

## ***Blurred Boundaries***

*Ruth Green*

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One very important principle in the practice of psychoanalysis is the non-contamination of the transference by relations between analyst and patient outside the analytic sessions, so that the transference can be completely contained within the analytic framework and not leak out all over the place unobserved. I was put into just this situation when my therapist offered to train me as his assistant about a year after I had started therapy with him. I accepted his offer and

eighteen months later found myself working alongside him with some of the same clients, and having lunch with him and his family on a regular basis.

He thus became my colleague as well as being my therapist and teacher. This 'rise' in my position with him was counteracted, however, by the increase in my dependence on him, for he was now not only my father-figure in phantasy, but also my boss and professional meal ticket. My position with him guaranteed my

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professional identity in a world that demanded qualifications I did not have.

This all happened in the early seventies, when there were no trainings available in psychotherapy outside clinical psychology or analysis unless you were a doctor, a social worker, or a nurse. I was none of these. I was a lost arts graduate with little sense of how society worked and no sense of direction. In fact, lack of ambition had been one of my presenting symptoms at my initial interview with him. The other one was sexual, a fear that I might be frigid.

The therapy that he gave me was based on bioenergetics, primal therapy and Gestalt dialogue, although he paid a lot of lip service to Klein and to the concept of the transference in our occasional discussions over lunch. (These, incidentally, turned out to be his idea of supervision. Knowing no better, I never asked him for formal supervision sessions, and he never gave me any. The reason for this was that he knew no better himself, as I found out later when he reported to me, in tones of great surprise, that the new trainees were demanding supervision sessions. 'You and I never needed them,' he remarked . . . ) These three therapeutic approaches were focused primarily on the body blocks, the emotional blocks and the inner fantasy life of the client and tended to ignore the relationship with the therapist, and with it the transference. Janov even went so far as to say that there was no relationship between the primal therapist and the primal patient, and that the transference was an irrelevance to the work, which was to relive the early traumas in the form of what he called primals, in which

the patient re-experienced the original feelings towards the original objects, and not towards people in the present with whom he was acting out.

And so the transference was to remain a purely academic concept for me, unconnected with my daily behaviour. There were two occasions when my therapist did actually address it personally as it obtained between us, but they turned out to be singularly unhelpful, not to say perverse, although they throw light on why I acted out with two of our clients in the manner that I did.

The first was in a therapy session during my first year with him, some time before he invited me to train. I had brought in my recording of 'Rigoletto' and was playing the father-daughter duets on his record player in order to work on my feelings about my own father (who was still alive) when to my astonishment and embarrassment he broke down and sobbed in front of me, cutting right across me in mid-process. I waited in embarrassed silence for him to recover, and he explained himself by saying that he had recently got in touch with his grief about losing his mother (who was dead), and that he realised he felt about me as though I was a daughter and he knew he would have to lose me soon, too. So the transference being addressed here was his own. Being faced with both his quasi-paternal love (which was news to me) and the prospect of an end to the therapy (which was also news to me) was just too much for me to take in. I did recognise dimly that there was some correspondence here to my father fixation, but I had known about my father fixation before I ever entered therapy, in fact I was trying

to work on it when he so unexpectedly interrupted me, so I did not find this correspondence helpful. In fact, I found the whole thing intrusive and embarrassing and did not know what to do with it, so I just stood there and waited for him to dry his tears and blow his nose and resume my session.

We neither of us referred to it again within the context of my therapy. Years later he was to talk about it in conversation with nostalgia and gratitude, because crying was something that he found it difficult to do, and to be tipped into it unexpectedly like that had been a gift for him that he valued. I felt so honoured to have been able to give him something as meaningful as that that I did not stop to consider how it had actually felt for me. Neither did he, come to that. But that situation was to become part of our crossed transference lines — either he contained my feelings as my therapist, or I contained his as his faithful assistant. At the time of the incident, though, I was not ready to contain — I was not yet in training, either. That was to come later.

The second occasion that he addressed the transference personally was about a year later. By now, my training had started and I was assisting him at a co-counselling workshop in which he was teaching people how to work with each other in pairs. During a mini-session, when they had all chosen partners to work with and he and I had nothing to do, we decided we might as well co-counsel with each other, and in his session as client he told me that he had occasional sexual fantasies about me. I noticed that I actually felt reassured on hearing this,

as though his confession guaranteed that he regarded it as nothing more than an interesting fact about his unconscious, and nothing to do with me personally. I was utterly confident that he would not try to act it out. Indeed, I felt honoured that he could trust me with this very intimate piece of personal information, for he was a very private man who did not find it easy to express his feelings, and it made me feel very grown up. All the same, I did not talk about my sex life any more after this. It was not a conscious decision, and I don't think either of us noticed. I suppose it had become inappropriate to our relations. So even though, soon after becoming his apprentice, I was to fall head over heels in love with a married man and launch into the most passionate affair of my life, I never mentioned it in my sessions with him.

