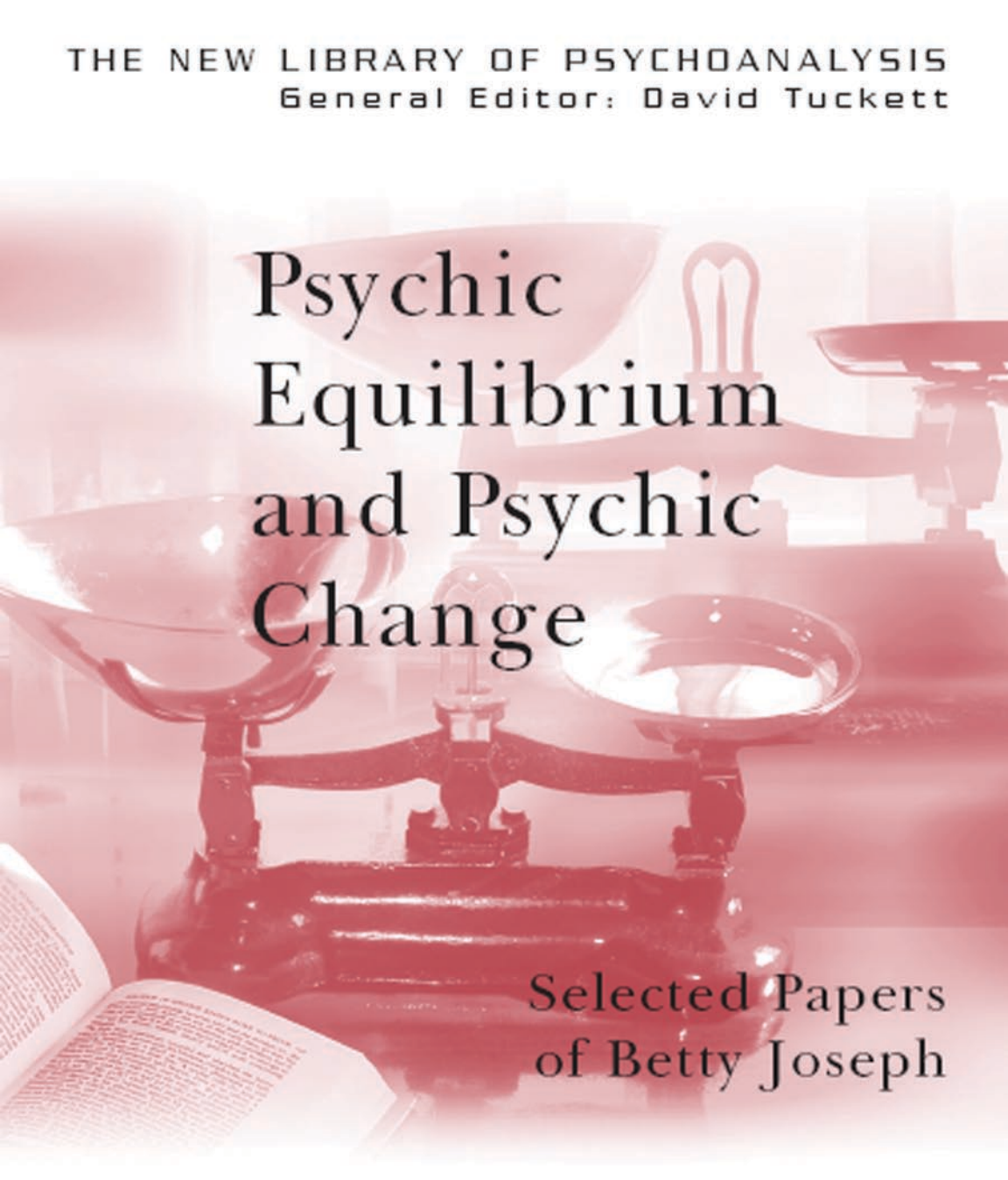


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Psychic
Equilibrium
and Psychic
Change

