbairn described in his 1939 paper *Psychoanalysis as a Prescribed and a Proscribed Subject.* Contrast that with the situation now, where in certain fields, no self-respecting university department would be without a course on Psychoanalysis. A patient of mine, who teaches English Literature, recently told me, with amused embarrassment, that one of the duties of the academic post to which he has just been appointed is to offer just such a course. It is difficult not to feel pleased, but also a little uneasy. Psychoanalysis must surely carry with it some important social implications, yet as one sifts through psychoanalytic writing on the subject, questions, doubts and misgivings gather in one's mind.

In the first place, opinions about the social and political implications of Psychoanalysis have varied about as widely as opinions on the social and political implications of Christianity. For some, such as Philip Rieff, it implies quietism. As he puts it in *Freud, the Mind of the Moralist'*(1960 p.265) 'it undercuts the whole problem of the freedom of the individual in any society, emphasising instead the theme of the anti-political individual seeking self-perfection in a context as far removed from the communal as possible.' For others such as Fromm, it implies the opposite; we can only expect to be healthy in mind if the society in which we live is itself sane. For some, Psychoanalysis appears to provide the psychological justification for capitalism, whilst for others, such as Reich and Marcuse, its implications are as revolutionary as those of Marxism, and the two should ideally be married off.

Secondly, analysts themselves have been notoriously unable to agree on basic psychology. The whole psychoanalytic movement has been torn apart by bitter disputes, and it is extremely difficult to know how to decide between the various conflicting claims. For example, Fromm writes very convincingly about the sort of society we ought to create to meet our psychological needs, but the foundations on which he built were for a number of years rather thin, to the extent that the more orthodox were reluctant to describe him as an analyst. Fromm, however, was at least a practising therapist, and legitimately entitled to take up a position according to his clinical experience, but the layman simply does not have the evidence to judge whether, say, Freudian psychology is more accurate than Neo-Freudian, or whether or not it is reasonable to believe in a Death Instinct. Marcuse, of whom I am obviously thinking here, tends to treat the whole theory as though it were merely an academic system, but whatever else it may be, it is certainly not merely that.

Thirdly, we talk glibly about raising the level of mental health, but what do we mean by 'health'? Psychoanalysis is full of medical, philosophical and even quasi-religious terms like this, terms which are clearly value-loaded, and although some practitioners seem quite unaware of this, others are fully aware, and would even argue that their unique knowledge of human relations gives them a duty to replace the repressive values of the past with ones that are more benign. Still others reject the medical metaphor altogether, usually in favour of approaches which are equally problematic, so that one is everywhere left wondering to what extent they are unwittingly colluding with the very forces that work against the welfare of those they are trying to help.

Take the word 'health', for example. One could argue that an important constituent of it might be a sense of personal autonomy, the feeling of being in charge of one's own life. It is absent, or only precariously present, in psychotic states. Thus, a schizophrenic might feel he or she is a robot or, if paranoid, in the control of someone else, whilst the manic depressive is paralysed in depression and is completely out of control in the manic phase, although they may feel the opposite. In neurotic states one's sense of autonomy is also impaired, though perhaps to a lesser extent, and Freud of course used the term 'id' to convey the sense that something else, an 'it', persistently interferes in some way or other with what we want to do. But the feeling of being in charge of one's own life can only exist in certain conditions, in an environment that facilitates it. According to Winnicott it can, and indeed, should be present in the 'double dependency' of the earliest mother-infant relationship and then in the more grown-up relationship of 'mature dependence'. But 'mature

dependence' signifies a level of attachment that varies from culture to culture. As Bowlby points out, what is an acceptable level in one culture may be regarded as unacceptable or reprehensible in another. Thus in the West we condemn, or at least the right-wing press condemns, the 'culture of dependency', the implication being that it encourages laziness and parasitism, for in our economic system we are supposed to form our own lives according to something called 'character', rising, if we have it, heroically above the conditions that others, of weaker moral fibre, blame for their failure. Although such an attitude might psychoanalytically be described as 'omnipotent', analysts and psychoanalytic therapists happily join in the condemning chorus. I heard one analyst, for example, tell the story of his first supervision with Winnicott. Winnicott offered him a cup of tea and took him into the kitchen to make it, adding that as the supervisee now knew where things were kept he would be able to make one for himself in future, 'thus discouraging my dependence' – which of course one has to guard against at every moment! And I have known analysts and therapists who object to telling patients what to do, but would not hesitate to berate them for living off social security.

These are perhaps relatively harmless examples, but psychoanalytic ideas easily get confused with those of our current economic system, which is based on quite a different understanding of human motivation; that of the Economic Man. But the attack on the culture of dependency is commonly an attack on depression, on the apathy, low self-esteem, lack of self-confidence, demoralisation and despair that are associated with poverty, poor health, inadequate education, lack of work, broken or destructive relationships. These may result from political incompetence or from deliberate government policy which, for example, allows unemployment to rise in order to destroy the power of the Trades Unions or gives the control of inflation priority over mental and physical well-being. A decade ago in this country, two ten year old boys brutally killed a two year old toddler. Looked at psychodynamically, they are likely to have been acting out their murderous hatred for the dependent, trusting and vulnerable parts of themselves. How is such hatred created if not through a complex of experiences, both crude and subtle, that nurture what Fairbairn called the Anti-libidinal Ego or Internal Saboteur, the sadistic self-loathing part of the self? In naively adding our voice to the castigation of the culture of dependency, are we not undermining the very health we profess to promote?

Closely associated with the condemnation of dependence is the belief that it is important for patients to pay for therapy. Of course it is

important for me the therapist, because I earn my living by it, but more questionable are the claims that patients value it more if they pay for it. Should we then encourage prostitution rather than marriage? And do the clients of prostitutes value the prostitute because they pay? Do prostitutes feel greater self-worth because they are paid? As therapists we sometimes have to point out to patients that you cannot force someone to love you. Equally, we surely cannot force our patients to value us. If they do not we are either working badly or we are facing a manic defence, which is not likely to be abandoned when we do battle with another one.

