“Mirror Mirror on the Wall, Who is the Fairest of Them all?”: Fantasy and Reality Within Reflection

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Abstract

This paper explores what is seen and what is not, or cannot be seen, within the therapeutic space, as exemplified by the process of what can be seen in the “mirror”, that is, in and through the eyes of the other. In doing so it draws on the concepts of projection and projective identification, as well as on literature in the form of Oscar Wilde’s (1890/2003) novel, *The Picture of Dorian Gray*, and on clinical practice. In linking theory and literature with examples from clinical practice, I examine what it may feel like to look different, and explain the tensions of being alongside others who look different, but who may have many shared, internal experiences to contribute to a relationship with someone, such as a psychotherapist, who, on the surface, appears different to them.

Waitara

Ko tā tēnei tuhinga he wherawhera i te mea kitea me te mea ngaro, kore rānei e kitea, mai i te ātea haumanu, arā e tauirahia nei e te putanga kitea i roto i te “whakaata”, arā, i roto, ā, mai i ngā karu o tērā atu. Koia nei ka tōia mai ngā ariā whakaepa me te whakaepa tuakiri, i tua atu i ngā tuhituhinga pēnei i āhua o tā Oscar Wilde (1890/2003) waituhi, Te Whakaata o Tōriana Kerei, ā, me te whakawaia haumanu. Inā honoa te ariā me te tuhituhi mā ngā tauira mai i te mahi haumanu, ka whakamātauhia e au ka pēhea rā te rongo ki te rerekē te āhua, ka whakamārama ai i ngā maniore piritata atu ki ētahi rerekē ngā āhua, engari he maha tonu pea ngā wheako ō-rite hai hoatu ki tētahi whakapānga ki tahi tangata pēnei i tahi kaiwhakaora hinengaro, rerekē nei pea te āhua ki a rātaou.

Keywords: narcissism; fantasy; phantasy; projection; projective identification; transference; counter transference

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Mirror, mirror

A young spring-tender girl
combed her joyous hair
"You are very ugly" said the mirror.
But,
on her lips hung
a smile of dove-secret loveliness,
for only that morning had not
the blind boy said,
"You are beautiful"?
(Milligan, 1980, p. 81)

When I contemplated writing this paper my ambivalence became palpable. I was running out of time but I could not get inspired. With this impasse, I went to sleep. I dreamt about a man I met in a garden. He was collecting Monarch butterflies and putting them into glass jars. He had three butterflies: a large one in a large jar, and two smaller ones in a smaller jar. I said, "Why are you doing that? That is awful. What are you going to do with them?" He said, "I am going to sell them." "For how much?", I asked. "Sixty dollars", he replied. I wondered how something so alive and beautiful could be so trapped and undervalued? That was enough for my narcissistic aspect to re-emerge. I flew out of the jar, woke up, and sped to the computer, where I found the above poem by Spike Milligan which is so much about Milligan's experience and what can and cannot be seen in the other or us. Such insight. Milligan, who suffered from bi-polar depressive disorder, said that after completing the *Goon Show* he had had five breakdowns. When he died at the age of eighty-three, Dixon (2002) wrote in Milligan's obituary in *The Guardian* that "there was always a hint of the dangerous spark that had brought him to the brink of despair so many times and lit beacons of laughter to cleanse us all."

This paper is in part about despair, reflection and insight as captured by Milligan's words. It is also about narcissism and the projective processes which surround it, including the most difficult, envy.

In 1955, at the International Congress of Psycho-Analysis held in Geneva, Melanie Klein presented a paper: "A study of envy and gratitude". This was later expanded into a short book (published in 1957) in which she developed a new understanding of envy. She said that envy projects onto an external object the affirmation of life and attacks it there. Envy, which Klein referred to as "primary envy," is an attack on life itself in the form of an external object that represents the wish to keep the ego alive and, hence, on which the ego is utterly dependent. Those attacks are achieved, in phantasy, by the very earliest method available to the infant: orally, as it were, scooping out the good object, the mother's breast. Klein believed that primary envy is the process underlying other forms of envy, including penis envy (Klein, 1957).

Narcissism

The pathological narcissist, wounded and suffering at the autistic core of his inner being, and, usually, not aware of that, believes that his or her needs are all, and no one else's needs matter. He continues in denial and anything good in the other must be enviously attacked. The narcissist is interested only in the reflection of him and, therefore, cannot be a containing reflection for the other. All he sees and does is about him. On the other hand, as Otto Kernberg (1980) reminded us, the narcissist is living and suffering the narcissistic lifestyle and he or she deserves our compassion, rather than our condemnation.

