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Te Roopuu Whakaora Hinengaro

EDITORIAL

The idea of a Journal of the Association is not a new one. In a newsletter going back ten years there is mention of the possibility and of the advisability of such a publication. That it has finally come into form is an occasion for us to mark and indeed, to celebrate.

We should mark this for a number of reasons.

- The Association is now of a size that can sustain a publication, and in fact needs such a forum. Our original philosophy to do with association, that members be visible with their practice of psychotherapy to each other and that this be done at conferences, can no longer be adequately realised. We are too many for this now. We need other ways of fulfilling the spirit of this philosophy. This publication is a logical and professional means of providing one of these ways.

- There are no comparable outlets for creative professional output in New Zealand. Those writing have had to go to journals and newsletters overseas in order to be published. This will still continue. But with the choice now available to publish locally, there is the possibility to begin to observe more closely the development of a New Zealand expression of psychotherapy, one that has the potential to increasingly reflect the conscious and unconscious processes of weaving the threads of our culture.

- There is a wealth of writing being done within the Association. The vein of creativity has not been difficult to tap, now that there is a place for it to be published. It deserves to have its expression.

The articles in this, the first volume, reflect something of the spirit of the development of psychotherapy in New Zealand, which has been somewhat singular in the world for its inclusive nature in a field of professional endeavour more noted for its tendency to fragment. So these articles cover a range of topics and interests. For an inaugural volume it may be said there are some interesting absences. Not all our cultural strands are by any means represented here. Yet this is the first volume, and needs to be celebrated for its inception and the possibilities it thereby opens up for the future.

And finally, it is being called the Forum of the Association, an opportunity to put forward views, to discuss and to debate. I trust then, that it will be responded to, as well as read.

Peter Hubbard
Editor

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CLINICAL ENCOUNTERS WITH ADOPTION: The Impact of Early Loss

Angela Stupples

This paper presents the hypothesis that a form of attachment relationship between mother and infant begins before birth. That infants who are adopted are aware of the loss of biological mother in some way, and that this experience may influence the pattern of the attachment relationships formed within their adoptive families and with others. It is also suggested that the severance of this earliest attachment relationship is likely to resonate with other crises in later life bringing about a repetition or re-enactment of aspects of the original loss, and that this is especially likely to occur during the process of intensive psychotherapy.

Introduction

New Zealanders were shocked three years ago by the sight of an ex-All Black and Member of Parliament, weeping uncontrollably in the House, during a debate which proposed that adoptees pay for the cost of gaining information about their birth parents. In a press interview later, Graham Thorne expressed surprise at his own emotional reaction, acknowledging that he himself was an adoptee who had recently made contact with his birth mother.

I too have been impressed by the emotional intensity around issues related to adoption as they arise during clinical work. I have begun to sense something about the emotional impact of being adopted on the infant as well as the mother, and it is the infant's experience, the manner of its being recalled, and its potential impact upon patterns of attachment, and later object relationships, which I discuss here.

The number of adult patients I have met in six years working at Ashburn Hall, who have had experience of the adoption process has surprised me. I have found myself wondering why this should be so. The conclusions I have reached are based upon concepts of attachment and contemporary theories of a dual memory system, as well as current thinking about the innate capacities of the newborn.

First some case vignettes, arranged so that they follow the natural sequence of the adoption process.

One I begin with the birth mother and her experience of her baby whilst pregnant and immediately following the birth, spontaneously describing the prenatal feeling of attachment to her child, which developed during the latter half of her pregnancy.

She is speaking of her baby whom she gave to his adoptive mother at age two

days. "The time I had with him was so precious. I didn't intend to get attached but it happened after the scan when I knew it was a boy. I was in town and a guy whom I didn't like came up and put his hand on my belly, the baby kicked as if to say 'take your hands off', and I thought to myself, there he is, looking after his mother already."

"After the birth I could hear him crying, I knew it was him even though he was in the nursery across the way, and on the second day I rang his mother and said, 'come and get him, too many people are handling him and he doesn't like it'."

The baby's grandmother adds the following: "We were watching him being dressed by his adoptive mother prior to leaving the hospital. He was crying and wouldn't stop. Then T. [his birth mother's boyfriend, who had been with her throughout the pregnancy and birth, and very involved] spoke to him, saying 'hey little man calm down.' He stopped crying immediately. I'm sure he recognised the voice." The natural mother says, "he used to talk to him a lot before he was born."

This account of parents sensing that their newborn has responded differentially to them is not unique. If you talk to friends and colleagues you will hear of many similar experiences.

Two The second example demonstrates the difficulties in forming a secure attachment relationship which are likely to arise for the adoptive mother and infant when the infant's emotional attachment to the birth mother has begun to develop prior to the adoption.

Mrs Brown and Robert, aged six months, were referred by a sensitive adoption social worker because of concern about the lack of secure attachment between Robert and his mother.

He was the Brown family's second adopted child. There had been no problems in their first experience with Lucy, aged three, whom Mrs Brown described as having clung to her from the moment she picked her up in the hospital where she had been left by her birth mother. In contrast, Mrs Brown felt that Robert did not care who looked after him and appeared to prefer to be with his father or grandmother.

The circumstances of Robert's adoption were unusual. Mrs Brown met his mother before the birth and went to the hospital immediately after he was born with the intention of taking over his physical care. However this did not eventuate. Instead, over a period of seven days she watched the rapidly developing feeding relationship, and witnessed the intensity of his natural mother's maternal feeling.

Robert was finally handed over at twelve days, after being at home with his birth mother for five days during which time he slept in her bed and was breastfed on

demand. He was inconsolable for the next two weeks and bottle-feeding was established with great difficulty. Mrs Brown struggled with feelings of extreme guilt about having taken him from his mother and was unable to bond, feeling that he was not her baby. The sight of him evoked memories of his mother and Mrs Brown felt that he did not smell like her child. Being a farmer's daughter and wife, she silently wished that something could be squirted up her nostrils to block the sensation as was done to ewes in the mothering up pens.

The first free play session clearly demonstrated the nature of their difficulties. Mrs Brown was unable to hold Robert for any length of time and placed him on the floor at a distance from her. He gazed around the room, and showed little interest in his mother, seeming to prefer the toys and the observing therapist. During the feedback time Mrs Brown recounted tearfully how angry she felt when he would not stop crying, and how she had eventually left three year old Lucy to comfort him.

Initially Mrs Brown found the non-directive aspect of the 'Watch, Wait and Wonder' technique difficult to carry out. It seemed as though she needed to be in control of the play and could not trust Robert's capacity to interact with her spontaneously. The baby had just learned to sit. His mother chose to play with him by using the toys, rolling a ball to him, and encouraging him to return it, showing him how to use the cars, always keeping him at a distance and separated from her by the toys. Somehow he managed to respond.

In subsequent sessions the physical distance between them gradually lessened and they became more mutually preoccupied. Robert learned to crawl and began to move towards his mother as well as away from her. At home he crept after her when she left the room and Mrs Brown slowly came to realise that she mattered to her son. Her feelings also began to change. She spoke proudly of taking him out shopping without her daughter, for the first time. Although Robert's play remained physically boisterous, he also began to have some quiet moments when he rested briefly against her, nuzzling the top of his head into her neck. He learned to stand up and loved using his mother as a climbing frame when she would allow, leaning against her shoulder and reaching for her hair.

Midway through the twelve planned 'Watch, Wait and Wonder' sessions, Mrs Brown had to leave Robert with a neighbour for some working days, in order to help her husband with the shearing. Robert responded to this separation with acute distress, refusing all food offered by the neighbour during the day and insisting on demand bottle feeding during the evening and night. After two days of worry about his not eating and the level of his distress, Mrs Brown solved the problem by having him in the wood shed with her, in a back pack, whilst she worked. Gradually, over several weeks he slowly got back on track with his feeding and sleeping routines. During sessions at this time he was quiet and subdued. In the feedback, Mrs Brown reported that Robert was now refusing to

feed from anyone other than her, cried when left with his grandmother whom he had previously liked, and was restless at bedtime unless she put him to bed and spent some time stroking his head. Although Mrs Brown was proud of his need for her, and enjoyed the sense of exclusiveness in their relationship, she was also feeling drained and uncertain about this obvious change in the quality of his attachment, and the positive shift in their relationship was still fragile.

Robert and his mother attended fifteen 'Watch, Wait and Wonder' sessions in all. In the later sessions there was a steadily increasing display of physical closeness and pleasure in each other's playfulness. Robert learned to walk, and his delight in this achievement was reflected back by his mother's pride and enjoyment of him. They laughed together at times.

In the last family session the Browns reported that their social worker had offered to action the final adoption papers and Robert would soon be legally part of the family. Mrs Brown had been told by visiting friends that they saw her relationship with Robert as perfectly normal. She thanked me for helping her to 'click' rather than 'clash' with her baby. As she was leaving Mrs Brown was finally able to share that at the time of presentation, whenever her mother came to visit, she felt that Robert looked at her as though he was looking for his birth mother.

Three This example illustrates the experience of a re-enactment of the adoption experience during the process of individual therapy, when a pattern of insecure avoidant attachment to maternal figures is repeated in the therapeutic relationship.

Mary, who stated that she was adopted at birth in order to provide a daughter for her mother in an otherwise all male family, was hospitalised following her return to NZ shortly after her 21st birthday. She had been living overseas alone since leaving school at the age of 17. Upon admission, she was bulimic and obese, and was also withdrawing from long term addiction to amphetamines. She had no contact with her birth mother and knew little about her. Her adoptive family relationships were intensely ambivalent. She had two older brothers by whom she had felt tormented and excluded as a child, though she was closer to them as an adult. Her father, whom she had loved intensely, died of a heart attack in her presence when she was aged 14. When her brothers left home in the following years and she was left alone with her mother, she felt both stifled and lonely. She left school during the seventh form and after working for six months to save her fare, went overseas. As she put it: "I knew that I just had to get that far away from her". Their relationship had been mutually disappointing since early adolescence, at which time Mary had begun to perceive that she failed to meet the family expectations. In particular, the shift from a rural primary school to a city high school was a difficult adjustment. She was separated from friends and her work deteriorated. Her subsequent misbehaviour added to her alienation. With her chosen peers, she was socially very skilled and upon admission to hospital, she

quickly became a popular and powerful member of the ward group.

At the beginning of individual therapy sessions, words poured out in a continuous flow, leaving her distressed afterwards by the intensity of her feelings. However, this initial phase of therapy was followed by one in which there were long periods of silent withdrawal. Mary found it difficult to make use of the time, and something akin to self starvation seemed to be taking place.

The maternal transference relationship which developed was fragile and tenuous at best. Mary felt unable to trust my capacity to be empathic and at the same time non-intrusive. Her allegiance to me varied according to the fluctuations in her feelings towards her mother with whom she maintained frequent phone contact despite her ambivalence. When their relationship was positive, I was experienced as threatening and intrusive; when they were distant, as they often were due to mutual misunderstandings, I became the helpful therapist, insightful and empathic. Following a visit from her mother which both enjoyed, Mary withdrew further. She had been angry prior to the visit because I had spoken to her mother on the telephone without her permission, and this was used to widen the distance between us. Mary became silent and unreachable during sessions, eventually leaving me a note saying that she could no longer trust me and would not be continuing with her individual psychotherapy.

By this time we had been meeting three times a week for four and a half months and I was aware of being very attached to her. Upon my insistence she attended a further time but refused to discuss her decision, sitting with her face averted and refusing any eye contact. Whilst acknowledging my professional understanding of what was happening, I struggled to contain my own feelings as I interpreted her need to show me what it feels like to be given up. I wondered if the lack of eye contact between us was also an unconsciously recalled detail of her adoption experience. Was 'refusing to look' the only way her birth mother had been able to hand over her baby? I said that I sensed a little of the pain her mother had felt when she had to let got of her. Although tearful, Mary remained adamant about her decision. I refused to accept it, and continued to keep her appointment times despite her non-attendance.

At this time, she avoided any interaction with me, but worked well in other areas of the hospital programme, such as psychodrama and group therapy. However she consistently refused any suggestion from the nursing staff that it would be helpful to consider making contact with her birth mother, saying that she (Mary) would be a disappointment to her in her current state and situation.

With staff encouragement, Mary attended her last individual session. It was an emotional reunion. We were both tearful and relieved and able to acknowledge just how important we had become for each other. [I was bereaved as a child and also had daughters Mary's age who were in the process of leaving home]. Mary said "I got you hopelessly muddled up. You were yourself, my therapist, my birth

mother and my adoptive mother. I couldn't sort it out. I was determined not to become attached but I couldn't help it. I never thought I'd say it. I've been unable to look at you for months, the feelings are so enormous. I don't feel able to deal with them now, but I will do later, even if it takes me ten years. I know I've got to sort out my feelings about my mother, but I'm not ready yet. I'll go into analysis, maybe with Susie Orbach in London when I'm older."

Four Re-enactments can occur at times of crisis in later life.

Jan, a woman in her late forties, was referred for therapy because of conflict about the continuance of her marriage and her inability to make a final decision. In the first interview she offered, without prompting, that she had been adopted at birth, had a grown up family, and her marriage had been satisfactory without thought of separation for more than twenty years. By chance she had recently discovered that for several years her husband had been concealing from her the true state of their finances following the collapse of the New Zealand stock market. Although they were in no serious financial distress, she had since been unable completely to trust him, and had become increasingly angry and pre-occupied with thoughts of leaving him. As she spoke I found myself wondering how old she had been when she had been told that she was adopted. This had been made known to her at the age of nine, and she was only told then because her adoptive mother was dying. Her inevitable response had been to deny her anger and justify her parents' deception as appropriate to the times. However she could not make any such allowances for her husband. His deception was experienced as an unbearable blow which had killed her feelings for him and their marriage.

Five My last example comes from work with a young woman, adopted at birth, and her toddler son who was referred by their Plunket nurse because of behavioural difficulties. At eighteen months the little boy would not co-operate with his mother, but was easy to handle when cared for by his father, as was very evident in the assessment interview which he spent sitting silently on his father's knee.

During 'Watch, Wait and Wonder' sessions his mother told me that he was her second child, that she was very closely attached to her older son and devoted to her adoptive mother. After a normal hospital delivery the family decided that she would remain in hospital for the full ten days allowed so that her husband could complete the renovation of the kitchen before she brought the new baby home. The older child was being cared for during this first separation from mum by his maternal grandmother who had decided that it would be too distressing for him to visit his mother in hospital. The nett result of this was that the new mother had no visits from the three most important attachment figures in her life. She described her hospitalisation as being like an imprisonment, where she felt utterly alone with her infant. I do not know how long she remained in hospital

as a baby before being adopted or what the circumstances were, but I suggest that a primitive system of recall was triggered by this 'repetition'. It did not surprise me, therefore, that she had little capacity for empathy with her toddler, had left him with others from a very early age, and that both were angrily and ambivalently attached to each other.

Clinical questions

What was re-enacted during the therapy of Mary and Robert and the experiences reported by the adopted adults? How did they all, as neonates, experience the inevitable loss involved in the process of adoption? In what ways may each have remembered or encoded their infantile experience?

Freud himself described the compulsion to repeat as a way of remembering [Standard Edition 1914] and although there is a crucial dividing line between pre-verbal and subsequent experience, psychoanalytic thinking has, as Kris put it [1956] "taken for granted that the impact of pre-verbal imprints may determine the modes of later reaction to environmental stimuli". Lenore Terr [1] states with conviction that young children who have no verbal memory of a traumatic event, are apt to re-enact it behaviourally; and Kerry Kelly Novick [1990] describes the process which occurs in therapy when pre-verbal memories are reactivated in the transference through the creation of tension states in the therapist. A review of current research into childhood events recalled by children and adults [Pillemer and White, 1989], is supportive of the probability of a primitive memory system operating from early infancy, alongside the later developing system of ordered storage and retrieval with which we are familiar. They suggest that this primitive 'remembering' is triggered by emotional resonance with current events, situations, feelings, and images.

But is it reasonable or otherwise to suggest that neonates are shocked or traumatised by the loss of biological mother at such an early age?

Much has been written about adoption from the adult perspective. A brief search of the literature produced scant reference to the impact on the baby. Indeed the point is made of the infant's plasticity to a variety of caretakers in the early weeks [Wolf, E. S. 1983] and the gradual development of attachment to specific others from around six weeks. Bowlby's [7] monumental work on the nature and significance of human attachment, published over a twenty year period in the 1960s and 1970s, fully acknowledges the significance of early separations and loss, but not in the neonatal period. Although the baby from birth behaves in ways which actively promote proximity and physical contact, the neonate's crying response is classified as a precursor of attachment phenomena rather than genuine attachment behaviour. [8]

However, this point of view becomes less convincing when consideration is

given to the findings of developmental research during the past ten years. These continue to reveal the innate discriminatory capacities of the newborn. Stern 1983[3] writes 'the infant is seen as an avid learner from birth, as highly competent in the sense of being pre-designed to perceive the world in a structured fashion and as mentally active in organising these pre-structured perceptions'. It is now common knowledge that full term newborns respond preferentially to the sound of their mother's voice and the smell of her breast milk within six days of life, and at seven days appear to have some visual recognition of her face [Lozoff et al.] as well as exhibiting significant self-regulating physiological changes when in her presence [Taylor, G. J. 1988]. Indeed, the practice of 'rooming in' in maternity hospitals is based upon the understanding that newborns establish regular feeding and sleeping patterns more readily if mother/infant separations are reduced to a minimum, in the first ten days of life. Conversely, Richards [1974] concluded that a separation immediately after birth, as was usual in the traditional hospital routine, affected both mother and infant, made breast feeding less likely, and was associated with less social contact throughout the first year. If we consider the sophisticated stage of development reached by the foetus in the last trimester of pregnancy, all this is not so surprising.

It is more difficult to know if an infant's physiological responsiveness to mother also indicates an emotional awareness or bond. Klaus and Kennell[5], in the early 1970s, demonstrated that immediate post-partum contact between mother and child facilitates bonding and thus enhances maternal care and optimises development. However, their theory of a 'sensitive period' is understood to be critical for the mother rather than the infant, and has not been substantiated by later research. In other words they postulated that early separation affected the mother's feelings towards her baby and was not felt by the infant. Of particular interest to me is their description of the newborn's "unusual visual ability to attend and follow, especially in the period immediately after a normal birth". Again they indicate its significance for facilitating maternal rather than infant responsiveness, but Stern[6], supplies what I think is important additional understanding when he describes this phenomenon as an example of the newborn's pre-structuring towards a rapid visual discrimination of the human face, although of course this does not imply any immediate, specific awareness or recognition.

In his concept of primary maternal pre-occupation, Winnicott [1956] recognised that the physiological process of pregnancy was accompanied, in mentally healthy women, by a developing state of psychological preparedness to engage with their infants after birth. I would like to suggest that like all beginning relationships, this is to some extent a two-way experience. Trevarthan's research into what he has called the newborn's capacity for inter-affectivity, adds support to this idea.

Roy Muir [1991] states it more simply, in his theory of transpersonal processes when he suggests that the transpersonal mode of relatedness is operative from birth and that there is strong evidence for some kind of vital semi-differentiated connectedness in the early weeks. In his words; "It is now apparent that infants do indeed enter the world with a great deal of pre-programmed readiness for certain kinds of organised experience, with preferences for certain kinds of stimuli; most particularly they are pre-programmed for relationship – for social interaction". I would add, most especially with the already familiar maternal environment, which of course may also include father.

Any discussion of the neonate's perceptual and cognitive capacities has a tendency to degenerate into a split between observable objective truth and an intuitively perceived subjective truth. It is an emotive area. I suggest that subjective experiences deserve consideration. It is my opinion that a specific biological attachment between mother and foetus inevitably develops, and it is this physiological loss of the familiar, with its psychological resonances, which is registered in some way by the infants who are adopted. I also suggest that this loss may be internalised or remembered in some primitive way, and is apt to be repeated in behavioural re-enactments in later life particularly when significant attachment relationships are threatened. It may happen in therapy, when the developing attachment to the therapist is experienced as threatening to existing relationships.

Much of this is intuitively known to us, but not always recognised. Nancy Newton-Verrier's work is now well known and adoptive parents are beginning to feel confident enough to share some of the anxieties they have felt over the years about their adopted children. Mrs Brown felt enormously relieved when I suggested that Robert suffered a loss at twelve days, and that he brought his own difficulties into the beginning of their relationship. Failure to appreciate the significance of Mary's compulsion to give up her therapy may have lead to an abrupt termination without insight or the experience of reunion.

To conclude, it seems reasonable to assume that disturbances in attachment will be common amongst children who are adopted, even at birth. If we can accept the fact that the infant sustains a significant loss, then it is more likely that difficulties will be recognised as they arise and intervention offered at an early stage. We cannot help an infant to grieve, but we can and should intervene to reduce the ongoing impact of the loss and encourage security of attachment relationships within the adoptive family.

We can begin as a professional group to give more consideration to the baby, who is after all, the central and most vulnerable figure in the adoption triangle. In this country we are only just beginning to develop some empathy for the potential of the infant's experience. Any legislation should reflect first and foremost the infant's need to know with certainty the family they belong to and the house

which is home. Adopted children have to grapple throughout the years of childhood with a concept which is only fully understandable in adulthood. We have a duty to make as simple as possible their task of comprehension.

Adoption presents a significant cognitive and emotional challenge to all those involved. Parents and children deserve all the clinical understanding and treatment support we can provide in order to make good the basic deficit. Current clinical experience suggests that at this point in time, in New Zealand at least, they do not always get it.

The last word, from a young woman adopted at six weeks. "I hate shifting, I always lose something precious which spoils all the happy memories. It's always been like that".

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A RETURN JOURNEY TO THE CONCEPT OF TOP-DOG/UNDER-DOG: Travelling With Winnicott and Others

Gill Caradoc-Davies

The concept of Top-dog/Under-dog is referred to in textbooks, but is less frequently taught due to a perception that it lacks clinical usefulness. This article sets out to revitalise the concept, changing the language used, and to re-integrate the term with its analytical/object relational roots.

Introduction

When Perls (1972) wrote of the 'Top-dog' and 'Under-dog', he used these terms to describe what was for him a polarity. Polarities are opposite aspects of the self. For example, characteristics such as kindness and cruelty are ways of thinking, feeling and behaving, which are experienced along a continuum, with the poles being the extreme of each and opposite aspect. The self may experience I am at a point along this continuum, usually to the introjected, value-laden end of the continuum. In this case this would probably be towards the pole of kindness. Perls' point was that the other pole is always there as well, but tucked out of awareness and not owned or valued for its contribution to the richness of existence, being ignored and judged because of an introjected value system. The work therefore would be to explore the polarity, extending the continuum into awareness, reaching intra-psychic contact with an expanded I boundary, and acceptance, and hence re-framing and re-labelling of the denied aspect. Who would want to be touched by a surgeon who was not aware of his kindness? And would he be able to cut, if he could not reach into his so-called cruelty?

So far, so good. Turning to Top-dog, Under-dog, here we find a strict sub-personality, a controlling Top-dog, trying to organise the self according to certain rules and/or standards, usually based on firmly held introjects. The Under-dog says 'yes, I absolutely agree with you, but ...' and proceeds to stalemate or sabotage the efforts of the Top-dog in creative and often subtle ways. The Under-dog always wins, much to the chagrin and frustration of the Top-dog. This would be amusing for those who champion the Under-dog were it not for the fact that when a more overall view is taken, this shows the Self stuck, internally embattled, and unable to proceed towards health or longed-for (and not necessarily introjected) goals.

A colleague of mine was writing her PhD. She found herself in much conflict with her supervisor, who had persuaded her to research and present her thesis in a way that she did not totally agree with. Her thesis was due for the last drafting, having to be handed over in the next week, when inexplicably she misplaced it. There

was, of course, only one copy. I laughed when she told me, and said: 'My compliments to your unconscious!' She was taken a back, and asked for an explanation, which I gave her. The next day she 'found' her work, scheduled an emergency meeting with her supervisor, and arranged an extension for the deadline. The thesis was rewritten and accepted. It was never misplaced again.

All this seems therefore easy to understand. Let us then work this as a polarity with our clients, for example arranging a classic experiment with two chairs and encourage dialogue. Then the thoughts and feelings of the denied Under-dog polarity can emerge into awareness, the unconscious can be made conscious, the continuum of the Self expanded and a personal choice now can be made as to where on the continuum the client wishes to be in each separate 'here and now' moment as it emerges. This, after all, is psychotherapy; making aware or conscious what is unaware, resolving conflict, in this case by showing that there is no conflict, merely stations along the continuum railroad. If this occurs with affect or liveliness, the client now experiences that there are more choices in life.

Sometimes this kind of approach is experienced as helpful. In my experience, most often the work loses either energy or direction if a polarity approach in a Top-dog/Under-dog situation is taken. For example, I become aware that the client is 'going through the motions' now, whereas a minute before there was liveliness. Am I being too directive? Is the client now confluent? And the work often changes to what may be happening between us, in the transference, the projection of the client's unfinished business on to the therapist. Here you can see how a focus may be lost, and an important focus, too. The client has brought to therapy a process that has a stranglehold on his or her life. It will emerge again in the therapy, as the Gestalt presses for resolution and closure, but for the moment it is lost.

I believe that to bring this to resolution requires a conceptual shift in the therapist. More is happening here than a manifestation of polarity. An awareness of the inadequacy of the polarity approach appears to be present in the Gestalt community as well. Few texts give Top-dog/Under-dog more than a cursory mention, and personal communications with Gestalt trainers reveal that many of them do not find it a useful concept to teach.

Introducing Winnicott and others

Let us now turn to the world of analysis and object-relations. This is not a betrayal of Gestalt – these are our roots, too. Perls came from these origins, and those who later read and watched his work did not always recognise how the strong threads of these roots permeated his work. His cry of 'lose your mind, come to your senses', many introjected and followed, without appreciating the intellectual depth and richness Fritz and Laura Perls possessed. One must first have a mind, before one can lose it.

Winnicott wrote an extraordinarily lucid article in 1960: *Ego Distortion in Terms of the True and False Self.* He acknowledged that the concept was not new, occurring descriptively elsewhere, including in certain religions and philosophies. He stated that the idea for this arose clinically, from working with clients. What he saw emerging in adult work was a process that had its origins in infancy or early childhood.

The child experiences fundamentally in the early parental relationship that she or he is not perceived for her/himself. This causes great distress and anxiety. If the child is not acceptable, then the parent may abandon the child, and the child knows abandonment means death. Alternatively, the child, say a girl feels if she is unacceptable, she will be destroyed or exploited. (All this is very primitive and hence held unconsciously or unaware, and held intensely).

