

REVIEWS

Edited by Andrew Samuels

FORDHAM, MICHAEL. **Explorations into the Self.** Volume 7, Library of Analytical Psychology. London, Karnac Books, 1986. Pp. xiii + 235. £17.50.

The publication of Michael Fordham's latest book has taken place very appropriately in the year of his eightieth birthday and celebrates but one more stage of the line of development in a thinker who is as exploratory as he is well rooted in the past; who is as innovative as mindful of first principles; and as creative as he is able to dismantle viewpoints that are ceasing to carry significance or value for us. That Fordham, after some fifty years of analytic practice, should produce a major book on the Jungian self seems wholly timely in the light of his many contributions in the past to theory and practice in that area. The present book amplifies that work and collects it together in one volume, and, with the addition of one quite new essay (chapter three), provides some material for the historical understanding of the subject's development.

The book divides into three parts. The first deals with the empirical foundations of the concept of the self (pp. 5–54). This entailed, in the first instance, his making a card index of Jung's statements about the self in order to distinguish between the central and peripheral elements of the theory. Out of that study two main themes emerged—that of the self understood as a totality or whole, and that of the central archetype engaged in the ordering of its dynamism. Furthermore, he indicates certain elements that should be taken into account in any critical appraisal of Jung's theory (p. 15ff.) and adds a survey of the sort of evidence from affective experience that can be adduced to support it (pp. 29 & 30). In my view we cannot ascribe too much importance to the subject and to the phenomenology and understanding of it, for the Jungian self appears to puzzle many people and yet remains not only central for Jungians but also, in many ways, distinct from other views of the self.

It is in Part One, Chapter 3, that Fordham exposes in detail the beginnings in infancy of the processes connected with his, by now well-known but not always fully understood, concept of the self's dynamic of deintegration and reintegration. Thus, out of an original primary undifferentiated self or totality or integrate, archetypal potential arises, either as spontaneous developmental activation from within or as the result of activation from without. When the self deintegrates it comes into symbolic relationship with external object-correlates. If deintegration is one aspect of the dynamism of the central archetype, then reintegration is its complement. Then, by means of the process of internalisation (not 'internationalisation' as the printer's error in the foreword on p. viii would have it!), the deintegrates, enriched by object-experience, are reintegrated into the primary self, so that the by now reintegrated self has become more internally differentiated and more related to the object-world within and without in a way that the self as primary integrate had not. Thus Fordham is drawing our attention to object-relations theory (pp. 54–61)—an area that Jungians have not always sufficiently taken into account.

Part of Fordham's evidence for this comes from an extension of the scientific observation of infant-mother interaction according to the following method. Each individual in an observation group observes the behavioural interaction of a mother and an infant over a period of two years. Each member brings a report of his or her

observations for discussion and examination by the group. Out of that, important hypotheses can be formed. For Fordham, some of these observations confirm his deintegration-reintegration descriptions and, indeed, object-relations theory in respect of breast, good or bad, whole or part (pp. 51–59). Readers will find several interesting accounts of observers in that field, noticeable for the close and detailed observation displayed, together with a discussion of the behaviours involved (pp. 51–61).

In Chapter 2 of Part One, Fordham expands on the topic of individuation and ego-development (p. 34ff.). For him, as is well known, individuation cannot be identified solely with a final end-of-life achievement, let alone an aim realisable by conscious acts of will, so the chapter assembles a quantity of evidence in favour of the proposition that individuation can take place at many stages in an individual's development and can be noticeable sometimes at as early an age as two. Such evidence certainly makes it seem that Fordham's proposition holds, but this would not necessarily rule out Joseph Henderson's insistence that, even though the self may be the source rather than the goal of development, there can still be room for the acknowledgement that there can occur 'a mid-life crisis of some sort before the true way may be found'. Fordham's variant on this is to produce evidence that 'individuation in later life is a special case of ego-development' (p. 45).

Fordham's final chapter in Part One of his book examines in some detail the phenomenon of active imagination in analytical psychology and links it constructively with what he hypothesises is its roots in the phenomena of the transitional object in childhood. Thus he can relate active imagination to the process of separating from the mother (p. 77), belonging, as that does, to the theme of the realisation of the self. In addition, he writes in important detail about the analyst's management of the active imagination of his patient (pp. 73–75).

Part Two of Fordham's book is concerned with the emergence of the ego out of the self and the inter relationship of the two. Thus, in his chapter entitled 'The self as an imaginative construct', he describes some of the types of experience 'which carry the feeling of being myself' (p. 93), and he indicates ways in which the ego works on them to form a picture of the self. His affirmation is that 'a human being needs to develop ideas, feelings and concept of himself and what he is like in different situations, so that he can orientate himself in relation to others. In addition, he expands those experiences to material and spiritual life, and finds, in the end, through imaginative constructions, a way of relating himself to the cosmos' (p. 93).

In the second chapter in Part Two, 'The ego and the self', Fordham assesses the contribution made by a number of psychoanalysts, such as Searles, Klein, Winnicott, Margaret Little, Clifford Scott, Marion Milner, Racker, Federn, Hartmann, Sandler, Spiegel, Bion and Money-Kyrle, to the study of the relation between the ego and self-experiences. Those contributions are compared with Jungian experiences in, for instance, the countertransference. One of Fordham's specific contributions here relates to the appropriate sensitivity of the analyst to 'the idea of the self as a deintegrating and integrating system' (p. 111). His belief, based as it is upon his life experience, is that the analyst's ability to analyse a patient 'depends upon the analyst having gone through a sufficient number of integrated and deintegrated states to reduce his anxiety to manageable proportions about changes occurring in the self, and to be capable of "not knowing" in a fundamental sense' (pp. 111–112)—a reference surely parallel to Bion's O. The chapter ends with the problem raised by the analysts' wishes to generalise any feature they feel they have discovered. This can be problematical in considering the self as a dynamic entity on account of its individual characteristics. Fordham writes: 'As a dynamic system, we would have to include stability and instability as necessary variables [of it]. Normality, currently

defined as a steady state, can no longer be treated as a criterion by which to estimate a satisfactory therapeutic result; on the contrary, any assessment would have to include the capacity of a patient to negotiate abnormal as well as normal states' (p. 114). That assessment links up with an important chapter (7) on 'Mental health' which relates the latter to the individual's need to be able to 'consider (and negotiate) variables and emergent possibilities in a periodically unstable system' (p. 118).