Selected Papers
of Betty Joseph

Edited by

Michael Feldman and
Elizabeth Bott Spillius

PUBLISHED IN ASSOCIATION WITH THE INSTITUTE OF PSYCHOANALYSIS, LONDON

THE NEW LIBRARY OF PSYCHOANALYSIS

General Editor Dana Birksted-Breen

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Psychic
Equilibrium
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Psychic Change

SELECTED PAPERS OF
BETTY JOSEPH

Edited by

MICHAEL FELDMAN and ELIZABETH BOTT SPILLIUS

 Routledge
Taylor & Francis Group
LONDON AND NEW YORK

To the past and present members of my seminar
— which has evolved into a workshop —
with whom the ideas in this book were developed

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Preface

The strength and vitality of scientific ideas can be judged by their growth and the developments which arise from them. Freud's own ideas changed and developed to the end of his life. They also gave rise to many different, sometimes divergent or even controversial developments, and I do not mean such 'dissident' developments as those of Jung or Adler, but those genuinely based on Freud's own work and his work in various phases of his own development, some followers pursuing more his early work, some the later.

Of those pursuing Freud's later work, Melanie Klein is probably the most significant. Like Freud's, her own work developed, bringing in new ideas and changes of emphasis, till the end of her life. That development continued in the work of her pupils. Her central ideas of the importance of early stages of development and the paramount role of the interplay between unconscious phantasy and reality and that of the shifts between the paranoid-schizoid and depressive positions inform the work of all her pupils. Technically, the importance she attaches to the transference is a constant in their work. On the other hand, they pursued their researches in different directions — for instance, Bion and Rosenfeld into the analysis of psychotics — and her various followers developed different styles of work with different emphases.

One of Klein's late concepts — that of projective identification — of which she gives only a few lines in her paper 'Notes on some schizoid mechanisms' (1946) generated research which has resulted in rich contributions to both theory and practice. In particular it contributed to the understanding and uses of countertransference — an area unexplored by Klein herself. It was also one of her concepts which has gained world-

wide acceptance among psychoanalysts of various orientations.

With the group of analysts who particularly investigated the implications of that concept for daily technique and clinical approach to patients, in recent years Betty Joseph's work is a particularly important development. It is unspectacular and developed step by step, and it is only slowly that it started to gain increasing importance, particularly among Kleinian analysts, but becoming gradually also more generally accepted not only in Great Britain but also arousing a great deal of interest abroad, including the USA.

I first met Betty Joseph when she came to London as a candidate in 1945, but began to know her only in 1949. She was just qualified, having started her analysis with Balint in Manchester and having followed him to London. After qualification she started an analysis with Paula Heimann, and it was at the time of this transition that she came to me (I was just starting as a training analyst) to discuss some of her cases. It always surprises me that I actually remember one of her patients and a dream he brought. He was a shoe fetishist and was particularly interested in high heels, especially those known as stiletto heels. He dreamed that he threw a knife under a cupboard, and I remember telling her that his picture of the phallic woman was based on his projection of his *own* penis into her. It says something about the vividness and conviction with which she presented this material that I remember it to this day. I also remember it with affectionate amusement, considering how much I have learned from her about projective identification in later years.

Betty Joseph started in the classical Kleinian way prevalent then, but by the 1970s it became clear that she was developing her own increasingly distinctive style. It is characterized by the way in which she listens to her patients with ever-increasing attention to the minute-by-minute psychic changes occurring in the patient's mind, related to, and linked with the constant interplay between analyst and patient and its effects on the transference and countertransference.