The name of the psychological aberration, narcissism, is derived from the Greek myth of Narcissus, a beautiful young man beloved by all nymphs, including one named Echo. Echo falls in love with Narcissus's beauty but Narcissus pays no attention to Echo's increasing mournful cries. To the gods looking down upon the play of unrequited love, this was a crime. They punish Narcissus in appropriate symbolic fashion by causing him to fall in love with his own reflection, ever reaching out to embrace an illusion. Each time Narcissus reaches for his adored image in the pool of still water it dissolves into numerous ripples. The narcissist is constantly trying to repair his injured self-esteem by the adorning and admiring of his gilded self, but he is also unconsciously haunted by the risk of psychological fragmentation, should he become aware that this self is not all he thinks it is. Élan Golomb (1992) wrote an illuminating book called *Trapped in the Mirror* which details how the narcissistic state of mind develops. She highlighted how these suffering souls are often the offspring of parents whose own self-interest towers above the most basic needs of their sons and daughters. Their children then share a common belief. They believe that they do not have a genuine right to exist. They are without an authentic witness to their experience and are, in a sense, partly dead. Their autistic cores have been so traumatised that they cannot escape. Perhaps the popularity of the European fairy tale Snow White and the Seven Dwarves (Grimm, 1846), in which the Queen gazes into the mirror repeating "Mirror, mirror on the wall, who is the fairest of them all?" is due to the fact that many little children recognised the Queen in their own mothers, and identify with their own position as nymphs.

Many of our patients have not had a primary caregiver who was able to provide a mirroring response for them, a consequence of which is a type of trauma and an increased likelihood of developing an unhelpful attachment style. In his paper "True and False Self" Winnicott (1960/1990) said that there are many mothers who "repeatedly fail to meets the infant's gesture" (p. 145), which leads to the development of the false self. Snow White's step-mother epitomises this type of mothering in its full extreme.

The Picture of Dorian Gray (published in 1891) is the only published novel by Oscar Wilde. The novel is an excellent illustration of narcissism, and perhaps hints at the type of personality of Oscar Wilde himself. The novel tells of a young man named Dorian Gray, the subject of a painting by artist Basil Hallward. Basil is impressed by Dorian's beauty and becomes infatuated with him, believing his beauty is responsible for a new mode in his art. Dorian starts to believe that the only things worth pursuing in life are beauty and fulfillment of the senses. Realizing that one day his beauty will fade, Dorian poignantly expresses a desire to sell his soul to ensure the portrait that was painted would

age rather than him. Dorian’s wish is fulfilled, but, as he begins to experience himself as so handsome, he begins to indulge in every kind of pleasure, moral and immoral, an indulgence that plunges him into perverse acts. The unchanging portrait serves as a reminder of the effect each sinful act has upon his soul, with each sin displayed as a disfigurement of his form, or through a sign of aging. Aestheticism is a strong motif in the novel, and is tied in with the concept of the double life. Not only does Dorian enjoy this sensation in private, but he also feels a type of satisfaction in the terrible pleasure of this double life when attending a society gathering just twenty-four hours after committing murder.

It is evident that Dorian is attempting to contain the two divergent parts of his personality, a split. The novel ends in a climactic scene whereby Dorian reclaims himself. His former conscious projections onto the painting are reflected back onto him in a shattering moment when he imagines stabbing the picture onto which he has projected his aging, embellished self. In reality his sinful life reverts back to himself and he stabs himself. He no longer exists, and is found by his servant as a dead, withered old man. He is in the form that the picture was before it reverted to normal. His life long suffering as a narcissist is finally over. He had been totally in fantasyland, not in reality, and when reality approached, he could not bear it.

Dorian Gray has also been described as an acute study of obsession, a psychological collapse, depicting a mind destroying itself with its own obsessions. For me, it is more reminiscent of a Grimm’s fairy tale based on fantasy rather than reality, with all the horror and evil involved in some of those stories, which are often described as unsuitable for children and more suitable for adults. Patients sometimes experience these split off states of mind which are out of touch with reality. Fortunately, they are usually only transitory states of mind, albeit intense and sometimes agonising ones, which we learn about within the therapeutic space and through transference and counter transference, largely unconscious. The novel *Dorian Gray* has been converted into at least two movies in which the visual interpretation is even more powerful, thereby highlighting the madness and sadness of Dorian’s situation. Dorian existed for a while as a child, an adolescent, and a young man, then in a portrait, and then no longer at all.