Thus creatively, and adaptively, the child creates a False Self which she hopes will be more acceptable and will also protect the True Self which is now hidden. This is often a child's version of what she believes an adult is, made up and organised from introjects and impressions from adults in her environment. This is often very successful, especially if the child is intelligent. The child grows up to be externally admired for her status and success, while feeling subjectively phoney on the inside. Academic departments are full of such Fabergé eggs, enamelled on the outside, hollow within. Alice Miller (1981) wrote extensively and poignantly in *The Drama of the Gifted Child* of her own experience and the drama that occurs for such gifted children. Winnicott maintained "... spontaneity is not a feature in the infant's living experience. Compliance is then the main feature, with imitation as a speciality".

When I was 35 years old, a doctor and psychiatrist, married with three children, I discovered that my life was being run by a frightened, but very intelligent and extremely wily 9 year old, posing as my adult False Self. Fifteen years later, I am more comfortable, having journeyed on from there, (and still travelling). Interestingly, one of the first pieces of Gestalt work I did myself was a Top-dog/Under-dog polarity work. I remember closing down and resisting half-way through the work.

Winnicott writes of the importance of the False Self, how it caretakes and protects the true self, even unto death: 'When suicide is the only defence left against betrayal of the True Self, then it becomes the lot of the False Self to organise 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 1965). If this view seems extreme, recourse to statistics will show that successful suicide occurs more frequently in the professional groups. Women psychiatrists, for example, have one of the highest rates.

I would like to suggest that if we conceptualise Top-dog/Under-dog as a version

of False Self/True Self, and not as a polarity, we can restore vitality to this term.

Part of the problem in doing that is that many value-laden terms are used: e.g. False Self/True Self, which suggest that there is something inherently less than satisfactory about the False Self. If Top-dog is used for False Self and Under-dog for the True Self we get away a little from this, but find ourselves historically still linked to the concept of polarities, which is not clinically useful. Therefore I will use the term Operational Self for False Self/Top-dog, and Core Self for True Self/ Under-dog.

There are many terms that touch on this idea as well, coming from various paradigms. For example, Freud wrote of the instinctive drives from the id which were central, and another part, the ego, which dealt operationally with the world. Here, for our purposes, the struggle is between the id and the superego, with the ego presenting the results of the struggle to the world. The id would therefore roughly be Core Self and the ego/superego, the Operational Self. When working with clients who are stuck in this process, I am struck by the words used by the Operational Self. This Self sounds harsh and primitive, like the child's superego, about which Erikson wrote. The Operational Self represents a child's view of what it believes an adult would believe, say, and do. Here there is psychological double-bookkeeping. The client behaves towards his/her self in the way he/she would never dream of treating anyone else, let alone a child he or she encountered in the external world. This is a harsh, primitive child-superego. We therefore have not one but two children in the therapy room.

This leads to another term for the Core Self, namely the 'Inner Child', with the Operational Self being the rather parental adult. Whole workshops are held for the celebration of the Inner Child, for expression of energy, playfulness, intense emotional feeling and creativity, which are the birthright of all children and hence of the Core Self. Again we have a value-laden term which predicates our therapeutic approach, namely, 'let us spring off the shackles of the stifling Adult and ally ourselves with the Inner Child, that life may be experienced more abundantly'. But the Operational Self knows better. The Inner Child may also be an Inner Brat, insatiably needy, exquisitely vulnerable, full of primary egocentricity (Piaget wrote of that pre-conceptual stage), and full of limitless destructiveness (as described by Klein). The Inner Child is a Pandora's Box, and must be forbidden emergence by the Operational Self, to the frustration and puzzlement of the therapist.

Jung, with the concept of the Shadow, recognised the process of concealing that which was unacceptable to civilisation. He wrote of a dream he had, walking with his hands cupped around a bright small light, with a huge shadow following him. He recognised the Shadow as part of the psyche at which the self does not want to look, as it contains all that is perceived as unacceptable. Freud would have recognised that the untempered drives and urges of the id belong there, with its

aggression and frank sexuality. Here too go all those aspects of ourselves perceived as being unacceptable to our parents or our community, characteristics labelled with pejorative terms, such as cheekiness instead of lively self-expression, laziness instead of the ability to know and pace oneself. Alice Miller would recognise this. Eventually the Shadow may contain more than the 'Illuminated Self', the light shining on lifeless conventionalism, as only that which is acceptable is allowed the light of day. That part was in the small bright light of Jung's dream.

There is gold in the Shadow, Jung knew, if we only have courage to turn and look into the dark. It contains great energy, and even our murderous impulses can be mined, and then wrought into something useful. It is this gold that we need the Operational Self to recognise and permit to emerge from the Core Self.

The healing approach

Gestalt is more than a psychotherapy, it is a philosophy for living and being in the world; mind, body and soul, present-centred, available, contactful, responsive and responsible. The client with the Top-dog (Operational Self) and under-dog (Core Self) needs his/her therapist to be all these things. The client has already met too much withholding and non-responsiveness, projection, falseness and grudging and non-personal meeting. Working with this core split requires us to call out the best of our truest Gestalt approaches.

Here is where the truism, that therapy occurs between the client and the therapist, holds.

This is not polarity work, done in one session with empty chairs or lots of cushions. The split has occurred early in life, often in infancy. It is deep, and defended with great anxiety. Unrecognised primitive fears such as annihilation, or one of Winnicott's unthinkable anxieties, such as being lost in the world with no way of communicating with others, may emerge.

The principles of the approach require that the following be kept in mind.

1   There are two sub-personalities in the therapy room at the same time; one obscure, both children.

2   The alliance must be first and primarily with the Operational Self.

3   This is slow careful work; not a place for boom – boom – boom Gestalt Therapy (Yontef, 1991). The resistance of the Operational Self, who knows that its cover as an adult is about to be blown, must be carefully managed and worked through.

The client usually begins in the cognitive mode. I will have assessed her over a few sessions and know I am dealing with an Operational Self/Core Self situation. I join her in this mode. This is not confluence – I do this deliberately, in full

awareness. Confluence is an unconscious process. We 'talk about' for some sessions.

I watch for the Core Self to 'leak'; a brief tear here, a catch in the voice there, an impassioned phrase here, a gesture there. This moment is the most critical. I must not miss this moment, nor must I psychologically **grab** it. This is the moment all my Gestalt training has prepared me for. I respond from my heart and soul, as contactfully as I can, in the here and now. If my timing and my intensity, and also my response is just right, I may be rewarded with a brief touch with the Core Self. The moment is usually swiftly gone. I let this be. Another opportunity will emerge again.

Slowly the Operational Self sees that I can tolerate, and not only tolerate but **hold** (psychologically) the Core Self. The Core Self is experienced as emerging gradually, not overwhelming the Operational Self. I contract quite openly that if strong affect emerges fully, I will contain the intensity of this to the middle of the session (as in John Briere's technique, with adults molested as children),[1] and will ensure that the client leaves the room robed in the Operational Self again. This is usually achieved by the much maligned 'talking about' or analysing what has happened. The Operational Self is reassured, and will unconsciously allow the Core Self to leak again. Safety and trust has been established.

This safety is important. Many Operational Selves talk about their Core Selves in murderous terms, wanting to kill or get rid of this part. The experience of the Operational Self to date has been that this part does nothing for the Self but discombobulate it, 'unmanning' the Self with voiceless emotion, having unacceptable urges, being insatiably needy, causing exquisite pain. It is important for the therapist not to panic in the face of this primitive emotional response.

The Core Self gradually emerges in the presence of the Operational Self and the potentially contactful presence of the therapist, to be touched and responded to from the heart. Interpersonal contact, by definition, is a 50–50 experience but therapists can hold themselves ready, present, responsive; with their toes on their contact boundary, as it were. The Operational Self learns from this that this Core Self may not be as unacceptable as it came to believe it was in infancy and childhood. The Operational Self starts to relax and to modify responses, using the self-capacities (ego strengths) of the therapist as a lattice up which to grow. Analysts would call this 'working the transference neurosis'.

Once this has started to occur the work can be surprisingly quick. The slow part

(1) *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. John Briere (1992) has written extensively on the need to modulate the intensity of affect to a 'window' in the middle of the therapy hour. This technique I find useful wherever there is developmentally early difficulty, and there is risk of uncovering intense, primitive, and poorly integrated affect. I mainly use cognitive integration and hence a lessening of the intensity of contact to achieve this. The client leaves 'cloaked' in his or her Operational Self again, which has provided adaptive protection after all until now.

is obtaining trust and establishing safety. Dialogue now begins between the parts, later, maybe even the empty chair technique will be tolerated. The burden of being the Operational Self can start to be relinquished.

The work of therapy becomes more contactful, for longer periods of time. The client is lively, in touch with emotions, better able to express and receive from the other. In the first instance, this is usually the therapist. Later, if healing has occurred, this generalises to include the important others in the client's ground.

This is not like a butterfly emerging from a constricting chrysalis. Rather, another sub-personality has emerged, a compassionate, mature parent who takes both frightened children into embrace. This work is not about discarding or despising parts of oneself, this is about integration without loss. The skills of the Operational Self are very useful, when used with full awareness.

The client is more spontaneous and starts to report increasing here-and-now awareness; how she saw a cat sniffing a flower and laughed, how a sparrow cocked its head quizzically.

This is slow, careful work, demanding all the therapist can deliver, and ongoing awareness on the part of the client.

Conclusion

The concept of Top-dog/Under-dog has value. To appreciate this it is necessary to return to the historical analytical/object-relational roots of Gestalt therapy to appreciate the usefulness and depth here. The depth of understanding needed for the clinical work comes from appreciating that the early, almost atavistic, split in the self is held with a desperate life-and-death intensity, arising as it does from a need to placate the powerful parent. Both sides of this split are essentially child-selves, although one has a better 'cover' than the other. To batter at this split without respecting its survival value, is not only risking the therapeutic relationship (and maybe even survival) but also recapitulates the parental insensitivity and lack of empathy that contributed to the split in the first place.

Some of the usefulness has been obscured in the past by the language used, and also by the injunction to 'do and feel' and not 'think', which students attributed to Fritz Perls, missing his point entirely, which was to be more feeling and existential, but certainly not to throw all intellectual wisdom out with the bath water of intellectual deflection and retroflection.

The concept comes to life as we integrate the term with our Gestalt roots, and may help us to change our clinical approach to the benefit of our clients.

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SHADOW, EVIL AND SATANIC ABUSE: JUNGIAN AND FIRST NATIONS PERSPECTIVES

Michael Owen

> With a little self-criticism one can see through the shadow – so far as its nature is personal. But when it appears as an archetype, one encounters the same difficulties as with anima and animus. In other words, it is quite within the bounds of possibility for a man to recognise the relative evil of his nature, but it is a rare and shattering experience for him to gaze into the face of absolute evil. [1]

I was prompted to write part of this paper by a short piece on *Holmes* in May 1994 on the Christchurch creche case. In what I suppose was a gesture of journalistic even-handedness – or perhaps it was the Kiwi version of "it can't happen here" – there was an opinion from Michael Hills of Victoria University who asserted that satanic abuse did not exist. Period. Around the same time the British government released a report by Jean La Fontaine, an Emeritus Professor of Social Anthropology at the London School of Economics. She found no evidence of child satanic abuse in eighty-four cases studied in the UK. and blamed Christian fundamentalists for inciting the satanic scare. [2]

Let me state my position. I am a clinical psychologist and psychotherapist from Canada and have worked with adults who have been satanically abused. I am of the opinion that satanic abuse happens and these reports are clinically entitled to be considered as true unless clearly proven otherwise. [3,4,5,6,7,8,9] Through the binocular lenses of Jung's writings and oral teachings from Native, or First Nations peoples, of Turtle Island (North, Central and South America) I will look at the difference between shadow and evil, and why it surfaces at this time in our

1. C W 9, par. 19. All references to Jung's writing refer to *The Collected Works of C. G. Jung*. Bollingen Series, Princeton University Press, 1953-1979.

2. International Express, June, 1994, p.48; *Bay of Plenty Times,* June 3, 1994, p.8.

3. Sakheim, D. & Devine, S. *Out of darkness: exploring satanism and ritual abuse.* New York: Lexington, 1992.

4. In the shadow of Satan: ritual abuse of children, *J. of Child and Youth Care,* Special issue, 1990.

5. Nurcombe, N. & Unutzer, J. (1991) The ritual abuse of children: clinical features and diagnostic reasoning. *J. Am. Acad. Child Psychiatry,* 30(2), p 272-276.

6. Van Benschoten, S. (1990) Multiple personality disorder and satanic ritual abuse: the issue of credibility. Dissociation, 3(2).

7. Young, W. (1993) Sadistic ritual abuse: an overview in detection and management. *Primary Care,* 20(2), p 446-459.

8. Roberts, S. (1992) Multiple realities: how MPD is shaking up our notions of the self, the body and even the origins of evil. *Common Boundary,* May/June.

9. Sinason, V. (1994) *Treating survivors of Satanist abuse.* London, Routledge.

culture. These understandings are critical if we, as psychotherapists, are to hold to a more differentiated position in regard to these issues.

I will not attempt to discuss the validity of claims of satanic abuse. [10] However the matter is more complex than a simplistic negation or assertion. In these type of debates:

> Whoever talks of such matters inevitably runs the risk of being torn to pieces by the two parties who are in mortal conflict about those very things. This conflict is due to the strange supposition that a thing is true only if it presents itself as a physical fact. 'Physical' is not the only criterion of truth: there are also psychic truths which can neither be explained nor proved nor contested in any physical way. If, for instance, a general belief existed that the river Rhine had at one time flowed backwards from its mouth to its source, then this belief would in itself be a fact even though such an assertion, physically understood, would be deemed utterly incredible. Beliefs of this kind are psychic facts which cannot be contested and need no proof. [11]

Jung wrote these words over fifty years ago and everything changes into its opposite over time. Today we have the opposite problem in the therapeutic culture particularly in more classical analytic approaches – a thing is only true if it presents itself as a psychic fact. This attitude has permitted the therapeutic sub-culture to collude with the collective denial of the reality of clients' experience of shadow and evil as in satanic abuse. Perhaps there are also physical truths that can neither be explained nor proved nor contested in any psychic way.

The wheel of shadows

Native teachings say that knowledge is what works and if it works it feeds and heals the People. If knowledge works then it can always be put on a medicine wheel, that is, it is always a quaternity – the symbol of wholeness. The south of the medicine wheel is the place of water, the child, heart and emotions, and trust and innocence. The west is the place of the earth, the woman, looks – within and introspection. The north is the placed of wind and air, the mind, and knowledge and beliefs. The east is the place of fire, spirit, and illumination. The centre of a medicine wheel is the catalyst energy that drives the wheel. It enables movement and change around the wheel but does not get used up in the process.

> The Self is not only the centre, but also the whole circumference which embraces both conscious and unconscious; it is the centre of this totality, just as the ego is the centre of consciousness. [12]

10. An excellent methodological analysis of claims of satanic abuse can be found in Greaves, G. (1992) *Alternative hypotheses regarding claims of satanic cult activity: a critical analysis* in Sakheim & Devine.

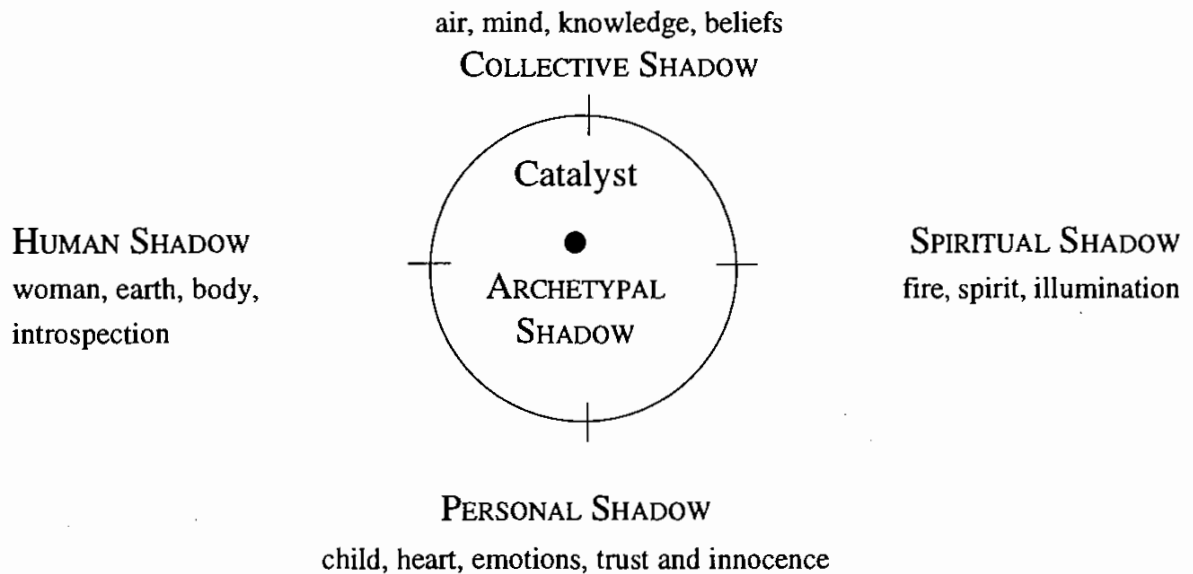11. CW 11, par 553.

12. C W 6, par 789.

air, mind, knowledge, beliefs
COLLECTIVE SHADOW

HUMAN SHADOW

woman, earth, body,

introspection

Catalyst

●

ARCHETYPAL
SHADOW

SPIRITUAL SHADOW

fire, spirit, illumination

PERSONAL SHADOW

child, heart, emotions, trust and innocence

Fig. 1 The Wheel of Shadows

Each place on a wheel has both a light and a dark side. [13] Where there is light there is shadow – shadow is inevitable – and when we sit in one position on the wheel we *work* [14] with its opposite, its light or dark shadow, across the wheel. If we put shadow and evil on a wheel (see Fig. 1) we can discern five types: two pairs of opposites – the personal and collective shadows, and the human and spiritual shadows. Each one is the shadow of its opposite and each changes into, and redeems, its opposite. The shadow at the centre is the sum, and more than the sum, of all the others.

The most accessible is our personal shadow in the south which works with the collective shadow in the north. On both the light and dark sides the personal shadow contains contents that have at one time been conscious but have been repressed – the child of the past – and contents that have never become conscious – the child that is not yet born. On the light side, the personal shadow is the best of ourselves that we vowed never to be because the tender ego was ashamed; it is what we hoped we wouldn't have to be in order to speak with our own voice; it is our talents that we refuse to claim. It is our light shadow.

On the dark side it is the pain of growing up in the particular place, with the particular family and in the particular time and being born the particular person we are. It is the longings, talents, needs, joys and pains that we have had to forget to survive, and then we forget we have forgotten. Our personal shadow is who we hope we are not, but if we are, we hope others won't notice. Historically

13. Loomis, M. (1991) *Dancing the wheel of psychological types.* Wilmette, IL: Chiron.
14. There are five movements or actions that can be taken in moving around the medicine wheel - sitting, standing, walking, working and dancing - each with its own extensive meaning. The working movement involves learning from what is directly across the wheel from the place where one sits, stands or walks.

psychotherapy has worked along the north-south axis but at this time the neglected east-west axis thrusts itself forward for attention particularly in the case of sexual and satanic abuse. However in psychotherapy the south is where we usually start. W. B. Yeats wrote:

> Now that my ladder's gone,
> I must lie down where all the ladders start
> In the foul rag-and-bone shop of the heart.

These traumas are individual but they inevitably become collectivised. They are exquisitely ours and rightly so. They make us unique but they also make us common. It is an antinomy, like falling in love. It is personally unique but also collectively identical. The personal shadow is personal but is also archetypal.

> Don Juan said that the nagual Elias explained to him that what distinguishes normal people is that we share a metaphorical dagger: the concerns of our self-reflection. With this dagger, we cut ourselves and bleed; and the job of our chains of self-reflection is to give us the feeling that we are bleeding together; that we are sharing something wonderful: our humanity. But if we were to examine it, we would discover that we are bleeding alone; that we are not sharing anything; that all we are doing is toying with our manageable, unreal, man-made reflection. [15]

With this in mind we need to take heed of those who criticise the "sexual abuse industry". Contact with an archetype results in inflation – the scapegoated, wounded child is also the divine child – and we sometimes see this feeling of specialness and grandiosity in the victim sub-culture that has become collectivised in some areas of sexual abuse work – what has been referred to as the "culture of complaint". Sexual abuse work has compartmentalised itself from the therapy of other less sensational, non-sexual memories which can be equally, or more, traumatic – in matters of the heart there is no hierarchy of pain.

In the north is the collective shadow which works with the personal shadow in the south. All cultures have shadow beliefs which emerge from and defeat the one-sided collective attitude: the British tradition of fair play vs. oppressive colonialism; the Italian closeness of extended family vs. the inter-familial violence of the Mafia; the German gemutlich vs. the Nazi horrors; matriarchal indigenous cultures vs. patriarchal colonisation. Whenever a collective attitude is denied or has outlived its usefulness it will return as collective shadow that often finds its outlet through the personal shadow of vulnerable or marginal individuals. The recent bombing in Oklahoma City is an example.

The human shadow in the west works with the spiritual shadow in the east. It only emerges after prolonged introspection – viewing oneself from the perspective of

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15. Castenada, C. (1987) *The power of silence: further lessons of Don Juan.* New York: Simon & Schuster.

the Self – after some humble pie has been eaten, some shadow digested, after as Jung said "one has suffered, so to speak, from the violence done to one by the Self." [16]

It is not the personal or collective shadows that are temporarily dispelled by positive thinking or emerge during a weekend workshop – it has nothing to do with personal history, it cannot be analysed or psychologised away. It is the shadow of both the regressive, developmental fantasy that has stood behind much psychotherapy in the past and the ascensionist fantasy that inspires some of the newer psychotherapies. It is the shadow of simply being human where we see from the place of the woman what is rather than what should be or what might be; where we cannot grow and are always stunted; the places where we feel insufficient for self, life and others; bitter, powerless, shameful, forsaken and unhuman. [17] Ojibway prayers often start with the words "O Great Mystery, this pitiful one sends a voice ..." and in Amazing Grace we hear of "a wretch like me". This is not masochistic self-negation but a relativisation, a humble reminder how frail our humanness is. The light side of this human shadow is the profound magnificence of being human, our grandeur, our exhibitionism, our extravagance and beauty, our joy of physical existence.

The spiritual shadow in the east works with the human shadow, particularly sexuality, in the west. The light side promises deliverance, transcendence, redemption from, and illumination of, our human shadow – the material, secular world and matters of the flesh. The dark side is the hard-on under the robes of the priest. This shadow takes the moral high ground and is hard to argue with. We can only judge if it has integrity by looking at how it is lived out in people's lives over a long period of time. If not, we hear of Rajneesh, Werner Erhard, Jim Bakker, Oral Roberts, institutional abuse within religious orders, the dark side of the guru-disciple relationship and the abuse of spiritual power. Jung related how he once talked to a spiritual leader who impressed him with his asceticism, purity and high-mindedness and he left the encounter feeling quite diminished. Several days later the man's wife called wanting to talk to Jung about their marital difficulties! The casualties of this shadow of spiritual correctness are just beginning to be recognised.

The archetypal shadow at the centre of this wheel is the dark side of God, the Great Mystery, the dark side of the Self. The four aspects of shadow are relative evil and the centre is archetypal darkness, absolute evil. As it contains all the

16. Here I follow the approach of the Chiron Clinical Series to capitalisation. Capitalisation of the word Self emphasises the transpersonal and archetypal aspects of the word. It is omitted when the word refers to issues of ego-identity and clinical concern. Words are italicised when they have specific meaning in shamanic traditions and also out of respect for, and congruence with, the traditions from which they come.

17. Hillman, J. (1975) Abandoning the child, in J. Hillman *Loose ends: primary papers in archetypal psychology.* Dallas: TX, Spring.

opposites it paradoxically it has a light side – it is the force "that always tries to do evil and always does good". [18] This condensate of all the other shadows appears occasionally in psychotherapy – however I fancy it may appear with increasing frequency.

Evil

The Navaho people say that the opposite of evil is not good, but beauty and that beauty is where there is balance between inner and outer. If we are sick then we are out of balance and do not "walk in beauty". From this we understand that the soul, as James Hillman says, needs beauty. Scott Peck gives us a broad definition of evil:

> Evil is in opposition to life. It is that which opposes the life force ... [it] is that force, residing either inside or outside of human beings, that seeks to kill life or liveliness. [19]

True, but I find this too global, too much on the human side. Evil is not just personal shadow arising out of human acts of omission or commission, nor is it the mass psychic contagion of the collective shadow. It is archetypal shadow, a separate entity that has purpose and intent. This is a necessary clinical discrimination particularly for those clients who over-identify with their own dark shadow, and is seen in the following dreams:

> I have cleaned out my drainpipe and then follow it outside. It leads down to a fertiliser factory. There are pipes to each house in town. All the drainage and shit goes into three large drums and is heated up. Then it gets shovelled out as manure to make the farms fertile. There is some left over in the drums – a dark residue. This gets piped through a special direct tube into a hole in the sea. [20]

> I am running in a race. I come to a small lake surrounded by low cliffs and rock faces. There are several people there. On the shore of the lake there is a black tree or bush, spiny and spiky, that is alive. The black is a sooty, dense black that reflects no light and seems to absorb everything. It has the feel and look a little like a black spider. When touched its arms go out to attack the person and it becomes more like a spider. The more it's touched the more mobile it becomes, the bigger it gets and the more animal-like it gets. I swim in the lake. Then I notice that there is a similar tree on the shore, it's smaller and I realise that if the tree is left alone it gets smaller and smaller, in a matter of hours or minutes. Then the larger tree is touched and comes alive and begins to

18. Fairley, B. (1985) *Goethe's Faust.* University of Toronto Press: Toronto.

19. Peck Scott, M. (1983) *People of the lie: the hope for healing human evil.* New York: Simon & Schuster. p 42-43.

20. Brinton, S. (1986) *The scapegoat complex: toward a mythology of shadow and guilt.* Toronto: Inner City. p.130.

move toward me. I pin it down with a chair, like a lion-tamer, and its legs/arms/branches spit off black thorns or spikes at me. I know that it cannot be killed or it will be very hard to kill. Somehow I set it on fire but it's still alive. Then I throw it in the lake and it's still half-alive and has the head of a primitive arachnid with an open mouth. I push it out into the water where there is a deep drop and it sinks. I know that this is the only way of killing it or getting rid of it forever.