Some years after becoming a training analyst in the mid-1950s, like many of us Betty Joseph started conducting a postgraduate seminar. This seminar also underwent an evolution. Starting as so many other clinical graduate and postgraduate seminars led by a 'teacher', it has changed in character to become a real workshop, giving rise to creative group work under her leadership. Like her own work, this workshop is concerned with describing in detail exchanges between the patient and the analyst in the session and looking at the clinical implications of every intervention, describing details of technique in the moment-to-moment interaction. But in the process of so doing, the members of the workshop are also hammering out a theory of technique with, I think, wider theoretical

implications than they themselves are aware of. It is also significant that this work together does not produce a monolithic technique, and its members have their own individual styles.

I have worked closely with Betty Joseph for nearly forty years, and in such a relationship it is difficult to sort out who learned what from whom. I know that in the work of my contemporaries I was influenced most by Bion and later, though maybe not to the same extent, by Betty Joseph. I, and others, have learned from her particularly to pay much more acute attention to the subtler and continuous acting in of the patient in the session and its effect on countertransference. This is an area, however, in which there are individual differences among Kleinian analysts. These differences concern the technical problem of how and when to interpret explicitly the unconscious phantasy and infantile experience which is being enacted in this interplay between patient and analyst. There is general theoretical agreement that such linking should be done only when it is emotionally meaningful to the patient, but in practice analysts vary in their assessment of when the right moment has come. For example, my impression is that I myself put more emphasis on the need to link the interplay in the session with the infantile context than Betty Joseph does.

In her own work what strikes me most is a rare combination of very fine intuition with great intellectual and technical rigour. There is no self-indulgence in that work. The careful attention to detail, which also characterizes her work, gives a very full picture of the patient, the analyst, and the exact interaction between the two in the psychoanalytic process, and this is why I think her papers, though dense and difficult, are understandable and appealing to analysts not otherwise familiar with the Kleinian approach.

Hanna Segal

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I would like to thank the editors, Dr Michael Feldman and Mrs Elizabeth Bott Spillius who have organized these papers, and, with great patience and understanding, attempt to introduce them to the reader.

Among many other colleagues I particularly wish to thank Dr Hanna Segal, who has over years mulled over, discussed, and always constructively criticized the majority of the papers in this volume.

I also want to thank the following for their kind permission to reproduce copyright material: *The International Journal of Psycho-Analysis* (Chapters 1, 2, 3, 7, 9, 10, 11), Jason Aronson Inc. (5), Caesura Press (6), the *Bulletin of the European Psychoanalytical Federation* (8), International Universities Press (12), *Psychoanalytic Psychotherapy* (13), and *The Psychoanalytic Quarterly* (15).

Betty Joseph

General introduction

Michael Feldman and Elizabeth Bott Spillius

Until recently Betty Joseph's work, which represents a particular development within the Kleinian tradition, has been little known outside a comparatively narrow circle of British psychoanalysts and Kleinian psychoanalysts abroad. It is the purpose of this book to collect her various papers together so as to make her seminal ideas more readily accessible. The aim of this General Introduction is to outline the main themes of her work. The papers themselves are divided into four sections, each of which has an introduction of its own which links the particular papers of the section with the main themes described in the General Introduction. The papers are reprinted in the order in which they were written, which sometimes differs from the order in which they were published.

Joseph's psychoanalytic technique and her way of conceptualizing the processes involved have evolved over many years, particularly in relation to the intensive and prolonged analysis of a number of difficult and resistant patients. These patients confronted her with subtle technical problems which have become a major interest of hers and which she addresses in the papers collected in this book. Although the patients with whom she was working could be classified as narcissistic, borderline, or perverse, the technical and theoretical issues with which Joseph has been concerned are of very wide application within psychoanalysis.