In the meantime, I was introduced into his family life by having lunch regularly with them in their kitchen. His wife, who was a pretty, kittenish young woman closer to my age than his, quickly lured me into a confessional friendship that reminded me of schooldays. She asked me bluntly whether I found her husband attractive and was openly jealous of all his female clients. At the same time she was very warm and flattering towards me, and as open about herself as she expected me to be with her. I was effectively seduced into answering her direct questions about what went on in my therapy with him, and about my sex life. In return she told me about her own, which I found as intriguing as she found mine. I was very flattered to be the confidante of a

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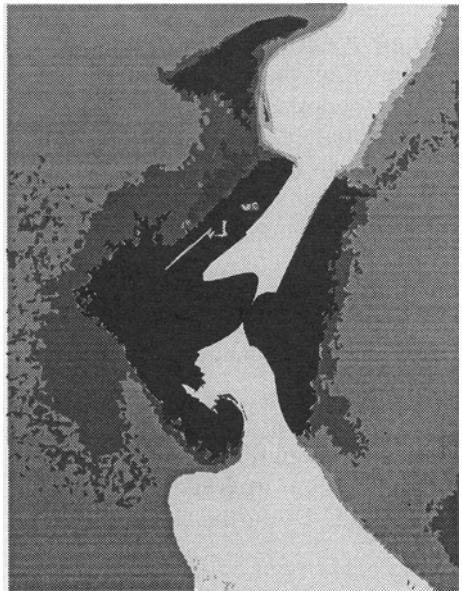
married woman, but even more, it gave me the feeling of getting right inside their marriage, close to each of them individually but also with a unique place of my own between them. Naturally I did not mention any of this to him, either.

Co-counselling had only just been introduced into this country, and my therapist/trainer adopted it rapidly into the body of his work. One of its hallmarks is the interchangeability of client and counselling roles, and I can see now, though I could not then, that the moveability of this feast exacerbated the already tottering boundaries between him and me. One day, he asked me, unusually, to give him a one-off co-counselling session. This was not in the context of a workshop, as was the one I have just described, but during our normal working week. When we had settled into the therapy room, with him lying on the mattress and me sitting behind him, he told me that he wanted me to facilitate the reliving of his birth. I was taken aback. I had never done this before, though I had seen it in groups, but he assured me that all I needed to do was be there while he did the work. He knew this because he had done it before — in fact the reason he was asking was that he had been to a group the previous weekend where he had started to go through it, but it had taken so long that the group leader had interrupted it and finished it prematurely, and he was suffering physically now from this interrupted process. That was why he had taken the uncharacteristic step of asking me to give him a session. How could I resist such an appeal

from my revered teacher? I acceded of course.

For a long time I just sat there watching him writhe about on the mattress before me, straining and moaning, maybe for as long as half an hour. And then suddenly he stopped moving and spoke. 'Will you give me your breast?' he said.

I was stunned. I sat there in silence for a long time, paralysed by indecision, not knowing what to think, not knowing how real his regression was, how far a co-counsellor could be expected to go in accommodating a client, how far a therapist could be expected to go, which of us was the therapist anyway — and all the time pressured by the awareness that he was waiting for an answer, that this was no time for discussion of the terribly important therapeutic issues he was facing me with because he was a baby demanding the breast. But even though he was temporarily and by common consent my



client, in my mind he never stopped being my therapist. This is the nature of the transference, of course: it never switches off. Still, he would go back to being my therapist as soon as the session was over. Why not just get it over with, then, so that we could go back to normal? So I bowed to the pressure of his physical urgency and acceded. I took off my blouse and my bra and offered him my breast. To my immense relief, there was nothing sexual about his sucking at all, so I assumed he must have been genuinely regressed.

My relief at his non-sexualness overwhelmed all the other considerations, and I pushed them to the back of my mind. But they did not lie down quietly. I felt so disturbed afterwards that I thought I would burst if I did not talk about it to someone, anyone. As the Kleinians would put it, there was no longer any container for my unmanageable feelings and if I could not find one I felt that I would spill all over the place. I could not discuss it with him without betraying his trust in me as his worthy disciple, so I found someone within the co-counselling network who did not know me or him, and poured it all out without naming him. This enabled me to keep silence subsequently, and I did this for years and years, right through another therapy (transpersonal this time, which also did not tackle the transference). I eventually went into analysis, where I discovered that my horror at this experience had been not at the sexual implications, although these had made me extremely uneasy at the time, but at having watched my father-figure turn into a baby in front of my eyes, sickly, whim-

pering, and unrecognisable as my protector. It was like seeing a Kleinian phantasy come to life.

