

# Te Tipu Haere: Growing into Being

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## Abstract

For many years my practice of psychotherapy has been informed by two papers written nearly 60 years ago by Donald Winnicott: “The Capacity to be Alone” in 1958 and “The True and False Self” in 1960. I often find myself sitting with the experience of someone searching in me for themselves, sometimes insisting that I explain how they should be in the world, as if I am supposed to know who they are better than them; sometimes there is a sense of seduction associated with this experience. Recently I connected with a quote from Uri Bronfenbrenner: “In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody’s got to be crazy about that kid. That’s number one. First, last, and always”. In this paper I consider how my patients have taught me both how to be alone with them and also be crazy about them, so they can grow themselves.

## Whakarāpopotonga

Kua hia tau au e huri ana ki ngā whakaakoranga mai o ngā tuhinga e rua ā Tānara Winikoti i tuhia e ono tekau tau ki muri: “Te Kaha ki te Tūtahanga” i te tau 1958 me “Te Tuakiri Pono te Tuakiri Hewa” i te tau 1960. He wā anō ka puta ake he hau pēnei i te mea e kimi haere ana he tangata i a ia i roto i a hau, ka tohe mai hoki māku e whakamārama atu me pēhea tōnā āhua i roto i te ao i runga i te whakaaro he mōhio ake au i a rātau ko wai rātau; i ētahi wā puta mai ai he āhua hīanga. I kō tata tonu ake nei ka tūpono au ki tētahi kianga a Uri Porohenaperena: “E whanake maori ai, me āta whakaraupapa kia piki haere ake te uaua o ngā tākarotahi a te tamaiti me tētahi pakeke, ētahi pakeke he heahea noa iho nei te whakapiri ki te tamaiti. Me piripono tonu he tangata ki taua tamaiti. Koinā te tuatahi. Tuatahi, tuamutunga, ākē ākē”. I roto i tēnei tuhinga ka whakaarohia ake e au te whakaakohanga mai a āku tūroro me pēhea te noho tūtāhanga i ō rātau taha i tua atu i te noho kaingākau ki a rātau kia kaha ai rātau ki te whakatipu ake i a rātau anō.

**Keywords:** suicide; depression; false self; true self; capacity to be alone; rage

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Balfour, C. (2018). Te tipu haere: Growing into being. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 22(1), 49-61. <https://doi.org/10.9791/ajpanz.2018.05>

## The Distance

The distance between us  
is holy ground  
to be traversed  
feet bare  
hands raised in joyous dance  
so that once it is  
crossed  
the tracks of our pilgrimage  
shine in the darkness  
& light our coming together  
in a bright and steady light.

— Rafael Jesus Gonzalez, 2011

## Introduction

In the six months to February 2018, six young people within my children's social group took their own lives. When I attended their funerals, I realised I was listening for clues as to why these often very talented young people had decided on a permanent solution to what may have been a temporary problem. In my grief I risk jumping to conclusions, but I think perhaps there are three intersecting threads that lead to these tragedies:

First there was a sense of rage without a home;

Connected, but different, they needed to put up a front to the world;

Lastly, they lacked a capacity to be alone.

I want to think about each of these in turn by reference to psychoanalytic thought, in particular the work of the British psychoanalyst and paediatrician Donald Winnicott. I hope to bring these threads together as I endeavour to make sense, both of these six tragic deaths and my own journey through life to my practice of psychotherapy today.

## My Whakapapa

Let's begin at the beginning.

We all have our reasons for taking up the practice of psychotherapy. I remember myself as perhaps a six- or seven-year-old holding a craft knife, sitting at the nursery table and willing myself to cut my wrists. I remember my desire to end my own life would alternate with a desire to murder my father. I consider myself fortunate not to have succeeded in either project, and also not to have become floridly psychotic. Over the years the threat to my own life has waned and now it very rarely haunts me, although I know I have not entirely laid this ghost to rest.

