

OUTWRITE

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The cover illustration is 'Flat fish forward' by Walter Morgan. The other illustrations are also by Walter and we would like to thank him for these thoughtful and original contributions.

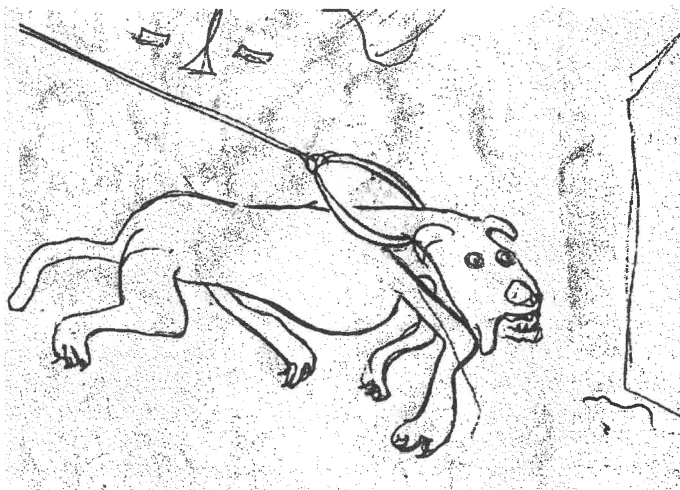
Editorial

In this second issue we are delighted to welcome a different set of authors, with many contributions coming from student members and some from associates. We hope that in the future the Journal will be able to publish the writings of a widening circle of Outfit members. While many contributions are likely to be centred on psychotherapy we wish to encourage all kinds of writing. In this issue the piece by Walter Morgan opens up the possibility of the short story as a contribution and we hope this example will be suggestive. We would like the Journal to reflect the freedom of thought and expression that the Society encourages in the rest of its work and we hope that members will be open and adventurous in both the form and subject matter of what they offer us.

As editors we have been actively engaged with the writers who have contributed to this issue through e-mail, telephone and face to face discussion. Writing is not entirely or necessarily an isolated occupation and we are happy to engage with work at any stage of its development. We hope that most Outfit members will become writers as well as readers of the Journal, whether through an article, a review, an illustration or simply a letter. The new 'Letters' page, inaugurated in this issue provides an opportunity for reaction and dialogue. Letters could also start up a new hare which others may choose to run with. The letter offers the opportunity for a type of writing which may be more concise but less formal than a structured article.

In the next issue we will be reviewing two new books by Society members, Peter Lomas' *Doing good? Psychotherapy out of its depth* and Lesley Murdin's *How much is enough: endings in psychotherapy and counselling*. We have promises of articles from a number of people who have not yet written for the Journal and we hope that others may be stimulated by this issue to contribute something. We look forward to receiving your outlines, drafts and completed articles over the next few months and promise to respond quickly and constructively to anything you send

Michael Evans and Rosemary Randall



Lesley Murdin

Trouble with love in the analytic encounter.

Being in love is to suffer from an encapsulated temporary psychosis. As Theseus puts it in 'A Midsummer Night's Dream':

The lunatic, the lover, and the poet

Are of imagination all compact. (Act V Sc.1)

All see with a temporarily distorted vision or like Cupid are completely blind. If a patient falls in love with a therapist, he is for that time not himself. The therapist owes a particular duty of responsibility to someone who is in this state. This is a question of ethics as well as of clinical technique.

Of course when we speak of love we are not necessarily talking about the consuming sexual and emotional passion of being *in love*. The ordinary everyday care, affection and goodwill that are compatible with the analytic attitude of the therapist and with the behaviour of the good enough patient are not usually a problem. In fact, most therapists might expect that a patient could arrive at the point where he can have a general attitude of good will unimpeded by excessive hatred or paranoia. But this is not love the passion. It is not the profoundly disturbing choice of one over all others. In fact it is antipathetic to love in that it is a reasonable, sharing of good will to many equally. In this paper I shall consider how distortions of love arise in the analytic encounter and how we try to deal with them.

Freud designated loving along with working as a parameter along which psychoanalysis should achieve development. If love appears in the psychotherapeutic encounter, we should be able to say that half the job is done - let's get on to work! Love should not be a problem and yet most therapists are so afraid of it that David Mann in *Erotic Transference and Counter-transference* (1998) needs to make the case that love in its erotic manifestations should not be interpreted away even if it could be, nor should we practise so defensively that there is no place for it. Clearly, it is passionate love that gives therapists such a great

deal of trouble. Therapists just at the beginning of their training tend to say 'I think you're angry with me' or 'It's OK to be angry.' What they do not often say is 'It's OK to love me.' No wonder they do not. It is not at all OK.

Therapists, both men and women, fear the power of the erotic in their own bodies as well as in their minds. Therapists of both sexes may sit in a session with profound excitement or arousal which they must somehow contain and if possible use in the process of putting the unspeakable into words. I think that love can be defined as an ethical problem for a therapist, not only in the accepted sense that the prohibition against sexual gratification is the only one that all psychotherapists accept. It is also an ethical problem for all of us in the sense that an individual may have difficulty with achieving the balance between erotic gratification over against concern, gratitude and the feelings that are associated with caring for and preserving the object. In other words, there is tension between oral gratification and mature interdependency: 'I could eat you up' as opposed to 'I like to be with you.' As love is a relational concept it always implies that the therapist may love as much and as destructively as the patient.

Nevertheless, love in its passionate, obsessional manifestation must be the legitimate concern of a therapeutic relationship and cannot be helped from a developmental or hermeneutic perspective unless it can be seen. The therapist must see how the patient loves but she cannot then stay out of the picture. If you accept that an aim of long term therapy may be that the patient achieves the capacity for mature inter-dependent love, you must also accept that resolution cannot be achieved within the transference relationship. The abstinence that is required of the therapist is that of the parent who steadfastly declares: 'No you cannot marry me. Go out and find a man/woman of your own.' There is no alternative in my view to

the therapist modelling abstinence and self restraint no matter what his or her feelings and desires may be. The therapist must resist the siren call of his or her own bodily and emotional response and in addition avoid the counter-obsession so subtly described by Ian McEwan in his novel *Enduring Love*. In it McEwan demonstrates the difference between love and obsession. The main character is pursued by a man who may or may not exist but who becomes the obsession of the man pursued. The obsession threatens to destroy the real enduring everyday love that is available in the partner. This does not mean however that the therapist can remain detached. Later in this paper I shall discuss the situation of the female therapist in relation to the erotic material of male patients. I think that therapists in general need to become better at distinguishing between varieties of love. When might we be entering into dangerous therapy, for example where a disrupted attachment history combines with an obsessional personality? When might it be appropriate to put up a bar and when might it be counter productive or stifling to development?

Meltzer (1973) asked in *Sexual States of Mind* how we could know that we should intervene in people's intimate relationships? How do we know whether the therapist's interest is prurient curiosity or appropriate for the therapeutic endeavour? His reply was that our concern should always be with the infantile aspect of relationships and sexuality. He believed that if we hear about a sexual relationship, that in itself tells us that it is dysfunctional in some way. Good, mature, intimate sexual relationships will not be brought for the scrutiny of the therapist. That is helpful but does not necessarily deal with the question of how much we should ask questions about sexuality, interpret non-sexual material in sexual terms and impute an interest in the therapist sexually and emotionally, the so-called deepening of the transference.

A straw poll on a radio programme in August 1999 found a majority of the public in favour of the proposition that therapy creates more problems than it solves. In other words it creates a transference neurosis. Patients are encouraged to express their thoughts and feelings about the therapist, or perhaps to *have* such thoughts and feelings. This may well amount to having a relationship where none existed before. Moreover, it is, or should be, a relationship which is never more than a tease. Love me, but I won't love you back we say, or at least I won't love you as much as you love me. Ernest Gellner is among those who have written critically of this effect:

But when in distress they seek their shepherd,

they are instructed to abandon all semantic restraint, and display not only their intimate and shameful secrets, but also the total and deplorable chaos of their mental content, which otherwise they must strive to hide. They must 'free associate'; then it would seem they develop feelings for the person in front of whom they have so abased themselves. The intensity of the feeling so generated appears to confirm the validity both of the theoretical and the specific insights attained in the course of the therapeutic sessions, thus producing that characteristic blend of strong feeling and sense of cognitive and liberating illumination which defines mystical experience. (1992: 52)

It may be true that we create the effects that we then happily analyse but this is not necessarily a bad thing. Perhaps if we use those effects constructively, they can be for the ultimate benefit of the person who comes. In any case, it is not possible to make someone fall in love. We are not as powerful as that. The patient does what the patient needs to do and then we can either abuse them or help them to make use of their potential to be more and to feel more than is obvious in the present.

The experience in therapy of two men will illustrate both the power of the therapist and the therapy and the area where she (in this case) was not powerful enough. In both cases the therapist needed to take responsibility because the patient was not himself. P came to see me because he was suffering from a kind of blockage in his life and his career. He formed an attachment with me which was obsessional and controlling and masked his need both for mothering and fathering and for a truly genital adult love. He had married a younger woman and she was just about to have their first child. He had an interest in acting and had just been offered a part in the first production of a local drama group but was terrified that he would not be able to come up to his own and others' expectation of him. He had a job as a nurse which he despised because he thought his status was low and he sabotaged any possibility of promotion or advancement and then complained that no-one appreciated him.

His family background was evidently bleak. His mother was still alive, having separated from his father when he was 11. She had lived with his step father ever since and the two of them lived a life which he described as a barren suburban-semi sort of life. His father was much more exotic and had a successful career as an actor but had always been scornful of P who had heard him once tell his mother that 'the boy is too effeminate.' His earliest memory was of standing in his cot, shaking the bars and trying to get out but being kept in there

while the rest of life went on downstairs. He had two older brothers who had successful and much envied careers.

P wished to use therapy to help him in his relationship with his wife which was in difficulties. He volunteered that she did not want sex with him and would not respond when he caressed her. As the therapist I found him unthreatening. He spoke fluently and continuously and when he spoke about sex there was somehow a lack of danger or excitement about him that seemed to me to indicate that his desire for sex was theoretical. I was not in any way aroused by his talking about sex. The only relationship in fact that seemed not to be theoretical was with the baby when he was born. P passionately loved his baby who represented all the hope and longing that he did not seem to be able to feel in and for himself. He made himself or tried to make himself into a better mother to the baby than his wife could be. He wished to stay in the time warp of the mother-son relationship and not move on to a genital relationship to a woman. His wife was apparently co-operating in this impasse and so did I.

He told me a dream which represents his difficulty and mine. He was in a room with a beautiful grand piano but he did not know how to play it. He found himself floating up towards the ceiling and could not get down again. He was just below the ceiling with his neck uncomfortably stiff and bent and then he found himself sitting on the room below and even on the beautiful grand piano.

This is such an interpretable dream that one might wonder just how much it comes from his reading of psychoanalytical text books (which he did a great deal). I had to take account both of the dream itself and of the fact that he chose to tell it to me because the actual content seemed to me to be very strained, however freely he described the shit as falling. Sessions with P felt rather like his dream in the sense that we both floated way above the surface and it was impossible to make contact with each other or with the ground. The resulting sensation is insecure to say the least. This insecurity was hidden beneath a constant articulate and perceptive exterior. He talked with wit and irony about the current scene in literature, art, philosophy and film in a way that I thoroughly enjoyed but which effectively prevented either of us from addressing what was going on inside him or between us. When I drew his attention to his skill in seducing me in this way, he would respond angrily that he knew he was a hopeless patient and there was no reason why I should understand or appreciate him any more than his wife did. He returned immediately to complaining about his wife. These complaints about his wife centred on her lack of care for the children. She did not clean

the house to a hygienic standard, she did not make them wash their hands etc.

At the time I saw the problem as related to the anal stage in developmental terms and tried to interpret his control in relation to me as an anal withholding in retaliation against the mother's failure to clean and care for him. This was inadequate. In some ways he was only too free in what he gave me. He resisted all my attempts to enable him to think about the way in which he prevented me from having the real treasure of his inmost thoughts. We were very bogged down in this view of mine. He had to walk out of his marriage and then suffer a depressive breakdown in which he left his job before I finally began to see that I was avoiding the essential erotic nature of what he was telling me. Some of the problem was my failure to take responsibility for the whole of his communication, not just the part that I was willing to hear.

When I was able to recognise my fear of what he might be like if he became a mature man with sexual longings as well as parent-child love, I was able to say that I could understand his wish to stay floating on the ceiling but that he had many times told me of his wife's failure to respond to him sexually. I said that I thought that I had presented him with a problem in that he could not be open with me in case I was frightened or angered by his desire. He responded with a whole succession of dreams and erotic fantasies about me which I found very difficult to hear, but I had to recognise that I had offered myself for this role. I said that I was willing to hear what he needed to tell me but that I might find that there were limits to what I could accept and in that case I would take the responsibility of telling him so. He seemed relieved by this boundary setting.

His fantasies such as tying me up and masturbating me or watching me having intercourse with another man became gradually less sadistic and more mutual as the therapy progressed. When his fantasies changed, his relationship with his wife also began to change.