In my living room I have a small, rather stylised carving of a lion. I call him Beki because he was carved by a young Zulu of that name who used to sit and sell his work by the side of a road leading to a safari park. Beki, who had a wife and small son was aged 20 and dying of AIDS. The health worker who gave the lion to me had given Beki's mother, who worked as a cleaner, £10, not for the lion, but to buy the family food. £10 would buy enough food for the whole family for a month. In her desperation to save her son the mother spent the money on a local healer, who prescribed a suppository. The suppository killed him, for in that part of the world it could be anything from a rusty nail to a piece of carbolic soap. And it wasn't any thing as harmless as soap. Do I feel worth so much more than that cleaner or Beki because I can charge two or three times as much per hour as would feed that family for a month? And in what ethical system can I feel superior to either because I live in a society and have an education that helps me to discriminate that which may help me from that which is fraudulent?

But isn't it important, you might argue, that we take responsibility for our own health? Yes, of course it is, but surely it is equally important that we share a responsibility for the health of others – unless, of course, we are anxious that that might encourage dependence. So, is our allegiance to the values of Western Capitalism or is it to psychoanalysis and what Klein called the depressive position, and Winnicott the 'stage of concern', the concern about others that lies at the heart of it? A Buddhist friend of mine frequents a Buddhist retreat where there is no charge: if you find the experience valuable and would like others to benefit you are invited to make a donation so that the work can continue. Interestingly, Max Eitingon, who was the President of the Berlin Psychoanalytic Society before the advent of the Third Reich, held similar views and as he was extremely rich he was able, apparently, to ensure that during his years in office anyone could avail themselves of psychoanalytic therapy, regardless of income.

Discouraging dependence and encouraging paying might be seen as bringing into Psychoanalysis a touch of 'The Father'. I should say at this point that I think fathers are important. As children of both genders we are father-seeking. We need to feel loved and cared for by our fathers, to have a relationship with our fathers and thus an image of maleness that promotes our psychological well-being and the psychological well-being of the society in which we live. But do we have to discuss these issues, issues so complicated and subtle and so much in need of fresh and open thinking, in terms of such a stereotype as 'The Father', so rooted as that is in the patriarchal culture of Central Europe? If we listen to our patients in the hope of learning from each patient's individual relationship with their individual father, do we not close our minds when we start out with preconceptions that have their origins in the rigid gender and power relationships of late nineteenth and early twentieth century Austria-Hungary and Germany?

Erikson observed that Freud invented the Oedipus Complex and Hitler exploited it – both were reared in that culture and both had fathers who were twenty three years older than their mothers. Conceptualisation in terms of 'The Father' signals certain allegiances: to Lacan, for example, and claims about the centrality of the Oedipus Complex. From the Gallic litany of castrations, good Lord deliver us! Faced with such obsessionality most therapists would, or should, be wondering to what extent it is a defence against psychosis. In a psychiatric ward someone pretends to be a tea pot and everyone else has to take up being a tea pot and discuss their relationships in tea potty terms. Or is it a defence against fears of coming alive? Certainly it feels very dead – a discourse whose quasi-religious quality sets things in stone so that they become lifeless, like graven images. Is this what is really meant by idolatry? One of the most dismal features of the history of psychoanalysis is its tendency to emulate the history of religion.

Fourthly, to get back to my somewhat neglected sequence, the inability of analysts to agree, and the suspicion that the theory incorporates some dubious norms, suggests that it is not science. This does not necessarily mean that it is nonsense, but many would argue that we must leave it to the experimentalists to sort out fact from fiction. The idea that the experimentalists could arbitrate, however, is usually rejected by analysts themselves and it also runs into serious philosophical objections. Yet it is hard to imagine governments taking action over mental health unless they can be reasonably sure that the theory is solidly grounded. These issues hang together, and the word which

seems to catch them is 'ideology'. If we are involved in medical psychology we may feel the need to talk about preventative medicine, but philosophers and others have looted psychology to provide ammunition for ideologies, and indeed it appears in some sense or other to be an ideology itself. I use the term with some hesitation as it often has pejorative associations: it makes us think, for instance, of a collection of beliefs that camouflages the interests of a class or a professional group, or of a doctrine that encourages its adherents to behave inflexibly or even brutally towards conflicting information or people who do not fit in. Certainly there is this side to it: values which reflect those of vested interests and a language of re-ified egos and ids and cathecting libidos discourage any challenge. When one penetrates this thick smoke-screen of jargon, however, one can see that, while Psychoanalysis has made the individual unconscious its territory, it also has its own social unconscious and is as resistant to the examination of that as we, as patients, are to the examination of our individual unconscious. Feminists, amongst others, have rightly fought and continue to fight fierce battles in this area. But the social unconscious is as treacherous to investigate as the individual unconscious and the question that faces both is: 'how do you know?' Bowlby, for example, is often dismissed as bourgeois propaganda to keep women at home producing babies, but advanced Capitalism needs cheap labour and, as we know, had to import it from the West Indies.

There is, however, another usage of the word 'ideology', which is associated with the writings of Thomas Kuhn, the American historian and philosopher of science. For Kuhn it refers to the values that unite a group of scientists and lie at the root of their creativity. Science, in this view, is not value-free, for words and concepts have a meaning which is subtly integral to their context: so, the discourse of its members is value-loaded. I learnt recently that Kuhn had an analysis at the beginning of his academic career because he had had difficulties in forming relationships. The analysis seems to have been successful, in that within a couple of weeks of ending it he finished his PhD and got married! According to John Forrester, who was at one time his pupil, what Kuhn learnt from Psychoanalysis was how to get into the minds of scientists. To me, it seems that it taught him that science is not just an abstract body of knowledge, but an activity, and that that activity is relational. Perhaps we should repay Kuhn the compliment by sorting out the values that are vital to our work and creativity from those that reflect or collude with the forces that undermine them.

To begin with, there is a benign individualism at the heart of psychoanalytic psychotherapy, a belief

that it shares with all the major world religions: that every individual matters. Every time we sit down and listen to someone we acknowledge that, and every time we allow someone to tell us how they feel about teachers, employers, parent figures and so on, that is what we are practising. We could, after all, just tell our patients to go away and do what they are told. The problem is that the benign individualism easily gets caught up in a malign form, a form castigated by most ethical systems, that asserts, overtly or covertly, that 'I owe nothing to anyone for what I have accomplished, and I have a right to pursue my own happiness regardless of the cost to anyone else.'