### *The First Acting Out*

In the months following this incident, I found myself acting out my confused relationship with him in several outrageous ways, unconsciously and inarticulately drawing his attention to my sexuality and my sense that there was something missing in my therapy with him. I did not see these actions as acting out at the time, but as unrelated incidents concerning appropriate and ethical therapeutic practice, the sort of problems that are bound to crop up in the normal running of a therapy practice.

The first problem had actually been going on for over a year when I discovered its existence. I was attending a six-month training course in bio-energetics, the first formal training of any decent length that I had attended outside my therapist's practice. Although I did not make the discovery in the group, I think the group's existence in my life provided the container I needed in order to explore my feelings, and I reported the whole incident to them as it happened.

It was actually my father who made the discovery. I had been having more than my usual difficulty in getting my accounts to balance that month, and I had taken them to him for help, as he was an accountant. He discovered that I was cheating, claiming more than my half share of the fees. He had to explain it three times over to me before I could grasp what I had done. When the penny finally dropped, I exploded into laughter, and was unable to suppress it in the face

of his evident dismay. Indeed, I went on laughing for days afterwards. It burst out of me every time I even thought about it, even when I was alone, and it infected everybody I told — I was obviously touching on a universal chord here.

Where my father reacted with shame, my therapist/trainer expressed nothing at all when I reported the discovery to him — not even surprise or curiosity as to my motives. All he said was, 'I wondered why I didn't seem to be getting enough money!' I had known, though he didn't know I knew, that he never checked my accounts himself but left the job to his wife. Even so, I often made a point of telling him as I presented them to him how difficult I had found it to get the figures to tally. From a Kleinian perspective it looks as though I was trying to draw his attention to the mess I was making in my paperwork relating to the clients he had fed me that month, and he was passing this mess on to his wife to clean up.

It surprised me that he expressed no interest in why I should have needed to cheat him. It seemed that it must be an unconscious statement about our relationship, and I wanted to know what this statement was, but he seemed curiously incurious. It did not occur to me that his lack of curiosity might itself be a statement, but I think now that it was. It was a statement of taboo. I never did question his behaviour, though, throughout this time of my apprenticeship. That was my taboo, I suppose. With no guidance from my trainer himself, nor from the training he had given me, I had to fall back on what I had used before I got into therapy, which meant basically straightforward

reasoning. The only reason I could find for wanting to steal money from my therapist/trainer was that I must be unconsciously resentful at having to make half of my earnings over to him. That being so, I reasoned, if I were to ask for a larger proportion of the fee the problem ought to go away. I couldn't actually trace any such resentment inside me, but I went ahead with this action anyway, because I couldn't bear to do nothing at all. I had to instigate some kind of change in the structure of our relationship, to acknowledge that my unconscious was unhappy with things as they were, even if I didn't understand fully what was wrong.

However, judging from his response when I came to him with the results of my interpretation, my therapist/trainer would have been quite happy to let Freudian dogs lie. I felt self-conscious about the cheek I was displaying by on the one hand admitting my guilt and on the other asking openly for what I had been taking secretly anyway. But I also felt confident that he would be sympathetic to my dilemma as a conscientious trainee therapist finding herself caught out by her own unconscious. I knew that presenting it this way would ensure me a sympathetic hearing and a probable acquiescence. And it did. 'We'll talk about it again after you've paid me back,' was his response, which I knew meant that I would get what I wanted. And sure enough I eventually did. The talk, when it came, was minimal. 'What about my three quarters of the fee now?' 'All right. You've got a very clever unconscious, you know.' My triumph was now complete. Just as with my father, I knew how

to get what I wanted. I had got away here with daylight robbery, with taking his money from under his nose. Hence, I think, the compulsive laughter. True, I had not been able to keep the money, but it wasn't really the money that I wanted, was it?

What was it, then, that I did want? Was it the right to what I had earned? Or the chance to cock a snook with impunity? Why was it so important to get him to identify with my embarrassment rather than with his own discomfiture at having been robbed blind? Was I trying to get him to collude with me in ignoring what had clearly been an antagonistic act? And what was I antagonistic about? He had given me so much, and our relations were running so smoothly, what more could I want from him?