Michael Fordham's book is a major contribution to the theory and conceptual basis of analytical psychology as it is largely practised in London. It is useful, therefore, that he gives us, in Chapter 8, entitled 'A clinical study', a glimpse into the analysis of a patient conducted by him and revealing his characteristically caring and thoughtful penetration into her deeper levels, while acknowledging a residue of areas not yet fully dealt with (p. 127).

Then there is a chapter (9) entitled 'An interpretation of Jung's thesis about synchronicity'—an expansion of his well-known paper on the subject. To this he adds a further belief in the fact that 'the formulations of analysts are not of the kind which renders their conclusions suitable for statistical investigation . . . which gives a special cogency to the idea of synchronicity—it may be that we work much more on the basis of meaningful coincidence than we like to admit' (p. 126).

Next, Fordham includes a revised version of a paper published in the U.S.A., interestingly enough, in connection with the William Alanson White Psychoanalytic Society, entitled 'Analytical psychology and countertransference'. Here he treats the subject of countertransference in a form that should carry meaning to analytical psychologists and psychoanalysts alike. He starts from Jung's conception of analytical practice as a dialectical process between two involved persons, as implying an open systems viewpoint, as requiring sometimes a change in the psychical systems of both analyst and patient, and as laying great stress on the patient's individuality. He links that with the practice of a number of contemporary psychoanalysts and ends up by arguing the point that by now the rather complicated theory of countertransference as elaborated by both psychoanalysts and Fordham himself is no longer useful: 'pathological reactions of the analyst may be called countertransference. I would call the rest part of the interactional dialectic' (p. 150). The point is debatable, but Fordham wants to give full weight to the processes of projection and introjection, if not projective identification and introjective identification, that may be discovered to be going on between patient and analyst.

In Chapter 12, entitled 'Jungian views of body-mind', Fordham presents material of great interest and concludes that the usual distinction, conceptually made, between psyche and soma carries considerable adaptive value for treatment, but that the understanding of the twin concepts of psyche and soma as deintegrates makes sure that 'their origin in the self is not lost sight of' (p. 170).

An expanded version of Fordham's well-known paper entitled 'Defences of the self' is republished in Chapter 11 of the present book. For many readers, Fordham's concept is very meaningful and important, but the phenomena it handles have not always been fully understood. Fordham's aim is to identify and describe the 'total defence' mounted by some patients in a transference psychosis. Overwhelmed by the delusion that their analysts are 'the bad object', either part-object or whole object, that threatens them with annihilation, the patients involved seek to annihilate, in talion response, and destroy so dangerous a threat—'by silence, ritualisation of the interview, or by explicit verbal and other attacks directed to nullifying the analytic procedure' (p. 152). Such a defence appears to be a protective device of absolutely primitive aggressive power—quite different from the so-called ego-defences deployed by neurotics. Fordham's chapter is replete with vivid descriptions of attempts made by such patients to scramble their analysts' thinking processes and to

confuse them utterly. The condition is becoming more widely known to analysts and Fordham's work was a classic introduction to it; the patients feel themselves to be in total, not partial, danger and must mobilise every conceivable defence, and, in particular, that of splitting, projective identification and idealisation against the source of the danger—their analysts, upon whom phantasies of the patients' own sadistic destructivity have been transferred.

Part Three of the book moves over into an exploration of the self, understood to be deeply implicated not only in religious and mystical processes, but also in the first-hand visionary experiences, as described by alchemists, that can accompany their participation in the alchemical process. With reference to the first, Fordham believes that fresh attention needs to be paid to the similarities as well as the differences between Freud and Jung and this he proceeds to do (pp. 84, 85, 174–182). In addition, Fordham feels that the recognised saints of the Catholic Church have been neglected by analytical psychologists (p. 172), and so, to repair this, he has paid very full psychological attention to St John of the Cross—with special reference to the analogies such a study uncovers between the relationship between the infant and the breast and no breast or mother, and the relationship between the mystic and God and God's breast and no-breast (pp. 198–200).

On the alchemical side, Fordham concentrates on the visionary experiences of two philosophers quoted in *The New Chemical Light* by M. Sendivogius. Both describe the experiences that accompanied their conduct of alchemical experiments that had failed. In the case of the first, he conducted a discourse in imagination with Mercury and then with the latter's mother, i.e., Nature. He had revealed to him a number of paradoxical truths which he could not accept because he would 'lose the good opinion of my neighbours'. Nature's angry response was: 'Such philosophers are only fit for the gallows. Be off and take with you my most grievous curse'. His fault was timorousness. The second philosopher by using sulphur produced the Philosopher's Stone and 'took it in his hand. He admired its beautiful purple colour, and danced about with it, shouting aloud with joy and delight. Suddenly the glass slipped out of his hand and broke into a thousand pieces: the Stone vanished; and the alchemist awoke with nothing in his hand but some pieces of sulphurous tow' (p. 207). His fault was to become over-excited as if, Fordham suggests, caught in a manic defence.