Such an attitude is rife in our culture, and some who have been shocked by it have been drawn to Marxism, as I mentioned earlier on. However, revolutionary change, because it arouses so much anxiety, tends to catapult the most paranoid into positions of power, for they see others most clearly in terms of black and white, and appear to know what to do. Yet the idea of a society that aims to provide for each according to his needs remains attractive. Unfortunately, these needs rarely include emotional ones, and indeed most Marxists I have known have been dismissive, if not contemptuous of the very idea. Their view of human motivation is that it is all about the conscious calculation of economic self-interest, which has often led me to think that one reason why it has been so easy for the former Communist societies to collapse into their apparent opposite is that the picture of human nature underlying both is exactly the same: Economic Man.

The picture that has emerged and continues to emerge from Psychoanalysis is very different. Freud famously observed that mental health consisted of the ability to love and to work, and few of us would quarrel with that. Governments cannot, of course, provide love, but they can remove some of the things that impede or undermine or deprive people of it. Winnicott and Bowlby were writing, for example, against the background of the mass evacuation of children during the Second World War, and were concerned at the psychological harm that did. Some years ago, *World Health*, the journal of the World Health Organisation, estimated that there are forty million people throughout the world suffering from severe mental illness and another two hundred million struggling with 'milder' disorders such as alcoholism and acute depression. The journal argued that the causes of these problems are mostly social, and singled out South Africa as an example of a society that, by disturbing family relationships and undermining any sense of security and personal worth, had destroyed the health of its black population and at the same time denied its victims

adequate medical treatment. That was before AIDS, the spread of which has owed so much to mass migration in search of work. 'They got on their bikes' might be their epitaph.

A recent report in *The Observer* drew attention to the high rate of HIV infection amongst South African women. There seemed to be several reasons for this, but the underlying one was the patriarchal nature of South African society and, associated with that, an epidemic of rape. The latter has been attributed to the humiliation of men by the Apartheid system and to increases in unemployment bought about by privatisations and the exodus of large corporations. Brought up with certain notions of 'maleness', they act out their humiliation, and a process begins that deprives children of parents and traumatises an entire population. The answer is education, and better male role models – and work. Governments introduce programmes to liberalise trade and free up the labour market, but human emotional needs are treated as trivial, if not totally neglected.

I have developed one possible notion of mental health to show how easily it can be hijacked by forces that work in the opposite direction. Some may object that ideas of mental health are very different in other cultures, but it does not follow from this, or from the fact that some cultures may not have such a concept at all, that it is not legitimate for there to be a theory of mental health derived from psychodynamic psychotherapy. Similarly, to claim that because such a view has arisen in one part of the world means it has no value elsewhere involves a fault in logic – the genetic fallacy. We do not dismiss the germ theory of disease because of its geographical origins or because other people believe that you become ill because you have offended the spirits of your ancestors.

Yet there is a danger associated with a psychoanalytic view, for who would define it, and could it not become a tyranny in itself? Imagine the genital primacy police! Writers like Winnicott and Jung seem aware of the problem. Winnicott, for example, argues that health may not be our highest priority, that a better goal might be 'richness' for we are poor indeed he says if we are only sane (1972 pp. 65-66). And Jungian psychology implies something rather similar. By 'richness' I imagine Winnicott means diversity, but the pre-condition for encouraging and enjoying that may be a society that is largely healthy. Dicks and others estimated that the authoritarian personality formed roughly 35% of the population that welcomed Hitler and the creation of that totalitarian tyranny. The issue is how to manage and reduce whatever proportion our society has,

and that entails government action. It entails the shunning of economic ideologies and policies based on them that treat human beings as objects or commodities, or as a mere means to some utopian end. The most famous work in economics is Adam Smith's *The Wealth of Nations.* Imagine a modern version of that called not *The Wealth of Nations* but *The Health of Nations,* a version, moreover, giving proper place to mental health. What prescriptions might it contain? Some years ago, Fritz Schumacher subtitled his celebrated book *Small is Beautiful, a study of economics as though people really mattered.* The psychoanalytic movement has, or at least should have, a great deal to contribute to that.

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Peter Lomas

Negotiation, defeat, renegotiation

For what shall it profit a man,
If he shall gain the whole World,
and lose his own soul?
Mark 8,36

To negotiate is defined as 'To confer for the purpose of arranging some matter by mutual agreement' (Shorter O.E.D.). The emphasis here is on speech. Although words are the main vehicle by means of which we negotiate, especially in formal situations, much is achieved by gesture. When meeting someone for the first time we have a sense of how much harmony is likely to be achieved. Negotiation starts at this point. We make diplomatic moves. We test out whether our first impressions were valid. After a period of time we are likely to come to some acceptable way of relating.

As I walk to the village shop to get my morning paper I pass several regulars on my way. We have developed an unspoken agreement as to how to greet each other. The degree of intimacy is conveyed more by facial expression than by any words that might be spoken. Some of us would prefer not to meet but are too polite to take avoiding action; we settle for a perfunctory nod or grunt. One man, riding a bicycle, using a hand to steer and waving the other in the air, shouts " 'Ow are yer?" to anyone he passes and is away before any response is possible. He thereby avoids negotiation, conveying, as it were 'This is the deal. Take it or leave it. No problem.'

 A central conflict faced by every child - and identified by Freud in his own particular way - is that between what he is by nature and how he is seen by those around him. He is allotted an identity derived from accurate perceptions by others, and also from their assumptions, expectations and hopes which they project onto him and which may be quite inappropriate. In order to find his own identity he has to negotiate a position that can be tolerated by all concerned, including himself.