The clue to what I really wanted lay in what I actually felt at the time, rather than what I thought I was feeling or presented myself as feeling, and it was clearly this reality that he did not want to know about. On the surface all I felt was innocent surprise. But then there was that irrepressible laughter — I couldn't explain it, I couldn't even name the feeling it was expressing. And then there was the fact that whenever I did talk about it, I always referred to it as my having stolen the money. It felt like a crime, whether it actually was one or not, and I had got away with it. I was aware even at the time of an inexplicable sense of triumph. But because this was never discussed, because I had never been taught how to question feelings, only how to elicit their expression, I did not know how to pursue this line of inquiry.

What did I unconsciously want to take from him that I felt I could only get by

stealing; what did the money symbolise; and why did the whole matter make him so ashamed that it paralysed his habitual curiosity about people's unconscious behaviour, a curiosity that had led him, as it had led me, into the profession of psychotherapy? And why did I feel no guilt myself; why did I react with such immediate and repetitive hilarity; why did it never occur to me that an apology might be in order?

It was in the light of Melanie Klein that I first began to consider what exactly it might have been that he was ashamed of and that I felt I had a right to take every month. The evidence pointed to something sexual even at the time, but with my very limited grasp of Freudian theory and the blinkered focus of my catharsis-oriented, bodymind training I could not see what it could be. I was not in love with him, after all. I did not even find him attractive. What else was there to be sexual about? Oh, I was so literal in those days!

### *The Second Acting Out*

The second piece of acting out was less hidden than the first, and this time it was explicitly sexual. Only an analyst, I think, would have interpreted the stolen money as stolen sex, and I would have disputed this, of course, not realising that what I needed to steal was not the act itself but my right to have sexual feelings — a love life of my own which I could feel free to talk about to my therapist, and sexual reactions to him if he behaved sexually. My unconscious equation between sex and money was a pointer, I suppose, to where my sexual development had got stuck — at an age where sex was seen as a currency of exchange, not yet as an

expression of love.

In this second acting out, the unconscious currency of exchange between us was no longer money but a client with a sexual problem. We were each seeing him once a week, so we shared him as equal partners rather as parents share a child — except, of course, that we were not getting equal fees. Nor was my trainer sharing any information about how he was treating this exceptionally difficult case, or eliciting any from me, so I found myself working on very uncertain and treacherous ground with little support.

The client was a man the same age as my therapist/trainer, old enough to be my father. He was a severe obsessional who had already had twenty years of therapy, and the overriding obsession that he presented to me (for there were several that he glossed over) was a bondage fantasy. In fact, he didn't just present it to me, he bombarded me with demands to act it out with him, as well as asking me to marry him. Since he was a multi-millionaire, I can't say I wasn't impressed. However, I steadfastly and repeatedly refused both demands for several months. One day, however, when he was begging me to slap his face (another of the things he desperately wanted to act out) he told me that my trainer had actually done this in his last session. I knew this client well enough by now to know that he would not be lying. I worked out on the spot what my therapist's motive must have been for acceding to this demand, and decided that if he thought it was OK as a tryout, it was OK for me too. So I tried it out. 'Not hard enough!' crowed my client triumphantly. At this point I had to recognise that I was hitting against one of

my own blocks here, that this was one area where I could not follow my role-model into action. However, it opened the way to my decision subsequently to act the bondage fantasy out with him, although I drew the line at supplying all the props. So he brought them in himself, the stockings and suspender belt and a torn-off piece of shirt-front with buttons on it for him to suck beneath the stocking he wanted gagging his mouth until he reached orgasm. I enacted this fantasy with him for several weeks that summer, masturbating him with my hand, mopping him up afterwards with tissues, and later still, in the lunch break after he had gone, scrupulously washing out the sheet he had been lying on and drying it on the window sill in the summer sun. I eventually stopped doing it when I realised that he was learning nothing from the experience, was unable to focus on his experience at all. It was a real lesson to me in the mindlessness of acting out.

I eventually talked about it to my therapist/trainer, some eight months later, when a new trainee had joined us and we had started having regular meetings together away from the family kitchen. My two colleagues listened to me in silence, and when I had finished made no comment at all. Their very lack of questions opened up a space for me to give voice, for the first time, to an obscure sense of violation that I experienced at the back of my mind about the whole business. I was not sure what it was that had been violated, though. I had not even been aware of feeling this until I began to speak. But although I took their silence to be receptive and used it as an opportunity to begin to think about it, it ended



up being actively obstructive because nothing I said got taken up. They asked me no questions, expressed no surprise or disapproval or encouragement or even just plain sympathy. And so I was left with no context to put my client's behaviour in, let alone my own, and the impression that this was something I was going to have to deal with on my own. I must have been very discouraged, for I thrust it to the back of my mind after that. I could afford to do this because by the time I was confessing it to them I had put a stop to the practice. It was to be another five years before I talked about it again, and that was because by then I had started doing it again. This time I was to talk about it while it was still going on, in what turned out to be the vain hope that this time I would get some understanding of the underlying dynamics. Before I got to that, however, I found myself acting out with a second client in a way that compromised me even further.