What does it do to a man to see a woman therapist or analyst? Since so many psychotherapists are women, this is a very important question. If Lacan were onto something when he said that the woman is seeking to find an answer to the question 'What is a woman?' through the study of what men find to desire in women, then we must be on the look out for the woman therapist who keeps a stale mate, a situation in which the man's desire is held transfixed and cannot move forward. If she does this and holds him in the pre-oedipal arena because she needs to see his desire in relation to another woman, not herself, she will not be able to help him to move towards bringing desire and love together.

P's desire for his wife was limited to the kind of caressing that he gave to his baby. He did not venture into more adult love because his mother could not allow it and barred the way.

Analytic work leads to the most tempting opportunities for therapists to express narcissistic needs by encouraging and basking in the patient's pre-oedipal or oedipal love. Lester (1990) suggests that in the cases of sexual abuse of patients that she had seen in Canada, the reason for the analyst's transgression was that he mistook the female patient's demand for *love* for a sexual demand when it should have been seen as pre-oedipal and should have met with an appropriate response at that level. A related but opposite problem occurs when a male patient is working with a female therapist. Lester suggests that his fear of the powerful mother that she represents makes it impossible for him to risk giving expression to oedipal longings for her and his fear of castration keeps him in the pre-oedipal sphere. Thus we would expect complaints from patients with acting out therapists to focus on sexual enactment for male therapists and inability to accept sexuality for female therapists. In practice of course, complaints can centre on either the enactment of sexual wishes or the mishandling of the refusal to enact.

Women analysts may be less inclined to enact sexual desire, but not a great deal of information is available with the exception of a few papers such as Lester (1985) who suggested that men find it difficult to make an erotic transference to a woman therapist not only because of the fear of their own internal castrating object but also because of the fear of their superior physical strength and ability to force themselves on a woman.

The second patient whom I should like to describe shows a situation in which there is much more obvious difficulty for the therapist. This is a fictionalised account of a therapy relationship that went seriously wrong. Perhaps we can consider in the light of all the experience here, how this might have gone differently.

C came to see a therapist who was working for an occupational health counselling service. He was suffering from severe lack of self confidence. He had found himself unable to complete a project that was required of him in his work in the information technology department of a large company. On the face of it he seemed a reasonably suitable client for such a service and the therapist, who was a fully trained and registered psychotherapist, felt no particular qualms over taking him on. He described a history in which he had been brought up by his mother who had been left a widow by his father's death in a car accident when C was a child of two. He was an only child and was brought up

in a close and apparently symbiotic relationship with his mother. He said that he had not thought of her as being particularly depressed but he remembered that she spent most of her time reading on her own in her bedroom and the only time when he was really happy as a child was when she was reading aloud to him or later, when he was reading to her. He said that they read nineteenth century novels and sometimes the mystics like Julian of Norwich.

He was lonely and isolated at school because he always wanted to hurry home to be with his mother even though he knew that she would not take much notice of him when he got there. He gradually learned that the best way to ensure that they had an evening meal was to make it himself. He struggled with cooking and cleaning and took over most of the running of the house by the time he was eight or nine. His mother never made another relationship with a man as far as he knew and when he was due to go to university she died of a stroke at the age of forty. He still went to university but he was aware that he had been very depressed there and had found it difficult to concentrate on work or make friends. He had managed to get a fairly mediocre degree and a job. Now at the age of 27 he was struggling to make his way with his job but had suddenly come to a standstill with a project which he said was not particularly difficult but it did require him to do some background reading and work independently. "I just cannot make myself begin," he said. "I will find anything else at all and I have begun to say that I am ill - headaches and small things. That is why they have sent me here. The doctor said that there is nothing wrong with me and I should get some therapy. I told Bill (his boss) the truth about what the doctor said and he sent me to you. I don't know how you can help."

The therapist thought that she saw one useful link between the reading that went on with the mother and the reading that C was now unable to do. She made this connection in the first session as a trial interpretation and he responded thoughtfully saying "Well, I don't know that I miss the reading that we did. It was always a terrifying experience as well as a good one. I could never make enough impression on her for her to stay with me." "Aha," thought the therapist. "This is useful stuff that can be worked through well." "So you'll stay with me," the client asked. "Yes. I'll do what I can," the therapist replied, deciding to offer an open ended contract because he should not again be bereaved.

The therapy began well with considerable improvement in the work situation. C found that he was able to talk about his longing for his mother to the therapist who seemed to understand him well. She found him a responsive client and was

pleased with his progress. His depression seemed to be lifting and he reported making better relationships with his colleagues at work. When the first holiday break came, it was Christmas. He arrived for the last session with a large bouquet of flowers and a bottle of wine. The therapist was secretly pleased that he had brought her such beautiful flowers. He said "I don't know how I shall get through the time without these sessions. You have made such a difference to me." The therapist said that she was glad she had made a difference and she was sure that difference meant that he would get through the break perfectly well. If he found it difficult he could write to her. She was a little anxious about the gifts and said to him: "I am happy to accept the flowers. Thank you. They are beautiful. I would rather you drank the wine for me." "All right, I shall drink it and think of you," he said apparently not greatly distressed by this response.

As a result of this encounter, the whole tone of the therapy changed. He returned after the break with a light in his eyes and a spring in his step. He had another bouquet of flowers and said that he thought the others must be dead by now. He had written several letters over the holiday recounting his every move in great detail. He began by saying that he had heard that some clients in the service saw their therapists twice per week. He would like to ask his manager for that because he thought that he needed it and would make much better progress if that were possible.

The therapist was not sure that this would be a good idea. She said that she would consult over the possibility. She discussed it with her supervisor and they both agreed that more sessions would make the attachment even stronger and because it was already becoming a little overwhelming it might be more difficult to contain. She therefore returned to the next session and told him that she would not be willing to see him twice a week because she did not think that would be in his best interests.

This brought about an immediate change. He grew noticeably pale, tapped his foot on the floor, clenched and unclenched his fist and then jumped to his feet and left the session after only ten minutes. The therapist gave a sigh of relief thinking that she would not see him again. She had found his repressed violence alarming. The following day a letter arrived apologising profoundly for his over reaction and promising that he would be grateful for whatever she would give him. He would attend for his next session. She was anxious but waited for him to come. In the session he said that he hated to beg but he must ask for the second session. He had done no work during the week and was completely paralysed.

He could think of nothing but her. If she said no he would not be able to face life any longer. The therapist said that she understood his loneliness but she did not have the space to give him an extra session. This was the first time that she had departed from the truth, led by her own anxiety to try to close the subject. The supervisor pointed out that he was feeling as if he had found his mother again and wanted her all to himself. In fact she was not his mother and could see him only as his therapist and that meant one session per week. The therapist at first felt better but was thrown into a further panic because a bouquet of flowers arrived each day on the doorstep at her home address with no note and no name attached. When he came for his next session, she found herself suddenly angry. When he said "You must see me more often. I cannot go on without you." she said "No, I do not have to see you more often. Or at all. I think it's better if we end this contract right now. If you want another referral I am sure that the Service will be able to find you another therapist." At first he refused to leave, but when the Director was brought along as well, he finally went. The next day, a letter arrived saying that he was initiating a complaint against the therapist for incompetence with both the Service and her professional body.

When the detailed complaint arrived it said that the therapist had treated him unethically by abandoning him in the middle of a strong emotional attachment and that she had been incompetent in taking him on in the first place. She should have been able to diagnose his tendency to attachment. The professional body closed ranks behind the therapist and said that there were no grounds for complaint. C received no satisfaction and considered that the profession had behaved totally irresponsibly.

How could this have been different? First, the matter of competence. The therapist should certainly have predicted a powerful transference attachment which would be difficult to end because there had been an unsatisfied longing for the mother. Would a time limited contract for a focussed approach to the specific presenting problem have had a better chance of working? Secondly and perhaps more importantly, there was no father anywhere in sight. The therapy ran into severe difficulties partly because even the supervisor was not able to mitigate the passionate intensity of the therapeutic dyad. Finding a mother figure who would pay attention was so exciting that the limits imposed by the therapeutic situation were unbearable. Moreover, by accepting some of the boundary breaking that was initiated at first, the therapist had given reason to hope that other breaks would be accepted.

Apart from these comments I would like to suggest that the profession considers how we can help patients in this situation other than through the process of a complaint which is drawn out, painful for all concerned and cannot make amends for what has been suffered. When therapy breaks down in this way, everyone panics, particularly the therapist who is at once afraid of complaints and even legal action. Suppose we tried a different approach and offered an opportunity to meet for conciliation sessions with an experienced couples therapist? Might it not be possible for the therapy then to continue or if not to arrange for a better ending and a referral to another therapist?

In both of the cases that I have described, the female therapist tried to stay outside the danger zone of the erotic aspect of love. In this sense she barred the way. My point is that by taking responsibility for the therapeutic enterprise, the woman therapist must enable the man to find his own sexuality and his own ability to love without going to the opposite extreme of taking up the position of the woman who needs him to pursue her.

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Jill Shields

From history to psychotherapy

Before I became interested in psychotherapy I had studied history at university and subsequently worked for the Open University. The courses I taught there required me not to teach history but rather to help students understand the fundamental tasks and skills of the historian. There is nothing like having to teach something to sharpen one's grasp of a subject and I think it was doing this that clarified my own ideas.

When I applied to join the Outfit I wrote that the basic tasks of history - collecting, sifting and interpreting the available evidence to build a coherent picture of the past - seemed to me not unrelated to the work of psychotherapy. Thinking about this further and three years into my training I find myself struck by a number of other parallels.

One premise of history is that the past matters. It matters because it has created the present; we cannot understand the present without understanding the past. History is often described as the memory of a society, serving the same functions as the memory of an individual. Fundamentally it is our memory that tells who we are, where we are, how we are. Psychotherapy, at least analytic therapy, also assumes that an understanding of our past is necessary for us to understand our present selves. The basis of this in psychotherapy is a re-examination of our memories, which can result in an upwelling of further memories and a re-evaluation of what we find. This re-thinking can affirm or disagree with our original picture of our lives. We may be very surprised to find how firmly we hold some particular beliefs of which we had no conscious knowledge.

Much of this search takes us not through the authorised version, the bland and comfortable certainties of progress from the past, from infancy to adult as recorded in the family photo album, but rather with the awkward artefacts that don't seem to fit this version but are our own uncensored

version of what happened. These can be the photos that were never taken, because it was not a sunny day, or the photos taken from the child's eye view - outside the door when the parents are loving or fighting on the other side, under the table when we hear them talking about ourselves, our siblings, family feuds. They can be about absence rather than presence, feelings rather than words.

So too with history. As with the individual, the social past, considered in a unit as small as the family or as large as the human population of the world, can be considered and re-considered. To understand the current dynamics of a family, we have to know something of the past. Who was important at that time? Was granny there then? To understand why Kosovo, Ireland, the Trade Union movement, or the City of London are as they are we have to know something of the past - how these situations arose, the needs served, the forces exerted, the change and development over time in response to these needs and forces. As we have seen, plans made for change or reform without taking this into account as well as the current perceived reality, are unlikely to get very far.

It is a psychotherapeutic truism that until the individual can remember and re-experience his traumas and work them through, he is doomed to repeat them either actually or metaphorically. We are also resigned to accepting that nothing can be totally worked through, for better or worse experience cannot be eradicated, only healed over with larger or smaller scars.

The social past seems no different. Asked what he thought of the consequences of the French Revolution of 1789, Mao Tse Tung is reputed to have said that it was too soon to say. It is probably always too soon to say. No historical episode can ever be said to be finally closed, its effects totally worked through. So long as it is remembered it will affect current decisions. The horror of the first world war delayed the start of the second, the

memories of that period when Hitler was to be appeased rather than confronted were to be re-experienced as NATO dithered over whether, when, how to intervene in Bosnia and Kosovo.

One result of this power of the past to affect the present is that history and memory are both permanently fluid, open to re-interpretation, re-working in the light of present concerns, events, interests, insights. This can be unsettling; life in a permanent limbo where all actions, motives and values can be endlessly assessed and re-assessed. But the insistence on a fixed view of the past (think of the Orange order in Northern Ireland or the National Rifle Association in the US) leads to a blinkered fixity which can be paralleled in the individual decision never even to look but to stick to the story: "I had a very happy childhood", "My mother was Good, my father was Bad" and so on. In both the individual and society this insistence can lead to painful experience being repeated in sometimes bizarrely different settings; experience from which nothing is learned except that it would be even more dangerous to risk a different point of view.

One of the first tasks of a new social or political awareness is the re-writing of history. Political revolutions do this overtly - Day Zero in Cambodia and the re-invention of the calendar in the French Revolution to eliminate all traces of religious or establishment influence were clear signals of a change in ideology at the top. Changes in areas of social concern or interest work more slowly and subtly. In the last two hundred years in this country alone we can see the cutting edge of historical thinking shift from the political histories of the late eighteenth and early nineteenth century anxious to either legitimise the constitutional changes of the previous century (the Whig interpretation), or to debunk them. As the Industrial Revolution proceeded interest shifted to economic history. By the mid nineteenth century Marx was insisting that economics preceded and created politics, and a little later liberal historians were examining the same territory, puzzled by the failure of Adam Smith's 'invisible hand' to deliver the continuing prosperity it had seemed to promise a century before. These were followed with ever increasing speed by social history, working class history, cultural history, black history, women's history, the history of medicine, of science, of sport: a dizzying post-modern fragmentation of what had been perceived as a single narrative of Truth, 'Our Island Story' on which we could all agree.