I remember going to student counselling at Auckland University as a rather desperate architecture student in 1983 and meeting with a psychologist, David Simpson, who was able to open a door in me. I remember two interventions he made:

I was terrified of ending up on the street as a homeless person, but David told me he had

always rather wanted to try this — he thought it would be such an interesting life.

David related how he had been brought up as a fiercely puritanical Presbyterian. One day he found himself on a Christian camp in the tent of a Brethren girl. As they were making out, he remembers her crying out, “Hallelujah! Praise the Lord!” David Simpson offered me his thought that even though our early experiences determine our trajectory through life, we are not condemned to follow this path.

Aidan Macfarlane, a paediatrician now in his eighties, reminds me the first day of my life is the whole of my life, and the second day is just half of my life (personal communication, March 17, 1978). The first year the whole of my life, the second just half ... and so on.

Lastly, I remember because of our massive brains, with more patterns of connection than particles in the known universe, we have all been born prematurely, rendering us utterly helpless. The way this helplessness is received by our world shapes the rest of our lives.

## A Sense of Rage Without a Home

In a long tradition of psychoanalytic thought, I will begin with Freud.

In this age of the selective serotonin reuptake inhibitor (SSRI), I think Freud’s formulation of depression and suicide is sadly neglected:

We have long known, it is true, that no neurotic harbours thoughts of suicide which he has not turned back upon himself from murderous impulses against others, but we have never been able to explain what interplay of forces can carry such a purpose through to execution. The analysis of melancholia now shows that the ego can kill itself only if, owing to the return of the object-cathexis, it can treat itself as an object — if it is able to direct against itself the hostility which relates to an object and which represents the ego’s original reaction to objects in the external world. Thus in regression from narcissistic object-choice the object has, it is true, been got rid of, but it has nevertheless proved more powerful than the ego itself. (Freud, 1917b, p. 252)

Freud was saying that when, for some reason, we are not able to feel murderous angry feelings and aggression towards someone who we are closely identified with, these feelings can be turned on ourselves, with disastrous consequences. I find this really useful. It is a hard job as a parent to receive a child’s love and hate with equanimity. When our own parental ego needs propping up by our child’s, we may tend to favour love over hate: which sometimes leaves a child’s rage without a home.

This summer I took an unusually long break of six weeks. When I returned at the end of January, my patient Richard turned up to his first appointment looking sheepish. In his early fifties, Richard is the youngest of five. He had been the outsider both in his family and in the context he grew up in. Richard’s father killed himself many years ago. Slouching on the sofa, Richard told me he was feeling guilty. We have been meeting for almost fourteen years, mostly once a week, but twice a week since the beginning of 2016. Despite a stellar career, he has suffered with depression and thoughts of taking his own life for as long as he can remember.

I waited, wondering what he was feeling guilty about.

Richard said he had to own up that he had gone to see his doctor whilst I was away because he was feeling so miserable. He had come away with a prescription for anti-depressants. He related how they had had an immediate effect and he had woken up the next day feeling much better. I am interested in the symbolic value of anti-depressants. I believe they may be mislabelled and all list as one of their “side-effects” a reduction in libido. This makes me wonder how the drug companies decide what is a side-effect and what a main-effect. Darian Leader, in his book *The New Black: Mourning, Melancholia and Depression* (2008) argued the diagnosis of depression was invented by pharmaceutical companies to make a market for their products. I believe the main effect of the SSRIs may be this reduction in libido they list as a side-effect, which in turn has the side-effect of abating the ferocity of the ego’s attacks on itself. I also know the SSRI Richard had been prescribed takes somewhere between one and three weeks to have a physiological effect, so I was curious.

Over his next few appointments Richard kept coming back to how guilty he was feeling about taking medication. At first, I had tripped up and been reassuring (always rather useless) but I recovered my mind and remained interested but neutral. His continuing insistence on how bad he felt about taking the antidepressants gave me the feeling I was missing something important. As I listened to him recount how much better he was feeling and how he was finding it so much easier to say “no” to other people’s demands, I found myself thinking about how hard he finds it to be angry with me. I was reflecting on how I had not only been away for six weeks over the summer, but I had also had to move my practice from the rooms we had always met in. Yet Richard had not said a word about either. I began to wonder if taking the medication was a symbolic act of aggression against me — hence his guilt.