### *The Third Acting Out*

This time the acting out was not only sexual but personal. I decided to start an affair with a client who was attracted to me. This client was close to my own age, a married man with a family, whose presenting symptom was a sexual perversion that he had not managed to give up despite an apparently successful analysis that had been terminated some time before he came to us. He was having sessions with my trainer only once every three weeks, ostensibly because he had so far to travel, and when I first met him I was made an immediate witness to a heated dispute between them over my trainer double-booking his session. After

this, my trainer passed the client on to me and stopped seeing him at all. At the end of the client's first session with me he asked to see me again in a fortnight, and then it became weekly. Then he asked me out, and argued vociferously when I refused on professional grounds. I realised after one of these sessions that I had been enjoying his attraction to me, and it occurred to me that I might even have been unconsciously flirting with him. I was horrified. If I didn't realise when I was flirting, what else might I not realise when I was working with him? I decided I could not risk contaminating his therapy any further and must end it before I did any real damage. But that would have meant depriving him of the opportunity to work through his very difficult sexual problem, especially in view of the mistrust he felt towards my trainer after that double-booked session. And that was when I came up with the idea of offering him a co-counselling relationship. It would maintain his therapy sessions, and at the same time free us from professional constraints. Not that I particularly wanted an affair — he was reasonably attractive, but not especially so — but my unconscious flirtation bothered me. If I was unconsciously attracted to the extent of it spilling over into my work, then I was duty bound to put this to rights not only by withdrawing my professional contract, but by exploring as well my unconscious motives. I therefore owed it to both of us to start an affair. It would make up for my unpardonably unconscious behaviour (using sex as a currency of exchange again) and I could use our co-counselling sessions to explore my unconscious transference.

The whole thing was an almost exact repeat of a situation I had been in a few years earlier, before I had ever got into therapy. My therapist had later shown me how on that occasion I used my father to get myself out of a marriage I was only embarking on from a sense of guilt at my unpardonably seductive behaviour. I was doing the same thing now with my therapist in place of my father, though I did not see this, and neither did he. What was unconsciously going on was that I was trying to get my therapist to protect me from the consequences of my sexual behaviour. But what I actually did was present my decision to him as a topic of conversation over lunch, as an interesting solution to a professional dilemma that I had found myself in. I had learnt by now that he was not interested in supervising my work unless I was actually in difficulties, for he was suffering from overwork himself and clearly resented demands on his limited free time, so by presenting it in this intellectually entertaining way, before taking any action that might prove irrevocable, I was giving myself the opportunity to change my mind if he should come up with any viewpoint that I had not foreseen, but equally I was not leaning on him for help. I realise now that the very fact that I had not yet acted should have been the cue for him to question my decision. If he had only said the little word 'why?' I would have thought my decision through more rationally. But he didn't.

I had felt particularly pleased about this decision because it fitted in so well with my therapist/trainer's belief in the use of co-counselling for couples. I knew that he tried to practise this with his own

wife, and that she was sometimes reluctant to do so because she didn't like being asked to role-play his mother and see him go into regressive states as I had done, and on these occasions he would ask me to take her place. In fact, this was what had happened with the co-counselling session in which he had enacted his birth. He had tried to do it with her first, but she had walked out in the middle, screaming at him in disgust. I only learned this when she asked me to tell her how the co-counselling session with me had gone and then told me about her own experience. It was a very sticky situation to find myself in, having to tread a careful line between refusing to tell her anything and thereby arousing her jealousy, and betraying his confidence and thereby threatening their marriage. I was effectively being expected to contain my therapist's wife as well as his feelings, not to mention protect their marriage. There wasn't much space left in there for my feelings as well; but there was a clear space for me to step into between them, and I was more than happy to take it up.

My decision to offer this client co-counselling was thus taken with a lot going on in the background, and offered me an opportunity to make a better job of such a relationship than they were doing. My therapist/trainer listened to my proposition, nodded, and pointed out that sometimes an unworked-through positive transference can turn negative, so that I might end up having to deal with him hating me (which, incidentally, was not how it ended up at all). This is an example of the lip-service he paid to Klein — he could talk very fluently about transference as a concept, but rarely applied it

to his practice. And that turned out to be all he had to say — no discussion about how to handle countertransference, and no questioning of my evident belief that its existence invalidates the therapy.