The type of patient with whom Joseph is particularly concerned in these papers is the sort of person who comes to analysis because consciously he (or she) wants to change, but who appears to be unwilling or unable to do so, even though his feeling about analysis and his analyst is usually basically positive. Joseph sees patients in a rigorously maintained

psychoanalytic setting in which patients are seen five times a week and are expected to use the couch, except of course in the case of child patients. Within the framework of this setting she attempts to provide a precise working out of the way the patient's ideas and feelings, conscious and unconscious, about himself, his analyst, and the analytic relationship are lived out in the session. She argues that the way in which the patient consciously and unconsciously structures the analytic relationship makes apparent the nature of his internal world, which itself is the product of his complex history. Increasingly she has moved away from making global, explanatory interpretations towards making more limited and precise descriptions to the patient of how, at a given moment, he sees the analyst, himself, and what is happening between them. She tries to follow carefully any shifts in behaviour, feeling, and atmosphere that occur in the session. In her view such immediate interpretations, even though apparently so limited, offer the best hope of working towards psychic change. This Introduction attempts to describe how she came to this view and the conceptualizations that lie behind it and developed with it.

Joseph's papers are like her interpretations: precise, sensitive, and detailed. A not infrequent experience on reading her papers for the first time is for the reader to be overwhelmed by the complexity of clinical detail and to find it difficult to formulate for himself the paper's central theme, even though the writing itself is deceptively clear and simple. Closer scrutiny reveals several important themes, themes which gradually become more and more clearly and confidently propounded and elaborated in successive papers. Inevitably there is repetition in these papers, but each repetition adds something new to the earlier formulation.

With Bion, Segal, and Rosenfeld, Joseph has been particularly involved in exploring the therapeutic use of Klein's concepts of unconscious phantasy, projective identification, and introjective identification. All four authors work with, and have in various ways further developed, Klein's concepts of the paranoid-schizoid and depressive positions (Klein 1935, 1940, 1946). The anxieties, object relationships, and defences of the paranoid-schizoid and depressive positions are fully described and discussed by Joseph in many of the papers of the present collection. Although the interests of Bion, Segal, Rosenfeld, and Joseph have differed to some degree, each has adopted an approach in which very close attention is devoted not only to the verbal contents of patients' communications but also to their use of words to carry out actions which have an effect on the analyst's state of mind. It is this tradition of work that Joseph has particularly contributed to and extended.

There are three or four major themes in Joseph's work, so intertwined

and closely related that it is difficult to describe them separately. The first is emphasis on the patient's need to maintain his psychic equilibrium. The second is psychic change and the factors that militate against it and those that foster it. The third is Joseph's particular way of focusing on transference and countertransference, on patients' acting out in the transference, and on their attempts, usually unconscious, to induce the analyst to join in the acting out. And the fourth is her avoidance of what one might call 'knowledge about' in favour of 'experience in'.

The first theme, the patient's need to maintain his equilibrium, is present in Joseph's earliest papers, in which she describes a particular constellation of defences against persecutory and depressive anxiety. Similar constellations of defence are elaborated and refined in successive papers. In spite of their conscious wish to change, the patients she describes mobilized their system of defences in the analytic situation in order to maintain their existing state of equilibrium. At first Joseph developed her use of the concept of equilibrium when working with patients who were clearly very seriously ill and difficult to treat, patients who were narcissistic, psychopathic, perverse. Indeed, she has always been interested in patients who are persistently destructive and self-destructive — dominated, in Melanie Klein's usage of the term, by the death instinct. But gradually she began to recognize the relevance of the concept of equilibrium in work with *all* her patients, so that she now thinks it likely and natural that any patient will respond to an insightful interpretation, even an interpretation that he accepts emotionally, with some sort of attempt to restore his slightly disturbed sense of balance.

Of course this emphasis on patients' need to maintain psychic balance is not new. What Joseph adds to the usual discussions of defence and resistance is the idea of a *system* of defences which is used to maintain balance, combined with the detail, precision, and depth of her clinical explorations of the manoeuvres and shifts that take place in the immediate to-and-fro of sessions as patients struggle to reconcile the new analytic experience with the old system of maintaining balance. In particular, she gives very telling examples of the complex way in which patients use projective identification with the analyst to avoid having their psychic equilibrium disturbed. A sado-masochistic patient, for example, may say things in such a way that the analyst finds himself making slightly punitive interpretations which confirm the patient's masochistic expectations. Or a patient may for a time behave as if he has lost his capacity for thinking, understanding, or desiring anything, all of which then become the problems of his analyst; by this means such a patient protects himself from the pain and anxiety which would result if he were to accept responsibility for these mental functions himself. Joseph believes that if the analyst fails to recognize this state of affairs he

will be likely to make interpretations which may sound 'correct', may even *be* correct, but which will be ineffective because the crucial transference/countertransference issue is the patient's projection of thinking capacity into the analyst.