In the whole of Part Three, Fordham's interesting procedure is to examine how the observer's vertex, in Bion's sense of the word, selects the data that appear significant and need to be attended to. Thus he uses the concept to describe and understand, for instance, differences between Freud, Jung, Fr Harry Williams, St John of the Cross and he himself—the vertex being, incidentally, very much more than just a viewpoint and including elements such as 'hereditary endowment, the development of the individual from infancy onwards, the cultural setting and location in history' (p. 172).

I have indicated the contents of Michael Fordham's book in the expectation that such a listing will stimulate many readers to buy it and read it. I think that they will find it a rich feast—and an enjoyable read, for Fordham has greatly improved his literary style and presents his ideas with a clarity that renders it a pleasure to work with them and profit from them. I should add in connection with this last consideration that Michael Fordham expresses considerable gratitude to Agnes Wilkinson for her work in the literary editing and for her help in the clarifying of his ideas.

Kenneth Lambert

REDFEARN, JOSEPH. **My Self, My Many Selves**. Volume 6, Library of Analytical Psychology. London, Karnac Books, 1986. Pp. 142. £12.50.

A first book, written late in life, by a dedicated analyst is always a rather special event. It represents the distillation of all that the analyst has thought about, suffered, enjoyed and struggled with as he participates in his patients' lives and develops through this experience. It is quite different from a paper which usually represents a point of view at a particular moment. Such a book is this volume by Redfearn, whose many papers will have made him a familiar figure to regular readers of this Journal. It provides much more than the publication of 'collected papers' which so often reflect these passing and not always co-ordinated viewpoints, and it is clear that in this work the author has not only pulled together his previous writings but has developed and clarified what he wants to say now.

The theme is the self and the multiplicity of selves which each individual seems to have, and the opening chapter, 'Ego and self: terminology', sets out the field and demonstrates the confusion generated by the varying uses of these terms by different authors. He regards the Jungian use of the word 'self' as being essentially different from that of writers such as Kohut, and he develops and enlarges on this special usage in the next chapter on the 'Jungian self'. In subsequent chapters, Redfearn turns to a consideration of those aspects of the problems of the self which have interested him in his clinical work. These concern particularly the relationship between God and images and the self, the place of the body and the body image, and the question of where people locate their sense of 'I-ness'. In developing his ideas, Redfearn adopts the term 'sub-personalities' to describe parts of the self as manifested in images or patterns of behaviour. These may be split off or repressed parts, i.e. complexes, or plastic and adaptive parts resulting from the introjection of 'good' parental figures. They may be collective and archetypal or personal and individual. They may be subordinate or supraordinate to the 'I' part of the personality. The 'I' is used consistently rather than the more abstract 'ego' to denote whatever is subjectively experienced as belonging to the person. Any of the sub-personalities can take over from the 'I' as being in control of the personality. Sub-personalities are not restricted, furthermore, to personifications of the psyche, but can be inanimate objects. Redfearn also asserts his own belief that sub-personalities can actually materialise outside the psyche in such forms as poltergeists or even in the invention of the jet engine. Finally, the conclusion is reached that we all have many selves and that the case of multiple personality is only an extreme example of this normal state of affairs. The author does not anticipate much difficulty about this view though he does see many conceptual problems with the subjective sense of the unity of the self. He takes up the essentially paradoxical nature of this problem and sees it more fruitful in understanding the archaic stages of the self to study mythology rather than 'looking at infants in a detached and behaviouristic way' (p. 131).

This book treats all the most difficult questions which are at the very heart of analytical psychology: the self, the ego, the opposites, archetypal images, the nature of individuality, the body and the mind, God and spirituality, mind and matter, and the one and the many. All these matters are of course the subject of fierce controversy both within and outside analytical psychology and they are philosophical as well as psychological questions. Redfearn's approach is to acknowledge this but then to eschew philosophy and make a strong appeal to the practical, to personal experience and illustrations from clinical practice. This is open to the objection that the reader's personal experiences may differ from his and therefore lead to different conclusions and that carefully selected clinical vignettes are anecdotal and reveal the author's bias. Perhaps the book is best read as a highly personal and sometimes idiosyncratic statement intended to persuade us simply to

look in certain directions and experience with him rather than to plunge us into an unproductive argument. One difficulty is that it is not clear for whom the book is written, whether for the general educated reader, the trainee or for fellow analysts. My own status as friend and fellow member of the London school had better be declared before I give my personal reactions.

First, I found reading this book intensely absorbing. There is hardly a page which does not contain an interesting insight or a stimulating and provocative thought. For me the most illuminating part of Redfearn's work has been his interest in the body and matters psychosomatic. Bodily disturbances are notoriously difficult to treat in analysis. Redfearn, drawing from neurophysiology as well as Kundalini Yoga relates them to the location in the body of parts of the self and particularly to shifts in location of the 'I' as well as to infantile fantasies of the mother in a way which is quite original, and he vividly brings out his understanding of these phenomena in the clinical situation. I liked also the way he uses his own archetypal experiences, sometimes religious and sometimes almost psychotic, to show the creative and integrative role of such experiences. On the other hand, there is a tendency to over-generalise (as I think Jung was prone to) from perceptions which he regards as 'commonplace' but which seem to me to be, if not pathological, then at least highly unusual. These are then built into a general psychology. I think that his use of the term 'sub-personality' is far too broad to be useful and I remain unconvinced of the existence of multiple selves, except in psychopathology. Curiously enough his emphasis on multiplicity is reminiscent of Hillman and archetypal psychology, unmentioned in his book. I would put more weight than he does on the findings of the scientific observation of mothers and infants, not because they invalidate analytic experiences but because they challenge the theoretical assumptions which structure them. Particularly they challenge the prevailing Jungian and Freudian ideas of the self based on a picture of the undifferentiated, confused or fragmented baby, who is thought not to be able to distinguish self from not-self.