### *Who was the Abuser?*

What I also see now is the way I was presenting myself as an abusing therapist trying to rectify her abuse. This is another example of projective identification, used this time as a primitive means of communication — I was unconsciously showing him how I had received his own confessions of feeling for me, his paternalistic love and his sexual attraction. They were abusive and invasive of my therapy, as was my attraction and flirtation with my client, and something that needed to be put to rights. He, on the other hand, had presented his feelings as feedback, as though he was modelling honesty and was in charge of his projections, and as though telling me was good for my therapy. He had never asked me how I felt about hearing them — nor had it occurred to me to tell him, because I had transformed them in my mind into signs of immense privilege, like the favours of a god.

And so I embarked on another affair with a married man, taking him this time from right under my therapist's nose.

After this most outrageous of actings out, I withdrew from the regular company of my therapist and his family, using the circumstance of their move to a larger house with a separate therapy flat to avoid having regular lunches with them. I now kept up my relations with them in more formal ways, at therapists' meetings or meals out in restaurants with his wife. And after a while I discovered

transpersonal psychology and entered a new therapy, which distanced me further still. But the sexual problem did not disappear, and although I worked on it more specifically in my new therapy, in the context of initiatory rites into womanhood, I also found myself taking up the sex therapy again with the first client, four years on.

Why did I take it up again when it had proved futile the first time? Well, slow as his progress was in the therapy, I felt he had progressed enough to be able to gain insight into himself by acting in, in this psycho-dramatic way. And I proved myself right to my own satisfaction, for we both learned now that the unconscious drive behind his obsession was to get rid of himself completely through orgasm, to lose himself utterly in his mother, and that actually doing it made him wretchedly unhappy. I was to carry on sex therapy, though, for nearly two years in the hope that the self-destructiveness he was now conscious of would lead him to want to abandon it. But it never did. His compulsion remained as strong as ever, and eventually I was to stop doing it again because I couldn't bear it any more.

I think there was also another, less conscious, reason why I took it up again. I needed to feel that sexual problems were soluble, because mine seemed so intractable, albeit not as serious as my client's, and what he and I both shared was a belief in acting out. Neither of us had experienced release from our sexual problems through therapy, and both of us maintained the hope that some day we would meet the right partner who would magically solve it all. I had no way of

finding out why sex couldn't work as therapy, though, because in all the four case presentations I made of him in different training groups there was so much shock and disapproval expressed that even the members who were not shocked spent most of their energy supporting me and hardly any addressing the therapeutic issue I was presenting. There was one exception here, and that was Diana Whitmore, in a supervision seminar on the psychosynthesis training, who was admirably clear-headed, describing my work as 'not psychosynthesis' but sympathetically questioning my reasoning and purposes as a matter of technical interest. I realise now that the subject was far too complex to work through in the one opportunity I got on her supervision course. I really needed extended supervision to explore the complexity of my counter-transference as well as my client's obsessionalism.

### *Confrontation*

Another of these four groups consisted of my co-therapists in the now expanded practice run by my therapist, and I took the opportunity to try and force a response from him in front of them. He gave them all space to react to my presentation first, and they all expressed shock and a confused sense that this was wrong, but they couldn't say why. I then turned to my therapist and asked him why he had said nothing all these years, and why he was saying nothing now. He was silent, as though waiting for me to do some more work. So I put on a performance for him, coming to face him in his position at the head of the group, placing a cushion between us and pounding on it as I

shouted, 'Tell me! Tell me!' in his face. He hesitated a long time, just as I had done when he had asked to suck my breast several years previously, and finally said he thought it was wrong, that it couldn't work. (Why, in that case, was it right for him to suck my breast? I should have asked.) But he didn't explain why. His face was completely deadpan through all this, and his voice devoid of emotion. I knew this could not be authentic, that he must be suppressing his feelings, if only because everyone else clearly felt very intensely about it, but the only feeling he admitted to was scepticism at my professed ability to masturbate a man without being turned on myself. And when I answered this by saying that I viewed it in the same light as changing a baby's nappy, his facial expression registered a puzzled disgust, although what he actually said was that he found that difficult to believe. I experienced that facial expression as an unspoken 'Pooh! What a stink!' both to my treatment and to my intense feelings about the matter. He went on implying the same for years afterwards, through his air of amused intellectual disdain whenever he asked me how my client was getting on. Where I viewed my client's sexual presentation of himself in the spirit of a baby's dirty nappy, and sympathetically helped him to 'pass a movement' and then clean him up, my therapist/trainer seemed to view this very attitude as something disgusting.