Joseph's emphasis on psychic equilibrium is closely linked to her preoccupation with psychic change, a theme which runs through all her papers. She became aware early in her work that with a number of patients, interpretation of the verbal content of the material, the wishes, anxieties, and defences which it revealed, often proved ineffective in producing any lasting movement. Further, with several patients she felt that the analysis looked as if it was progressing satisfactorily but at the same time she had no feeling of emotional contact with her patient. She was led to examine the reasons for this lack of contact, reasons which she began to think lay both in the patient's intrapsychic structure and in the dynamics of the analytic situation. It is in this willingness to be curious about patients' emotional inaccessibility and failure to improve that Joseph's particular strength lies. Whereas it would be easier to fit in with the patient's defences, to give up, or to condemn the patient as unsuitable for analysis, Joseph has made this type of difficulty her special focus of interest and research.

She found that patients who failed to improve in analysis were more than usually insistent on maintaining their psychic equilibrium. While the patient may appear to attend carefully and to make use of the analyst's interpretations, Joseph suggests that this may simply be a form of accommodation, and that what takes place in the session is in fact being used to support the pre-existing state of balance and thus to avoid change. Or a movement may occur in a session only to be succeeded a little later by a restoration of the status quo. There may be several reasons for the patient to avoid change in this fashion. He may resent the analyst's capacity to understand and to help him because it threatens his belief in his own independence, self-sufficiency, or narcissistic superiority; in brief, it may be an expression of envy or, even more likely, a form of defence against having to be aware of feeling envious. As part of a belief in his own self-sufficiency, a patient may be caught up in forms of destructiveness and masochistic self-destructiveness that he feels to be much more exciting than being dependent on an analyst and on his own constructive capacities. He may discover that change, even a small change, threatens him with anxiety and inexplicable psychic pain. Or he may feel, consciously or unconsciously, that changing his present defensive system would plunge him into psychic chaos and disintegration. Thus he acts as if he fears that change will lead him into even worse experiences of anxiety than he already knows.

How, then, can psychic change take place at all? It is Joseph's view that

if the analyst attends first and closely to the psychic reality of the interaction between patient and analyst, the patient may be able to make a shift, a small change of his defensive system, even though it may be followed by a return to the status quo. 'Long-term psychic change', she says, 'is based on, and is a continuation of, the constant minute shifts and movements we see from moment to moment in the transference' (from 'Psychic change and the psychoanalytic process', Chapter 14 below). Embedded in this simple statement is a wealth of clinical experience and conceptual formulation.

First, Joseph stresses that if one wishes to foster long-term psychic change, it is important that the analyst eschews value judgements about whether the shifts and changes in a session are positive or negative. Following Bion's (1967) ideas on the contaminating effect of 'memory' and 'desire', she thinks that value judgements about changes distort the work. The moment-to-moment changes need to be recognized and accepted as the patient's unique way of dealing with his relationships and his anxieties. Nor should we be concerned with change as an achieved state; it is a process, not a state, and is a continuation and development from the 'constant minute shifts' in the session.