I apologised to Richard that I had been away for such a long break and wondered if he had thought about contacting me when he felt so depressed (we had discussed this possibility before I left). He said it had been a stretch too far to call me. He finds it very hard to ask for any of his needs to be met. I wondered if he might have unconsciously sought out the medication as a way of punishing me for being away so long, fantasising I would be quite upset by this. Now he kept bringing his guilty feelings to me because part of him imagined I would be upset with him. Perhaps his guilty feelings were less about the act of taking the medication than the symbolic value of this action. Speaking about his guilt served a double value, both aggressive in repeating the attack on me and also attempting to assuage his feelings of guilt. Richard considered what I had just said. He asked me to repeat it and was able to connect with a glimmer of recognition that something about what I was saying might be true.

I went on to think about how this unconscious attack on these internal objects of me and the therapy in fantasy, might have freed his aggression up in other ways, so he felt more able to use it in the service of saying “no” to others and protecting himself. Neither Richard’s mother or father appear to have been available to Richard’s aggression when he was a child and his siblings used to ridicule him as the little brother. If he had expressed his anger and aggression this would have been made fun of, leaving Richard feeling ashamed and helpless. He learned to turn his hatred back on himself.

We are still working this through.

## A Need to Put up a Front to the World

When I read references to families and early childhood in the media and in politics, I am often struck by how we seem to have forgotten the conclusions of the research done by John Bowlby and the Robertsons in the 1950s (Robertson & Robertson, 1971/2018): or, how much a child needs someone to be crazy enough about them to make them a priority (Bronfenbrenner, 1977). I think being crazy about a child means what Winnicott sometimes called ordinary “devotion” (Winnicott, 1960/1965, p.148) and other times “primary maternal preoccupation” (Winnicott, 1956/1984).

In New Zealand at least, it seems children are still often second-class citizens who have to accommodate to the needs of the adults around them. Rather than supporting adults to parent their children, we support adults to return to the workforce, the economic imperative, and children to grow up as quickly as possible. We measure and evaluate, and forget the inestimable value of play.

When I first met my patient Susan in 2002, I had an overwhelming sense of her looking at me to discover who she should be. A middle-aged woman with a lifelong interest in personal growth, she was living a comfortable life working part-time in a helping profession, with her children on the cusp of leaving home and a husband who had found success in his career. Her reason for seeking psychotherapy was not immediately clear, but I suggested it had something to do with this sense I had of her looking at me to find out who she was supposed to be.

In his paper “Ego Distortion in Terms of True and False Self” (1960/1965), Winnicott began by saying the idea of a “false self” was not in itself new, but that it deserved more thought and necessarily implied a corresponding idea of a “true self”. Right at the start he linked back to Freud as follows:

It would appear to me that the idea of a False Self, which is an idea which our patients give us, can be discerned in the early formulations of Freud. In particular I link what I divide into a True and a False Self with Freud's division of the self into a part that is central and powered by the instincts (or by what Freud called sexuality, pregenital and genital), and a part that is turned outwards and is related to the world. (Winnicott, 1960/1965, p. 140)

Susan's father had been a highly educated successful professional with an interest in child development. Her mother had been a full-time mother to Susan and her younger siblings until Susan was about nine, at which point her mother trained and began to work as a teacher.

Susan's mother was passionate about parenting and read many how-to books and was actively involved in parenting groups and Playcentre. However Susan's description of her mother made her sound histrionic and not very motherly. Susan's mother had a difficult history and had left home at fifteen and not seen her parents again except for a couple of memorable occasions: once, many years later, she had found herself in a lift with her father and they had ignored each other. The second time, her future husband had insisted they visit her parents before they married, but it had been a disastrous weekend, after which she swore never to see her parents again.