Confronting and integrating our shadow gives us energy, evil takes our energy – evil abhors light, evil absorbs light. Don Juan makes a similar distinction between the unknown and the unknowable.

"There is a simple rule of thumb," he said. "In the face of the unknown, man is adventurous. It is a quality of the unknown to give us a sense of hope and happiness. Man feels robust, exhilarated. Even the apprehension it arouses is very fulfilling. The new seers saw that man was at his best in the face of the unknown."

He said that whenever what is taken to be the unknown turns out to be the unknowable the results are disastrous. A terrible oppression takes possession of them. Their bodies lose tone, their reasoning and sobriety wander away aimlessly, for the unknowable has no energising effect whatsoever. It is not within human reach: therefore, it should not be intruded upon foolishly or even prudently. The new seers realised that they had to be prepared to pay exorbitant prices for the faintest contact with it. [21]

Jung went to great length to challenge the doctrine of privatio boni, that evil was relative, simply the absence of good. We see the modern incarnation of this doctrine in positive thinking, forgiveness work, affirmations, and books like the *Course in Miracles* which, attractive as they may be, seduce us into believing that evil has no substance. There is some truth to this – evil is real but not a reality – however in our daily round this naive attitude makes it more likely that evil will irrupt into our personal or collective lives.

Though evil is distinct from shadow, evil does enter into human life through the doorway of shadow. [22] The more we are able to acknowledge our own hatred, cruelty, unused creative powers, betrayals towards ourselves and others, so they add substance to who we are. We then know our measure both light and dark and can take responsibility for it: "Yes, this is me!" But we also walk a fine line between integration of shadow on the one hand and identification with it on the other.

21. Castenada, C. (1984) *The fire from within.* New York: Simon & Schuster. p 33-34.

22. A door that swings both ways - Jung said that the doorway to God is through the inferior function. Of the four functions - feeling, thinking, sensation and intuition - the inferior function is the one that is least developed.

The problem raised by the shadow is this: if one takes it all personally, one falls into the abyss because the shadow has an archetypal dimension to it, and if you have to take complete responsibility for the shadow that amounts to a total demoralisation. Faced with the overwhelming force of the archetypal shadow, and understanding it as your complete responsibility, you have no alternative but to commit suicide. [23]

Indigenous cultures have not developed as one-sidedly as our Western culture so the problem of evil is less starkly dualistic. Jung said that before Christianity evil was less evil. In some Native traditions Satan is called Stalking Death which is the death-that-brings-death as opposed to Benevolent Death which is the death-that-brings-life. Although I cannot go into the complexities of the Native teachings I will give a brief outline of their understanding of evil.

There are two Sacred Laws, or the Heart Laws of the People. The first Law is that all things are born of the feminine and the second Law is that nothing must be done to harm the children (the inner child, the outer child or the other children of Grandmother Earth, the four-leggeds, the winged-ones, the Tree Nations and the Stone Peoples). 'Harm' here is not meant in the naive, sentimental sense that animal rights activists or fur trade protestors may use it. It is not a proscription against death, but a recognition that death is a part of life and that nothing should be done that violates the natural Laws of Change, Movement and Death.

Together the two Sacred Laws comprise the Children's Fire – one's soul. Any or all civil, social or religious laws may be transgressed without penalty but if the Children's Fire is crossed – if the feminine, that which gives life, is violated or the child is harmed – then that results in a residue of dark energy in the fifth dimension,[24] the Dream or the collective unconscious. The reverse also happens, on the light side, when "The individuated ego leaves a permanent deposit in the objective psyche". [25] That is, when we assimilate and integrate our own shadow, our own piece of the dark side.

Each child of Grandmother Earth has a medicine, a gift. The mineral world are the holders of energy; the plants are the givers; the animals are the receivers and the humans are the determiners. We are the only child that has free-will. As determiners, the more fully human we become the more we are acutely aware of the burden of choice, and choice can be used on the dark or the light side. Over the centuries this exercise of free will has had a cumulative effect. At the beginning of the fourteenth century these dark deposits, a kind of cosmic sludge, had reached a critical mass in the Dream, such that they have coalesced into what

23. Edinger, E. (1992) *Transformation of the God-image: an elucidation of Jung's Answer to Job.* Toronto: Inner City. p.31.
24. The first three dimensions are physical space, the fourth dimension is time and the fifth dimension is the Dream.
25. Von Franz, M. L. (1974) *Shadow and evil in fairy tales.* Dallas, TX: Spring.

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is known as Stalking Death which has intent and form in the third dimension. [26]

Satanic ceremony

I have been privileged over the last fifteen years to have worked with Native healers, shamans, medicine people and elders in the USA, Canada and Mexico, who encounter what they call "dark sorcery." Shamanism, not the modern, packaged form that has current popularity but in the traditional form, is the extroverted aspect of the individuation process and is seen in parallel form, in some of the occult traditions of the West. This knowledge, gained from long training, can be used on the dark side or the light side.

Some Native traditions make a distinction between ritual and ceremony. Any ceremony must include four elements in the life movement – starting in the south and moving clockwise to the east – around the medicine wheel. In the south is heart's desire; in the west, intent and focus; in the north, a knowledge of current ceremonial alchemy, [27] and in the east, the opposite of evil – beauty. If any one of these elements is missing the ceremony becomes ritual – an unconscious repetition of a powerful, symbolic reality. Much of modern ritual in the pseudo-Wiccan, goddess worship and New Age groups is just that – ritual. It probably has heart's desire, possibly has beauty, but the intent and focus is scattered and the traditional knowledge of ceremony is absent – at best it is ineffective, at worst it evokes forces in a random and naive way that participants are ill-equipped to deal with.

So here I make a distinction here between ritual abuse where the perpetrators are dabbling in the occult, and satanic abuse where the perpetrators are knowledgeable, individuals consciously working on the dark side. In satanic abuse all the ceremonial elements are consciously present but in the death movement – starting in the north and moving counter-clockwise to the east.

In the north the knowledge of ceremonial alchemy is used backwards and upside-down as in the Black Mass. The west on the medicine wheel is the place of the woman, the body and the powers of death and change. Native people say that the secondary function of a woman's womb is to give birth to a west child – a physical child. Modern patriarchal culture, out of its fear of the feminine, is of the opinion that this is the only birth that is possible. But women dream through their womb and the womb's primary function is dreaming – to dream awake the other eight

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26. In Western culture this historically manifested as an increasing split between light and dark, masculine and feminine, and the advent of the Renaissance, the Age of Reason, the rise of scientific empiricism and the persecution of the feminine. *Malleus Maleficarum* was published in the mid-thirteenth century.

27. Here I do not use the word alchemy in the sense that Jung used it but as the closest translation of the understanding of the relationship between spirit and matter and ceremonial methods used in healing (e.g. the medicine pipe, sand painting, purification lodge) contained in all occult and shamanic traditions.

non-physical births around the medicine wheel. [28] So in the west the feminine instead of being present in the ceremony as Death-Bringer-and-Life-Giver, the death-that-gives-life, is desecrated in evoking and invoking the death-that-brings-death, to destroy what is creative. In the south the heart's desire is to destroy what has been created – the child. The result, in the east, is the opposite of beauty – evil. [29] The violation of women and children in satanic abuse is therefore a conscious choice based on a sophisticated knowledge of how to work with archetypal forces with the intent of unwinding the spiral of creation – in other words dark sorcery or black magic.

Some Western writers have unwisely, I think, minimised and overly psychologised these matters, explaining the effect of black magic, voudoun etc. by persuasion, influence and the shared belief system of participants. These certainly are factors. However there is an element of denial in this as if the writers are loathe to open the can of worms – that perhaps these ceremonies have an objective effect independent of a cultural belief system. [30]

Medicine people (tohunga) and healers use their knowledge to heal not destroy. It was for this reason that Jung said that a sense of morality and integrity was essential to anyone who went through the process of individuation, in order to handle the intense burden of both freedom and responsibility that came with the knowledge of the Self. This is why in satanic ritual the intent is to manipulate the individual, as a determiner, into consciously choosing to cross over to the dark side. Faust is a literary, and Star Wars a Hollywood, example of this struggle with Darth Vader, the Dark Father. Von Franz says:

> The earliest origins of modern psychotherapy known to history lie in archaic shamanism and in the practices of the medicine men of primitive peoples ... the figure of the shaman is characterised by individual experience of the work of spirits (which today we call the unconscious) ...

> Primitive peoples distinguish with great accuracy between a man who is possesses by a "spirit", that is, by an archetypal content, and is therefore in need of treatment, and a shaman or medicine man who knows how to control spirits and can give them free rein to work their powers through him without becoming possessed himself.

> The symbolic inner experiences which the shaman lives through during his period of initiation are identical with the symbolic experiences

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28. And so men can only create through the womb of their inner woman!

29. Many of the modern horror movies with satanic elements in them can be understood at a different level using this simple wheel and are an example of how Hollywood dreams for the collective. The production of 'breeders' to produce offspring for Satan is an illustration of the working movement from west to east.

30. Frank, J. (1991) *Persuasion and healing: a comparative study of psychotherapy.* (3rd ed.).

the man of today lives through during the individuation process. One may therefore say that the shaman or the medicine man was the most individuated, that is, the most conscious, person of the group to which he belonged. From the very beginning, however, even in this early stage, the shaman's shadow appeared, namely the psychopathic black magician, who misused his inner experience (the experience of the spirit-world) for personal power aims. The real shaman has an unintended power in that the spirits, especially the archetype of the Self, stand behind him, but the black magician claims collective power with him ego and consequently is physically ill. [31]

This describes those who are involved in satanic practices – they are the mirror-image of the healer. And if, as psychotherapists, we consider ourselves in some small way, to be healers, then we should not be surprised that if there is cultural denial of the shadow of the healer – the black magician – then the intensity of that denial will be directed toward us.

Why now? – Jung's *Answer to Job*

Although Jung never wrote specifically about satanic abuse he did write at length about the problem of evil. His books *Aion* and *Answer to Job* give some deeper understanding of the meaning of sexual and satanic abuse. *Answer to Job* starts with the words "The Book of Job serves as a paradigm for a certain experience of God which has very special significance for our time". In other words it is a model for how the sufferings of the modern ego may be made meaningful. Any therapy that goes sufficiently deep touches this layer. The 'presenting problems' may or may not change, we may not have 'grown', the wounds are still there, and yet things are different – we are different. Consciousness redeems the suffering and is the dawning of a transpersonal consciousness that has the power of redemption.

The realities of sexual and satanic abuse are what Edward Edinger calls the Job archetype. Briefly the biblical story of Job runs as follows: There is a wager in heaven between Satan and Yahweh as to whether or not Job can be turned away from God. Multiple calamities and catastrophes are then visited on Job. He then questions his situation and asks God to justify why this is happening to him as his life and conduct do not warrant this kind of treatment. Counselors (sic) advise him to stop his questioning and submit to his fate and accept, though he may not understand it, that God is just. But Job persists and, as he puts it, maintains his integrity. Finally Yahweh manifests as a whirlwind and says, in effect, "Who are you to question me. Look at me in all my grandeur". Job is silenced and accepts the situation ("In dust and ashes I repent") but then his numinous vision earns him the right to question Yahweh ("Now it is my turn to ask questions and yours to

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31. In myth and fairytale this is the theme of the person who has sold their soul to the Devil in return for immortality or power.

inform me") and Yahweh restores all Job's property – better than before.

There are four features to the Job archetype. 1) There is an encounter between the ego and a greater power. 2) A wound or a suffering to the ego results. 3) The ego assumes the experience is meaningful and persists in searching for its meaning. 4) As a result a divine revelation takes place where the ego is rewarded with insight into the nature of the divine – the transpersonal psyche – and that insight brings acceptance to the ego and healing of the suffering. In finding meaning in the painful experience of the unconscious Job contributes to the transformation of the God-image. The attitude of Job is a soul-centred one that reflects the light side of the human shadow – he is concerned about the state of his very human soul no matter how powerful, ruthless, right and correct the forces that afflict him might be.

In Answer to Job Jung examines the 'divine drama' of the development of the God-image in the Western psyche. From the polymorphous pantheon of the Greek gods and goddesses – at least there were goddesses – where humans were forced to endure the perpetual interference of the gods in human affairs, the God-image underwent a radical transformation with the appearance of Yahweh in the Old Testament. Like Zeus he was a sky-god but now insisted on being the only god. Signs of dangerous inflation and fatal narcissism, perhaps? Yahweh was a mixture of unpredictable, sharply contrasting opposites – wrathful and loving; creative and destructive; generous and narcissistic; cruel and merciful. He demanded praise and glory for himself and that he alone be worshipped.

The next major transformation was in Job's encounter with Yahweh. By holding to his integrity and his human consciousness Job was granted a glimpse of the shadow side of God of which God himself was unconscious. At this point the consciousness of the created – humankind in the figure of Job – surpassed the consciousness of the creator. As an act of redemption and an enlargement of his own consciousness Yahweh was obliged to incarnate himself in the form of Christ, the good son – a form of self-punishment for his transgressions. In doing so his image was transformed from that of the wrathful Yahweh to that of the loving father in whom there is no darkness. In this process Yahweh became man, the collective unconscious became human. "If God has become man, then reality itself has become humanised. It means that reality itself has taken on a human face ..." However there is a fly in the ointment.

At the same time that Christ the good son of Yahweh was born, however, Satan the evil son was cast out of heaven, so that a separation took place in the God-image, with the dark evil aspect being split off and repressed. However, the Book of Revelations predicts that at the end of the aeon there will be a return of the repressed through enantiodromia [32] and we will then be dealing with the opposite of the

32. The emergence of the unconscious opposite over the course of time (Gr: running counter to).

good son. [33]

And W. B. Yeats writes, in *The Second Coming*: [34]

> Turning and turning in the widening gyre
> The falcon cannot hear the falconer;
> Things fall apart; the centre cannot hold;
> Mere anarchy is loosed upon the world,
> The blood-dimmed tide is loosed, and everywhere
> The ceremony of innocence is drowned;
> The best lack all conviction, while the worst
> Are full of passionate intensity.
> Surely some revelation is at hand;
> Surely some Second Coming is at hand.
> The Second Coming! Hardly are those words out
> When a vast image out of Spiritus Mundi
> Troubles my sight; some where in the sands of the desert
> A shape with lion body and the head of a man,
> A gaze blank and pitiless as the sun,
> Is moving its slow thighs, while all about it
> Reel shadows of the indignant desert birds.
> The darkness drops again; but now I know
> That twenty centuries of stony sleep
> Were vexed to nightmare by a rocking cradle
> And what rough beast, its hour come round at last,
> Slouches toward Bethlehem to be born?

In *Aion* Jung deals with the bipolar nature of the Godhead and the tension between the Christ and the Antichrist as represented in the astrological symbol of Pisces – the two fishes. He demonstrated that the symbol of Pisces is the antinomy of the Christ and the Antichrist and traces how in the first millennium the good son, Christ, held sway but in the second millennium the bad son, Satan, began to manifest. The Christian era is associated with the sign of Pisces and historically the Piscean age lasts from the birth of Christ to the last quarter of the 20th century.

Thus in cases of satanic abuse we are dealing with not only the disturbed behaviour of perpetrators but also the emergence of an archetypal power that is the result of a two-thousand year-old dissociation in the Western psyche between the opposites: good and bad; masculine and feminine; light and dark. The collective resolution of this split will come from the recognition of the personal shadow within each of us and the collective shadow in our culture, and a healing

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33. Edinger. E. (1992) *Transformation of the God-image: an elucidation of Jung's Answer to Job.* Toronto: Inner City. p.131.

34. Yeats elaborates on this historical denouement in Yeats, W. B. (1966) *A Vision.* New York: Collier.

of the war, inside and outside, between the masculine and the feminine. At the border of the Piscean and Aquarian ages we are witnessing the denouement of this process.

At the end of the Christian era the God-image has undergone a further transformation reflected in the dogma of Assumptio Mariae, the elevation of Mary alongside the Father, Son and the Holy Ghost as announced by the Pope ex cathedra in 1954. Jung considered this to be the most important religious event since the Reformation.

> The dogmatisation of the Assumptio Mariae points to the hieros gamos in the pleroma,[35] and this in turn implies ... the future birth of the divine child, who, in accordance with the divine trend towards incarnation, will choose as his birthplace the empirical man. This metaphysical process is known to the psychology of the unconscious as the individuation process.[36]

Jung says that the birth of Christ was a unique historical event that happened only once but is an eternal process that is always happening in the pleroma. In the Gnostic writings (c. 100 – 300 AD) Yahweh has a feminine counterpart, Sophia, who falls to earth, becomes enamoured of matter and has to be rescued from its embrace. This is the process of a spiritual content undergoing embodiment, the alchemical coagulation, the movement from west to east, nagual to tonal.[37] So at the same time as Yahweh considered himself the only god and on high so the feminine principle was banished to matter, downward to earth, and became lost. Job's effect on Yahweh was to make him conscious of the feminine principle of relatedness, the relationship of subject to object. That is what we do in therapy – once the unconscious is seen and recognised for what it is, it becomes related to and that in itself constellates a process of change. God needed Job to become conscious of part of himself. So the mere fact of witnessing the unconscious in any good therapy is to a great or lesser degree participating in the transformation of the collective unconscious and the divine drama. Certainly a recipe for inflation and a requirement for humility!

Jung's views also help us understand why much satanic abuse occurs in geographical areas that have a strong Christian fundamentalist orientation and why many incidents of collective sexual abuse have occurred within religious institutions. Within groups that hold most closely to the image of God as the all-loving father the enantiodromia Jung predicted will emerge the most clearly and the dark side of the God-image will affect those groups the most powerfully. As the personal shadow tries to demolish the ego so the collective shadow tries to demolish the collective ideal.

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35. The pleroma is a Gnostic term equivalent to the Dream or nagual in the Native tradition.
36. CW 9ii, par 755.
37. The term nagual is roughly equivalent to the unconscious realm and the tonal to the conscious realm.

> As a totality, the self is by definition always a complexio oppositorum, and the more consciousness insists on its own luminous nature and lays claim to moral authority, the more the self will appear as something dark and menacing. [38]

In *The Psychology of the Transference* Jung writes:

> We live today in a time of confusion and disintegration. Everything is in the melting pot. As is usual in such circumstances, unconscious contents thrust forward to the very borders of consciousness for the purpose of compensating the crisis in which it finds itself. It is therefore well worth our while to examine all such borderline phenomena with the greatest care, however obscure they may seem, with a view to discovering the seeds of new and potential orders. [39]

This suggests that in we can gain much by understanding the sociologically borderline (read 'flaky' if you wish) and clinically borderline phenomena that I spoke of above. In our work with borderline or dissociated individuals who may have non-consensual experiences, including those that are suggestive of satanic abuse, our witnessing of these experiences can reconnect the individual with the Self and have the same kind of restorative effect as did Job's vision of Yahweh. In our clinical work we do not serve ourselves or our clients if we hold to a precisionist ideal of therapeutic neutrality. Our responses to client's non-consensual experiences need to consider clinical issues of the therapeutic frame, inflation, transference, countertransference, the symbolic vs. literal etc., but to paraphrase G. B. Shaw – if we are going to be neutral then let us also be neutral about neutrality. I suggest it is a recapitulation of the original trauma to be consistently therapeutically neutral to these experiences and regard them as purely symbolic. [40]

What to do?

So what may we do when we sense the presence of evil in our work? From those traditions that have long experience in dealing with evil – shamanism and the Catholic church, for example – we can identify several themes. [41, 42, 43] First, to discern and differentiate between the subjective, psychodynamic aspects of these phenomena and the objective, external manifestations, in other words between

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38. CW 11, par 716.

39. C W 16, par 539.

40. Schapira, L. (1988) *The Cassandra complex, living with disbelief: a modern perspective on hysteria.* Toronto: Inner City.

41. Jacoby, M. et. al. (1992)*Witches, orges and the devil's daughter: encounters with evil in fairy tales.* Boston: Shambhala.

42. Ribi, A. (1990) *Demons of the inner world: understanding our hidden complexes.* Boston: Shambhala.

43. May, G. (1982) *Care of mind/care of spirit.* San Francisco: Harper Row.

shadow and evil. In the past one hundred years we have made great strides in the psychological understanding of what was previously supposed to be the work of "spirits" so let us neither be regressively superstitious nor always reductively psychological. Second, to have a respect of the reality of evil. An infantile and uninformed curiosity together with weak ego boundaries is a dangerous recipe for inundation by archetypal contents. Third, to know one's own shadow. The best protection against evil is knowledge of one's own shadow, contrary to the opinions of those who wish to surround themselves with white light. Fourth, without seeking it, to be willing to "gaze into the face of absolute evil." Agnes Whistling Elk, a Canadian medicine woman, says to her apprentice:

> "Because evil wants to know you. In a way, evil is trying to help you."
> "How could evil help me?" I asked.
> "You see, in the Dreamtime your image, your spirit, appears to be frayed. You are not clearly defined."
> "What does that mean?"
> "It means that the light that you are needs a distinct darkness to define it. The darkness that provides your balance and cosmic equilibrium is now only a gray shadow. By witnessing true evil, the opposite of the goodness that you are, your spirit will become more clearly defined. On the other side, the allies of darkness will see that and know your strength and they will leave you alone." [44]

Fifth, to exercise selective abandonment. By this I mean not a naive ignoring or a denial of the existence of evil but, once having witnessed it, consciously choosing to turn away from it with full knowledge that it exists and not giving it energy. Without human contact it withers.

> ... to be capable of having seen into that abyss of evil and pretend not to have seen it is the highest achievement. [45]

Schopenhauer said that "Every truth passes through three stages before it is recognised. In the first it is ridiculed, in the second it is opposed, in the third it is regarded as self-evident." I hope that this will be so in debate as to the reality of satanic abuse. The naive views voiced by Michael Hills and others are more than just sound-bite opinions, they are a disturbing contribution to the likelihood that the "dark son" will manifest in destructive ways, more so than if the reality of shadow and evil were acknowledged. To offer a dissenting view contrary to these media opinions keeps the creative tension between the two polarities alive. Rilke writes:

> Take your well-disciplined strengths
> and stretch them between

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44. Andrews, L. *Crystal Woman.* p 219.
45. Von Franz, M.L. (1974) *Shadow and evil in fairy tales.* Dallas, TX: Spring, p 164.

> two opposing poles. Because inside human beings
> is where God learns.

The practice of psychotherapy is just a job like any other, but like any other job it is also an honourable pursuit that adds, in ways visible and invisible, to the common wealth. Native people say we all dream and we all have a Dream – the two are synonymous. In the south we have a Personal Dream – to provide food, shelter and the necessities of life for ourselves and our family. In the north there is the Dream of the People – the collective dream of health, hope and happiness, the Gathering-Together Circle, the Rainbow Hoop of all colours, black, white, red, yellow, and mixed bloods. The Keepers and Holders of this Dream are governments, leaders and institutions. In the west we have a Sacred Dream – our fate, our Book of Life, the dream that the Self dreams of us. We are each the Keeper and Holder of our Sacred Dream. In the east is the Dream of the Ancestors – those who have gone before us. As Keepers and Holders of our Sacred Dream we also become the Ancestors of those who come after us. In the centre is the Dream of the Planet – as a living being she dreams. She dreams that each of her five children – the Stone People, the Tree Nations, the Four-leggeds and Winged-ones, the Two-leggeds, and the Ancestors – born from her lovemaking with Grandfather Sun, will walk in beauty upon her robe and that she herself as a child will take her place in the Sisterhood of Planets. The Keeper and Holder of this Dream is the Sisterhood – the wombs and the circles of women.

If we cannot keep and hold the Dream then the Dream dies, and if the Dream dies then the person, the people or the planet dies. So if our journey as psychotherapists takes us into uncharted waters of human experience and we are buffeted by winds of criticism we might remind ourselves that the unconscious, the Dream, needs human contact. And when we touch it we keep alive the Dream of the person, the people and the planet.

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THINKING AND DOING: Inserting Gender and Feminism into Psychotherapy [1]

Sarah J Calvert

Foucault (1986) reminds us that it is in the practices that power is actually exercised, not in ideas. This paper is an attempt to ask why, when feminism has had such an impact on the ideas of psychoanalysis and therapy, it has not deconstructed the practices. If power resides in the practices which aim to maintain the existing structures (and the existing dominant (male) symbolic) then analysis/therapy remains firmly patriarchal even as so many of its practitioners and clients are 'other'.

Feminist challenges to the thinking

The second debate began, without doubt, with the work of Simone De Beauvoir in *The Second Sex* (1940). In this work De Beauvoir suggests that woman is always the object, the primary other for the man. Women's lives are defined and limited by this socially constructed experience of self. While not essentially a psychoanalytic text, this book did establish the issue from a feminist perspective.

It was, however, Juliet Mitchell in *Psychoanalysis and Feminism* (1974) who looked to Freud to ask "how is a lady made, how are her active strivings and intelligence suppressed?" (Brennan, 1992). It was Mitchell who strove to explain the pervasive dominance of patriarchy (looking in part to the ideas of Lacan) within the psyche. Thus Mitchell argued that we should read Freud as an account of psychological development within a patriarchal process.

This second debate had as its source

> "... the realisation that the oppression of women does not lie solely in the institutions of the society, the social and economic structure. It now recognises that something hidden fuels this structure, the unseen and often unspoken but powerful feelings of the unconscious, the entire apparatus of what is called the 'symbolic' order, that is the language, values, myths, images, stereotypes that influence and are influenced by our psychological life." *Women Analyze Women* 1988

Freud provided us with an account of ourselves which is both intra-psychic, interpersonal, social and historical. Moreover it is within the Freudian attempt

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(1) Any discussion of 'practice' (or indeed theory) in New Zealand/Aotearoa must pay attention to the intersection of the specific relationship produced by the Treaty of Waitangi. In this paper my focus is the specific relationship produced by gender. Some if not many of the arguments are also relevant when addressing practice within a Treaty perspective (which we are all required to do). The issue of a 'Just Therapy' has been documented specifically (but by no means exclusively) by the Family Centre, Lower Hutt (1991, 1993).

at explanation that the 'riddle of sex' (or, as we might term it today, the riddle of gender) is given primacy. Freud was concerned with the issue of how a self was embodied, how it came into being, how it persists over time. He noted the interweaving of the embodied self with the social, fictional and real.