I wonder now whether his disgust might not also have been aroused by the thought of me handling the penis of a man the same age as himself with the ease and authority of a mother, rousing it to orgasm, and then treating that or-

gasm as nothing more than a baby's pee. What a belittling of a man's virility! In other words, what was this saying to him in the primitive language of action about my attitude towards his virility? He knew that I did not find him attractive, and there may have been some measure of pique, not to mention an unconscious fear of castration at the hands of a powerful mother. It is also the obverse of what had happened in our co-counselling session, where he had expected me to ignore our relationship by playing mother to his baby, and to ignore my own sexual nature by giving him my breast to suck.

With my client, the sex was explicit but clearly infantile and clearly masturbatory, so that my person was not implicated even if my hand was. He felt like a child and made me feel like a mother, so that I never stopped being the adult to his child. In the co-counselling situation with my therapist, I had felt uneasy about the absence of sexual awareness, as though something was being deliberately ignored — I failed to listen to my countertransference, and suffered as a result.

### *Confused Roles*

As I see it now, there was a confusion between parent and child between us that had been built into the very structure of our partnership through the sharing of our clients, and had got acted out in the co-counselling session through the reversal of our roles. We were inviting our clients to see us as therapy parents, and our partnership as a marriage, especially when we worked together in therapy groups, but the fact was that we did not sleep together, nor did we discuss the

children together, or talk about our own relationship. Either I would talk to him about myself or he to me about himself. 'Us' was taboo. As in father-daughter relations generally, sex between us was not only not allowed, it could not be talked about. And so, as my inarticulate attempts to draw his attention to my fixated sexuality grew in intensity and outrageousness, his response decreased to the point where he said nothing at all to what was blatant sexual interference with a shared client. And I moved further and further away, over the bodies of our shared clients, from the possibility of admitting to the fear I had that he would use his position to seduce me. This fear had been there from the start and related to my generalised fear about all men, a fear which had never had a chance of being addressed given the circumstances of our training relationship. It had been seriously evoked and short-circuited when I facilitated the reliving of his birth, which, with all the attendant straining and grunting and the leading up to release, I had experienced as little different to facilitating an orgasm. Needless to say, there was no way I could ever have explored this with him, given my ambiguous position between him and his wife.

It seems to me now, looking back with Kleinian concepts in mind, that I was exhibiting an unconscious confusion here between sex and peeing, seeing both as messy activities that my therapist expected me to clean up, not only for our clients but also for himself (in the same way that he asked his wife to clean up my accounts). But his birthing session added to my confusion by confounding birth with sex as well. He was suffering from

backache at the time, which he attributed to the interrupted birth process in the group the weekend previously, and he drew a comparison between the damage such an interruption caused to the body and the equal damage of an interrupted orgasm. In both these instances the symbolic aspect of these physical acts was completely ignored, along with the psychological mess they created in me and my clients. He treated them as his physiological processes, without reference to the woman who was implicated in each, or the relations between him and her. Another of the aspects of paranoid-schizoid thinking is the confused perception of the body and its parts, and the mother's body and her parts, as well as confused ideas about who is responsible for whose body fluids, and who they belong to anyway. I am convinced now that my therapist's wish to relive his birth, first in a co-counselling session with his wife, and then with me, was an acting out of something that had happened to him repeatedly in puberty. He had, it seems, shared a bed with his mother until quite late, while his father slept elsewhere, and had had to hide his erections from her. He was to become quite notorious in the growth groups of the early seventies for the number of times he relived his birth, claiming that each time something new was reclaimed from oblivion, some new detail of birth trauma. To my mind, he was confusing the hidden erections, the unachieved orgasms, with the undoubtedly traumatic birth he had had, and was repeatedly seeking a perfect mother who would allow him to complete both processes without getting caught in the trap

that is incest. So the sexual component in the act of birth and the sexual component in his relationship with me had both to be denied. And I went along with this, for my own neurotic reasons.

### *Second and Third Therapies*

The danger in this unconscious complicity manifested in my inability to leave him and this entrapping pseudo father-daughter relationship and pursue a life of my own. I had to go through another therapy with another therapist before I was able to get myself together enough to marry and have a child — and interestingly enough he managed to miss my wedding ceremony (he got lost looking for the building — none of the other hundred-odd guests did). His wife also missed it — she had picked one of her periodic rows with him only a few days before, and refused to attend any social event in his company. She swore afterwards (of course) that it had nothing to do with me.