Perhaps the novel also reflects Oscar Wilde’s own life and struggles. It is clear that in his time Oscar Wilde was punished cruelly for his mind and his wit, but mostly, for his so called sins, as depicted in Dorian Gray. This in my opinion, is a clear example of projection of a fictional character onto a real man, Oscar Wilde. In 1895, Wilde was imprisoned and, while in gaol, wrote his most famous poem, “The Ballad of Reading Gaol” (Wilde, 1909) which is a sorrowful tale about murder and punishment. In a way, Oscar Wilde became like Dorian in the end, dying a painful death from complications arising from a burst eardrum in a small flat in Paris in 1900 aged forty-six (Harris, 1938).

The fact that the novel is based on a fantasy and in that sense, is a type of adult fairy tale may have lent to its popularity. Wilde is still one of the most popular writers of the 19th century and, fortunately for us, his genius lives on. Perhaps we all identify with Dorian, wishing at times that we could transform ourselves and get rid of what we don’t like about ourselves. Dorian’s projections were, however, a conscious fantasy so, in that

way, they differ from projection, as it is understood in psychoanalysis, which is an unconscious process, along with projective identification and counter transference, to which I now turn.

Projection and Projective Identification

In the earliest object relations many of the unconscious communications of infant and mother proceed via the process of projective identification and projection to help them become attuned to each other. Klein first introduced the term projective identification, describing it as an unconscious defensive process by which human beings in phantasy, try to rid themselves of unwanted painful feelings (Klein, 1932, 1985).

Bion (1962, 1967a) extended Klein's usage of the concept, describing projective identification as a communicative process by which the infant can project all of his feelings, good and bad, onto the mother to help her make sense of his needs. The mother unconsciously identifies what is being projected and may be induced to think, feel and behave differently. Bion and Winnicott viewed projective identification as an essential form of two-way communication, which can induce identification both of baby with mother and of mother with baby. Bion described this complementary state of mind as the infant being contained by the containing mother and believed this is the precursor to the infant being able to think, another goal of theory. The term "container" comes from Bion's experience as a tank commander during the Second World War (Bion, 1967a, 1976b). He called his tank his container and incorporated it into psychoanalytic theory to represent a safe space. That earliest state of mind, the connectedness between infant and mother, has also often been described as the infant's first love affair, which provides an internal template that may be replayed in later adult relationships. Ogden (1979) has elaborated further on projective identification.

Counter Transference

The process of counter transference is linked with projective identification. Counter transference is composed of the feelings that appear to come from nowhere and may well be what the patient is unconsciously communicating to the therapist. Part of the therapist's response will also be due to his or her own personality, defense mechanisms, psychopathology — and all psychotherapists have these (Guntrip, 1986), whether they want to admit it or not.

Counter transference is one of those terms about which there is much disagreement (see Rycroft, 1985; Laplanche & Pontalis, 1988; Hinshelwood, 1991). My understanding of counter transference is again influenced by Klein (1932, 1957). I prefer to think of it as almost all of the unconscious reactions, including thoughts and feelings that one has when one is with a patient. As such, the therapist is like a "tabular rasa" or empty slate, whose major function is to be the container (Bion, 1967, 1970) for the unconscious projected feelings and parts of the patient's self and object world. The process that then occurs is a resonance from unconscious to unconscious.

Those who object to this interpretation of counter transference are, I think quite

rightly, concerned about the parts of the counter transference which are made up of reactions of the therapist, which, for example, come from his or her own psychopathology. One's response may be due to one's own personality and defense mechanisms and an unanalysed superego. Freud stressed that no therapist can go further than his own complexes or resistances permit. Consequently, in order to enable the counter transference to be a more valid guide to what may be going on with the patient, the therapist needs to have submitted to being a patient so that he or she learns about his or her own difficulties in assessing his own ego defenses (Guntrip, 1986). Racker (1968) has been helpful in understanding the complexity of counter transference.

I will now attempt to link these theoretical concepts with some case material from a young mother, a Chinese woman, a Māori couple, a Māori man and a Māori woman, Their details have been anonymised and their identities duly disguised.

A Frightened Mother

I consider the following to be one of the most insightful pieces of psychotherapeutic work completed in only three sessions by a young mother. Unlike Dorian, this young person reclaimed her projections during the therapy and ejected the internal narcissistic parental objects, seeing herself in a new light having worked through the "me not me stuff" about which Winnicott reminded us so often (Winnicott, 1951, 1957/1975).