Freud's work confronts the need for concepts of subjectivity that can do justice to a self that is simultaneously embodied, social, desiring, autonomous and inter-relating (Flax, 1990). Freud was speaking in a language that was gendered in the feminine as much as in the masculine. However Freud failed to answer his own question, thus setting the scene for the second debate. That Freud acknowledged his limitations in understanding the gendered/sexed self of the female did not prevent either him or his followers and heirs from developing theoretical constructs about the feminine.

Brennan (1992) names four other writers who have sought to debate the Freudian notions within the frame provided by psychoanalytic thinking. Nancy Chodorow (1978) redeveloped the notions of object relations with special regard for the relationships between mothers and their children. Luce Irigaray (1974, 1977) argues for the creation of a female symbolic, of the acceptance of desire and the fluidity of female sexuality. Jane Flax (1990) whose brilliant book *Thinking Fragments* seeks to join psychoanalysis, feminism and the world of the post modern. Jessica Benjamin (1988), a working analyst, attempts to think through notions of domination using analysis and its theory as a tool.

There are many other feminist commentators such as Dorothy Dinnerstein, Carol Gilligan, Jean Baker Miller, Elizabeth Grosz, Janet Sayers and Brennan herself. Each has sought to intersect with the original ideas in such a way as to ask again, and re-ask, what place is there for women in this construction of the psyche? What can be understand of ourselves in this masculine creation? All of these writers accept without doubt the importance of the unconscious. They acknowledge the difference between biological sexuality and gender and the importance of relatedness (being in relationship) to human development.

However even though feminism has inserted gender into the analytic debate in a powerful and thought provoking way, it has yet to re-write the theory in a satisfying way.

> "... it is generally true that the minute the real riddle of femininity is approached the debates digress."   **Brennan, 1992**

Feminist challenges to the doing

Feminists have been much more passionate in arguing against aspects of theory than they have been in arguing about practices. It seems that practices continue as they are, even as we seek to develop a subversive discourse about the ideas. As Jessica Benjamin says (1988) while there is a feminist psychoanalytic theory, there is not a feminist psychoanalysis.

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What are therapy practices? Psychotherapy is still essentially 'the talking cure'. As it is generally understood, its effects are produced within the relationship between the client and the therapist. Dynamic practitioners understand that the primary process for producing a positive change is in what is called the 'transference', (also called the therapeutic alliance). Recent research has also shown that it is to the relationship that clients attribute most positive effect gained in therapy (Duncan, 1994).

Attention is therefore given to both the actuality of the 'relationship' and to its formulation and construction. Rules are proscribed and notions are held as to exactly what the nature of this relationship should be. For example it is said that a 'fundamental rule' is that the client allows as many of their feelings to surface (come to consciousness) as possible but that at the same time the therapist does not gratify their desires. There is therefore a conflict between the need for the client to be 'real' in all their terror, fear, anguish, love and attachment and the need for the therapist to maintain what Winnicott called a 'professional attitude'.

This practice is usually discussed only from the 'theoretical', as in why the work should occur in this way, or from the personal point of view. The practice is discussed when boundary violations occur and come to notice or when therapists find themselves struggling against their own authenticity of response. Critiques of the actuality of the practice are seen as a failure of the individual practitioner to address their own pathology, defences, resistances.

Foucault gives us some ideas about why it is the practices are themselves so hidden from review. He saw power as constructive of and shaping of people's lives. Many ideas are accorded the status of truths, and norms are then constructed around them. This is called normalising practices. Practices such as these specify people's lives, their behaviours and beliefs. Foucault believed these forms of power subjugate us, forging people as docile bodies, conscripting us into activities which support the dominant narrative.

Feminism intersects with these ideas because opposition is then found in the alternative or subversive discourses, heard on the margins, deprived of the space to be acted out and made authoritative.

> "The rejection, the exclusion of a female imaginary certainly puts woman in the position of experiencing herself only fragmentary, in the little structured margins of a dominant ideology, as waste, or excess, what is left of a mirror invested by the (masculine) 'subject' to reflect himself, to copy himself."   **Irigaray, 1977, 30**

Foucault believed that a powerful method for maintaining dominant narratives was surveillance, the idea of the 'gaze' and the use of confessional requirements. If we think of the 'practices' of psychotherapy we can see that each of these methods is used by the profession to maintain its position of privilege. Indeed

increasingly we use these methods rather than a process of encouraging dialogue and attempting to discover meaning through a narrative or discursive process.

How might we then think about the process of therapy, the 'production' of its practitioners and the ways in which its dominant 'truths' are maintained. Certainly ideas have not been subject (in the same way) to the 'normalising' that has occurred for practice. Nowhere are the normalising notions of practice so firmly held than in analytic or dynamic practice. However the rigidity and rule bound processes once found most commonly in analysis (Winnicott, 1961) are now moving into all forms of therapy, into social work and counselling. Rules and norms (beliefs) developed in the specificity of the analytic settings are now seen as desirable processes for all forms of interactions between 'helpers' and clients seeking help. Thus the dominant practice with its attendant power maintains and develops itself.

Freud expressed considerable concern about just this development. He held that the possible medicalisation of psychoanalysis was dangerous and might destroy the creativity and unknownness of the work. He saw the power of the medical profession as counter to the work of analysis. This is interesting when we recall that it is the practices of the medical profession and its ways of controlling women's bodies that feminism has been very active in criticising.

Feminist critiques of the practices of therapy centre on a number of issues. Each provides us with a suggestion of an alternative narrative challenging the existing notions and power. Among the issues raised are authenticity, the relationship of therapy to ideas of community, the continuation of a pathologising process embedded in notions of silence, the individualising nature of therapy and the ways in which therapy changes beliefs (narratives) of relationship. Each of these issues is critical when we consider the impact of gender because each of them, thought through at the level of theory, has a special intersection with women's lives.

One of the major criticisms of therapy, especially dynamic or analytic therapy, is that the relationship that is so central actually lacks authenticity. That the exchange is lacking the expression of passionate truths between the participants. The concept that our lives are and should be described in emotionally intense ways has long been central to feminism. Feminism has an awareness that women's passion, emotionality (fluidity, jouissance) has been described in negative terms and that it is attacked by the male symbolic.

> Speak pains to recall pains
> The Chinese revolution.
> Tell it like it is
> The Black revolution
> Bitch Sisters Bitch
> The final revolution.   **Red Stockings, 1970**

Thus the normalising practice of therapy, which removes the passionate exchange between us runs counter to the feminist model.

Mary Daly has described the therapeutic process as 'plastic passions'. What concerns feminists and others is that the notions of professionalism often serve to remove connection. The idea of connection, and passion in that connection, seems critical to women. It is especially so where women seek to address the need for their emancipation from the male symbolic. However it is important to note that it is not significant to feminism alone. Many cultures feel most alienated from western thought precisely because of its notions of individuality and separation.

Theoretically we might see this removal from connection as further evidence of the work of the male symbolic, dividing rather than connecting, splitting rather than joining. Jessica Benjamin talks about the need for mutual recognition rather than maintaining this split, splitting being needed to maintain the gendered discourse.

The discussion we do not have is how to be genuinely authentic within the relationship, and still do the work. The narrative we might weave would ask questions such as, are there circumstances in which we need more distance, others in which we need less? How do we understand these differences?

Freud himself saw clearly the difficulty in the nature of this work, for example in addressing deception he commented,

> "Since we demand strict truthfulness from our patients, we jeopardise our whole authority if we let ourselves be caught out by them in a departure from the truth." **Freud, 1912**

He struggled with notions of friendship, support (another word for community) and indeed love. All of his significant followers seems to have similar struggles as do practitioners today. Yet we maintain the normalising practices, the rules, and remain silenced about experience.

So we might begin to wonder if the practices of therapy serve more to provide protection and certainty for the practitioner. Perhaps we feel more contained, more able to see ourselves as powerful and professional when we enforce notions of space, silence and distance. Perhaps we fear that the authentic self we might present would not fit the professional image. Is this, as some have argued, part of the legacy of the medicalisation of this work – without white coats we have to paint a white world for the work to occur within. Here I am reminded of Robert Langs, a highly thought of analytic practitioner. He suggests apparently authentically, that therapy should be conducted in a three piece suit. The inscription of the male symbolic in the authority and power of the person of the analyst denies the voice of the other at every level of a self.

A second and related area of criticism has been the individualising process that has occurred in therapy. The problems of being human, problems most often actually located in our community, in our social lives, are removed to a private and separate sphere whose goal is to have us separate and individualised. Perhaps this too is a legacy of the way in which Freud's original insight, that his patients had been abused within their families, became victim to a larger dominant and gendered discourse. Had he continued to work with the understanding that people's problems related to the external world, the notion of therapy might have been different. Drive theory and the position of the therapist within the work would have had to change.

It is clearly a form of gendered, cultural determinism that we, as therapists, continue to support the notion of an individuated self as healthy. A central concept in therapy is that the analysand will become their own analyst. This concept does not allow for notions of connection and community as a significant part of a healthy self. Feminists understand that a significant aspect of women's oppression is their exile to a private and individual sphere where their relationships are proscribed by the other. How in therapy we might continue to engender connection both within the therapy relationship and for the client in the outside world, is a significant issue.

> "Turning the spotlight on the 'self' psychology plunges the world out there into darkness. We know ourselves as social selves, as members of a culture, inheritors of a history, participants in a movement. We discover who we are face to face and side by side with others in work, learning, love, friendship, groups and communities. We become who we are in the context of the institutions that structure our experience and the cultural and countercultural patterns through which we interpret it ... We construct our identities only through vital relationships with other lesbians and passionate involvement in our communities."

> **Kitzinger and Perkins, 1993**

Perhaps because of its emphasis on this individual, who is in a sense alone, therapy has also developed practices which pathologise and silence clients. We locate the problem in the person, not in their experience and thus reduce a need for political action or personal witness on our part as therapists. In particular, emphasis on treating the inner world as all has reduced our capacity to recognise the political/power concerns that private pain often describes. Feminism considers that it is essential not to reduce experience to the inner world of the psyche, an insight found in Freud but not applied to the practice of the work.

Women get support (in our patriarchal world) for describing themselves in psychological terms which are essentially male defined. In this way women continue to be defined, to define themselves, within a previously determined

frame. What does it mean that in therapy we seek to have handed over to us, the therapist, authorship of the clients life? When we also describe the fragmented and distressed client in pathological terms, how does it really lead to change?

An example of the effects of this process is the responses commonly seen to the experience of severe childhood abuse and neglect. Their responses have often lead to very pathologising labels and to clients believing that they have the 'problem', located within them. Many and various labels have been given to them (the common ones in the 1990s are Dissociative, PTSD, Personality Disorder, Multiple Personality). Moving this experience into the arena of therapy and mental health treatment has removed the discourse about our community, the families within it and our responses, to the private sphere.

Some clients have been silenced by therapy, exposed to their own inner world without the witness of authentic connection. Instead they are offered a person who will perhaps label them hostile, aggressive, defensive, resistant or manipulative if they struggle with the process offered to them. It is not the terms used. These people do experience themselves as fragments, as on a border of the world. What is destructive is that we often maintain distance, silence and space, continuing to locate the responses given to us as pathological and determined by the nature of the individual.

Theoretically we may know that these people are victims of abuse, of severe attachment disorders (and thus of dysfunctional families), of a failure of our community to protect and support children and their families. Perhaps we might even understand this process as an example of the working through of death drive (especially the male death drive) by locating aggression and destruction in our intimate relationships. What we do not do is think about ways that this 'knowing' can be translated into practices that will empower and transform not just the suffering individual but our community as a whole.

I am especially intrigued by the analytic notion of silence and its allied notion of the unseen analyst behind the couch, as a therapeutic tool. No other practices seems to me to speak so eloquently of the gendered nature of our work. Women's lives have traditionally been lived in silence; they themselves unseen. Women have been taught to believe that their inner world is unbounded, mad and crazy. This is the very place that analytic silence hopes to take its clients.

It wishes to do so with the client lying down, unable to see the face of the person to whom she will expose herself. This practice cannot even be called a metaphor. It is patriarchal control at work, openly and directly maintaining the male symbolic. It is a binding of the female psyche just as women's feet have been bound. Practices ensure we cannot speak, run or be passionate.

Neutrality and boundary are other areas of practice that encourage and support the removal of aspects of the therapist from the work. The self of the therapist

is placed at the margin because it is believed to be safer. For whom? Boundaries simply alert us to the possibilities of exploitation, they do not prevent it. Indeed as Tomm (1993) points out, rules often impose a pervasive restraint upon the nature and complexity of relationships, denying us the creative use of the power between us.

Indeed the discussion of boundary and rules shows us how the discourse can be continually re-written to avoid the subversive and uncomfortable. We shift the dialogue from exploitation to duality and then suggest that we can avoid exploitation by avoiding duality. As such it allows us to avoid discussing the issues of connection and authenticity, to remain split (and comfortably so), for we are 'being good'. Such accession to the dominant discourse is rewarded by membership of the select group. Dissent is punished.

It is interesting to note that 'dissent' (that is rule breaking) is also characterised by blaming the individual. We seem fearful of a debate about the nature of the rules and of the many complex issues raised by the breaking of them. As Tomm points out, we seem so certain about our rules we cannot even acknowledge the value of dual relationships any more. The dominant discourse in the area of duality is all of pain and problem ... more pathology!

Tomm acknowledges that for himself a dual relationship actually improved his sense of self worth. He believes that they create the opportunity for professionals to be more open and authentic, to be more self critical, thoughtful and congruent. The emphasis on sexual transgressions has enabled the dominant discourse to remove us further from the notion of connection as an essential aspect of our work.

Feminism's emphasis on knowledge and empowerment provides another part to the critical intersection. It is helpful to look at the ways in which clients are enabled to begin to question their therapeutic experiences. We find that complaints come not from informed clients who have some understanding of the process. Rather it is the political/social debate in the wider community (about sexual abuse) that has enabled some clients to understand their experiences in the therapy context. We have been forced to address our practice not from within, but because of a subversive discourse. A rebellious narrative about female exploitation arose outside our practices.

There are far fewer complaints about therapeutic practice. This should alert us to the real lack of knowledge and power, the lack of understanding of this experience that remains central for most clients. We can feel safe that the community may not develop such a sophisticated debate about our professional practices and they will remain unseen, especially to those who are victims of the process.

Feminist criticism of therapy has focused on the way in which therapy removed

pain and distress from our community. Perkins and Kitzinger (1993) ask what will happen to our notion of community if only privileged persons are seen as being able to hear and cope with pain and distress. They believe that we will all be deprived of part of the human experience.

Communities have always provided a special place for what we might call therapy. However, those who acted in this capacity were not apart from the lives of the other. In many ways connection was valued as aiding this process of supporting those who were troubled and distressed. Distress was seen as providing special information for the community as a whole. This is a form of 'emotional literacy' (Orbach 1995). The 'client' thus gave something to her world and received something in return.

Raymond (1986) argues that therapy has now come to replace friendship; friendship is now an 'expert' activity. She believes this further divides us. Such an idea is significant for feminists. Many of us found our passion and ourselves within the friendships formed in our Consciousness Raising groups, in our activism, in the passionate emotions we experienced in rethinking our lives. This process is exactly that which we hope to create in therapy. How can therapists believe that they can remain in passionate connection while sitting in disconnected silence?

In practice feminism is, therefore, more likely to value an interactive approach, a narrative style, a post modern therapy. Feminists remember that we cannot always 'know'. That our work is woven and spun in spirals. Unlike analytic practice with notions of truth, separation and objectivity, feminism is more likely to think of multiple meanings created within co-narrated processes without an end.

From this perspective all knowing requires an act of interpretation. Therapy then becomes the act of hearing news of difference, valuing the rituals and lived experience of all who participate in the narrative (past, present and future).

> "self knowledge requires the identification of agentitive and knowing selves." **Harre, 1983**

Narrative perspectives, informed by both old and new ideas of the psyche, allow a space for women to begin to find a way of being and a way of experiencing the self. The process must happen within a practice which is itself deconstructed. Therapy must address its own dominant narrative, the way in which its practices landscape the inner world of action and consciousness for the client. [2]

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(2) It is always essential to 'sight' ourselves and our perspective. My life is not just informed or infused with feminism and the reality of women. It is lived there. No list of references can ever indicate the depth of the feminist perspective that is the bedrock of all of my work. No acknowledging of individual women can ever indicate the richness of connection that binds us even within our differences. Nor can I adequately indicate the value gained from my interaction with the other, the world of the male.

This is what I am ... watching the spider rebuild – patiently, they say
But I recognise in her impatience – my own –
the passion to make and make again where such unmaking reigns.

Mary Daly, *Gynecology*

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PROJECTIVE IDENTIFICATION AND COUNTERTRANSFERENCE

Helen Campbell

Introduction

Neville Symington (1993) in his book *Narcissism: A New Theory* says this:

> "We make contact with other human beings either by projecting ourselves into their world or by introjecting them into our world. We either put ourselves into the shoes of another, or we take them into our inner sense of things. A variety of psychic actions are continually taking place at a deep level, beneath the thresholds of awareness, and either they can be of a sort that messes things up for us or they can be creative both for ourselves and for the people with whom we are in close contact." (p 13)

A lot of stories have started off with "a long time ago" and when I came to write this paper, I though again how the start of my interest in this topic is probably deep within the shadow of my own psyche. As I am a twin in the middle of a family of six children, I could imagine there would be, at an unconscious level, as well as the conscious, many times in my life when I have wanted to pull someone into my reality and/or be pulled into theirs.

I remember Dr Karen Zelas, during my early years working at the Child and Family Guidance Centre, saying: "Unless you understand the process of projective identification when working with couples, you may not get very far in helping them."

And later reading a paper written by Margie Barr-Brown and Dr Ian McDougall (1983) *A TA Understanding To Working With Borderline Clients* where they described projective identification using the Transactional Analysis model, my appetite was whetted to further understand this concept.

The task of therapy

In therapy I see our overall task as enabling our clients' self inquiry – their exploration of themselves, their feelings, thinking, behaviour, of both their internal world and their world of relationships and work. This allows their unconscious overadaptations to earlier experiences to become conscious and available for re-evaluation. (Gouldings 1978, Symington 1993)

I want to stress that this 'inquiry' will happen at both a conscious and unconscious level, and needs to happen at the client's pace. For example, a client was reflecting on her husband and daughter being in an incest relationship, and as she

did this over several sessions, she started to talk about how dependent she had been and unable to see the signs of that relationship. While most of her inquiry seemed to be happening quite consciously in the therapy sessions, the fact that she was reflective in the sessions indicated to me that it was occurring at an unconscious level at the same time.

Another client had been exploring her childhood and the violence in her family of origin as well as years of her drinking and violence towards her now grown children and her husband. She came in one day and said how something had happened during the week that had surprised her while reading a romance book. She said she suddenly realised how much romance there hadn't been in her marriage and she felt for the first time in 30 years of marriage she could identify with her husband. She felt deep grief about the years she had acted in the way she did. The identifying with her husband and the felt grief seemed to come 'out of the blue' for her.

Keeping the task in mind, and that we always need to be open to both the conscious and unconscious process, when I experience that self inquiry being blocked, I particularly need to ask myself: Why is this happening? What might the client be thinking, feeling, experiencing? What might I be thinking, feeling, doing, not doing, that could be contributing to the stuckness?

For example, a client comes constantly late for sessions. What is our response to this? Keeping in mind the task to help their self inquiry, does the response fit in with our task? I can think of times when I have felt angry or timid about talking about this lateness and excused it. What has happened when I act in this way? Have I helped the client? Have I kept to my task or have I entered their world of chaos, withdrawal, whatever the lateness might be a symptom of? Have I become the rescuing other or the withdrawing angry other or maybe the victim, the powerless child?

A further instance of my need to question myself in this way was with Jim, who had come to therapy because he had difficulty in his marriage and was feeling burnt out at work. He consistently avoided talking about his feelings as he told me his story, his growing up years. There was no pain expressed, and parts of his story sounded painful to me – a distant mother, a father who was supportive only of his academic work. The parents sounded very distant from each other; "staying together for the church and us", he said.

Over the weeks of therapy "everything is fine" was how he would often start a session. I felt myself start to become nervous when his session was imminent. There seemed no way I could connect to his inner world. One particular session I felt critical of him and nervous about this. Would he feel this? At the end of the session I knew I had missed being alongside him in my responses. I knew I had

missed in enabling him to further his self inquiry at a level that could help him touch his inner world of pain that was still split off. I felt I was reacting to my client, rather than staying with being able to be reflective.

Countertransference

There are many ways of defining countertransference. The American Psychoanalytical Association (1990) defines countertransference as "A situation in which an analyst's feelings and attitudes towards a patient are derived from an earlier situation in the analyst's life that have been displaced onto the patient. Countertransference therefore reflects the analyst's own unconscious reaction to the patient, though some aspects may be conscious". (p 47)

James Masterson (1993) puts an emphasis on neutrality, writing:

> "Countertransference encompasses all those emotions in the therapist that interfere with the ability to provide a therapeutically neutral frame." (p 21)

Some definitions of countertransference include all feelings that the therapist experiences while working with their client. I want to make it clear that I am meaning those feelings that inhibit the work of the therapy and usually have an unconscious aspect to them.

After the session I have described with Jim I recognised I was starting to feel defensive about taking my 'stuckness' to supervision. There was a sense of humiliation about what had happened. This didn't feel quite like me. What was happening here?

And, from a supervision session where I was the supervisor, the supervisee's first words were: " I have to talk about this strange feeling I had in a session. It was so strong it has bothered me. I think it was to do with me." I noticed as we started to talk about what had happened that the supervisee had difficulty staying with her own experience and wanted to talk about her client.

I pointed this out and she stayed with talking about the session, describing her response to her client's behaviour. As she talked I noticed her face started to look red and flushed. I invited her to stay with her feelings and she was able to identify that this was how she had felt with her client. She described feeling "uncomfortable".

As we stayed with what was happening for her she was able to share that the feeling she experienced was a sexual feeling, "out of the ordinary for me when with clients". What she had experienced in the session was feeling strongly uncomfortable and some realisation she was not effective with her client. Note the reaction again, a 'not knowing what this was about'.

Projective identification

Projection, according to the American Psychoanalytical Association (1990) is: "A mental process whereby a personally unacceptable impulse or idea is attributed to the external world." (p 109)

A simple example of projection would be: John arrived at therapy and said to his therapist that she looked angry. The therapist was not angry, and did not act in an angry way. Together they explore what his statement about her could mean for him.

The term projective identification was first used by Melanie Klein (1946). She said projective identification is bound up with development processes that arise during the first 3 – 4 months of life, in a phase she called the paranoid-schizoid position. (p 143)

Over the years, in struggling to understand what projective identification means, I have come to realise that some of the confusion has been about whether or not projective identification is an intrapsychic dynamic or an interpersonal as well as intrapsychic dynamic. In Klein (1946 – 1963), Ogden (1979), Goldstein (1991) and Masterson (1993) there is a common thread of understanding that projective identification has an interpersonal component. I am inclined to agree.

Masterson's (1993) description of projective identification is the one I have chosen for this paper because it is written in clear simple language, and conveys some of the interpersonal aspect of this defence.

> "The term [Projective Identification] will be used here in the sense of the patient's projecting upon the therapist usually negative affects associated with either the self – or the object representation, and then behaving in such a manner as to coerce the therapist into actually accepting and feeling this projection. This behaviour can be quite subtle and indirect, consisting of such things as facial expression, tone of voice, and body posture, as well as more overt behaviour." (p 220)

That is, the patient will project onto the therapist either a representation of themselves (for example the part of them that feels omnipotent, needy, helpless, sexual) or a representation of an internalised other (for example an angry or overprotective mother, distant father), and then coerce the therapist to act in that way.

It is also useful to consider Thomas Ogden's (1974) model alongside Melanie Klein's (1946 – 63) to have a more detailed theoretical understanding of projective identification that includes more of the interpersonal component than Masterson's description gives. Ogden's model looks at this process as composed of a sequence of three parts.

Step One

In the first step there is the fantasy of projecting a part of oneself into another person and of that part taking the person over from within.

Klein writes that the projected part is split off and in fantasy implanted into the other. She also makes the point that it could be both good and bad parts of the self (and internalised others) that are projected – that projection of itself is a normal part of development. It is when this is done excessively that both good and bad parts of the personality are felt to be lost, thus weakening and impoverishing the ego/sense of self. (p 9)

Step Two

The second step is to do with the unconscious pressure that is exerted during the interpersonal interaction. That is, the recipient of the projection feels the pressure to think, feel and behave in a way that is congruent with the projection.

Melanie Klein writes: "The need to control others can to some extent be explained by a deflected drive to control parts of the self. When these parts have been projected excessively into another person, they can only be controlled by controlling the other person." (p 13)

Both Ogden (1979) and Goldstein (1991) make the point that projective identification does not exist unless the recipient receives the projection.

Step Three

The third step of this process is to do with the projected feelings being reinternalised by the projector after they have been psychologically processed by the recipient.

This step has profound implications for therapy. Do we, as Neville Symington (1993) challenges, mess it up or are we able to be creative? Do our clients have the opportunity to reinternalise a different experience, or do they reinternalise aspects of themselves and us that they unconsciously experience as hostile?

Let us return to the examples I have already introduced, keeping in mind that the model does not tell the story. That belongs to the client.

For step one I go back to my example of feeling the sense of humiliation I experienced when thinking about sharing my work in supervision. Was this client projecting on to me this feeling of humiliation? Was it part of him that he was unable to feel, to see, to know about? The clue that this could be happening was it was not usual for me to experience humiliation in relation to my supervisor,

at this stage of my working life.

I thought about, and discussed in supervision, how difficult it was for this client to talk about his feelings and how part of his history indicated there could be a lot of pain. I recognised how he would go off into tangents, would say he knew he did that and laugh it off. When I reflected that back to him he would say something like, "Yes, I know I do, even my wife says I do," and the inquiry would go no further.

Was my reflection to him experienced as critical? Was it critical? As a defence against my own feeling, was I becoming the humiliating other that he could reinternalise? His internal critical mother?

Supervision had given me the opportunity to explore the feeling that was keeping me blocked, and to form a hypothesis that the feeling of humiliation, while having some stimuli within my own psyche, was probably that part of his experience that he couldn't tolerate, and may have been projecting on to me.