The child who manages this compromise well enough will possess a basic confidence for future negotiations. By contrast, the child who fails to do so will continually need to renegotiate his position. Each new confrontation poses a threat to his sense of worth and will appear to him a major undertaking involving courage, will, shrewdness, tact and the like, for him to emerge unscathed. In other words, the penalty for coming out badly in his original negotiation (even if the compromise made was the best on offer) will unconsciously haunt him thereafter. To have been defeated over a significant matter usually leaves a sense of shame, a wish for revenge, and an urge to accomplish something in order to restore pride - an aim which is likely to be disappointed. At some point the child has been unable to muster what Tillich calls 'the courage to be' (l). Inability to contribute to the world is a major source of shame, an affect that has, until recently, been underestimated in the psychotherapeutic literature (2). Most of us take pride in making or believing we have made a good bargain, and we tend to boast about it. Such a success counteracts feelings of inadequacy at having made a poor attempt at establishing a sure sense of identity in life, in contrast to the sense of humiliation when we feel we have been cheated.

Ron, an only child, now in his forties and haunted by a sense of failure despite adult success told me the following dream:

''0I was at a supermarket and was lifting up a bag of apples when four of them fell out and rolled downstairs. A member of staff came up to me and asked me to sign a sheet of paper which had '½ hour' written on it. The only sense I could make of this was that it indicated the time it would take a worker to clear up the apples and that I would be expected to pay for this. I protested that this was unreasonable and that I myself could pick up the apples. He said this form was standard practice and I signed it.
Afterwards I picked up the apples, added them

to my bag and paid for them. The man at the checkout agreed with me that the shop had been caused no inconvenience and I was furious with myself for having signed the paper."

I asked him what came into his mind about signing such a paper. He replied: "Signing a form to agree to being certified and sent to a mental hospital or signing a form to agree to castration." Both these anxieties had been with him quite consciously since childhood, and aptly symbolised the restriction and limitation of his early life. He then gave me another association, that of the Aesop fable of a conversation between a domesticated dog and a wild one, the moral of which was that the house dog had paid too high a price for his creature comforts. This mirrored the humiliating negotiation with life to which he had agreed. He envied, admired, sought out and identified with those who seemed to be fully alive, to be the sort of person he might have been, but although this gave him vicarious satisfaction and security the consequence was a further loss of self. By contrast, he was nothing. His dread of mental hospital derived not only from a fear of insanity but a hidden desire to withdraw to a sanctuary, in which he was out of the race and had no need to negotiate a position.

Although certain specific events such as birth, or the death of a parent, can be intensely traumatic, the origins of neurosis would seem to lie in a pervasive and destructive pattern of interaction between child and family, most notably between child and mother. These patterns are inevitably so complex that any attempt to extract one particular theme for discussion is bound to be an oversimplification. Bearing that in mind I would like tentatively to suggest that the following may throw some light on Ron's difficulties.

Ron describes his parents as kind and loving people who were indulgent towards him, and he remembers many good times. His mother, however, was inclined to take sudden offence, often quite unexpectedly, and to withdraw into a hurt, bitter and reproachful state of mind from which she took a long time to recover. When this occurred, Ron told me, he felt desolate and would have done anything to make amends if this were possible. It was as though the world had collapsed and he was responsible for the collapse. The house, at these times, felt like a morgue: the sensation, he said, was not unlike the one he now has when attending a funeral. These experiences, it seemed to me, had an important bearing on Ron's extreme difficulty in knowing how to be with people and to negotiate with them. Lurking behind the simplest interchange was an anxiety that he might offend or hurt the other person with disastrous results. The fear of this led to his stilted and inhibited manner;

he had no access to the easy humour which can smooth over difficulties between people. Moreover, the rage and chagrin provoked by having to contort himself in such a painful way resulted in a sense of being in an untenable position.

Fear of breakdown has been ascribed by Winnicott (3) to a breakdown that has already occurred. In the case of Ron, the breakdown was seen by him as the result of a failed negotiation. The attempt to assert himself and to claim his identity had calamitous consequences. For someone who has experienced such a traumatic setback, future negotiations are unnerving hazards. Ron knows that he has an Achilles heel that, rather than take the risk of taxing his psyche beyond a certain point he will be tempted to give way too easily or to avoid confrontation altogether.

In regressive states the original predicament may reappear and the patient, having faced, or had to face, almost unbearable anxiety is anguished by the decision as to how much they need to remain withdrawn from the world in order to preserve their fragile self and to what degree it is safe to re-enter the outer world. In other words they need to make a new negotiation which would be better than their original one, and for which the therapeutic relationship offers a possibility.

A major feature of psychoanalytic theory is the emphasis on omnipotent, destructive and greedy infantile desire as a potential source of mental disturbance. Although it was important for Ron to become aware of his narcissistic and voracious urges and to take responsibility for them, they could only be properly understood in the context of the family situation. Ron's frantic and tortuous pursuit of self-expression seemed to me to derive primarily from a fear of losing his identity. To use a term which has religious overtones, he was trying to save his soul in a world that appeared to him to have no place for it. One of the consequences of this predicament is the generation of hate and all the well-known vicissitudes of a hate that cannot be disclosed. The subsequent withdrawal, however, may derive as much from a desperate attempt to find a place of safety rather than a wish to destroy and may be accompanied by an unbearable sadness. This feeling, I believe, often finds expression in poetry, for example Chidiock Tichborne's poem 'My prime of youth is but a frost of cares'. I shall quote one verse:

The spring is past and yet it hath not sprung:
The fruit is dead, and yet the leaves be green:
My youth is gone, and yet I am but young:
I saw the world, and yet I was not seen:
My thread is cut, and yet it is not spun:
And now I live and now my life is done.

I am reminded here of Searles' insistence on the

complexity of the states of mind which lie behind early repression. In his paper *The sources of the anxiety in paranoid schizophrenia* (4) he writes :

> Although such repressed emotions as hostility and lust may readily be seen, early in our work with any one of these patients, to account for some of his paranoid anxiety, as we go on with him we find that each one of the whole range of human emotions has been, in him, long repressed as constituting an equally important source of this anxiety. It may require many months for us to see how filled he is, also, with loneliness, unfulfilled dependency, and feelings of abandonment; with fear and guilt, helplessness and despair; with disillusionment and grief; with heretofore stifled compassion and boundless love.

Searles continues to elaborate on these states of mind, quoting the actual words of patients. It is one of his virtues that he conveys in ordinary language subjective experiences which elude a theoretical formula.