These varied histories are not entirely distinct; they contain, exclude, agree and contradict each other in a complex interweaving of agreed facts or events - the Battle of Trafalgar took place in 1805, Queen Victoria came to the throne in 1837;

arguable areas of interpretation - was the birth or the death rate a larger factor in the rapid growth in population in the eighteenth century? had aristocratic power all but disappeared by the late nineteenth, or simply changed its style? - and pure opinion with the power of myth - was the Blitz 'our finest hour, showing the British at their best', or was it 'a shambles demonstrating yet again our incapacity to organise a piss up in a brewery'? I quote here two middle aged female students who nearly came to blows in a seminar designed to show the difficulties of truly knowing the past. One was the daughter of a senior army officer, the other's family had lived through the destruction of Plymouth. Both assumed that their family myth was the whole truth rather than a partial view based on limited experience.

Historians learn fairly early on that there is no such thing as the unvarnished truth. All accounts of events are written partially - that is from the point of view of the observer. This may be a physical position - a battle seen from the top of a hill is very different from the same fight seen by a participant, or even from the top of a different hill. Or it may be mental - a strike is seen differently by an employer and an employee. Or it can be a point in time - a racing commentary at the time, a recalled blow by blow account the next day, an account put into perspective by time and distance. Truth lies not with any one of these, or even in a composite of them (how can one merge diametrically opposed views?) but in their very multiplicity, not a smooth sphere but a faceted crystal reflecting varied sources of light, now red, now green, now blue. Listening to someone on the couch recount an event from their past one is aware, sometimes, of all the members of a family chipping in, of a shift in mood the next time one hears this tale, of certain fixed bits of narrative that are insisted on. Historical training makes it a little easier, perhaps, to hold these together without merging them.

Like history, psychotherapy is as much about the present as the past. The changing concerns of the present bring a new curiosity about the past, highlighting areas previously ignored. Equally the shadow of the past obscures the understanding of the present; we think things are as they are because they have always been so, what actually is the case takes on a necessity which forgets or ignores those frequent moments when things might have gone in a different direction. We find it very difficult to imagine a world in which we don't have the partners we have, or where the First World War did not take place.

So how is psychotherapy different from history, where does this laborious comparison break down, or no longer apply? Perhaps the simplest difference can be seen in the contrast between the

historian examining endless account books to find, say, how much money was spent on what over a particular period of time, and the psychotherapist with a patient waiting to hear what the latter has to say today. Both are in search of information, both may have ideas or hypotheses about what they are likely to find. But one is actively looking for something particular, something that can be thought about in relation to the picture already built up around the hypotheses the historian is in the process of developing. The other is waiting, ideally 'without memory or desire' to hear, accept and feel what the other has to say. Only when this state has been achieved can she begin to think about what has been and must continue to be experienced for the process of psychotherapy to happen. History is a way of thinking, psychotherapy a way of being which includes thinking.

History uses a disciplined imagination to create a story from material which now has no voice of its own, which relies on the historian to interpret and report from what are no more than relics, fragments of a past that in its entirety no longer exists. The discipline lies in the responsibility to be as objective as possible, to stand back from the material and think, not to be immersed in it. This is one reason it is so difficult to produce good history from the recent past; a certain distance is required for any measure of objectivity to be possible. The story that the historian produces may be compelling, emotionally powerful. It may strike others as obvious, as light shining on a new place, or it may be questionable, even rejected. Either way it is the historian's story, the historian's interpretation of the available evidence. It is a working hypothesis which will be subject in its turn to further examination and interpretation by other historians. Whatever the power of a good historical theory it has no life of its own, it is simply an idea until and unless it is picked up by the current and taken beyond the discipline of history.

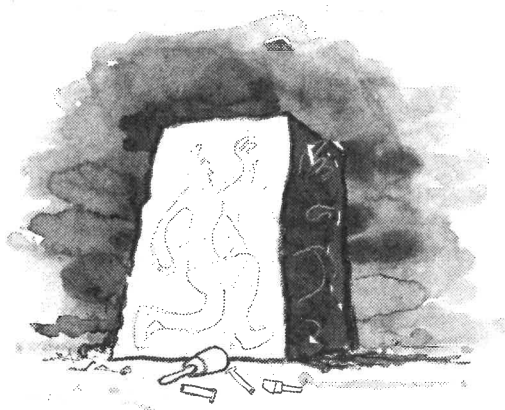
In contrast to this intellectual construct the psychotherapist is attempting to assist at the birth of a life story that will belong to, be and continue to be the patient's reality in all its possibility, confusion, vivacity and immediacy. Perhaps the comparison should be less with the painstaking bit by bit building up of historical work than with the sculptor's analogy of freeing the statue from the stone - but with the active co-operation of the stone! For what we hope to achieve in psychotherapy is a creative relationship within which the individual patient's life can come to meaningful existence. It is not the psychotherapist or the patient alone who creates meaning, but the relationship between them. This is a partnership which not only looks at the evidence, thinks about

it, weaves a story around it but lives it, creates and re-creates it. The psychotherapist must be both immersed in the patient's experience, feel it with him, and maintain an actively thinking and separate mind that can communicate that thinking and help the patient to think independently as well.

History sits on the bridge between arts and sciences. It demands intellectual precision, discipline and rigour. The rules of evidence have to be tightly adhered to to create a narrative that does not depart from what can be demonstrated to be so. But because it deals with human actions, thoughts, motivations and feelings it of necessity has to employ a measure of imagination in its attempt to create a narrative which makes sense in terms not only of what happened but why it happened. History cannot repeat events like experiments to confirm its hypotheses, it can only present what seems, to the historian, to be most likely. It requires a measure of boldness to take the risk of presenting a new and different hypothesis because ultimately it cannot be proved.

Acceptance of a new historical idea will depend on a certain frame of mind, a set of values or scale of judgement, in the reader or listener, a capacity to see a particular interpretation as likely if not necessarily the only possible explanation. This will vary over time - at different times, different interpretations will speak more or less vividly to us. My own experience of the psychotherapeutic enterprise, from both sides of the fence as it were, feels the comparison here. But the degree of personal involvement has, to me at least, no comparison. History can engage one deeply both intellectually and emotionally but it simply does not use one as totally as does psychotherapy because, ultimately, it is an abstract analysis of the past, not a lived engagement with a personal present.

Please contact Jill if you would be interested in further discussion of the connections between history and psychotherapy.



Ann Cockett

The unexpected absence of the therapist

I would like to share with you some thoughts on the unexpected absence of a therapist and some of my own experience connected with this.

Although I have a nursing background, I had not set up any contingency plan to cover unexpected absence because of illness or accident. Part of this may possibly be procrastination but I suspect it is much more likely to be denial and avoidance on my part. Having had a serious illness in the past, I am inevitably anxious when I think of its possible return. But I suspect I am not alone in this. None of us likes to think about our own vulnerability in this way and I wonder how many of us have made any provision with regard to our clients?

In my case I had approximately a week to sort things out before going into hospital. I was able to have one last session with each of my clients, including my NHS clients at a local Health Centre. I knew I was to undergo major surgery but in addition there was the likelihood of prolonged treatment afterwards. I emphasise this as it meant I did not know if or when I would be fit to work again. This was an extremely difficult time for me, struggling to contain my own anxiety and that of my clients. It seemed obvious to tell people at the beginning of a session or thereabouts, so at least we had some opportunity to explore what it might mean that I was going to be away for an uncertain period of time and that I was ill. Inevitably my news however gently told was a shock, and brought in its wake varied emotional reactions. Some I foresaw. Everyone, of course, wished to know how long I would be away. Several asked what was wrong. Had working with them and the particular problems they brought been too much for me? Other reactions were less predictable. My client Jenny was made so anxious by my news that she insisted on leaving almost immediately. It seemed she did not wish to cause me any further damage. As a child Jenny had suffered sexual abuse from her father. She had reasoned as a young girl that if she was available in this way for

her father, her younger sister would be protected from his sexual attentions. He forbade her to tell her mother, warning that she was tired and not well. She was protecting her mother also. In her therapy we were addressing her often overwhelming need to protect and be responsible for others. My news had triggered this in an acute fashion and her flight was an attempt to protect me.

I was concerned as to how much to say about my illness. When asked directly it did not seem appropriate or useful to interpret. I tried to answer as honestly and straightforwardly as possible without going into any unnecessary detail. I also told people I would write to them immediately I knew when I would be fit to return to work – that they would be welcome to write to me if they wished, but that they would possibly have to wait for a reply.

I discussed with my clients the possibility of them contacting another therapist, a colleague of mine, in my absence. This provision seemed to help people feel that I had thought about how they might manage in my absence. Two of them took advantage of this option. Joan had just one session with my colleague when her anxieties over a recurring family situation spilled over and felt uncontrollable. Another client, Mary, had several sessions.

Knowing that a trusted colleague was available for my clients, if necessary, was a huge relief and enabled me to concentrate on my family and myself at this frightening time. I hasten to add that this friend kindly offered her help when we met unexpectedly – I had not arranged this as part of a contingency plan!

I thought it really important to assess carefully the timing of my return to work. There could perhaps be a fairly rigorous time ahead working with the issues brought up by my long absence. There



might be feelings of anger and abandonment and a possible loss of trust. Just as importantly I needed to be able to withstand the material that my clients brought to me and for them to be clear that I could withstand it. My experience on my return was that some felt very tentative about burdening me and making me ill again. When resuming my work with Jenny it took several weeks before she could trust that I was well and strong enough to take the sorrow and rage she was expressing in our sessions. "You will not want to hear all this" she would lament. She would wonder if my family was looking after me well enough – her fantasy being that I was 'put upon' and generally neglected. We addressed her concerns in our sessions together and she was able to understand that her feelings about me in the transference were similar to her feelings of overwhelming responsibility in other relationships.

My client Mary had a difficult and painful time dealing with my absence. It brought up earlier feelings of abandonment, when as a small girl, her mother left her on her own for long periods while she was working. She began to eat excessively for comfort during these long periods on her own and became distressed when she realised she was far heavier than other pupils at her school. She became bulimic in her teens and this continued into adulthood. When we resumed our work together, it was some time before Mary seemed able to talk about my absence and how she had felt. Eventually she expressed concern that I might be ill again. She was afraid that I would not prove reliable and consistently available to her. However, she was able to make a real shift towards connecting events with her feelings – my absence with her distress. In the past she had found the only relief for feelings of overwhelming tension and distress was to binge and later to make herself vomit but felt unable to identify or connect with any cause for her distress. In her few sessions with my colleague while I was away she was able to express a great deal of anger. Perhaps she could be freer – she did not feel she had to take care with this other therapist. This notion appeared to make sense to Mary. She had always felt very ambivalent about coming for therapy and although this was still present to some degree, it was not so evident. She appeared to be valuing her work with me and her bulimia was much improved.

I must also mention that some clients appeared totally unaffected by my absence, recommencing their therapy apparently unscathed. Discussing

this with a colleague who had a similar experience, we wondered if this has to do with people's degree of self-absorption.

For me there have been issues of comparison to be addressed. What had the differences between my colleague and myself meant to people? How had our different styles of work affected them? This sometimes felt quite difficult for both clients and myself to discuss. I had my own fantasies and concerns whilst away. Would my clients prefer my colleague to me? Would any of them come back? On reflection and through discussion it seems my clients had been able to form a strong enough attachment to me to enable them to return and continue with their therapy.

The question of the therapist's illness or death was raised in 1996 by the UKCP in some *Notes for Practitioners* headed *Illness and Death* and in an article in *The Psychotherapist* in 1998. The opinion in the article was that 'Good practice requires that some clear provision is made.' It goes on to say that some people have felt it important to insert a clause in their will to state explicitly what should be done, whether any colleague should be asked to take charge and what should happen to confidential records. Clearly, if no provision is made clients could well turn up for their sessions, with no-one there and all the consequent distress and confusion. This has happened – though fortunately not to me. My experience suggests that it is a good idea to keep a list of names, addresses and telephone numbers in a secure place. This would have to be kept up to date and a trusted person made aware of its whereabouts. In an emergency, this person would then be able to contact clients. If you would like a colleague to be available to see some of your clients then their details could be kept alongside your list. Considering such practical matters is an important facet of caring for the people we see. However difficult it may be personally, my experience leads me to feel strongly that it is something we should all think about.

