Inner Worlds ...

First Published as ...

"Inner Worlds and Outer Challenges"

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"Inner Worlds"

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All proceeds in aid of our work with abused children and disadvantaged young people.

Dedication of new (second) edition -

> *"Just for today I will be unafraid.*
> *Especially I will not be afraid to enjoy what is*
> *beautiful , and to believe that as I give to the world,*
> *so the world will give to me ..."*

<div align="right">

From Al-Anon 'Just for Today'.

</div>

To Seamus

This new edition is dedicated to Seamus without whom I would not be where I am today and without whom I would probably not be here at all. Seamus was a kind thoughtful man who totally embraced the principles of the above quotation - the steps of AA - and particularly the 'twelfth step" - *'carrying the message to others'*.

Seamus understood the concepts of which I am attempting to write ... he was a caring doctor and counsellor ... the co-founder of the 'doctors group'.

Seamus died on 24th May 1996.

He will be sorely missed. He was there when I needed him ... and I trust that I can be there when others are in need of me .....

Dedication of first edition -

"The biggest danger , that of losing oneself,
can pass off in the world as quietly as if
it were nothing ...."

(Kierkegaard 1849)

To Maria and Lisa

In the hope that they will find themselves ...

- and with thanks to Leslie who helped me find my own 'self'
and to   Trevor Leggett who inspired a new understanding.

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Introduction

It could be said that the process of developing a personality, a 'self' begins with conception and ends with death.   Times of greatest growth and change can be identified such as the early months of life, and the so called 'turmoil of adolescence'.   ... But in many ways we go through numerous phases of development and pass the hurdle of several 'adolescences'.

Understanding ourselves, getting to know who we really are and communicating that knowledge to another human being can be a task too great for one lifetime.   ... Particularly if the real self is hidden by fear and early experiences of rejection and abuse.

Those of us who would work with young people have a double task, we need to understand ourselves before we can be of use to our patients. We must be in touch with the hurt child within ourselves so that child can communicate, empathise with another and help to heal their pain.

*   *   *   *   *

Most infants experience similar insults to the developing self.   Some unpleasant experiences are inevitable and universal - such as the expulsion from the womb, separation of the umbilical cord, and sooner or later weaning from the breast. Many suffer greater emotional or physical assaults, whether accidental or inflicted. How can we understand why the developing self is often affected in very different ways by the apparently same event? Why the same early rejection can bring about very different patterns of disturbance?

Why do some appear to get off 'scott free' and undamaged by childhood ordeals while others are grossly traumatised and damaged by lesser events? Like Eric Berne's story of the twins who were nagged by their mother that they would end up in the lunatic asylum, and they did - one as a catatonic Schizophrenic and the other as professor of Psychiatry!

In understanding our patients, it is therefore fitting that we should first consider the development of the self and look for clues to the above dilemma. Resolution of the question may be aided by observation of certain patterns of disturbance and considering why a particular pathway was taken.

It is an unfortunate aspect of our society that many children and young people are brought up in a world of abuse and violence. How can the result of this experience be minimised or turned to positive effect?

Why do some abused children become abusing parents, ... while some become 'victims' .... and others become carers, protecting other children from similar harm?

If protective or determinant factors exist - can we use them, bring them into play in helping heal the wounds? Or is our path predestined by an inner immutable psychological structure? How can we influence the interplay between inner worlds and outer challenges?

The classical division of personality types in psychotherapy is into four basic patterns - the hysterical, depressive, obsessional and schizoid and certain common themes can be illustrated using these divisions. Of course, the individual lies somewhere between these personality types, each of us demonstrating varying degrees of hysteria, depression and obsessional or schizoid character traits. Each individual is unique and as such cannot be categorised, each of us has developed a particular framework for understanding our world, our own set of coping strategies, our own fears and hurts.

Similarly philosophers, analysts and therapists have developed their own frameworks to explain and dissect the human diversity they see around them. Some providing useful tools with practical applications; some others perhaps somewhat unhelpfully categorising, reframing or renaming previous ideas with an air of elitism - the implication being that only those chosen few trained in their exclusive dogma can possibly understand the human dilemma.

Now and again an often simple idea can shed new light on our knowledge of psychotherapy giving new depths to our understanding and unexpected enlightenment to the student of human emotions - even though the perception of this idea, the interpretation of the 'disciple' may not accord entirely with the intended meaning of it's original exponent.

Thus my understanding of object relations may not concur with the intention of Klein or Fairbairn and my perception of 'True and false self' may not coincide with Winnicott's view.

However, just as in Zen philosophy -

"A comment to a koan rises naturally from the inner state on the occasion of realisation, and is not something that has to be said in the wake of someone else. Even when a verse is employed by which an ancient expressed this state, it is not now an ancient verse, but one's own." (Imai Fukuzan 1925).

- so my viewpoint, my realisation, though personal, has a validity of it's own.

It is with this proviso in mind that I present my perception of the emotional world of some of the patients and young people whom I have worked with, and indeed of my own.

These pages are a product of the workshops that I have held with teachers, social workers and those working with young people. There is a need for such a continuing dialogue to take place and to include parents, families and youth. It is with this feeling in mind - of the 'wider' audience , that I have attempted to 'keep it simple'.

A very small minority of people ever talk to a psychotherapist and those who do spend precious few hours doing so - a few hours in what may be a lifetime of distress. Too little succour spread too thinly over too much pain. Winnicott spoke of his task as a psychotherapist being " ... The perpetual job of covering naked souls". And it is indeed a 'perpetual job' - naked souls cannot be covered over night .. it does take precious time.

It is thus essential that those individuals whom young people may meet on a day to day basis, people who can impinge on their lives, little by little every day, whether professional contacts or not, should be armed with the tools to begin to alleviate their emotional pain.

*   *   *   *   *

Part One - Inner Worlds

Reflections   - How do we develop personalities?

Fear is the Key   - The depressive personality

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One Track Minds?   - Obsessive ideas

Divided Loyalties   - The schizoid personality

Part 1 - Inner Worlds

"Reflections"

" ...... A man in a big department store sees someone in
the distance approaching and looking at him with
interest.   He cannot quite place who it is although there
is something familiar.   Coming closer he finds himself
reflected in a large mirror.   ... Then he smiles...."

(T.Leggett ; 1978)

Knowing ourselves involves recognising ourselves in someone else.
Those around us act as mirrors in whom we see reflections of our
behaviour, our feelings and our hurts.

As adults, it is by no means easy to see these images for what they are.
The argumentative spouse berates his or her partner with "I don't know
how you can behave that way with me" - "I wish you would not be so
inconsiderate, why do you always have to argue?" Criticising their own
faults seen in another, but unable to own them for themselves.

Subconsciously however, we acknowledge these resonances by
recreating the same reflections, the same scenarios in one situation after
another. It is the way in which we dealt with our earliest experiences, our
earliest relationships, which is echoed and restaged throughout life
forming the basis of our future relationships both at school and at play, at
home and at work, and the foundation for the development of the
'transference' relationship between patient and therapist.

The idea of understanding ourselves in the images we cast on those
around us is not a new one. Consider the following stories from the
twelfth and thirteenth centuries where the inner realisation sought after in
Zen has been also likened to understanding mirror images.

*   *   *   *   *

The Mirror of Enkakuji

Zen came to Japan from China in about 1191 but the first main centre in the east of Japan was the temple at Kenchoji, founded in 1246 by the Regent Samurai Tokiyori under the guidance of the Chinese teacher Daikaku. Tokimune, (Tokiyori's son) decided in 1278 to build a new temple.

In company with the priest Daikaku (Rankei 1213-1279), he chose the 'Brahma ground' as the site of an old Shigon temple where there had once been a pagoda of Perfect Realisation.

When the foundations were being dug, a stone coffer was unearthed which was found to contain a perfect circular mirror on the reverse of which was engraved the words 'En Kaku' - perfect realisation. The temple was thus named Enkakuji - it was eventually dedicated in 1282 by Tokimune as a thanksgiving gesture for his defeat of the Mongol invasions and Bukko, Daikaku's successor was installed as it's first teacher.

When the temple of Enkakuji was eventually burned down in 1374 the precious mirror was salvaged and taken to Tokeiji where it was placed in a hall of mirrors - the meditation hall of the nuns. The founder of the order, the nun Shido (Tokimune's widow) , reached a realisation when meditating in front of the mirror and her disciples followed her practice - thus the practice of 'mirror Zen' arose.

Each successive generation of nuns formulated a poem, and thus a koan, illustrating her understanding of the importance and significance of the mirror.

*   *   *   *   *

Our earliest relationship is inevitably with our mother, for even though some unfortunate children may be deprived of their natural mother at birth, either by accident - illness or death; or by design - abandonment or adoption; all foetuses will spend an intra-uterine period in intimate contact with their mother.   This period between conception and birth has

not long been taken seriously by psychoanalysts and students of child psychology. Intra-uterine health was traditionally the province of obstetricians rather than paediatricians and thus concern for the child in it's own right began at birth.

Since the early seventies, there has been a changing emphasis towards foetology and the study of the unborn child and with it has come an understanding that awareness of the environment and thus response to environmental stimuli does not switch on with the advent of labour.

We now know that foetuses can hear, can detect a variety of stimuli and are affected by the hormonal milieu of the mother's blood. Levels of chemicals in the mother's bloodstream - such as hormones, catecholamines and steroids, and adrenalin for instance - alter with maternal mood changes, so does heart rate, blood pressure and body temperature. The foetus is thus no doubt affected by maternal mood changes even though perhaps unaware of their significance.

Many theories abound as to psychological development, at what stage an infant is aware, has a 'self', can distinguish 'self' from 'non self'. How does the self develop? What are the developmental stages?

Taking 'standard' theory into consideration - Should one use Freud's framework of oral, anal, phallic, and look for the beginning of the oedipal phase?   ... Should we be instead thinking in terms of Klein's object relations with good breast, bad breast and depressive positions? ... or Fairbairn? or ...?

.... Otto Kernberg distinguishes at least five stages of object relations that a child goes through in building an understanding of his self. While this makes for interesting reading and good intellectual discussion one is left wondering, how on earth can we come even close to knowing whether this has any basis at all in reality?

In order to answer this question partially, there has been a vogue in recent years of 'infant observation' - the commonest practice being to observe a mother and child for about one hour per week for the first year of life. While this is extremely commendable and no doubt gives some added insights - it has no way of reaching that first nine months of exclusive mother/infant communication.

Of course, Winnicott, as a paediatrician, recognised the importance of the early mother, child interaction and his interpretations and ideas are full of empathetic comment. Nevertheless, the best of theories can never be proved when the subject of our theorising, the self, is an intangible, an abstract and something whose very nature is in dispute.

Also, however empathetic we may be, we must remember that we are looking at the world of the child through our adult's eyes. Even those following the theories of Arthur Janov (The Primal Scream) and involved in the practice of 'rebirthing' are not really re-living the actual experience of their births but at best can only bring to the surface feelings and fears which perhaps 'could' have originated in the process of labour.

Only by returning to the often confusing and frightening world of the infant equipped with the knowledge of our adult experience can we ever fully understand the pressures on the developing 'self'.

What follows therefore is an explanation of what I, as an adult, have found useful in explaining the developing world of my child and understanding that of the child within my patients.

*   *   *   *   *

First experiences may be good. ..... The foetus floating contentedly and securely in warm amniotic fluid, his every need met before it is expressed; existing in the regulated world of his mother's heartbeat.

The unfortunate foetus may instead feel his movements restricted by sparsity of surrounding fluid, his supply of nutrients and oxygen depleted by damage to the placenta, his overtired mother's blood pressure rising and fluctuating producing an unwelcome drumming in his head.

Whether the experience be good or bad, the foetus is still entirely dependant on his mother for his environment. We suppose that the foetus has no control over his situation and is thus the passive receptor of good and bad. This may be true but there exists a possibility that the foetus may not be as passive as we have previously believed.

After birth the interaction between mother (or mother figure) and baby can be clearly observed and the socialisation of the child is readily apparent.

Eric Berne believed that each infant is born as the 'perfect' free child, spontaneous, undamaged by traumatic experiences and unmoulded by social mores. Throughout childhood this child is brought into line - into conformation with the values and codes of behaviour of it's society and thus becomes an 'adapted' child - a compliant shadow of it's former self.

The baby 'adapts' to it's surroundings by realising that being 'nice' and good, smiling, complying, will bring a good response from it's mother. Close observation of infants will confirm that, contrary to popular myth, even newborn babies can socialise and an early smile does not mean wind!. Hence the process of 'adaptation' must have begun prenatally. We may be Princes and Princesses at conception, but by birth the bad fairy's spell has already begun to change us into frogs.

The baby asks for attention by crying, smiling, coughing and later vocalising. A fortunate child will receive an appropriate response which makes sense and thus aids his understanding of the world, whereas the unfortunate baby will receive the 'wrong' response or no response, leaving him confused and disturbed. We all receive some inappropriate responses since mothers are not perfect and the needs of a child can be easily misunderstood. A child's demands must also to an extent be frustrated if he is not to continue as a demanding omnipotent tyrant.

The mother will be seen by the child as being good, nurturing , provider of all nourishment, when she is meeting the baby's needs at times such as feeding. In Kleinian terms, she is then seen as the 'good breast'. When she is withholding, frustrating the child and not fulfilling his needs, she is seen as the 'bad breast'.

"You can't hate her if she's good, ... but you have permission to hate her if she's evil."

When mother is doing something good, she is good, and when someone is doing something good to you, you feel good, you become good. Hence the good part of mother becomes part of the inner world of the baby. The same happens when mother is being 'bad'. Hence good and bad sides of mother represent 'internal objects' for the child.

At first the child cannot integrate these together. A young baby can adore the 'good mother' and then murderously hate the 'bad mother' without being able to see that both are parts of the same person. Later he may fear that he has harmed or destroyed the good while attacking the bad or that he may have exhausted or consumed the good breast by his greedy demands. Keeping these opposites apart is useful in avoiding the conflict inherent in integration but stops the child from developing a well functioning inner self.

Some of us never quite manage the integration of good and bad elements or use the split to cope with stressful situations, disowning the parts that do not fit with the currently felt emotion. If you are feeling anger or hatred for your mother, something taboo in 'nice' society, it is convenient to see her as totally wicked and neglectful, to completely disregard the loving, caring side which does not accord to your present view. You can't hate her if she's good, but you have permission to hate her if she's evil.

Children have plenty of excuses for hating their parents - why should a mother not always feed the demanding infant as soon as he desires it and should she not allow him to suck her breasts dry if he should wish it, being there only for him? Should she not unconditionally adore him, never diverting her attention to her own needs, to her husband or to another child. These are the frustrations felt by all - but what do children do with their inner rage if it cannot be expressed openly?

<center>*   *   *   *   *</center>

Four year old Julie was troubled by severe nightmares. She woke crying at night. Sometimes she would lie still crying silently in her bed so as not to let her parents hear her, other nights she would creep to their bedroom and peep round the door to see if they were still there.

"A young baby can adore the 'good mother' and then

murderously hate the 'bad mother' without being able to see that both are parts of the same person ...".

Mother was upset and worried that Julie would not tell her anything about the dreams and she therefore felt impotent to help her daughter. She did feel however that they were somehow connected to the birth of her new brother two months previously.

Eventually Julie became more withdrawn during the day time and refused to eat family meals - this could have precipitated the family to seek help, but rather than risk admitting a failure to cope, which is how they saw it, they sent Julie to stay with grandparents.

This actually made matters worse for Julie who felt rejected by the move and felt that she must have done something wrong - she was somehow to be blamed. Maybe it was in fact because she was not the good little girl that her parents wanted , that her parents had to 'try again' to have a good baby in her brother. She was cast off for the new version.

By virtue of her parents refusal to face up to the possibility of her emotional distress, Julie's story thus remained concealed until she herself sought help as a teenager and old memories were rekindled.

Her dreams showed the dilemma of hatred and love, destruction and protection all wound up in Julie's over whelming feelings of guilt and self reproach ...

Julie's nightmares took the form of wanting to kill her mother and at the same time trying to protect her against attack. In some dreams Julie found herself wandering through a large dark house. She could hear the family laughing in another room and tried to keep away from them, but then she would blunder into the room or her mother would come to find her.

The family room was well lit but Julie tried to keep in the shadows at the entrance. Her mother might come over to her and she would turn away, she knew she would endanger her mother, she would harm her. All the time she had a compulsion to get rid of her and a dread that she might.

The dreams then changed. ...

There were the same feelings attached but now a sense that something bad had already happened. Time had moved on and the evil deed could

not be prevented. Julie felt she was searching to find out what it was she had done wrong. She felt tremendous guilt but could not anchor it in any event. Until one night Julie found herself sitting at a table with several unidentified figures. Her mother came in and served them a stew which they began to eat.

The figures began to laugh -

'How do you like your stew?'

'You'll never get out of this one' and other such jibes.

Julie became aware that she must have killed her mother and served her up in the stew. She began to sob ...

'No, No I can't have done, it isn't true'

Whereupon her mother appeared -

'Yes you did, see you have killed me'.

Julie distraughtedly ran around the house begging to be allowed to put things right, trying to believe it had not happened.

When she awoke, she was left with a feeling of dread, of guilt that she had killed and consumed her mother and a fear that somehow her 'crime' would be found out.

For a long time later and into her teenage years when Julie came into therapy - she was tortured by the feeling that she had done something terribly wrong but did not know what it might be ...

Her childhood dream came back in other forms .. being afraid of having done something awful .. having committed some terrible crime .... being in prison for something she had not done ... A miriad of ways to repeat the overwhelming experience of ' un attached' guilt.

*   *   *   *   *

I have said that we know ourselves by virtue of the reflected aspects of ourselves which we receive from other people. Winnicott beautifully described the mother as the mirror for the infant. He spoke of a mutual adoration between mother and baby whereby the child was able to express his feelings towards his mother who reflected them back in a way that could be incorporated into the child's developing self.

If the mother acted as a faithful mirror accurately reflecting the child's feelings and relating to him as a new unique individual whom she loved, then his true nature would flourish, he would develop as his 'true self'.

However if the mirror was flawed and instead of reflecting feelings, projected something different, the mother's fears, mother's worries, mother's hope that the child would somehow conform to, a mould of her making for him to fit into rather than his own space to grow in. If such a false image was projected back to the child, then he would forsake his

A Faithful Mirror ....

'true self' which was being rejected by his mother and instead, develop a 'false self' which his mother might love.

The true self becomes locked away, walled up -

 - in the words of Roger Waters -

"... Mother's gonna make all your nightmares come true,
Mamma's gonna put all of her fears into you,
Mamma's gonna keep you right here,
Under her wing
She won't let you fly but she might let you sing
Mamma will keep baby cosy and warm,

Ooooh Babe, Ooooh Babe, Ooooh Babe

Of course Mam'll help build the wall ...."

Fairy stories often bring to life aspects of childhood fears which can be safely and unthreateningly faced in fable although taboo in reality. Those best gifted in writing children's stories are those who understand the often uncensored language of the child and the need to be 'naughty' 'dirty' and 'wicked' in a harmless, secure, setting.

Roald Dahl's mastery of this concept is self evident in his description of wicked witches, grotesque grandmothers and a host of unsavoury characters. Those who seek to censor such children's stories merely deny the mischievous side of human nature which is surely better expressed in fantasy rather than acted out in society.

Hans Christian Andersen (circa 1789) describes the horror of a distorting mirror in the first part of the 'Snow Queen'.

<center>*   *   *   *   *</center>

<center>The Snow Queen - First Story
Which treats of the mirror and it's fragments.</center>

Look you, now we're going to begin.

When we are at the end of the story we shall know more than we do now, for he was a bad goblin. He was one of the very worst, for he was a demon.

One day he was in very good spirits, for he had made a mirror which had this peculiarity, that everything good and beautiful that

was reflected in it shrank together into almost nothing, but that whatever was worthless and looked ugly became prominent and looked worse than ever. The most lovely landscapes seen in this mirror looked like boiled spinach and the best people became hideous or stood on their heads and had no bodies; their faces were so distorted as to be unrecognizable, and a single freckle was shown spread out over nose and mouth.

That was very amusing, the demon said. When a good pious thought passed through any person's mind, these were again shown in the mirror, so that the demon chuckled at his artistic invention. Those who visited the goblin school - for he kept a goblin school- declared everywhere that a wonder had been wrought. For now, they asserted, one could see, for the first time, how the world and the people in it really looked.

Now they wanted to fly up to heaven, to sneer and scoff at the angels themselves. The higher they flew with the mirror, the more it grinned; they could scarcely hold it fast. They flew higher and higher, and then the mirror trembled so terribly amid it's grinning that it fell down out of their hands to the earth , where it was shattered into a hundred million million and more fragments.

And now this mirror occasioned much more unhappiness than before; for some of the fragments were scarcely so large as a barley-corn, and these flew about in the world, and wherever they flew into anyone's eye they stuck there, and those people saw everything wrongly, or had only eyes for the bad side of a thing, for every little fragment of the mirror had retained the same power which the whole glass possessed.

A few persons even got a fragment of the mirror into their hearts, and that was terrible indeed, for such a heart became a block of ice. A few fragments of the mirror were so large that they were used as window panes, but it was a bad thing to look at one's friends through these panes; other pieces were made into spectacles, and then it went badly when people put on these spectacles to see rightly and to be just; and then the demon laughed till his paunch shook, for it ticked him so. But without, some little fragments of glass still floated about in the air - and now we shall hear.
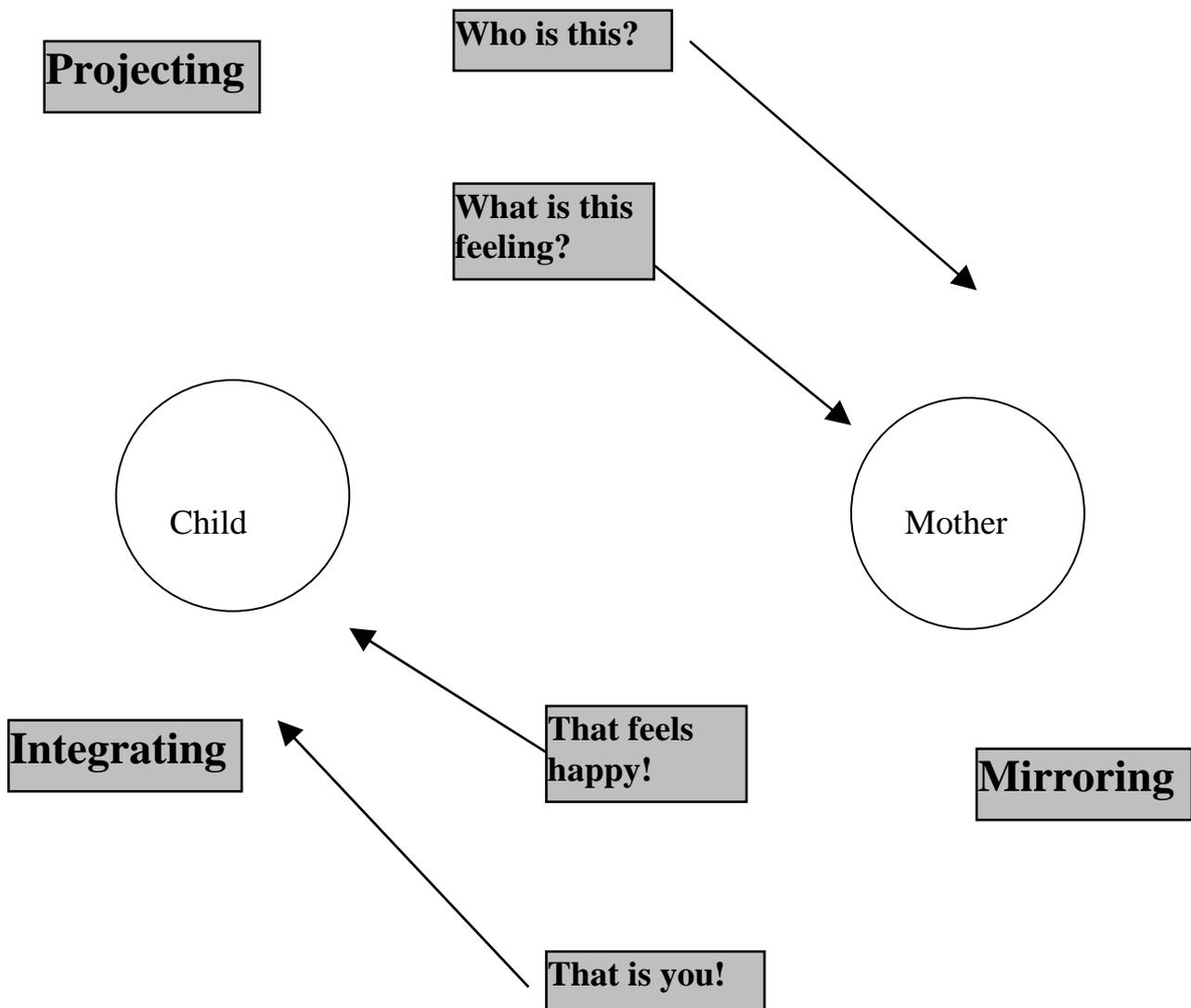
<center>*   *   *   *   *</center>

As infants we project parts of ourselves onto 'mother'. We also continue this process by projecting our emotions and parts of ourselves onto others in childhood and through our relationships as we grow up and become adults.