Then step two, to explore what was the client doing that might elicit this feeling in me that meant both he and I were acting out the powerlessness together, that I was part of his world, staying stuck?

His tangential responses would leave me feeling confused. I felt unsure of myself. And then had come this feeling of humiliation at the thought of taking all this to supervision. On reflection I recognised there was a certain look he gave me as we worked together, a look that in the session I had not consciously noticed. When I thought of it I would get the feeling that he expected me to be critical of him.

In the next session with this client, I was aware I was more keenly in touch with how he deflected any opportunity to talk about his feelings, until about halfway through when he talked about failing an exam and how that hadn't really mattered. Something in his expression changed. There was no longer the 'appealing look'. This time I gently encouraged him to stay with how it was to fail and he was able to start to share how he had felt ashamed, how he wondered what his colleagues felt about him.

As he continued to talk about failing he reflected how it reminded him of an early experience in his late teens when he had felt very humiliated in his chosen vocation and felt he was unable to move away from that particular situation.

I wondered to myself about earlier shame and humiliation he may have experienced – I might have experienced. The self exploration started again – the hidden memories and some of the feeling associated with those memories had become available to him. We were no longer acting out together the projective identification; we have come out of its shadow.

The third step didn't happen this time. He didn't reinternalise the powerlessness

– the humiliation. Rather he had started to have a sense of being able to tolerate the feeling, to feel it and start to talk about his experience.

In the example with my supervisee when she identified a powerful sexual feeling in response to her client, we talked about how her client's behaviour may have triggered this feeling in her, may have been an unconscious acting out of that part of her that she felt, for whatever reason, she could not tolerate.

My supervisee then said, "I think that it touched part of me that I guess is in all of us – that part that is sexually attracted to the same sex." She owned that part of her response belonged to her. She did not act out that response.

Recently, in Melanie Klein's essay *Our Adult World and Its Roots in Infancy* (1959) I was interested to read that, in relation to our early identification with our parents, an element of homosexuality enters into normal development. (p 252)

I thought of this supervisee and how her client may well have touched a primitive part of her that is not ordinarily touched. How important it was that she was able to talk about and be in touch with those feelings in herself. That her primitive self did not act out in an enmeshed way with her client.

William Goldstein (1991) differentiates between projection and projective identification by saying that: "In projective identification, the projector feels at one with the recipient of the projection. In contrast, in projection proper, the projector feels estranged from and threatened by the recipient of the projection." (p 155) In the example I gave earlier of John projecting anger onto his therapist, there was no coercion for the therapist to become angry.

Goldstein (1991) also wrote: "In essence, the distinction between projective identification and projection varies in accordance with the definition of projective identification"! (p 159)

I have wondered if a reason that we therapists have sometimes had difficulty in dealing with projective identification could be to do with the interpersonal aspect of projective identification that we can unconsciously act out.

Treatment and therapist projection

I realise as I write about Ogden's steps I am also writing as much about treatment as I feel I can. Each of us will have our individual way of working, based on our style and training. If we use the knowledge of this particular defence, it is important to develop in our own way.

Nevertheless I think it is important to consider the implications for the therapist who has deep unresolved issues and who may consistently act out projective identification in their role as a therapist. When this is noticed either in training or supervision then the benefit of therapy for that therapist needs to be discussed (Masterson 1993).

For example: a therapist who does not set clear boundaries re payment for therapy could be projecting into their client their own vulnerable self. Consistently not dealing with this issue could leave the therapist and client in a bind of the therapist's projection and client identification with that projection – rather than tackling the issue.

Or, a therapist who has a strong intellectual, or other type of defence, and thus has difficulty in expressing their own feelings, may project onto their client that ability and collude with what Winnicott (1965) would call false self expression of feeling. Which would mean the client acting out feelings with the coercion of the therapist supporting that expression of false self. The therapist would reinternalise false self expression of feelings and be safe.

Any impasse may need to be considered as a possible acting out of projective identification, initiated by the client or by the therapist.

Summary

In this paper I have wanted to bring out from the shadow of sometimes complex theory and complex human and therapeutic interactions, an understanding of projective identification and how projective identification can lead to countertransference. I believe, particularly with more disturbed clients, the understanding and working to change this interactive defence is often the substance of developing the therapeutic alliance with them. This phase of therapy can be a testing time both for our clients and for ourselves. We need to stay separate and therapeutic, allowing a 'different' experience for our clients.

I want to reiterate the unconscious aspect of this defence. Melanie Klein (1959) I think puts too much emphasis on the degree of intentionality of the coercive aspect of the projective identification. With comments like "They (the client) will find our vulnerable spots" or "They will seek out our Achilles' heel," we continue to do the same as I perceive Klein doing. Thus there is the potential to hinder us (and our clients) in our own inquiry, our own search, for that bit of us that does come into relationship with the other.

I could think of no better way to finish than to quote from the NZAP 1995 Conference: "Psychotherapists are being asked to be accountable; we strive to journey with integrity through worlds at once ephemeral and real. In the present climate we need to affirm the substantive, known tenets of psychotherapy, and explore the shifting, fleeting shadows. What is real and what is a distortion of reality? What is memory, what is suggestion? What is them and what is us?

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FROM THE SUBLIME TO THE SUBLIMATED: Mozart's Inner World

Annette Asher

Introduction

The paper is about Mozart's most symbolical opera *The Magic Flute – Die Zauberflöte*.

Mozart was most certainly the world's greatest musical genius and often the beauty and charm of his music is linked to what is commonly described as a happy childhood. He had a close and loving relationship with his parents – reflected in volumes of affectionate letters which passed between him and them. Compared to some great composers, who often seem to have lived unhappy, frustrating and occasionally mentally disturbed lives, without the benefit of supportive parents, Mozart's life was not at all bad, by 18th century standards.

However, the biographies of Mozart as well as the letters also reveal much that would cause us, as curious psychotherapists rather than as musicologists, to wonder whether all was as well internally as his music and his biographies suggest.

I suspect that what most of us hear in his music is mostly happiness, merriment, serenity, harmony and integration. But sadness is also a characteristic of Mozart's music and just occasionally we may hear something else – the intimations of darkness, tension, loneliness and even grief. We are captivated but also moved. His music touches something deeply inside us. We cannot help but wonder what his music tells us about his feelings and his internal life. Was that as harmonious and as integrated as his music seems to be?

Music however is a very complex form of creative expression. Given the trials and pitfalls of musical interpretation, the operas of a composer might be a safer bet for psychoanalytic hypotheses. Operas are stories about characters whose feelings and motives are described in words and who interact with each other in ways that we recognise and can understand. The notes of a score do not speak to us in quite the same way.

At this point I am sure that you will want to point out that Mozart wrote the music for his operas and not the librettos. And of course you are right. But he did choose the stories, selecting from amongst hundreds that he read, and with his earlier operas he had insisted categorically that he had a say in preparing the librettos. He certainly worked very closely with the librettist of *Zauberflöte*, Emmanuel Schikaneder, who was an old friend and a fellow Freemason.

There was an added reason for close collaboration between the two. There is quite

a lot of information in the opera about Freemasonry and its ideals. This was quite deliberate. They wanted to be quite sure the information was correct.

The likelihood that this opera might contain hidden meanings is apparent even after a first reading or hearing. It is packed with symbolism. Moreover, the story is full of puzzling inconsistencies and contradictions. There is also a complete change of direction in the plot. For the last two hundred years commentators have agreed on one thing – that the plot was dramatically changed when Mozart was almost halfway through writing the music – though they disagree on the possible reasons. No one has yet come up with a generally accepted explanation for the change. It is as if the first part of the story and the way that some of the principal characters come across in it, doesn't match up in any logical way with the second part.

As music lovers we may not be too bothered by such matters. Nor might we be bothered by the opera's shameless sexism and racism. The fact that it remains so popular today despite such handicaps is a tribute to the genius of Mozart. It may also be a reflection of our awareness that, like any great work of art, it makes a statement about the artist's search for truth.

As psychotherapists, the contradictions in the opera will certainly have caught our eye, or our ear. We will most assuredly be asking ourselves what it all might mean, internally speaking, much as we ask the same question when considering the sometimes conflicting statements in a patient's account of his or her life.

Might it be the case that, if we look closely at the story and the characters of *Zauberflöte*, we might learn something about Mozart's inner world – about his internalised object relationships? Is it possible to understand this sublime musical creation as the very successful sublimation of otherwise inexpressible prohibited unconscious feelings and conflicts?

Therefore, I propose to look briefly at some of the facts about Mozart's early childhood and his growing up and to make some hypotheses about how some of his experiences may have helped to shape his unconscious. I would then like to explore the story and characters of *Zauberflöte*, to see whether they also can be understood to have relevance to Mozart's inner world.

Mozart's childhood and adolescence

Mozart was born on 27th January 1756. He died at the age of 35, after a life marked by many illnesses. He had been a small frail baby, over whom his parents fretted. He was their seventh child and only one other had survived, his older sister by five years, Maria Anna, known as Nannerl. Like her brother, she was a talented musician from an early age, also something of a child prodigy, though she never had the same range of musical abilities, nor the compositional genius of Wolfgang.

The marriage of their parents is described as a happy and united one, despite the hardships of a small income and the personal tragedy of losing so many children. In that age, infant mortality was very high, though this would not necessarily mean that the deaths of their children would be any easier for the couple. It might mean that they could have been very anxious through Wolfgang's infancy, especially as he was not robust.

There is little documentation of the first couple of years. Almost the only clues we have about this early period, and the possible state of his internalised object relationships, are the stories, well-documented, of his intense need for reassurance that he was loved. Retrospective evidence may also be present in the fact that he remained very dependent on his father's approval.

Wolfgang's parents were quite opposite in temperament. His mother, Anna Maria, is described as very musical, compliant, good-natured, full of gaiety and of a loving temperament, especially to her children. Leopold was very different. He was an austere man, a stern disciplinarian. He had studied theology, logic and law at university, before turning to music as a full-time career. His own musical ambitions were totally sacrificed once he realised his son's genius.

Wolfgang's musical talent became obvious at a very early age. Leopold took over his education and all other aspects of his life when his son was three. As the extent of his genius became apparent, Leopold drew up a rigid and systematic plan for Wolfgang's musical development as well as for his exposure to the world. This plan was strictly adhered to. There were no holidays, no time out. The only interruptions were those enforced by Wolfgang's frequent illnesses. Then Leopold could hardly wait for his son to be well enough to return to his lessons, and to performing publicly.

When Wolfgang was six, Leopold organised the first of many tours for the family. The aim was to give the children wider exposure as child prodigies. They were already well known in Salzburg, where the family lived.

This first tour, to Munich, lasted only a few weeks but was followed in the same year (1762) by a much longer tour to Vienna, lasting four months. It was an arduous trip, not just because of the long detour they made to reach Vienna. The hardships of coach travel and cramped inn accommodation, plus the stresses of performing several times a day, at different venues, took their toll on the children. After three months, during a cold December, Wolfgang fell ill. Smallpox was feared, as it was prevalent in the city. It turned out to be scarlet fever. As soon as he recovered sufficiently, his father took him on a long cold journey to the Hungarian border, where Wolfgang had been invited to perform for a group of nobles. When the family returned to Salzburg in time for his seventh birthday, the pace didn't slacken.

By now, Wolfgang was performing his own musical compositions regularly. The

winter was severe and performances meant that he was often out in bitter weather. Not surprisingly, he became ill again, this time with a bad attack of rheumatic fever.

Six months after returning from Vienna Leopold took the whole family off on the first of their grand tours of Europe (1763 – 66). This one was to last three and a half years. The itinerary included Germany, France, Belgium, England, the Netherlands and Switzerland. It was in The Hague, towards the end of 1765, that Nannerl, now fourteen, became very ill with typhoid fever and almost died. As she recovered, Wolfgang went down with the same illness. The previous year, in Paris, he'd had a bad attack of quinsy.

At this point, we might wonder what Anna Maria felt as a mother, especially about her children's health and welfare. If she voiced her concerns they have not been recorded. Certainly they did not affect Leopold's plans. His domination and control of family life, even down to domestic arrangements, meant that she had no real sphere of influence, especially with regard to the children. We do know that Nannerl resented all the attention her younger brother had. But it was a questionable attention, since he never had a moment to himself for almost twenty years.

In Wolfgang's eleventh year, when the family were again on tour, this time for two years, he and his sister both caught smallpox, during an epidemic in Vienna. This time it was he who almost died. His face remained pockmarked for the rest of his life. He had barely recovered when he staged the first ever performance of an opera by himself. This was the comic opera *Bastien and Bastienne*. It was a great success – he was twelve years old. In the following year, 1769, he and Leopold set off on another grand tour, this time without his mother and sister. This tour also lasted two years and covered much of Italy.

He and his father had barely returned home when the second Italian tour was undertaken, in 1771. By now, at the age of fifteen, with his own published compositions numbering over one hundred, Wolfgang was receiving a steady stream of commissions. At the age of sixteen he was appointed leader of the court orchestra in Salzburg. During the summer and autumn of this year he composed seven symphonies, four divertimenti and six string quartets, before setting off with Leopold on the third Italian tour. On returning to Salzburg he suffered a serious illness, most likely viral hepatitis.

I hope I have said enough to make you wonder, as I have, whether – and if so, how – the experiences of illness and travel affected Wolfgang's internal world. I have spoken of only major instances of illness and the major travel events. Wolfgang was always frail, right up to his premature end. He had numerous respiratory tract infections, often contracted during the strenuous tours. He had recurrent attacks of rheumatic fever and in his twenties he suffered from kidney troubles. There were endless minor ailments, no doubt also brought on by the

stresses of the life he lived. We must include in those stresses the constant seeking to ingratiate himself and his family with some or other potential patron.

Remember too, that in the eighteenth century medical science was hardly sophisticated. In his final illness, probably rheumatic fever, when he was in almost constant pain, the treatment prescribed and carried out by his medics was enough in itself to bring on serious heart failure.

There is one more period in Wolfgang's life that I need to mention. You will have noticed that the strict programme of training and tours continued through his adolescence. From his earliest years Wolfgang had always worshipped his father and had never questioned Leopold's rigid regime. In his adolescence Wolfgang's life continued to be dominated by the dictates of his father. He was given no choice, and as far as we know he did not express any wish for his life to be different.

But around twenty-one something began to change. He was still living with his parents, apart from occasional journeys to perform in other cities. So far he had not had any noticeable romantic attachments. Suddenly, what seemed like a delayed adolescence hit him. He discovered girls, parties, dancing and billiards. He became impulsive, fun-loving, high-spirited and music became secondary for the first time ever. He offended his father constantly by his fecklessness and by his coarse sense of humour. For once, he was out of his father's control. All this sounds fairly normal, though twenty-one does seem a little late in the day.

The rebellion of his twenty-first year was not a strong one. It did not totally disrupt Wolfgang's musical career. He soon knuckled under to his father again, and did not proceed with the romance he was pursuing at the time and which his father thought totally unsuitable. There was a later rebellion, in his mid-twenties, which was more successful. He became engaged to and eventually married Constanze Weber, much against his father's wishes.

Earlier in the same year (1781) he had also defied his father by leaving the service of the Prince Bishop of Salzburg and settling himself in Vienna. Perhaps 'defied' is the wrong word. Even while making these more successful bids for independence Wolfgang could not bring himself to speak angrily or even directly to Leopold. At no time did he tell his father just how much he disagreed with him, or was fed up with being told what to do. The words he addressed to Leopold were totally conciliatory. He kept up a long campaign to win his father over and to persuade him that he was really doing what Leopold would wish him to do. There was also much flattery of Leopold and a constant attempt to appease the outrage which Leopold expressed at his actions.

Of course, he did know how much he owed his father, and he was genuinely grateful to him. It may have been difficult for him to handle any negative feelings he might have had towards Leopold because of this, especially if the positive

feelings he had amounted to an idealisation of his father, and therefore of his father's power. In passing, we might note that Wolfgang's departure from the service of the Prince Bishop of Salzburg, after heated words between the two, was an acting-out of his resentment against his father, which he could never bring himself to express directly.

There is much less material to draw on when we begin to look at Wolfgang's relationship with his mother. He knew that his birth had been difficult and that his mother had almost died in the process. His susceptibility to illness, and the child-rearing practices of the day, may or may not have coloured the image of his internalised mother. His real mother may have had little to do with his babyhood. We know he was not breast-fed by her. Nor was he given to a wet-nurse. As a baby, he was fed on a thin gruel of barley or oats, most likely given by a nurse-maid, as the Mozarts most certainly had domestic help. We have speculated that his weak constitution in infancy may have made his parents extremely anxious. We know they fretted over him. They may have been over-protective as a result. In which case his internalised objects may have been intrusive and overly powerful.

Remember too, that five infants had died before Wolfgang's birth. It is possible, some would say probable, that their deaths had a place in his unconscious. It is believed that, in the internal world of children whose siblings have died even long before their own birth, the deaths may appear as punitive attacks from wicked split-off internalised parental images. This could create a great deal of anxiety indeed about whether he was loved or not.

In adult life, Wolfgang was a very loving son and he was greatly distressed when his mother died while the two of them were on tour in Paris, in 1778. Wolfgang, who was twenty-two at the time, was quite unable to write to his father to tell him of Anna Maria's death. He wrote to a friend in Salzburg and asked him to inform Leopold. We will return to this curious behaviour later.

Let me then pose the questions which I believe arise, but are not answered, by a careful reading of Mozart's life story, undertaken as psychotherapists rather than as music lovers.

What effect did Leopold's excessive control and domination have on the internal world of his son? What effect did the life-threatening experiences of illness have, when they directly arose from the stresses imposed by his father's demands on him? What effect did it have that Anna Maria never intervened to protect the children, that she was so passive in the face of her husband's obsessive programme?

Does it all mean that, in Wolfgang's internal world, the ambivalence towards his parents remained strong even into adult life? An ambivalence that was repressed, unconscious, but nonetheless expressed indirectly in his need for reassurance, his

inability to express anger and his continuing dependency on his father's approval? If this was the case then might we not expect to find evidence of the presence of conflicting images of father and of mother – images that reflect such unresolved ambivalence?

Could we expect to find one image of father that reflected Wolfgang's positive feelings – the good, loving, powerful and idealised father to whom he owed everything, the wise and all-knowing father who guided and arranged his life from the highest of motives? The other image a very bad father indeed – also powerfully idealised, but on the negative side – an unjust ruthless tyrant who controlled his life totally, put his life at risk, left him no choices, a cruel taskmaster who snatched away his freedom and forced his son to follow in his footsteps?

Could we find the images of mother also conflicted? One image that of the good idealised powerful mother who had given him life and the ability to survive its hardships, whose love had protected him when he was most in danger. The other image, that of a very bad mother indeed, who deserted him, let the tyrant father take over his life, who was powerless to rescue him and indifferent to his fate. With these questions in mind we shall now turn to *Zauberflöte*.

The story and the characters of *Zauberflöte*

The Magic Flute is a comic opera but it has a very serious side which is announced in the opening bars of the overture. The characters often pause in the action to declaim on moral standards and behaviour and the major theme of the opera is that the pursuit of knowledge and truth is mankind's highest duty. This theme, and a secondary theme about equality and fraternity, were beliefs central to Freemasonry at the time. The opera is clearly an attempt to win some support for the Freemasons, under attack from the Catholic authorities who saw them as subversives.

The story, originally drawn from a number of sources, including oriental and German fairy stories, is very like any good pantomime and includes a monstrous serpent, a wicked witch and a powerful, good magician. There is also a prince and a princess. As you might expect, the story is about all the problems they have in getting together. The most obvious symbolism in the story is about good overcoming evil.

A brief synopsis: Prince Tamino, a youth lost while hunting in a forest, is saved from the huge serpent pursuing him by three female attendants of the Queen of the Night. He learns that the Queen's daughter, the Princess Pamina, has been abducted by a wicked scoundrel of a magician called Sarastro. Seeing her portrait, the Prince falls in love with Pamina. He agrees to rescue her after the distraught Queen tells him the story of the violent abduction. The Queen provides Tamino with a magic flute to protect him from danger and she also provides three

boys to guide him on his way. Papageno, bird-catcher for the Queen, is also sent along, to provide companionship for Tamino, as well as light relief.

After a comical and tuneful skirmish between Papageno and Monostatos, the black slavemaster of Sarastro, Tamino eventually meets up with Sarastro, is given a very different account of the reasons behind the abduction and is told that the Queen of the Night is an evil woman. It is from here on that the story has obviously been changed. Tamino now perceived Sarastro as a good noble and wise man – after all, he is the high priest of the temple of the sun, he has come on stage in a triumphal chariot drawn by six lions, and the gathered populace keep singing his praises. In the eyes of all, he represents wisdom, piety and virtue.

Tamino and Papageno are taken off, to begin undergoing the trials and purification they must have, if they are to become initiates in the priesthood of the sun. It is made quite clear to Tamino that he must go along with this if he values his life and wishes to see Pamina. Not that he is given any choice in the matter. Tamino successfully resists the temptations in the first trials and Pamina is allowed to join him to face the final ordeals of fire and water. At Pamina's instruction Tamino plays his magic flute and together they pass safely through.

The Queen of the Night, now unmasked in her wicket plot to overthrow Sarastro and take over his power, is forced back into the bowels of the earth – into eternal night – together with Monostatos and her three ladies. Blinding sunlight illuminates the stage. Sarastro and his priests give thanks to the sun for driving away the evil powers of darkness.

The characters: Papageno is the bird-catcher of the Queen of the Night and his appearance is quite amazing. He is covered in feathers. He is the funny man of the opera – there to amuse the plebeian audience who might otherwise become bored. He is a compulsive talker with quick wit. He is always ready to fool around – he doesn't take life at all seriously. He is also a terrible coward, all too ready to lie, to prevaricate, to run away, to avoid any dangers including the danger of self-examination. He is not the least bit interested in truth or knowledge. All he wants is a lovely little wife to tend to his needs, a life of pleasure and ease. So his costume also tells us this – that he wants to flit through life like a bird.

We might say then that he is an undeveloped man, one who has no interest in facing up to the responsibilities of life. As long as the Queen provides him with good food and wine, he is content. He is horrified to be sent on such a perilous journey with Tamino. His presence often proves a handicap and an embarrassment to the prince. But despite his cowardice, Papageno does have some scruples. He endears himself to us by the way he makes fun of the serious and often pompous priests. Being a servant, and unable to resist temptation for long, Papageno doesn't make it into the priesthood as Tamino does.

His counterpart in the story is Monostatos, the black servant and Slavemaster of

Sarastro. Monostatos is also a comic role – mainly because his lustful designs on Pamina are always foiled, to his own cost. He is, we might say, further along the continuum towards id, than Papageno. He is all desire and he has no scruples at all. His whole being is driven towards satisfying his sexual and aggressive needs, and he has no other way of achieving these except directly. In other words, he has no capacity to sublimate or otherwise deal with his drives. His tolerance of frustration is very low and pushes him to recklessness. He is found out and eventually banished by Sarastro. Therewith he goes off to offer his services to the Queen of the Night.

One of the curious questions about Monostatos is why Sarastro took him on in the first place. Or perhaps that's a curiosity about Sarastro. However, Monostatos does serve one major function in the story – to highlight the theme of good conquering evil. This is also achieved by the symbolism of colour (and I'm sorry to say that the symbolism hasn't changed in two hundred years). Black represents evil, darkness, lechery, baseness and ignorance, according to this symbolism. And white represents goodness, knowledge, light, nobleness and pureness. Monostatos hasn't a show in his attempts to be someone – even Papageno can overcome him (with a little help from the magic chime of bells he has received from the Queen of the Night).

Sarastro is the antithesis of Monostatos. He is the powerful good wise High Priest of the temple of the sun. At least, that is how he is presented once Tamino reaches the temple. It is only then that we learn that Sarastro is not the evil tyrant described by the Queen of the Night. He tells Pamina that she could not be left in her mother's hands, for then she would be robbed of her happiness "... a man must guide your heart for without a man a woman would not fulfil her aim in life".

A little later, Sarastro tells his priests "The gods have destined Pamina, the virtuous maid, for this gracious youth. That is the reason I took her from her arrogant mother. That woman imagines herself to be great and hopes by deception and superstition to ensnare the people and destroy our strong temple. That she shall not do".

Sarastro is now represented as the embodiment of enlightenment, and the Queen of the Night now represents continuing ignorance. We learn that the temple of the sun contains the shrine of light, i.e. truth, and that all who wish to acquire reason, virtue and wisdom have to take the difficult and frightening path of initiation that leads to the shrine – as Tamino must do.

At this point the changes in the story are very obvious. We are left wondering about a great many questions – not posed and certainly not explained or answered in the opera. For example, what has happened to Tamino? His aim was never to become an initiate. All he set out to do was to rescue Pamina and return her to her mother. Somewhere along the way, never explained, is his transition from the

accuser of Sarastro to his admirer, and his transition from the willing believer of the Queen of the Night to a most scathing and dismissive critic of women.

Tamino does not say that he wants to be an initiate. He isn't given the choice. Sarastro has long since decided that Tamino **shall** be initiated. Sarastro's behaviour towards Pamina is equally questionable. He tells her plainly that he will not give her her freedom. We might add that the violent abduction was hardly the action of a wise and humane father figure. Furthermore, it is Sarastro who decides what Pamina's happiness is to consist of. Significantly perhaps, Pamina never expresses gratitude to Sarastro for any of this. In fact, once we begin to look beneath the words of acclaim, there are many weak points in the character of Sarastro. The wise pronouncements he utters, in his deep and resonant bass voice – itself a powerful symbol – do not fit with his conduct. Even if we believe his abduction of Pamina was done for the best and most loving of motives, his execution of it was unforgivable. And what about his entrance on stage, to confront the terrified youngsters – "in a triumphal chariot drawn by six lions"? Doesn't this give the lie to all his talk? Isn't this a blatant and grandiose display of power totally unfitting a man of wisdom and virtue? And what about all his talk of fraternity, and of men loving their fellow men? Sarastro has slaves and does not hesitate to use his power to enforce his wishes. Nor does he hesitate to behave cynically and punitively towards a menial who is already disadvantaged by his colour, Monostatos, who is certainly, like the slaves, **not** treated as an equal. Sarastro is the major puzzle of the opera – perhaps things aren't as black and white as they seem?

The Queen of the Night is also a puzzle. She is initially presented in a sympathetic light as a distraught grief-stricken mother who fears for the safety and welfare of her missing daughter. It is her attendants, the three ladies, who save Tamino in the opening scene of the opera. It is the same three who punish Papageno, a little later on, for telling lies. This surely indicates that the Queen values truth. Remember too that the Queen gives Tamino the magic flute, to help and protect him on his dangerous journey to find Sarastro and rescue Pamina.