Susan cried a lot in her appointments with me, and sometimes I felt as if I was in a kind

of Victorian melodrama. She seemed to become very dependent disarmingly quickly; but there was something odd about this, something uncanny. I felt as if I was being enrolled in something, perhaps seduced, and I was often disarmed by how quickly she could transition from seeming utterly distraught to a composed thoughtfulness. My supervisor found Susan incredibly boring. At first I found this odd, but as time went by I became increasingly bored by her and her performances.

About three years into her psychotherapy Susan moved onto the couch. I felt relief as I was no longer subject to her rather controlling gaze and I hoped she might find the space to become more self-reflective without her preoccupation with the image of me.

Gradually I became aware of a visceral sense Susan was trying to climb inside my mind when she was with me. I was beginning to find this and other things about her repulsive.

I had always assumed Susan had a well-developed internal world because of her work and her interest in personal growth, but I started to notice she did not. In fact, she was dismayed by the very idea of having an internal world, it was a foreign concept to her. I wondered how autistic Susan might be, and this was reinforced by how difficult she would find the journey from her car to the couch. I was also connecting with Donald Meltzer's thoughts on adhesive identification (1975) and the children he wrote about, who would draw a house on one side of a page, turn the page over, and the doors would line up. Susan's house had no interior.

I was also wondering about Susan in terms of true and false self. Winnicott connected his thinking about a false self to early infancy:

In seeking the aetiology of the False Self we are examining the stage of first object-relationships. At this stage the infant is most of the time unintegrated, and never fully integrated; cohesion of the various sensori-motor elements belongs to the fact that the mother holds the infant, sometimes physically, and all the time figuratively. Periodically the infant's gesture gives expression to a spontaneous impulse; the source of the gesture is the True Self, and the gesture indicates the existence of a potential True Self. We need to examine the way the mother meets this infantile omnipotence revealed in a gesture (or a sensori-motor grouping). (Winnicott, 1960/1965, p. 145)

Winnicott linked the idea of a true self with the spontaneous gesture: if this is met by a mother who repeatedly "meets the omnipotence of the infant and to some extent makes sense of it" (1960/1965, p. 145), something begins to have life that might become a true self "through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions" (p. 145). Thus the true self becomes a reality through the mother's ability to be preoccupied with her infant in a "specialised relationship, one which might be described by a common word: devotion" (p. 148). He contrasted this with a mother, who "repeatedly fails to meet the infant gesture" and "instead substitutes her own gesture which is to be given sense by the compliance of the infant" (p. 145). The tables are turned and rather than the mother making sense of her infant's gestures, the infant must give some sense to its mother's gesture through its compliance. I often felt as if Susan was seeking to comply with my requirements and unable to give expression to anything convincing about herself.

I discovered Susan had been involved in Landmark Forum. This organisation holds events with large numbers of people and entails a high degree of self-disclosure in a very emotionally-charged environment. At one point Susan had been required to stand on a stage in California in a swimsuit, hands to her side, in front of some four hundred people and make eye contact with the audience. The organisation, rather than responding to the individual gesture of each participant, demands a kind of one-size-fits-all response from them. I believe it seeks to replace what may have been a rather persecutory superego structure with its own set of instructions about how to be in the world, and this may provide temporary relief at the cost of further burying any lingering sense of the true self.

When Susan was not quite eighteen months old her next sibling was born. She was left with friends of her father for about a week. She has no narrative memory of this event, but the experience of this separation endures in both my mind and Susan's. She used to have to call my voicemail quite regularly in between appointments to listen to the sound of my voice as a way of soothing herself.

Winnicott alluded to a way in which a false self structure might be a particular problem for people in the fields of therapy and social work. Over the years I have begun to understand Susan's career helping others as a "sinthome" or a way of holding her world together. "Sinthome" is the way Jacques Lacan referred to something that binds together the three registers of the imaginary, the symbolic and the real (Lacan, 1975-1976). He developed this idea thinking about James Joyce and how writing performed this function for him. Unlike a symptom, Lacan considered the sinthome unanalysable.