All these matters will continue to be debated and, notwithstanding my own reservations, I think this book deserves to be widely read as a testimony to the work of a deeply committed and thoughtful analyst. It is written with an impressive candour as well as a certain characteristic dry humour and, although he acknowledges the influences of the London school, there is much that is highly original.

Louis Zinkin

HOBSON, ROBERT F. **Forms of Feeling: the Heart of Psychotherapy.** London, Tavistock Publications, 1985. Pp. xvi + 318. Paperback. £8.50.

'It is the Black Hole that gives depth to personal relationships' (p. 270). Intensely personal, this wide-ranging book is autobiography. However, it is neither a linear account of the author's life, nor does it contain factual detail—the autobiography lies in the development of ideas and, especially, of feelings which disclose the man. The book explores rather than traces the ideas, experiences and encounters which led to its writing. True to his Jungian roots, Hobson describes a circular journey and says in the 'Acknowledgements' that he finds what has emerged was already contained in the journals of a seasick surgeon-lieutenant on Arctic convoys in 1943, and even earlier in the stories he shared as a boy with his brother.

The volume is made up of three books. The first, 'The true voice of feeling', is 160 pages long and begins with stories of encounters early in Hobson's psychiatric career with two difficult to reach adolescent boys—in a sense the rest of the volume could be seen as the working out of the implications of these early meetings.

Much of Book One is devoted to exploration and careful definition, in

philosophical terms, of his ideas, and the meaning he has found in words. Words like 'symbol', 'seeing', 'language', 'feeling', are investigated and their meaning revealed in relation to literature, philosophy and work with patients. Hobson invites the reader who wants to get on with learning the method of psychotherapy to proceed from the first stories to Book Two, 'The minute particulars' which in its ninety-four pages outlines his model of psychotherapy.

Describing his 'Conversational Model', Hobson contrasts getting to know a person with knowing about him. The diagnostic and treatment processes do not follow one another but take place simultaneously and start with what is going on in the 'now' of the interview. That is the meat of the process and the essence of it is the exploration of the problem through experience in the here and now. Hobson invites us to compare his description of his work in his book with video tapes of himself at work. Audio and visual tapes of interviews form a central part of Hobson's teaching of the 'Conversational Model'. He stresses the need for these tools of self-observation in order that the therapist can learn the details of what he is communicating to the patient with words, tones, postures, and gestures. To anyone who has seen these tapes, as I have, it is clear how closely what he does coincides with what he advocates in this book. The enormously sensitive attention to minute detail of his own and the patient's verbal and non-verbal communications is remarkable and lies at the heart of the method. In the language of Buber, he refers to the 'I' and 'Thou' meeting in the moment of the interview.

Hobson acknowledges the relationship between the development of his method and the strength of his intuitive function but also recognises its dark side. In an interesting section on the persecutory therapist he draws attention to one aspect of this: the discomfort caused to the patient by the apparently magical all-knowing therapist who puts things into words before the patient is aware of having revealed them.

Forms of Feeling is, as I have said, autobiography, a dissertation on a philosophy of life and also a manual of how to practise psychotherapy:

I write primarily for those who wish to learn how to engage in psychotherapy (p. xii). It is an arduous task for the therapist to establish and tolerate an attitude of involved detachment . . . Self-awareness, personal integrity and genuine concern are necessary ideals but . . . there is no alternative to persistent, disciplined practice of definite skills (p. 200).

Though he maintains a few pages later that the therapist needs some therapy himself, there is little emphasis on this aspect of training. This is in marked contrast to analytic training, where the heart of the training experience is the personal analysis, or the place where (to use Hobsonian language) the trainee enters into a conversation which gets down deep to his middle.

Hobson points to the importance of the therapist not being too opaque. Alice, described in Chapter 13, poignantly articulated this need, and as I read her plea I felt she would need someone to be there for a long period. How frequently and over how long a time span are patients seen by those trained according to this model?

There is a concise section on infant development and the need for a reliable loving environment together with attention to implications for the personality when things go wrong. As to therapeutic need, Ferenczi is referred to in emphasising the need to re-live the infantile situation in a way that is directly experienced by the patient. Hobson says the therapist needs to be mother and father to the patient, moving towards friendship (p. 212), but how this section on development and the need of some patients to re-experience infantile states in the therapy is integrated into Hobson's model is unclear. He does not, in my view, deal adequately with the question of the need of some patients for the experience of reliability which may

precisely require years of visits to a professional. The discussion on the use of regression in analysis illuminates its negative aspects in detail and is of immense value in so doing, but it gives little attention to its positive use in therapy. Its benign possibilities, though referred to, do not appear to be taken account of in the 'disciplined practice of definite skills' at the core of the method. However, regression in its symbolic form (p. 242) is highly valued and is at the 'heart of psychotherapy' for Hobson. The freedom to 'play' in images, memories, dreams, and in the here and now relationship is well illustrated and runs through the book from the early story of the adolescent where a break through occurred when therapist and patient could vividly enjoy imaginative experiences on the cricket pitch. This released in the boy an ability to play in his inner world through dream images. Similarities between Hobson's treatment of symbolic regression and Winnicott's contribution to our understanding of play come immediately to mind.

Though by the middle of Book Two I had become thoroughly engaged with the volume, I found its essence in Book Three. Though only twenty pages long, the fact that it merits being a book on its own is a measure of the centrality of 'The heart of darkness' for Hobson. Reading the description of work with Sue, essentially abandoned by her parents, evoked powerful feelings as did the later description of the black hole of loneliness. Sue's analysis had been progressing well for two years when it suddenly and dramatically emerged that for Sue the 'as if' or illusion that her analyst wanted only her was a delusion. The ensuing, almost unendurably painful work forced Hobson to acknowledge hidden areas within himself despite his own long analysis and to discover what he found to be the essential loneliness at the heart of psychotherapy. He considers that, if he had known then what he does now about destructive splitting mechanisms, the outcome might have been different.