She presented as a baffled, worn out mother, with what she described as a cruel side to her personality. She had suffered emotional abuse within her family which was not visible to the outside world, and then suffered again with a partner with a bipolar disorder from whom she was struggling to live apart. Many therapists have experienced that insidious, invisible, emotional abuse from a narcissistic parent and thus, are primed to see it in the patients who come to us. It reflects on our internal mirror, our computer programs and we are immediately in projective identification with it. Having had the benefit of that experience and having our hurt internal core analysed and in that sense, deeply understood, we need to be careful that we don't imagine trauma that is not in the patient there but is our own.

The young mother was intelligent, but her anxiety would stop her linking thoughts, and she said she felt dumb. She told me how she had been involved with the child protection agency because she had slapped her baby when he was eight months old. She self referred to the agency and went through the usual procedures. She often felt judged as if she was seen as being constantly in a dangerous state of mind. Four years later she self referred to me and we met over a period of three weeks.

During the first session I recall feeling a sense of nothing in my counter transference, a really blank, foggy, feeling, perhaps how she felt. My mind left her for a while and went back to a couple I had seen in Melbourne in an agency as the result of the fact that the husband had thrown his baby against the bedroom wall. I remembered how I had worked with them for two years. It was a very satisfactory result with his violent action and fantasies being converted into a thoughtful relationship with each other and their children. That memory may have broken me out of my blankness. Despite that more hopeful thought, after that first session I sat wondering what I had offered her, not

knowing what to record in my notes.

Then, in the second session, she surprised me. She said that she had remembered that in the previous session I had said, “Sometimes we do something to others when maybe we are thinking about what might happen if we did it to ourselves”. I thought to myself, “Yes I vaguely remember saying something like that”. Then she said, “I have just realized that if I hadn’t slapped my baby, I may have done something really awful to myself. I may have killed myself, and, by slapping my baby, I kept myself alive to care for him”. I was genuinely surprised at her ability between sessions to gain insight about something, which I do not recall having heard of, or read about before, a new insight for us both. The screen had cleared.

In psychoanalytic terms I understood, although I did not say this to the patient, that, in a way, she had projected herself into her baby and slapped the baby in herself — a destructive projection, and a dangerous one. Perhaps, also at a deep level, there was envy: she wanted to be the baby, and to be held herself. She was receiving so little for herself. She didn’t have a partner or a containing mum or dad, and, when angry and uncontained and with a demanding baby, she had slapped her baby in an envious moment and attack. She just wanted to be the baby, to be held herself. As a result of this insight, perhaps now, she can be in a distressed and frustrated state of mind, with anger being thought about, rather than acted out with a slap. I left that thought for a later date should she continue, but it wasn’t important at that moment. As it turned out, it never was.

She came for one more time and said: I have waited for years to understand why I slapped my baby. It is not so awful now. I think, I know, that I won’t ever do that again. I think have more understanding about how hard it is to be a Mum or a Dad, to have been my parents.

Both her parents had hit her and yelled at her. Perhaps recognizing her parents’ limitations and fears, she was allowing herself to feel a type of compassion for them and feel that they were good enough. Maybe that is forgiveness; I am still grappling with that one. In my experience, forgiveness is such a difficult state of mind to reach and quite a surprise when it does eventuate; nevertheless, it is a development achievement in terms of moving to peace of mind and maturity.

This young mother has now joined of group of mothers and babies. Some of the mothers are much younger than she, and she thinks she can help them. Her feared phantasies about herself being such a bad mother had been converted to something more reassuring. We both agreed that she was trying to be, and becoming, a “good enough” mother. She said goodbye and I thought, “Yes, short-term work, could be enough. Not everything needs to be interpreted”.

A Chinese Woman

I saw Jocelyn for five years sometimes twice week when I lived in Australia. She helped me understand very much what it is like to look different and have a different skin colour.

A former patient referred Jocelyn to me. She had just broken up with her fiancée of five years, who had developed bi-polar disorder. There had been a passionate row when

her fiancée had asked for the engagement ring to be returned. She had moved quickly into a new relationship with a senior colleague at work and was nervous about her decision. It was a secret. We decided during the assessment that I would see her partner, Michael, with her at least once. After that I referred him to a colleague, a self-psychologist, whose work I respected.