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Walter Morgan

Actaeon impulses

'Look mum! It's lost its legs and looks like a terrier.'
'Terrier, yes it does look a bit like a terrier now, don't worry about it now.' She was rubbing her fingertips over the curled edges of a large rectangular elastoplast that covered the knuckles of her other hand. Sparse little yellow flowers twitched in the wind on the jasmine growing around the open doorway that framed mother and daughter looking out onto the garden.
'But what's that underneath its...?'
'That's it's... underneath...'
'Oh! It's horrible and looks sore!'
'Yes, it will be sore because of the accident.'
'Can it read?'
'No...no.. and I don't know why you keep on asking about it, no...can't read.'
'We could have stories, oh, go on Mum please.'
'No...they can't normally read.'
'It spent a long time looking at the packets when it had the dustbin over, oh, go on Mum, please.'
'No...no. Well... it might be able to get some of the little words.'
'Yes!...What like Mum, what like?'
'Oh I don't know, maybe like... 'DAZ'...or... 'JIF'.'
'Yees!...and he might start practising saying them... 'JIF! JIF!'
'Not in the house it won't.'
'Oh! Mum! It's moving! It's dragging on the gravel, he thinks we're calling him!
AH!...AH!...AH!...Quick Mum! Stop it! Stop it! Help it!'
'Stop it! Stop step on it! Step on it!...'
'NO! NO! It's stopped! It's stopped!'
'STOP PUSHING ME!'
'Oh no.'
What?'
'What's that crunching noise?'
'Don't worry it was just its sunglasses - I stepped on them.'
Ooh, mum, I wanted those.'
'My God! Nothing's ever right for you! Is it! Is it!'

I was telling him, you know, that the motorway is

just like the Wildebeest-run. Well - look at them! And we have this thing - this random barbarism thing, and I'm worried - will I have time to snatch a last look at the Rolex strapped and natty on my hoof before... This random barbarism thing, when the big bitey toothy fucker looks over and wants one...now! And he's in amongst the mad beasts! Reared, head and shoulders above them! And I'm through the windscreen, my young business body suspended above the ruined traffic, electronic central-locking gadget in my hand, balanced in St. Sebastian pose, flesh pierced by small change and little plastic Smurfs from the petrol station. And he started to tell me he was watching this person, one of the people who spend afternoons lost in Spanish devotion, battered by the baroque, bending and lurking to French-kiss the exposed knee-cap bones on this big painted wooden Jesus with cuts all over it. He asked this person what they tasted like, and this person told him that they were a bit like window-sills. I know I said! *I've been! I've been!* So I said, I asked this other person, just who was it who was doing the lurking? Gorping and sneaking about, trying to catch someone with their hand up the Mary's dress! What sort of a bleeding holiday is that? Gorping! Separate and very high understanding by sniffing and gorping? Do something yourself! Don't just watch us poor bastards! I didn't do anything! I didn't do anything....she says I did.....well it was *me* who made sure about the cooker! Me! Top of the range 'Smeg' with turbo-boost on *every* burner! It gives you up to 10 p.s.i. gas boost! 10 p.s.i.! You need that with the three foot-six fish-kettle burner!... Tell me what would she have had? Eh? See! I am just the result of a random barbaric occurrence, that one antelope that didn't get away, that you always see with the big bitey fucker on its neck or some pack stretching its skin. ...except ...you'd stick your horns in if you were an antelope, sort of skid around in that dust and, with your hind quarters sort of low, stick your horns in it when it tried to jump on you. So that's no good. I wonder what the camera-crew would make of it? It might

become the new norm – like you can't watch a nature film of bleeding chimps these days without chimps chasing down and dismembering some poor little fluffy-faced other type monkey, and screaming about, chewing it up raw. Antelope and Lion films would be different from then on...lions getting stuffed by antelope all over the place, and everybody will start to notice how hard Antelope looks....Antelope strutting about with a couple of those wild dog things skewered up on its antlers for a day or so to let everything see and start a new Ju-Ju, and even the camera-crew will be wary and a bit of that jerky hand-held camera stuff when Antelope spots them filming him down at the water-hole and looks at them, and they bottle it and run off. Go on! Get back in the car!... And be careful!

'But *you* weren't careful, were you!'

'Mum, is this the d....?'

'No it's a hea...DON'T! for Christ's sake! I've told you DON'T TOUCH IT! For Christ's sake! Now look at it! All over the bloody place! As if your bloody father isn't bad enough! Look at that filth all over the place! You're just like him! Look at the bloody steering wheel! Christ! Christ! Christ! He's ruined everything! But he's going to clean it – not me now – oh no – not me – not me – oh no – not me – I've cleaned a lot – I've cleaned enough! What good is it now with all broken bits sticking out? And those sponge marks all over the front!' 'It's raining mum, what shall we do with the terrier thing tonight?'

'Oh come in and leave it.'

'But it looks all bent and it's glasses is broken.'

'ARE broken! ARE broken! Jesus Christ!'

'Are broken.'

'Well it's not coming in here! Push it there onto the soil... Now leave it and come in.'

'The rain...'

'Come in and shut the door.'

'It's the...'

'Come in and shut the door, shut the door! Come in! Shut the door, shut the door!'

'But

'SHUT THE DOOR!'

The slamming door caused the brass-fronted letter rack up on the wall to swivel; letters, and an Innovations catalogue cascaded down onto the girl, as she stood, her back to the door, mother's arms rigid either side of her head. The space was woolly with coats.

'No, well let me tell you that they are in there, but Christ knows what order they're in now – OH – but it's dogs, bloody dogs with you Isn't it eh? Bloody bleeding dogs!

'No it's not Mum.'

'Where is it? Open the door! Open the door!'

'Don't Mum, I'm sorry Mum.'

'Out of the way! Open the door Let me open the bloody DOOR!'

The girl turned her face into the coats, and twisted herself into them.

I suppose it was a kind of mistake, well I don't know, my mother would have her and we got the 'Real Spain', late availability from the Teletext. He kept on going on about donkeys landing on your head when they're thrown off the roof, or something barmy. He did say he liked the music, would like to hear some guitars, so he did seem keen. We saw accidents there.

Christ! He got so drunk that first night, he said he had to go in the bar next morning. So I left him across the street from the hotel, it was like leaving him outside casualty. It was all bright and he scurried off where you could see men inside the dark, and I was left with Seville. It was wonderful for February, but some of them were walking around like old-fashioned Christmas cards, fur collars and long coats, like actors performing in 'winter'. And the women put you to shame, they're so smart, they sort of walk on you, by not seeing you, but they have seen you, and you feel gorky.

I started to notice her face. I realised that I'd seen her in the hotel the night before, on a postcard, tucked into the side of the mirror-frame in the hall. Walking about, I started to see her face in little unexpected places; little postcard photos of her in shop window displays, car windscreens, slipped in front of a photo of a football team in a bar window with all the men inside making their noises, even the blind people shouting and holding up those tickets sometimes had her face pinned to the frame with all the tickets on. Why do the men make those noises? Sometimes they make them when they're behind you, a bit too close, sort of sucking their teeth noises...creepy! I knew she must be something holy, probably a Mary, a life size statue, but I wasn't sure I hadn't seen her before. She was calm, I noticed her every time, but I wanted to give her something, to make something alright, I don't know...I don't know that I wasn't looking for her, and I felt calm when I saw her, like I'd seen her before, as a person somehow, or in a film or a dream, or like I was very small, or she was – but not like a daughter, not like a daughter, it was funny. There were lots of her on a postcard stand. She was called Macarena, there was a song called that, but that was a dance, I'm sure, not about her. The man in the shop did a funny thing when I went in to buy a card of her; he very politely and carefully raised his hand, with his forefinger and thumb held up so that I could see them, then took the guide book from under my arm. He opened the book on the counter, found the map, and tapped his finger on a church, then tapped again on the postcard picture of her face, like he knew I'd want to find her. He was rabbiting something, pointing to the street outside and saying 'tomorrow'. I tapped on the church in the map and said 'si' – don't you feel a baby when that's all you

can say, eh, 'si' – then he sort of bowed. I think my body was still working for winter, it was a hot and busy walk, I had to go along a big road, but I found it; I'm not bad with sights, if I say it myself. It felt so important in there, men and women and nuns and priests, sort of looking after things, doing things, busy – and oh God! I'm glad I was still dressed for winter, not like this Australian couple – there was a real fuss. Big tall blonde things they were, I think they were Australian, in shorts and tee-shirts, one of these official looking men, not a priest, a looker after, like God's dog, well, he was having a real go at them, shooing them towards the door and jabbing his hands down towards the floor as if he couldn't believe they could do such a thing, such disrespect! In here, of all places! And these big blonde rich Protestants looked all thick and ugly as they headed for the door, and the man of the pair had his hands over the front of his shorts – I'm telling you – and really – she had one hand over her shorts and the other across her tee-shirt. Well, would you Adam'n'Eve it – all that way and she wasn't there. Jesus was there, large as life, but it didn't matter how battered or cut and bloody he was, and, oh, he really was, bits of skin; like an accident, nobody was interested in bloody Jesus. There was an English couple, a bit snooty really, talking loudly about things, I asked them if they knew where she was, they treated me a bit like a bloody kid, both smiling at me with their heads tilted a bit sideways, especially her – beaming, like the big house she'd love to tell me she had – bloody stupid quiff and opaque black tights right up to her arse, and she kept on mentioning other Marias – had I seen this Maria – had I seen that Maria – no I hadn't effin' well seen – oh poor me! I ask you – Madonna dropping! Stupid old cow!... He said that she was probably being dressed for the procession tomorrow, through the city...Dressed?... Of course, she had real, different clothes on in the postcards, but – dressed? Who did the dressing? How could they – I hoped it was the Nuns – or maybe the Priests pulled rank – oh Jesus it might be those dog-men who were hanging around looking holy and looking for Protestants and bareness, maybe they did it and then were rubbing their stupid things all over her in the shadows out the back. I couldn't stand it, so I told myself that she had no body under the clothes, just struts and things, but I knew there was a body – bosoms – all shiny like statues at the bottom of the museum steps where those men have been rubbing them for years, and legs, she'll have them, wood, I suppose she's wood – what's at the top – in the private region – just a crude thing? A couple of deft cuts with an axe? And those men sucking their teeth at it, someone on look out. Or maybe it was all the Nuns, looking after her, and up there she had like a fancy thing they'd made, like a Faberge egg, or like one of those things – a reliquary – where they keep a

saint's finger bone in, all filigree and lacey metal and satin – and I imagined some other thing kept safe, a pearl from a necklace ripped snapped down from the throat of a harlot-saint, in the days when things happened, by men condemning her to fire, and one pearl found in the gutter by the Mary-women-who-know and set secretly in place in gold and satin down there. That's what!.. and there's like armed nuns to guard. But all the way back to the hotel in the noise and blur I kept imagining seeing men hobbling about in the crowd with bleeding splinters and septic cocks devout and dribbling.

He was asleep when I got back, and I felt sort of warm seeing his head there, face down in the pillow, but I wish he hadn't done one of his things. He came into the bathroom when I was just out of the shower, shouting and singing 'Hey! we're off to sunny Spain – hey viva el dicky' And doing a stupid bull-fight thing with my towel, wiggling his thing about, and telling me what a great bunch of lads they were over there in the bar, and that they were liars, not knowing about the Arsenal, and wiggling it and singing 'El dicky por favor!' I mean it *was* funny the first time he did it, when he appeared wearing the Princess Di mask that somebody had left after the big fancy dress, with the Union Jack tea-cloth hanging over his thing sticking out, singing 'God save our gracious dicky'. But not any more. He said he felt bad after Lady Diana's accident; 'complicit' was the word he used. Christ! I could fucking kill him! It's bloody typical – he can be involved in that, but nothing to do with ours!

He said he'd met men in the bar with photos of horses, their horses, Diddies he said, place was full of them. There was a procession tomorrow, and he told me he'd heard music, Flamenco music – though he was worried by the singing; said it was like a window opening out of no-where. I thought he meant a window like in the house, but he meant on the computer, opening for no reason or something and being different colours or something. Quite sweet really.

We went out, I wouldn't have minded a little drink in a little bar. We got as far as across the street, then these men saw him from that bar and were shouting his name, waving and chanting about Manchester United, and he was at it 'No – no – I've got to put these bastards right' and he was in with his big grin, expecting me to follow on. I buggered off.

Isn't it amazing, we went all that way and he recreates his soddin' universe in a couple of minutes. Amazing eh? All laughing and boozing. Our special break eh. I mean all that bloody money we have – I mean what did they give him for his birthday – it was bloody tens of bloody thousands for God's sake the bastards! The house! What he earns! The fucking cooker! Shit! And we can't have a break! Here's me walking twenty yards

down the road then back to the bloody hotel by myself.

'What's going on? What's your mother doing out there on her hands and knees? What's she thumping?'

'It's that dog from the accident - oh - it's all funny and hurt!'

'Right - look - er - go in - go in - go on - go in - go on - go in!'

He took a grey woollen gents' muffler from the collars atop the coats, stepped out, and tugged the door to close behind him.

'I'll get down behind her and rub on her - I'll put my scarf over my head, so it hangs down like ears - there - hmmm'

'GET OFF!'

'Look - doggy ears!'

'GET OFF! GET OFF!'

Her fists flailed past her head, hitting his shoulders; he had his arms clamped around her middle and his back arched, scarf swaying. Her fingers scrabbled into the soil by the side of the dog's body, and, taking hold of its privates, lifted the whole beast up and hit out backwards over her head. He waddled off on his hands and knees.

'I'm getting in the car!'

Grasping the dog's flanks securely with both hands, she raised the stiff animal above her head and stood over him.

'Axe-hound!'

His eyes rolled up the triumphal figure that was huge above him, surrounded by waving tree branches that set loose electric after images in the thick dusk sky.