The description of brief work over delayed bereavement with Mary impressively illustrates a positive outcome of the 'Conversational Model' and contrasts sharply with the failed analysis of Sue. From the standpoint of a book about method, I would have appreciated more variety of case material of intensive analysis giving greater balance to a discussion about treatment methods of choice. Insofar as the book is autobiography, of course, the objection cannot be sustained.

It will be evident that I greatly enjoyed the book and found it stimulating and immensely evocative. The many literary references were invariably apt and I wish there were space in this review to recall them. If I have a criticism of the book it is that Hobson may be trying to do too many things. I am not too sure about 'how to' manuals of psychotherapy nor that this is quite one. Having said that, its strength is that Hobson invites us in to where the 'how to' emerges and there are no secrets. As the patient in therapy is invited to reveal himself in telling his story, here Hobson shows us how he as a therapist also reveals himself—to the patient, to the student and now, most generously, to the general reader. The book will be of great value to those who have traditionally been taught that assessment is about taking a history and hopefully that tradition increasingly will become a thing of the past in our psychiatric teaching. Analysts will find it stimulating, particularly in thinking about meeting patients and for work with those who attend infrequently. They will find thought-provoking challenges lurking in sometimes unexpected places. In a brief section acknowledging sources, which appears after the 'Notes', Hobson pays tribute to Freud, whose work has 'turned to blood' within him. He has not sought a final synthesis or an alternative to other 'schools' but a 'growing-point which might lead on to closer co-operation' (p. xii) and here I believe he has succeeded. Working in a region at a considerable distance from analytic institutes and indeed from other analysts, Hobson has shown how a model of responsible and caring analytical psychotherapy can be provided. Often compelling, frequently moving, invariably honest, the book deserves to be widely read.

Lawrence Brown

CASEMENT, PATRICIA. **On Learning from the Patient.** London, Tavistock Publications, 1985. Pp. xiii + 244. Paper £6.50; cloth £12.

This book is the product of a number of years of reflection by the author on the therapeutic process, on what helps it and what hinders it. In the spirit of Bion's 'negative capability' Casement challenges the myth of the analyst as all-knowing, and addresses himself to the task of discovering how and what the patient can teach him. It is a book about technique rather than about theory and is packed with clinical illustrations which enable the reader to join with the author in following and evaluating the give and take between therapist and patient. The material is drawn from Casement's own work with patients, formerly as a social worker and now as a psychoanalyst, and from his work with therapists under his supervision.

But technique needs to be structured by theory, and the theories upon which Casement relies are to do with the complex processes of the unconscious and with the various forms of unconscious interaction between people. The analyst needs to be open to hearing the 'derivative communication' behind or beneath the manifest one. The concepts of unconscious sets and of unconscious symmetry, related to primary process thinking, are useful aids in abstracting the important themes from what is being said. Preconceptions and premature judgments, which might give rise to 'off-the-peg' interpretations, should be guarded against, so that insight may be allowed to emerge afresh with each patient. Only thus can due value be given to the individuality and creativity of the patient, as well as to the interactional nature of the process.

Seeing analysis as interaction implies that both patient and analyst are active participants. The analyst can no longer pretend to be a blank screen but must recognise elements of objective reality in the patient's perceptions of him, as well as understand the projections made upon him. 'Trial identification'—putting oneself into the patient's shoes while at the same time remaining in one's own—and 'internal supervision' are terms used to describe some of the procedures undertaken by the analyst to follow the different processes that go on simultaneously between himself and the patient, like the different voices in polyphonic music. These procedures require a degree of healthy ego-dissociation similar to that which takes place in an analysis between the observing ego and the experiencing ego, though the analyst must in addition be able to retain some power of synthesis.

Chapter 4 contains a valuable elucidation of various forms of unconscious communication. Casement notes the distinction between projective identification for purposes of communication and the use of it for ridding the self of unwanted contents. Within the former category he discusses 'communication by impact', by means of which a patient may put feelings into the therapist in order to have them contained and managed, and what Sandler called 'actualisation', through which a patient tries to induce the therapist to play a part in his internal drama.

When projective identification is rife, the analyst's capacity to recognise and to deal appropriately with his countertransference reactions is of paramount importance in sorting out what belongs to himself and what to the patient. Casement reserves the term 'countertransference' or 'personal countertransference' for the analyst's neurotic response to the patient; syntonetic countertransference he terms 'diagnostic response': this phrase is useful in that it indicates a process by which the analyst's knowledge of the patient is increased, but it has the disadvantage of apparently removing this crucial aspect of analytic interaction from the transference/countertransference network within which it is best understood.

The discussion of Winnicott's concept of the patient's use of the analyst's failure is a particularly interesting part of this chapter. It sometimes seems that the patient induces the analyst to 'fail' in a particular way in order to have the therapeutic experience that is most needed. The questions of 'corrective emotional experience'

and of the analyst's role-playing are raised here. Casement's point, like Winnicott's, is that the patient's inner potential for growth must be safeguarded in the analysis, not distorted or forced into a mould.

Chapter 7 is a revised version of a paper first published in the *International Review of Psycho-Analysis* in 1981. It is a masterly clinical presentation and discussion of the difficulties of keeping an analytic stance when under pressure. It also demonstrates the effectiveness of analytic holding which is based on the analyst's capacity to be in touch with the patient's feelings and on the patient's need for the analyst not to 'buy off' her anger by relinquishing his analytic position and acting out.