The initial attraction was obvious. They were a handsome couple: intelligent, affluent, and sexually compatible, but it was early days. Jocelyn was in her twenties, born in Australia to traditional Asian parents, business people who still lived a predominantly Asian lifestyle. They had been very good to her, providing a private school education, a smart car, an expensive inner city apartment, and financial assistance through university. In that way, she had been fortunate. We agreed that she had been rather indulged, but life was a struggle, full of mixed feelings concerning her sometimes-uncomfortable stance towards her parents. Her father had left her mother for another woman when Jocelyn was eight and her brother was six. Nothing was explained to the children and they spent the following months listening to their mother crying in the bedroom where she stayed for most of the day. Their father was totally absent and had no contact with them during this period. They were sad and confused. They didn't know what it was about. Six months later their father returned and, to this day, their parents' separation has not been discussed. Their feared phantasies have never been clarified. Jocelyn said "that is the Chinese way".

Something emerged very quickly in the therapy. My cat Anastasia would jump onto the foot of the couch during the sessions and stare fixedly at Jocelyn. We did not know what to make of this although privately, it occurred to me that Anastasia were responding to something different about Jocelyn of which perhaps she was wary. Cats are so undefended and intuitive, and work on instinct. A thought also crossed my mind that sometimes they react like this when there is something dissociative or psychotic at play. In the presence of this state of mind they are, at first, often very still and then rush out of the door. My phantasy turned out to be so wrong. Nevertheless, Anastasia continued to be very careful around Jocelyn, often remaining motionless. It was Jocelyn who, after a few weeks, said, "It might be because I look different". I said, "It's hard to know". Anastasia did this for several weeks until she would then sit at the head of the couch looking down on Jocelyn, sometimes putting her paw on her head and pulling her hair. I think it was then that we both realized, yes, Anastasia was very curious about her, so much so that she had to smell her, and touch her. Jocelyn did look different (to white Australians). As she herself said, she had "slanted eyes, dark colored skin", but maybe to Anastasia she smelt and felt similar to other, white Australian clients. This led to an understanding in Jocelyn as to what some of those Australians may have projected onto her, all their phantasies about Asian people based on what she looked like.

Gwenevere, my other cat, did not venture in until about a year later, when she developed a fascination for Jocelyn's handbag and slept blissfully beside it. She also liked the smell. Being partly blind maybe she didn't react so much to what Jocelyn looked like.

At this point in the therapy, I had an unpleasant experience at Jenny my hairdresser's. Jenny was from Canton. A New Zealand woman came in to ask for a quote to have her hair braided. She started talking to Jenny in a type of pigeon English, in a bartering style,

as if she was at a Chinese market. It was so uncomfortable. When the woman left I said to Jenny, "That was horrible". Jenny replied, "It happens all the time. It's as if they think I can't speak English". The woman didn't see Jenny as I saw her. I cringed. I thought of Jocelyn and what she and her parents may have had to tolerate in Australia. I was really beginning to imagine how being Chinese had left her feeling when growing up. Now, she was a smart, professional woman trying to balance her new life alongside the Chinese culture of her parents. No wonder she herself was at times, in conflict.

Back in the therapy, Anastasia would snuggle up against Jocelyn's knees and sometimes sleep on her lap. It was then that we were in a non-persecutory space where we could think together about Jocelyn being different in a largely white society. She formed such a secure attachment with Anastasia who accepted her difference so unconditionally. At times I wondered whether she had come to see me or Anastasia and Gwenevere. Maybe Anastasia was conducting more therapeutic work than I was! On several occasions Jocelyn and I laughed about my phantasy about the cats. As Jocelyn broke though denial and started to have feelings about being seen as different, she cried, ranted, and had the most violent dreams about shooting people with machine guns as they disembarked off Qantas aeroplanes. During this time she would stroke Anastasia who just gazed at her lovingly, but never got off the couch as she may have done if faced with some dangerous process.

A couple of years later there was a crisis in the relationship regarding commitment. I saw Jocelyn and her partner three times, which turned out to be painful but also constructive. Michael's therapist had agreed that this intervention was acceptable. Sometimes I ask two questions of the couple the answers to which give me a sense of the relationship. I ask if one were to end up in a wheelchair what would they do? Jocelyn said she would stay. Michael said he would leave. The second question is about whether they would have children. Neither was sure and Michael said he might have problems with a baby that looked Chinese. I experienced his comment as a type of slap, but at least he was honest. Symington (1993) has written about understanding this self-righteousness as a type of dissociation, which I find a helpful thought. In her therapy, from time to time, Jocelyn recalled Michael's comment from time to time and it was painful for her and for me as well, to be retraumatised by his prejudice.