'Don't - no - don't - I'm .'

The dog was dropped and smartly caught again at waist level, then she slowly moved its head towards her husband's hair; like it was a strange new garden tool. It started to gnaw his head...then it bit it.

'Ow! That fucking hurt! I'm only being fucking affectionate! It'll have bacteria and Christ knows what! LOOK! BLOOD!'

Hand on head, he walks the few steps to the car,

swings open the heavy door and tilts his body down into the remains of comfort inside.

'Quickly close the door like I'm ready to nip off.

Business or pleasure Sir? Drive to a conference, maybe get on the phone - a few opinions to Radio Herts phone-in - get the ladies in the kitchen going with the mobile - put the living business perspective across - 'Look I'd love to chat and tell you more, but I've got a meeting - ciao!' No - not that - that's a dog.'

A shower was passing, and on the near horizon a long thin band of bright evening sky had appeared, silhouetting rooves, chimneys and trees, phlegm solid cloud above. Mid-blue in the middle-distance, soaking washing on the line danced like the blind-drunk, slowly wound and entangled; shirts flapped into solid mass, pegs could no longer stand the weight. He changed the angle of the rear-view mirror to look at the top of his head, carefully fingering his scalp. The dog thing had been discarded in the garden again, he could see it lying on top of the beech hedge, his daughter stood below it; two jumps and she had it down, and ran off with it towards the house.

'Bloody Thing!'

His gaze shifted to the roof horizon.

'There's a touch of Spring in that sky.'

In her room, the girl looked over the sleeping dog, tucked into a dolly's cot: the fur inside his ears was lighter than that outside, and, where the two shades met, there was a thin line of longer fine white hairs. The skin of his lips was strange because it was grey, and there was a little ruff in the grey skin in the very corner of his mouth, that made her think - 'Mister Chicken Leatherlips'. She lifted the two books that lay on the covers, put them with the others on the pillow and eased back the top edge of the miniature eiderdown; his jaw rumbled, his ears rippled, and as she checked again the new perfect baby paws that were beginning to push their way out from his body - the downy little digits were twitching - he was dreaming! 'Good boy JIF!'



Bruce Kinsey

What are you looking for?

In my work as a College Chaplain I find that one of the questions that frequently goes through my mind when a student comes to see me is, 'What are you looking for.' Sometimes the answer is straightforward - recommended reading, help with work or essay crisis. Sometimes I have to discern whether I have been sought out for other reasons. In a dual role of Counsellor and Chaplain I know that a first answer may not always be the final one. In my secular training at a local hospital my supervisor often suggests that I ask a client a similar kind of question. It can be a good way to begin work with a client and leaves open many possibilities. Saint John places the same question, 'What are we looking for?' on the lips of Jesus near the beginning of his version of the life of Christ. In so doing he gets to the crux of what many need to be asked. Later stories tell us that those who seek find (and the suggestion is that we are to keep on seeking and keep on finding, as it is a continuous process). When those seekers go to a therapist or counsellor there is an expectation that their approach will be somewhat congruent with the school or tradition of that person. But what occurs when a seeker goes to a Priest or a religious person? Are they seeking re-assurance of a former belief or faith system, to be told 'the old old story' or are they hoping for something other? Are they wanting to be challenged or hoping to be colluded with? Is it about what they want in life, or is it about the relationship they seek with the person they are asking. Sometimes they don't know what they want, what they are looking for, but they have a hope, a desire that life might mean more to them than their present experience of it.

Interestingly the Greek that lies behind the text of John has a greater urgency than modern translations, and the question is in only two words. The older translations try to capture this by 'What seek ye?' (The original Aramaic that Jesus spoke is mainly lost to us and is only recorded in few odd places). Often the search for meaning from a person who comes to see us has a similar urgency

or need. In college, it might be that a student says that they want to talk about prayer; it's an important part of many religious traditions, but is wonderfully difficult to define, let alone explain. It can also cover much ground, from taking themselves seriously, to taking others, relationships and the world more seriously too. It might also be seen as a way of relaxation, of 'centering', of 'chilling out' or 'being at peace'. One former Archbishop when interviewed was asked 'How much do you pray?'. He answered 'About a minute a day'. The interviewer was surprised and the Archbishop said 'But it takes me about an hour to get to that minute'. For me that story has helped me much in my life in general as well as in my therapy in particular. To get to the place/space of revelation/connectedness/integrity, takes time. I have to make the commitment in the hope that those glimpses of true being will break through the defences. For me the occasional 'spot-on' interpretation gives a sense of being like nothing else.

For one student prayer was about being and feeling safe when alone. It took a few sessions before she felt safe to explore this territory of her life and at first her language was about 'being assailed with demons' and with 'being bad' and having 'evil thoughts'. It turned out that home was not a safe place for her and she never knew quite what was going to happen at night, in the quiet hours. For her stillness and silence were threatening; ideas of a loving Father, or being united or in union with God were fear bringing. She also had difficulty just being alone. Moving from home into a strange but freeing environment of University gave her the opportunity to break the strangle-hold of home. The thought that she had to return in the vacation was not good, and other arrangements had to be made. For her, even the confidentiality of the therapeutic space was a difficult concept; at first she heard it as another world of secrets.

One student wanted to know if there was a Divine

benign presence overseeing the world. For him it wasn't just a question about the existence of God. An academic theological discussion was only part of the issue, the important part for him was whether this cosmic creator was benign. For him authority figures were not generally benign at all, either from home or school, and he wanted to explore concepts of God. But there was yet another level he wanted to consider and that was about the meaning of existence, the purpose of life, of living. He had not had much to encourage his sense of self and needed some kind of holding, 'facilitating environment' in which this might occur. For him the Church might become a place in which he could grow, be encouraged and form safer relationships. His potential for abuse and being abused was strong, but his quest was not a fruitless or futile one. For many the Church has been a place of growth, a safe place; but for others if such growth is to happen leaving might be the only way to facilitate this. For me at present I sense I have benefited from the initial contact with the Church but now will have to leave and move on if I am to continue on my personal journey.

The Hebrew Scriptures remind us in the Creation myth that we were created in the 'image of God'. As a counsellor I can't help but muse on how we relate to God (and perhaps even create God) from our own experience. Parental images are strong with a 'Father God' and a 'Mother Church'. Much has been written on personality types and belief structures. Of course all relationships are clouded (revealed?) through the lens of our life. Why should the divine be any different?

For many people the spiritual journey, the journey for values and meaning comes with the time of first employment and leaving home. Students are at a new beginning for themselves and in a period of transition. Their searches need to be honoured and engaged with. The drive for learning and achievement is often balanced by a drive concerning hopes, dreams and aspirations. Sometimes this is expressed as a religious quest, sometimes the language of religion is the only one available to them. Some students happily devour Jung.

Another student I saw came from the evangelical side of Christianity. I was somewhat surprised that he had sought me out, as to him I represent what he had once called in my hearing 'part of the liberal malaise of the Church of England'. As our encounter progressed I could sense his disquiet, finally he broke into tears, strong and convulsive. Staying with him in his agony (and anger) he was able to talk of his family and the lack of communication, of engagement with them. Not only was this echoed in his description of his prayer life, 'I know I shouldn't say this, but

sometimes I feel God is absent, that he isn't interested in me', but also of course it was part of the dynamic of his encounter with me. How could I, a liberal (who might doubt the very existence of God) engage with him and his powerful faith mission? There were some difficult but necessary sessions with him that followed. It would be difficult to class them as spiritual direction, they were about Father figures on earth projected somewhere heavenwards, via me. I had to work with his transferences and my counter-transferences, and at various levels hearing within his cultural context, using language that he could understand and concepts that didn't completely sit outside his world view. At times it felt like a weird form of inter-cultural therapy, and the issues I have learnt in that field are often helpful in working with people like him.

But for me this encounter like many others showed the disturbingly intriguing inter-relationship between Spiritual Direction and Counselling, and the need for both the Priest and the Counsellor to be able to hear what people are really looking for. Increasingly people ask about the meaning of life. In an age where many of the old answers no longer seem satisfactory, the desire for a religious/spiritual dimension for life seems ever more evident, with a growth in new religious movements and beliefs. One writer put it thus: 'when people stop believing in God, its not that they believe in nothing, they start believing in anything'. Although I'm not sure I completely concur with this sentiment, I am often surprised to see what superstitions and beliefs people do have. Any exploration of popular culture and the medium of films will show strong ideas and explorations of theological concepts and morality: a quest for meaning.

Often that moral quest reveals itself when a student sees me for an exploration or checking of ethical values. A student might come to me to talk about contraception, or abortion. Unless they are studying ethics such a conversation rarely occurs in the abstract. One young man came to see me several times before he could, as he called it 'confess to being gay'. He knew that I had worked quite a lot in the AIDS/HIV field, and knew that I ran a group for lesbian and gay Christians so reckoned I *might* be OK about it but felt very unsafe as the Church (in which his father was a minister) had been pretty negative about the issue. He needed to learn of other Christian voices on the topic, something his church had hidden from him, preferring to hide their rejection and homophobic stance in inadequate theology and understanding of Church history. But his attraction to a Church which reinforced his sense of victim and of inadequacy also had to be explored as did his damaged self esteem and destructive personal

behaviour. When he eventually talked about some of his self harming he was taken aback to be taken so seriously about this as in the past his homosexuality had been his real 'problem'. His journey to liberation was both about both spiritual and psychological health.

In my work here I get to see various kinds of Christians in training for 'full time ministry', some are pretty pastorally clued up, others are disturbingly screwed up. I was impressed by one ordinand, (who was obviously pastorally clued up) who said the main thing she had learnt from the Pastoral Psychology module was the limits, the boundaries of her work and ability. She told quite clearly of her sense that assessment was crucial in good pastoral work, learning when to refer on. This too is essential for good counselling practice.

It reminded me of a incident which occurred to me years previously, before my present employment. A parishioner came to me seeking 'Spiritual Direction' soon after her Father had died. I was so concerned by her genuine needs and her haunting infatuation (with me, the then young curate) that in my fear I managed to say yes, on condition that before she started with me she have at least a year of therapy. After that year lapsed, she realised she wanted to do more personal work, and asked me if it was OK that we postpone the Spiritual Direction for another year or two. One of the great joys has been to see her grow, develop and mature. There is ministry at more levels than the obviously expected ones. When she did finally seek spiritual direction she had learnt enough about her particular need to know it wasn't me she wanted to see but a woman, and checked this out with me sensing that I would be happy about it, and I was.

But there are also stories that are not so reconciled. One of the ministers I know encourages people to 'pray away their problems and memories'. The emotional fall out of an encounter with a minister so psychologically naive can be serious. His parishioners are likely to learn the hard way that what he offers is denial colluded with, not moved, metabolised or engaged with. They are likely one day to need help from someone with a broader perspective who can handle their difficulties more sensitively.

Another of the challenges of working as a Priest is discerning when someone's religion is healthy or unhealthy. I realise the difficulty in those terms, but there is something about the beliefs, hopes, ideals and dreams of a person that might be helping them to live, or which might be just crushing them. Is it creative or unnecessarily destructive? 'Destructive' by itself is not enough, for some the therapeutic/religious journey requires destruction as well as construction, and some of

our personal journeys are necessarily painful, and disturbing.

There are some good essay questions for theologians and psychologists in the area of the mental health of saints and mystics, some holy, some holy and mad, some just mad. Clear signs of schizophrenia for our generation were read differently in different generations and cultures, and people with a dramatic sense of justice, equality and peace can be difficult companions and socially disquieting. Issues of sanity in our world are hard to assess. Are some of the misfits of our generation prophets pointing clearly to a misuse of the world and its limited resources? If someone's religious beliefs appear unhealthy, whose problem is it, theirs or society's construct? When is it a problem?

One of the things that has surprised me is that students come to me as a Priest because they know or have heard something about the 'seal of the confessional' as it used to be called, or 'confidentiality' as we often refer to it nowadays. Within this institution students know that whatever they tell me will not go further, nor appear on their records unless they want it to. I am often surprised how many of them fear their problems 'being known' whilst desiring that I, or at least somebody knows. When writing this article I have felt the strong need to be as disguising or general as is possible.

It has also surprised me that people from other world religions have sought me out as someone who might understand them better than some in the more secular parts of this university. I have been fortunate to spend some parts of my life in India and the Middle East and learnt a little about other faiths and cultures first hand. Some Muslims came to see me over a matter of honour, they wanted me as a Priest and as someone who might understand the nuances of their faith and situation. We had recently had a Muslim addressing the congregation at Evensong, they felt that they weren't going to get the reception they usually received in England. Furthermore they were too scared to seek out the local Imam who might not fully appreciate the college environment and its challenge to their norm. Interestingly a 'holy person' carried more clout for them (as it has for some of our college Hindus) than someone who wasn't so regarded. In the West when I am often made to feel apologetic for my faith and my employment, it is refreshing to experience a different approach to the spiritual realm. Those of us who are tired with Church, institution and the layers of discord and conflict, would do well to experience cultures less exhausted and critical of such an approach to life.