Second, like other Kleinian analysts, Joseph thinks that the interpretations that are most likely to lead to psychic change are those that are anchored in the transference and countertransference; that is, in the analytic relationship as it is experienced by patient and analyst. This reliance on the transference interpretation as the primary, perhaps the sole, agent of therapeutic change is part of the Kleinian conception of transference, which differs from that of other schools of thought, especially from that of ego psychology (Payne 1947, Zetzel 1956, King 1973, Hinshelwood 1989). Moreover, in the Kleinian view, transference is not regarded as simple literal transfer on to the analyst of attitudes from whole 'primary' objects (mother as remembered, father as remembered, and so on). Rather, following Klein's emphasis on the 'total situation', transference is seen as a complex pattern of unconscious thoughts and feelings (unconscious phantasy, in Kleinian terms), expectations, anxieties, and defences which the patient brings into the analytic situation as into any other situation (Klein 1952a; Heimann 1956). To quote Joseph herself:

the transference is full of meaning and history ... everything of importance in the patient's psychic organization based on his early and habitual ways of functioning, his phantasies, impulses, defences and conflicts, will be lived out in some way in the transference.

(From 'Transference: the total situation',
reprinted below in Part 4, pp. 164 and 167)

In this way, what happens in an analytic session is regarded as the product of interaction between an immediate reality and the patient's view of this reality, which is derived from his unconscious phantasies rooted in his history. The patient's history, in other words, is in his inner world. It is through observing and experiencing the pressure to live out aspects of this unconscious internal world in the immediate transference relationship that the analyst comes to know his patient and his history.

Joseph relies on countertransference to understand the transference experience of the patient. It is important to note that throughout her work Joseph uses the term 'countertransference' in the broad sense; that is, to include not just the feelings of the analyst that come from his own psychopathology, but *all* the feelings and potential responses aroused in the analyst by his experience with the patient in the session. This particular broadening of the concept of countertransference was initiated by Heimann (1950), and is further discussed by Money-Kyrle (1956), Segal (1977), King (1978), Brenman Pick (1985), Spillius (1988, vol. 2), and Hinshelwood (1989).

Joseph describes her use of countertransference as follows:

Much of our understanding of the transference comes through our understanding of how our patients act on us to feel things for many varied reasons; how they try to draw us into their defensive systems; how they unconsciously act out with us in the transference, trying to get us to act out with them; how they convey aspects of their inner world built up from infancy – elaborated in childhood and adulthood, experiences often beyond the use of words, which we can often only capture through the feelings aroused in us, through our countertransference, used in the broad sense of the word.

(From 'Transference: the total situation',
reprinted in Part 4, p. 157)

The idea that patients unconsciously induce the analyst to act in a way consistent with their internal world is taken up in somewhat different language – 'role actualization' and 'role responsiveness' – by Joseph and Anne Marie Sandler (J. Sandler 1976a, 1976b; J. and A.M. Sandler 1978).

Hence what is crucial for Joseph's purpose is her view that it is the patient's ability to live out his defensive system in the session, his attempts to draw his analyst into it, and the ability of the analyst to feel and to recognize the pressure without acting it out, which creates the opportunity for analyst and patient to reach a basic understanding that can make change possible.

Gradually Joseph has become convinced that these experiences of psychic reality in the session, however uncomfortable for analyst and patient, should come before intellectual links are made with the patient's

remembered past or the 'facts' of his life outside analysis. It is her view that attempts to 'explain' the patient's defensive system may be more comfortable for patient and analyst, but are less likely to lead to psychic change than staying with the material of the session; on the contrary, they are likely to bolster up the patient's existing defensive system. They are 'knowledge about' rather than 'experience in'. (Compare Bion's views on 'being like' as contrasted to 'being'; on 'having knowledge' versus 'knowing'; on 'minus k' compared to 'k'; Bion 1962, 1963, 1965, 1970.)