They are still living together six years later, but the projections are now more fully shared, encompassing the space between the couple. They took a risk when they met and have formed a more secure attachment, which has remained wherever they have lived — so far in the United Kingdom, other countries in Europe, and Australia. An engagement is now tentatively planned for October and they have thoughts of a baby, but there is still a doubt about Michael's commitment. I think this resonates with Jocelyn's fear that looking different will make or break the situation. However, she can now tolerate her partner's inability to completely commit and accepts that the relationship may not move to marriage and motherhood. Despite all this, Jocelyn has never once wanted to relinquish her ancestry as she may have done as a youngster. She is content to live out her cultural background in a different way to her parents. She said that she had "assimilated" and become an Australian with her parents remaining very much traditional Chinese.

Working with Jocelyn has helped me understand what a person may have to manage

when they look so different in a predominantly white/Caucasian society, although Australia is very multicultural and defines itself as such, unlike New Zealand. This work made me wonder about what happens when you are growing up and are surrounded by others who are obviously different in terms of the color of their skin, or the shape of their eyes.

In relation to this, I sometimes have had an uncomfortable feeling in meetings of the New Zealand Association of Psychotherapists when I have observed a type of polite overcompensation when Pākehā are speaking to Māori. This may be a small dissociative defense, seemingly authentic, but somewhat awkward, and given that I have Māori in my family I find it puzzling. When I find myself speaking ever so nicely to someone who looks different, I believe that I am not attached to my authentic self. I have tried to understand it as some sort unconscious difficulty. No matter how much cultural supervision I have, I still think that initially, something happens to me in the reflective space with a patient from another culture. What am I pulling back from when I dissociate in this way and am not myself? What is it that needs to be considered and reflected back? Maybe it is simply anxiety, like a child or a cat that sees something new or different and doesn't quite know how to be. Maybe something as simple as a Chinese face meeting a white face can elicit this hesitating response. On the other hand, I think that over time this has the potential of becoming more comfortable, with the dynamic going beyond superficiality, and connecting with the inner of the other with heart and soul. A sudden thought emerged when I wrote this: nobody worries what colour people are when they select a heart donor. Our hearts have a mutual similarity: they keep us alive.

One personal experience taught me a little about the indomitable process of dealing with difference and what we can unwittingly project into the space of relatedness. A close friend and I went to China in 1978 just after Mao Tse-Tung had died. We were in the minority and I remember standing in a square in Wushi surrounded by hundreds of Chinese people in Mao style suits. They stood back from the white twosome a little, and formed a circle. They, like Anastasia, just stood absolutely silently, staring at us as if we had arrived from outer space. We both bowed slightly and said "Ni hao" (Hello). The crowd responded to our awkward words and bows with giggles and laughter and they clapped their hands. That broke the ice. What a relief. Our guide, Miss Shin, told us later that they had never seen white people before in that city. The uncomfortable thing was that later that day we arrived at the theatre and everyone stood up as we took our seats in the front row. It was as if we were like royalty, again they only saw the surface. We were very ordinary Australians just as they were very ordinary Chinese. They could not see the internal structures that bond human beings together: the essential component of being in relationship .

A Māori Couple

The following was an important time in my clinical career when I was required to venture deeper into my mind than I have ever been before, to the land of the almost impossible, early projective identification at its most powerful.

The woman came to see me about her marriage. For fifteen years she had been unable

to sleep. Her husband frightened her. They would fight and he would pin her to the floor with his hands around her neck. Their three children would usually try to intervene but unsuccessfully. I saw her four times, and we talked a lot about what could be done to create a safer situation for her at home and whether her husband would come to see me. She was frightened, and I was imagining how it might be as she gazed into the eyes of her husband as he tried to strangle her with their children watching with horror and fear. Eventually, with her permission, I wrote to her husband suggesting that he come to see me. One afternoon I received a phone call from him. He said that he was in town and asked if we could we meet. I had an hour to spare and said yes if he could come immediately. I met him at the lift and instinctively felt that I would be safe with him. He followed me to my consulting room and he sat down on the edge of the chair and began to speak in loud and defensive tones about his wife's problems. He spoke all about her, as it was for her, all about him, their shared complaint.

A tension in me escalated until I felt myself sweating. I was in danger of splitting just like my patient. I attempted to think about why the feeling was so consuming. I felt in a stranglehold, as if his hands were around my neck. That was a powerful suffocating counter transference, a reflection, and the more I tried to think, the less I seemed to move towards reality. I had no choice but to sit with my state of mind, remaining very frozen, blinded and vulnerable.