Part of my training has included work in a secular

setting where no-one knew of my 'day-job'. One of my clients had had a strict catholic upbringing and started saying that she felt I couldn't understand her and what she was going through because I was so obviously anti-religion and anti-God. After some good supervision, and reckoning that this wasn't in the counter transference we looked at other possible meanings for her. Being happy to work with her religious material, although not part of her original presenting problem, was important for her sense of self and identity. Also being able to challenge, and to let her challenge her Credal norm was important too. Talking of her Priest she said 'I couldn't possibly tell him these things, it wouldn't be right, he wouldn't understand' and knowing him, I think she was probably right. The need for Clergy to be more psychologically literate and for therapist/counsellors to be happy with the Spiritual needs of clients is a pressing one. As clients get a sense of millennial need and search for meaning, as they tell us of lighting candles or 'remembering Diana' we need to explore this at more levels than just by secular reductionism.

In that founding myth of Christianity mentioned at the start of this piece, in answer to his question 'What are you looking for?' the story continues with them saying 'Where do you live?' Jesus then invites them to 'Come and see'. By this reply he invited them on a journey, not offering them a fixed place, nor an answer but rather an invitation to travel, to explore. Their answer, 'Where do you live?' reads as a non sequitur. This must be

deliberate in such a well worked text. Perhaps we might also hear this as asking 'How should we then live?', 'What is our life to be?'. If that is the case then those seekers after truth were asking to have a way of life opened up to them in an ethical way too. In work as therapists working with Spiritual issues we travel with our clients too, not offering a fixed place, or simple answers but we do offer safety, and a chance to explore the possibility for re-creation with the hope of new beginnings.

As Gregory of Nyssa, one of the early Church Cappadocian Fathers, wrote 'This truly is the vision of God: never to be satisfied in the desire to see him. But one must always, by looking at what he can see, rekindle his desire to see more.' Certainly my present journey is informed by that, as well as the challenge from a story in Mahayana Buddhism of the Lotus Sutra. It tells of a company of pilgrims who travel through a deep forest, in search of an isle of jewels. They are still far from their goal, but become exhausted. So their guide creates for them a magic city in the forest, where they can rest. They may think that it is their goal, but it is only a resting place; and it is an illusion created to encourage and strengthen them. The true goal lies beyond.

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Hilary Taylor

A perspective on group and individual therapy

Before I started my present training, my experience of therapy was mostly in groups, and the importance attached to learning as a group in the Outfit was one of its principal attractions for me. The process of joining this group, and beginning to discover more there about myself as an individual therapist, has led me to consider similarities and differences between the two ways of working, and the ways in which they might illuminate each other.

As a patient I have experienced both group and individual therapy, and each has made its different contribution and created a different-shaped space in which to work. For me, group therapy felt a safer place to start; I wasn't sure why at the time, but I now know that to begin with it was too hard for me to put my trust in a single person. It also provided dimensions which had been missing from my life as an only child. I remember my first insight in a therapy group was the simple realisation that others in the group were experiencing and responding to the same group events with different feelings, enriching my view of the possibilities of any situation. I came to value being part of the group, and the belonging I felt there has permanently changed my sense of being an outsider. When I started individual therapy I found it very hard to be the focus of so much attention, and the space that was mine seemed difficult to fill. I missed the group with its sense of travelling and collaborating with others, and was afraid that not much would happen. It has taken time to appreciate the space that is available to me, and the possibility of exploring a single relationship at great depth and from many angles.

My experience of assessing applicants for group therapy is that people come with many different ideas and preconceptions about groups, some positive, some negative, and of course always influenced by their previous life experiences, but if these have been negative, hoping that this time it will be different. Some people come with an

explicit agenda about learning to socialise better, maybe initially hoping that they will make new friends in the group, but soon realising that in order to feel safe their actual relationships with other group members must remain within the boundaries of the group. What they learn about themselves in their relationships to others in the group, however, is infinitely and valuably transferable to life outside the group. For others, group therapy seems like second-best, and they feel their share of the therapist will be rationed. There are as many different agendas brought to group therapy as to one-to-one therapy, the difference being that in the group process they are brought into contact, conflict and negotiation with others right from the beginning.

I have less experience of the hopes and fears that people bring to individual therapy, but I think that they are broadly similar to those I've encountered as a group therapist: hopes to be healed, enriched, rediscover creativity, be freed from the patterns of the past. In group therapy it is possible to see a greater distinction between the process of the therapy and the person of the therapist because the group too, of which the patient is a part, is an agent of the therapy, and the therapist is also part of the group. It gives additional space to play with the opposing ideas of passively 'being cured' and actively developing and growing which are of course present in all therapy.

In group therapy the group member has a wider choice of roles than the patient in individual therapy. They may choose to play a high or low profile part, and the role may change considerably from session to session over a period of time, or remain constant. On the other hand, there is less choice about the content of the therapy. The individual can't control what's brought into the group by other members, though they can of course affect the way it is treated. This alters the pace of things. The disadvantage is that it may force the pace too much for some, and when people

have left therapy groups prematurely I have often felt that it was because some material in the group has been particularly difficult for them to deal with at that time. On the other hand I think it is harder to get stuck in a therapy group than in individual therapy because others are constantly bringing new perspectives and experiences, a bit like a kaleidoscope. The process of working through in a group is different; I once heard it described as 'a widening and deepening spiral.' The pace of change in a group can be quicker, though it may not be as fully understood and processed as it can be in individual therapy. Another major difference is that in group therapy one has the chance to experience beginnings and endings other than one's own and to explore in these the material about loss and regeneration which also comes up around breaks both in individual and in group therapy.

At the beginning of a group session, whether my role is that of conductor or group member, I feel a particular kind of anticipation which is a mixture of fear and excitement - like a play in which one doesn't know whether one is a performer or a member of the audience, or whether the genre will be tragedy, drama, mystery, comedy - anything might happen. In individual therapy I also experience a sense of anticipation, but it is different, and the feelings as patient and as therapist also differ from each other, while in a group they are essentially the same. As therapist the feeling is more like picking up a book again which I have already started, gathering up the threads and preparing to begin a new chapter. There is certainly both fear and excitement in the role of therapist, but for me it is not consistently carried in those moments before and at the beginning of a session. As a patient, I often find the beginning of a session difficult, but I think that one of the things that has changed is that what used to feel like impossibility now feels like possibility, and I have more of that sense that anything might happen which I first experienced in groups.

Starting as an individual therapist, I felt very exposed in the one-to-one setting, just as I did as a patient. Partly I'm sure this was due to something in myself which I brought to both situations, but I think it is true that the power (though not the responsibility) of the individual therapist is greater, lacking as it does the checks and balances of greater numbers and more points of view. In the absence of an additional point of view in individual therapy one has to work harder on providing it oneself. Of course the third eye of supervision is vital (as it is in group therapy too) but supervision can only be as good as what you take to it, and this relies on the process which Patrick Casement (Casement 1995) has described as

internal supervision, an awareness and internal dialogue which takes place in the session itself.

Casement compares the supervisory relationship with Winnicott's 'nursing triad', where the father holds the mother emotionally, enabling her to hold the baby, and explores ways in which this third point of view can be internalised so that it is available to the therapist in the session as it happens. He talks about the importance of an 'island of contemplation' which can first be discovered through awareness of the process of one's own therapy and then used as a reference point in internal supervision. It feels as if in a group I have more time and space to reach that island more often, and I think there are a number of reasons for this. Partly it's due to greater experience and confidence, but it is also to do with the greater choice that all group members, including the therapist, have to alternate between the roles of protagonist and observer, in contrast to what Casement describes as the 'therapeutic *pas-de-deux*' of individual therapy.

Casement also points out how the patient can herself act as supervisor by giving unconscious prompts about ways in which the therapist may have misread or misinterpreted what is going on. I think it is easier to miss this in an individual session than in a group, where group members will reinforce each other if they see things differently from the therapist, and where one becomes used to seeing what is going on in a multi-dimensional way, and to seeing connections which are lateral rather than linear.

Another function of the third view is a creative rather than a corrective one; it can open things out and suggest new possibilities for exploration and understanding. In a therapy group this process is constantly unfolding as the free association of individual therapy becomes free group association. S.H.Foulkes in his writings on group analysis (Foulkes 1964) described the specific processes at work in groups, as distinct from individual therapy, and some of these can be seen operating in the therapy group I describe later. What he terms *condenser phenomena* are those factors which make the expression of unconscious material easier in a group: 'Many more themes are touched upon and it is easier to talk about them when they have been brought up by others'. *Resonance* describes how an idea expressed by one individual in a group can 'strike a chord' in others and facilitate unconscious communication. The musical imagery pervades Foulkes's work; his use of the term 'group conductor' is an analogy which sees the group as an orchestra whose members resonate and harmonise with each other. *Mirroring* emphasises both similarity and difference between group members, and Foulkes quotes Leibnitz to illustrate

this point:

People are like mirrors placed in a circle around a market place. Each presents a different picture than each of the others do, but they cannot contradict each other as they all reflect one and the same object. (Foulkes 1964)

When this process emphasises differences more than similarities, it can lead to *polarisation* in the group, where different reactions to the same events are split off and represented by different individuals.

Material which expresses primitive defences such as splitting and projection seems to emerge particularly readily in a group setting. At the unconscious level of what Foulkes called the group matrix there is a shared awareness of the possibility of holding and working with these kinds of processes in the group, where they do not have to be immediately owned by the individual, but can be reintegrated in a more digested and acceptable form in due course. These efforts are not always successful, and the memorably negative experiences which people sometimes report in groups are often due to failures in this area. In a paper which examines mirroring in group analysis, Malcom Pines (Pines 1984) looks at both its creative and destructive aspects, and he identifies destructive mirroring with a primitive, confrontational dyadic relationship, which can only become creative if it can involve a third point of view from which dialogue and negotiation can take place. In describing this move from the dyadic to the triadic level he refers to Abelin's concept of early triangulation, (Abelin 1971) where the child begins to acquire a point of view on himself beyond his relationship with his mother by identifying with another person, usually the father, in a three person relationship.

The analysis of the interplay of transference and counter-transference in individual therapy is complex enough, but in a group there are many more possible patterns. There is the individual transference and counter-transference between each group member and the therapist, and between each group member and every other group member. Sometimes particular patterns will emerge between two or three group members, sometimes including the therapist, which recreate parental and other family relationships, and everyone, including the therapist, will also have a relationship with the group as a whole. In a small group of eight members there are 28 different one-to-one relationships, quite apart from all the other possible combinations of three, four and upwards.

In terms of object relations, a therapy group becomes an object which is something other than its individual members. At different times and through different eyes it may be seen as a good

object, an unrealistically idealised object, a rejecting or persecuting object. If all goes well, at the end of therapy it will be a good object which is internalised and taken away inside the departing group member as a permanent enrichment of their inner world, and this has been my experience. It can also usefully be seen in Winnicott's terms as a transitional object which can be used and played with, or a creative space which can be played in (Winnicott 1971). Like the third view, this space is also present in individual therapy, and has to be in order for anything to happen, but I find it harder to spot, and what I have learned through my experience of group therapy has helped me to look for it, and to recognise it when I find it. Therapy groups can create and elaborate symbols, images and stories to express their shared concerns at many levels; to follow Foulkes's musical analogy, they can be experienced as harmony, counterpoint or dissonance. In one group I conducted, one member was a sculptor whose works of art used diverse forms and materials, and her descriptions of the process of her work would become a starting point for a creative process in the group itself in which differing individual material was worked together into something new. In a group, the area defined by the circle of chairs gives an actual focus to this creative space, and I am always aware of this when I arrange the chairs for a group. It feels important to get the positions of the chairs just right (there is a debate in group analytic circles about whether this space should have a table at its centre or not. I prefer it empty). Arranging the chairs for a group helps me to focus on the task ahead, and I feel the need to do something analogous to prepare for an individual session, but have found no equivalent symbol of the necessary mental and emotional centring, though I usually move the furniture around a bit.

Because a group therapeutic situation holds more possibilities and less predictability, defining the boundaries, both visibly, as above, and in other ways, becomes one of the therapist's most important tasks. In all therapy a sufficiently safe environment needs to be established for the necessary risks to be taken, and there needs to be a sense of containment. In individual therapy the cornerstone of this is the quality of relationship between patient and therapist, and this dyadic relationship becomes a strong and stable bond which can withstand many vicissitudes. In group therapy the fundamental element of containment comes from a knowledge that the boundaries of time, place and membership are as clear and explicit as they can be, since the group only has an existence within those boundaries.

Although protected by boundaries of confidentiality, the group is nevertheless a more public setting than one-to-one therapy, which is

essentially private. This is another reason why boundaries acquire a different degree of importance; consistency and fairness become issues, as they do around the family dinner table or in any social group, while the private one-to-one relationship has more room for spontaneity and the unexpected. In individual therapy one is by definition singled out, but the extent to which individuals can be singled out in the group is a matter requiring fine judgement. Such treatment may be greatly desired or greatly feared, and seeing others receive it will arouse strong feelings of sibling rivalry. I feel I have a greater range of possible ways of being an individual therapist. It doesn't matter if I behave differently with different patients, and I can learn a lot from what makes me different, but such degrees of different behaviour are not possible with different patients in the same therapy group, though of course one has different feelings and reactions all the same.