In focussing on Ron's failure, I fear that I have up to this point given an unbalanced picture of his life, a life that contained much richness. Without managing to heal the basic defect he had built something very valuable. Although in attempting to understand this kind of predicament I have been greatly helped by Winnicott's ideas about 'true' and 'false' self, I believe these terms are misleading. The life that is constructed out of the defeat is, in most cases, more than the "fragments I have shored against my ruins" as T.S.Eliot put it; it is often a brave and imaginative attempt to make a new negotiation in unfavourable conditions. In some ways it is comparable to a defeated country living under occupation. Unless the new regime is so brutal that those who survive it exist only in a living death, the population adapt to it with differing degrees of integrity. They may resort to denial, pretence or collaboration, they may fight the enemy either directly or surreptitiously or they may simply accept the situation and lead creative lives as far as possible. The emphasis in psychotherapy on defensive operations and the false self can result in an undervaluation of characteristics that are as real and valuable as any we are likely to come across.

The negotiation that takes place in a psychotherapeutic encounter is a complex and unusual one. When, in ordinary life, one person offers help to another in distress he does not employ a technique beyond the tactics we use in most of our relationships. If we consider therapy to be a rigorous extension of such an undertaking, negotiations will be of a comparable kind once the practical issues of place, time and money are settled. On the other hand if the therapist is offering a technique, he requires the patient to forego certain of the choices available in ordinary interaction. He may say or imply "You must lie on the couch, say what comes into your mind and accept that I will not answer your questions; this is not negotiable." In most circumstances in life this statement would be seen as unjustified and domineering and we would therefore be wise to question whether it is justified in therapy. Many forms of healing use and often teach a technique. If I go to an osteopath, he will perform physical manipulations that may be quite alarming, but I have sufficient trust in his method to let him do this. We know where we stand. The healing is technical and, if the personal relationship helps me, this is a benefit for which I have not paid and is not part of the contract. By contrast, the therapist aims to change the patient's attitude to the world in which the emotional relationship between the two people is of paramount importance, yet the process is not usually conceived as conversation but method. At the very least this would be a potential source of confusion to both therapist and patient. The latter is led into a relationship by planned strategies of which he has little if any knowledge and which take away his power of negotiation, a facility which he may already seriously lack. A more realistic way to help those deficient in this ability would be to provide a setting in which they are encouraged to take more risks in reaching out to another person, a process which also involves the therapist in taking emotional risks.

Because we tend to think of negotiation as a process of hard bargaining, it may seem at first sight an unlikely word to use about psychotherapy, an undertaking which appears to be of an entirely different nature from selling a secondhand car. The therapist does not, one hopes, regard the patient as an adversary to be deceived for personal gain, as sadly, most of us are inclined to do when we extol the non-existent virtues of our clapped out Nissan Sunny. The overt aim of therapy is, by contrast, to act for the benefit of someone who needs our help. Yet, even when working at our best and not in the grip of narcissistic greed, we are not entirely altruistic. We want to spend the 50 minutes, if we can, in relative comfort, interested in what is going on and able to express our personalities. We want to avoid being bored, frightened, manipulated or crushed. In other words, we want to negotiate a position which satisfies us yet still enables us to be helpful.

And this is not a bad thing. In looking after our own interests we ensure that the patient does not profit from behaviour that interferes with his capacity to lead a fruitful life. Moreover, if we can find a way of being comfortable in the room and, with luck, even enjoying the patient's company, he

will experience a sense of worth that he badly needs.

In health the human mind can cope with ambiguities and compromises. A life without the capacity to seek just relationships with others would be one of deprivation and exploitation, but a life without spontaneity is a dead life. One of the arts of psychotherapy is to find a way between these extremes. The less we see the patient as someone to be managed, if only for his own good, the more the undertaking will resemble a meeting of two people in a friendly relationship in which possibilities arise of spontaneity, openness, fun and other experiences that are crucial to healthy living and best enable a defeated person to make a renegotiation with the world.

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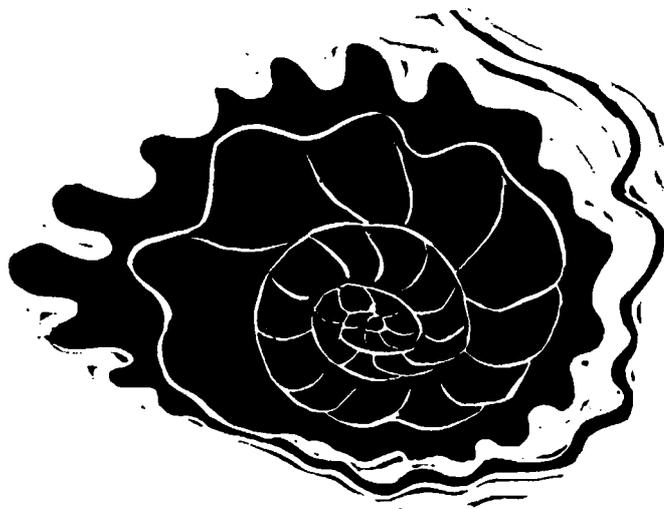
Walter Morgan

Home Counties

As she sat there, a passenger in the vehicle driven by her husband, she mused :

It's funny in spring when everything goes dotty and there are spots blossoms and these new leaves like newborn moths. Big colours all different where they shouldn't be – like Andy Warhol's faces pictures prints – it's like that Dutch man said – but about that dog that time *'that's no street – that's an hallucination!'* And there she is a cool passenger in this vehicle starring in a film called A *Street Named Misprint* – and as she looked she saw all the things they were passing in the open window vehicle – the things had slowed down as she rolled along behind the bus in urban shapes and the things she passed made a sound *Zah – Zah – Zah* – now they were slower and colours had a moment and things had a moment and she made a collection of them like a poem was brought to her and she defined them and they hung together for just a moment in a meaning – *dog – door – light glint – Zah – Zah – cigarette packet* – and as she listened the sound had softened like city cherry blossom snow *Zah – Zah – No ! – Beep !* – would be the sound track, like the birds in *The Birds* cut by Parisian street sound genius from Creteil flats who calls herself *Neuf Trois Moi ! Zah – Zah – WAIT ! – Beep ! – vermilion – boy – nodding dog – Zah* ! Vehicle has stopped. People have gonks in their cars again – ironic retro gonks, I wonder if anybody has nodding dogs just because they like them ? There's nothing kitcher than a fitted kitchen I'd said when he'd shown me the catalogue and the marble worktop colour-ways 'bloody marblous' I'd said and he hit the roof and how he wasn't going to live in a slut shit-heap any more, and the mitred joints *'computer rectified by men'* so that no join was visible on installation *'guaranteed'* and I'm thinking how it sounds like a picture of death and he tells me how he could give me one on top of the marble worktop and how the marble would cool his balls down – I ask you eh – and he stood in front of the carcasses doing his thrusting with his dog face and his fists curled like