A refreshing feature of the book is the author's willingness to scrutinise, privately and publicly, situations he has handled less well—his mistakes and failures: he knows, as Jung did, that it is from these that one learns, painfully. His courage in confronting his areas of non-competence is to be admired and, one hopes, emulated. At the same time it needs to be borne in mind that this virtue too has its shadow side: even humility can give rise to inflation.

The issue of confidentiality confronts every analyst at some time or other, whether it is a question of discussing a patient with a supervisor or with colleagues, or of publishing clinical material as Casement has done in this book. In an appendix to the book he discusses some of the issues involved, focusing on the conflict between the patient's right to confidentiality and the analyst's need for learning, both from his own self-exposure and from the experiences of others. Casement's conclusion, as his book demonstrates—and it will not meet with universal agreement—is that, provided the patient's anonymity is preserved, the gains from sharing clinical material, when it arises out of the analyst's honest efforts to learn from the patient, outweigh the loss.

A minor criticism of the book is that it is sometimes repetitive and a little under-edited: the chapters do not always flow together easily. In addition, the terms 'trial identification' and 'internal supervision' suggest a degree of consciousness which is at odds with the processes that are taking place. In defence it could be argued that for the author's primary aims, learning and teaching, some simplification, and even concreteness, are helpful.

These discrepancies by no means detract from the impact and value of a book which has much to contribute towards sharpening our analytic perceptiveness and our capacity to listen to patients. It will also by now be clear to analytical psychologists that it contains much that is in the spirit of Jung. It is a book to be dipped into frequently, especially when one's analytic stance is slipping—truly, an analyst's *vade-mecum*.

Barbara Wharton

SHEPHERD, MICHAEL. **Sherlock Holmes and the Case of Dr Freud.** London & New York, Tavistock Publications, 1985. Pp. 31. £2.95.

In Michael Shepherd's 1984 Squibb History of Psychiatry Lecture, he treats the near-synchronous emergence, in the 1880s, of Dr Freud and Sherlock Holmes as symptomatic of an epidemiologically significant phase in scientific history. He argues that Freud and Conan Doyle, who had been a pupil of a Dr Joseph Bell, an Edinburgh surgeon of legendary powers in diagnosis, may be viewed as late nineteenth-century exponents of inferential thinking in the sciences. That method, in which imagination and intuition are combined with the close observation of detail, taken as clues, seemed to promise the discovery of the causes that lay behind already observed consequences. Furthermore, in 1883, another medical doctor, writing under the pseudonym of Morelli, extended the inferential method into art

attribution and art criticism, while T. H. Huxley in 1881 wrote an essay 'On the method of Zadig'. He thus revived interest in that figure in Voltaire's *Candide* invented as far back as 1748 and able, through inferential thinking, to give a vivid description of a horse from clues left behind as the animal trotted through a narrow lane and brushed against its sides.

Such literary examples have directed Professor Shepherd's attention to two products of inferential thinking, namely (1) the study of the inner world of man, especially on its unconscious side, and (2) the rise of detective fiction and especially the figure of Sherlock Holmes. They are linked anyway, for it is known that both Freud and Jung were enthusiastic readers of detective fiction, while Nicholas Meyer's fictional *The Seven Per Cent Solution* purported in 1975 to contain Dr Watson's account of what happens after Holmes's supposed death struggle with Professor Moriarty near the Reichenbach Falls. Holmes and Watson are made by Meyer to meet Freud in Vienna. At the point of farewell after their talks the author has Watson uttering 'the highest compliment in his repertoire' (p. 27)—'Freud, you are the greatest detective of them all'(!)

Dr Shepherd then, *qua* epidemiological psychiatrist, is turning his attention to a series of clues considered by him to be significant of an underlying dis-ease, if not an epidemic, in our society over the past 100 years. He finds an answer in Marcus's 1984 proposition that there is a 'growth of a widespread and popular consciousness that the world has become an increasingly problematical place; that its structure is not immediately apprehensible. . . . One way or another, it appears, we all need a detective. Whether he is a private eye or a third ear, we need him to help us get our lives and their stories straight' (quoted on page 26).

Such a judgment is, no doubt, based upon the view that nineteenth-century scientific attitudes, on the one hand, and the development of philosophy from Descartes onwards through Nietzsche on the other, have distorted and put into disarray many of the traditional systems of belief that people had hitherto taken for granted and by which they lived. Hence it is, in Shepherd's view, that a close observation of fact, a full use of intuition and imagination and a broad deployment of inferential thinking as demonstrated by Freud and Conan Doyle might open the way towards meeting the bewilderment and lost feeling described above.

Inferential thinking of that kind—and especially when applied to psychoanalysis—has not, of course, lacked criticism from scientists, philosophers and clinicians, though not so much, as Shepherd points out, from among the ranks of less specialised literary figures like Thomas Mann, George Steiner, Frank Sulloway, D. M. Thomas, W. H. Auden and Brigid Brophy. From among the first group he chooses by comparison, as a notable example, a piece from the intensely lucid and rationalistic pen of Peter Medawar. For the latter, psychoanalysis lacks falsifiability, suitability for scientific investigation or, indeed, reliable evidence of clinical success. It might, however, have some limited use as a form of mythology. That, he states, 'brings some order into incoherence; it . . . hangs together, makes sense, leaves no loose ends, and is never (but never) (!) at a loss for explanation. In a state of bewilderment it may therefore bring comfort and relief' (p. 21). Medawar goes on to add that the scientific/rational and the literary/mythic approaches are profoundly opposed: 'Science tends to expel literature and literature science from any territory to which they both have claims' (p. 21).