After forty-five minutes I mentioned that we had five minutes left and so far, I had not felt able to say anything that I thought might be useful. As I said this I thought to myself, "Susan you will have to pull a rabbit out of the hat for this one". A word flashed into my mind "IFCLEJTRICKS". I thought, "Good heavens, that was the mnemonic I used forty years ago when I was writing an essay on the Māori Wars for school certificate." I was instantly aware that my tendency to have an intellectual defense at a time of huge tension might be helping me this time. I relaxed into my contertransference and said, "Perhaps it might be helpful for us if you say something to me in Māori". He leaned back in his chair and after a brief pause began to speak. It was if we were somehow soothed by the tones of what seemed to be rather a long speech. He finished and I asked him to translate. He said, "The children cry while the parents sit in shame". I said, "I think I understand". His eyes watered, as did mine. The rage and guilt had softened, replaced somewhat by sadness and relief. We had achieved an understanding in that small reflective space. He stood up and asked me for the account. He gave me a cheque, we shook hands, and he left. I think our connection was at a core level: gestures from human to human and heartfelt, humanness rising above the difference in language or colour.

For some hours after he left I remained rather overwhelmed with the switch from rage to sadness but most particularly with the wisdom of his words, words that only emerged when he began to speak in his own tongue. Some weeks later, his wife rang to tell me that they had separated and their relationship was much more cooperative, particularly where the children were concerned. When caught in their violent and aggressive struggle with each other they were unable to see the other side of themselves. Now they could tap into their mutual strength and integrity, their capacity for insight and for both forgiveness in themselves and in each other. They had reclaimed the healthy projections, which had been hidden behind the mirror in those dangerous moments at home.

This case reminds me so much of Gadamer's quote "One must lose oneself in order to find oneself" (cited in Orange, 2011, p. 37). I had temporarily lost myself in that space with a brown face looking at a white face until we found ourselves again.

The Patient who Left with an Outstanding Account

He was Māori, working in IT, and saw me once a week for two years. In our last session he told me that he could not pay his final bill, an amount of $400, and said that he was going to Australia to make some money and that he would pay me when he could. Probably, partly from my own experience of some patients who leave in that way, my initial thought/phantasy was "There's another $400 down the drain". My fantasy had stopped me seeing his other side, his integrity. Two years later there was knock on my door and there he was, looking very well and confident with a cheque in his hand. My fantasy that he wouldn't pay had indeed, not been the reality. I blurted out, "It's nice, it's good to see you". I don't know quite how he experienced my welcome, but maybe he just liked seeing me as well. We joined each other with a smile. Mutual respect was evident.

I have reflected a great deal on that glitch in my mind, my lack of trust in the work that we had done together. I felt a little ashamed. I never saw him again except for a post card to say he was living permanently in Australia and had secured a well-paid contract. The payment of the bill left me feeling that our work had been fruitful. I did not work with him in any way that was different to other patients. I just provided a space to think. That was all he wanted. My sense of being together, was that it appeared that it was not important that he was Māori and that I was white.

The Patient who Couldn't say "No"

Fifteen years ago a female Māori accountant (I have changed her profession for obvious reasons) saw me for a first session during which we discussed the fee. She thought she was eligible to have it paid by the Accident Compensation Corporation (ACC). I explained that I had recently returned to New Zealand and that, having applied to be a registered provider with the ACC, the ACC had said that as I had been away from New Zealand too long, I was thus, "culturally unsafe". She was furious and said, "that is blatantly racist and you have been recommended. I want to see you". I gave her some names of people who were ACC registered. She came again and said she had made a formal complaint to ACC but that it had made no difference.

I saw her for a year at her own expense. One of the issues was the "No, you cannot have that". This resonated with an inability for her to say "no" as a tiny child to an abusive relative. She found compassion for herself in that insight, as she realized she had done no wrong, that she had had no power as a child to say no. That, she thought, was why she was so enraged by the response of the ACC. The ACC had had the power to say "No". She had not had that same power. I think that in the end, it was helpful for her to have paid her own fee and, in that way, accept her own responsibility for her treatment. She had said "no" to ACC and had come to me. She transferred to London and I referred her to a therapist there. I didn't hear from her again. A quote from Freud, which often reminds

me of her, was reported in the *Suddeutsche Zeitung* on 27th March 2009. The quote came from the last living patient of Sigmund Freud. Freud had said to her:

> Do not forget to be an adult, one must dare to ask, why and how so, and also express one's own opinion or opposition. If you do not do that, you will always remain a child and it will always be that others that decide over you! (*Suddeutsche Zeitung*, 2009, p, 6)

My patient had, at last, been able to see more in herself than what her sexual abuser had seen. She could now stand up as a whole object, not just a childlike, sexual, object and say "No". She was now standing up as a mature woman.