Despite this success, it has taken a third therapy to enable me to actually leave his practice and embark on a career of my own, twenty years after first entering therapy with him. To this day he denies that there was anything amiss in our early relations, despite having read my analysis of them. 'I value still the time we spent working closely together,' he says, 'but I don't want to discuss the past. And if you show this material to anyone else, I shall want nothing more to do with you.' This seems to be the only way he can let me go — or that I can let go of him — by reclaiming our hidden secret and then proclaiming it.

Herewith the deed is done.

## *Melanie and Me*

I first came to Melanie Klein in an academic course in humanistic psychology, and from a background of growth groups and cathartic, body-oriented therapies — a background seen by the analytic fraternity as a hotbed of unreflective acting out. What I found was another kind of hotbed, of horrifying phantastical images that, because they were coming at me in words on pages rather than from live people working on their process, had somehow got dehumanised. The most horrifying images came not so much from the fantasies of her patients as from the obscene, pseudo-scientific use she made of the psychoanalytic language of part-objects. As she discussed the mechanisms by which bits of patients got projected or evacuated into the analyst, I continually lost sight of the whole people she was analysing, and of herself as the analyst. Even the words 'patient' and 'analyst' came to feel like part-objects, not living human beings. By the time I had come to the end of the course and written my paper on why her ideas were so depressing, I had fallen into a depression myself.

## *The Giant Breast*

I rescued myself from this horrifying vision by having a one-off session with my therapist/trainer. In this session an image appeared to me that was a send-up of Klein's breast-oriented world. I recognised it

as coming from a Woody Allen film, in which a monstrous breast is trapped by the hero in a huge bra strung across a whole field. Laughing at this image released me from my inchoate fear of the Kleinian micro-world of limbs and organs that have a life of their own, and led me on to an image of my own, which I could now allow myself to see — a breast coming straight at my face and hitting me repeatedly across the right cheek, so that I found myself involuntarily twitching my head again and again to the left.

This twitching had happened repeatedly in my early primal sessions with my therapist, and in the absence of any explanatory image we had never understood it. I assume now that it was my reaction to the 'persecuting breast', my fantasy of its revenge against me for hating it.

The baby does not experience full-blown emotions like hate and love, but fragmentary ones in the form of impulses, like blows and reachings out. When any experience begins to overwhelm her fragile consciousness, she pushes it out at a magical stroke. The trouble is that it doesn't just disappear. It goes into what to the baby has caused the overwhelming experience in the first place — usually at this stage the breast. Since the breast is perceived in terms of the baby's own experience, it too will push out the nasty experience, smack back at the baby. Talion law, a slap for a slap.

## *Feeding and Starving*

This primitive psychological process is what Melanie Klein called projective identification. But what had the breast done to me to make me push it away? What was this primitive hatred all about? Well, I was a Truby King baby which means that from birth I was given rigidly timed four-hour feeds, a practice that ensured that systematic hunger, even starvation, was one of my earliest impressions of life.

I relived the starving once in a primal session. I lay there unable to move or utter a sound, getting weaker and weaker and feeling my strength draining away from my body into the mattress beneath me. I was convinced that I was dying. I am grateful still for the experience of that primal session, but sad that because of the anti-analytical structure of the therapy it was never followed up by discussion of how I was continuing to relive that starvation in adult life. I was repeatedly choosing lovers who loved me passionately but would not marry me, and attempting careers which brought me no satisfaction. These primal experiences were not seen as part of a pattern, but as primals, therapeutic purely by virtue of being relived. Without an underlying theory of development to give them cohesion, they remained isolated and meaningless experiences — full of important lessons about the structure of the personality, but irrelevant to the course of my life. By the time I had the Woody

Allen image I was no longer having regular sessions with my therapist, and the opportunity was lost to explore the anger that lay dormant and untouched in the secret heart of my transference, and that led me eventually to acting out, first with him and then with my two clients.

## *Containment*

Woody Allen's image had been one of quite literal containment, of the breast being caught and contained in something that was made especially for it. This image addressed the concreteness of my own hitherto unconscious image — or phantasy, as Klein would call it — on its own level. It is this concreteness that is the hallmark of the paranoid-schizoid position. Thinking is done in images that are taken literally and acted upon impulsively. This is the essence of acting out, and the reason why analysts are so against action in the session: the action, they argue, takes the place of proper thinking through, and thinking through is what analysis is primarily for. A good interpretation would have extended and deepened this containment.

The Kleinian picture of the paranoid-schizoid world has explained why I was so inarticulate in the face of the events described in this story. Klein's concept of projective identification has helped me to understand my therapist's refusal to address the issues that I finally faced him with.