they do. I'd cut the lot off with one of his Kitchen Devils – spatula it into the blender and make a mousse and serve it up with sugar cubes to his parents in tall stemmed Babycham glasses and long handled spoons – and as she watched them chat and *'mmm'* only she heard the rumble of dustbins outside the smooth glide patio doors filled in with only night and then she knew that they were beginning to search for evidence in rubbish rummage – special officers, keen women too, trained to spot, *'I've found something human Sir'* – *'Oh my God Sir'* and then you'd see me – sleek and full of bad sex and I'd kiss myself with wet tongues and bite my neck *'we've got nothing on her Sir' – 'we can't touch her Sir'* and I'd be away in the day drive across Oklahoma floral print cotton and dusty ankles, lizards climb on each others' backs to see me go.

The front of the vehicle dipped – somebody, a young man, had clambered onto the bonnet. At first they thought he was a windscreen cleaner hustler, but he was right up on the bonnet looking into the car. He wrote the word 'monc' on the windscreen with a squeaky black marker pen, wrote it so that it could be read from the inside of the vehicle. Now he lay there, staring through the glass at the woman, his body casting an unfamiliar shadow inside. Click central locking down, both vehicle occupants simultaneously arm crossing over body to click downs each mirroring the other, it might have looked like a kind of joint genuflection or a synchronised description of a valentine heart shape if you had been looking down from the back of the bus. There he was on the bonnet, hands on wipers, head still, lower body movements just slightly rocking the car. It was time for traffic movement and he was off, dodging through the still stationaries, licking a finger on alternate hands and touching every vehicle he passed.
The people sat at the back of the bus had seen and now they gazed down into the vehicle at the couple inside – the violated are, after all, public property. They watched his little movements, fingers flick-on the

washers and wipers then flick-off, saw him turn his arm to look at the face of his watch strapped across the tubes in his wrist, they looked at her breasts, saw his hand jerk away from the chunky hand brake lever. He knew they were looking at him.

I'll never let her drive this vehicle and hold that hand-brake and have her checking the width and pulling it and wondering what one like that would be like, she can stop in her Golf with its thin one. On that bus see how they've seen and now they're looking with their eyes all working – vile jellied eels all out and peering and feeling comfort – what did he want? – and all connected up to their stuffed fat pig brains that need a stick taking to them and make them run and shake their fat arsed thoughts trot down a shite streaked alley – a fucking blind alley ! and all pile up, eyes would change all darty and avoiding and I could get on that bus – press the knob that emergency opens and be on and *'right you fuckers !'* they'd be on both sides clattering and eyes would be out of shell all oystery saying *'no don't – no don't'* and I'd say *'nowhere to run to baby !'* and I'd bite the fuckers – hold them down and bite where they try to pull their collars up and shake 'em and *'what's it now then eh !'* and bite and fucking grip and shake and hold them all in place and all the fucking feathers flying and the *'no don'ts'* and the bites and the feathers cracking and my back legs would be going – ripping ! But then a man might look down the aisle because of all the fuss and see me and his eyes might catch mine and start running towards me fixed and me nowhere to go he'd be on me and grab and my shirt might come out and then he'd head-butt me and everything hollow underneath like a car crash and everything would come out of my trouser pockets and the lids off my top pocket pens and not be able to get anything back 'cos they'd be in the wooden ridges on the aisle floor and all gurgling and big droplets of danger on my shoes with my laces undone and my cuffs down over knuckles – he'd have me up against the back window red blood and smeary on the glass and she'd see my face smeary on the window from inside the vehicle and she'd see him behind me and she'd get his eyes and then imagine his cock and want him shagging her sucking cunt with her mouth all smirched and her eyes drifted in new positions in her runny face pouring as drowning in her coming and I couldn't get away – but he might cut his hand on the pens in my pocket lids-off and head-butt me again and again as he was doing her dirty – he wouldn't let me go and I'd have to drive with her with him in the back – but I'd drive it into a fuckin wall, I'll show you where I'll chauffeur your fucking – into this fuckin wall !

She asked him

- What did he want ?
- Well it wasn't fucking me !
- What ? like it was me he wanted ? Stop shouting !
- It was you he was doing it to
- Doing what !
- Looking, and doing those things
- What do you mean ?
- Don't try and tell me it didn't mean anything
- What do you mean *mean* !
- You with him !
- What do you mean *with him* !
- You were thinking, don't try and tell me you weren't thinking
- Thinking what !
- The fucking things that you think ! Don't come the innocent with me
- What, like I'm guilty ?
- You probably can't help it, just sort of comes natural, like you're programmed to it.
- You're saying I was doing something ?
- It might be biological
- You're a head the ball you are, stop the car – doing what ? – stop the car !
- You fuckin saw him !
- Stop the fucking car !
- I'll show you a stop I'll show you a stop – I'll stop in that fuckin wall !

He punched the dashboard

- Stop the car, stop hitting it, stop it
- What – like this fuckin fuck !

He started jabbing the brake pedal with his foot and punching the steering wheel, making the horn sound

- Stop like this eh ? do you want this sort of stopping eh ? do you want this sort eh – 'cos I'll fucking well give it to you !
- Stop it ! stop it we'll have an accident.
- Will we ? will we – we'll have more than an accident – we'll have this !

And he was punching the vehicle ceiling and shouting

- And I'll take some of these bastards with me !
- Stop it - just stop it ! – look there's a police car up there
- Well they can have some too !
- Don't be stupid ! bloody stupid!