Many patients with a history of early abuse cannot bear the word "no" which handicaps them so much in terms of mature relating. Sadly, they can have difficulty with the boundaries that the therapist sets and often leave prematurely.

All of the patients I have discussed entered willingly into a space of trust with me where a reflective process began. Within our emerging psychotherapeutic relationship together, they all took a different path. I am grateful to them for sharing their internal worlds with me and teaching me about myself as well as them.

Conclusion

In this paper I have drawn from literature, poetry, psychoanalytic theory and practice to illustrate how complex and obscure human states of mind can be: foggy processes resonating within us just like a car windscreen in the morning taking time to clear. Psychotherapy involves much of that: patient and psychotherapist working together in a space that they create, the shared space between, being aware of existing and potential blocks in the mirror. In this space, many phantasies of the internal world and realities of the external world are explored in an effort to move towards what is realistically possible for each patient. As many have said, we as psychotherapists remain damaged to a certain extent, damaged just like our patients. It is, however, our damage and our ability to examine that, in order to manage it more constructively, that enables us to engage with the communicative, early projective identification states of mind conveyed to us by our patients. The experience of counter transference and being in projective identification with the patient can inform us, can get to the early core of the matter, just like a mother with her infant. As Bion (1962) attested to, we learn through the experience of being with the other.

Sometimes we, whether we be Chinese, Māori or Pākehā, cannot or do not want to see some thing about ourselves, hence the defenses such as projection, "the me, the not me", "the real, the unreal", that is, all the elements of being human. This is a little like Snow White's step-mother, who only wanted to see herself as perfection, an ideal, with no space for Snow White. Similarly, Dorian Gray did not want to engage with his true self or accept the inevitably of aging. In this state of mind our capacity to change, and to tolerate change is limited. Often patients come with extremes of feeling beautiful or ugly, splits based on phantasy and supported by the various defense mechanisms. When the therapeutic space

between is clearer, there is more hope for proceeding to what Klein called the "depressive position" and Winnicott being "good enough". Orange (2011) has referred to it as a space imbued by hermeneutic trust. In simple terms, in that space there is room for patients to wonder about the "ying" and the "yang", and the ups and the downs of life. That is a start. If they can move towards a more realistic state of mind and a less narcissistic way of relating, their suffering can lessen. They have achieved one of the ultimate goals of therapy: life beginning to echo more tolerably within. It is good enough, not perfect, but they are reasonably satisfied.

If we as psychotherapists continue to be informed by our own history and our own unique experience of suffering, that is better than attempting to be vicariously, and thus, superficially healed by our patients' processes. Perhaps we are allowed a little of that. A general guide for me is when I have a thought that, "perhaps this patient is doing better than me". In this situation, I experience uncomfortableness and muse a little competitively, resisting the thought, thinking, "I am this person's therapist and they shouldn't be doing better than me". When my resistance is overcome I think, "but she is doing better than me in some ways. Halleluiah, I think we are getting somewhere".

I recall that it was Queen Elizabeth I who said, "the past cannot be cured". Today, in the twenty first century, under the reign of Queen Elizabeth II, there is the talking cure, including the various models of psychotherapy and psychoanalysis, which provides the possibility that the past can be given a chance to be understood and transformed, thereby reducing envious destructive projections often based on difference that are hard to understand. There is an opportunity for them to then be digested in a more informative way. At a micro level we psychotherapists help to create a less threatening world, trying to learn from our own authenticity, our mistakes and our patients' courage. As Socrates said, "The unexamined life is not worth living" (cited in Orange, 2010, p.1). Examining people's lives, I think, is what we essentially do, although, as I have already suggested we must never to forget to continue examining our own.

Oscar Wilde's insights and philosophy concerning life were seen to be threatening to the society he lived in and in the end, those ideas and Oscar himself, were enviously and murderously attacked. Not many understood his ideas as we do today. Many of our patients may, like Oscar, have felt misunderstood when faced with the other, often the mother, who may not authentically and compassionately have had a reflective space in her mind for them. Let us all offer that reflective space as we move together towards our multicultural destination within psychotherapy in New Zealand, enriched, rather than handicapped, by difference in the face of the other. We have a unique opportunity to provide a dynamic, flexible and therapeutic screen as we engage with fantasy and reality with each other, and with our patients, keeping in mind the words of Henry Miller: "One's destination is never a place, but rather a new way if seeing things" (1956, p. 6). I conclude with a poem.

Face to face

Face to face
in a symbolic space
of light and mist,
where insights
can emerge
to reflect the interface.
(Susan Alldred-Lugton, 2012)

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