In group therapy the patient has an opportunity which does not exist in individual therapy to contribute to the healing of others in the group, and to receive this from them too. This is a way in which reparation can be expressed. The role of helper can of course also be a defence, but the group is likely to challenge this sooner or later. The feedback which a group member receives about the importance of their membership and contribution can be an experience which changes their view of themselves. In particular, people are often astonished to discover that their absence is noticed, and matters to the group.

The following example may help to illustrate some of the points I have made. It is taken from two sessions of a therapy group which I conducted some years ago, and was originally written up as part of a paper about mirroring in groups. Members were living in the community, either self-referred or referred by health or other professionals, and attended the group weekly for a maximum of two years. It was a slow-open group, with members joining and leaving at different times, and at this stage of the group's life it consisted of four members, two men and two women.

In the first session Pam tells a story about going to visit a woman friend, who asks how she is, and Pam answers, "Don't ask, or I'll burst into tears" (the story reflects how Pam is in the group too; she is often moist-eyed, but wants to move on to another subject when her sadness is noticed). Pam remarks that she has never seen Brenda, the other woman in the group, crying. Brenda comments that Colin nearly cried a few weeks previously when he talked about his mother's death, and goes on to say that she always seems to be meeting people

crying in the street. She says it's harder for men to cry than it is for women, but Colin and Jim both make it clear that they can and do cry; and Colin talks about times when he has done so in public.

In the session a couple of weeks later Pam is angry with Jim in the group for making a flippant remark about her husband, but expresses this by withdrawing into silence. When I comment on this she voices her anger with Jim; she also says that before coming to the group she was angry with her depressed husband (who does the same job as Jim and with whom Jim often identifies) but she feels she can't express this to him because he is too fragile. Brenda says she too has felt angry with Jim for putting her down in the group, but hasn't felt able to say so.

The group then embark on an exploration of how they express and control anger. Jim talks about how he fears losing control during rows with his wife, and can understand how people murder their wives. Brenda listens to this with great attention and anxiety, and asks whether he hits his wife. Jim says he does, and he describes how he throws her down on the bed, where the fight often ends in sex. In previous sessions Brenda has identified very strongly with Jim's wife, and it now feels as if she is resonating to Jim's description, and seeing something of the angry and sexual feelings in her own marital relationship reflected there. Pam responds by saying that if her husband hit her "that would be it". She relates an incident where he poured coffee over the family dinner table, and she retaliated by throwing down and breaking a bottle of brown sauce; she hasn't done anything like that since because she had to clear up the resulting mess, and it took her ages. She asks Colin (who has been silent) what he does with his anger. He says he kicks objects, and Brenda then says that she throws crockery, but always makes sure that she misses.

As in the group's previous exploration of sadness, they are exploring how much feeling can be expressed safely in the group. The group seems to fear loss of control; Pam's story about the brown sauce communicates the fear that the resulting mess will be too great, and that it will fall to her to clear it up. Like Brenda and Colin the group decides to pull its punches, and chooses to shift the focus from the directly expressed anger between Jim, Pam and Brenda in the group to relationships with partners outside the group, where their differing ways of expressing and reacting to anger can be explored in ways that feel safer. Whether the choice the group makes is in fact

safer is open to question; this is the last time Brenda comes to the group, and she leaves without notice or explanation.

In the process of rewriting this material I find that I see it from a different perspective, and am now more aware of the importance of the sexual themes in the second session which I think were present in the group itself as well as in the material they were discussing. I wish my interventions had reflected this at the time, as it might have helped the group to understand why the topic of anger felt so risky, and increased the possibility of avoiding Brenda's premature leaving. I had understood this in terms of her difficulties in expressing the anger which she then acted out by leaving (she was due to leave the group shortly in any case, and this was probably also a factor) but I think it was also due to her fear of again being brought face to face with her sexual feelings, as she was through Jim's description of his relationship with his wife.

The material illustrates both the richness and the risks of group therapy. The group members are enabled by the group setting to talk freely about feelings, and to explore similarities and differences between themselves in a way that would not have been possible for them individually, in a process which continued over both sessions. As a patient who finds it hard to express herself fluently, I have certainly benefited from others in my own therapy group like Pam and Jim in this example who have brought strong feelings and dramatic material to it, and thereby put me in touch with a wider range of emotions than I can easily access myself. However, one can find oneself in deep water very quickly; it can then be hard to make sense of the multiplicity of resonances and reflections, and to stay with the resulting discomfort and to sort out what is someone else's projection and what is a previously unacknowledged part of oneself, to be owned and explored. This seem to have been the group's experience in the second session. Pam brings the incident of the broken sauce bottle to express this, and Brenda, who has not brought any of her personal experience into the group in these extracts, finds it impossible to continue in the group. Like the sauce bottle, the container of the group was not strong enough for its explosive

contents, and consideration of the boundaries may shed some light on this. A contributory factor was probably the small size of the group, and the fact that it consisted of two men and two women, which tended to reproduce in the group the kind of explosive marital dynamics which people brought from their experience outside the group. In addition, the group normally had two co-therapists, but both of these sessions took place during the holiday absence of the other therapist.

Writing this article has helped me to continue and focus my exploration of the similarities and differences between group and individual therapy. The differences seem less absolute than they did when I began; some of what I thought were differences have turned out to be there in my experience of individual therapy too, but in a different guise. The single most important thing to come out of my experience of group therapy is that it has enabled me to tolerate, and even to welcome, confusion and not knowing and to become able to hear the lateral, intuitive voice as well as the linear, intellectual one, and to see many possibilities rather than looking for one right answer. I have suggested some of the ways in which groups can do this particularly effectively, but it is what I am looking for in individual therapy too, both as therapist and as patient. Looking at therapy from these two points of view has helped me to establish a perspective and open out a space for continuing reflection.

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Siân Morgan

The Turn of the Screw - hysteria and the uncanny

The Turn of the Screw by Henry James (James 1898) is a ghost story, told at Christmas-time, in an English country house. The story-teller tells of a young governess, who becomes the narrator of the story. The governess has answered an advertisement to look after two children, Miles and Flora, whose parents have died in India; she is given complete responsibility for their welfare by their uncle, who wishes to have nothing to do with them. The governess subsequently refers to the uncle as the 'Master' and appears to have conceived a passion for him. She is to work at a country house, Bly, alongside a house-keeper, Mrs Grose. She becomes devoted to the two children. Convinced there is a secret in the house, she forms the opinion that the house is haunted by her predecessor, Miss Jessel, and the ex-valet, Peter Quint. She attempts to save the souls of Flora and Miles, whom she believes are in liaison with the ghosts, who wish to ensnare the children in a web of sin. She becomes obsessed with extracting from the children a confession of their communion. Her language is full of ambiguous metaphor and symbolism and she is insistent that there is a sexual connection between the ghosts and the children. Flora is sent to London with Mrs Grose. The governess is left alone with Miles. In what might be described as a seduction, she extracts the name of Peter Quint from Miles, whereupon, 'in his supreme surrender of the name and tribute to my devotion', she held him 'it may be imagined with what a passion', and the boy dies.

The Turn of the Screw is a gothic tale of deliberate ambiguity. Written in 1898, it post-dates the publication of Freud's work on hysteria (Freud 1895) by three years. It was written at the time of the social changes of the fin de siècle, at a time when the boundary of the end of the century was about to be crossed, bringing with it a sense of loss and an anticipation of the unknown, death and birth anxiety. The crossing of this threshold brought with it a fear of the breakdown of the

comparatively stable boundaries between the classes, the generations and the sexes. The end of a century brings with it the ghosts of the century past, and a fear of a return of the repressed. *The Turn of the Screw* is a tale of the uncanny, which as defined by Freud is bound up with a return of the repressed.

In his paper *The Uncanny* first published in 1919 (when ghosts of the Great War were at large) Freud speaks of the uncanny as being associated with an aspect of the strange in the familiar, the *unheimlich*, which means the unhomely, the unfamiliar, the strange, 'everything which ought to have remained hidden and secret and has become visible ... to veil the divine'. (Freud 1919) The uncanny is accompanied by a feeling of being lost and by a sense of intellectual uncertainty.

The uncanny is something familiar which has been repressed and which may return by means of what Freud calls the repetition compulsion.¹ The uncanny is derived from our belief in the supernatural, in Freud's opinion a primitive belief, which is associated with:

the omnipotence of thoughts, with the prompt fulfilment of wishes and with the return of the dead ... we have surmounted these modes of thought; but we do not feel sure of our new beliefs and old ones still exist with us... (Freud 1919)²

The text of the story is ambiguous, and deliberately so, because ambiguity is a means towards the invocation of the uncanny. There is a play on the ambiguity of the ghosts: is this a simple ghost story, a spiritual tale of the struggle for the possession of the souls of the children? Or is it the story of a hysteric experiencing the return of a repressed conflict? If it is the story of a hysteric, is it one of her revenge on the Master, a struggle for power and the expression of her envy on his charges. Or is the story an account of a therapeutic endeavour through the strategy of hysteria to restore potency to femininity?

In certain circumstances repression arouses an uncanny belief and recalls a sense of helplessness similar to that aroused by dream states. The story could be read as one might understand a dream, a dream which manifests many examples of doubles. The governess is doubled with Miss Jessel; the Master is doubled with Peter Quint. The name Peter Quint, Peter (peter/ penis) Quint (quim/ cunt) suggests an identification between the governess and the former manservant, a merger with masculine desire, since feminine desire is forbidden and has to be repressed.³ Quint also evokes the word squint, a defective double-vision.

Doubling is a feature of the uncanny and can be seen as a form of splitting. In his paper on the uncanny, Freud expresses his indebtedness to Otto Rank's idea of the double. Rank claims that doubling is 'a preservation against extinction, in an energetic denial of the power of death.' (Freud, 1919) The immortal soul was the first 'double of the body'. The double evolves from being an assurance of immortality to becoming 'the ghastly harbinger of death.' From this perspective *The Turn of the Screw* could be seen as expressing the fear of death and annihilation that exists at the turn of a century. The story may also have been influenced by the death of Henry James' sister Alice and the unconscious fear her death may have aroused in him of the potential annihilation of his ambivalently experienced femininity. In this story the author's unconscious subverts the contemporary opposition between the genders. The governess is both masculine and feminine through her identification with both Miles and Flora, Miss Jessel and Peter Quint.⁴

Henry James is not altogether sympathetic with his heroine, so that one is continually drawn into a view of her as a sexually exploitative hysteric. In *The Bostonians* he illustrates his antipathy towards the feminine by saying that

the masculine tone is passing out of the world; it is a feminine, nervous, hysterical, chattering and canting age. (Quoted in Showalter 1987)

A fear of the feminine as a cannibalistic witch emerges briefly in a passage reminiscent of the story of Hansel and Gretel:

it was plump, one afternoon in the middle of my very hour, the children were tucked away, ... This tower was one of a pair ... in this gingerbread antiquity. (James 1898 p.24)

In the story of Hansel and Gretel, Gretel is at first dominated by Hansel, as Flora is by Miles, as Miss Jessel was by Quint, and as the governess is by the Master. As the fairy tale progresses, Gretel becomes the stronger one, and it was she who found a way of escaping from the witch. Hansel and Gretel think nothing of eating the gingerbread house, which could be understood to stand for the mother who rejected and abandoned them. The

witch (and the parallel in *The Turn of the Screw* is with the governess) desires to eat them or to have them incestuously. The text of *The Turn of the Screw* is so ambiguous that it is not possible to tell whether the governess is a devouring witch, and sexually abusive in fantasy, if not in reality, or whether she is merely a benighted young woman, seduced into an intolerably lonely and responsible position, whose only life is found through a passionate relationship with the children, herself trapped if not by a wicked witch, but by the Master and social prohibition.

The house, named Bly - 'blind eye' - might be seen to represent the blind eye of masculine privilege and mastery. The supernatural refers to the invisible which cannot be seen by blind eyes of the Master and patriarchy. The governess is able to see what the others cannot see, the ghosts. What she sees is sexual corruption, the seduction, in the name of patriarchy, in reality or fantasy, of women by men, of children by adults. She sees that childhood sexuality exists, and that children and women can also become corrupt through an identification with the aggressor. The governess is castrated of her femininity by social conditioning, by the Master and through her identification with masculine desire. She could be understood as restoring her feminine identity and potency by bringing about the death of Miles, who represents an idealised male she is consumed with longing for.

The ambiguity in the text gives the story a quality of uncanniness. Ambiguity is also a quality of hysteria: is the hysteric good or bad, feminine or masculine? To which value system does the hysteric subscribe? The governess is 'caught-between': caught between classes, caught between generations, and by virtue of being one of the few categories of employed women at the time, caught between conventional representations of masculinity and femininity. There is no escape from ambiguity, it is deliberate, the intended quality of what James himself described as a 'wanton little tale'.

Notes

1. As a consequence of the repetition compulsion: 'the subject places himself in distressing situations, thereby repeating an old experience, but he does not recall this prototype; on the contrary, he has the strong impression that the situation is fully determined by the circumstances of the moment... '...the repressed seeks to 'return' in the present, whether in the form of dreams, symptoms or acting out': (Freud said) '...a thing which has not been understood inevitably reappears; like an unladen ghost, it cannot rest until the mystery

has been solved and the spell broken.'
(Laplanche and Pontalis 1973)

2. Of course the repression of the old animistic belief system may be a function of the desire for mastery and control, and it might be that there is truth in such a belief system, but which might require belief in order to be experienced.