Susan has made a career out of shaping herself to others' requirements in the hope that this offers them relief. Recently she has begun to wonder about stopping her work and I believe this reflects a growing sense of the possibility she might start to live her own life.

Her overwhelming memory of her childhood is of "being good" for her parents — trying to find the right shape for them. She arrives at appointments wondering what to talk about today, but it seems she is always trying to work out what I would like her to talk about. Recently Susan came to see me and spoke of feeling like she was coming to see me to be persecuted and to persecute herself, as if I was there to tell her everything she was doing wrong. However she said she also knew sometimes she came to therapy and it was a tender, loving experience.

My association to this was to a seminar I attended some years ago with the psychoanalyst Vamik Volkan. He was employed to set up a multi-disciplinary team at a university in the USA to go into conflict zones and find ways to get the conflicting parties to work through their differences. He had worked with Israelis and Palestinians, Serbs and Croats, and others. Volkan said he had learned that the times to be really worried were both when people were refusing to talk to each other and also when everybody was getting on marvellously. I suggested to Susan that both of the experiences she was speaking about were problematic, both when she was feeling she came here to be criticised and also when she felt therapy was a tender loving place. I thought perhaps she was having a growing experience of herself as a someone, a someone separate from me with all the difficulties that brings. Susan was quiet and thoughtful about this in a way that was quite new for her.

Winnicott was clear that there are real dangers associated for a personality constellated around a false self:

The False Self has as its main concern a search for conditions which will make it possible for the True Self to come into its own. If conditions cannot be found then there must be reorganized a new defence against exploitation of the True Self, and if there be doubt then the clinical result is suicide. Suicide in this context is the destruction of the total self in avoidance of annihilation of the True Self. When suicide is the only defence left against betrayal of the True Self, then it becomes the lot of the False Self to organize the suicide. This, of course, involves its own destruction, but at the same time eliminates the need for its continued existence, since its function is the protection of the True Self from insult. (Winnicott, 1960/1965, p. 143)

Whilst this has never been an issue for Susan, I am keeping a weather eye on her as she begins to live her own life, with all the grief this will bring.

## Lacking a Capacity to be Alone

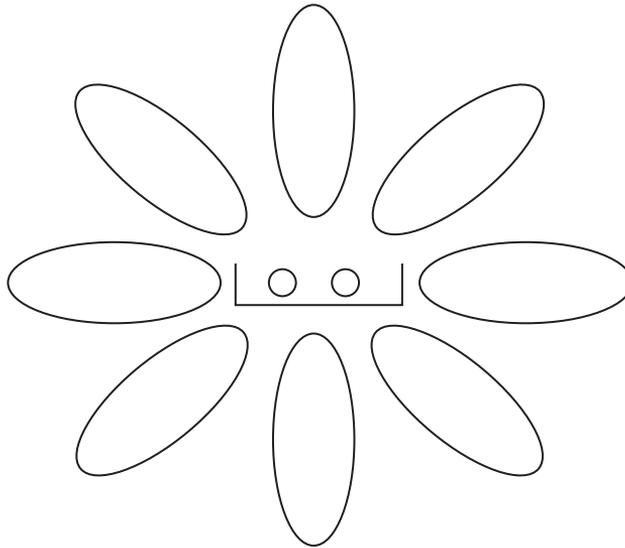
In his paper, "The Capacity to be Alone" (1958), Winnicott suggested that the capacity to be alone "is one of the most important signs of maturity in emotional development" (p. 416). It is a paradox because it is "the experience of being alone while someone else is present" (p. 417).