In contrast to that extreme position, Dr Shepherd (applauded no doubt by most Jungians) makes an attempt to embrace Medawar's antinomious conflict of opposites and draws our attention to the widespread growth of interest in mythology and in the products of the mythopoetic imagination as subjects susceptible of phenomenological and scientific scrutiny. To this end he quotes Isaiah Berlin's

summary of the historically early investigation of Giambattista Vico (1668–1744) into mythology in which he describes Vico as one who 'looks at myths as evidence of the different categories in which experience was organised—spectacles, unfamiliar to us, through which early man and remote peoples looked at the world in which they lived: the purpose is to understand whence we come, how we came to be where we are, how much or how little of the past we still carry with us. His (Vico's) approach is genetic, for it is only through its genesis, reconstructed by fantasia, guided by rules which he thinks he has discovered that anything can be truly understood' (p. 22). Berlin goes on to differentiate this kind of knowledge from 'knowledge of facts, knowledge of logical truths provided by observation or the sciences or deductive reasoning—not knowledge of how to do things nor the knowledge provided by faith—more like the knowledge we claim of a friend, of his character, of his ways of thought or action' (*Ibid.*). Dr Shepherd, by quoting such a sentence with apparent approval, accords with the experience of many analysts, namely that knowledge of their patients and the analytical understanding involved in that arises largely out of the gradual facilitation of an I–Thou relationship and largely not from technique alone or from externally derived principles of interpretation. Rather is it that out of the I–Thou relationship that empathy, intuitive sympathy, *Verstehen* or *Einfühlung* come into being when, in Berlin's words, enhanced by 'imaginative power of a high degree such as artists, and, in particular, novelists require' (p. 22). Shepherd builds upon Durkheim's placing of mythological truths alongside scientific truths; and upon O'Flaherty's emphasis upon the value of myth to science for bringing about new solutions; and can then conclude that 'viewed in this perspective, psychoanalysis as myth or method can lay claim to scientific consideration provided, first, that its metaphors are recognised for what they are and, second, that belief in the system as a whole be suspended' (p. 22).

Dr Shepherd's lecture is rich in literary allusions; it is suggestive and ambiguous rather than logically conclusive; it is stimulating, entertaining and memorable. A puzzle remained in my mind though as to where he stands in respect of psychoanalysis. Sometimes, as reported above, he seems to afford it some scientific consideration. Sometimes he seems to accept too easily that it lacks both falsifiability and any way of testing its therapeutic success; and yet a myth to be useful must not be too far divorced from the reality of people.

Thus, in respect of the issue of falsifiability, analysts who participate in regular clinical meetings and the supervisors of trainees all take the possibility of falsifiability for granted whenever they say something like 'I think you may not have noticed on this occasion an x or y factor in your patient that you recently mentioned. If you agree, it would modify what you have just said about him'. The testing of therapeutic results can of course be furthered by follow-ups in which the way the ex-patients deal with their problems may be observed. And, at the very least, most analysts find themselves well able to describe personality changes in their patients both in terms of phenomenology and in terms of understanding the deeper factors involved. The problem here is centred on the difference between the experience of participation and involvement in the analytic process with a patient on the one hand and the experience on the other hand of examining it from the outside. Professor Shepherd quotes Obholzer's discussion with the Wolf Man sixty years after his treatment with Freud. The patient had experienced difficulties all through his life and, although fond of Freud, appeared dubious about the latter's interpretation of his dreams. Furthermore, his undoubted intelligence and acumen were serving, almost certainly, a negative transference that had remained unanalysed. The patient seemed tied to the hope that a memory of his parents' coitus might be recovered. Dr Shepherd quotes Obholzer's account without comment, while for analysts the

discussion must have a somewhat archaic air about it; nor can it be investigated much further owing to the death of the patient.

Jungians are likely to feel sympathetic with Dr Shepherd's lecture—for all its ambivalence. He mentions Jung only twice and no doubt there was no time in such a lecture for a treatment of the latter's contribution to the debate. Another year perhaps?

Kenneth Lambert

ABEND, S. M., PORDER, M. S., WILICK, M. S. **Borderline Patients: Psychoanalytic Perspectives.** New York, International Universities Press, 1983. Pp. 225. \$27.50.

The Kris Study Group of the New York Psychoanalytic Institute, under the chairmanship of Dr Charles Brenner, spent four years reviewing the concept of borderline states. There was not much they managed to agree on, but their disagreement has helped to clarify the situation and the attempt was well worth while. There appeared to be one common factor, and a rather surprising one. This was the constitutional strength of these patients which evidently enabled them to maintain their condition over a long period without deterioration.

As little agreement was reached through discussion, it was decided to study four case histories in detail. These are well presented and certainly make up the most useful and most readable section of the book (though only a fifth of its volume). All these patients, not surprisingly, had inadequate and disturbed parents, especially fathers, and sexual material is quite obvious (was it what the analysts wanted?). Countertransference was mainly negative, intended to make the analysts feel what the patients felt as children; indeed in most cases the analysts suggested terminating treatment (or offering alternative consultation), resulting in a quite marked change in the course of the analysis. The technique of this seems open to discussion—the choice between open anger and early termination or both and the pros and cons of the method adopted.

The authors feel that it is not possible to separate pre-oedipal and oedipal traumata in the analysis of adults. Not only are oedipal conflicts clear but pre-oedipal issues arise in relation to mothers with parental separation anxieties of their own. Those are less emphasised, possibly because paternal transferences are so intense—all the analysts were male. Very slow improvements occur outside while the analyses continue to deal with negative feeling states. The strength of the patients seem not to be estimated in the four case reports, and if their strength was constitutional, one would like to know how this was assessed. They seem to present with depression, phobias, compulsions, and relationship problems of all sorts.