There again, the parts reflected back may be 'true' representations or modified images and we develop by reintegrating those parts into our personality. Hence we learn about our environment and therefore about our 'self' by engaging with someone outside our 'self' - an 'object'.
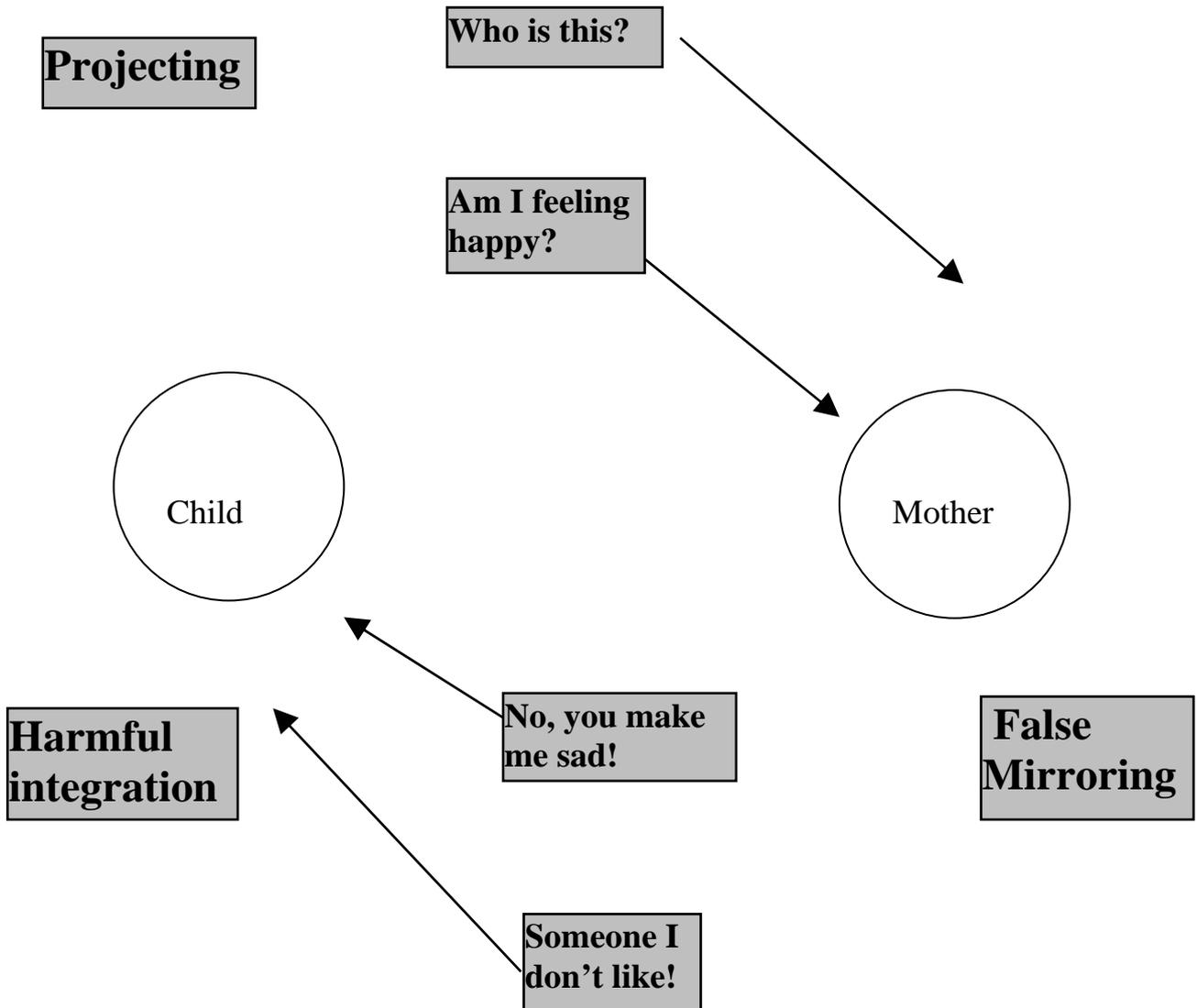
In isolation, this mechanism cannot operate. And if mother does not reflect back the 'particles' of the child's 'self' - then there can be no reintegration. Without recognition, without response, the infant can feel that he ceases to exist - his developing 'self' falls apart in panic and fear of annihilation.

Reflected 'images' are reintegrated into our developing 'selves'.

Projecting

Who is this?

What is this feeling?

Child

Mother

That feels happy!

Integrating

Mirroring

That is you!

The same process can be seen in a 'relationship'. There is a human need for some one who loves you and cares, someone to replace 'mother' in emotional transactions.

- False Mirroring - A Distorting Image -

Projecting

Who is this?

Am I feeling happy?

Child

Mother

No, you make me sad!

Harmful integration
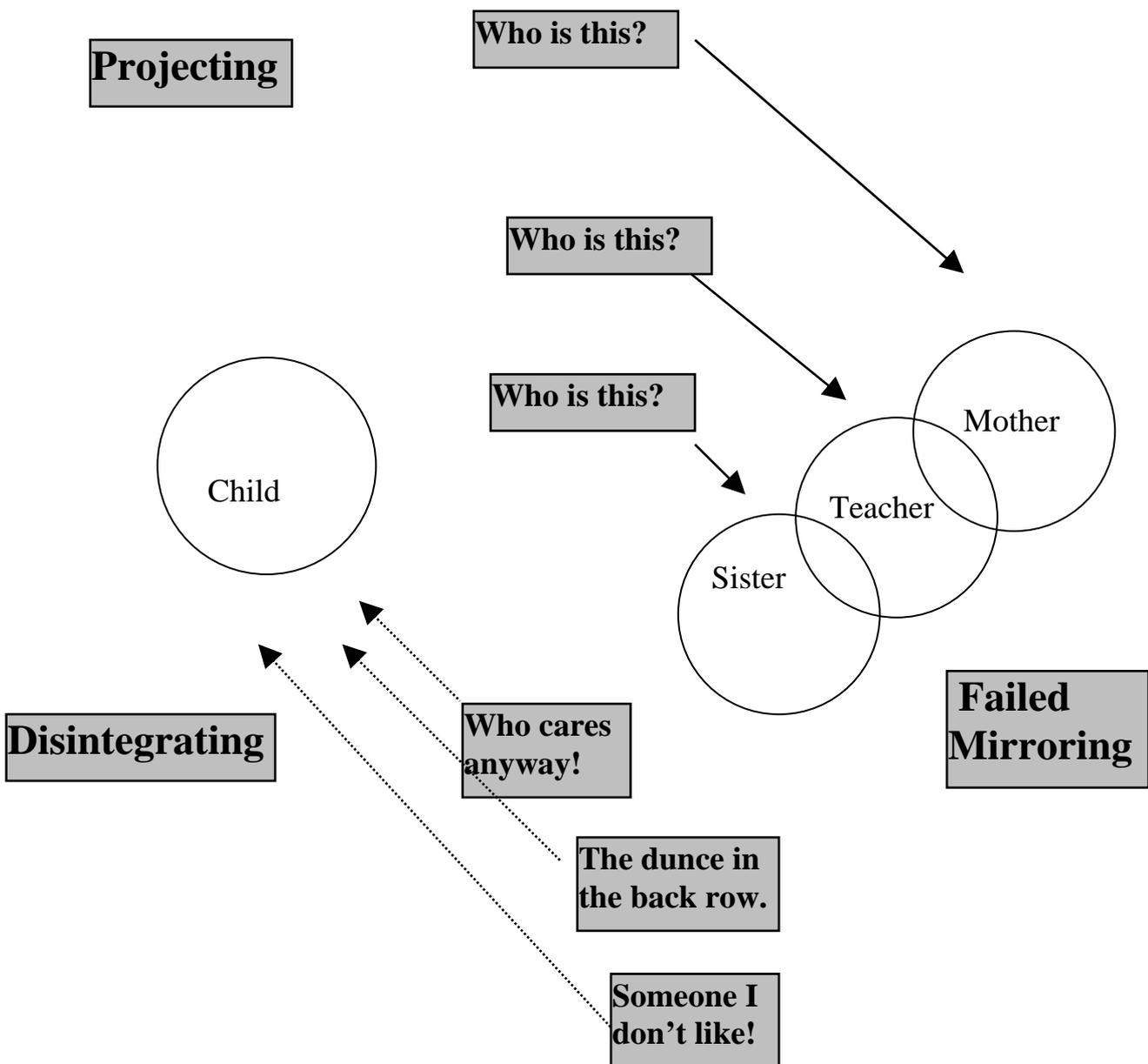
False Mirroring

Someone I don't like!

Some people grow up defended against the need for such feedback, the obsessive parts of our characters deflect our attention away from feeling and relating and the 'split' off parts are oblivious of their need for relatedness. However our ignored child hysterically shouts for attention

while the depressive parts of our nature are constantly in need of response and seek their value in other's regard for them.

If the 'mirror' does not reflect - it distorts as in the fable or is unpolished and 'holds' the image, we cannot reintegrate the parts of ourselves. We can then go through life feeling that we have invested parts of ourselves in others, part of us belongs to mother, part to father, part to husband, part to children. part to friends and we 'don't know where we are'. We have lost our 'self' in other people.

- Failed Mirroring - 'Holding' the Image -

Projecting

Who is this?

Who is this?

Who is this?

Child

Mother

Teacher

Sister

Failed Mirroring

Disintegrating

Who cares anyway!

The dunce in the back row.

Someone I don't like!

We feel we are a different person in every situation and our personality has disintegrated. When such a person is under stress this can be felt and described in graphic terms - like an 'archipelago ego' - all the little bits of the 'ego' - all the little bits of me are spread out like tiny little islands scattered over a hostile sea. ... I'm all at sea .. I'm lost..

<p style="text-align:center">*   *   *   *   *</p>

"When I thought I was going to lose my job, I felt as though my world was falling apart....

They moved my office to the other side of London and I just could not cope with the journey. I had to meet new people and do things differently - I didn't know where I was.

I used to get on the train in the morning to go to work and get really worried that I should really be back at home, and when I got home I would be all the time thinking I should be at work. I couldn't go to see my friends - as soon as I arrived, I felt that I should be somewhere else - I was lost!"

<p style="text-align:center">*   *   *   *   *</p>

'Fear is the Key'

The 'depressive' part of our nature allows us to feel the sadness in our world. It makes us sensitive to others' emotions, empathetic to their needs and feelings so that,   in sufficient measure - it breeds carers, doctors, nurses, therapists, aid workers   .... while in excess - it renders us vulnerable to every nuance of rejection, disparagement and hurt.

As with all the facets of our characters, having a depressive side to our personality does not mean we are depressed. Each personality trait has a positive and a negative side.

Each part of our inner self has developed in response to a need to understand the world around us and a need to cope with outer stresses and traumas. Our 'coping strategies' helped us to survive when we were weak and defenceless children. Some of these strategies when carried into adult life will continue to serve us and some will become the millstones around our necks, inhibiting intimate relationships and spontaneous enjoyment.

Some of these 'old friends' can be accommodated in our adult psyche while others must be lovingly but firmly placed on the back shelf like the old Teddy bear with the worn fur, protruding squeaker and torn ear, who we loved and was a comfort in lonely times, who we held tightly under the covers to dispel the fear of the dark, but who we no longer bring out to play. 'Goodbye, old friend, you served me well, but now we must part'...

<p style="text-align:center">*   *   *   *   *</p>

The word 'Depression' has been incorporated into general usage perhaps more than any other psychiatric term but do those who use such expressions as -   'I'm feeling a bit depressed, today' or -   'Isn't it depressing?' - really mean what they say?.   What is the feeling conveyed by the term depression? What do we mean when we say we are depressed?

'Depression' can be feeling low, fed up, worn out and generally feeling that life is not going our way, or it can represent a devastating feeling of hopelessness, profound sadness or utter emptiness. Moreover depression can be a substitute for feelings that cannot be expressed.

Most of us experience 'depression' at some time in our lives. It is the severity of our depressive tendency and the way in which we cope with it that determines the outcome.

Some people like to divide 'depression' into a number of types, for instance 'manic depressive' when there are mood swings; 'exogenous' when outside influences are the cause; 'endogenous' when the problem appears to be of internal origin. It is perhaps more helpful to regard 'depression' as a symptom of inner pain whose expression can be modified by a number of factors.

Those with a high tolerance of depression can take a number of knocks, survive a number of unpleasant life events without succumbing to depression - then maybe some shattering event can push them over the edge into what could be termed 'exogenous depression' - - whereas perhaps someone with a lower threshold would have become depressed earlier in the sequence - - and those at the opposite end of the scale appear to be depressed without any external stimulus.

Similarly there is a spectrum of defences and coping strategies used to stave off depressive feelings. Activity and commitment to a piece of work can protect from depression. The mind can be preoccupied with external events so that the inner world is kept at bay. This can be seen as a healthy distraction or a manic escape - is it avoiding reality, a state of denial? - or is it a healthy escape from a morbid preoccupation?

Certainly one can see the 'unhealthy' nature of manic activity gone overboard - when over-activity ceases to be a helpful diversion and becomes a consuming compulsion. This 'manic phase' can be even more painful to endure than the black depression which often alternates with it. Nevertheless there is no need for a separate mechanism to be suggested - but rather an understanding of the extremes of a defence mechanism going into overdrive.

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Stephen woke in a strange room, ... it was dark.

He did not know where he was and felt very alone. He called for his mother - no answer.   He called again and started to cry.

His cries echoed in an empty dark void - no response. Sobbing, he climbed out of his cot and found his way across the room to the door.

Some time later his mother found the distraught toddler wandering in the corridor of their holiday hotel. She had left him for a few minutes thinking he was safely asleep. Stephen however felt completely bereft, abandoned and helpless.

To Stephen, the fact that his mother had abandoned him meant that she did not love him and that, he reasoned, was because he was unlovable - he had done something wrong. If he had been a better child, a child who could fulfil his mother's wishes for him, then he would not have been left alone and undefended.

Stephen spent his childhood trying to please his family, being the compliant child that they would perhaps love; taking care that he did not show his true 'guilty' inner self that they would not like.

His first day at school was traumatic. The challenge of coming into contact with the outside world, with other individuals who would all need fending off, whom he would need to appease, was formidable.

"I did not want my mother to leave me there and I just could not bear the thought of all those children around me, all those people that I was supposed to talk to. .....I just felt myself recoiling away from them, shutting them out. .... It was torture.

I did try to run away one day, I ran out of the school and tried to find my way home, but they found me and brought me back. ... that was pretty disastrous anyway. ... My mother was so anxious about me and I felt so guilty at having worried her .. it just made things worse."

Stephen had repeated his life experience of wandering hopelessly looking for a rejecting mother, for whom he might have justifiably felt anger - anger at having been abandoned, first alone in the dark and then with a group of strangers in school. But the unhappy boy did not allow himself

to feel the forbidden emotion, and explained his mother's behaviour away as his fault.

Stephen hated secondary school and he decided to just knuckle down to work so that teachers would not take particular notice of him.

"It was sheer purgatory. I just cannot describe how painful I found school. ... I just shut off from it .... from the criticism, and the fear of possible criticism ... but mainly from having to be someone I was not."

In early adulthood he coped socially and at work but experienced periods of deep depression when he felt that his life was based on pretence and none of his relationships engaged his real self. This 'real self' he felt was locked away -

" ....I think I'm so well hidden that I don't even know who I am, ... and I have a dreadful fear that maybe I'm not worth knowing ....".

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The depressed person is dependant on other's views of himself. He will seek approval, will have very little self confidence and have a poor sense of self worth. Whenever something goes wrong, he will feel that it is his fault and go through life full of guilt, self reproach and blame. Sadly there are those who are ever ready to provide the expected criticism, to reinforce the feeling of worthlessness and to tune in to a young person's vulnerability.

> *"When we grew up and went to school*
> *There were certain teachers who would*
> *Hurt the children anyway they could*
> *By pouring their derision*
> *Upon anything we did*
> *And exposing every weakness*
> *However carefully hidden by the kids .."*

<center>(The Happiest Days of our Lives - Waters)</center>

To an insecure child or adolescent, any hint of disapproval can become the pebble that starts an avalanche, a catastrophic thought which sets off a train of 'I am worthless' emotion.

The infant learns about the good and bad aspects of mother in the early months and will feel the inevitable frustration of not always having his every need met immediately. Frustration and anger felt towards the 'bad side' of mother can turn to shame and guilt at having felt that way. The infant is afraid of having harmed his object of love with his anger. This early substitution of anger by guilt can be reproduced and amplified in each subsequent interchange resulting in a hopelessly depressed child who can do no right.

Perhaps one of the most powerful emotions underlying depression is fear. The 'depressed' child fears that he has caused harm with his emotions, he fears he will be found out, he fears the rejection which will be his punishment.

Hermann Hesse in his autobiographical novel 'A Child's Heart' uses the word 'dread' -

" ..If I was to reduce all my feelings and their painful conflicts to a single name, I can think of no other word but: dread. It was dread, dread and uncertainty, that I felt in all those hours of shattered childhood felicity: dread of punishment, dread of my own conscience, dread of stirrings in my soul which I considered forbidden and criminal..."

" .. despite his Nobel prize, Hesse in his mature years suffered from the tragic feeling of being separated from his true self, which doctors refer to curtly as depression." (Alice Miller).

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"I think I have never really been free of the feeling that I have done something wrong and that someday I will be found out.

When I was little I used to have these dreams. Almost every night it seemed, I would have nightmares that I had done something wrong. They would vary a bit, but at the end I was always left crying that I had not

done it, I was being falsely accused. There was this strange feeling of being guilty, yet at the same time knowing that I had not done anything.

Sometimes I dreamed that I had killed someone, I had buried a body in the garden, or I was trying to get rid of a body and I was so scared that I would be found out - the shame of everybody knowing that I was a murderess after all!

When I was at school I would dream that the headmistress was accusing me of things - how I hated her for it. .... It was so intense that when we visited a prison on an educational project I was overwhelmed with the feeling that one day I would be shut up in there for something I had not done.

I've always been a bit of a perfectionist with my work, I suppose. I always try to make sure there are no mistakes. But whenever anything goes wrong in the family, I am driven frantic trying to see how possibly it could be my fault and what I could have done wrong.

When I do a good piece of work I am afraid to show it to people in case they think it's worthless, but I know I need them to say that they like it - I'm always looking for their approval. It only takes a glance to know - and I'm shattered and in the depths or sitting on a cloud .... I don't seem to have any inner resource to keep me feeling good ... no security about who I am , I suppose.."

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This insecure, unloved teenager was actually doing very well at school and was frequently top of her class. Nevertheless she was so vulnerable and dependant on the views of others that she was desperately unhappy, her every waking hour devoted to pleasing her family and teachers while her dream world was filled with her inner fears - fears of her inherent guilt, despair and hopelessness.

Her early dreams of murder were interpreted partly as manifestations of her unexpressed anger and partly as relating to the death of a cousin for whom she (irrationally) felt responsible. Later she concluded that they might also have related to the burying of the 'true self' - her not acknowledging her own true value.

In therapy she realised that however hard she tried to please her family, her friends and teachers, she would never succeed in pleasing them all and she was able gradually to let go of the fear of failing in this hopeless task. A slow process of learning her own values, rather than those of others led to acceptance of herself as an individual and thus to a feeling of improved self worth.

The fear associated with self doubt is not limited to insecure adolescents, we all need to know how to cope with our inner fears and to recognise them as part of ourselves. The 'false persona' that we have adopted must be left behind. Recognition and 'owning' our fears can help us to master our true selves and diminish the power of depression to overwhelm our lives.

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\- Kamakura Koans -

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Tokimune was Regent of Japan at the age of 18. He ruled with absolute power from 1268 to 1284 and was a very brilliant and capable man. He was however filled with inner fear and self doubt and turned to Zen to try to rid himself of his anxieties. "Grass of the Way", his collection of dialogues with the teacher Bukko was quoted in "Zen and the ways" (T. Leggett).

Tokimune - "Of all the ills of life, fear is the worst. How can I be free from it?"

Bukko - "You must shut off the place where it comes from".

Tokimune - "Where does fear come from?"

Bukko - "It comes from Tokimune".

Tokimune - "Tokimune hates fear so much. How can you say it comes from Tokimune?"

Bukko - "Try and see. Abandon Tokimune and come tomorrow: your courage will be as great as the whole world."

Tokimune - "How can I abandon Tokimune?"

Bukko - "You must simply abandon all thinking."

Tokimune - "What is the way to cut off all thinking?"

Bukko - "Plunge yourself into meditation and wait for the body and mind to become serene".

Tokimune - "My duties in the world leave me so little time. What can I do?"

Bukko - ".... going and sitting and lying, whatever you have to do, that itself is the best place (dojo) for training. That is the place to learn profound meditation".

                    *   *   *   *   *

This extract of ancient writing, although couched in rather stilted language, conveys a similar message to that of the so called 'Twelve step' programme adopted by a number of self help groups from the AA - alcoholics anonymous - programme. Acceptance of inner turmoil and fear; relinquishing the need to control and avoid, 'letting go' and allowing answers to come.

The depressive personality provides a fertile ground for the development of addictions. Alcohol and drugs can be misguidedly used as a way of blotting out the pain of depressive feelings - only to bring an added dimension of anguish to an already troubled mind.

The depressive side of our personality is also well suited to the spouse or family of an alcoholic or addict. A low self esteem is exaggerated by the sense of failure inherent in not being able to stop a loved one's drinking and reinforced by the addicts -

'If only I had a better wife' or

'Who wouldn't drink with a mother like you'.

The depressed child who was ever prepared to take blame for her parents imperfections is all too ready to accept responsibility for another's unacceptable behaviour. She thus 'bears the cross' of a husband's drinking, a son's drug taking or becomes a 'battered' wife.

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"I seemed to be always hoping that people would like me. I had a feeling that they would not like me the way I was so I kept trying to go along with them and agree with their ideas to make them feel comfortable. .. I did that with my father too - but when he was drinking it was so difficult because he kept changing. Nothing seemed to make sense. I would try to please him one way, and that was wrong, so I'd try something else and that was wrong too.

I just could not win.

I ended up not knowing how I really felt about anything - I'd spent so long trying to work out what was right - I didn't know where I was any more - all I knew was that I was always in the wrong!".

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In such a dilemma the once 'protective' mechanism of being finely attuned to other's feelings in order to comply with them can break down under a gamut of contrasting messages. The individual can lose sight of his or her own feelings and needs and gradually lose awareness of 'who they are' - lose themselves in others. In so doing, depressed young men and women with low opinions of themselves will tend to chose the company of friends who they will look up to or accede to who, to the outside view, would seem to be their inferiors. This serves to reinforce their low self worth - when they are let down by such worthless friends, they again blame themselves - 'I'm not even good enough to be his friend'.

The depressed sets his sights low and ensures that he cannot be caught out 'getting ideas above his station'. The wide gap between the reality of his station and his perception of it is sometimes absurdely hidden from his view.

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Andrea was a very intelligent woman who had been an industrious student. She had bouts of depression around the times of examinations when she 'knew' she would fail and was afraid of exposing her supposed lack of knowledge. The exam would show her up and 'how dare she have the inflated idea that she might pass'. Pass she did, generally with flying colours and she eventually established herself in a career in education, becoming a school inspector.

A brief marriage to a compulsive gambler whom she tried unsuccessfully to 'cure' left her financially hard up but with a bright little son, Paul.

Andrea had great difficulty in attending her son's primary school parent's evening. She felt inferior to the other mothers, felt that perhaps her son was not doing as well as he might .. if that were so it would be her fault .. she was not a good enough mother .... she had been late to pick him up once or twice and the teacher would complain ..

"I tried to get there very early so that I could just see the teacher and get away before the other parents came. I didn't really want to talk to her .. because I knew my son was very good and I didn't want to hear her say he was doing badly .. I somehow knew she would and that it would be my fault. I had entered him in a trial for a special school and knew that the other parents would be jealous and be feeling that I was getting inflated ideas to think that he might get chosen. - That MY son could be good enough.

It was agonising looking at his work and pretending to be cool and confident when I could feel those parents eyes boring into the back of my neck thinking 'Who does she think she is'"

"Why would they think that?"

"Oh, I can't stand those pushy parents - they were there all dressed up in smart clothes, husband and wife together .. and there was I, a single parent .. I can't afford that sort of thing. ... But Paul DID get into the special school .."

"So you didn't have inflated ideas."

"Logically, I suppose I didn't, but it still felt that way. I remember it was the same for me .... when I got a scholarship and later prizes in exams - I tried to hide it so that people would not think me big headed."

"Tell me about these parents that you felt so inferior to."

"Well, .. it was a difficult situation for me because there were two members of my staff there with their husbands. Then there was a father who had been a trainee of mine ... and to tell you the truth the school is in my 'patch' and I had visited the headteacher the previous month in the course of my job."

"Listen to yourself ... Do you really think these people are your superiors?"

She laughed - "Oh no, ..I've done it again!"

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For a teenager, life can be an insecure tightrope walk between the dependant need to seek approval and maintain the goodwill of parents and the need to break free and establish oneself as an independent person.

The infant learns of this dilemma in his earliest days - as he crawls off mother's lap to retrieve a lost toy - as he takes his first faltering steps away, always looking behind to make sure she is still there, and later, as he develops the confidence to wander briefly out of the security of her gaze.

John Bowlby saw child development and attachment in terms of exploration from a secure base. In many ways all life is an exploration, a venturing forth from a secure base. Every time we move into new areas of life, into new jobs, new relationships we are re-enacting this same first

dilemma, calling on the same inner reserves of strength and emotional security to carry us through.

Those of us fortunate enough to carry within ourselves the security which we acquired at our mother's knee will grow in self confidence with each encounter. But suppose we have no inner security, no safe place to be? Each experience, each relationship provides not only a new opportunity for acquisition of approval and self worth but also an increasingly desperate search for that loving 'holding' safety which was lacking at an earlier time.