3 Having examined the etymology of *heimlich* / *canny* and *unheimlich* / *uncanny*, Freud observes that 'what interests us most ... is to find among its different shades of meaning the word *heimlich* exhibits one which is identified with its opposite *unheimlich*. ... In general, we are reminded that the word *heimlich* is not unambiguous, but belongs to two sets of ideas, ... on the one hand, it means that which is familiar and congenial, on the other that which is concealed and kept out of sight. The word *unheimlich* is only used ... as the contrary of the first signification, and not of the second ... Thus *heimlich* is a word the meaning of which develops towards ambivalence, until it coincides with its opposite *unheimlich*.' (Freud 1919)

Shoshona Felman (1993) puts on this gloss:
'one might say the following about Freud's analysis, that what perhaps is most uncanny

about the uncanny is that it is not the opposite of what is canny, but rather it is that which uncannily subverts the opposition between *heimlich* and *unheimlich*.'

4. Freud (1919) observes that
'the splitting of the ego into a 'conscience' and an observed ego extends the idea of the double. In pathology this can result in the delusion of being watched. It may be better to be watched than to be abandoned.'

Perhaps the governess feels abandoned by her family, by her culture, by the Master.

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Letters

Dear Editors,

I enjoyed the first issue of OUTWRITE very much indeed. The contributors and editors have increased the scope of the Society's creative activities. It is a triumph!

I would like to offer a response to Michael's somewhat polemical article on creativity. I think that many of the concepts that we rather complacently deploy within psychotherapy would trouble us if we began to ask ourselves 'What does this actually mean?' or 'What are the origins of this term?' I am thinking not just of the language used in high theory but also the words used in every day talk that goes on between therapist and in supervisions. For example, I am intrigued by the notion of space. What do we mean by this? Sometimes it appears to be used instead of the word 'time', as when a therapist might say 'What shall we do with this space?' At times I feel I understand it very well. But how did we come to be able to think of a person as living within a sort of virtual mental place? And how did we come to use the concept of space as a metaphor of psychological well-being?

Turning to 'creativity' I began thinking about the references made to a Winnicottian notion of 'aliveness', in contrast to Michael's notion of creativity defined as a capacity to work beyond drudgery. I'm not sure how well I can express it, but for me creativity is most clearly related to a purely physical quality of balance – something akin to that balls-of-the-feet, between-forward-&-backward quality of certain martial arts. I suppose

that this most flexible point of balance has its correlates in mental and emotional flexibility and perhaps in terms of imaginative potential. Certainly it paves the way, in boxing for instance, for a motion or punch that could scarcely have been seen coming, which could not have been coached, as opposed to the often dreadful, all too predictable comings and goings of the flat-footed fighter. It is perhaps easier to say with some certainty that the flat-footedness is not creative, whereas the alertness necessarily is.

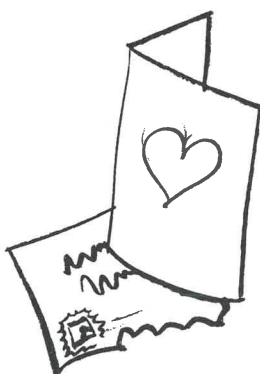
Nick Ingham

Dear Editors,

I have been thinking about seasonal affective disorder - SAD - which several people this winter have implicated in their low feelings. I am wondering what we called this feeling before SAD was named, and thinking then of the importance of having a name, a reason, a way of explaining otherwise name-less feelings. It may be we use it solely to explain *away*, not to have to reflect more. But there may also be a central, primitive reaction in all of us to short days and spreading darkness, a core which can then act like a magnet attracting our individual unique reactions to other changes in our lives.

I would be interested in hearing others' views.

Jenny Corrigan



Reviews

Cassandra's Daughter: A History of Psychoanalysis in Europe and America. Joseph Schwartz. Allen Lane/The Penguin Press. Reviewed by James Pollard.

There is an old saying amongst historians to the effect that historians remember the future and imagine the past. Faced with this challenge the historian faces a choice between aiming for a comprehensive objectivity and focussing directly on the story they have to tell. The more conventional route is the first and the publishers feel obliged to claim on the dust jacket that this is comprehensive history. Fortunately it is no such thing and Joe Schwartz is more honest than his publishers. He is in fact more concerned than he needs to be about what he has left out. The selection of what is significant is the historian's starting point in remembering the future. The result is a delightful book - history as thoughtful and intelligent polemic. Schwartz is a good story teller and the book has what a successful novelist friend of mine calls TPF: the turn the page factor.

Psychoanalysis as a science

In telling the story Schwartz makes the case for psychoanalysis as a science and he has interesting things to say about the nature of science and scientific understanding. He describes the development of the analytic hour as a scientific tool, offering amongst other things a clear analysis of Freud's supposed volte-face on hysteria. Schwartz argues for the importance of the relational tradition and the central chapters of the book describe the development and growing importance of that tradition in Britain and the U.S. This includes an account of the bitter disputes within the British Psycho-analytic Society which is both clear and fair-minded.

For Schwartz this process of development is an unqualified gain: the march of science. Schwartz is unimpressed both by contemporary criticism of scientific hubris and by the concern within psychoanalysis that the pendulum might have swung too far towards object relations. Attachment theory is assimilated to object relations theory being referred to as 'the new relational/attachment paradigm'.

Schwartz argues that 'What happened was instead of the hand-to-hand combat intimated by Thomas Kuhn, the new paradigm surrounded the old from the outside'. (Thomas Kuhn coined the term 'paradigm' in his book *The Structure of Scientific Revolutions* to refer to the theoretical perspectives which at any one time both organise and limit what we perceive. Towards the end of his life he regretted having done so, wishing that he had settled for the simpler term, 'conceptual framework'.)

Attachment, object relations and the psychoanalytic paradigm

If there was a paradigm shift it belongs to Freud and the idea that unconscious processes subjectively understood, might be thought about scientifically. The tension over the relative importance of the drive, the aim and the object has been there from the beginning. This is perhaps why there has been no hand-to-hand combat in the way that there has been over Freud's original insight, and still is. This is not to deny that there have been critical developments within psychoanalysis in the course of the century. Bowlby and Fairbairn contributed to this development in significantly different ways.

The statement that the libido is fundamentally object seeking is different to the statement that the attachment system is a vital psycho-biological system amongst others. Fairbairn wanted to produce a pure object relations theory within psychoanalysis. John Bowlby was concerned amongst other things to build links between two paradigms: between the science of unconscious processes subjectively understood on the one hand and observational and experimental psychology on the other. Where Fairbairn offers a distinctive position within psychoanalysis Bowlby offers a radical challenge to the insularity of psychoanalysis.

The relational tradition in the USA

Cassandra's Daughter is subtitled 'A History of Psychoanalysis in Europe and America'. One of the achievements of Joe Schwartz's book is in introducing the American relational tradition to a British audience. An interesting aspect of this tradition is the strong emphasis on the *seeking* of relatedness, which undoubtedly does coincide with attachment theory and Fairbairn's thinking. Curiously, this emphasis on the individual seeking relationship can produce a highly individualistic perspective in contrast with accounts that emphasise that the individual is born into the life of the group.

This question of perspective shapes the account of separation, development and individuation. A possible link between some of the missing elements in the book is the setting aside of psychoanalytic work on group processes and particularly the importance of thinking as a group process. The account of Jung is not developed, Lacan is rather dismissed and Bion more or less ignored. In some ways this is surprising as Schwartz is very interested in the relationship between the

individual and the group when it comes to scientific thought.

Cassandra's Daughter is full of argument, some very crisp analysis of some key issues and some sharp pen-portraits of key figures. Along the way Schwartz produces some gems. One will have to suffice from a review of Freud's *Studies in Hysteria* (1895) by the theatre director Alfred Freiherr von Berger:

There is much wisdom in this book, much goodness, depth of feeling and psychological acumen which must have deep roots in the sensitivity of an all knowing heart. Both scientists want to concentrate on an accurate sketch of the subject of their study. Nothing could be further from their minds than allowing their individual personalities free play as a poet inevitably would. Yet as we delve into the tremors of a soul which lays bare the innermost nerves of a stranger's personality, our own personality will respond whether we intend it to or not.

What we do with that response is at the heart of the psychoanalytic endeavour.

The Unknown Matisse. A Life of Matisse. Vol. 1 1869-1908. Hilary Spurling. Hamish Hamilton 1998. Reviewed by Michael Evans

Matisse was arguably the major French painter of the last century and he is now particularly valued in French culture. He survived two world wars in which large parts of France were overrun and occupied. He continued to paint women, flowers, textile patterns and goldfish, representing light through colour, as though nothing terrible was happening outside his studio. In a statement which became notorious Matisse wrote:

What I dream of is an art of balance, of purity and serenity devoid of troubling or depressing subject matter, an art which might be for every mental worker, be he businessman or writer, like an appeasing influence, like a mental soother, something like a good armchair in which to rest from physical fatigue.

But that was his political statement. He demonstrated that his culture and its civilised bourgeois values could survive oppression, destruction, as well as economic and spiritual poverty and come through with renewed strength.

From feelings of defeat he restored to the French their sense of greatness.

Matisse's paintings appear vibrant, positive and trouble free. There is little in them that reveals the psychology of their author. Hilary Spurling's biography is full of surprising revelations about this restless man. He was born in Picardy - a bleak province whose sole industries were sugar beet and textiles. There were factories and warehouses and design schools. His father was a weaver, later a middle-man. His mother was an amateur painter of porcelain. She gave him unconditional love. His father was judgmental and expected all sorts of achievements from his eldest son that he totally failed to fulfil. He was more or less a delinquent, performing poorly at school and getting into trouble. Poor health made it impossible to follow in his father's business. Despite extreme indolence he managed to scrape through some law exams and became qualified as a legal clerk. Bored and

restless he had the unpleasant habit of using a pea-shooter to fire putty pellets at passers-by from an upstairs window of his lodgings. He dreamt of being a clown or an actor. He was continually in conflict with his father's career proposals and reacted to them with ennui, exhaustion and ill health. At the age of 20, convalescing in hospital after a collapse, his mother brought him a box of paints. He made a copy of a trite reproduction of Swiss scenery. Later he wrote:

Before I had no interest in anything. I felt a great indifference to everything they tried to make me do. From the moment I held the box of colours in my hand I knew this was my life. Like an animal that plunges headlong towards what it loves, I dived in, to the understandable despair of my father, who had made me study quite different subjects. It was a tremendous attraction, a sort of Paradise Found in which I was completely free, alone, and at peace.

Hilary Spurling describes Matisse's subsequent early career, his rebellious struggles at art school, his poverty and insecurity. He was remarkable for his willingness to come under the influence of other painters and his ability to take from them what he needed without feeling overwhelmed. His paintings were extremely rough and uncompromising. She traces how he moved from mastering tonality, towards a more highly coloured pallet. He generated enormous warmth and loyalty from his painter friends and was from the beginning a painters' painter. By 1906 he had become the leader of a small group who received the nick-name of *Les Fauves* (the wild beasts). Critics and admirers alike felt that his paintings were terrible, strange and the work of a dangerous lunatic. Bernard Berenson called one painting a toad, and Gertrude Stein, who bought his paintings, said of a self portrait that it stripped its subject too bare for anyone to feel comfortable with it hanging on the wall. He was completely uncompromising in his exploration of different styles and approaches, and in his rough handling of paint. By the time he was 38 in 1907 he was

trying to paint like a child, and attempted to pass off one of his still lives as if painted by the local postman. Because of his anxiety about painting he was known by his friends as the madly anxious Matisse. He rebelled against his father and against the Academy and every idiom that he adopted, so that he seems to rebel against his immediate past and himself. Yet he was clear about his aims. He believed in an art that would reflect the clarity and order that should be in the mind of the painter.

Hilary Spurling has written a fascinating and accessible biography. She uses none of the hapless jargon that typifies much art criticism and psychoanalysis, but one feels she writes with feeling and understanding of both art and psychological development. She shows how Matisse's art sprang from his provincial environment where crafts were still much alive, and how his love of pattern derived from the local production of decorated silk, tweed, gauze and velvet textiles. The fabrics of the weavers of Bohain astonished local contemporaries for their glowing colours, their sensuous refinement, their phenomenal lightness and lustre. Matisse's personal courage, humour and persistence, she infers, may have derived from his mother, his obstinacy from his father. His restless energy was fired by an internal and external oedipal conflict: both to rebel against and to appease the father. His father was bitterly disappointed in him, despised the career of painting and thought nothing of his son's efforts, yet he gave his son generous financial support up to 1901 when Henri was 32. (This allowance was cut off only because of his own severe financial difficulties.) Long after his father's death Henri regretted the rift between them and in his eighties he cried when he spoke of a father to whom he had caused great suffering, and who had never had confidence in him.

The story of Matisse's relationships and marriage, and his many friendships are also fascinating. The book takes us up to 1908, just under half of his life. I await the next volume with impatience.



O U T W R I T E

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