When the Queen is later presented as the wicked witch of the plot, we are left with the contradictions about her initial goodness and about her gift of the flute. It clearly is good, yet it is given to Tamino by the Queen who is now bad. There is also the anomaly of the three boys, provided by the Queen to guide Tamino. The boys are definitely good. They help Tamino and Papageno whatever the situation, and they also help Pamina to survive her suicidal despair later on. In a brief discussion with her daughter Pamina, the Queen reveals the source of her hatred for Sarastro. It turns out that Pamina's father was Sarastro's predecessor. Sarastro inherited from him the seven-pointed solar orb, worn on the High Priest's breast. It is the orb which gives Sarastro his supreme power. The Queen of the Night desires it for herself. She believes she should have had it when her

husband died. But he, like Sarastro, believed that "knowledge was beyond a woman's comprehension. The duty of a woman was to entrust herself to the guidance of wise men". This was certainly the belief of Freemasons in the eighteenth century. In the last part of the opera, the Queen demands that her daughter stab Sarastro. If Pamina does not obey her, the Queen will abandon her daughter forever. In vain, Pamina protests. The Queen sweeps off leaving her daughter in a terrible state of conflict and distress. She loves her mother and has looked to her for rescue, protection and guidance.

Here then, is another character ambivalently presented. We have been told that the Queen is bad, and we have observed her badness. But in the first part of the opera we observed that good things came from her, including the magic flute itself. So – we have a bad mother who is also good, and a good father who is also bad.

Tamino, the young prince, is also introduced to us in a way that invites analytical interpretation. Throughout the opera he is referred to as a youth – in German, Jungling. If we are in any doubt just where he is, developmentally speaking, the stage directions for his entry at the beginning of the opera make this quite clear: Tamino carries a bow but there are no arrows in his quiver. When he meets the Queen and agrees to rescue her daughter, he has no idea what lies ahead of him except that he must confront the wicked Sarastro and persuade him to give Pamina up. What happens is quite different. He quickly sees he hasn't a show of persuading Sarastro to do anything. He has to submit if he is to survive. Even the old priest he first meets outside the temple, and who appears so reasonable, makes a veiled threat as to his fate if he doesn't do as he's told.

Tamino's trials and ordeals in the latter part of the story become an allegorical journey into manhood. He learns to withstand temptations, face his fears, endure uncertainty and loneliness. When he successfully comes through it all he becomes one of the chaps – fit to take his place in the world of enlightened adults. In the final scene of the opera he and Pamina are seen dressed in the white robes of the priesthood.

As we have seen, Tamino is not wholly consistent. His initial support for the Queen of the Night evaporates instantly when Sarastro appears. Later, he further allies himself with Sarastro by making statements about the lying tittle-tattle of women and the feebleness of their minds. Yet it is Pamina who takes him by the hand and leads the way into the ordeals by fire and water – and Tamino trusts her implicitly, even though she is but a feeble woman.

Pamina is the most straightforward character in the opera and she seems to know what is right and what is important from the outset. When she and Papageno have been captured trying to escape and are about to face Sarastro to explain themselves, Papageno asks her what on earth he should say to this terrifying

person. In a line which has been described as one of the great affirmations of all music, Pamina answers: The Truth, the Truth, Even if you are Guilty.

Perhaps one thing that strikes us, about both Pamina and Tamino, is that neither of them have any say in their destiny. They are swept up into other people's ambitions. We don't even know if they manage to get together sexually or not, in the end. They are both accepted into the priesthood, but this only seems to mean more rituals and a very proscribed way of life, however enlightened. They are now to live out their lives as Sarastro ordains. I suggest that there is more to this so-called happy ending than meets the eye.

And, what is the magic flute itself, surely as powerful a symbol as any in the opera? Is it a phallic symbol, given by the mother to the son? What do mothers give their sons to help them become real men, strong but loving, able to deal creatively with their powers and passions and to find a safe and satisfying way through life?

Tamino does not abuse the powers of the flute. He plays it only when he needs protection, comfort and encouragement, or when he needs to retain hope in himself and faith in his endeavour. At one point in his journey, alone and despondent in the forest, he plays the flute and immediately all kinds of wild animals come out of the undergrowth to listen. At another stage, threatened by the lions of Sarastro during his trials, he plays the flute and the lions withdraw.

It does appear then that the flute is what gives a man courage, helping him to overcome his fear, but also helping him to tame his own unruly passions – represented by the wild animals – giving him self-control and gentleness. The flute is a sign of the real strength of manhood, a true phallic symbol. I believe the flute stands for the harmonious and creative expression of our libidinal energy and natural aggressiveness. I'm quite sure that this is part of what good parents give to their children.

Interpretation

Mozart wrote *Zauberflöte* in the summer of 1791, the year of his death. He had completed it, except for the overture and march of the priests, when in mid-July, he received a commission for another opera, *La Clemenza di Tito*, written in August and first performed early in September, in Prague.

Mozart returned to Vienna in mid-September, wrote the Clarinet Concerto (K 622), completed *Zauberflöte* and supervised rehearsals before the premiere of the opera on 30th September, which he conducted. The opera was an immediate success. During the first two weeks of the production he went to the performance almost every day. Two months later, on 5th December 1791, he died.

We do not know if Mozart had any awareness during that summer that he had not long to live. He was far from well, his friends were concerned. But he did not

slacken the pace of his working life. He had been composing almost constantly during this year. Since the end of March he'd been overwhelmed with commissions. He did not need to write *Zauberflöte* for financial reasons, though he would certainly earn well from it.

He began work on the score as soon as he received the original libretto. That the opera was special to him is reflected in something he said on his deathbed: "if only I could have heard my *Zauberflöte* once more".

I do not believe that the libretto of this opera was accepted by Mozart purely by chance. I do believe that there were unconscious reasons for choosing it, whatever the conscious ones – and it is generally agreed that his membership of the Freemasons was a major conscious factor.

It is my hypothesis that the story of *Zauberflöte* is the story of Mozart's unconscious, of his inner life and world, peopled by the internal representations of his significant objects – his parents and himself. All the inconsistencies and contradictions in the story and the characters can be understood if we see them as the evidence of the difficulty we all have in coping with good and bad co-existing in the same person. Especially if we see *Zauberflöte* as a reflection of the difficulty of a small child in coping with the 'goodness' and 'badness' of a parent and of himself.

I think that Sarastro is Wolfgang's internalised father. Leopold, the father in reality who controlled his life for so long, was also dedicated to a higher end and he pursued it no matter what the personal costs to his family. To a young child, perhaps especially to one who adored and idolised his father, he could also be experienced as a powerful tyrant whom nobody questioned. The ordeals that he put young Wolfgang through almost cost the latter his life – in the end did claim his life prematurely.

Just as few seem to have noticed this darker side of Leopold, so Sarastro's dark side is totally ignored (or perhaps denied?) by everyone around him. Having forcibly wrested Pamina from her mother he totally ignores her distress and refuses her freedom, mapping out her future according to his own priorities. It gets worse. Despite all his talk of friendship and of acting in the name of humanity, Sarastro is quite prepared for the two young people, Pamina and Tamino, to lose even their lives in their journey to enlightenment – a journey that he, and not they, has decided is supremely important.

Sarastro addresses his gods: "if they should meet with death, reward their virtuous bravery and admit them into your dwelling place". This is surely taking the search for truth a little too far? The high-minded ideals of Sarastro, and his certainty that he has the right to pursue them whatever, cover something that could be described as ruthlessness. Isn't this all rather like the goals that Leopold set for Wolfgang and Nannerl and which he pursued with a single-mindedness

that put the lives of both children at risk?

The Queen of the Night has to be Wolfgang's mother. In the eyes of her young children, of course, every mother is a Queen – beautiful, powerful and rich. While we are still toddlers, frustrated by helplessness and impotence to control the world, mother appears to us as absolutely powerful, magically in command of all events and all resources around us, her insides an imagined treasure house of fecundity.

Initially in the story, the Queen is a good caring mother longing for the return of her daughter. We hear too that Pamina loves her mother and wants to return to her. She says to Sarastro "To me, the sound of my mother's name is sweet". Remember too, that the Queen and her attendants have punished Papageno for lying and have given good magic to Tamino and Papageno.

The Queen's failing is that she loses interest in the welfare of her daughter and abandons the two young people to their fate, becoming increasingly powerless as they journey further onwards. Or is it that she simply does not use the power she is endowed with? Like Wolfgang's mother she seems to opt out. No, not quite. The Queen provided Tamino with three guides at the beginning of the journey. The three boys stay close and are on hand when things get tough in Sarastro's temple. But they now seem to be serving Sarastro. Yet another inconsistency that is not explained. But perhaps it does indicate some union or connection between Sarastro and the Queen?

Wolfgang's feelings about his mother were only ever expressed in loving terms, as far as we know. His love for her has to be accepted as fact. But what of his curious behaviour when she died and he could not bring himself to write directly to his father? Was it guilt? Did he fear his father would blame him? Did he blame himself for occasionally, in his innermost world, wishing his mother dead?

In that inner world perhaps she had been experienced as a very bad mother. She had failed to save him from his father, she hadn't used her power to intervene in her husband's strict and obsessional programme. She hadn't saved him from the terrors of illness that stemmed from his father's constant demands. How does a small child handle such wicked thoughts and such ambivalent feelings? Initially, by splitting – by keeping his bad mother quite separate from his good mother – two distinct people.

Eventually he recognises that the bad mother (whom he wishes to destroy) is the same as the good mother (whom he loves and needs). This is what we describe as the stage of whole object relations, when the child can integrate good and bad into a whole person. It also involves the child's recognition that the bad mother's 'badness' was really to do with his own frustration (and the bad feelings arising from that) – projected onto her. In later life if all has gone reasonably well, we can allow ourselves to be aware of our mixed feelings towards others. There is

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no longer the extreme ambivalence, which initially demanded a splitting defence.

It has to be said that the opera is not really a fairy story, or a real pantomime. This is partly because the characters of the Queen and Sarastro are neither purely good nor purely bad. They are both good and bad. There is no separate character who is pure good mother (such as a fairly godmother) and there is no separate character who portrays a purely bad father. The Queen and Sarastro have to contain both aspects within themselves, even though our awareness of this may not be always conscious.

Tamino naturally is Wolfgang, and I'm inclined to think that Pamina is also – the feminine side of himself. The story of their journey, and the ordeals they must go through to reach the shrine of light, and to be united together, is the story of Wolfgang's life. Papageno is also Wolfgang – the fulfilment of his wish to be free as a bird, to be free of the responsibilities his genius had laid on him. Papageno is not "chosen by the gods". Unlike Tamino, he has no destiny to fulfil. As Papageno is a companion to Tamino, an associate, this signifies that he is not really a disowned and split-off part of the self. Wolfgang was presumably quite aware of this aspect of his character.

Monostatos expresses a more deep-seated wish – one which has to be firmly split-off and dissociated from the self by the dramatic trick of giving the character a black skin. Presumably Wolfgang had no conscious wish to own the lustful Moor in any respect, yet he unconsciously recognises that the character has something to do with himself. The presence of Monostatos in the story gives us all a chance to project our own sexual desires and frustrations onto someone else.

If the major characters of *Zauberflöte* are the principal characters of Mozart's inner world – the representations of himself and his parents – then the significance of the number three, recurring throughout the opera, takes on a psychological meaning. Three ladies, three boys, three slaves, three temples, three important chords – repeated in the overture and again later in the opera – three trumpet blasts.

I think Mozart changed the story to make it fit more closely his own internal life-story. He had recognised unconsciously that the unchanged version had meaning for him. But if he was to tell the truth about his internalised objects, if he was to reveal that he ambivalence was still extreme, his internal parents still powerfully good and bad – as like as not to be magically helpful as they were to be murderously indifferent to his true welfare – then he had to reflect this in the appropriate characters.

Let us return to the apparently happy ending of the opera, the scene of blinding sunlight. Tamino and Pamina are now standing amongst the ranks of the priesthood. All are dressed in white. The stage directions call for Sarastro to take

an elevated position. I think that, far from being a happy ending this is the ultimate white-out – or should I say, whitewash. We get the distinct feeling that these two young people are now prisoners, as colourless as the other priests and as totally identified with Sarastro. I think the unconscious message is that Mozart felt that he never really escaped from the power of his internalised father and that this father had killed off a vital part of his being.

Erna Schwerin writes (of Wolfgang) "the transformation of infantile narcissism into normal self-confidence seemed always to be limited to his sublime gifts as a composer and musician. In his personal relationships he had an almost insatiable affect hunger, needing to be loved and praised. When in his later years the pressures of daily living increased and he had to cope with the frustrations of fruitless efforts for a position outside Salzburg and his father's recriminations and projections, his coping skills became adversely affected, and his high spirits were unconsciously placed in the service of denial to fight an underlying depression and narcissistic depletion".

The opera also pays a tribute to his real parents, who had sacrificed much to give him all the help they could.

The magic flute had come to Tamino from the Queen. It is only near the end of the opera that we learn of its origin. It was the Queen's husband who had "in a mystical hour, hewed it from the depth of the thousand year old oak, amid thunder and lightening". Whether we regard this as a reference to conception or not, clearly both parents are involved in the gift of the flute to Tamino. Both parents had given Wolfgang life and talent and the chance to develop it. Their unity had also protected him safely through the vicissitudes of oedipal conflict. It was through his musical genius, given by both parents, that he could make his own statements about truth. And it is thanks to his musical genius that he could face the approach of his own death. Music would make him immortal – he would join the gods. But more than that, it would help him to endure the process of death. Pamina says to Tamino as they prepare to enter the ordeal by fire:

> "Come now and play upon the flute.
> It will shield us on our fearful path.
> We walk by the power of its music
> Joyously, through death's dark night."

However questionably we regard some of the values implicitly expressed in *Zauberflöte*, we have to admit that, musically speaking the opera is a triumph of harmony and integration, and this is the lasting impression it makes on us all. Anthony Storr, in *The Dynamics of Creation* says, in respect of any serious work of art, "its function as a reconciler of opposites and as a bridge between outer and inner worlds should be the aim of the artist". (p 274).

Whether *Zauberflöte* does reconcile the opposites I leave to you to decide. I do

believe the opera serves as a bridge between the outer and inner worlds, our own as well as Mozart's. We all know that good and bad, loving and hating, ruth and ruthlessness, feminine and masculine, exist in us all. What most of us don't share with Mozart is his genius for sublimation.

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SOME THOUGHTS ON THE PROCESS OF IMMIGRATION

Olli Anttila

Introduction

> An Indian man sits quietly in the Heathrow Airport Terminal.
> He seems to look at something inside himself and his eyes
> are empty, inward looking. After a couple of days the
> terminal staff starts to notice him and ask what is he doing,
> why does he not go out and leave the terminal like all the
> other passengers? He answers that he has flown from
> Bombay to London and is now waiting for his soul to arrive.

I suspect this is true for all immigrants. For some the soul never arrives. In many cases it takes three generations to become a full member of the new society, to be fully born into it.

Throughout history human beings have moved from place to place. Very few people in modern times are ab-originals, people who have been there from the beginning. Numerous studies have approached immigration from the viewpoint of politics, culture, religion, sociology, and economics. It has been only recently that the subject of immigration has become the focus of health professionals and psychotherapists. So far surprisingly few psychoanalytical articles have been published about immigration and its hidden unconscious meanings.

Freud's metaphor

Sigmund Freud had a metaphor for an individual human life as a migration of peoples. When a tribe or nation move on their way to a new area, there are some particular places where the whole group has to stop. These can be natural obstacles, river crossings, battlefields, or very good areas to live. Wherever the nation stops for a longer period of time, some families from the group decide to stay while the main group continues its migration further on. When there is a major obstacle or crisis confronted by the main group, it withdraws along its previous route and stops at those spots where a part of the group had settled to live earlier. Freud called these points fixation points and he used this metaphor to characterise regression, that is a return to an earlier state of functioning.

This metaphor is not only helpful in describing the processes and vicissitudes of human life, it is also helpful in describing the immigration process itself.

Conscious and unconscious fantasies

When people get to the point of immigration, they have certain fantasies about

the new country. It is almost always seen as a better place to live, the land of milk and honey, the promised land. It is the place where life will be as it was thought to be, the land of harmony, success, prosperity, beauty and peace. God's own zone. All the people in the new country will be welcoming of them and they will experience a boost of internal and material growth. In general, the new land is a place where the problems experienced in the old country cease to exist and a new, better life starts. The new land is the land of hope where the nurturing earth mother will take care of her (new) children.

On a deeper, unconscious level the new land represents forbidden knowledge. In the myth of Eden, Adam and Eve go to a new zone and eat from the tree of the knowledge, and their eyes open. Consequently they are expelled from the paradise. The voluntary immigration to a new zone turns out to be an exile.

In the Oedipus myth the baby Oedipus 'immigrates' to a new country. When he grows, he wants to know the truth about his life, and visits the Oracle in Delphi. The Oracle tells Oedipus that he will kill his father and marry his mother. To avoid this terrible fate, Oedipus emigrates again. On the road, without knowing it, he kills his real birth father, Laius, and then struggles with the Sphinx, who asks him a riddle. Oedipus has the answer, beats the Sphinx, and wins his birth mother as the prize for liberating the town from the terrible Sphinx-monster. In his new place, as the king of Thebes, married to his mother, Oedipus rules, and procreates several children and for a while everything seems good. Then, odd things start to happen in Thebes. There is a pestilence, people die and become disturbed. Oedipus needs new knowledge, which leads to the realisation of the incest and hence to the destruction of his life to that point. He blinds himself. The ability to see the world is taken away, and, at the same time, his ability to see inside, his insight, increases. Oedipus pays a high price for his knowledge – essentially, for his growth.

When Abraham, the Patriarch, leaves Ur, the city of his ancestors to emigrate with his people in search of the new promised land, he responds to the call of God. He wants knowledge, and he is called to pay a high price too. God tempts him and he is called to sacrifice his own son, Isaac, until eventually God intervenes.

It seems to be in our unconscious that curiosity and sin are equated. Curiosity is a forbidden proclivity and to be inquisitive and to desire new knowledge is in a way a sinful act. The Biblical meaning of knowing is sexual intercourse: "and Adam knew Eve his wife and she conceived, and bare Cain and said I have gotten a man from the Lord". In our unconscious to 'know' has sexual meaning too, and it is therefore prohibited. In the same way, to get to know a new country is like entering a forbidden zone.

Winnicott looks at the growth process from the point of aggression. According to him, the growing up of a human being is, on the unconscious level, experienced

as a forbidden and aggressive act and creates feelings of guilt so that one might feel that one is not allowed to do it.

Consider again the myth of Eden. It can be taken to symbolise a birth. You are expelled from Paradise and you have to start your journey in this land. You become painfully aware of good and bad, you are faced with the most primitive anxieties, persecutory anxiety and depression, and you have lost the ideal object. You are haunted by horrors which you have to face on your own and there is the loss of a continuous food supply via the umbilical cord. ("in the sweat of thy face shalt thou eat bread".) You are in a new, unknown territory. This (re)birth trauma is to a certain extent the immigrant's experience.

Issues of identity

The central problem for every immigrant is a transitory loss of stable identity, that is, the sense of one's continuous being as an entity, distinguishable from all others. A sense of identity includes the relation between an individual and the group. The connection to others is an essential part of the identity of every human being and the sense of stable identity is only developed in interaction with one's own group. Within the concept of stable identity we can distinguish at least three components: spatial, temporal and social integration.

> Spatial integration refers to the interrelationship between the parts of the self, including physical self and it gives the person cohesion and makes it possible to compare and contrast objects. It helps the person to distinguish between self and non self – in other words, individuation. (I am this and this, different from the others.)

> Temporal integration connects the different experiences over time and establishes continuity between the different experiences of self from one moment to the next. It forms the groundwork for the feeling of sameness. (I am the same person as I was earlier in my life in different circumstances and I see that I have changed, but still feel that all this belongs to me.)

> Social integration is established by projective and introjective identification and it has to do with relations between aspects of self and aspects of objects/other people. It forms the basis for the feeling of belonging. (I belong to this family, and I am part of this group of people and a part of this nation.)

Usually all these different aspects of identity are shaken and at least partially lost for some time during the immigration process.

A recent television documentary about immigrants was interesting in this respect. It was obvious that most of the immigrants interviewed suffered from nostalgia. They had very idealised ideas about the country of origin and they

established their identity mainly on the traditions of their old country. It was surprising to see how badly they needed those traditions to feel who they were, to have a sense of identity.

Adaptation

In an immigrant's life both this rebirth and birth trauma are often relived during the adaptation process to the new land. On one hand, for most the new land is the good, idealised part and the old country is the worthless and bad one. It seems to be of vital importance to keep this dissociation, because if not, the consequent confusion is too much to handle. The identity crisis that is created by immigration heals slowly and subsequently the dissociation has to be maintained for a while. To assimilate good and bad and to tolerate ambivalence is an arduous and painful process and for some people it is never possible to progress further than the dichotomy of black and white, good and evil. On the other hand, for others the old is the home and the new land is only a colony. Sometimes this continues over several generations, as in a third generation New Zealander, still speaking of England as home.

Transitional space

As psychotherapists we know that creating a transitional space, an internal playground, for the patient in the session is often of vital importance. If you are not able to create it, the therapy does not sound right. Winnicott says that there is a direct development from transitional phenomena to playing and from playing to shared playing and from this to cultural experiences. The space where the cultural experience is located is the potential space between the individual and the environment (originally the object). Cultural experience begins with creative living first manifested in play. Winnicott calls this area of cultural experience the third area. (The other two areas are the inner, personal, psychic reality and the actual world with the individual living in it.) This intermediate area varies from one individual to another. The capacity to trust has a major impact on its development. The child must be able to trust mother to be able to create and develop this intermediate area. When immigrants encounter the new country, having usually lost a lot of the support network that was there in the old country, they are extremely vulnerable and easily lose trust in new people and in themselves. To find somebody, or something to use as a transitional object, is of vital importance. To find one person and to attach to them, and to be able to cling to them is often the only thing needed to help the immigrant to develop their new 'play area'. If nobody is available, the consequences can be far reaching. Paranoid anxieties and paranoia are the most common problems among immigrants.

The physical environment

When an immigrant leaves the homeland, everything in the old country continues

to change and people die. The physical environment stays as it is. You remember your town, its houses, your holiday places and secret spots. They become much more representative of the old country than the people living there. The internal image of the old country becomes a landscape. During the time of upheaval the importance of permanence of the land and landscape increases. To a certain degree the same seems to happen in the new country too. A friend of mine, a colleague, who had arrived in New Zealand three years prior to me, said after my arrival: "All your images and perceptions of this country will change, only the landscape and the beauty of the nature, will stay". After being here for five years I agree entirely with him. I continue to find myself stunned by the beauty of the New Zealand scenery.

Language

For an immigrant, the saddest thing is that whenever you open your mouth to say something, people realise that you are not from here. You are different, odd, strange, a foreigner. Language is the most resistant to change. The only exceptions are children who can acquire the new, local accent and speak as the locals do.

The loss of your native language is very painful and changes your life more than anything else. "After I had lived in NZ for ten years I went back to visit my old country. I felt one of them, nobody noticed me, I was one of the crowd, it was wonderful. I was also surprised to find how easy it was to express myself, how little energy was needed for writing and talking and everyday life. I had been totally unaware how much energy I had spent by using English, which was my second language".

The structures of different languages are very different and the ways in which language creates images and transmits them, are very different from one language to another. For an immigrant the learning of the new language means therefore also moving to a new and different world of concepts and thinking. Chomsky says that language makes order possible in the world. In every language the order is different. Ricoeur says that language is not only spoken, it also speaks. So when a person learns the language, they simultaneously take on board unconsciously the many hidden meanings of the words. The language speaks at different levels. Consider multi-levelled expressions like 'cover up', 'striking', 'mind blowing', 'pull your socks up'. We work and our job works on us, it changes us. If you are a truck driver, this job, driving around, changes you and makes you more and more a truck driver. In the same way, the language you speak changes you, it works on you. So every immigrant who comes to a country where their own language is not spoken starts to change just because of the continuous work of the language. It forms a threat to the old identity and the old ways of seeing themselves and the world around them.

The speed with which immigrants learn the new language is strongly related to their attitude to the new culture and their own sense of identity. Sometimes a new immigrant learns the local accent surprisingly quickly and to our surprise this person may go into a deep depression in a couple of years. It then becomes obvious that this way of integrating to the new country was a manic attempt to avoid all the pain the shift had caused. Conversely, with other immigrants we see that the new language does not progress. It is mostly the feeling of losing one's identity that prevents the integration and change that is necessary to becoming a member of the new society.

Even being born in an English speaking environment, still presents some problems. Your accent differentiates you and it might be a surprise to you that, in spite of your fluent English, you are seen as a foreigner.

Settling

Sometimes it happens that after the new country is first idealised, the reality turns to disappointment and the old country becomes idealised and a target of nostalgic thoughts and feelings. It often leads the newcomer to return to the old country, and the same de-idealisation process is repeated again in the country of origin. There are people who have done three returns to the old country and three subsequent re-immigrations and then finally settled into the new land. This kind of movement back and forth finally solves the immigrants' ambivalence and helps them to accept the reality of the new country.

In most cases immigrants are surprisingly active and, in fact, pro active. This is one of the advantages of having left all the old stuff behind. In the home country they were once helpless babies and traces of this helplessness and dependency on parents and parental figures stayed with them. When they emigrate and leave them behind, all the world becomes their playground. It is easier for them to feel free to do what they think is wise and what they want. In the new country inhibitions can seem much milder. If to be potent means, on the unconscious level, an attack or insult towards the parents, like taking their place, then to have left the parents behind means they do not control in the same way. Another issue that contributes to effectiveness is the internalisation of the parents. When you have nothing to do with them in the reality, they start to live inside in the same way as happens after the parents have died. They live inside you and you can use their wisdom and cross fertilise it with the wisdom of the new objects in the country of immigration.

If we think of the immigrant as a bridge between two countries, two cultures and two different societies, we see the positive, connecting side of immigration. The world is, by their mere existence, made a more stable and a more understanding and tolerant place to live in. The immigrants often complain about this bridge-feeling, one foot in the old and the other in the new country. It is also a problem

for the receiving people. They may feel that immigrants are never really like them, being in a way unfaithful by keeping their old habits and old contacts. It seems hard for the immigrants too to see that is also a privilege and an unavoidable part of their life.