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"I never really felt very secure, there was always this fear gnawing away inside..... The only time I really felt safe was with my dog .... I would curl myself up in some quiet corner with her and bury my hands in her fur .. she felt warm and safe .. I felt protected with her.

When I was older we would go for walks and sit together in places where nobody would find us, ... sheds on allotments .. disused buildings , that sort of thing.

Years later I still needed a dog ... whenever things were bad I needed to have her near .. feeling her breathing in the same air ... I wonder if that's where the story of Romulus and Remus came from? ....From someone like me?"

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"I think that my biggest problem with friends, and with getting close to people, is that I want to trust them and to feel close - but all the time I am afraid that they will abandon me. .... I don't know if it's that I don't trust them or maybe I don't trust myself?..

When I was married , there were times when we had a flaming row and I couldn't stand the way he behaved - and I would tell him to get out. .. And, almost as I said the words, I would be overcome by this fear of being left alone.

....It was the same when he had been drinking and I was afraid of the violence. I would get out of the house and as soon as I was a few yards down the road, I would be in a panic to get back ...it was as if I was afraid the house and everything I cared about would disappear when I was away.

The trouble is that I invest everything in a new relationship, hoping it will give me security. But whenever my boyfriend is late or can't see me, I think the worst. I long for security .. but at the same time I doubt it and despair that I will ever have a close loving relationship.

All the time I need reassurance... but I suppose if I keep nagging for it, I will only drive people away...".

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Within the security of a loving environment we can find our 'safe base' from which we can feel free to come and go without fear of loss. We can play away from mother knowing she will still be there when we return, we can go out to work knowing that our wife or husband will not have run away with the next door neighbour, we can take up a challenge secure in the knowledge that we will still be loved whatever the outcome. We can also find the security and trust required in order to show our 'true selves' to our partner.

Those of us without such a relationship can, as adults, provide understanding and protection to our own 'inner child' and can use the safety of a therapeutic relationship to build up trust in another human being. Conquering our inner fear by knowing our 'true selves' is the key to overcoming depressive feelings.

But which is the 'normal', the true state of affairs? Those who work with depressed people usually take the view that the 'depressed state' is a deviation from the normal. Family members seeing the anguish and despair of a depressive phase are convinced that their loved one cannot really be like this - they pray for the moment when the 'real' bright happy side will re-emerge, believing fervently that the morbid thoughts and self recriminations are the delusions of a troubled mind.

For the 'depressive', however, all life is a sham. All the brightness and coping is an act. A well tried and carefully judged 'persona' is brought out to function on a day to day level and keep the 'true self' protected away from social scrutiny.

In a depressed phase, the effort of keeping up appearances, of guarding the inner self every second of the day, breaks down. He feels the poignancy of his unreality, the fear of an absent self, the terror of annihilation. It is only then that the depressive can experience his own inner reality - only in a 'depressed' phase can he come near to the truth of his existence, to dispense with the play-acting and face his inner pain.

It takes courage for any of us to fully face up to ourselves - there are always aspects which we do not wish to see, which are too painful and which we would rather keep in the 'twilight area' of our subconscious. The defences of 'pulling yourself together' and continuing to present a false front to the world can stop us from fully committing ourselves to self awareness.

But if we can allow ourselves to 'let go of the edge of the cliff' we will find that, rather than committing ourselves to the abyss, we can discover the true nature of our inner child who is lovable, blameless and worth knowing!

"The invisible woman"

Imagine going through life as an invisible being. Your first thought might be of the fun of surprising and entertaining with tricks such as disembodied cheese sandwiches floating through the air as portrayed in film and TV versions of the classic story - but I imagine that it would not be long before the more sinister aspects of HG Wells' novel occurred to you. The torment of a lost soul, unable to communicate, distancing himself more and more from human kind.

How would such an experience appear to a child?

What would it be like to be an invisible baby, left crying alone in her cot?

An invisible boy, going about his business unseen, unheard, unheeded. Unable to be held, to be loved. Entirely unrecognised.

The invisible girl, at home, her mother indifferent to her actions, thoughts and feelings. At school unnoticed in class. How can that child draw attention to herself?

How can she be heard?

How often have we heard someone say - often someone who should have known better - "Oh, it's just attention seeking behaviour"? Attention seeking behaviour is a nuisance in the classroom, especially when a teacher has a class full of children demanding her attention.

Such behaviour will often be regarded as just naughty, something to be ignored. "Don't let her think she can get her own way". And of course, in a school, one cannot have anarchy, the needs of the individual must be subjugated in relation to the needs of the group. However the child who is ignored and rejected may clamour for our attention and if we then punish that attempt to engage us, once more dismiss her from class, place her out of sight and out of mind - are we not compounding her misery - forcing her to escalate her cries for help?

It is such 'invisible children' such attention seeking young people who are often said to demonstrate a 'hysterical' personality.

My first contact with a case of 'hysteria' was via the television screen when as a teenager I watched the elegant young Dr Kildare brilliantly diagnose and cure hysterical blindness. He proceeded to earn our intense admiration the following week with a 'get up and walk' approach to a wheelchair bound blonde beauty who suffered a hysterical paralysis. Then there was the hysterical elective mute - struck dumb after a fire - and my first days in 'real' emergency service were enlivened by my treating a case of hysterical over-breathing by placing a paper bag over her face - just as I had seen in 'Emergency ward 10'. Hysteria makes good dramatic television!.

What picture does the term hysteria conjure up? The very words 'hysterical personality' engender a sense of denigration - of not taking the person seriously and of lacking compassion for that person's predicament.

Traditionally we have been led to regard hysteria as a complaint of rather tiresome women - histrionic outbursts by boring females who earn the antipathy of their doctors. .. 'Hysteria', 'histrionic' all terms originally derived from the Latin 'Hyster' or womb since it was believed that this was the organ responsible for hysterical symptoms.

The French neurologist Charcot made a particular study of hysteria and his demonstrations of hysterical conversion symptoms at La Salpetrierre in Paris attained the level of theatrical farce. Students and Physicians from all over Europe flocked to see women in extreme states of hysterical paralysis 'perform' on the stage of the lecture theatre and modify their behaviour under the influence of the newly introduced techniques of hypnotism. We in modern society should thank these hysterical patients, since one of Charcot's eager spectators was the young Freud. After experimenting with hypnotism in such cases Freud went on to develop his theories of psychoanalysis and psychotherapy.

 The 'old fashioned' patient with classic 'full blown' hysteria is not often seen, but nevertheless we are meeting patients with 'hysterical personality' and hysterical traits practically every day whose symptoms, while not as dramatic as previously described, are nevertheless equally distressing and equally meriting our sympathy and intervention.

There are not many of us who would like to be labelled 'hysterical'; yet most of us have at some time in our lives experienced 'hysterical' symptoms which we have not recognised as such. Such symptoms are often a form of covert communication, our bodies trying to say something that we cannot, will not, or are afraid to express in any other way. Understanding the underlying message and bringing it to consciousness can thus provide relief from the symptom, which is now redundant as a means of communication. Hence the sometimes rapid 'cure' which can come about - particularly in children or the young.

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Dawn and Michael were a 'perfect' couple. Childhood sweet hearts who had been together since secondary school. She had proudly shown off her engagement ring in the fifth year at school but was concerned that they should not get married until they had good jobs and a secure future. Michael started work as a bank clerk and Dawn became an apprentice hairdresser. All their earnings were placed in a joint account to save towards their house deposit.

Finally the mortgage came through, the marriage date was set, and in keeping with Dawn's precise planning, the couple attended the local family planning clinic so that the contraceptive pill could be fully effective in time for the honeymoon which was, naturally, planned at the correct time of Dawn's cycle.

One year later the couple attended clinic again. Their marriage had not been consummated, Dawn was experiencing pain each time Michael tried to make love to her and she thought she must be 'too tight'. Michael a gentle, submissive boy, was very distressed that he may be hurting his wife, he wanted reassurance that he had not been too rough - although nowadays even the suggestion of sex brought on the pain.

Dawn's vaginismus was so intense that she could not be examined.

"See, it's like that all the time. There must be something wrong with me. Michael is so patient, I so want to let him make love to me, but my body just isn't right for it somehow".

Dawn's body was saying what she could not - that she was afraid and revulsed by sex. She was happy with Michael as a compliant, close friend. Someone safe who would be there for her like a devoted puppy ... but not as a threatening sexual man.

Dawn was a child needing attention, the exclusive friendship that they had experienced in school, a good 'clean' predictable alliance, not the 'unwholesome' sexual stuff which could so easily get out of control. While Michael had grown up and needed an adult relationship, Dawn was unable to respond.

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There is often a sense of gain inherent in a 'hysterical' symptom, whereby the sufferer has a distinct pay off associated with the demonstration of his pain, disability or difficulty. This gain is often fairly obvious to the observer and hence the conclusion is often that it must be 'put on' and that the patient is play acting. There is very frequently a quality of play-acting about the whole event and children sometimes enact these scenes for their parents apparent gain.

For instance the family who cannot go to see the (covertly disliked) grandmother in the next town because the daughter becomes car sick. More usually however, children demonstrate hysterical symptoms in an attempt to be noticed, recognised as individuals, and for their fears to be acknowledged and dealt with.

The parent who loved school (perhaps), who remembers only the good times, wants his children to be bright and successful will not listen to his son who is too afraid to enter the playground because of bullies - but he accepts the abdominal pain which keeps him away from school.

The father who sees his son, not as an individual but as an extension of himself, someone who will be a champion at junior Judo - will raise a boy who can only leave the sports hall with a recurrent injury, or a daughter who passes out from the effects of over-breathing.

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Sara was a very bright twelve year old who had always been top of her class and had obtained a scholarship to a private school. This term her grades were slipping due to her frequent visits to sick bay with severe headaches. The headaches were described as occurring every day for the past six months, in fact since the previous summer holiday in Hong Kong. The family had been through the inevitable gamut of investigations postulating tropical infections and neurological disorders to no avail and mother, by now distraught, asked to see me.

My request to see the family together resulted in Sara, her mother and three year old brother Jake coming to the unit. Mother entered in a rushed and harassed manner apologising for being late. She had come from work and had collected the children on her way home. Jake played boisterously with the available toys while mother tried to maintain a composed posture. Sara at my request, began to draw a family scene. She drew competently and accurately with small controlled strokes.

Sara drew a happy child like figure, with a smiling face cuddling a teddy bear - this was her brother. Next to it was a woman's figure, her mother; and behind the two another small figure sat at a table -

'That's me, upstairs'.

'It looks as if Jake is having fun'

'Yes, he is. He has fun all the time. And he's cuddly like the Teddy bear'

'Are you cuddly too?'

'Not really, I don't think so. .... I'm a bit too old for it ... I haven't got time to play and have fun and be cuddly like Jake does'

'Is Mummy cuddly?'

'Not now, she used to be before'

'Before what?'

'Before my headaches started'

'When do you get the headaches?'

'All the time'

'Have you got one now?'

'Yes, I have it all the time, it never goes away'

'You don't seem to be too bothered by it at the moment, is it worse sometimes?'

'Well it is there all the time, but I have to put up with it sometimes. I have to try to carry on to do my homework and I have to look after them.. ' .... She pointed to the figures. ... 'Sometimes though it just gets too bad and I have to go and lie down in the sick room and Mummy has to come and take me home from school'.

'And where is your father in the picture?'

'Oh he's away. That's why I have to look after them.'

It transpired that father was a diplomat who had met her mother while on tour of duty in Africa. Mother was very well educated although from a poor family and worked very hard to maintain a superior position in an international company.

It seemed to me that she also worked hard to prove herself worthy of her husband and considered her origins socially beneath his. The family had been together on several foreign tours and had then been based in England for two years. Last summer father was posted to the east and the family joined him during the summer holiday. It was then considered that he should remain there alone while Sara continued her studies since she had now reached an age when study was important to her future.

Mother worked hard and would never allow her husband to know that she was finding it hard to cope with a demanding job and two children. Jake was a handful but it was OK for him to have fun and be a bit unruly, he was quite young and he was a boy - but she knew that Sara would have to study hard if she wanted to keep up her position in life.

Mother hated to think that Sara could be play acting and putting on her headache, sometimes it did seem that way, seemed too convenient - like the time she had to leave the board meeting - '

I'm really sorry Mummy, I really didn't want to disturb you today ...'

and the day Henry rang from Hong Kong - she could have tried to sound happier on the phone, not worry her father about things.

It was awful to think that way, after all she did seem so ill some times, and she was genuinely sorry to be missing so much school .... but if all the doctors could find nothing wrong...., and if she went on this way she would fail her end of term exams.

Sara had found a way of telling her father that they were not coping without him, her pain was an expression of her sadness at his absence and possibly also of resentment at his abdicating his responsibilities towards his family and leaving her to care for mother and Jake. It was also a substitute for her mother's unsaid feelings.

At the second interview father unexpectedly attended with Sara. He had asked for a transfer to keep the family together. Sara's headache had gone.

*   *   *   *   *

Psychological symptoms, whether of hysterical origin or otherwise, are nevertheless only a part of the whole. Trying to treat symptoms as such is like talking to someone through a keyhole. What of the personality type which is most likely to produce such symptoms rather than say depressive symptoms, or obsessional symptoms? Margaret, a girl of nineteen, illustrates some of the features of what we might call an attention seeking or hysterical personality type.

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Margaret was pretty much ignored and neglected as a child. Her parents split up when she was quite young and her father remarried soon after.

He was unable to devote much time to his daughter in any event, because shortly after his marriage he developed Multiple Sclerosis and very quickly became a complete invalid.

Her mother was a selfish woman who had little patience with Margaret and who was more fond of her younger sister who was less bother, more compliant and did not interfere so much with her social life.

Margaret attempted to gain her mother's interest by various forms of mainly unsuccessful attention seeking behaviours culminating in an overdose attempt at the age of thirteen.

Mother was by now so fed up with Margaret's attempts to gain attention, she saw the suicide attempt as an entirely selfish act (which in many ways it was) - that she relinquished any further attempt to care for Margaret and placed her in care of the social services.

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The seeds of a hysterical personality are here laid in childhood rejection. Margaret was seen not as the developing young child with needs that her parents might meet, with feelings and ideas that her parents might share, but as a nuisance, an intrusion on her parent's life. Her needs could not be met by father, by virtue of his illness (providing a convenient model); or by mother by virtue of her seeming selfish preoccupation in herself and younger child.

Margaret therefore learned from an early age that she would not be noticed for herself, she could not communicate in a direct way with her parents, and that she thus had to resort to other ways of gaining attention. Her actions and her displays of anger became more extreme ranging from childhood tantrums to overdose attempts. She could not get attention for being good, so she tried to get attention for being bad and when that did not work she escalated her emotional display by appearing to want to die.

The frustration inherent in such failed attempts to obtain recognition can be enormous but the way in which such an individual continues to make vain attempts can lead to further denial. Margaret's mother recognised her suicide attempt as attention seeking behaviour and thus discounted it. The

overdose was not meant as an attempt to die and thus was not taken seriously.

Professional staff also often take this attitude.

The 'play acting' flavour of the hysterical overdose can be seen as time wasting and willful and hardly conducive to eliciting the empathy and help deserved. Resentment and a feeling of being lied to or having the wool pulled over one's eyes can preclude the recognition of the painful rejection underlying the need to behave in such a manner.

Further insights are possible in considering the following extracts of a report on Margaret's progress in a therapeutic unit where she had been admitted for assessment of her relationship with her two children to whom she had given birth at the age of 15 and 16.

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Margaret is a girl who has had a depriving childhood with her adolescence spent 'in care'. Thus as a developing young woman she has had many of her emotional needs unmet. She therefore entered motherhood at an emotionally immature stage resulting in her own emotional needs competing with those of her children.

It is very difficult to work with Margaret in formal therapy ... Any interpretations are challenged and denied and regarded as negative contentious statements. In fact ...She tends to be excessively confrontational with the result that one to one therapy can feel more like a court room cross examination (of the therapist).

Margaret is usually subtly and often overtly manipulative - she wants to call the tunes, to dictate what parts of her programme she will cooperate with .. She also dictates how her therapy will be conducted .. and she is resisting couples therapy with Ian (boyfriend).

One to one therapy effectively broke down after she physically attacked her therapist and then threatened that this was something that she may well do again. Her overall contact with the unit has become very threatening - refusing to do any therapy unless it involves one to one, and only with the person she attacked.

Margaret is very needy of attention. Hopefully she will get some positive help from her boyfriend Ian who seems attentive and caring. Ian needs to be involved in the programme of rehabilitation and seems keen to participate. Margaret is not happy with this at present.

When Ian visits he does not engage with the children - this may be due to Margaret's needs being so great that she is unable to share him with James and Lee. Margaret is very jealous of other's involvement with Ian.

* * * * *

Margaret demonstrates many classical features of a hysterical personality - childhood emotional deprivation, a demanding attitude towards those who should exclusively care for her, testing out and attacks on therapy and the integrity of her carers. She was also very jealous of any attention she did receive, could not share her boyfriend with her children or with her therapist in couples therapy and constantly demanded exclusive attention.

Margaret showed little insight into her childhood rejection and continued to 'attack' and test boundaries even in the light of repeated 'acceptance' and reassurance that her distress was understood and could be worked with.

Anthony Storr commenting on the difficulties of treating hysterical personalities in therapy states that *'insight plays less part in their improvement than does the emotional conviction that , in the therapist, they have found one person who understands and appreciates them'.*

It is difficult for a therapist to fulfil this position since, for Margaret, and many like her, the world is full of 'inadequate mothers' who are two faced, rejecting and punishing.

Her own mother gave her sparse attention in childhood and reacted to her suicidal plea for help by 'marching her down to social services' to be placed in care. Hence her experience of escalating pleas for attention is that even extremes of behaviour are ignored.

While the therapist is trying to reassure and build up a positive 'transference' the hysterical patient will continue to attack and attempt to

discredit therapists - pushing forward the boundaries of their behaviour until their fear of rejection brings them back into semi compliance and ingratiation. This extreme to and froing of emotion is illustrated in Margaret's report ..

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Margaret's behaviour (particularly towards her children) is that of a wonderful actress - unfortunately she also 'acts out' her distress in violent attacks on her carers. Margaret finds it difficult to express an appropriate level of affect.

She is usually very well defended against showing any feeling and has a 'wall' around her. She will not express feelings spontaneously or talk about them when questioned. When functioning on this level, Margaret uses those around her to 'act out' or express her feelings for her. Her children are often used in this way as 'message carriers' or she may manipulate another resident to act out anger against a member of staff. Margaret is very powerful in this respect and can excite fear in others so that they comply with her wishes. This is often a very subtle process and is often accompanied by Margaret standing innocently watching a tirade with a finger in the corner of her mouth like a wistful child.

Within this process Margaret remains the good little child - the light side of Margaret, and the other person, or one of the children become her bad side - the naughty uncontrolled child. James and Lee enact this almost constantly when with their mother. They can then be very destructive and untidy, throwing things around, making messes and breaking things. When on their own for a time however they are tidy well behaved children.

When Margaret expresses emotion herself, she loses control and swamps herself and those around her. Her responses are all or nothing - as if there is no control valve - when angry she is consumed by rage like a toddler having a temper tantrum. ... Margaret's problem boils down to inability to appropriately express emotion - her fear of losing her children - and at the same time her fear of not being able to cope with them produces a panic reaction - and this is expressed in violent attacks on those around her.

She sees others as the cause and source of her problems and bad feelings - she is unable to 'own' her bad feelings herself - and so they pour out onto Ian, the staff here and particularly the therapist.

After such an outburst she is left 'spent' and worried like a naughty child awaiting some kind of retribution. She does not understand her emotions and the normally repressed 'good little Margaret' is unable to cope with the uncontrolled tidal wave of feelings. - hence her deep anxiety.

With regard to the children - Margaret is currently obtaining a lot of attention for being a mother. Her functioning as a mother is being observed, her relationship with her children is attracting professional attention. Also she has been placed in the unit, where she is able to 'rule the roost' and obtain a lot of attention - because of the children.

Hence her protestations that she must love her children, otherwise she would not be with them - must be looked at from this point of view also - that Margaret's needs for attention are being served by the placement. Also, on a more 'malignant' note, Margaret's maintaining disturbance in the children and continuing to excite concern ensure continuing attention.

Margaret is an intensely manipulative individual who is continually trying to undermine and discredit all the professionals involved with her. She has successfully dispensed with two social workers and changed team. She has also entirely disrupted the routine of the unit and keeps herself the centre of attention.

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In the face of such deeply destructive and 'primitive' emotions, manipulation, rejection and denigration, it can be difficult for the therapist to maintain a caring attitude and empathetic understanding for the hurt and pain which the patient carries with him.

If the patient's attacks on the therapist can continue to be seen as an entirely understandable product of the patient's childhood rejection, then it can be possible to build a trusting relationship from which a healing process can begin.

The patient is attempting to make the therapist pay for all the hurt and rejection meted out in childhood but it must be understood that however good, attentive and ever present the therapist would wish to be, he or she can never redress or compensate for the parental love, acknowledgement and concern which was not there for the patient at the time when it was so needed and desired.

The therapist can never make up for the lack of a perfect parent - and the very best of therapists can only be 'good enough'. This may well not be good enough for the hungry child screaming for attention and demanding help in a way which may only serve to alienate her carers.

Perhaps the best we can do is to convince the desperate child that we can hear her .... and to persuade the 'invisible woman' that we *can* see her.

'One-Track' Minds?

Committed and determined, or narrow and 'one-track' minded, - which is the true meaning of obsessive?

The obsessive part of our personality protects us from the emotional world around us by concentrating our attention on routine and order.

In moments of crisis the comfort of a routine can pull us through - the act of brewing tea in an air raid - the ritual of laying out a trolley for an emergency operation - going through a carefully rehearsed routine on 'auto pilot' in times of stress.

Moving from   Feeling -> Thinking -> Acting

Routines as above are obviously purposeful and moreover can fulfil the same purpose for any number of people performing them. Anyone well trained in the same form of martial art will automatically perform a defensive action in response to an attack - and perhaps feel the fear later. A good driver will be 'programmed' to wrench the driving wheel sideways to avoid the oncoming truck - and, danger over, may sit shaking by the roadside.

Let us consider the individual routines and rituals. What purpose do they fulfil? Each has it's own significance, each can be protective by fending off emotion, but the form taken may not demonstrate an obvious purpose to the outsider.

Children make no bones about their rituals and magical protection - often incorporating them into games and rhymes 'Step on a crack, and break your back' , games of 'tag' when avoidance of being touched by 'it' conjures a sense of avoidance of contamination. Children will invent rituals which when performed accurately will protect from various imagined dangers - 'Avoid the creaking floorboards in the hall, jump over

the mat and say the alphabet backwards while you climb under the covers - so the bogey man won't grab you from under the bed'.

Children fill their worlds with symbols to explain the unexplainable and communicate with each other through their common fantasies. As adults, we can do the same - using symbolism to frame the intangible ideas of our spiritual world and conforming to ritual to 'control' the powerful forces of good and evil personified in our ideas of God, Angels and Devils.

Superstitions and rituals - throwing salt over your left shoulder; dipping your fingers in holy water and crossing your self on entering church - where does superstition and religion overlap?

Rituals allow us to get in touch with mystical parts of our world and open a path to magic and fantasy. You can travel into a dangerous mythical world if you have the protection of knowing the right rituals. This is a way for the child to understand the inner turmoil of his thoughts - by imposing an imagined order. The rules of superstition and folklore bring order to an outside world that we do not understand. For a child and for an adolescent they also bring order to the chaos of a disordered inner world of powerful feelings and emotions in danger of going out of control and swamping the developing personality.

As an aside, it is interesting to consider why fantasy games such as 'Dungeons and Dragons' have such a following, where the drama unfolds while the hero is magically protected by symbols such as cloaks of invisibility and the scenario controlled by a dungeon master - does this appeal to our obsessive natures?

All this sounds very creative and exciting - hardly the classic image of the obsessive / compulsive personality. But consider the dilemma of the child with his magical protections, growing up in a world where real experiences and events are unfolding around him.

Could the pull of his fantasy world, the magical properties of his rituals, draw him aside from experiencing the real excitements and challenges of his environment, cut him off from the real world and enslave him in what have therefore become empty rituals?.

The obsessive is setting up a defence against his feelings, he is controlling his outer world, putting up firm boundaries and rules in order to allow no opportunity for the unexpected. He will not be taken by surprise by a turn of events which may make him feel insecure or provoke an emotional response.

Thus by controlling his outer world, he is also imposing order and control on his inner world. He is like a man shoring up his house against a tornado, checking every barometer and weather station to make sure that he is not in the danger zone, but nevertheless taking every precaution as if he were.

In trying to foresee every eventuality, control the uncontrollable, he is like 'Atlas' holding up the world or Canute commanding the tide to turn - setting himself the impossible task brings the inevitable fear of failure and loss of control.

In order to effectively control a situation one must maintain flexibility. in order to survive a storm one must weather it, bend with the wind. If we try to use every last ounce of strength to oppose a powerful force, we have no reserves to protect ourselves when we are overcome .

 - Like the man who holds on desperately to a whole armful of bricks, unable to set one down, he must eventually drop the lot, lose everything when his reserves run out.

The obsessive maintains such rigid control that he must inevitable lose strength, he cannot 'keep his expectations flexible' and thus succumbs to the unexpected and the accidental.

> *"Softness triumphs over hardness,*
> *Feebleness over strength.*
> *What is more malleable is always superior*
> *Over that which is immovable.*
> *This is the principle of controlling things*
> *By going along with them,*
> *Of mastery through adaptation."*

Lao-Tzu

(from 'Zen and the Martial Arts' J Hyams)

How can we impress on the white-knuckled, frightened youth that letting go of the tiger's tail will allow him to retain control, rather than catastrophically lose it?