Are we safe now ? has he stopped his stupid thing ? He doesn't do it when she's with us, not in happy little family and they have their little looks and understandings, yes yes you two go off and

have understandings I'll stay here and – and as she looked she saw that the vehicle was gliding along a vast fly-over across the city, her arm delicately placed along the door wound open window and her freckles on her arm were a lot milder and more glamorous than Cissy Spacek's, her arm sleeker and more shapely. And as she looked down she noticed a huge car-park of B+Q megastore and she wondered, because she does wonder, if the arrangement of the cars was all by accident or if there was some meaning – six reds together there in an L shape – I wonder what happens and they can only be seen from aloft – a yellow one next to a black one next to a yellow one next to a black one like a wasp. Maybe the car park is like a huge colour-blindness test and things hover into vision for certain eyes, like St Lucy's blessed face. I wonder if there are words sometimes *dick-head* spelled in pastel lime 4´4 vehicles or *monc* – no not that that doesn't mean anything – or maybe one day completely all sparkly silvers and the palest blues so its all like the sea to make the sea gulls squawk – *shite hawks* my dad used to call them, and he'd say *'Steven Hawkin busy quarkin heard the squawk of a red shite hawk'* and he'd say it to her when she was a

toddler and I'd tell him to stop 'cos all she took from it was '*shite'* and run around shouting it and flapping her arms and dad encouraging her – and I slapped her legs – and as she looked she saw all the birds flocking again for their afternoon attack on the humans. Would I hide in that cupboard like she does in *The Birds* – she nearly dies in that cupboard – the one in *Psycho* does die, they love watching them die – watching *us* die – so that we'll not see that their cocks have died and it's all our fault anyway so we have to die totally and be stared at to make sure – trade one stiff for another.

Does he want to kill me ? no, no, not so long as we all believe in the resurrection – *lo ! he is risen – again ! ooh and so soon – Redeem !* I'd cut it off and let it fall off the back of the trawler boat and keep the shite hawks happy and out of my hair – and all those flying-fish banging against my legs trying to get up my skirt, kick them over as well – and as she stood on that deck that was wood furry with all the scrubbing, in a choppy sea, the first huge and fast drops of rain hit her upturned face and chest to loosen the dried salt into sweet fresh on her lips. A small squall was blowing in. She would go below soon to chart and log. Shepton Mallet – Babycham – Good.

Review

The Importance of Fathers: A Psychoanalytic Re-Evaluation (1992) ed. Judith Trowell & Alicia Etchegoyen. The New Library of Psychoanalysis. Hove: Brunner-Routledge. Pp.256 £17.99

Reviewed by Pat Tate

"I'm reading a book entitled, 'The Importance of Fathers'", I said to a colleague. "Oh, short book, then," was her reply. Many of us find ourselves with this mindset, at least some of the time. The reason is not difficult to find – in the hundred years since Freud expressed his views on the role of fathers, many psychoanalysts (Klein, Winnicott and Bowlby in the UK; Margaret Mahler in the US) have rightly emphasised the importance of mothers. Possibly these writers were over-compensating for some of Freud's ideas, based as they were on the cultural values of 19th century Central Europe.

Today, the rise in single-parent families and the appearance of new modes of procreation may contribute to the impression that fathers are redundant, beyond providing the occasional sperm. Yet, substantial research and narrative evidence show that early child-rearing patterns by both parents do have lifelong consequences, both positive and negative. Ideas of fathering and mothering go well beyond child-rearing. As states of mind, on both conscious and unconscious levels, they have general application for everyone. Parenting states of mind influence relationship and leadership styles in many aspects of life.

This excellent book, edited by two well-known child analysts, brings together a distinguished group of contributors, many of whom are associated with the Tavistock Clinic or the Anna Freud Centre. Each editor provides one chapter to set the scene. The remaining chapters are grouped as "Mainly Theoretical" and "Mainly Clinical", but there is a great wealth of clinical material in both sections, making the book extremely readable – verging on 'couldn't put it down' status. There are both adult and child cases, making the book attractive to most therapists. And the editors have succeeded in producing, unlike many multi-author publications, a coherent volume without repetition and overlap.

There are chapters on grandfathers, infant observation, missing fathers, adoptive fathers, disabled fathers. There is attention to fathering and being fathered. However, two current social concerns – medically assisted parenting, and gay/lesbian parenting – are unfortunately not included. I would be interested to learn these authors' thoughts in those areas.

The overall message of the book is that fathers always exist in the internal world, though they may be absent externally. The book tackles the paradox that parenting is an ordinary, everyday activity and yet is extraordinarily complex. In the 'Mainly Theoretical' chapters, it is proposed that, in order to be ready for fatherhood, a man needs to have had reasonably satisfactory childhood experiences, internalised carers who were able to meet his needs well enough, most of the time. If not, then he needs to have had subsequent relationships that amend the early adverse experiences. The man also needs a good sense of identity and of self, in order to have the capacity for commitment and containment.

This seems to be one of the most challenging, yet elusive tasks a man can undertake. The close emotional bonds and caretaking functions involved in mothering may be more obvious, more connected with the biological immaturity and dependency of the newborn. Fathering seems to be more culture-dependent, and mediated by the mother's relation to the father.

For Freud, the concept of reality was bound up with the father. Both Klein and Winnicott's models are mother-centred, in that there does not appear to be a role for the father as separate from the mother in infancy and childhood. The baby depends on the mother, the mother depends on the father plus a supportive environment to carry out her tasks. But the authors in this book repeatedly make the point that in recent psychoanalytic

thinking, the Oedipus complex is seen not so much as the nucleus of the neuroses, as the nucleus of normal character structure, and the basis of mature life.

Here is a selection of points, made by various authors, which caught my attention:

- Ronald Britton, in his chapter "Forever Father's Daughter" says, "For some people of either sex the infant-mother relationship, which most people long to re-experience, is imagined to be inferior to the relationship of the primal couple. This seems to be for reasons to do with the early infantile experience, and also with the mother's idealised internal relationship with her own childhood father and now her husband. The usual idealisation of infancy, with its accompanying dream of a return to the bliss of beginning, is missing, being replaced by an idealisation of the imagined parental relationship. In men this often leads to a sense of inferiority that one could say was a male castration complex. It is characterised by hero worship of intellectually or physically powerful men, coupled with daydreams of sexual encounters with women perceived as 'sex objects' and not as maternal or understanding women."