Winnicott was clear that this capacity to be alone has nothing to do with the experience of defensive withdrawal or solitude. I believe he was referring to a capacity to be connected with oneself, to have a space inside oneself that is private and personal, irrespective of whether in the company of another. He traced the development of this capacity to early infancy: "the capacity to be alone is based on the experience of being alone in the presence of someone, and that without a sufficiency of this experience the capacity to be alone cannot develop" (p. 418). Further,

Being alone in the presence of someone can take place at a very early stage, when the ego immaturity is naturally balanced by ego support from the mother. In the course of time the individual introjects the ego-supportive mother and in this way becomes able to be alone without frequent reference to the mother or mother symbol. (p. 418)

I often find myself remembering a drawing I was told John Bowlby made when he visited New Zealand (see figure opposite). Apparently he drew this and asked his assembled audience what they thought it was. He then explained it was two mothers chatting on a park bench and the petals of the daisy were the tracks their children made around them as they played. The children would wander off, apparently blissfully unaware, until at a certain point they would hurriedly return to rediscover themselves in their mothers' minds. Then, reassured, they would adventure forth again to play.

I suggest this may be an illustration of children practicing their capacity to be alone in the company of their mothers. If the child returned to find their mother preoccupied with some task on their mobile telephone, or deeply engrossed in a conversation that excluded them from their mother's mind, they would not be able to venture forth again in the same way.



Similarly, if the mothers were obsessively monitoring their children's play, even following them around like helicopters, the child would respond to their mother's anxiety and not be able to absorb themselves in their play.

Winnicott put it like this:

Here is implied a rather special type of relationship, that between the infant or small child who is alone, and the mother or mother-substitute who is in fact reliably present ... It is only when alone (that is to say, in the presence of someone) that the infant can discover his own personal life. The pathological alternative is a false life built on reactions to external stimuli. (1958, p. 417)

Here we can see the link with the development of a false self. Without a capacity to be alone there is no safe haven for the true self and we are required to protect ourselves with a front to the world whose main purpose is to ensure the true self is not exposed to the shadow of early disappointments.

Winnicott clarified this by differentiating between ego-relatedness and id-relatedness: Ego-relatedness refers "to the relationship between two people, one of whom at any rate is alone; perhaps both are alone, yet the presence of each is important to the other" (p. 417) and links it to the experience of liking. In contrast id-relatedness concerns bodily impulses in their raw and sublimated forms.

Jamie is in his early forties and has just begun psychotherapy with me. He is highly ambivalent about the whole process. He recently threatened to stop unless I reduced his fee. He always arrives in a hurry, flings himself on the sofa and stares at me, everything about him tense. He can't make his mind up whether what I am offering him is an elaborate scam or if there might be something useful about it. When I wait for him to begin speaking he

wonders if we are engaged in some sort of competitive staring match. I help him out, asking what is on his mind this morning, or perhaps saying something about how I am experiencing him today.

Like several of my patients, he is dismayed by the idea that he could ignore me when he is in my room. It is simply an impossibility that he could follow Freud's Fundamental Rule and read off the surface of his consciousness, putting himself "into a state of quiet, unreflecting self-observation, and to report ... whatever internal observations he is able to make", taking care not to "exclude any of them, whether on the ground that it is too disagreeable or too indiscreet to say, or that it is too unimportant or irrelevant, or that it is nonsensical and need not be said" (Freud, 1917a, p. 287). I believe this capacity to free associate is intimately related to a capacity to be alone in the company of another.

Jamie grew up with a father in the military and was sent away to boarding school at nine. He remembers being miserable for about a year but was bright and athletic and soon found a way to fit in well. His late teenage years were a descent into drink and drugs. Despite this he went to a prestigious university where he felt lost and alienated. He dropped out at the end of his first year. Reading Marlon Brando's autobiography on the plane home, he decided this sounded a much more interesting life to lead. He prepared for his recent trip overseas by setting up three Tinder dates before he left New Zealand, so he knew he would not feel lonely when he arrived. He knows he can't bear being alone. He rationalised these as "cheap tour guides".

I sometimes think my capacity to be alone is the thing most tested in my work. Being able to bear unbearable states of mind without acting them out, being able to think, being able to observe my thoughts and allow reverie, none of this could happen without a capacity to be alone. This capacity to be alone is a close cousin to our development of "negative capability" as Keats wrote in his letter to his brothers, "... when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (Keats, 22 December, 1818).