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Kathryn had spent all her young life trying to keep control, trying to maintain order in a home that was falling apart. Her mother drank heavily and was frequently 'out cold' by the time Kathryn got home from school.

At least this was preferable to the times when she would lurch into the playground to collect her younger sister, Amy - Oh the embarrassment of letting the teachers see her like that - the other children made such cruel remarks!

Kathryn felt responsible, she grew up before her time, being little mother to the family - and father too since he had walked out long before ... Every day was an ordeal - covering up to teachers, neighbours, the authorities; making sure Amy was OK; making sure Mum didn't harm herself; worrying for her when she disappeared on a binge .... Kathryn could not remember a time when she did not have these responsibilities and could not conceive of a time when she would be able to relinquish them.

She tried to cover every eventuality, think of every safeguard to keep things going - and , despite the drain on her reserves of strength, she managed to keep up appearances while she was at school. Amy was always clean and tidy, the house looked fine from the outside and she made sure nobody came visiting.

Life became harder when she took up a college course. She had to travel quite a distance and sometimes her train was late ... One night Kathryn returned home to find a police car outside the house .. Amy had an accident on the way home from school and when the police came to collect Mum, they found her incapable of caring for the child. .... So, it all came out in the open ....

Kathryn was reluctantly introduced to 'Alateen'- the teenage family group of Alcoholics Anonymous - while her mother was in a treatment unit.

After some months, she began to take note of what was being said .. she began to grasp some of the ideas, and gradually she realised what the 'first step' of the programme, the concept of relinquishing control, admitting powerlessness, meant for her ....

"It's a great relief to admit you're powerless. To realise that you're only a small cog in the wheel and that you can't keep the universe going all on your own .... That you don't have to be strong and cope - that you can let go because you're not responsible for other people's activities, thoughts and feelings - you're only responsible for yourself.

You don't have to keep trying to juggle and keep all the balls in the air .. you can admit that you keep dropping them - that you're only fooling yourself that you're coping because really you're dying to let go .. to allow yourself to break down and face up to the reality that your life is unmanageable.

Step one gives you PERMISSION to break down, to be human and to accept reality. Without this we tend to feel GUILTY if we don't cope and manage everything perfectly, AFRAID that something is going to go wrong, RESENTFUL that people lean on us and rely on us (because we invite them to) and full of SELF PITY because no one helps us (we don't allow them to).

Step one releases us from having to be perfect. We can be human and treat others as human beings. We can break down. We can have emotions and show them openly, we can admit our mistakes without guilt.

We have a right to be wrong. We have a right to exist as complete human beings .. vulnerable , feeling people who need and CAN ACCEPT help to lead full lives."

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Freud had clear ideas about the obsessive personality - 'Orderly, parsimonious and obstinate'.

These attributes he described as 'anal' characteristics. In other words, orderly, wishing to control excretion; parsimonious in the sense of not wanting to let go of anything belonging to himself - not giving up his excreta, being mean with his money - after all don't we often talk of 'dirty money'? How about 'filthy lucre',   'Where there's muck there's brass',

Dickens in 'Our Mutual Friend' talks of the richness of 'dust' - 'The Golden Dustman' - the then current euphemism for the mounds of refuse and contents of Victorian septic tanks. .... and obstinate in not doing it in the right place at the right time. A constipated anal retentive - or in common language - 'a tight arse'.

Orderly, parsimonious and obstinate -

 - not really adjectives which any of us would like to apply to ourselves - but are they necessarily such objectionable traits?

Perhaps looked at in a different way they can be seen as attributes - consider the following words as ways of reframing these characteristics -

Orderly	methodical; systematic; scrupulous; conscientious; carping; meticulous; fussy; careful; ethical; exacting; nit-picking; censorious; critical; disparaging; hair-splitting; reliable; dependable; reputable; consistent; invariable; stable; unfailing.
Parsimonious	ungenerous; ungiving; stingy; mean; careful; honest; retentive; sparing; provident; canny; conservative; economical; frugal; sparing; Spartan; stewardly; thrifty; unwasteful; cagey; calculating; cautious; circumspect; judicious; restrained; reticent; shrewd; safe; considerate; discreet.
Obstinate	dedicated; determined; inflexible; narrow-minded; adamant; resolute; steadfast; uncompromising; bullheaded; stubborn;

single minded; self control.

Certainly there are positive and negative ways of connoting the need to superimpose control and order on our surroundings.

All aspects of our personalities have their good and bad sides. All have evolved out of a need to cope, survive and protect in various circumstances, hence all have a positive useful side in certain contexts and can be a hindrance in others.

At certain times we need to be meticulous and 'concrete' in our thinking - like a bomb defusing squad - no room for emotion - at other times the depressive side of our personality needs to empathise and care for others, each to it's allotted place and time.

Such factors need also to be considered in working out how best to engage an individual in a certain task, in learning or in therapy. Children experience periods of 'creativity' and abandoned play and other times when they are greedy for information, when their 'obsessive' thirst for knowledge enables them to memorise and learn by rote without the encumbrance of emotional distraction - as in the so called 'latent phase' (usually said to be approximately the period between ages 6 and 12).

One would certainly expect an accountant to be meticulous and accurate in recording ledgers and an obsessive personality would no doubt be of advantage for that profession - possibly also for the scientist recording experiments and rigidly confined to the scientific principles of investigation - or for the lawyer pedantically examining every shred of evidence. But the creative artist would be hampered by having to detail every blade of grass in a composition and the writer who 'Could not write five words without changing seven'   as Dorothy Parker stated would hardly produce a flowing essay.

Creativity is akin to tapping our instinctive feelings - that which the obsessive is afraid of. Instinct and primitive feelings and impulses can be regarded as out of control. Basic untamed urges, which are probably destructive. At times society has taken this view on board to brand sexual urges and feelings as base 'animal' instincts - and young people, in whom these urges can be seen to be developing, have similarly been judged as dangerous untamed elements of society.

The obsessive fears these primitive feelings in himself and also that which he senses to be present in others - hence the feeling of tame or be tamed - control or be controlled.

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Fiona was a proud housewife. She wanted to run a perfect happy household that her husband would be pleased to come home to. She wanted her two year old son to have all the right routine for his day and had read all the popular literature about child care. She fed him at the 'approved' intervals and gave him all the best foods - her own prepared blended foods when he was weaning, never packets or jars.

So why, why, she asked herself, did every meal time become such an ordeal, such a battle? It seemed to have been that way right from the start. The baby was always fractious, always seemed to be demanding feeds at the wrong times, waking up and wanting attention when he should be asleep.

When he started on solids, he would turn his head away when she tried to feed him, blow bubbles and spit, rub his rusk over the top of the high chair and then try to eat it ... 'Ugh! Think of the germs!'

As soon as he could hold a spoon, he insisted on trying to feed himself - of course, he couldn't do it. The spoon turned over before it reached his mouth, there was more food on the floor that inside him.

"I thought he would starve! But whatever I did he just would not let me feed him properly.

And now .. well sometimes he just reduces me to tears .. it's not just the meals .. in the supermarket, grabbing things off the shelves .. screaming until I buy biscuits.

I always hated those mothers you see being blackmailed into stuffing their children with sweets - but now I know how they feel!"

$$* \qquad * \qquad * \qquad * \qquad *$$

Where had the love gone in Fiona's relationship with her son? Where was her appreciation of the little boy's feelings, of his need for self expression, for some freedom in which to explore his environment? The need to control produced a situation where mother would expect and compel the child to 'do it in the potty now' rather than allowing the space for the child to gleefully produce a 'gift' for mummy. Like the happy toddler who boasted - "Look, Mummy, I've done two poohs in the toilet and the water took them away".

A child brought up in this environment tends to become obsessively defended himself. He will try to avoid the criticism by thinking ahead, making sure that his 'faults' do not show and will furiously 'paper the cracks' in an attempt to hide his weaknesses.

He may become a rigid authoritarian - imposing the tyranny of his self control on others around him - like the 'Victorian father' role model - or the meticulous Phineas Fogg, unable to step into a bath unless the water was at exactly the right temperature. Alternatively he may try to avoid attack by becoming submissive and apparently weak.

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Barbara was the epitome of the elegant woman. Despite holding down a very demanding career, she must have spent some hours each day on her make up and appearance since she managed to emerge from her immaculate home each morning as neat as a pin. She took great pains to make sure that everything about her was as perfect as she could make it.

Her environment was a reflection on herself, her external appearance a representation of her inner self. Any external flaw could give a clue to an inner imperfection or inadequacy and thus expose her to 'attack'.

Barbara came to therapy because she felt imprisoned. She had reached a point when she felt cut off from her inner self and thus had problems relating to other people. Her meticulousness had become a burden and she was beginning not to cope - the submissive self controlling woman had reached a turning point - she was beginning to turn the feared aggression outwards - wanting to rebel and yet fearing the result of her rebellion.

In this Barbara was behaving like an adolescent - rebelling against the security of her controlled world, but fearful of the gamut of emotions which could be released.

How would she change, what sort of a person would she become, what feelings had she suppressed all these years?

*   *   *   *   *

Barbara was aware of her inner anger which she had controlled by her obsessive neatness and 'niceness'. She had submissively been the butt of her family's anger - her mother's rejection, her father's abuse, her sister's jealousy.

Would she continue to be the victim of this situation or turn to the role of 'persecutor' turning her anger vengefully outward? Or would she find a balance somewhere between these extremes? Such is the dilemma of a defended personality, whether it be defended by obsessive actions, depressive withdrawal or schizoid detachment.

Where does one find the balance?

Adolescence is a time when we are preoccupied with finding our 'balance' - finding our place in the world and exploring who we are and who we want to be. For those of us who are most troubled and defended against understanding and experiencing our inner 'space' - then this 'adolescence' is delayed to a later watershed of life. However, in the teenage years, our bodies are also undergoing physical changes beyond our control, hormonal changes, growth, development. Such changes provide a catalyst to change and self exploration - as may life events in later years such as bereavement, divorce. The changes of adolescence can at the same time provoke an escalation of the defensive mechanisms to protect against emergent emotions.

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Mark came to a teenage counselling clinic at the age of fifteen after days of deliberation and trying to screw up enough courage to enter the door. As he sat talking he was literally wringing his hands and beads of perspiration were standing out on his forehead.

He thought he was going mad. This was the main concern, that he was mad and this would be a terrible shame to his family and a disappointment to his father who had high hopes for him.

He was a very bright boy, attending private school which his Asian family were proud to pay for despite financial hardship caused by their transfer to London from Uganda as refugees. The family were close and supportive. He was too young to remember anything of the Ugandan problems but he knew that the family had to work hard to establish themselves in England - this they were accomplishing successfully.

Mark had always worked hard and was happy to do so, he wished to please his family. He had no desire to go to parties and discos, to drink like some of his friends, or to chase girls. This was why he knew he was going mad - he kept thinking about women, mentally undressing girls, and imagining what sex was like. He tried desperately to expel these thoughts from his head, filling his head with other ideas, making himself think of complex problems, mental arithmetic, anything to stop these 'bad thoughts'.

Mark kept his eyes on the floor as he continued his unhappy tale of 'depravity' ... the problem now had escalated. He could no longer control the ideas in his head, because they took over while he was asleep ... he had dreamed about undressing a woman ... and this week he had been mortally ashamed to have had a 'wet dream'.

*   *   *   *   *

Fortunately, Mark's problems were short lived. He did have a supportive family and they were able to show him that they still loved and cared for him as he changed from a diligent schoolboy to a hard working adult.

Some sessions explaining the changes that his body was undergoing led to a gradual acceptance of his sexual feelings and he realised that they were not going to swamp him and take over control of his mind.

Six months later Mark had stopped trying to block and expel his unwanted thoughts, he no longer found them intrusive and they had ceased to preoccupy him.

A brief period of using obsessive or ritual behaviour to control unwanted thought is not uncommon at adolescence - like the teenager who crossed her fingers and kept reciting the rosary in her head to try to stop herself from swearing while she took communion or having intrusive bad thoughts about God.

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Melanie, at the age of nineteen, was so afraid of losing control and allowing a forbidden realisation, that the obsessive part of her personality took over, protecting her from letting down her guard but locking her in a compulsive disorder and a world ruled by phobias.

Her prime complaint was a phobia of vomiting. She had not ever actually vomited since the age of four when she had eaten too much ice-cream on a family outing and had been sick on the way home, spoiling everyone's enjoyment.

Fifteen years had passed without a hint of sickness and she had hardly given the incident a thought - nevertheless, for six months now she had been quite unable to conduct her life normally due to the restrictions her phobia imposed.

She could not remain alone in the flat she shared with her boyfriend, in case she was sick and choked.

She was afraid to attend her college exams in case she should have to leave the room to be sick.

She could not go to social events and films for similar reasons and she was limited in travel because she could only get on a train when the interval between stops was short enough for her to avoid being sick on the carriage - even then she had to get out at each stop and catch the next train to reassure herself that she was not 'trapped' on the train.

Melanie began to think that it would be a good idea to return to her home town with her fiancee and give up her college course in Liverpool 'because of her illness'.

Melanie's family were a worry to her. Her father ran his own business which was going bankrupt, and this was not the first time that his affairs had gone downhill.

"The trouble is that he is far too soft .. he gets these ideas and business is tough nowadays, so you have to be willing to work hard and be a bit hard headed .... but he always gets hangers-on.

He ends up doing the work and working far too hard for someone of his age ... he even had a slight heart attack and his blood pressure is too high .. but he can't slow down because nobody helps him.

My mother has always been used to being looked after. She didn't have to work after they got married and Dad always made sure that she had enough money and dressed well and they went to the best restaurants. I can't blame my mother for wanting to hold on to that and being a bit selfish - that's the way it's always been for her.

- But my sister!.. My sister would like to be pampered like that, in fact she expects it, but she is SO irresponsible. She went a bit wild at school so Dad had her in the office to help him and she just sat there painting her nails and was rude to customers on the phone - doesn't she realise she needs to grow up and help Dad out now?

When I go home I sort things out a bit. I start off doing the housework and getting my sister to tidy up .. then she gets at me for being miss goody, goody and showing her up ... then I help Dad out in the office.

Last time I went home I found out his assistant had been cheating him and I managed to persuade Dad to get rid of him. To tell you the truth I more or less had to do it myself..."

Melanie was using her 'illness' as an excuse for returning home where she felt responsible for her family, whom she had to 'obsessively' control. She also kept the family together by giving them a common focus for their

concern, she diverted attention onto her sickness and thus away from her father's failure.

Her relationship with her fiancee showed many parallels. They had known each other from their early teens and had met in the church youth club where his father was the vicar - their family was a model of love and understanding and Melanie felt honoured to be included in their circle.

Justin was rather a weak ineffectual boy, not as academically bright as Melanie but she tried to boost his self worth by discussing her computer course work with him - this often provoked rows rather than the sought for closeness when he failed to understand the concepts involved. When she began her college course, he decided to take up training as a mental health worker, an auxiliary position on a level below full mental health nursing.

Melanie redoubled her efforts to involve him in discussions, now focussing on his subject, but with little satisfaction. When her 'sickness' began to take over her life, his new found skills were suddenly in demand. He now had his very own patient to deal with and she had found a role model which he could be comfortable with.

When she entered therapy, Melanie quickly gained some insight into her situation. She learned some behavioural techniques to help control her panic fear of vomiting, she was able to talk to her mother about her role in the family and relinquish some of the responsibilities to her mother, who proved more adaptable and aware than Melanie had realised. Her life became more manageable and she was actually able to sit through her end of term exams and pass them with flying colours.

Our tale does not end here. Melanie went home for the winter holiday and attended Christmas eve midnight service at her future father-in-law's church. She had pride of place in the family front pew ....

"It was such a disgrace .. I just did not know where to put myself.

... I had to leave the service right in the middle of his father's sermon ... I was mortified. Everyone was very nice about it and so sorry that I was ill. I didn't feel sick, but I knew I was going to faint and I just made it outside in time.

Of course I missed out on all the celebrations, this was going to be the big celebration, we were going to get both families together. Any way I stayed in through the whole holiday. I was afraid to go out, I really didn't want to ruin anyone's enjoyment, so I cooked the Christmas lunch for everyone."

A repetition perhaps of the fear of spoiling everyone's fun which she experienced as a four year old and for which Melanie had been compensating ever since; always making sure that the family were happy and trying to keep control of their situation; always trying to keep control of herself so that her emotions would not spill over and hurt those close to her.

The experience in church helped Melanie to realise that she was still holding on, still trying to protect her fiancee from her emotions, while her body was crying out for help. She saw that despite his wonderful family, despite his being the 'perfect' match for her, as her friends had repeatedly told her .. her feelings for him were not loving and committed. She could no longer protect him, she could no longer obsessively defend him and defend herself from the realisation that they had grown apart, that she did not love him and that she wished to separate from him.

When she was able to verbalise her feelings, to 'come clean' and say how she felt, Melanie's symptoms melted away. Three years later she was successfully and efficiently working in a computer firm, making positive use of her meticulous attention to detail in software production while preventing her obsessive nature to isolate her from experiencing her feelings.

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Of course having an obsessive personality does not necessarily mean that we will suffer an obsessive/ compulsive disorder. Obsessives may become depressed. depressives may become compulsive when sick. Perhaps we use parts of our personalities in coping with life and sometimes other sides to our natures when we break down under the stresses life imposes.

Similarly symptoms of obsessive disorder may be transient and deal with a particular set of events. Like the child wanting everything 'just so' as a means of holding on to security after a family breakdown.

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Matthew's mother became very worried when, aged seven, he began rinsing glasses and plates before use and wiping seats before sitting down in Macdonalds. The more she tried to stop him, the more anxious and determined he became to complete his 'ritual'. He tidied up his possessions, hoarded pencils and rubbers in his desk at school and would not let his mother throw out any broken toys.

His father had left the family and he desperately tried to prevent further loss, imposing an order on his unstable world.

With love and understanding, Matthew realised that his loss would not be compounded, that his mother would not also leave, that his sister still loved him, that his toys would not be taken away. After six months, he stopped his rituals because he had no further need for them.

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Finding the root of the anxiety allows the symptoms of a compulsive illness to be dispelled. However the symptoms themselves may be so crippling, the rituals so compelling, that normal life is almost impossible. In such a state, there is no space for therapy, the defences are so extreme that a way through is hard to find. The medical student who spends hours each morning washing, who just makes it to a lecture, touches the wrong thing and has to dive into the cloakroom to wash again, and again. The young man who is so consumed by his rituals that he cannot get out to work, each step of his preparation having to be meticulously followed and each mistake, or fear of mistake, being rewarded by starting all over again. ....

Such people need practical help to break their bonds, behavioural techniques which will free them long enough to enter psychotherapy. Both disciplines are important, for without searching for the origins of their hurt and addressing the cause, their anxiety can resurface in an alternative set of complaints.

'Divided loyalties'

Alfred Hitchcock and film makers like him implanted in our minds the fascination for the split personality, the good and bad, devil and angel.

It is certainly intriguingly convenient to imagine that an unknown part of oneself can commit crime, murder and behave in a thoroughly scandalous manner without the knowledge of the 'good side'. Thus all feeling for the 'crime' is lost, all responsibility and all guilt. Despite the obvious gain to the film industry, such caricaturing of the notion of the 'schizoid' character has done a great disservice in understanding what is after all part of our human defence mechanisms.

While it may be valid to regard the schizoid defence as a division in the personality, in that good and bad parts are kept apart - in other words the manifestation of good and bad 'internal objects' is not experienced as an integrated whole. It is however more readily demonstrable as a split in the external world - parts of which are experienced as black or white, others are seen as entirely good or entirely bad and their separate attributes cannot be fused into a manageable whole, a 'real' person.

Conveniently the mother who fails to give the infant what he needs can be seen as an 'all bad' evil witch deserving of his hate, while the 'good' caring side of mother can be split off and placed out of mind. Hence aspects of life which we do not wish to face up to can be split off and 'forgotten' until it suits us to remember.

When 'splitting' becomes extreme, some would use the term 'borderline' personality - a rather unhelpful definition indicating that one's hold on reality is being lost.

Just as a 'hysterical' attitude has been associated with women's demonstration of inner hurt and rejection, so it appears that a 'schizoid' manifestation is more prevalent in males. It may be interesting to speculate whether society's role images of male and female give rise to this gender difference in that it is more acceptable for women to express emotion and be 'histrionic' and more so for men to be closed off and distant. However, without wishing to sound sexist in any way, that

argument will have to take place elsewhere - suffice it to say that in practice, this is the pattern commonly witnessed.

The individual functioning in a 'schizoid' mode gives the appearance of being self sufficient, controlled, superior and in no way needing the help or affection of another human being. He may make it seem that he is honouring you with his presence and attention but that really he is in no way desirous of your company. He will usually come for therapy at the instigation of a family member or 'potential' friend and will humour the therapist with statements he has decided he should make but which he sees little point in.

Thus Tom attended a self help group 'to see if he could offer some advice' to the members whom he thought must be able to benefit from his logical approach to problems. The teenage members quickly christened him with the nickname 'Mr Normal' which he professed he was ... although most group members had an uncomfortable feeling that he was probably the most troubled person in the room.

Being able to see through the invulnerable unfeeling persona to the unloved and 'unlovable' child within is an uphill task, but capable of bringing a rich reward to both patient and therapist.

The child who develops a schizoid approach to life has been severely let down in his relationships at a very early stage. The interaction with his mother and thus the development of his 'object relations' is seriously impaired to the extent that rather than 'hysterically' berate the mother for not fulfilling his ideals; or 'depressively' ache for the affection and regard of a mother who is unable to love him because of some failing in his regard for her; he has decided that he does not need or desire this absent love. Relationships are superfluous to his inner space and he can create and believe in his own world which will not let him down.

In reality he has decided to dispense with his 'true self' it being too painful to consider and to actively emphasise the features of his 'false self'. His 'true self' is thus absent, removed from the possibility of engagement with another, hidden from himself and others and unavailable to any potential relationship.

Why is a relationship with another so threatening and frightening? Perhaps the early loss of mother, or 'the good object' was so devastating

that the risk of loss, of the investment in another relationship which could go wrong is not a possibility to be considered.

*   *   *   *   *

Paul came from an Austrian background. His father had been brought to England as a teenager at a time when his Jewish family were suffering persecution. The family had been forced to move a number of times and Paul's father recounted times when he was furtively hurried along streets by his mother, crossing the road so as not to talk to people and risk revealing their identity.

Eventually the two fled to England leaving the rest of the family supposedly to follow - which they never did. The young boy studied hard, his mother died young leaving him to fend for himself, which he did by working in and later managing a little shop.

He married an English girl and took her name to hide his Germanic and Jewish origins. He had thus supposedly escaped from his difficult upbringing and had started a new life with a new family.

Despite his father's new found happiness and security, Paul felt himself born into a world bereft of love and feelings. He 'tuned in' to his father's remoteness and his mother's need for an unemotional man.

He decided that he was a 'child of the holocaust', that he had to guard against too close contact with people, that he had to hide his true identity (even to the extent of not giving his real name) and that there was no point in having ties with people because you had to leave them.

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The risk of potential unbearable loss may prohibit the development of a close relationship. Demonstration of emotion, exposure of one's self to another may also be extremely threatening. Letting down one's guard implies loss of power, loss of protection and thus the possibility of being overpowered, engulfed by, and lost in, another. It therefore becomes

important to maintain power, strength and domination - not to allow emotion to betray inner weakness.

The protective mantle of a sense of superiority and aloofness merely serves to further distance others thus reinforcing the life position that - 'There's no point in getting close to people, they only let you down'. Life without feelings becomes empty and meaningless - as is the inner world of such an individual. Anyone allowed to get too close, might see this emptiness for what it is - a vacuum of emptiness within which the pain of imprisonment is heightened by the terror that closeness could bring about implosion, destruction - like the shattering of the glass of a Victorian vacuum jar.

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As Paul left school and entered college he found it difficult to focus his attention on a particular subject. At first he studied English and History, from an 'intellectual' point of view; but he became dissatisfied after a period of work experience in a school brought him more into contact with people's problems. He thus turned to computing where he could be more certain of a detached working relationship with his machines.

Social life took a similar turn. Not able to commit himself to a deep relationship, he threw himself into one affair after another always appearing to give just enough of himself while really revealing nothing. Each ended in a 'civilised' way so as not to provoke too much emotion or hurt and with the intention of remaining good friends.

Paul was as afraid of others emotions as he was of his own and went to great pains to ensure that he did not appear to be 'leaving' a girlfriend. He would not have been able to cope with the idea of 'hurting mother' and was afraid of his emptiness harming someone else.

Paul could not commit himself, but could not say 'goodbye' to the extent that more than once he ended up living with an exgirlfriend - who was thus no longer threatening - while appearing to relate to another, new girlfriend from whom he was partially protected by the presence of the former - an almost incestuous 'keeping mum in the background' state of affairs.

Paul's turning point in therapy came about one Christmas when he unexpectedly brought me a present of a tiny father Christmas in a glass jar

- 'That's me'. He said - showing his first flash of insight ...

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Not being able to see 'mother' as a whole and thus not being able to see women as real people obviously deeply affects developing sexuality and sexual relationships. A mother can be the adored object of perfect love - the Madonna figure, she has also tainted that purity by being a sexual woman - hence she is also a whore. An inability to see both as parts of an integral woman results in relationships being flavoured by this split.

Hence the man who is impotent with his wife, because he cannot have sex with his 'pure' mother and thus corrupt her, but is quite capable of having sex (without love) with a prostitute.