- Peter Fonagy points out that, "a child's attachment status may differ according to the parent involved. That is, the child may be securely attached to one parent and insecurely attached to the other….. not only is it not necessarily the case that the relationship to one parent may be modified by the relationship to the other, but it also confirms that the child will have quite separate internal representations of each parent."

- Alicia Etchegoyen quotes the work of Juliet Mitchell, who has examined the idea that there is no symbolic father in some heterosexual men. The heterosexuality may work well enough at the couple level, but actual fathering will be very difficult, since psychically any child will be experienced not as the father's offspring but rather as a result of the mother's betrayal, and enormous sibling rivalry will be evoked between father and child.

These are but three of the stimulating thoughts I have carried away from a reading of this volume. Overall, it makes clear that the idea of a purely dyadic relationship between infant and mother is now unacceptable and unworkable. The father is present, often in the flesh, and in any event, in the mother's psyche. There is always some kind of internal picture or representation; the father exists as an object in the internal world.

No, it's not a short book. But I wish it were longer.

Letter to the Editors

Dear Editors

Kalu Singh's 'The Self-removing trousers' (Outwrite issue 5) contains several short and vivid case studies which illustrate his interesting experiences of the effects of communications technology on the work of psychotherapy. These are little more than vignettes, but I find that they show an attitude which is lacking in that ordinary respect that one would expect a therapist to have for his patients.

For example, under the jokey title 'My old man's a dustman' the first patient is described as 'mousy' and judged to be manipulative and lacking in dignity; his investigation into his father's love affair is described as if 'he had wished to get inside his father's underpants'. Another client is objectified as 'fast-track Graduate –Scheme Retail Management', and judged as a petty criminal and then as a sophist. There is an account of man with a distinct lack of confidence in his relationships with women, but the story he confides is compared to those of 'gormlessly excitable teenagers', as if there is something contemptible about being a teenager, or confessing in later life to experiencing the dilemmas and feelings that characterise teenagers.

It is understandable that therapists do sometimes become tired or irritable and do occasionally vent their negative feelings about their patients to other therapists when off duty. However, to come out in print with these views without any self-reflection, gives an impression of harshness and in my view is an inaccurate and unfortunate way to represent the work of psychotherapists.

Michael Evans

Back issues

Back issues are available from the Editors. Price £3.50 including postage.

OUTWRITE 1 August 1999

Articles
Listening to children through play *Carol Dasgupta;* Dreaming and taking notes *Rosemary Randall;* Inner death and the wish to die *Leila Gordon;* Some reflections on the wish to die *Peter Lomas;* Creativity: a sketch of an idea *Michael Evans*
Book reviews
Committed Uncertainty in Psychotherapy: edited by Lucy King, reviewed by *Vivienne Seymour –Clarke;*
Flow- the psychology of happiness by Mihaly Csikszentmihalyi, reviewed by *Margaret Farrell*

OUTWRITE 2 April 2000

Articles
Trouble with love in the analytic encounter *Lesley Murdin;* From history to psychotherapy *Jill Shields;* The unexpected absence of the therapist *Ann Cockett;* Actaeon impulses *Walter Morgan;* What are you looking for? *Bruce Kinsey;* A perspective on group and individual therapy *Hilary Taylor;* The turn of the screw – hysteria and the uncanny *Sian Morgan*
Book reviews
Cassandra's Daughter: A History of Psychoanalysis in Europe and America by Joseph Schwartz, reviewed by *James Pollard; The Unknown Matisse: A Life of Matisse. Vol.1 1869-1908* by Hilary Spurling, reviewed by *Michael Evans*

OUTWRITE 3 February 2001

Articles
Meaning: reflections on an ancient culture, modern living and psychotherapy *Glenys Plummer;* Object relations: a view of Chardin *Pamela Arriens;* Balint in two worlds *Pat Tate;* Can there be a unified psychotherapy? *Peter Lomas*
Book reviews
Doing good? Psychotherapy out of its Depth by Peter Lomas and *Peter Lomas and the Question of Science* by Peter Rudnytsky, reviewed by *Michael Evans; How much is Enough?* by Lesley Murdin, reviewed by *Isobel Urquart*

OUTWRITE 4 December 2001

Articles
Matricide *Sian Morgan;* Sibling rivalry: a partial story *Carol Dasgupta;* Fathers and phobias: a possibly psychoanalytic point of view *Roger Bacon;* Poems *Loraine Gelsthorpe* and *Michael Evans;* The Outfit's early years *Lucy King, Margaret Farrell, Sian Morgan and Rosemary Randall;* Moving between cultures *Clara Lew;* 'AD 2001': drawing by *Michael Evans;* From criminology to psychotherapy – and back again *Loraine Gelsthorpe;* Reading with children *Julia Pyper*
Reviews and Responses
Saving Masud Khan by Wynne Godley: a response from *Peter Lomas; Where analysis meets the arts: the integration of the arts therapies with psychoanalytic theory.* Edited by Yvonne Searle and Isabelle Streng. Karnac 2001. Reviewed by *Rosemary Randall; Mind over Mood? The paradoxical triumph of Beck's cognitive therapy* by Paul Crighton. A response by *Peter Lomas;* Talking about emotions: psychoanalysis and neurobiology *Isabel Urquart;* A Midsummer dub *Walter Morgan*

OUTWRITE 5 December 2002

Articles
Psychotherapy and drug use: in the drug clinic and in the consulting room *Mike Bell;* Accidental therapist *Liebe Klug;* Triangulation – opening up a space to work *Hilary Taylor;* Uncanny *Michael Evans;* The self-removing trousers *Kalu Singh;* "Don't tell me, show me" *Barbara Tregear;* On not being able to write *Peter Lomas*
Reviews
The adolescent male and psychiatry: an uncomfortable mix Nick Hay; *The radicalism of Peter Lomas. The limits of Interpretation: Thoughts on the nature of Psychotherapy* by Peter Lomas. Reviewed by *Michael Evans*

O U T W R I T E

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Contents