New immigrants, by their lack of knowledge of the new culture, and by their fragile balance and tendency to imitate, may also be an easy prey for all kinds of extremist movements, social, political and spiritual. We get what we deserve. The environment, or new country is like a mirror. You see your own image. If you are optimistic, positive and full of joy, you will do well. If you are pessimistic, full of negative expectations and critical of the new country, you will get a negative response and it will be hard for you.

Given that, the reactions of the receiving people can generally be divided into two groups. The first reaction is when the immigrant is experienced as a new sibling, an intruder, who disrupts the old good balance and harmony. The immigrant is considered stupid, ignorant and does not deserve to be here as they steal 'our' possessions and do not respect all the work 'we' have done before they arrived. They are a very suitable target for all kind of negative projections. In their very vulnerable state they may be extremely easily provoked to react to these projections. At times vicious cycles of resentment and hatred over several generations are established. In general the newcomer, like the new baby in the family, changes the host country.

The second type of reaction in the receptor group is a very positive, idealising attitude. In their unconscious the newcomer represents the saviour who will rescue the community and bring them a miracle. This kind of messianic expectation can never be fulfilled and when the receptor group starts to realise that the newcomer was not the Messiah, the reaction may easily turn to disappointment and even hostility. Sometimes they feel cheated and the newcomer is seen as a traitor, ready to be crucified.

In most cases, however, over time the reactions of the newcomers and the receiving group become more balanced and a gradual integration takes place.

New Zealand as the country of immigration

Since 1840 New Zealand has gained over 800,000 people as immigrants, just over 5,000 each year. In general natural increase has contributed for about 75% of the annual increase and immigration for about 20 – 25%. Net immigration has never been higher than 40% of the annual increase of the population. The 1991 census found that 84.2% of New Zealanders were born here. The number of New Zealand residents or citizens born overseas was 561,000, of which 240,000 were Britons, and 98,000 from different Pacific Islands. Australian born were third, at 48,000. The fifth largest group were Dutch, 24,000. None of the rest was over 10,000.

For the newcomer, New Zealand is a beautiful country to come into. People are kind and caring, they say "Don't worry, it will be OK" Very soon the immigrant starts to realise that there are two separate communities, Maoris and Pakehas, who have very little in common. The next realisation might be that there is also a great distance between men and women, and a lot of hostility and unresolved issues between genders. It all seems very adolescent and the same sense of a young nation is increased when the newcomer finds out that there is very little intimacy between people. They may find that the history of the land is strongly reflected in the attitudes of its people. Who owns the land; is it all Maori land; to whom does NZ belong. And the confusion is not made easier when they find that even Maoris speak of Hawaiki as their home, the place they go, when they die.

New Zealanders are passionate democrats and strong supporters of an egalitarian society. The negative side of this is the so-called tall poppy syndrome and lack of authority, which makes the society feel like a kindy. Boundaries are blurred, you do not know who is responsible and it seems to be important to avoid open conflicts and confrontations. The immigrant will be surprised that the police are the most respected professionals in the country, politicians among the least. The number of lawyers and accountants is huge and there are lots of laws but nobody seems to bother about them. Some traditions, like celebrating Christmas, give an impression that Santa Claus has not so far acclimatised, he still continues his job in his red fur coat in the middle of the Southern summer.

People are very practical, they do a lot and doing is very much emphasised at the cost of being.

The experience of space is exhilarating. Also the lack of a long cultural heritage makes the newcomer feel that the spiritual space is much larger that in the old country. I believe that for a newcomer New Zealand is a pleasant challenge. In the rural areas where the traditional Kiwi-culture still prevails, the newcomers might find themselves quite alien and isolated, but in the major cities the excitement of the changing society is easy to feel and to be caught up in. All newcomers will find themselves with the same question as the natives: What is New Zealand culture, what is the New Zealand identity?

In the film *The Piano* the immigrant's situation is beautifully described. Ada, the European lady, arrives at the coast of a big, big sea. She is left on her own, with no support, in her clumsy attire and scarce belongings. The piano is an important part of her past and helps her to survive. She also has her daughter, with whom her liveliness and loving feelings can continue undisturbed, but it is only through the piano and with the help of music that she finds a way to adapt to the new environment. Her music and the piano, a piece from her homeland and her connection to her lost partner, the father of her daughter, and her better days in

the past, help her keep alive and enable her to start to love and feel passion in her new country.

The piano and the music she plays create the transitional space where her existence and life can continue. Winnicott says that transitional space is the area where the culture and play take their place. In that space Ada is alive and fully present. She is herself and she is beautiful. Baines, an Englishman with Maori tattoos, is able to see it and falls in love with Ada. He wants to be in that space with Ada and little by little that transitional space carries them together. Later on in the film it is the same piano which becomes a trap that almost kills her. She has to detach herself from her past, which the piano symbolises, to be able to be re-born in the new land. Only through the dramatic, suicidal dive with the piano and her desperate act to detach her ankle from the coil of rope attached to the sinking piano, is she able to start her life as an independent woman in the new country. She says: "Down there [under the water] I got a surprise. My will chose life."

She has eventually gained her feeling of belonging here and begun establishing her identity as a New Zealander.

REFLECTIONS ON WARREN FARRELL'S *THE MYTH OF MALE POWER*

Mike Murphy

Introduction

My responses towards this book varied from astonishment that I had never seen discrimination against men so clearly, to discomfort with what seems to be Farrell's bitterness and resentment towards women, and at some of the specious conclusions he reaches. Between those extremes, I experienced many painful memories of what it meant for me to grow up to be, and to be, a man.

Regrettably, Farrell seems to neglect full discussion of men's violence to women, and to each other. Perhaps he considers that this topic has been well discussed elsewhere. Maybe he decided to focus upon men's experiences of worthlessness and disempowerment – which he has done thoroughly and usefully – but I personally think that more linking back to how those deeply-conditioned aspects of male roles lead to violence would be useful.

It is as though he remembers at times, in the midst of his anti-feminist complaining, to mention that what humanity needs is a gender liberation movement that works for men in ways that the women's movement has been working for women. I believe that this is true, and that it will be more likely to occur if men take more initiative to make it happen. I also recognise some truth in his assertions that for men to do so flies in the face of their traditional training to protect and serve women.

Farrell asserts that feminism has gotten it very wrong in portraying men as the enemy. He asserts that both genders have been servants to the next generation, both serving each other through their different attributes and roles, to achieve the common goal. Women have had to struggle, both individually and collectively, to overcome their role conditioning of worthlessness and subservience, and to face fearful reaction when doing so. It seems overdue that men join them in creating new roles and equality for us all, and Farrell provides some ideas which may explain why many men have not.

When male power is referred to, it tends to be in relation to control of resources – money, possessions, employment opportunities, status and to the violent or intimidating control of women and children. What Farrell has done is to examine some other aspects of power, namely: self-worth, role choice, role obligations, health, longevity, and legal equality. Where I think that he falls short, is in linking these two approaches to definition.

I am not going to attempt to review the whole of Farrell's book. What I wish to

present are some aspects of the many which have moved me the most from the vast collection of statistics and research findings he presents.

Male role training

Farrell lists myths and traditions, mainly drawn from European cultures, regarding male role training in which men are taught to dissociate from their feelings of hurt, fear and vulnerability, as they are taught competitive and combative roles. Their role models are heroes who never show weakness, and problem-solve with whatever violence is required to get the job done. The problems the heroes face are generally – directly or indirectly – to do with the protection of others, particularly women and children.

The word 'hero' comes from the Greek 'ser-ow', from which also comes the word 'servant'. There is a story of a mother who wanted to travel to Argos to see the statue of Hera, the principal female deity of the Greek pantheon. ('Hercules' or 'Herakles' means 'for the glory of Hera'.) The mother had no beasts of burden, so her two sons pulled the cart for a considerable distance. Upon arrival, the sons were cheered and statues were built in their honour. The mother prayed that Hera give the sons the best gift in her power. The sons died. The message seems to be that men will get honour and approval if they support women, and the best thing that can happen to them is that they will die at the height of their glory.

When King Aegeus of Athens fathered a son, he would not see the son until the son, Theseus, could lift a massive boulder that nobody else could lift, and he had slain the Minotaur. This symbolises the father training the male son for the role of protector. After Theseus had slain the Minotaur he forgot to raise a flag, as he had been instructed to. Aegeus thought that Theseus had died, and he killed himself. This may symbolise male disgrace, but is also consistent with Aegeus being grief-stricken at the loss of his son.

Spartan boys aged seven were trained with 'games' such as 'steal the cheese from the altar'. This involved risking life and limb to take food. The more such a society is under threat, the harsher is its training for protector/provider roles, and the harsher its procedure for circumcision (rarely referred to as 'genital mutilation'). Dissociative training began at birth!

Roman gladiators were cheered on by the Vestal Virgins, and the gladiatorial games were presided over by female deities. Today this tradition exists with cheerleader teams of women for men's sports teams. Men's teams often carry the names of warriors or fierce animals. Farrell invites the reader to imagine alternative team names, such as the 'Atlanta Sensitives'.

The unconscious translation of 'our team winning' is 'our society protected'. Violence against men is entertainment and is applauded. Violence against women is abhorred. The fundamental purpose of violence against men is the

protection of women. The beautiful princess does not marry the conscientious objector.

Subservience to beauty

Males are trained to be subservient to female beauty. Women are the thread of life, men are life's servant. Beauty is a sign of health and reproductive capacity. The stereotypes of beautiful women are young and in good health, and have generally involved them having wide hips, well-formed breasts, good teeth, skin and hair, and a high degree of symmetry. These 'genetic celebrities' are featured in beauty contests, cheerleader teams, and stereotypical fashion models.

The biblical story of Jacob and Rachel symbolises how a man has to earn the right to marry a beautiful woman. Jacob was required to prove that he could support three other women, and their children, before he could marry the beautiful one. Her beauty was the prize that led him to do this. Beauty and the Beast is another story which teaches that the man has to prove himself and offer guarantees of protection before he can have a beautiful woman.

Women as property

Feminists have asserted that men have regarded women as property, without considering that he was expected to die before this 'property' got hurt, or sacrifice his life in other ways for her sake. Last century, in America, a man went to prison for his wife's crime. He went to prison if the family became bankrupt.

Property was handed down through males because it was their responsibility to provide property. The ritual of a father giving away a daughter symbolises the responsibility of protecting her being handed over to another man. Would a woman being given a man to protect and provide for be seen as her power over him?

Chivalry as slavery

In old Europe, a gentleman wore a sword, with which he could defend women or his honour. He was 'gentle' because he could not use it against women. But a man who insulted a woman could be killed. The more duels a gentleman won, the more eligible he became for marriage.

Black American slaves were forced to risk their lives doing the dangerous work. They were separated from their children so that they could work where directed. The slave who worked out in the fields was a second-class slave, and the one who worked in the house was a first-class slave. When blacks were required to stand, or give up their seats for whites it was called subservience. The slave helped the master put on a coat, opened the door for the master, and so forth. These behaviours, when expected of men towards women are not seen as evidence that she is the master and he the slave.

Sexual mores and homophobia

Pre-marital sex, sexual freedom, and homosexuality have been condemned because they do not ensure adequate commitment or protection of off-spring, and the latter does not lead to any off-spring. In such situations men gain the benefits of sex without having committed themselves to service. This is not good training for male roles in a society under threat. Men have to earn a woman's sexual 'favours'. Women do not see men as giving sexual favours. Women give these 'favours' in return for his part of the deal. Beauty power and sexual power are not nearly so available for men to exploit.

War hero or war slave?

Almost one out of three American men is a veteran. Before men can vote, they have the obligation to protect that right. Women receive the right to vote without the obligation to protect it. Only women and children killed in war are 'innocent'. Does this mean that men are never innocent victims of war, or somehow 'guilty' of it? Maybe war will end when men's lives are no more disposable than women's.

The psychological draft of boys begins early. Circumcision without anaesthesia encourages dissociation from pain at an early age. Parents take longer to pick up a boy infant who is crying. Male sports are more violent. Boys who show their fear and hurt are ridiculed – one form of which is to call them 'girls'! Boys have always been subjected to more, and more severe, corporal punishment. The military roles of their heroes emphasise disposability – uniform, shaven head – a dehumanised, component **serving** in a larger machine.

Since women have been accepted into combat roles, combat positions in the armed services have been divided into dangerous versus less dangerous. Only men can be forced into the dangerous combat positions. Women can volunteer. During the Panama invasion and the Gulf War, American weeklies asserted that women were now equally sharing combat danger, but they were killed or injured at around one third the rate men were. ("My body, my choice" for women, "my body, not my choice" for men.)

A traditional aspect of military training – of male training generally – has been 'hazing' of team members. This ensures that the individual components of the machine can be relied upon. Boys do this to other boys to teach each other to be men. "Being a man" means being willing to be a protector – to protect others before protecting yourself. However, hazing women is harassment, and the penalty could be ruin for a who harasses a woman. This reinforces the men's belief that women are privileged, and they are afraid to rely upon her as she has not been 'tested'.

In Boot Camp, women are exempt from some of the more demanding requirements, and go sick four times as often. During the Gulf War this meant that men had to

carry out the tasks that the women could not. Ironically, complaining about this discrimination could make a man vulnerable to charges of discrimination. During the build-up to deployment, it has been noted that more than 40% of the women on US ships likely to be sent, become pregnant. Having similarly avoided their tour of duty, many American Army women serving in the Gulf War then aborted their pregnancies. Such action leads men to distrust women on their team. This distrust and resentment is then seen as discrimination and backlash against women.

These patterns are reflected in other countries where equality is claimed to exist in the armed forces, i.e. Denmark, Russia and Israel. Men must serve. Women have the choice and rarely take it!

But don't only men make war?

Men are found to be non-violent in societies that have adequate amounts of food and water, and are isolated from attack. Also, in these societies, female gods are found to be more prevalent and more recognised. These societies, such as Tahitian, Minoan Crete and Central Malaysian Semai, have been called matriarchal societies, and upheld as examples of female leadership. Yet they were partnerships that were not under threat. In societies under threat we see violent men fighting violent men – sacrificing themselves to protect women and children. When men are used to defend or fight for provisions and safety, male war-gods tend to be prevalent because the survival of the society depends upon men's prowess and sacrifice in war.

Women in power have sent men and women to their deaths at rates similar to when men have been in power. Mary Tudor (Bloody Mary) had 300 Protestants burned at the stake. Elizabeth I mercilessly pillaged Ireland when it was known as the Isle of Saints and Scholars. Indira Ghandi, Golda Meir and Margaret Thatcher wasted men's lives in senseless wars. When Margaret Thatcher sent only men to their deaths in the Falklands War, her popularity increased, with both sexes! When the US attacked Iraq, 76% of US women approved, as did 86% of US men. Throughout history women have scorned men who refused to fight in wars. Neither sex is innocent.

Desensitisation to violence against men

The average American child sees 40,000 people killed on TV before the age of high school graduation. 97% of those 'killed' are men. Killing men is entertainment.

As a rule, women are not killed in movies unless:

1. It is a horror movie. (Killing a man is not horrible enough to make it a horror movie).
2. She is shown to not be a 'real' woman, thus undoing her right to protection,

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i.e. she is an alien; she has all the negative characteristics of a man; she is clearly crazy or a murderer (Fatal Attraction).

3. She threatens the life of an innocent woman.

4. She has been seen in no more than three scenes – she has not been shown as a person, a real woman.

5. The rest of the movie is focused upon avenging her death. (It is therefore a morality film about protecting women.)

Men are twice as likely to be victims of violence than women are, yet male victims are far less visible. Men are the greater proportion of homeless. Male sexual abuse survivors number more than half the number of females, yet go much less noticed or assisted. They may also be less willing to seek help, since to do so is to admit failure as a 'man'.

The glass cellars of the disposable sex

Farrell makes a play on the 'glass ceilings' metaphor, coined by feminists to describe the invisible barriers put in the way of their progress in corporate and business situations. The male networking and prejudice that appear to operate these barriers, asserts Farrell, are a consequence of men's fear of not being able to fulfil their only worthwhile role as provider. They see it as difficult enough competing with the other men, without also having to compete with women. The prohibition against 'hazing' also leads to the men not being able to 'test' the woman under pressure.

Another factor that may be operating in the 'glass ceiling' scenario, is that the highly-paid, high-status jobs are also extremely stressful and demand sacrifices of family time, personal health and longevity. Maybe most women are too sensible and self-valuing to take these jobs?

In the US, a study ranked 250 jobs from best to worst, based on a combination of salary, stress, work environment, outlooks, security, and physical demands. Twenty-four of the worst 25 are nearly-all-male (95 – 100%) jobs (the 25th is professional dancing). These jobs included: heavy truck driver, sheet-metal worker, roofer, boiler-maker, lumberjack, carpenter, construction worker, construction machinery operator, football player, welder, millwright, ironworker, miner, fire-fighter. The men who do these jobs are relatively uneducated, invisible and disposable.

In the US almost as many men are killed every day at work as were killed on an average day in the Vietnam War, and 94% of occupational deaths occur to men. One reason the jobs men hold pay more is that they are hazardous jobs – they get a 'death profession bonus'.

By contrast, the occupations that are still 90% carried out by women, have most or all of the following attributes: physical safety, indoors, low risk, desirable/

flexible hours, ability to psychologically 'check out' at the end of the day, no demands to relocate, high fulfilment relative to training, contact with people. These types of jobs are lower paid, despite gender, because there is an oversupply of applicants.

Women tend to interpret men's ability to earn more as an outcome of male dominance rather than as an outcome of male subservience. Men have been, and still are, under greater financial pressure, and they have been conditioned to sacrifice themselves as protectors and providers. Hence they are more inclined to take the higher-risk, higher-paid, less desirable jobs. Following income is primary, following fulfilment secondary. Men also work more hours in the workplace than full-time working women, work less desirable hours, and are more prepared to relocate.

Why do women live longer?

The more industrialised a society becomes, the more life expectancy increases for both sexes, but it increases twice as much for women as it does for men. In 1920 women in the US lived one year longer than men. In 1993 women lived seven years longer. Industrialisation means that more men work away from their loved ones. It has increased women's options, but only brought more of the same for men.

Blacks die earlier than whites from twelve of the fifteen leading causes of death. Men die earlier than women from all fifteen of the leading causes of death. That blacks die six years sooner than whites is acknowledged as being related to powerlessness. How come we do not see men's lower life expectancy as related to powerlessness?

A typical 1890s woman had eight children, almost died twice in childbirth, worked very long hours carrying out childcare and housekeeping tasks, and was dead before her last child left the home. A typical 1990s woman has two children, has a very low risk of death in childbirth, has many choices about childcare and household tasks in a world of convenience equipment, clothing and food, and has 25 years to live after her youngest leaves home.

The advantages of technology and medicine have allowed her to choose pregnancy and dramatically reduced her risk of dying in childbirth, yet these advances are often criticised as 'male'. The cost technologies have had on the planet is blamed on men, yet surely women are equally responsible. With regard to contraception, men are criticised for developing forms of safety for women and not taking responsibility directly, yet "trust me" from a man is laughable while "trust me" from a woman is backed up by the law even if she lies!

Medical research into women's health is funded twice as much as men's health. A search of medical journals found that articles on women's health featured 23

times more than those on men's (Collins, 1990). Men die of prostate cancer at about a quarter the rate that women die of breast cancer, yet the death-to-research funding ratio between breast cancer and prostate cancer is 47 : 1. The State funds mammography programmes, and education about self-examining for breast cancer. Men are not educated or assisted in these ways to check for prostate or testicular cancer. New products and potentially dangerous drugs have been tested upon male prisoners and soldiers. Clearly, men are less valuable than women.

Men are more likely to suffer mental illness, women are more likely to be treated for mental illness. Men do not report depression as much as women do. Men have had more training to dissociate from feelings, and not voice pain or fear. The more successful he is, the more he must suppress it.

The suicide sex

Males commit suicide at an increasingly greater rate than females, as they age. The statistics may be conservative as an unknown number of men kill themselves in motor vehicles, through not taking medications, etc.

Up until nine years old, boys and girls have equivalent suicide rates. Between 10 and 14 the boys' rate is twice as high. Between 15 and 19 it is four times as high, and from 20 to 24 it is six times as high. By the age of over 85, men's suicide rate is over thirteen times that of women.

Men whose wives die are ten times more likely to commit suicide than a woman whose husband dies. Men whose wives die are eleven times more likely to commit suicide than men whose wives are alive. Men have been called "the sex who cannot love", yet the loss of love is so devastating! Because men are socialised to hide fear, pain and vulnerability, a woman partner is often a man's only link to intimacy.

Ninety-one percent of men who suicide are white, middle-class, and well educated. Men who are successful become dependent upon success to attract love. When such a man loses his success, he fears that he will lose/never attract love.

Men who feel worthless through lack of love/respect and the inability to support their loved ones, do not see suicide as a selfish act. They feel so worthless, or that they are a burden, a failure, a disgrace, and that it would be a benefit to their loved ones if they remove themselves.

How the justice system protects women

A man convicted of murder is 20 times more likely to receive the death penalty than a woman convicted of murder. No woman who has killed only men has been executed in the US since 1954. Approximately 70,000 American women have murdered in that period, and almost 90% of their victims were men. Since the

1976 reinstatement of the death penalty, 120 men and only one woman have been executed. She preferred execution.

Being male contributes to a longer sentence more than race or any other factor. In Washington, which has strict sentencing guidelines, sentences for men are 23% longer. Women are 57% more likely to get a treatment sentence, and 59% are more likely to be released early from prison. Women have to post less bail for equal crimes. There is also a tendency for the man in male-female crime partnerships to be convicted more often, and to get more severe penalties. This is often achieved by getting the woman to testify against the man in exchange for suppressing charges against her, which reinforces the impression that women are innocent and men guilty. Should they both commit a second crime, he has a worse record and the cycle repeats.

The people who operate the system do not seem able to see a woman as able to commit crime, nor to serve an equal sentence for an equal crime. The unconscious conditioning to protect women and to not care about men works to perpetrate an unjust justice system. Women are more likely to be believed if they say they are innocent, and less likely to be believed if they say they are guilty! In the US there are several (Farrell suggests twelve, but I find he is stretching his definitions somewhat) defences available to women who are charged with murder, that are not available to men. I have listed some:

1. The Innocent Woman Syndrome tends to reduce a woman's chances of investigation, conviction, and sentence.
2. PMS has been used to get several women off murders – even of their own children!
3. The Husband Defence: A woman attempts to murder her husband, but he does not press charges, and defends her attempts to kill him.
4. The Battered Woman Syndrome: Women's claims of abuse are not always examined, and the man is not alive to testify.
5. The Depressed Mother Syndrome: Women killers of their children have this defence.
6. Mothers Do Not Kill": The woman is not investigated thoroughly if she makes up a story of abduction etc.
7. The Plea Bargaining Defence: As above in joint crime with a man.
8. The Svengali Defence: The woman under the influence of the man.
9. The Contract Killer Defence: Woman who get men to kill present or previous male partners.

Women's prisons are safer and designed more for rehabilitation. Women prisoners are budgeted twice as much money as men, have more education and training programmes, and some have child-care facilities.

Women's liberation: role choices for women

When a couple has children, the woman is 43 times more likely to take six months or longer off paid work than the man. She assumes three choices: take paid work full-time, mother full-time, or some combination. He typically assumes only one option – paid work full-time. Farrell suggests six classes of women:

1. Traditional married woman. Sees no options.

2. Three options with poor marriage. Opts to remain unhappy rather than take paid work, too.

3. Single mother married to the government. Three options at a subsistence level.

4. Traditional single working woman. Worked to keep her family from starving. Often without child support payments from children's father.

5. Modern single working woman. Not supported by a man unless has children.

6. The have-it-all woman. Has a man who provides economic safety net from which she can chose her options. This class is the new royalty. Few men have an equivalent position. 70% of the wives of male executives (vice-presidents and above) do not hold paid jobs outside the home.

Meanwhile most men only perceive one choice: worth through providing and protecting. This traditional choice can involve three drafts: to war; to be an unpaid bodyguard; to take the hazardous jobs. "My body, not my choice."

Women's anger at men

Farrell sees divorce as having had a new influence in women becoming angry at men.

Women are more subject to beauty culture. Men tend to be attracted to women who are in the prime of fertility. Women feel more disposable as they age. Divorced women with children feel doubly disposable – she is less attractive as a package deal, without necessarily considering that divorced men are already paying for an existing family that he sees little of. He is reluctant to commit because he has this burden and already feels disposable and afraid of a repeat.

Divorce also forced middle-class women who used to be able to take jobs they liked for little pay, to take jobs they liked less for more pay. Feminists told them that they were segregated into lower-paying and meaningless jobs, without pointing out that men had always had these pressures, and were also in low-paying, meaningless jobs elsewhere. The roles were divided, but not necessarily the opportunities. Since women have joined the paid workforce the traditional trade-off has modified to the situation that women who take child-care and house-keeping roles lose opportunities and progress in the paid workforce, while

men still lose time with their loved ones and tend to take the more stressful jobs.

Women came to see that they had two jobs if they worked outside the home, without seeing the greater time men spent working outside the home or the work that he did around the home (often outside). The average working woman works 26 hours outside the home, the average working man, 48. The average man works 61 hours per week, the average woman 56. These figures include all paid and unpaid work, as well as commuting time.

Financial pressures

Divorce led women to examine their sources of income, without noticing that divorced men took on five payments rarely required of women. These include (in the US context): child support, mortgage payments on a house no longer lived in, apartment rental, alimony, dating. Thus men only had more of the same, more pressure to take on the provider/earner roles.

Men are less likely to attend (46%) or graduate (45%) from college. Men have greater pressure to generate income before gaining higher education. Women's Studies Departments in universities and colleges only emphasise to men that they are worth less than women.

Women control consumer spending by a wide margin. With spending power and women's greater rate of watching TV, comes power over TV programming, etc. Women are to TV what bosses are to employers. Half of 250 made-for-TV movies in 1991 depicted women as victims.

Farrell asserts that in restaurants men pay for women about ten times the rate that women pay for men. This may be justified with the argument that men earn more, yet if two women go to a restaurant is it assumed that the one who earns more will pay?

Men's violence against women and men's worthlessness

In Farrell's discussion of women's anger towards men, he does not emphasise women's anger towards men as a consequence of men's violence towards, and intimidation of women. And in his summary of the violence that is committed against men, he neglects to discuss the matter of who this violence is committed by. He does assert that society cannot train men to be warriors, then expect them not to be violent, but does not expand enough upon this.