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Kevin presented ostensibly by way of clearing things up for his son. The boy had at fifteen been found hanging in his bedroom and a verdict of suicide had been given.

Kevin took a long time to come to the point, that he had found 'things' in his son's bedroom which led him to believe that he had not taken his life, but rather that he had died in a clumsy sexual act, having hung himself to enhance sexual excitement.

Kevin was naturally distressed by his son's death, but his greatest torment was that his son had somehow inherited some abnormal sexual urges from him, and that thus he was in a way responsible for his death.

Kevin had experienced a certain amount of guilt that he had never been very close with his wife and he felt that he had not been able to satisfy her sexually. As a child he had not been very close to his own parents and was a lonely boy who did not mix much in school.

At the age of fifteen, the same age at which his son met his death, he was shocked to discover that he was in fact adopted. It was at about that time that he began to take some of his mothers clothes, particularly shoes to try to feel close to her and his masturbatory fantasies included her tennis shoes.

As an adult he had not had many girlfriends, although prior to his marriage he had sometimes used prostitutes and indulged in sadomasochistic practices. With his wife, he felt cheated that he seldom felt aroused and when he did so he practically always had to imagine her wearing tennis shoes.

Kevin thought that his coldness, his distance as a father had driven his son to his dangerous and eventually fatal exercise.

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Kevin's infantile rejection, although out of conscious memory, had produced a 'split' in his inner world. Nurtured by an unfeeling childhood, the ideal mother and the whore literally fell apart on his discovery of his adoption. The 'mother' before him had not borne him, had not been endowed with the purity of his distant Madonna, but gave herself, barren and whore like to a man who was not his father. He saw only the whore, his only sexual image being attached to this woman hence the development of his fetishism and the sadomasochistic urge to dominate and be dominated by her.

The need is to dominate or risk loss of oneself by being dominated - to maintain superiority and power. Problems and conflicts are intellectualised so that emotion is kept at bay and those around who do react emotionally are seen as weaker fallible beings.

There may be what seems to be a feigned attitude of concern in the fate of other human beings, particularly if such a stance is seen as advantageous, something to boost his standing in the eyes of others, but the overall impression is of an intellectual exercise. Action coming from head rather than heart.

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Hugh spent a lot of time working on the image he presented to people. He liked to show his extensive knowledge of a number of fields and demonstrate how widely read he had become. On attending a friend's jazz concert at University, rather than spontaneously delight in an entertaining performance, he had to formulate a compliment to the player which included the names of famous saxophonists - thus exhibiting his own apparent mastery.

When another friend was in trouble with the law, due to a false accusation, Hugh got his father to hire a solicitor and directed exactly what should be done - not out of human compassion, but rather as a show of competence and emotionally detached capability. At other times he would be able to completely disregard norms of behaviour as when, for instance, he fraudulently removed money from a neighbour's savings account - in an admittedly clever manner - without any remorse or guilt attached.

In therapy Hugh described a 'lost boy' completely out of touch with his 'true self' yet beginning to realise the void left by it's absence.

 "I sometimes feel that everything about me is false. I know that I will try to lie and cheat my way out of any situation if I can. I cheated at school and was never found out. I tell lies just for the sake of it.

.... Do you know that I even read the paper every morning and memorise what some of the columnists say - just so that later in the day I can come out with those comments and pretend that I thought of them!

I wanted to look clever, but it was all a lie. .. I think now that I am really cheating myself and I just wish that someone would stop me, bring me up against the truth - just get me in a situation where I have to be straight with myself.

The nearest I have ever come to facing the truth I think, is when I am doing some sport. It is as if out there, it's just me, my body performing and I can't cheat then - but sometimes I can't face even that, like lately, I've had so many illnesses and injuries keeping me from training.

        .... Do you think I'm avoiding something?".

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The healing process involves the painful unmasking of the 'false self' for what it is before the 'true self' can be slowly discovered. Unfortunately falsity is by nature, persistent in it's pernicious hold on the self and one lie gives birth to another thus compounding the position.

As one alcoholic woman said ...

"It was as if I was in a barrel rolling down hill and each time I told a lie or believed a lie, the barrel moved faster. ... I wanted to stop lying and make the barrel stop, but I was afraid that if I tried to stop it by putting my legs out, they would break off and I would stay trapped inside."

It is often said that to succeed in a science or to be a creative writer, you have to be detached from emotions and cut yourself off from intrusive relationships. Thus many successful and famous people have demonstrated the splits and detachment described. It is my belief that there are as many creative and brilliant people, if not more, who have not shown such painful disturbance. However, given the schizoid need to appear superior, there will obviously be those who are indeed very capable and of superior intelligence and also those who would want us to believe themselves gifted but who are living a lie.

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Walter, an extremely disturbed patient, (who one could perhaps describe as 'borderline') was brought to my attention by one of his friends who was so upset by the enigma of his personality that he no longer felt in touch with his own reality. This is how he described their relationship at a time when they were both in college together -

"I just don't know where I am with him any more. I listen to him telling me dreadful stories about being let down by someone who I thought was OK, and I have to believe him. Then I help him out and what does he do - turn on me, exploit me - and when I pull him up about it, he makes me feel guilty.

I asked him, 'Do you think this is how you should be treating a friend?' but he doesn't understand, he thinks he's been wonderful to you. ....

Anyway I don't even think he realises what it is to have friends, some people have been very loyal to him .... and when it suits him, he just casts them aside as if they were nothing to him - as if they suddenly stopped existing.

He screws me up so much with his lies, but I think the problem is that he believes them, so you end up thinking you should too, then you wonder, 'how do I know what is truth and what's a lie?' maybe I'm the one whose lying - and that's madness!"

Walter always said he would become a famous scientist, he spoke of himself as a new Faraday or Newton and developed expansive plans about his future, .. sought out for consultancy by large companies, inventor of new principles and owner of many patents. Even as a student he began wheeling and dealing, trying to do his work in his own way, copying others ideas as if they were his own....

Walter was very plausible in professional and social situations, expounding at length on scientific principles - quite literally blinding with science - and his monologues would be described as 'brilliant expositions' or 'pompous pontificating' by those around him.

He was obviously very intelligent and certainly knew his subject inside out - or did he?

There was a very 'king's new clothes' flavour about his relationships at home or work - as if everyone felt uneasy about being duped by him, yet afraid to confront the situation. Those unlucky individuals who did question his perception let themselves in for a long verbal explanation to which no questions could be addressed.

When, as frequently happened, one of his projects went wrong, a colleague or friend felt let down, or his superiors criticised his work, Walter was a master at turning the situation on it's head, so that he, Walter was the wronged one and his Professor should at the very least be grateful for all that he had done to try to salvage the situation. No fault or responsibility could ever be laid at Walter's door.

The problem for Walter was that he so profoundly believed his own lies, he so completely became the false self, that all knowledge of the true self disappeared. In addition, it seemed that any attempt to resurrect the truth, met with anger and an attempt to destroy the source of this alternative interpretation.

An inner anger consumed him and broke out at intervals with intense violence. The anger seemed to be a manifestation of fear, fear of being 'found out' and a terror of being engulfed.

Walter had been unable to work with several therapists - all of them were incompetent anyway and he knew more about therapy than they did. He only saw them to help them treat his family because they were making a mess of their lives too - his father would not speak to him, his mother kept breaking down.

Walter placed intense pressure on all those around him, they either had to be totally for him, unquestioningly obedient or were entirely against him, there was only deep black or shining white in his entirely split world.

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How can we understand such a disturbed personality?

To begin to empathise with a man who betrays his friends, cheats and lies? Seeing the 'splitting' mechanism as a defence can be the key to deeper understanding. What is it that needs defending at so high a cost? What or who is being protected?

Let us consider the frightened child, hiding away. The true nature of that child is hiding in terror of discovery, of being hurt, of being annihilated.

Such absolute protection of the true self can be associated with intense rejection often accompanied by infantile abuse. Nothing concrete ever came to light in this case - the history was too carefully defended - but one of Walter's therapists interpreting a dream sequence, became aware that abuse had been the root cause, that Walter had probably been molested at a very early stage of infancy - before conscious memory - and probably by his mother.

Such devastating early experiences are being recognised more frequently nowadays, although for a long time neither the professional community nor the general public would allow the possibility of such events to be acknowledged.

Walter's abused infant was split off and buried deep out of consciousness while his false self proceeded to wreak revenge on those daring to venture close enough to be identified as potential abusers.

Of course this example is an extreme one and certainly not all adults who use 'splitting' as a defence have been abused as infants or in their childhood. However, the proportion who have we will never know - hiding the true self also hides the memory.

Whatever the 'cause' of the initial splitting, suffice it to say that the developing infant was damaged to the extent that he recognised a threat to his existence. He perceived the fact that it is dangerous to show your true self and that getting close to others is a potentially risky practice.

Giving the hurt child the confidence to let down the defence and 'come out and play' is the ultimate aim of therapy. Having enough trust in another human being to be able to briefly shed the false persona and allow the warmth of human feeling, another's unconditional love, to filter through may be the first important step towards rejoining the human race.

Part Two - Outer Challenges

The Challenge of Disability

A Violent Age - Responses to abuse and violence

The Challenge of sexuality

Challenges to Self Worth

The Challenge of Disability

The search for the true self in adolescence -
- the dilemma of childhood 'handicap' -.

Mirror, mirror on the wall.
Who is the fairest of them all?

In the early days of my medical practice, or more appropriately, in my 'infancy' as a doctor, I was privileged to come into contact with a group of 'handicapped' babies. My good fortune was that our paths were to cross at frequent intervals during the years so that, as I grew up professionally and developed my ideas and opinions regarding disability, so my young friends grew and provided me with a constant source of inspiration and empathy as they shared their infancy, childhood and adolescence with me.

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I will never forget Mandy's birth - It was my first week in paediatrics. I was left alone in charge of the children's ward, special care baby unit and was on call for obstetrics. After a busy Friday night and Saturday morning, I went to get some lunch. I was told there were no imminent deliveries.

As I began to eat, the telephone rang and a very anxious midwife asked if I could come to the labour suite. ... Was there a problem? -

'No, no problem, the obstetricians just want you to speak to some parents'

'OK in that case, if there is no urgency, I will finish my lunch'.

As I entered the labour suite half an hour later I saw a baby in an incubator. I wondered why she was in there and why I had not been told. The baby had her face to me and looked fine, she was crying and kicking her legs. As I moved nearer, I could see that all was not well with her

back; she had spina bifida. I covered the sac with saline soaked gauze and reprimanded the staff for not having informed me.

The obstetrician had left and the midwifes were very anxious. Baby's father was in the office and kept asking why he could not go in to see his wife. Mother was in another room and kept asking to see the baby. It was left to me, the most junior member of staff, to tell the parents.

We all learn by our mistakes ... The midwifes were adamant that the Father should be spoken to first, on his own and only later the mother. I started to talk to father,

'...would he sit down?',

'... no he preferred to stand'.

- I should have insisted .... As I gave him the news in the gentlest way I could , all six foot of him came crashing down on top of me in a dead faint.

This disastrous beginning left scars on all four of us.

I later realised that I identified with the mother being kept 'in the dark' and, rather than appreciate the staff's protection by withholding information, I resented it.

I also retained the picture of the baby kicking her legs and as over the years I cared for Mandy's completely paralysed legs I could not help feeling a somewhat irrational anger with my surgical colleagues who perhaps did not do enough to preserve her neurological function and with myself for not leaving my lunch and caring for her sooner. The experience paralysed me too as a professional - I was powerless to help her. Of course intellectually I am quite aware that babies with spina bifida often do move their legs at birth, but emotionally I am in there with mother, both wanting to preserve and mourning the loss of the 'perfect baby'.

Mandy's father never fully recovered from the shock, both parents felt isolated by being told the news separately, and further isolated when Mandy was whisked away to the neurosurgical unit twenty miles away.

Mother eventually dealt with this isolation by immersing herself in the care of her baby when she returned, but father felt cut off and excluded from this diad. He later left home on several occasions unable to cope with the idea of a handicapped child. The family stabilised partially five years later when a 'replacement' daughter was born.

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The effects of such a traumatic birth can be seen fairly easily in the adults present, but what of the effect on the child?

The accepted postnatal picture of mother lovingly nursing her newborn baby, adoring the new daughter or son and being grateful that 'the baby is all right' does not fit for the disabled child or baby in an incubator.

For all children a reciprocal process or mutual adoration is the health way to start life; in the words of Winnicott ...

"The mother gazes at the baby in her arms and the baby gazes at his mother's face and finds himself therein .... "

If mother really looks at this child as a unique human being, she will be a true mirror in which the child can find his 'True Self' but if instead, as often happens, mother reflects her own fears, expectations and disappointments upon the child, he will not find himself, he will see his mother's predicaments, his 'False Self'.

"The child will remain without a mirror, and for the rest of his life would be seeking this mirror in vain". (Miller).

He will decide that there are parts of himself which other people do not want and do not like so he hides them from others and from himself. He lives in a world of denial where he can try to be all the things that other people want of him and his real feelings and needs fade out of sight and 'out of pain'.

This building up of a 'False Self' occurs to an extent in all of us, since we do not have perfect childhoods or perfect mothers. Sometimes the 'False Self' may seem to take over completely as perhaps happened to Vincent Van Gogh.

Van Gogh had a brother who died in infancy. His name was Vincent. When the 'replacement' baby was born his mother also called him Vincent and looked upon him not as a unique human being, new baby Van Gogh, but as reborn, can never be as good as the original, 'Vincent Two'. This resulted, I believe, in Vincent really seeing himself as a sufferer, a tormented soul.

"One has to suffer for art" was a favourite maxim. He also said, in a very self revealing statement, which was actually describing his prostitute companion -

"I do not consider her bad, she has never experienced goodness, so how can she be good?"

Perhaps it was in trying to break away from his 'False Self' - from living the life of his dead brother, that he altered his body image by cutting off his ear? Rather like the rebellious adolescent altering his appearance, breaking his families dress code with dirty jeans, studded leather jacket, tattoos, rings in the nose, long hair or shaved head - whatever goes against the norm - making an outward statement of inner change.

"Look, I'm not what you wanted me to be any more!".

How can a mother provide a true mirror for her child when that child, by virtue of a deformity or handicap can in no way match up to her expectations? The 'False Self' for an 'imperfect' child can assume major proportions creating a life which is forever haunted by the ghost of the idealised child who 'might have been'. Did Winnicott (or his publisher) have this in mind when he chose a 'disabled' teddy bear for the cover of his book 'Playing and reality'?

The turmoil associated with suppression of the child's 'True Self' will occur in infancy so that, by school age, as the stage of 'latency' is reached, many handicapped children knuckle down to working very hard at complying with their carers wishes to become 'more perfect'.

Mandy spent hours each day learning to walk with sticks, callipers and assorted aids while we all praised each grotesque step and did everything in our power to stop her being wheelchair bound, even though it must have been obvious to an outsider that this was all she could ever be.

Sharon, disabled by Thalidomide, practised religiously with her clumsy artificial arm which fitted over her phocomelic upper limb. She looked quite 'normal' wearing it and we all felt proud that we were 'doing something' and that somehow assuaged our guilt about the handicap. When left alone she would whip it off and perform forbidden feats of dexterity with her little stump and with her toes.

During this time the family and carers provide a protective capsule within which the child can hold on to a sense of normality. Margaret Donaldson describes the need of children to 'feel effective, competent and independent'. At first they may see themselves as loved and wanted but gradually they see that their needs are not being met, that they are not competent or independent, acquisition of a sense of difference also brings vulnerability.

Adolescence is a period when ideas of 'self' resurface. The teenager is preoccupied with body image, with whom he is and with his place in the world. He seeks a new independence and is able to confront and reject others view of himself and find his own values. Thus adolescence can be a golden opportunity for intervention, for allowing mistakes to be rectified.

Adolescence gives the 'caring' professionals a second chance to 'get it right this time' and to help the teenager to find his 'True Self' rather than reinforce the 'False Self' which made us feel more comfortable, less guilty and less threatened in early years.

Thus I ordered an electric wheelchair for Mandy and helped her decorate it with her favourite rock idols. She joined the local PhAb club(physically handicapped and able bodied) and learned to disco dance in her wheelchair, something she could never do on sticks and frames!

The anthropologist Arnold Van Gennep in describing 'Rites of Passage' in adolescence states ..

"The novice is considered dead (separation from childhood past) ,   is resurrected and taught how to live differently than as a child (transition) and undergoes a change symbolising identification and acceptance as an adult (reintegration)".

In order to develop a sense of true self, the handicapped teenager must 'lay the ghost', the 'False Self' must be considered dead, the loss of the

perfect child must be acknowledged and mourned. Only then can the true nature of the individual 'warts and all' be accepted and identified with.

This cannot be put better than by Alice Miller in 'The Drama of being a child' -

"The child has a primary need to be regarded and respected as the person **he really is** at any given time ..."   " What would have happened if I had appeared before you bad, ugly, angry, jealous, lazy, dirty, smelly? Where would your love for me have been then?"

We can continue ... deformed, incontinent, paralysed, crippled?   "Was it not really me whom you loved but only who I pretended to be?"

All 'handicap' will affect the teenager's self image but perhaps those conditions which render the adolescent as overtly 'different' interfere most profoundly with the sensitive area of body image. A boy with retarded growth and short stature or with absent limbs, like David, a thalidomide victim with no legs, has tangible, visible evidence of his disability , while a teenager with cystic fibrosis may be more disabled while this fact may not be outwardly visible to the world. Both have their problems; body image may be most disturbed in the former, but the sense of denial of handicap can be worse in the latter.

Denial, justification of handicap and compensation are all strategies used to avoid acceptance and reality. All bring more pain and reinforce the spectre of the 'False Self' . We have all met the mother of the brightest Downs girl in the world, the fastest one legged swimmer, the CF girl who had the finest wedding ... Thalidomide victims I have known have parachute jumped with no arms or legs, written novels and TV plays and performed feats of endurance and skill - all very admirable but often more than tinged with overcompensation and a sort of perverse one upmanship.

Even the famous are not immune to such pressures, Adler proposed that a sense of inferiority could prove to be an asset. He suffered as a child from severe rickets and acknowledged his sense of inferiority as an adult, he had a poor body image and was very short. This engendered in him a sense of aggressive competitiveness and his main arguments with Freud centred around Freud's focus on the 'pleasure principle' when Adler gave importance to the 'power principle'.

I see more of a 'healthy' adjustment the way in which David coped with adolescence and emerged as a well adjusted man. I asked David to come and speak to an audience of doctors and professionals at a conference on disablement, he was then twemty years old.

He had discarded the over short artificial legs which he had been supplied with and which maintained the image of the childlike handicapped person needing to be cared for and insisted on taller ones which suited his trunk length, he thus literally 'grew up'. David however maintained a realistic outlook, not disguising his disability but sharing with us the times when he 'fell off his legs' and how when this happened he asked for help to get back on them.

Accepting that handicapped teenagers do 'grow up' is often difficult. We can collude in keeping them as children, this is easier to cope with, children need caring for and are under control. Adults can say when they want help and reject caring and be independent.

Adults are sexual, children are not. Handicapped adolescents are not supposed to be sexual. Mandy started her periods at ten, a fact which her family found very hard to take. Clare's parents were so convinced that she was cocooned in an asexual world that they could not believe that at fifteen she was picking up men in the street, thinking that this was the way to behave.

The world is a tough place whether we are handicapped or able bodied, the important thing is to keep a grasp on reality and accept ourselves for what we are, with our feelings, fears, abilities and disabilities, only then can we accept others and help our adolescent friends to accept themselves.

A Violent Age

Responses to abuse and violence.

Media reports delight in branding the young as instigators of violence, delinquency and sowing seeds of subversion threatening the very fibre of our society. In reality, violence does not stem from youth. Children are born into and brought up in a very violent world. Perhaps it has always been that way, after all nature itself is hardly benign.

Children are subjected to violence in their homes, deliberately or as a result of accident, at the hands of parents, siblings and family. At school they may be victimised by teachers or bullied by peers. They witness violence in the streets and are assailed by violent scenes on television and film. Perhaps the most damaging source of violence is that stemming from those close to you, those who should be your protection and support in life and who, when abusing you physically, irrevocably abuse your trust. Unfortunately, children who are maltreated by their families may be placed with other adults who similarly abuse them, or in residential homes which may be equally violent.

How do children react to such violence and what sort of young people do they grow up to be?

Consider the following quotations (Miller) -

"Child abuse is still sanctioned - indeed held in high regard - in our society, as long as it is defined as child rearing. It is a tragic fact that parents beat their children in order to escape the emotions stemming from how they were treated by their own parents"

"... Children tend to blame themselves for their parents' cruelty and to absolve the parents, whom they invariably love, of all responsibility"

These two passages illustrate the dilemma of our professional stance towards violence in childhood and adolescence. The first underlines the hopelessness which can pervade our thinking when considering the inevitability of the abused becoming abuser. The cruel spiral which draws in the childhood victims with which we empathise and whom we wish to

protect, to a hideous predestination - that of becoming the callous perpetrators of future abuse.

And the second provides us with the clue to the way out of our dilemma - for the child who takes on the blame and responsibility, becomes the victim. The victim who knows that he deserves his fate, that he is bad, and that is why bad things happen.. That victim will continue to take the knocks of life, to progress from abused child to battered wife, to exploited mother .... until she is able to see that it is not her fault, she is not responsible, she did not deserve the pain ... and neither do the children around her. Such a victim may be able to break free of the mould and become a social worker, a nurse, a doctor, someone working with young people, someone who understands and can protect..

So we do not have a predestined path. There are alternative responses to violence.

Violence can be internalised in the compliant victim, or can be aggressively returned. Blame, fear, anxiety, anger interact to produce the response - that person's individual way of coping with the hurt.

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Joyce had been rejected by her family at an early age. Her father walked out after repeated family rows, her mother was mentally ill and could not cope with her children. At the age of five, Joyce was taken in by neighbours who had a child of the same age. Both girls were used for child porn films and sexually abused by the father and his friends.

Joyce was placed in a children's home for the remainder of her childhood. She bullied other children, started shop-lifting and as a teenager was involved in crimes involving violence to other girls.

She was an inarticulate girl who found it very difficult to voice her needs and talk about her problems. Whenever someone tried to help her, everything would go well while Joyce was getting her way. But, come the time when Joyce was unhappy about something or wanted a privilege that was refused her, she would break out in violence .. slashing the social worker's tyres, throwing water over her therapist, cutting up the clothes and photographs of a rival, vandalising the children's home.

Joyce was angrily returning the violence wreaked on her as a child. The anger she felt towards her family was directed to those who tried to care for her. Her lack of verbal ability made her break out in physical attacks. Words were replaced by actions.

*   *   *   *   *

Physical violence as a substitute for verbal communication is a common reaction. The frazzled mother hitting out at her child in the supermarket who will 'not do as he is told'; the frustrated wife who breaks a vase over her drunken husband's head because she 'can't get through to him'.

The 'yob' in the bar who breaks someone's nose because 'he looked at me!' is familiar to all of us - frustration at being unable to identify or articulate his discomfort at a stranger's innocent glance.

Kerry was another example of a girl with limited verbal ability who not only used violence as a method of communication, but who thrived on the 'buzz' of her violent outbursts. She in company with her two brothers, had been removed from home following mother's alcoholism and allegations of sexual and physical abuse. The family was disorganised and chaotic and it says something that no social worker had ever obtained access to the home.

The following are extracts from Kerry's assessment in a treatment centre which she entered at the age of sixteen. It illustrates graphically her fear of violence while at the same time perpetuating and 'thriving' on the violence in her environment. Almost like an addict hooked on a destructive drug...

*   *   *   *   *

"...... Kerry has a complex personality. - On the one hand there is Kerry the 'likeable rogue', Kerry the vulnerable child and the waif crying for protection.

On the other side is the darker more disturbed part of Kerry which resists all attempts to get to know her and help her. Kerry has a disturbed and quite chaotic personality reflecting the disorganisation in her family of origin. She fluctuates between periods when she is 'relatively' calm and approachable and phases when she becomes almost manic in her behaviour.

During a calmer phase Kerry will make demands and require instant gratification, she will become abusive if not given what she wants, but there will be a period, after she has been indulged, when she is more responsive, will perhaps apologise for what she has said or done and will calm down.

Even then though, there is no real insight into understanding how she should treat people, that you cannot abuse someone one minute and expect a reward for that behaviour or a favour from that person the next. Her interpersonal relationships are thus severely disturbed. .... "

" .... Much of Kerry's pathology can be seen to be stemming from her family of origin in that Kerry has acquired disturbed behaviour patterns which were probably effective survival techniques in early childhood but which are quite inappropriate and harmful to her present situation. Her early environment presented her with a disturbed model while errors in cognitive development produced a distorted outlook on the world and a false picture of her place in it.

Many of her coping strategies are based on inappropriate dealing with fear and anger. For instance, Kerry will use threats and intense verbal abuse when she wants something. This becomes more extreme when she believes that she must get something for someone else - ie she seems to be threatened - (this often centres around money). Later she will become afraid of retribution and make inappropriately intense overtures to the person she has wronged - for instance slipping notes under doors expressing love and affection.

Her whole world seems to be based on 'little fish being eaten by bigger fish' or 'dog eat dog'. There is no real understanding of love or affection, of which she has probably had little experience. ...."

" .... Kerry lacks emotional space in that she has no room for her own feelings - Not really knowing what her true feelings are she is constantly being taken over by an intense stimulus / response reaction in response to other people's feelings (threats, anger, violence) and other people's demands and needs. For example Kerry will react intensely if under threat or in response to a supposed threat from family or boyfriend.