Borderline states suggest very strongly the necessity, long overdue, of a new diagnostic formulation of emotional and mental orders and disorders equivalent in degree and complexity to that of the body. It appears that initial assessment does need thorough detail, and that borderline patients present with pervasive psychopathology but are relatively stable, have decreased reality testing, and from a Jungian point of view decreased (or alternatively overwhelming) symbolic activity, confusion of identity, rapidity of transference development (which is of a delusional nature) are less capable of examining sources of their behaviour ('as if' is often 'is'), are egocentric, oversensitive, have poor impulse control (though both stormy and silent over-controlled patients can be borderline), show regression and primary process material (pp. 62 and 76 deal with this clinically).

But in the authors' view there is no clear set of symptoms which are characteristically borderline in nature and there is no clear-cut separate identity. It is

well known that in the course of analysis pathology fluctuates. Borderline, hysterical, narcissistic and schizoid disorders can be interrelated. Various hypotheses on the aetiology of borderline states were reviewed in their difficult, inspissated language, and were found wanting. The exception to this was the approach of Kernberg, who was interviewed personally by the group. In his view, in borderline states, self and object differentiation had been achieved, as the first task of the early developing ego. But the second task, as he sees it, of integrating the affectively polarised self and object representations or images has not been mastered. There is a 'lack of synthesis of contradictory self and object images'. Subsequently this lack of integrative capacity is used defensively by the ego, giving rise to mechanisms of 'splitting', which more than any other characteristic, in Kernberg's view, distinguishes the borderline patient from the psychotic (p. 13). In the psychotic the first task of the ego is simply not achieved (differentiating between self and object images). Kernberg also stated that in both sexes an 'excessive development of pregenital especially oral aggression tends to induce a premature development of oedipal strivings'.

The group found this schema impressive but unconvincing, and drew the conclusion in the end (p. 15) that 'under the pervasive influence of ego psychology, with its wide assessment of a range of ego functions, psychoanalytic thinking on the borderline concept has evolved from a view in which borderline symptomatology is seen as reflective of a stable pathological ego organisation'. The damage done cannot be attributed exclusively to either pre-oedipal or post-oedipal functioning. All the patients impressed the group with their inability to accept the 'as if' quality of the transference, with their insistence on literal gratification from their analysis, which made the task of the analyst almost impossible. They all had profound reactions to separation and loss. The group concluded that there was no specific diagnostic entity but that the term 'borderline' refers to a diffuse heterogeneous group of patients who live midway between the illnesses of psychotic and neurotic patients. The attempt at further clarification may stop here or may go on.

I thought this was a valuable book to have on the shelf as a continual reminder of oedipal material (in whatever condition) and the quite clear techniques used. It is but one tool among the many tools at hand. Techniques of 'synthesis' need exploration now especially in borderline and psychotic conditions.

Elizabeth Webb

VAN HERIK, JUDITH. **Freud on Femininity and Faith.** Berkeley and Los Angeles, University of California Press, 1982. Pp. xiv + 216. \$8.95.

Freud on Femininity and Faith is located within feminist social theory and the academic tradition of Freud scholarship (Philip Rieff, Paul Ricoeur, etc.), and is avowedly non-clinical. It is the product of eight years of research at various U.S. universities, particularly their divinity schools.

Judith Van Herik's argument is that Freud's critical theory of religion cannot be separated from his critical theory of gender—'These relationships run through his texts like a pattern through marble'. She identifies conceptual parallels between fulfilment and femininity and fulfilment and Christianity, and between renunciation and masculinity and renunciation and the Mosaic tradition. The contrasting attitudes to fulfilment and renunciation in *The Future of an Illusion* and *Moses and Monotheisms*, respectively are discussed in a most thought-provoking way. It is a carefully constructed book but in my opinion far too long; it would have made its mark as a Journal article. This is partly because there is too much exposition of the basic texts—both in relation to oedipal theory and the theory of religion, and too much

exposition of key scholarship, particularly of Rieff, with too little critical distance on this work.

I want first to raise a problem around the non-clinical focus. Although I would not privilege the clinical situation as the *only* valid way of thinking about psychoanalysis, it is certainly true that a common clinical justification for one or other concept is its heuristic usefulness within an interpersonal relationship, hence its productiveness within a larger whole. *Freud on Femininity and Faith* suffers, I believe, from its avowed non-clinical reference point. Its scholarly apparatus is impeccable and yet, on reading it, I felt that a vital part of the content of psychoanalysis, both clinically and theoretically—that is, the notion of unconscious motivation, its force and irrationality—has been obliterated. This is surprising, given the influence on Van Herik of Philip Rieff's *Freud: The Mind of the Moralist*, one of the most impassioned non-clinical expositions of Freud ever written. It is also a shame that another of the 'textual' approaches to Freud—that within literary criticism, which uses categories of literary analysis to address the issue of Freud's relationship to his reader: the seductive, intense pleasure one has reading Freud, especially, although not exclusively, of course, the case histories—has had no apparent impact.

Further, Van Herik's reliance on the tendency to dogmatism of Juliet Mitchell's *Psychoanalysis and Feminism* has led her, in my view, to emphasise the formation of the personality exclusively in relation to the father. Although I am not saying her argument is specious, I think she is trying to hang too much on it. For instance, she commits herself to a view of the transference which Freud himself did not maintain in the clearcut way she imagines he did. One of the few references to the transference in the book is to a 'transference to the prototypically paternal analyst as the microcosm of unrenounced desire'. Van Herik ignores Freud's implication, in the case history of the homosexual girl, that a maternal transference was needed in order to move on in analysis. That is, Van Herik privileges the paternal transference even more than Freud did. This may be because her detailed exposition stops short of the 1930s writings on femininity, in which Freud acknowledges the difficulties posed for an understanding of early development by the fact of each child's archaic bond with the mother. Had she looked closely at this later work, which is after all encompassed within the time span of *The Future of an Illusion* and *Moses and Monotheism*—1927–39—she might not have been able to map out such apparently neat parallels between 'religion' and 'gender'.

Ann Scott