Training as a warrior/protector certainly involves the modelling of violent and coercive methods of problem-solving. It also involves training in dissociation from feelings, especially fear and pain, and certainly proscribes vulnerable behaviours such as disclosing such 'unmanly' and 'weak' experiences.

However, the main value of Farrell's book, to me, is that he has emphasised the many elements of male role training that lead men to the deep, but mostly

repressed, understanding that they are of little worth unless they are prepared to prove themselves – perhaps sacrifice themselves – as protectors and providers for women, who therefore seem to be of greater worth. I had never seen this pervasive message of worthlessness so starkly before, yet deep in my own psyche I had thoroughly absorbed it – if only to conclude that I could never really measure up.

I knew it throughout my childhood and youth, yet, like all men, I concluded that I was the exception – the terrified coward who had to hide my fear and my hurt for my entire life, and pretend, as best I could, to be a man. The tough guys made it look so easy, and the occasional 'sissy' was both a relief that somebody was weaker than me, and a horrifying reminder of what I would prefer to forget about myself.

I was bewildered to learn, in adult life, that I was a representative of male power. It had always seemed to me that women held the power. Did I not have to risk humiliation and pain by taking the initiative in social and sexual contacts? The woman always seemed to have the power to turn me away. Possibly to ridicule me! I had to ask her to go out with me. I had to ask for a dance. I had to ask for sex. And I had to know how to satisfy sexually without any useful education whatsoever about how to do that. It never occurred to me that women felt as powerless as I later came to understand that they did.

I expect that most men fear women in this way, and many repress it. We have the understanding that we have to prove ourselves – in competition with all the other men – to gain the acceptance and affection of a woman. And then we have to risk disclosing our forbidden underbelly of insecurity, fear and pain to her when reaching out for love and sex. Some men come to resent women for this, and any action that is perceived as rejection can trigger this resentment, along with the fear, and the terrible, repressed pain that we are fundamentally worthless.

Is this deep, and often unconscious, sense of worthlessness the powerhouse of men's violence against women? Tragically it is expressed through the only problem-solving approaches in the warrior training: intimidate her or beat her into ceasing the behaviours that prompt his feelings of fear and pain – of rejection and worthlessness. Do not give her the chance to reject sexually, by raping her with the full power of raging or callous hate.

What I have taken from Farrell's book, that he does not seem to have emphasised, is that we will not break the cycle of male violence, and its applications for power over women, until we value men and teach them that they, too, are worth being encouraged into the full range of roles available, with no shame for choosing other than provider/protector roles.

Farrell, W. *The Myth of Male Power,* Random House, 1993.

A REVIEW OF VANN JOINES' ERIC BERNE MEMORIAL AWARD ARTICLE

Sheena Hudson

Introduction

Last year at the Annual International Transactional Analysis Conference in Aruba in the Caribbean, Vann Joines was awarded the first Eric Berne Memorial Award since 1987. This award is for "Integration of TA with Other Theories and Approaches". Vann Joines, a Clinical Teaching and Supervising Transactional Analyst, lives and works in Chapel Hill, North Carolina. For the past few years his face, as author, has been seen on the back of the popular *TA Today* which has been well received in New Zealand.

Transactional Analysis is a model of psychotherapy which uses contracting between the therapist and client, and Vann Joines' model sits well with the contracting process. Vann Joines notes that as a practitioner, he was aware that the TA theory he had learned needed to be applied differently with different personality types. As he developed and integrated TA ideas with traditional diagnostic categories he saw how the "OK Corral" – a fundamental TA concept, could be used to integrate rackets, scripts, and games (which are other fundamental TA concepts) and personality adaptations. He saw then that if he knew any portion of this information about a client, he also knew a great deal about how that person operated in the world as well as what would be the most useful treatment therapeutically, and in what order.

Many psychotherapists who are not transactional analysts know something about TA – not least the basic model of "I'm OK, you're OK", in the therapeutic relationship. Vann Joines' model gives much to the therapist who is a Transactional Analyst, but I believe it is also useful for others because of its integrative qualities and its useful clarity as a diagnostic treatment planning model.

The basic framework

The framework which Vann Joines uses for diagnosis and treatment begins with Bernes' (1969) concept of the four basic life positions, which Ernst (1971) later placed over a grid called the "OK Corral". Kaplan, Capace and Clyde (1984) suggested a revision of Ernst's work. Van Joines uses their concept of boundaries, expands their ideas slightly and adds Ware's (1983) theory on personality adaptions. He also uses Schultz's (1984) ideas on levels of functioning, along with his own (Joines 1986) to correlate his diagnosis framework with DSM categories (he used DSM in 1988).

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The revisions

Kaplan, Capace and Clyde (1984) added to the OK Corral a "bidimensional view of interpersonal distance" (p 114) which they superimposed on the Corral diagram. See Fig. 1.) They added the concepts of individual on the horizontal axis and attachment on the vertical axis.
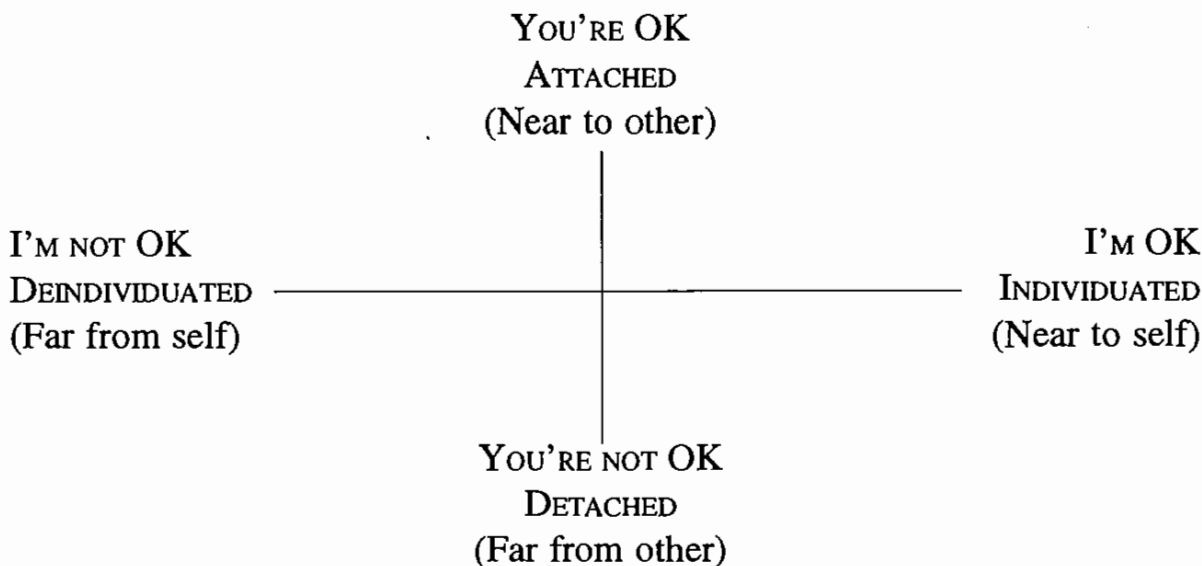
YOU'RE OK
ATTACHED
(Near to other)

I'M NOT OK
DEINDIVIDUATED
(Far from self)

I'M OK
INDIVIDUATED
(Near to self)

YOU'RE NOT OK
DETACHED
(Far from other)

Figure 1

A Bidimensional View of Interpersonal Distance Superimposed Upon a Unidimensional One
(Adapted from Kaplan, Capace & Clyde, 1984, p 115)

Joines operates slightly differently from the Kaplan, Capace and Clyde view that the boundaries and walls are either there or not there. He acknowledges Minuchin's (1974) classification of diffuse, clear and rigid boundaries to describe both intra and inter personal boundaries. He composed a new diagram based on the OK Corral (Fig 2) and analyses how clients would present in each quadrant.

He sees clients in the "I'm OK you're OK" quadrant as having a clear sense of self, but there are spaces in their self – other boundaries which allow them to take in new information about themselves which they can use for growth. He notes that they have clear boundaries between themselves and other people so that they will prevent themselves from being hurt or hurting others. Yet there is also room for extension out to others and room for others to come in.

In the "I'm OK you're not OK" quadrant Joines suggests that individuals have rigid boundaries around their sense of self. They are not willing to take in new information or to look at themselves. They also have rigid boundaries between themselves and others. In their transactions with others they "get rid of" others – which may lead to them feeling lonely and "showing off" to make some contact. This is a defensive position and in TA terms the primary racket or outward manifestation of a false self is anger. The TA game they most often play is "Now
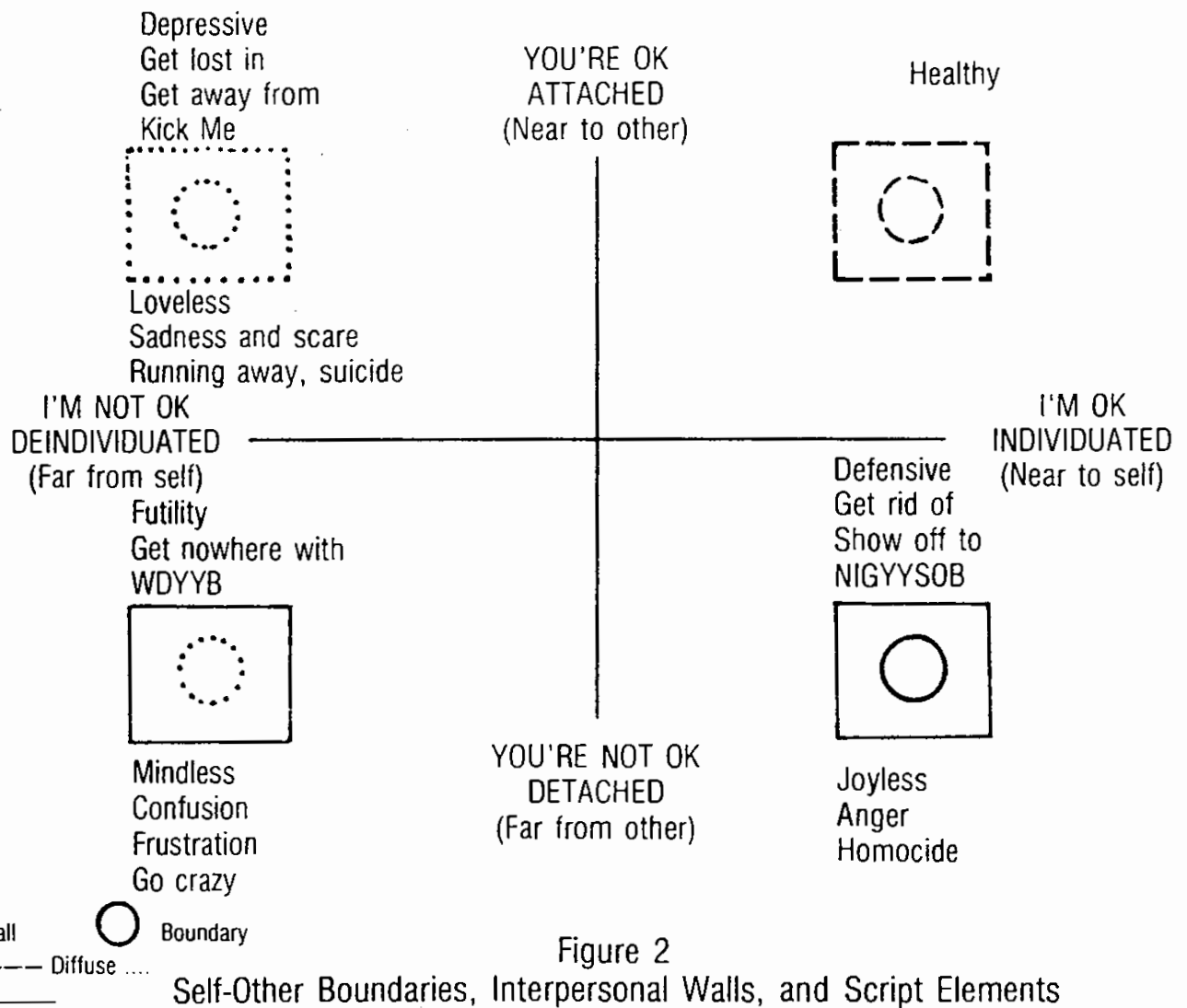
Figure 2
Self-Other Boundaries, Interpersonal Walls, and Script Elements

I've got you" – a one-up-manship or vengeful position. This keeps others at a distance. They are not intimate with others and the ultimate escalation of this position is homicide.

Joines describes individuals in the "I'm not OK – you're OK" quadrant as having diffuse boundaries around their sense of self; looking always to others for confirmation of their OK-ness. They do not set appropriate limits and do not distinguish whom they can trust or not trust. They become overwhelmed in a relationship and they feel a need to escape from it. This is a depressive position. In TA terms the racket most used is sadness, scare and guilt, and they play the game of "kick me". The ultimate escalation of this position is suicide.

Joines states that individuals in the "I'm not OK – you're not OK" quadrant have diffuse boundaries around their sense of self and look to others to confirm their OK-ness but because they are seen as not OK they are rigidly walled out. Transactual patterns "get nowhere" and the basic position is of futility and

despair. The rackets or outward manifestations of false self are confusion and frustration and the games are around "why don't you yes but". The ultimate escalation of this position is going crazy.

Joines' final piece of work combines Paul Ware's (1983) concept of personality adaptions in terms of ego states with the quadrant (Fig 3).

In the "I'm OK – you're not OK" quadrant the adapting are paranoid and antisocial. The paranoid adaption defines the Child (capital C denotes the child ego state) as not okay and tries to get rid of it. The antisocial adaption defines the Parent (capital P denotes the parent ego state) as not okay and tries to get rid of it. Both these positions tend to keep others well out and to substitute showing off for closeness. Those in this quadrant desire individuation and are afraid of attachment.
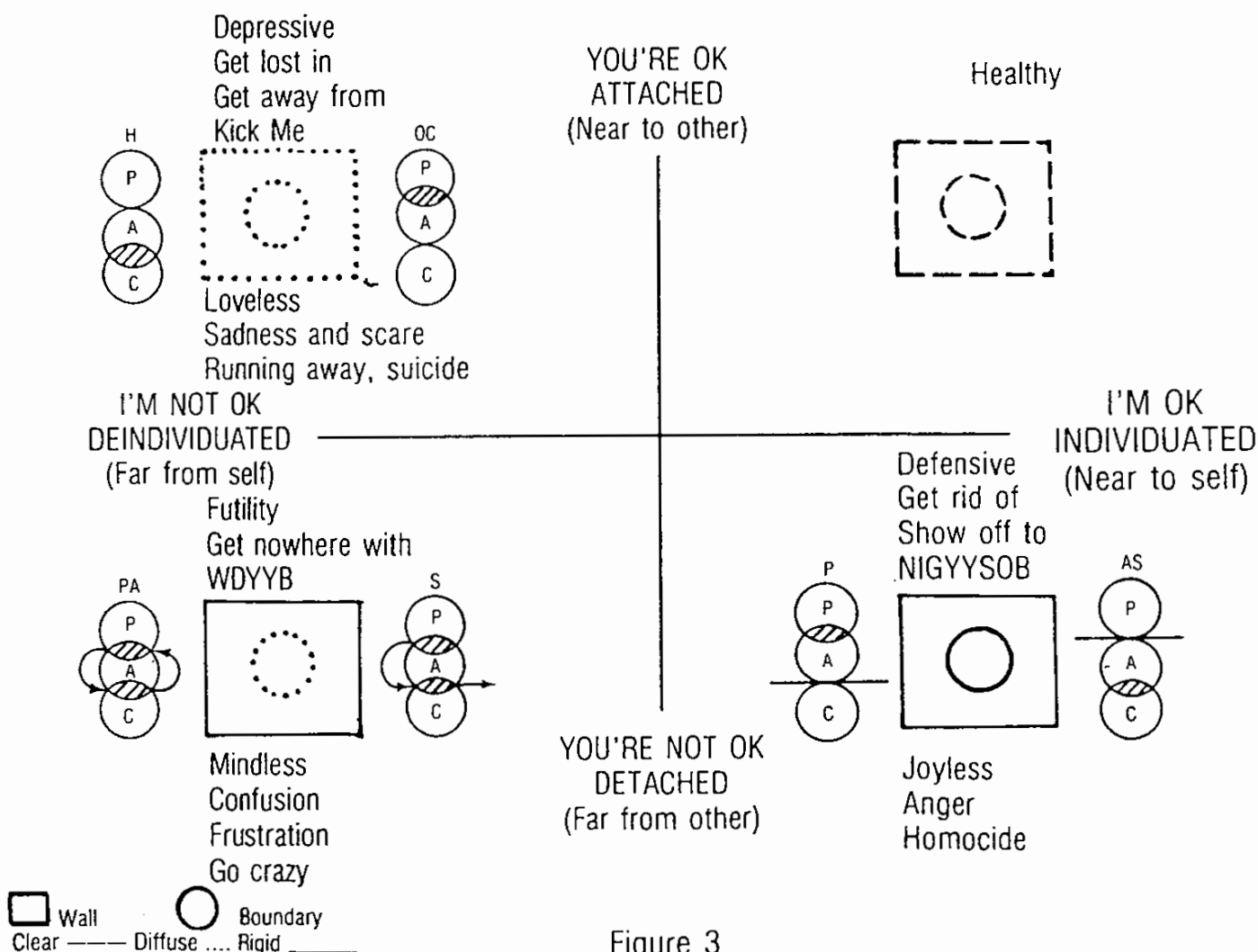

Figure 3
Structural Diagrams of the Personality Adaptations Correlated with the Quadrants

The adaptions that fit with the "I'm not OK – you're OK" quadrant are obsessive compulsive and hysterical. The obsessive compulsive looks to others to see if they are approving, and the hysteric to see if they are pleased. Joines suggest both get lost in what the other person thinks or feels and don't define their own OK-ness. They desire attachment and are afraid of individuation.

For the "I'm not OK – you're not OK" quadrant the adaptations that fit are passive aggressive and schizoid. The latter involves others to initiate and then withdraws, the former looks to others for answers then fights or struggles with what is given. They are afraid of both individuation and attachment. They tend to get nowhere in their interactions.

A further refining of the model for diagnosis is Joines linking the model with developmental process to determine the level of functioning of the individual and then the type of disorder. He uses Vaillant's (1977) categories of psychotic, immature, neurotic and mature. At the psychotic level the individual never achieves difference between self and others. In TA terminology transactions with others tend to be tangential in order to prevent differentiation and thus conflict – because conflict feels life threatening. The result is a psychotic disorder. At the immature level, the individual achieves differentiation between self and others but never incorporates others who were co-operative in getting needs met. In transactions with others the individual tends to "act out" and let others be the feedback mechanism or "act in" on the self and let one's physiology be the feedback. The result is a personality disorder and/or a psycho/physiological disorder.

At the neurotic level the individual succeeds in incorporating others who would be co-operative but at a price, in TA terms, by incorporating an overbearing Parent (parent ego state). In transactions the individual shuts themselves down in inappropriate ways resulting in a neurotic disorder with the symptoms of anxiety and depression. At the mature level, the individual succeeds in incorporating others who would be co-operative in getting needs met freely – or achieves this later through therapy. In transactions with others this individual is assertive in getting needs met co-operatively. Occasionally this person will have difficulty in response to a specific environment stress resulting in an adjustment disorder.

Vann Joines' model is a useful and detailed map for diagnosis. For the Transactional Analyst aware of client's ego states, games, transactions, rackets, the map is easily used to make diagnoses. For others who are prepared to consider the OK Corral as a piece of basic theory the map is also useful. Vann Joines rightly emphasises in his writing the importance of the therapeutic alliance and the need for the therapist to formulate a contract with the client which accounts both for what the client wants and for what the therapist sees as necessary in order to accomplish the therapeutic goals they have identified. He states that treatment

planning needs to be done largely on the basis of the therapist's clinical assessment of the client in addition to the stated goals of the client. It is continually modified on the basis of the client's motivation, change and the emergence in the treatment process of new data. As a clinical Transactional Analyst I find this integrative work stimulating and useful. I believe any therapist with even a basic grasp of TA concepts would find it helpful in diagnosis and treatment planning.

Vann Joines award winning article is published in the *Transactional Analysis Journal* v 18 no 3, July 1988 and reprints are available from him at Southeast Institute, 103 Edwards Ridge Road, Chapel Hill, NC 27514, USA.

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Book Review: *COUNSELLING FOR SEXUAL ABUSE:* K Macdonald, I Lambie & L Simmonds, OUP

Helen Palmer

Reviewing this book affords a satisfying sense of what is fitting for this inaugural issue of the NZAP Journal. Both book and journal are evidence of a thriving therapeutic community becoming increasingly visible to itself and the society in which it operates. This book arose from a series of workshops in 1992 presented by the authors as staff of the Leslie Centre in Auckland.

The authors promise a practical focus as they explore resources, therapeutic options, methodology and background information about sexual abuse. One strength of the book is that this practical focus is maintained throughout, so the question of how the theory is applied is consistently addressed with clinical examples, guidelines and suggestions. Excellent referencing and a bibliography which covers writings from the last 25 years helps this practical focus.

The book is written in a conversational style with a detailed summation of topics covered in each chapter rather than having a detailed index. The needs of different client populations, children, adolescents, parents, and families are specifically addressed. A chapter on offenders provides useful information when working with survivor clients, although more separation of paedophilia and abuse of adults would have been valuable, and present a more complex profile. Having comprehensively covered the field of sexual abuse the authors then address personal and professional issues for counsellors, dealing with therapist survival, working as a team, and agency issues.

A strength also is that the authors define their terms and devote a chapter as well as part of the introduction to articulating the basic theoretical assumptions which underpin their techniques and strategies. They acknowledge the book has few original ideas per se, but what is new, and offers a stimulating contribution to the therapeutic community, is the integrated model of therapy they present which is based on a combination of systems theory and feminism.

This combination provides a more inclusive theoretical model which presumably avoids the dangers of a single perspective becoming entrenched as the politically or clinically 'correct' position. However, the authors are identified with a solution based health approach of brief therapy, and there are many indicators they view this as a more politically 'correct' position than that of therapists working longterm with clients. Although they say the model guides the way they work, rather than the number of sessions (which could be more than 30), it is

interesting that the two major case examples are extremely short term. The choice of male clients for these is a surprising one given the authors' attention to gender awareness, and given that the current client population is more often female than male.

One study is of a 10 year old boy who was significantly traumatised over a 12 month period of abuse. The successful therapy comprised 3 family sessions and 3 individual interviews. Contact with the boy's family continued over several years and all reports indicated that he had successfully dealt with the abuse. The authors do affirm this outcome was due largely to the support provided by the family and the boy's involvement. The other is of a 19 year old man who is a composite of several male clients and this case comprises 5 individual sessions. Obviously this case cannot be evaluated in the same way. But the implications for working with sexual abuse are enormously important. If brief therapy is here successful, is this always the case? How does this make the therapist working longterm with sexual abuse feel? What does it mean in terms of working with transference and counter-transferential dynamics – not acknowledged in the brief therapy model. It is a pity there is not more research available to determine these complex questions, although the authors acknowledge the need for more research in their closing chapter. If they are in a position to give more detail from evaluative follow-ups at the Leslie Centre, this could be crucial research data.

The position the authors take on what they call gender-appropriate counselling, women working with women, men working with men, joins the political debate current over this issue. While they have a clear rationale for this policy, I consider it dangerous to become fixed or prescriptive with this issue. Mixed gender might be the truly gender-appropriate counselling in a particular circumstance.

The authors state those who will get most out of the book will be experienced counsellors wanting to know more about the specific skills required for work with sexual abuse. It is also an excellent resource for other professionals working in this area, and for counsellors in training so they become aware of the rich spectrum which exists in New Zealand.

Book Review: *PSYCHOSOMATIC MEDICINE AND CONTEMPORARY PSYCHOANALYSIS* GRAEME J TAYLOR, IUP PRESS

Betty Robb

Dr Graeme Taylor is a New Zealander who, subsequent to his MBChB from Otago, trained in psychiatry and psychosomatic medicine at the University of Toronto and State University of New York Medical Centre. Presently he is Associate Professor of Psychiatry at Toronto and consultant to Mt. Sinai Hospital, and in this important and scholarly book *Psychosomatic Medicine and Contemporary Psychoanalysis* has brought together psychobiological research and psychoanalytic theory with child development observations in a much needed synthesis from which he proposes a new model for understanding psychosomatic process based on preneurotic pathology as a consequence of faulty object relationships in early life.

From Freud's drive-conflict model through Alexander's conflict model, response specificity theories, ego regression theories of Schur and Margolin, and pregenital conversion theories of the classical era, to Engel and Schmale's concept of 'giving up / given up' complex, a rich and detailed history of thinking about psychosomatic process leads to the contemporary construct of alexithymia in which patients have a striking difficulty in describing their own feelings or discriminating emotional states from bodily sensation.

Recent research has shown the importance of the mother-infant relationship as the interactional organising system from birth, beginning at a biological - neurophysiological - behavioural level and shifting to a more psychological level as the capacity to symbolise, think, use language and separate from mother develops in the baby's mind.

Hofer's animal studies showing that the mother is a biological as well as behavioural regulator are reviewed, in the possibility that homeostatic systems of human mothers and infants are also linked – with some evidence already in support of this being the infant's regulation of the mother's milk flow, and observations of thermo-regulation and stimulation of gastric secretion when in the presence of attachment figures. This allows then for the conceptualisation of a psychobiological dysregulation model of psychosomatic disease which Dr Taylor supports using cybernetic principles of feedback, self regulation and dysregulation. He describes the mounting evidence that disruption in object relationships can cause dysregulation of physiological processes which in turn increase vulnerability to development of disease – whilst high levels of social and personal support may in fact decrease it.

The book gives many interesting case examples and concludes with the prospect that psychoanalysis has an opportunity to illuminate medical illness by enabling understanding of the influence of interpersonal relationships which may predispose such illness or maintain health. To quote: "psychobiological research has shown that independent self-regulation does not exist, even in adulthood, and in varying degrees people use social interactions and their other selfobject attachments as accessory regulators ... The conceptual frameworks of self-psychology and object relations theory provide ways of intervening psychoanalytically and/or behaviourally to alter patients' internal and external object relations, thereby increasing their resistance to disease."

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