She seems to live by others opinions - This demonstrates the root of Kerry's erroneous cognitive model of her world, the family opinion on life. In the present this results in Kerry taking on, often quite vehemently, the opinion of the most 'powerful' and most threatening person around. This 'leader of the pack' figure will often incite fear in Kerry to which she responds by intense allegiance and acting out the others prejudices and aggression. She becomes a tool in the hands of the threat and thus protects herself from attack ...".

" .... During Kerry's 'manic' phase her behaviour shows the same type of patterns as described above, but becomes much more intense. Periods of calm, being able to talk to Kerry become shorter and shorter, her demands escalate and the period in which she expects results shorten - immediate gratification is absolute.

She is obviously extremely wearing at such times as she continually goes from one person to another with escalating demands, shouting and abusing verbally. She can be in and out of the door with one demand and then tirelessly return less than a minute later with another, always abusive, always insistent and with no ability to reason. She can keep this up from early morning, throughout the night until the early hours. Night staff and other residents can expect a sleepless night if Kerry does not get what she wants as she kicks and bangs on doors, shouts abuse and plays very loud music to keep everyone awake.

Her behaviour reaches a level of desperation in an attempt to get her way - she becomes irrational and destructive. She then seems motivated by an inner fury - screaming abuse and tearing round the house with seemingly boundless destructive energy ... "

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Would Kerry, the frightened, angry child meting out retributional violence become an abusing mother or was she merely hitting out against parents who had let her down? What does it take for a boy or girl whose self worth has been beaten out of them to use their aggression on their own children?

Mandy shows us another side of the story - a girl whose entire role in life was that of victim. Someone who was unable to protect herself and thus was subsequently unable to protect her children.

<p style="text-align:center">*   *   *   *   *</p>

Mandy's story could be described as classic of the perpetuating transgenerational pattern. Her mother was beaten by her family and subjected to incestuous advances from her stepfather. Mandy herself was repeatedly abused - at first by her mother who saw her as the worthless product of the bad parent with whom she identified - then by a series of mother's boyfriends culminating with a pregnancy caused by a stepfather. Turning to a weak, disturbed boy for affection, she found herself walking into another abusing situation - black eyes, bruised ribs, two more children, sex when he wanted it ... no respite ... constant derogatory remarks ...

He had in turn been abused by his father .... a totally disordered family with no perceivable boundaries.

Mandy came into treatment at the age of 19 having had three babies, one of whom had died. The children had been removed from her for fear of their being harmed by other family members, incest and abuse being rife on all levels. Mandy was unable to protect them, she did not know where to start.

On one level, Mandy hated her stepfather, she hated her boyfriend, she knew that these men had used her, hurt her and let her down. She knew that her mother had hit her, thrown her downstairs, allowed her to be molested by several men and had denied her the love a young woman should expect. ... she knew these things were wrong but she was unable to say so, unable to allow herself to express these taboo feelings. She felt that somehow she was to blame, she was responsible and that she needed somehow to protect these abusers.

Mandy had never known a life free of abuse, she thought this was normal, this was what she should expect .. Every aspect of her childhood reaffirmed her position as a victim and her adult life looked set to continue in this role. It took a great deal of therapy to allow Mandy to realise that she was not responsible, she was blame free ...

"The most important thing I got from the unit was power .. I felt I was given power to decide what I wanted from my life .. to be able to separate from my family, to walk away from my mother .. to stop listening to her and to stop trusting her.

I could see things were not my fault ... it was so important to see that people were trying to help girls like me ... not judging us and looking at us as if we were wrong, we were dirty. I got back my self respect.."

*   *   *   *   *

It is an unfortunate fact that we can perpetuate the damage caused to girls like Mandy by our reaction to her story - wreaking further violence by our disgust for what has happened to her - partly by her misinterpreting our abhorrence of the act for abhorrence of the victim - and, sadly, because in our society victims are often held in disdain - the incest survivor, the raped teenager ... subconsciously we collude with the victim's guilt and self deprecation ... we **do** regard them as 'tainted'.

How does such personal violation affect the developing adolescent? When you have experienced a childhood in which you were used by adults, betrayed and made to feel valueless, soiled and humiliated - how can you grow into a confident, mature adult?

James and Hugh illustrate divergent pathways ......

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" ..... I try not to think about what happened to me as a child ... it is very difficult to talk about and painful to remember. I never told anybody until I ended up in court .... I was seventeen by then .. I felt bitter that nobody had helped me all those years. Maybe if someone had done something for me, I would not have hurt my daughter ...

I told my probation officer that my father had sexually abused me ... he had been doing that to me when I was at my primary school .. so I suppose I must have been about nine or ten years old. I felt angry and resentful that he had got away with it - but how could I tell someone that I had been raped? Only little girls get raped, not boys, not men. I was angry that he had taken my manhood away.

When I got into my teens I had all sorts of problems. I stopped going to school - I couldn't stand the teachers and I never got on with the other boys in my class anyway. I got to hanging around with some older boys and we used to break into cars, sniff glue and things like that .. never any drugs though.

There were some girls who hung around with us and the boys all went with them .... I started to get scared that I might be different sexually .. because of what my father had done ... So I took up with this girl ... I didn't really fancy her but I got her pregnant .... she annoyed me really because she was so stupid about a lot of things .. I used to hit her about sometimes.

I know that was wrong, I'm sorry for what I did .. but I suppose that's because I was hurt when I was a child. My father took my power away .. I was weak and he was strong I could never fight back ... I felt crushed, powerless ... I suppose I was acting like my father when I hit Sharon.

When the baby was born she seemed to spend all her time with it, it was like I didn't exist any more .. we stayed in this squat and we didn't have much money so she started to go out on a cleaning job early in the morning. It was no joke trying to keep that baby quiet when she was out ... I got really angry and I had to hit her, ...

I just couldn't help it ..."

*   *   *   *   *

When James hit Sharon or the baby, it made him feel strong again. He was able to recapture some of the power that his father had taken away. He was trying to deal with his feelings of weakness and powerlessness by attacking someone weaker than himself. Then he could become the strong one, the man in control. He defeated the aggressor of his childhood by becoming one himself, by identifying with his father and making someone else feel small and powerless.

But James did not come to terms with his weakness. In attacking his baby he adopted the role of the weak bully and in telling his story he spoke in a whining voice full of self justification and slipping in phrases he had picked up from professionals.

Certainly, James is to be pitied for his damaged childhood, but until he is able to stop using his past as an excuse, he will be unable to be helped.

The catch is that those trying to help him, his probation officer, social worker, therapist, must beware that they too do not fall into the trap of confusing compassion with excusing unacceptable actions and thus 'enabling' him to continue on the path of perpetrator. James must be helped to accept that, as an adult he is responsible for his behaviour.

We cannot choose our parents, we cannot direct the course of our childhoods. We may have no control over the traumatic events that befall us, but in adulthood we can choose how we will react to them.

Hugh chose to react differently and to use his experiences to positive end....

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" I was brought up in a children's home and never knew who my parents were. I fantasized about who they might be .. rich, famous and that one day they would come for me ... but inside I felt rejected and I suppose that made me feel pretty worthless.

After all who would want you if even your parents didn't want you around? If your own natural parents could not see anything good in you, then how could you expect anyone else to feel differently?

I think it was that feeling of worthlessness and rejection that set me up to be a victim. I never expected that anything good would happen to me. Of course, there were good times, the workers in the children's home and later my foster parents did try to care and make me happy. But there was something deep seated in me that they could not reach -

... it was as if every good thing that happened was a surprise and I somehow doubted it would last - like getting a present which you think is going to disappear, like Cinderella's coach - not solid..

.. but every time something bad happened - then I thought that was natural, that was the way things should be, I could believe in that - it reinforced my position in life.

When I was about twelve years old I was in a foster home and they took in another boy who was a bit older than me. Boys grow quickly at that age, so although we were not so far apart in age, he was a lot bigger. He started to boss me around and bully me a bit, but I put up with that, I'd had that sort of thing before.

One day he came into my room and forced me onto the floor and sexually assaulted me. .... It's easier to talk in detached terms .... I suppose I should be specific and say he buggered me ....

I did not really understand what was happening and I felt myself switching off from the experience. I felt like an animal caught in a trap, I had no control. Perhaps I could have broken free or maybe I could have called out,

... but I could not ... it was as if I knew it was inevitable ... perhaps that I deserved it ... that somehow I had done something to provoke it ... I don't know .. all I know is that I was frozen, paralysed and completely unable to protect myself. Later, this was the most difficult part to accept - I felt guilty, I felt violated, I felt used and I was full of shame ... and that inability to move somehow underlined that for me - why had I not done anything?

Now that I have grown up and have gone through a lot of therapy and training. .... Now that I am a counsellor myself, I am so aware of the child's dilemma, ... the powerlessness .... and the hopelessness .... and the shame ...."

* * * * *

Whether abuse occurs in early childhood or in adolescence, the effects on the sufferer can be equally shattering. Moreover, the role of victim takes away our power to protect ourselves from further harm.

Hugh consciously used his experience to help children in his position - as an adult he is now able to protect the child that he was powerless to help in his youth. Others become the 'Knight in shining armour' without full realisation of why they adopted such a role - like Melina who started working with abused children at a time when her abuse was still a hidden secret ....

* * * * *

"It happened when I was a student...

He was one of the lecturers, someone whose work I admired, at least what I had heard of it. He seemed to be highly regarded by the head of department - an elderly man who had rather taken me under his wing - and so I suppose I trusted him .. I thought he was genuinely interested in my sociology project and that we could explore new ideas together.

That's how he 'hooked' me I suppose. I was very excited by academic challenges and he pretended to share my enthusiasm.

I've heard people say that when children are abused there's usually a seduction process, a gradual drawing in so that subtly this person who is in a position of trust, slides into the role of abuser. It's difficult to know where that fine line is drawn and when the boundary between being given attention, being shown the way to new kinds of experience and being exploited and used for the self gratification of a selfish bully is irrevocably crossed.

It would have been better if it had been a brutal rape, a physical attack when no one could fail to identify the violation for what it was. ..... The line clearly drawn, no possibility for consent ..no doubt.

But the seduction, by its very nature of deceitfully implied collusion, allowed no room for the ached for expression of anger. .... Merely self loathing for somehow allowing him to do it, self loathing for being involved in such an act.

Oh yes, ... I felt hatred, ... hatred for him ... but also hatred for myself - by his cowardly insinuation into my life he robbed me of the purification that comes from the outward expression of rage..

Afterwards I felt so ashamed, Yes, shame for what I imagined I had become - tainted, dirty, soiled - but mainly I felt shame that I could have been so naive - so completely taken in! After all wasn't I an intelligent female student who should have known better - a sixties child of a generation preaching 'make love not war' - 'free love'? How could I admit that I was an ignorant virgin - stupid enough to be taken in by a predator who anyone else must have been able to see a mile off!

OK I could make excuses to myself - my family was from the Eastern Mediterranean, Cyprus actually, and I had been brought up strictly - I was very innocent and unaware - child like really. Later I realised that this was the very reason that he went for me - cold comfort however when you're smarting from your gullibility.

Not having any experience of such matters, how could I know what was normal, accepted? Was this how it should be between a man and a woman? After all he was a respected, trusted professional - the sort of man that my parents would approve of. My mother had died when I was seven, just before we came to England and my father had worked hard growing oranges on a small patch of land. He moved to live with cousins and set up a small dry cleaning firm in the midlands. Both my parents would have wanted me to be succesful at University and to meet a man with prospects, a professional man such as this -

Should I not be flattered by his attentions, enjoy his taking me to the pub (to soften me up) - it was something that had never happened before. He said I hadn't had enough enjoyment in my life and he was going to make

sure that I did - some joke! In twenty years there has hardly been an aspect of my life that has not been affected by what he did.

I'm still remembering - It's strange how you can after so long .. it's as if I gradually give myself permission to recall certain features. For a long time all I did was try to blot it out. I couldn't even allow myself to think .. invasive thoughts about him would break into my mind bringing on a futile panic attempt to extinguish them.

My guilt would not allow me to bring the event to consciousness, hence I could not process or deal with the pain. Certain phrases, words, gestures would fill me with horror and fear without my understanding why - until I realised they were the ones he used. .. Anyone with that boyish haircut, that look ... even reading about Uriah Heep in Dickens gave me shivers of memory - that's what it felt like .. the seduction was an oily invasion ... something evil which you somehow cannot get away from.

Even now I feel a surge of guilt and a sickness to the pit of my stomach when an unexpected recall takes me by surprise.

Denial, guilt, suppression of the pain ... that was how it continued for years. Then I went into therapy .. but I still did not remember - not for several more years. My therapist had no idea, we were dealing with other matters .. but gradually she seemed to give me strength and permission to mention a little ... I realise now how little ... I was still unable to admit to myself that I had been raped, that he was the perpetrator and I was the victim. We could talk about that, I could hear the words come out of my mouth, but deep down I didn't believe it. I was still guilty.

Of course, I had been raped, I knew that. But somehow I felt responsible and the strangest thing to comprehend was a sort of protective attitude towards the rapist. He certainly chose his victim well and manipulated me so totally that I could never denounce him. When the act took place there was only a locked door between us and a sitting room filled with people who knew me. I could hear them laughing and watching television - so I knew they would hear me if I cried out. This I could not do because they would be witnesses of my shame!

.... So I kept quiet.

It would also have been damaging to my future, exams, career .. who would believe a student making accusations against a respected teacher? I

suppose if I had been clear in my mind about who the guilty party really was, I would have risked denouncing him - but would they not have pointed the finger also at me - just as I was doing in my head?

The protective feelings were wrapped up in the denial. I was denying to myself that it had ever happened and I also tried to deny that he could have done such a thing to me. It was a blow to my self worth to admit that someone who had shown an interest in me was actually only abusing me - he had never really valued our discussions, my work, he did not find me attractive - better not to believe this - better to give him another chance, perhaps he didn't mean it.

So I found myself stupidly ringing him up several days later .. trying to gauge his attitude by the tone in his voice. ... I must have been crazy ... I've never told anyone about that ..

Of course he had lost all interest and had moved on to another victim. ...There was another girl in my year, a bit like me .. she never said anything but I just noticed a change in her after she went to him for tutorials ... I could see the pattern, but at the same time didn't want to see. I was also ashamed that I could not bring myself to talk to her, ... perhaps I could have helped her.

Immediately after the event, I was in a total state of shock and confusion. I fled home to the flat I shared with three other girls and locked myself in the bathroom for hours - I just wanted to get clean somehow.

I was physically sore and bleeding and scared stiff that there would be some injury requiring treatment - that would have brought exposure. However, as the days passed the pain became worse and I developed a fever - by this time I noticed with horror that I had developed painful sores. I had to get help and in my panic and fear of discovery, got a train to another town where nobody would know him, and found a sexual diseases clinic where I gave a false name. I was told I had herpes - and I have been frequently reminded of that over the years as the disease makes it's painful reappearance time after time. ...

I asked the doctor if he could check me out for other infections and before I could stop myself, I found myself telling him what had happened. The mantle of anonymity helped.

'What sort of a man is he?' he asked -

'Well, he is a professional man, a lecturer at my college' -

'Don't get so concerned - there's absolutely nothing to worry about with a man like that, perhaps you are letting your imagination run away with you. I am sure that when you feel better, you will be back with your boyfriend again'.

I was speechless, it was no use protesting, no use telling him I did not have a boyfriend. This act abused me all over again - the rape was perpetrated for the second time!

Twenty two years later I had an unexpected stroke of luck. I picked up a newspaper and read about a well known senior social worker and lecturer who had been convicted of numerous counts of child sexual abuse. It was him! Apparently he had been having sex not only with his college students, but also with younger girls in his care. He had coerced them, made them believe that they would be punished if the truth came out and threatened them in many subtle ways.

When I read the article, I saw myself in the lines, and felt immense relief that it had come out in the open.   I found myself crying -

'At last, I can believe myself'.

There it was in black and white, a court had decided - he was a rapist, a child abuser and I was a victim.

'Yes, it **was** true, I can believe myself!' -

I was one of many, not a special case, not someone who was so naive and so inherently bad to have encouraged such behaviour. The things he did to me were not normal, not to be expected or put up with - that was not all I was worthy of in life.

After that, I started remembering. Remembering details that had scarred me and had been repressed. I could now remember the features of what had not been my crime. The first glimpses were painful and forced ... like why could I not look at his face in the newspaper .. because I had not seen his face when he did it .. he had me pinned face down.

Followed by the tortured realisation .... maybe he abused boys too .. How many children could I have saved if I had spoken out?. Perhaps if I continue to berate myself on that, I am just continuing the abuse, still being his servant in inflicting pain.

Certainly, without ever having made a conscious decision about it, I do find myself helping and working with abused children - maybe that's my way of getting even.

Once these first painful memories began, the flood gates opened - one detail after another swamped me with emotion.

Oh God, it was even worse than I had imagined!

How could I have fallen for such a line?

Softening me up by telling me that he took his parents out to see blue movies, because they were really just wholesome fun. .. and how could I have imagined that it was remotely normal to show a young girl pornographic photographs as a research tool? - he said he got them on his travels and they were sociologically important! That was an abuse in itself .. and how could I know what they were until I had seen them .. By which time I was implicated , guilty by the knowledge of them - revulsed and trying to pretent they did not really exist ....

Christ, what ignorance! I feel myself blushing in shame ... but we all do have a right to innocence - innocence is supposed to be admired, not abused.

It took about a year to settle down - I wanted to write to the victims who had been in court, to support them and to say thank you for doing something which I was too afraid to do. But I could not decide if this was for me or for them - would I stir up more pain for them? After all their experience was fresher in their minds.

So I finally decided to off load my confusion by telling my therapist the story. Perhaps if professionals can understand the feelings, the hurt behind the facts they churn out at case conferences and in court, then it will help to reach the children out there who are still aching in silence and who need to know that they are not alone.

The Challenge of Sexuality

That old black magic ... Teenage sexual belief systems.

A belief is a conviction adhered to often in the face of factual evidence to the contrary. The challenge of developing sexual feelings and urges strikes at the core of our beliefs about the world, who we are and the meaning of our lives.

How can we understand this challenge and the sexual belief systems of young people? Any assessment is inevitably influenced by our own beliefs and we must take care to retain objectivity, listening to our young patients rather than imposing our own interpretations on their situations.

Not an easy task - but it is only by understanding the belief systems of the adolescent and his or her peer group that we can effectively interact with that young person in a way that has relevance and meaning. The very best of counselling, contraceptive, antenatal or any other service will fail if the client group, in this case the adolescent, does not believe that he needs them.

BUILDING BELIEF SYSTEMS

PEER GROUP / 'HERO'

SOCIETY / SCHOOL / LEGAL

FAMILY

RELIGION AND CULTURE

" M A G I C A L   B E L I E F S "

Where do these belief systems stem from?

Parental, cultural and religious beliefs and myths form a basis upon which the more contemporary 'up market' beliefs are built - for instance the current peer group stance or the 'dish of the day' in terms of the media 'hero'.

The immediate message is as evanescent as the foibles of the pop charts - there is nothing as cold as yesterday's news or yesterday's hit - however a typical message was represented in '88 by the then 16 year old 'Tiffany' (who? - whatever happened to Tiffany?)   at number one encouraging secret sexual encounters ...
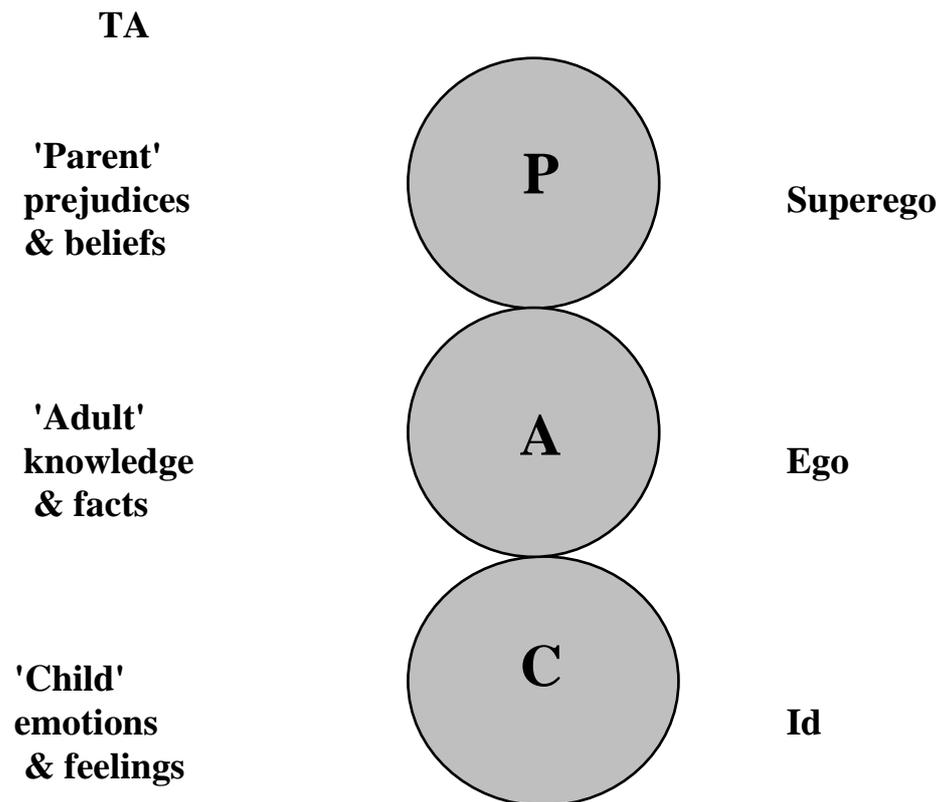
> *"Look at the way*
> *We have to hide what we're doing,*
> *And what would they say*
> *If they knew ..."*

Tiffany

These belief systems, however bizarre and contrary to our own personal beliefs are at least tangible. We can understand where they stem from and we can to some extent modify them with appropriate input in the style of cognitive therapy, sex education etc.

In psychotherapeutic terms we can say that they are messages from the internalised Parental ego state (Transactional analysis), in simple terms the parental 'do this' 'don't do that' voices we carry around in our heads like a nagging conscience. Freudians would call this the superego.

The intensity of these messages can be modified by educating or activating the Adult ego state (ego), the 'thinking' part of our inner selves which deals with factual knowledge.

TA

P

'Parent'
prejudices
& beliefs

Superego

A

'Adult'
knowledge
& facts

Ego

C

'Child'
emotions
& feelings

Id

For instance group beliefs such as "You can't get pregnant the first time" or "It's OK if you do it standing up" can be confronted with factual knowledge such as '1 in 20 pregnant schoolgirls got pregnant as a result of the first time they had sex' and 'sperm can swim up hill'!

Unfortunately though, these beliefs can also be manipulated by pressure from less ethical factions such as pressure groups trying to 'sell' their own brand of quasi religious dogma. Young people who are at the difficult stage of trying to find their place in the world, and to establish their own beliefs, morals and feelings about themselves, are very vulnerable to outside pressures be these pressures from peers, media or propaganda merchants. In Britain we have had several such attacks on the adolescent's right to accurate information and free choice with regard to sexual decision making.

Pressure groups have enjoyed an enormous amount of publicity in campaigns to ban sex education in schools, to stop doctors prescribing contraceptives to young people and to delegalise abortion. Such campaigns against termination of pregnancy use highly emotive material

such as engineered photographs of foetuses sucking their thumbs to hit at the belief system surrounding life and birth; to regard a fertilised ovum in the same light as a child and to brand all termination as murder.

It is easy to take away a young person's choices under the mistaken guise of 'informing'. We must be constantly aware of our own 'hidden agenda'. When are we using propaganda and manipulation rather than educating? Deprived adolescents who have lacked love in their childhoods will see a child as an extension of themselves, if convinced that an ovum is synonymous with a child, they will be unable to consider post coital contraception or early abortion - it would be like rejecting themselves.

But at a deeper level, we have beliefs that are out of reach of direct social pressures. At this deeper level are what I would describe as 'magical beliefs'. Intrinsic ideas with a high emotional content, a feeling of instinct and intuition and which may have no perceivable basis in current reality.

These 'magical beliefs' acquired at an early stage of development may be ascribed to the Child ego state (TA) or perhaps the Id (Freud). They are very firmly adhered to largely out of awareness and profoundly affect the individual's sexual and reproductive practices. Failure to understand such beliefs can entirely sabotage a treatment or contraceptive programme.

'Magical beliefs' centre on fundamental concepts such as feelings about self, body and control and on the nature of life itself. The adolescent during psychological development is much preoccupied with the question "Who am I?" confusion inevitably arises when "Who am I?" becomes "Who are we?".

Establishing a personal identity can be an almost impossible task for a pregnant adolescent who suddenly finds that her identity is changing beyond her control, she is no longer a 'little girl', she is a fertile woman. The role of mother is thrust upon her before she has established her own identity, hence the belief that she cannot get pregnant and the frequent denial of pregnancy.

"I knew about sex and how girls could get pregnant, but I never thought it would happen to me."

"I thought I was too young to get pregnant, you don't think that a girl like me could end up pregnant, do you?"

Many girls deny they can become pregnant. They believe that they are too young (Zelnick and Kantner 1978). Belief in the impossibility of pregnancy can become almost a 'magical protection' like a lucky charm used against the evil eye 'well it won't happen to me'. These teenagers are still at the stage of concrete reasoning and cannot identify with the experiences of others. (Blum and Resnick 1982; Piaget 1972; Coleman 1972; Babikian & Goldman; Luker 1972). This explains why health education methods based on 'shock tactics' do not work with this age group.

"My grandad smoked and he got cancer. I've been smoking since I was thirteen but I'm OK".