Jamie drinks and smokes his way through his life, alternating between lying in bed in his room with a joint and booze, watching a stream of movies, or manically engaging with his flatmates or the occasional friend. Every moment is literally filled with Kipling's "sixty seconds' of distance run" (Kipling, 1943). He says running is the only thing that calms him down. I surmise Jamie has a very limited capacity to be alone. As soon as he enters the room and sits down, he experiences me as a demand and if I fail to be sufficiently demanding he also experiences this as difficult. He knows how to respond to others' demands and how to be demanding but nothing in between.

I imagine the "shadow" of the early experience of his mother falling on me (Freud, 1917b, p. 249). Jamie is still close with his mother and recently visited her abroad to take care of her while she had a hip replaced. Jamie picks and chooses what he says to his mother as she has always been very anxious and he does not find her a source of comfort. His father wants nothing to do with any of them.

Winnicott wrote:

My experiences have led me to recognise that dependent or deeply regressed patients can teach the analyst more about early infancy than can be learned from direct

observation of infants, and more than can be learned from contact with mothers who are involved with infants. (1960/1965, p. 141)

Whilst most of Jamie is not deeply regressed, if I listen carefully, the echoes of his early experience are there to be heard. I find it hard to remember to breathe when I sit with him and even harder not to be pulled into a kind of undertow that requires me to engage in a conversation about his life, as if I had some useful advice to offer.

I like Adam Phillips' idea that any benefit that comes from a psychotherapy is necessarily a "side-effect" (Phillips, 2007). As soon as I notice I am trying to help a patient I believe I have become rather useless. I understand my job is to make myself available to be made use of by them and their unconscious, and endeavour to understand something about the emerging process, which Ogden described as the analytic third (2004).

I think I am trying to offer a "frame of ego-relatedness" within which "id-relationships occur and strengthen rather than disrupt" (Winnicott, 1958, p. 420) what is often a fragile ego. "Gradually, the ego-supportive environment is introjected and built into the individual's personality, so that there comes about a capacity actually to be alone" (p. 420).

Jamie seems perpetually dissatisfied with life, seeking one id satisfaction after another. Winnicott again:

The so-called normal child is able to play, to get excited while playing, and to feel satisfied with the game, without feeling threatened by a physical orgasm of local excitement. By contrast, a deprived child with antisocial tendency, or any child with marked manic-defence restlessness, is unable to enjoy play because the body becomes physically involved. A physical climax is needed. (1958, p. 419)

I worry that Jamie's need for a physical climax leads to dangerous acting out, and without a safe haven for his true self there may be a serious risk of suicide, accidental or intended.

## How My Patients Teach Me

Desire: It begins and ends with desire. *Tihei Mauri Ora!*

My desire, my patients' desire and the ways in which our desire can be linked with love, hate, and knowing.

Richard is teaching me how I need to offer a home for rage, even when that rage is so distant it can't be thought. How useless it is to reassure, and yet how vital it may be to find a way to offer a hundred horizons, both in the past and the future.

Susan is teaching me how to sit with love, hate and knowing, and treat those three imposters just the same: mine, and my patients'. How easy it is to waste time sitting with a patient's false self, imagining I am doing something useful. How useless I am if I become another "Milkman of Human Kindness" (Bragg, 1987), forgetting the aggression hidden in being the Good Samaritan.

Jamie is teaching me how all I really have to offer my patients, is my capacity to be alone in their company. How unbearable this can feel sometimes. He reminds me how much my patients need to know that each time they return for another appointment they will find

themselves already there in my mind.

James K. Baxter (1948) can say this so much better than I:

Alone we are born  
and die alone;  
Yet see the red-gold cirrus  
over snow-mountain shine.

Upon the upland road  
Ride easy, stranger:  
Surrender to the sky  
Your heart of anger.

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