"You hear about things happening to other people but you never think it will happen to you. When my friend got pregnant, I sort of thought she must have been a bit stupid but then I realised that I hadn't come on (with a period) and I realised that I had been doing the same as her."

"I knew that we were having sex and that we weren't using anything and I suppose I knew how girls got pregnant but somehow I just didn't put the two together."

Operating at this basic level and being unable to identify with the experiences of others means that young people (or adults who have not 'matured' psychologically) at this stage cannot learn from others mistakes, and perhaps can only learn from their own. OK when we're talking about not putting your fingers in an electric socket or touching a hot iron when you're a toddler - all you'll get is a burned hand and a learned lesson - but some of the lessons of adolescence can have lethal consequences.

Life in the fast lane brings more than the odd car accident and bent bumper. Experimentation with alcohol might result in a first hangover, a flirtation with soft drugs might instil a resolve to stay off harder substances - but as our society becomes more dangerous and complex - lessons become harder and more pernicious. Crack, 'designer drugs' and other 'delights' can kill or addict before a teenager can withdraw from the scene.

Similarly sexual encounters now bring more than the risk of an unwanted pregnancy. There has always been the risk of sexually transmitted disease - but now AIDS has brought an added dimension to the risk of unprotected sex. But however we 'shroud wave' and try to frighten young people of the risks of HIV infection - identification with the message is far away.

The emotional response, the 'magical belief' of 'it won't happen to me' extends from pregnancy to infection, contamination - youth is invincible, untouchable. Just as a young person cannot identify with the risk of pregnancy, or the risk of immediate infection - he or she certainly cannot identify with the risk of infection with an unseen virus and especially one which will not cause disease for perhaps five or ten years.

The teenager is preoccupied with immediacy, the here and now. "Yes! I'm turned on now" ... "We're doing it now!" ... not I might be pregnant next month or I might get sick in five years time. A lethal time bomb ticking away in the psyche.

Teenage sexuality is profoundly affected by beliefs about control. A feature of adolescent development is an internalising of the 'locus of control' ie an assumption of responsibility for one's actions and one's body. Many do not reach this stage, remain with an external locus of control and believe that they have no control over their bodies or actions. They are not in control of when they have sex and they are unable to control whether they get pregnant. They are not responsible. Pregnancy is something which 'happens' to them. It is a matter of fate (Novicki and Strickland 1973).

Many South London girls said that they hoped they would not get pregnant but never considered doing anything to prevent it (Birch 1986;87) Such girls are accustomed to having little control over their circumstances. They live in poor housing, have little money, do badly at school and are unable to change their environment.

When an unplanned pregnancy occurs this represents the ultimate loss of control, even their bodies are acting independently of their wishes. In fact, within this belief system there appears to be an element of belief in the 'autonomous womb'.

It is as if the teenager believes that the body consists of three areas; the non sexual body over which one can exert some control in, for instance running, walking; the sexual erotic areas which are under less control but can be fun to use such as the penis, breasts and vagina; and the third area over which there is no control, the womb.

The belief in the autonomous womb explains why teenagers do not believe that sex will result in pregnancy. It also explains some of the denial.

"I kept convincing myself that I wasn't - I kept missing periods but I kept putting it off, saying, nay, it's just .. I was saying to myself, 'I've had sex so it's most probably changing my body or something' Just giving myself any old excuse." (Janet 15, 'Schoolgirl Mum').

"Well, I knew **someone** was pregnant, but I didn't know it was me."

Missed periods, feeling ill and tired, putting on weight and feeling the baby move all add evidence to bring home to a girl the realisation that she is pregnant. Despite this one fifth of schoolgirls do not face up to the situation until a third person, their mothers or sisters tell them that they are pregnant. Girls seem to be spurred into taking action by missing further periods, and lull themselves into a false sense of security in the middle of the month.

It is as if each expected, but missed period reminds them that they could be pregnant and should be doing something about it, whereas as this danger time passes they can deny it again with another 'magical belief'

"Well, perhaps I was only a little bit pregnant."

Lack of control is at the basis of the teenagers notoriously poor use of contraception. Only 7% of London pregnant schoolgirls have ever used contraception. Young girls deny to themselves that they are having sex and convince themselves that if they do end up in bed with a boy, this is a 'once off' and not a regular happening. This denial is a protective mechanism. They are conditioned into believing that girls who have sex or want sex are 'sluts' so they must convince themselves that they are 'not like that'.

"I didn't need the pill because I wasn't going to have sex."

"My Mum asked, did I need to be on the pill but I didn't want to admit that I'd been to bed with him"

The belief is that unplanned sex is an accident. Nobody can be blamed for the occasional slip, for 'getting carried away', 'swept off her feet' ... the cliches are endless. However premeditated sex is inexcusable (Katchadourian 1980; Bury and Harrison 1982; Russo 1984; Bury 1984; DeAmicis 1981; Zelnik and Kantner 1978) Here cultural beliefs also have a bearing; different standards of behaviour are still applied to boys and girls. A teenage boy will not mind his friends knowing that he is sleeping with his girlfriend but for a girl, being on the pill means that she is intending to have sex which is not socially acceptable.

"I never thought I'd be doing anything like that. I went to a party and I suppose I got a bit carried away, you know how it is."

"I did think of going on the pill but then I thought, if he finds out he won't want to go out with me any more, he'll think I planned it all."

"I know it's a risk but what can you do? You can't say 'It's OK I'm on the pill' or 'just a minute while I put my cap in' or ' Would you like a sheath, it just so happens I've got one here.' Right away he'd think 'fucking slut, who's she got them for then?" (Cathy 18 year old mother of 3 year old boy).

Hence belief systems interact. The table illustrates how the various levels of belief systems influence sexual behaviour such as contraceptive use. Similar analyses could be made of other behaviours.

BELIEF SYSTEMS RESULTING IN NON USE OF CONTRACEPTION

SYSTEM	BELIEF
PEERS	You should get 'carried away'
SOCIETY	You can get contraception ... But .. They'll tell your mother!
FAMILY	Good girls don't need the pill ... My Mum wants lots of babies.
RELIGION	Contraception is wrong.
CULTURE	A girl's worth is in her fertility.
'MAGIC'	I can't get pregnant. It will never happen to me.

In planning delivery of services it is essential to take such belief systems and cultural norms into consideration and also to assess how our beliefs influence the situation. What belief are we fostering when we calculate gestation from the last period - ie before ovulation? or when some doctors were known to talk euphemistically of giving a woman 'something to bring on her period'? Is it possible that you can indeed be a little bit pregnant?

The message is thus that in order to make what we as professionals are doing acceptable and useful to young people, we must talk the same language, be in harmony with their belief systems and, just as a cartoon

character a generation ago, created a belief system to give spinach an acceptable image - who remembers Popeye? - perhaps we need rock heroes or some new 'super-cult' to promote a belief in sexual education and birth control? The field is wide open - 'Condom man'!?

Challenges to self worth

In recent years it seems that the terms 'self worth' or 'self esteem' have become almost compulsory entries in any paper on adolescence.

Papers have claimed to show that low self worth is attributable to frequent moves of home (Wooster and Harris 1973), school performance and attitude of teachers (Staines 1985), violence and abuse (Brown 1979). not having sex (Jessor and Jessor 1977) and having sex (Orr et al 1989) and that low self esteem can be a causative factor in prostitution (Brown 1980), alcoholism (Glatt), and early pregnancy (Kane et al 1973) to name but a few.

There is no common consensus view and diametrically opposite conclusions are found.

What do such discrepancies tell us? Certainly there are errors in measurements, in not adequately taking social and economic factors into consideration, and in using different scales. But perhaps it also tells us that we are not measuring the same thing or that we have misunderstood the concept of self worth.

After all - is self esteem an inherent characteristic of the individual? OR a variable affected by life events and social circumstances? OR a state between, where a baseline level exists for self esteem which fluctuates about that level depending on external circumstances?

A typical research pattern for early workers was based on large population studies with a heavily statistically oriented approach. They might measure self worth on a 'static' scale on a large high school population and then look at the same group some time later to see how many became pregnant or used drugs or some other parameter and then look at how the original scores related to the facts they were researching. Very little useful information emerged.

Self worth cannot be regarded as a static measurement. We are not born, go through the trials of life and go to the grave carrying the label of our self esteem score. Hence the effect of self esteem on our behaviour and vice versa has to be seen as a dynamic interaction - what level of self

worth would we expect to see in a given situation - why are we seeing deviations from that mean? What influences the relationship between self worth and life experiences? Why do our attitudes to situations and our view of ourselves alter at various times?

*   *   *   *   *

A schoolgirl mother -

Carol was 15 and should have been at school, instead she truanted, met a boy as lonely as herself and became pregnant. He was also 15, rejected by his adoptive parents and gave up on school, he was sometimes violent towards her. For the first four months, neither of them realised what had happened, Carol tried to ignore her missed periods. Then she discovered she was pregnant and in a panic they fled to sleep rough in a seaside town. The police picked them up five days later and returned Carol home. Her boyfriend left the scene after her parents told him he was not welcome.

The birth was traumatic, staff at the hospital were unsympathetic and overtly hostile on the postnatal ward. Carol was given no help to breast feed the baby. She returned home in tears and has remained in her parents home caring for her baby and going out only to give her son some air.

Two years later, she is lonely and depressed and acknowledges that she felt sorry for her boyfriend and tried to give him the affection she had lacked, while also fulfilling her need for love. Instead he mistreated her and then deserted her. The baby whom she also thought would bring her love and ensure her boyfriend's fidelity, is needy himself and has trapped her in her loneliness.

*   *   *   *   *

It will come as no surprise to hear that Carol, a young mother, had a low opinion of herself and scored at a very low level on a self esteem scale. However, in contrast, let us consider Karen. .....

*   *   *   *   *

A pregnant schoolgirl -

Karen, pregnant at 14 by a boy three years older, was abused and rejected by her mother who placed her in a children's home at the age of two. Her half sister, though four years older, is tiny and underdeveloped, she looks 12 years old and is regarded as the baby of the family, she never knew her father and was the most abused member of the family.

Karen has two asthmatic brothers, one a year younger and one a year older than herself who joined her in the children's home. Her mother's third liaison produced two children, a half sister who died at four months of possible suffocation and a half brother four years younger now in residential school.

She recalls that the staff in the children's home smacked her frequently but that her father appeared not to know about this. He visited sometimes but 'didn't know what to do'. Six years later father took the children to live with him and his girlfriends who mistreated them. Karen was allocated a social worker but when she visits she only speaks to father's new girlfriend and 'cuts Karen out'.

Asked if she felt angry or upset about the way her parents treated her she said "No, my Dad, he tried his best to get us out of there. He was the only one who cared about us, my Mum she just gave up".

Karen has known her boyfriend four years and had unprotected sex for one year before falling pregnant. She states that he will get a house soon - he is unemployed but has 'had an interview'.

On questioning she said "I suppose he might be scared because at first he said he wanted me to have an abortion, but he wants a baby now".

During her pregnancy Karen had been very hard pressed my a welfare worker who wanted her to have the baby adopted saying that Karen had no right to keep the baby when 'there are women out there who are desperate to have a baby of their own'. Karen remained very matter of fact about this woman, not expressing any understandable anger about such remarks. When asked if she thought there may be some truth in the fact that she may have problems looking after her baby, like her mother

had, she was quite clear that her baby would be spoiled and have the best attention.

Karen has so far been let down by every 'mother figure' in her life; her real mother, foster carer, father's girlfriends, social worker and welfare worker. Her elder sister could not fulfil the position of carer for her and needed care herself, the younger sister died. Karen is now determined to become a better mother than her own and at the same time, to be fulfilled from within, by becoming a mother.

The boyfriend's idea of abortion and the welfare worker's plea for adoption of the baby were so counter to Karen's emotional needs - to not give up her child (as mother had) and to not let her baby die (as mother had) that they could hardly be acknowledged. Future disappointment may stem from Karen's experience that all men in her life have been weak and unable to help her - father 'could not do anything' to get her out of the children's home, step fathers left, brothers were asthmatic - the odds are that her boyfriend will not be the pillar of strength that she envisages.

<p style="text-align:center">*   *   *   *   *</p>

A tragic tale .. In many ways similar to Carol's story ... But pregnant Karen felt good about herself, she showed very little emotion in describing her situation and her statements were devoid of any negative comment on herself or others. She scored a high self esteem score ..... What does this mean?

What is self esteem?

Why should we devote so much energy to researching the idea and how can such study help us to understand some of the dilemmas of childhood, adolescence and indeed adult emotions?.

To define self esteem, one must of necessity first consider the concept of 'self'. What is 'self'? Can we address this paramount question of existence without resorting either to the crudity of Sartre's self mutilation - plunging a knife into his hand to prove that if 'self' felt pain, then 'self' existed - or to covering the entire spectrum of psychoanalytic theory?

Unfortunately, as is usual with concepts that are somewhat abstract, albeit fundamental, there is often disagreement in terminology and too many verbose theories can be used to provide a smoke-screen covering the lack of real knowledge. Ideas about self are really at the frontier between science and philosophy, but let us consider briefly a few developments in these arguments.

Freud's theories (1923) encompass an idea of 'self' but the relationship between 'self' and his concepts of superego, ego and id is unclear. Jung (1960) thought of 'self' as an equilibrium between conscious and unconscious or in other words an archetype of the struggle for unity and wholeness which he believed could not be formulated until middle age.

".... The ego can only be regarded as the centre of the conscious. If the ego can relinquish some of it's own omnipotence, a position can be found somewhere between that of consciousness, with it's hardly-won values and the unconsciousness with it's vitality and power and a new centre of the personality can emerge, differing in it's nature from the ego centre" (Fordham 1953). This new centre of personality, Jung calls the 'self'. "The self is not only the centre, but also the whole circumference which embraces both conscious and unconscious; it is the centre of this totality, just as the ego is the centre of the conscious mind" (Jung, "Psychology and Alchemy" 1944).

This unification of aspects of the psyche in the 'self' is reflected in the concepts of Taichi, the all inclusive Tao blending of opposites Yin and Yang, and many of the eastern ideas studied by Jung in his "Secret of the golden flower" (R. Wilhelm and Jung 1931).

- "Cogito, ergo sum" - I think, therefore I am.   Descartes (1596-1650) conveys the intellectual, philosophical concept of the 'global self' but thought itself can divorce us from the 'self'.

"... The cerebrating person is the alienated person, the person in the cave who, as in Plato's allegory, sees only shadows and mistakes them for immediate reality ... I am a stranger to my self ... I am cut off from the vast area of experience which is human, and remain a fragment of a man, a cripple who experiences only a small part of what is real in him and what is real in others." (Eric Fromm "Psychoanalysis and Zen Buddism" 1960).

As is often the case when theorising, no sooner do we have concepts nicely uniting everything in a whole, than another group come along and 'prove' how this whole is really made up of little bits. .. thus, in contrast to this 'holistic' unified idea of 'self' others have taken the opposite route of subdividing and dissecting out different elements of the 'self'.

William James considered the difference between 'me' and 'I' - in "The principles of psychology" (1890) he postulates two simultaneously and increasingly present elements ...

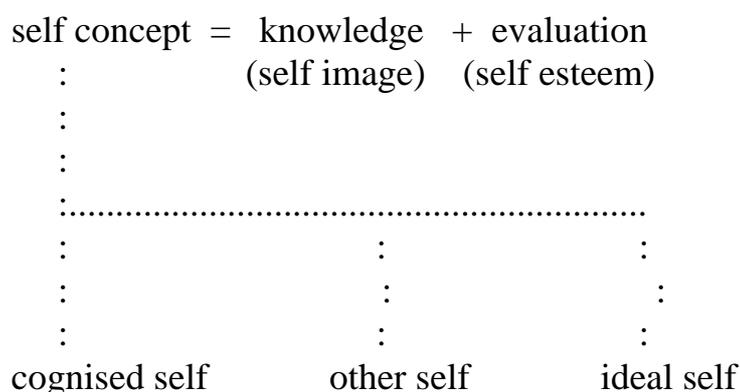"... an objective person, known by a subjective thought
.... Let us use the words 'me' and 'I'
    for the empirical person   and the judging thought ...".

This was not an original concept - In thus writing, James was expanding on Kant's   'self as object';   'self as subject' ("Critique of pure reason" 1781) and Shopenhauer's (1788-1860)   known (me)   and knower (I) ("The world as will and idea").

This idea can be further elaborated whereby the 'self as known' or 'me' further subdivides into two elements - knowledge and evaluation - and incorporates   'cognised self' - i.e. self as known,   'other self' - i.e. self as he believes others see him and   'ideal self' i.e. - as he would like to be (Raimy 1943; Burns 1979).

Thus we could say :-

```
  self concept  =   knowledge   +  evaluation
      :                 (self image)   (self esteem)
      :
      :
      :.......................................................
      :                     :                   :
      :                     :                     :
      :                     :                   :
   cognised self        other self        ideal self
```

This all sounds very theoretical and confusing -

Perhaps we could simplify the idea by pausing to think about how we see ourselves?

Basically we could say that we have:-

A way we consider ourselves to be (cognised self) - in answer to the question

'What sort of a person do you think you are?'

A way we think others see us (other self) in answer to -

'What sort of a person do you think other people consider you to be?'

and thirdly, we have the 'ideal self'-

'What sort of a person would you like to be?'

At this point in the argument, we have really strayed from our question of 'What is 'self'?' to how we regard self. In other words we are confusing 'self' with 'self esteem'.

Self concept has been used as an index of personality and as a research tool since the fifties and during the span of the last forty years terminology has passed through various vogues and changing practices. At least fifteen different terms have been applied, often interchangeably and indeed each carries connotations of the other.

Self esteem (James 1890)

Self regard (McDougall 1908)

Self sentiment (Cattell 1950)

Self ideal (Stevenson 1953; Butler Haigh 1954)

Self conception/self evaluation (Creelman 1955)

Self love (Allport 1961)

Somatic apperception (Adams and Caldwell 1963)

Self appraisal (Davidson and Greenberg 1967)

Self esteem (Coopersmith 1967)

Self image/ self picture (Barker Lunn 1970)

Self concept of ability (Burke and Sellin 1972)

Self concept (Wylie 1974)

Self worth/Self acceptance/Self respect/Self awareness

*   *   *   *   *

Such a proliferation of terminology describing the self concept does little to reassure the reader that research workers and theorists are clear in their understanding of the subject. Do they really know what they are measuring or what they are talking about?

It is perhaps advisable to consider the views of those researchers most quoted in the field of adolescent research - Coopersmith and Rosenberg. The former's position is that self esteem is -

> *".. the evaluation that the individual makes and customarily maintains with regard to himself, it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful and worthy". Rosenberg's definition is more succinct "A positive or negative attitude towards a particular object, namely the self".*

Put another way, the self concept is -

> "*That individual and exceedingly personal, dynamic and evaluative picture which each person develops in his transactions with his psychological environment and which he carries around with him on life's journey"* (Burns 1979).

In my opinion, the most useful observation to consider in the evaluation of self esteem in adolescence was written a century ago - 'James Law' (1890) states that self esteem is success related to pretensions -

$$\text{Self esteem} = \frac{\text{success}}{\text{pretensions}}$$

in that -

> *".. we have the paradox of a man shamed to death because he is only the second pugilist or the second oarsman in the world. That he is able to beat the whole population of the globe minus one is nothing; he has pitted himself to beat that one and as long as he doesn't do that, nothing else counts..".*

In other words, self esteem relates to the individuals personal values and not necessarily to those of his peers, his doctors or his teachers. This aspect provides insight into one of the flaws frequently found in measuring scales - the confusion of descriptive statements about self with self esteem.

For instance - " 'I am good at maths' being presumed to be something valued by the respondent ..... positive correlation's between self esteem and educational performance are likely to be found only in populations in which that self esteem is bound up with aspirations for achievement. There are no a priori reasons why academic achievements or anything else, should be of value to all pupils". (Robinson 1989; Brookover 1967).

If indeed self esteem is dependant on a personal value system, presumably a change in self esteem may be achieved by altering these values, rather than by changing one's position within the existing hierarchy. In other words, if you lower your expectations, you can fulfil them more easily without having to improve your achievements.

This mechanism appears to be operational in schools where teenagers who have been used to 'failing' academically form a 'counter culture' of academic incompetence within whose inverted value system they can succeed and constitute a model for younger pupils (Cohen 1955; Berger and Luckman 1966; Hargreaves 1967; Lacey 1970; Ball 1982).

On a practical level, I am sure we all have first hand experience of the way that altered expectations can bring increased self worth. Take the busy housewife and mother desperate to please everybody, feeling that nobody will like her unless she does everything for them, driving herself to have a spotless house, happy husband, wonderful meals, well behaved children.

Or the dutiful teenage daughter, working all hours at her school work, needing to be top of the class. She is doing everything she can but she is unhappy, she cannot be perfect so she feels bad about herself. If she can be helped to change her attitude, to stop seeing her mistakes and shortcomings but instead to see her successes and good points, she will be doing exactly the same things, her life will superficially be exactly the same, but instead of being depressed and anxious, she can feel valued and fulfilled. No longer 'imperfect' but 'good enough'. No change in circumstances, just change in attitude.

Hence self esteem can be boosted by changing how you view yourself within a given value system - or by changing the value system altogether. If you are not measuring up in one club - then join another or form your own. Teenage 'gang' culture, delinquency and 'drop outs' can all be manifestations of this process.

*   *   *   *   *

Danny never knew his father. His mother had problems coping and finally placed him in a children's home at the age of eleven. He had never been particularly clever at school but was not doing too badly. His behaviour had not attracted much comment - that was the problem - not

attracting much comment. Danny was nothing special, he did not excel or stand out in any way.

Children's homes are not easy places to live in, there is always a 'pecking order', bullies, bullied and care workers 'pets'. Danny did not have a 'niche'. Not until he found something to excel in, some way to be noticed. He began to be involved in petty crime at the age of fourteen, at first just a little shoplifting, which he exaggerated and bragged about. Then as his exploits were not always believed, he made sure he got caught a few times - not enough to get into serious trouble with the law, but it improved his image.

As his image became tougher, he had to keep up with it, so he found himself getting into heavier crime. Younger boys and then a girlfriend went with him on exploits - so he had to prove that he really could burgle homes and 'mug' people in the street. Danny had to be the 'badest of the bad' and for a while his girlfriend acted like his 'moll'. She joined his 'counter culture' - a girl who was bright and doing well at school pretended not to be so clever around him, 'so as not to show him up' and convinced herself that her worth too lay in being tough, intimidating others and getting her name on police files.

The next step was pretending to get high on drugs - first using solvents and beer and 'acting' stoned. Danny was afraid to use hard drugs to begin with although he would never admit it. Finally his bluff was called, doubly - he started using hard drugs, and as his 'alternative value system' of juvenile crime and hard guy image began to slip, became incapable of maintaining his self image, he turned increasingly to drug use to boost his flagging ego.

Danny, the violent drug addict, lost all his followers and his girlfriend. He was now compelled to continue in crime to fuel his habit, he had lost control and the means by which he had sought a boost to his self worth had become the means to drag him down.

*   *   *   *   *

Just as Danny 'used' delinquent behaviour to boost his self worth, so some young people 'use' sexual experiences and fantasies in the same way. In so doing, some girls become pregnant, but there are other factors involved in the significance of pregnancy as we will discuss further.

Schoolgirls who become pregnant have been shown to have experiences of academic failure and in becoming young mothers they could be seen as 'finding and accepting alternative dimensions of value' - as Robinson describes failing pupils attempts to repair self esteem - and establishing or joining a 'counter culture' of schoolgirl mothers.

This view is strengthened by the frequent observations of 'clustering' of cases of pregnancy at particular times in specific schools when girls seem to want to 'join the club'. There has also been anecdotal evidence that many girls appeared to use their pregnancies as a source of self worth, seemed fulfilled and happy during and soon after the pregnancy and appeared temporarily to do better in their individual tuition than they had done at school ("Are you my sister, Mummy 1987).

So how could the mechanism by which girls seem to derive self worth from pregnancy be investigated further? What are the hazards and benefits of early sexual experience and pregnancy to the adolescent psyche?

A 'by definition' subjective principle does not lend itself comfortably to scientific measurement and certainly emotional or psychological factors are not suited to large statistically based research models. The danger is that by insisting on large samples, the quality of information can be sacrificed in seeking after quantity, valuable information can be ignored in the mistaken belief that it is invalidated by statistics, and there is a distinct possibility of 'not seeing the wood for the trees'.

In order to test out ideas about self esteem and to explore the relationship between ideas of self and sexuality, a research model was tried out comparing a control group (secondary school age girls aged 12-15 recruited at a routine health check), a group of pregnant schoolgirls (aged 13-15) and a group of young mothers (i.e. former pregnant schoolgirls aged 16-21 with children at least two years old).

This was first piloted on a small group (Birch 1989) and subsequently expanded to include a larger sample (twenty in each subgroup) and a second control group (students aged 18-21) to eliminate age effects in comparing subgroups. The findings were the same in both studies. Both control groups had identical scores and thus were eventually dealt with together.

The groups were investigated by a self esteem measure, a 'deprivation score' looking at life experiences and a 'sexual' scale estimating degree of sexual experience or sexual trauma. In the absence of an ideal test instrument, it was decided to use the Battle culture free self esteem scale. Choice was dictated by the need for a short form of scale which could be easily completed by teenagers, which did not need a long attention span and which would be appropriate to a multiethnic population.

As a secondary instrument interviews with the girls were taped with the view to analysing positive and negative statements about self.

The Battle self esteem scale consists of 30 questions and includes a five point lie scale and a maximum self esteem (SE) score of 25.

The deprivation scale (De) was devised specifically for the study and included 25 items known from previous studies to be of relevance in the social background of pregnant schoolgirls i.e. home life; housing and finance; personal and social; education and employment; self destructive behaviour and risk taking.

The eight point sexual history scale covered items of 'unfavourable' or 'undesirable sexual experiences' or possibly one could say 'harmful' sexual experience. It is important to distinguish these experiences from desired, protected sexual intercourse in over sixteen year olds or desired pregnancy in girls over the age of consent.

It would be quite wrong to equate 'normal' sexual experience or childbearing with poor self image, none of the items in the scale could ever be said to be desirable viz. - unprotected sex under 15, sexual abuse, violent sex, sexually transmitted disease, pregnancy under 15 etc. For a full description of all the test items, their significance and reasons for inclusion I refer the reader to the pilot study paper (Birch 1989).

The raw results of the study showed that the control group (C) had a mean self esteem score of 22, the pregnant schoolgirl group (P) had a not significantly different mean of 20 but the young mother group (previous pregnant schoolgirls) (M) had a significantly lower mean of 14.

Looking closer at the relationship between C and P, the results show interesting features. The control group were high socio-economic class, high achieving 'public school' girls with a more or less zero deprivation
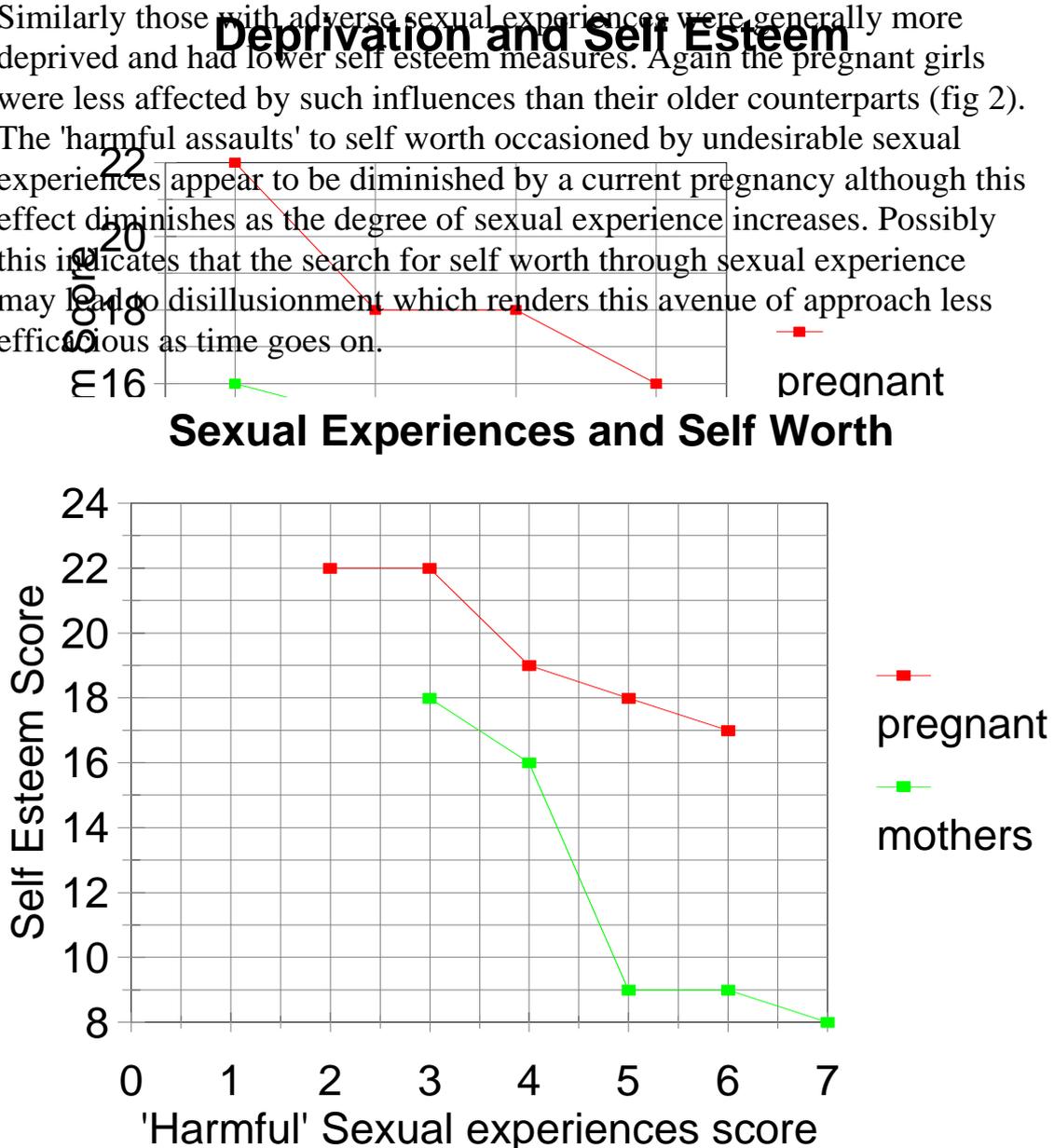
score whereas group P were deprived, anti school, low achieving pregnant girls of low socio-economic standing.

The largest self esteem study in this country (Robinson) on Avon school children has shown that as the last two school years approach (ages 15,16) the self esteem measures of anti school girls drop appreciably. So here we have a group of pregnant girls where this is not happening and who are scoring at the level of public school girls. Are they using pregnancy to restore their self worth?

Groups P and M were similar in all social variables, they were basically girls with the same type of backgrounds and problems but seen at different stages. Why such difference in their self esteem scores?

Looking at levels of deprivation, girls who were more deprived, had lower self esteem but those who were pregnant were less affected by these adverse factors. (fig 1).

Similarly those with adverse sexual experiences were generally more deprived and had lower self esteem measures. Again the pregnant girls were less affected by such influences than their older counterparts (fig 2). The 'harmful assaults' to self worth occasioned by undesirable sexual experiences appear to be diminished by a current pregnancy although this effect diminishes as the degree of sexual experience increases. Possibly this indicates that the search for self worth through sexual experience may lead to disillusionment which renders this avenue of approach less efficacious as time goes on.

Deprivation and Self Esteem

Sexual Experiences and Self Worth

* * * * *

A schoolgirl mother -

Linda, aged just 17, looks at least 25. She is grossly obese, has dyed, unkempt, straw coloured hair. Three years ago, when she became pregnant at 14, she was a slight, dark haired and reasonably attractive girl.

Her pregnancy was the result of a seduction by a Moroccan 'fence' eight years her senior who married her on her sixteenth birthday to avoid deportation - the marriage lasted three months. She had met him on the one occasion that she managed to get out and have a night out at a club with a friend.

Her mother hardly ever let her out of her sight and had kept her away from school for two years. She refused to allow Linda home tuition. Her only brother, two years her senior, is a haemophiliac and HIV positive. He also opted out of school and mother says he cannot get a job in case people find out and hound him. He spends all day in his room playing computer games.

Mother helps look after Linda's two year old daughter but insists Linda stay at home 'because of the baby'. She does not go out to work but spends most of the day at home with her 'trapped' son and daughter. Mother is a very powerful woman whose presence in the home is tangibly omnipotent.

Linda is able to admit that she feels depressed often, she feels she has made a lot of mistakes and also feels let down and angry towards her ex husband, she feels used. She finds it harder to acknowledge her guilt and anger towards herself but thinks her weight and not going out is related to her not liking herself very much.

I felt she was using these as defence against meeting another man who may abuse her again. She feels a hopelessness in the fact that 'men are weak and leave you' - like her father did and as her husband confirmed; or 'are too ill to help you' - like brother; with the net result that .... 'you are left at home to keep things together'.

*   *   *   *   *

Linda scores low on the self esteem scale, she feels bad about herself and is able to express her negative emotions. Contrast the emotional cut off expressed by pregnant Sarah who looks at her chaotic world through 'rose coloured glasses' -

*   *   *   *   *

Sarah was 14 when she got pregnant. She was living with her mother, aged 45, her sisters aged 30 and 26 and a step father who had joined the family when she was one year old.

Telling her mother that she was pregnant resulted in her discovering that she was in fact her sister's child; her 'stepfather', who had been ill with cancer, died during her pregnancy and 'mother' (grandmother) became agoraphobic. Sarah now attends the same special teaching unit as her own mother did. Her boyfriend stopped seeing her when she got pregnant.

During interview she related her story in a pleasant matter of fact way showing no real emotion. Some of her statements were however revealing. Asked how having a young baby might affect her she said -

"Well, I reckon it's not as bad as what people say about it getting you down,   'cos if you want to go out, ... you goes out"

"Will your Mum (gran) mind looking after the baby if you go out?"

 "No, she can't go out anyway, can she?"

"Do you feel let down by your boyfriend?"

"No, he did me a favour, getting pregnant. First time round, I just didn't think it would happen, but he did me a favour".

There are many parallels between Linda and Sarah's stories, both became pregnant 'first time round' by boys who then deserted them. However Sarah managed to 'dump' her anger, and her baby, on her 'mother' who became trapped at home caring for the third generation of offspring.

Sarah's 'mother' (grandmother) appears to be using her agoraphobia as a means of coping with and denying her granddaughter's attack upon her, and at the same time her behaviour is reminiscent of Bandler's (1948) description of an agoraphobic girl who avoided sexual encounters in this way. Thus she could be interpreted as acting 'by proxy' to 'keep her daughters chaste'.

Meanwhile Sarah is denying her feelings of anger and rejection. In reality Sarah has been let down and rejected by her natural mother who allowed her to be adopted (albeit by her grandmother), her grandparents who did not tell her the truth of her origins, her 'stepfather' who died and her boyfriend who left her.

A hint of the underlying feelings was given by Sarah's answer to my question of why did she think her 'mother' had not made sure that she knew about contraception and helped her not to repeat her own daughter's mistakes -

Sarah laughed and said "Well, she got it all wrong, didn't she?".

SE score 22 (high).

*   *   *   *   *

Thus it would seem that pregnancy partially protects the individual from threats to self worth but that this effect is only temporary. By the time the child is two years old (probably sooner) the harsh realities of life seem to be taking their toll once more. The temporary nature of this boost to self esteem probably accounts for some of the frequent cases of repeat pregnancy, in an attempt to re-establish identity with the counter culture and redefine alternative dimensions of value.

Of course the hormonal and physiological changes of pregnancy must not be ignored. It has been suggested that there is a blocking of mourning

during pregnancy (Emmanuel Lewis) so it is conceivable that the 'mourning' for an 'ideal self' which could underlie poor self worth may also be blocked.

'Blocking' of emotion is apparent in other ways (vide infra). Barlow (1968) noted that in pregnant inner city girls there was a lack of the normal fantasy about the baby in the third trimester. The mechanism of 'primary maternal preoccupation' - the normal mechanism whereby mothers have 'eyes only for their child' in the first few weeks or months after birth, could also account for some of the lack of negative feelings.

What is the influence of deprivation?

When we are looking at a deprived population, at young people living in difficult conditions, perhaps subject to abuse and other traumata, how can we isolate the effect of one factor from such a morass of detrimental features?

Taking the example of child abuse - The traditional view is that young parents from poor backgrounds are more likely to physically abuse their children. Indicators of child abuse have been described as premarital conception, youthful marriages, unwanted pregnancies, illegitimacy (Solomon 1973). It has been suggested that social variables associated with early childbearing are also common to child abuse and cot deaths (Johnson 1983).

So is there a causal or coincidental relationship between these factors? i.e. does school age pregnancy predispose to abuse of the child of such a pregnancy or do we see a higher rate of abuse in such situations because deprivation predisposes to both abuse and early pregnancy so these factors are likely to coincide in a number of cases?

> *"Adolescent motherhood increases the risk of prematurity, sudden infant death syndrome, and child abuse. The common denominator for the risk of the baby of an adolescent mother may be variables associated with lower socio-economic status."* (Simkins 1984)

The same argument can be made regarding early pregnancy, deprivation and self worth. Do adverse socio-economic and other features of deprivation, by causing a lowering of self esteem, cause increased pregnancy rates or are they independent variables?

Many of the factors described above appear to cause a recurring cycle of problems, the children of school age mothers tend to become school age mothers themselves; the abused become abusers. - An alcoholic or violent family background is associated with a low self image and "emotional relationships between the girl and her parents are severely disturbed forming a fertile breeding ground for insecurity and maladjustment. ...... today's deprived, neglected children may grow up into tomorrow's neglectful unstable parents who are again unable to provide a normal home life for their children" (Glatt 1975). Is the fulcrum of this self perpetuating situation a threat to self worth?

It would seem logical that unfavourable life events could constitute a threat to self esteem and that, if that were so, a detailed and accurate measure of such unfavourable events (which could be considered 'deprivations') could give a measure of self worth. This does not seem to be the full story - In this study the deprivation scores were indeed related to self esteem measures but the correlation was not highly significant - not significant enough to consider the deprivation score as a predictor of self worth.

The reasons for this apparent 'damping' of the effect of deprivation could be related to several factors -

1. Specificity of the self esteem scale - what are we actually measuring?

2. Perceived significance of certain deprivation features. Some aspects of deprivation may be less damaging to one individual than to another. For example - if you and your family have always lived in overcrowded conditions, perhaps this is not of such concern to you as it may appear to the observer.

3. Coping mechanisms such as denial which help the individual to deal with the problem may also 'protect' the self esteem measure. An analogy being the chronically abused child's capacity to mask the feeling of intense pain.

So what is the significance of early sexual relationships?

Why do girls with a low opinion of themselves seek out, consciously or unconsciously a relationship where they experience sexual involvement which they are unprepared for? Psychosexual development, lack of

abstract thinking, the inability to perceive oneself as a sexual being and to be responsible for one's actions, and the teenagers' belief systems, external locus of control and inability to plan their own futures have been discussed elsewhere. In this respect, some of the motivation or 'sexual decision making' is actually NOT making decisions - splitting, cutting off and being fatalistically pushed or pulled into relationships.

In some ways the fatalistic attitude and 'magical beliefs' such as the 'autonomous womb' concept (Birch 1988), whereby the womb is beyond conscious control and just 'gets pregnant', can be regarded as a 'part-object' use of the sexual organs, comparable with Krout Tabin's " .. the man's penis seems independent of his will". It is also important to consider motivation in terms of the relationship between the young girl and her boyfriend in that 'it takes two to tango' and one can no more regard the 'baby father' as 'just a penis', than regard the young mother as 'just a womb'.

Virginia Satir in "Conjoint Family Therapy" devotes a whole chapter to 'Low self esteem and mate selection' - although she is primarily writing about marriage partners, her ideas are none the less applicable to the 'selection' of a 'mate' for a teenager and the sort of difficulties that young people may find themselves in when establishing relationships, however transient, with the opposite sex. These factors become even more important when the relationship results in the birth of an infant. Her premise is that those whose opinion of themselves is poor are dependant on what others think of them and present a 'false self' to the world.

The false self is based upon identifying similar aspects in others and thus giving others the impression they want to have. Thus those with low self esteem are likely to form relationships with others having low self worth.

> *"Each partner is deceived by the psychological defences of the other - that is by the false self the other presents to the world. At the same time each has fears of disappointment and difficulty in trusting others, including of course their respective mates".*
> (Barker 1981)

Such a relationship, a meeting of two 'false selves' can result in neither partner having their emotional needs met by the relationship, indeed both will be unable to communicate their emotional needs to the other. In order to achieve this communication a certain maturity is required.

Satir described eight attributes of mature people which are necessary in order to achieve communication and fulfilment of emotional needs and which she believed could be enhanced in therapy. These attributes have all at some stage been described as wanting in adolescence and particularly in those teenagers who experiment in sexual activity at an early age and who, when pregnant, keep the baby.

The eight attributes are -

1. Fully in charge of their own selves;

2. Able to make decisions, based on accurate perception of self, others and in social context;

3. Able to acknowledge these choices and decisions as their own;

4. Able to accept responsibility for their outcome;

5. In touch with their own feelings;

6. Able to communicate clearly with others;

7. Able to accept others as different from themselves;

8. Willing to see such differences as a chance to learn, not as threats.

Those with low self esteem have remained at a stage prior to internalisation when self worth is dependant on outside opinion, in other words, relationships are formed with others who are seen as a source of self esteem.

A low self worth can arise when early experiences leave an individual with exaggerated feelings of inadequacy, hostility and destructiveness (Dominian 1968) - certainly the case for young people seduced or forced into situations beyond their control, those who are exploited and sexually abused, those who have endured the 'harmful' sexual experiences we have discussed.

A partner can be chosen for their imagined ability to 'make them good' (Lieberman "Forging a Marital Bond".) - the same can perhaps be said of the baby in early motherhood, who is also expected to 'make things good'.

Many adults in present society never reach the stage of fulfilling Satir's eight attributes of maturity, certainly most of the very young schoolgirls who 'decide' to keep their babies, viewing the world through an optimistic mist, have scarcely reached the stage of fulfilling even one - contrast the following conversation with Charmaine who was able to make a mature decision regarding her pregnancy - ("Are you my sister, Mummy" Birch 1987). In this case she decided to have an abortion, the decision itself is relatively unimportant, it is the reasoning which shows her maturity.

* * * * *

Charmaine's older sister was typical of the young girl who becomes pregnant at a stage when she is physically developed but emotionally immature. She became pregnant at 16 and left school to have her baby. There was no question of her having an abortion. The situation was very different for Charmaine herself and when she became pregnant at 15 she decide she must have an abortion. She acknowledged that the decision was her responsibility alone and bravely waited until her sixteenth birthday before seeing a doctor.

" .... you see, it's different for me. I've got responsibilities. My sister's got her baby and we all love her. It was the right thing for her to keep her baby. My mum never expected anything more of her, she wasn't very good at school or anything and she wouldn't have got a job.

I'm different, everyone has always had high hopes for me. I've done well at school, I've got the promise of a job. If I had a baby now, I'd be letting them all down, my mum, my brothers and sisters, my teachers .. everyone.

And I'll let myself down. Later on I'd never forgive myself and I'd blame the baby. I might end up taking it out on the poor baby and that would be terrible because it wouldn't be it's fault.

I wish I could have gone to a family planning clinic. I would have had the pill but I didn't want my mum to know. I didn't want to hurt her, knowing I was sleeping with my boyfriend, she would have felt let down. I couldn't go on my own because I wasn't 16.

I wish I didn't have to have an abortion, I don't like the idea at all, but I know it's the right thing for me ..."

* * * * *

A certain maturity of abstract thinking and an ability to plan for the future is required in order to plan whether or not to become a mother.

Why does it seem that pregnancy is such a potent source of self value?

> " ... Seen from the young girl's viewpoint, pregnancy may not be so undesirable. Certainly it brings heartache and hardship, the extent of which should not be underestimated, but for underpriviledged girls with little education and non existent job prospects, motherhood is a fulfilment. With the birth of her baby a 'failed' school drop out, an unemployable misfit, becomes an acceptable member of society with a valued role - that of a mother. She is successful and out of her loveless world she has created her own baby who will love her."

> (Birch 1989 "Progress in Obstetrics and Gynaecology - vol. 7").

Why specifically is pregnancy used as a source of self value in deprived young girls rather than some other form of 'deviation' or non compliance with the norm of our society?

It certainly seems to be a rather drastic way of coping with life's problems since "... changes in the body and mental representations of self, object and object relationships are bound to alter forever the pregnant woman's view of herself" (Pines 1972).

Of course one can cite the usual social arguments relating to family patterns of early childbearing, allegiance to the idea of the 'value' of motherhood, the 'Madonna' image and identification with the counterculture of a particular teenage value system.

Another way of looking at this may be the application of the idea of 'container and contained' (Bion 1970). It could be argued that while the

pregnant girl is demonstrably, physically the 'container' of the 'contained' baby or foetus, she is at the same time identifying with the baby to such an extent that she has become the 'contained'.

It is this containment which is sought by the child/mother who has lacked support, love and containment from her own mother and who is in turn depriving her own child of this 'containment' by usurping his or her position in the womb.

In our deprived teenage mother or girl living in a world of abuse or 'survival sex'- there is a primary need for recognition and love from mother and father which remained unfulfilled in childhood.   The search for consistent affection via sexual encounters engenders a hope of -
> *".. symbolic fusion with mother, or more precisely with mother's breast and all it's inherent nourishing qualities"*

(Welldon "Mother, Madonna, Whore" 1988)
- a hope which is dashed since this fusion is never found.

> *"...the reassurance they need is not available from the outside so they try vicariously to manufacture it from within by means of pregnancy fantasies". These fantasies become concretised in real conceptions. ".. when insecure about their femininity they feel no longer able to fantasise about symbolisms attached to inner space; instead they use their bodies in a concrete way and become pregnant."*

A clue to the mechanisms underlying the 'use' of pregnancy as a protector of self esteem lies in the part of the study which appeared to give no results. Attempts to score the recorded interviews with pregnant girls proved difficult in that statements were overwhelmingly recorded as 'neutral'. Girls remarks about their pregnancies and about themselves were devoid of emotion.

As one pastoral care worker remarked on watching one of my videotaped sessions - "How can they sit and talk about all these awful things that have happened to them, having babies at 14, their boyfriends leaving them, problems at home, being thrown out of school, and just talking as if they were reading a shopping list!"   This impression is quite forcibly conveyed by the clinical descriptions.

It appeared that these girls were, in their pregnancies, 'acting' in relation to their circumstances rather than maintaining a capacity to think and feel. In this sense, promiscuity and early pregnancy has been described as 'acting out' by authors who take the broader view of this term and thus include all manner of 'delinquent' behaviours (Bellack 1965).

I would disagree with this definition in that these girls are in general not promiscuous or 'delinquent' in the usual sense of the terms - they are seeking pregnancy rather than sex and thus differ from the hysterics view of sexuality that   "What I needed was to be loved and all I got out of it is to be whored" (Masud Khan "Hidden selves" 1983). They do not become 'whored' they become 'mothered'.

Nevertheless girls were 'concretising' their emotions in the act of getting pregnant. Their feelings and thoughts were projected into an idealised 'self' - embodying their ideal of motherhood - and while they could hold on to their ideal self and identify with it, they could feel good about themselves.

> *"...in becoming a mother herself a process of identification with an 'ideal' mother occurs ... the birth of this baby made her feel wanted from within .. despite their emotional deprivation and their inability to form a female ego-ideal, some of these women have achieved the creation of a maternal ego-ideal"* (Welldon)

In other words deprived girls may be able to identify with an ego-ideal or ideal self <u>as mothers</u> but not as young women or adolescents. They can build up a picture of an ideal mother rather than an ideal woman.

This image is enhanced because they often feel that their own mothers have neglected them, have failed them in some way and are far from the 'perfect mother', they have a very good model for the 'not perfect mother' the mother they do not want to be, the mother they want to be 'better than'. Thus success means being better than mother - the ideal self is the perfect mother.

The problem is that this 'ideal self' is a false self and their mechanism for feeling good about themselves is a false solution which evaporates all too quickly as the harsh realities of their lives, often exacerbated by the birth of a child, become once more self evident.

Here lies the message of the study.

Pregnancy can be used by some deprived girls as a source of self worth and as a false solution to their problems. That being so, an alternative solution must be offered.

These girls need an alternative source of self worth. They must be given a different way of valuing themselves in order to ensure that, when they become pregnant, this is because they desire parenthood with all its responsibilities, hardships and joys and not merely as the only perceived escape from a catalogue of problems.

The same argument applies to the young men who become young fathers, some of whom subconsciously 'need to be fathers', and to the young men like Danny who resort to inverted value systems.

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So how can we help young people to embrace alternative sources of value? How do we identify factors which might boost self worth in a 'healthy' manner - value systems which will present a 'true solution' rather than a symptomatic cure or 'false solution'? Is it possible to answer this question at all without imposing an extraneous value system on different social groups - is self esteem a totally personal value which is incomparable interpersonally?

There may be some truth in the individuality and intangible nature of self worth - but if this were the whole story, we would surely be unable to influence the way someone feels about himself or herself - thus therapy would be doomed to failure - this extreme is also patently untrue. From the moment of conception, the child is besieged by other people's value systems and within those systems, builds a picture of how he relates to the world and how he feels about himself.

 Let us consider as an example, the role of education. Perhaps part of the solution to our dilemma lies in the form of our education system - that in basing this on competition and thus instilling a belief that an individual's worth is in his or her ability to do well at school, we are 'setting up' deprived boys and girls to fail. We are thus forcing them to seek an alternative way to succeed.

Adler made some very relevant comments on this situation. -

"...We generally find that when children first come to school, they are more prepared for competition than for co-operation and the training in competition continues throughout their schooldays. This is a disaster for the child."

(Adler "The Science of Living")

At secondary school Adler did so badly at mathematics that the teacher advised that he should leave and become apprenticed to a cobbler, since he would obviously be fit for nothing better.

"If my father had followed this advice ... I would probably have done a good job at that but I would have believed all my life that there is such a thing as having no gift for mathematics ... fortunately I found myself one day, to my own great astonishment, able to complete a problem that had stumped my schoolmaster ... The success changed my whole attitude".

The idea of giving the child or teenager something to value and boosting self confidence and self esteem came across in this quotation -

"His approach had something of the air of the kindly comrade who steps out of the circle of playmates to persuade back one who is moping in the corner ... together with his sense of comradeship with the patient, there would be a rebellious twinkle in his eye which would make it seem as if he and the patient were in a conspiratorial league to outwit the pompous authorities of the world ...

'Let us show them what we can do!' he would often say

... and the patient would see him not as a solemn father confessor, but as a brother with whom it would be good to enter into the game".

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