In a paper on differing conceptions of transference, Pearl King gives a description of one way of using the transference which is fairly close to Joseph's method of work; King says that this way of using transference involves focusing primarily on the 'here and now', the rationale being that focus on past relationships may defuse the intensity of the patient-analyst relationship (King 1973). In common with a number of other Kleinian analysts, Joseph is sometimes accused of being too exclusively concerned with transference and countertransference to the neglect of the patient's history and current life situation. Even among Kleinian analysts there are differences on this matter of the 'here and now' and reconstruction. A few Kleinian analysts do indeed focus almost exclusively on the here and now. Others, perhaps the majority, refer to the past and engage in reconstruction whenever they feel it to be relevant; they do not think that this will necessarily result in a loss of emotional immediacy. Still others, including Joseph herself, think that the here and now should be clarified first, before explicit links are made with the past. It is clear, however, that Joseph's understanding of the to-and-fro of the analytic relationship is affected by her knowledge of the patient's past experiences; there is thus a distinction between awareness of the past in the analyst's thinking and what he actually finds it useful to say to a patient at a given moment. Joseph also thinks that during the session the analyst's knowledge of the patient's past should not be allowed to become too prominent and obtrusive in his thoughts. If such awareness is kept in the back of the analyst's mind, it is possible that the patient and analyst may be able to rediscover the past in a new way. If awareness of the past becomes too obtrusive, however, the analyst runs the risk of seeing in the patient's material only what he expects to see — another instance of Joseph's agreement with Bion's strictures about the damaging effect of 'memory' (Bion 1967).

It is clear that many of the factors that contribute to psychic change need to be understood in greater depth, and Joseph is not dogmatic on this matter. She feels that her method is the one that has proved to be most effective in her own work, but she does not claim that hers is the only way of achieving psychic change.

Nor does she claim to have developed a comprehensive theory of

psychic change. In her work she found herself trying to link certain themes, all of which had a bearing on psychic change — transference, countertransference, patients' attempt to maintain their equilibrium, their attempts to get the analyst to behave in ways consistent with their unconscious phantasies. Her own theoretical position on psychic change is based on the work of Klein herself and is very much in the tradition of Strachey (1934, 1937), Heimann (1956), and Segal (1962). Strachey believes that change occurs through the 'mutative' transference interpretation — that is, an interpretation which establishes for the patient a distinction between the actual behaviour of the external analyst and the primitive superego, consisting of idealized and persecutory internal objects, which the patient projects on to his analyst. Through introjection of those aspects of the external analyst that differ from his archaic internal objects, the patient's internal objects may change. Heimann's view is similar, although she stresses the effect of benign introjections from the analyst on the patient's ego rather than on his internal objects. Segal stresses the importance of the patient acquiring insight through analytic interpretation — meaning by 'insight', knowledge, usually conscious as well as preconscious, about his unconscious internal objects and aspects of his ego and their interrelationships.

Joseph is especially concerned with the *method* of achieving these aims, and, as described above, she thinks that it is the moment-to-moment shifts in the session that can become the foundation of the possibility of lasting processes of psychic change.

The papers which follow reflect the evolution of a way of observing and thinking about what is going on in an analytic session, which gives the analyst access to the patient's underlying assumptions concerning the nature of his objects and his object relationships. These will, of course, be continuous with experiences derived from early stages of development, which it may be difficult or impossible for him to express in words.

The issues and problems Joseph addresses will be familiar to most analysts, and her understanding of the transference/countertransference situation with the difficult patients she describes carries a strong sense of conviction. She offers her readers, like her students, a way of thinking about the clinical situation in which they are engaged (and in which they are often stuck) with the possibility of enabling movement and change to take place.

The difficulties and the strain of working in a way which pays such careful attention to the subtle but compelling pressures placed on the analyst are lightly but clearly drawn by Joseph. She describes very well the fluctuations between the sense of movement and development which can occur when something has been understood and properly contained

by the analyst and the attacks and regression which so often follow. She points out the necessity of trying to distinguish whether this regression is primarily driven by the patient's envy, by his inability to tolerate an unfamiliar experience of unbearable pain, by his fear of disintegrating, or by the *analyst's* difficulty in sustaining a particular contact with himself and with what is taking place within the session. Thus, while she leaves us in no doubt about the difficulty of attending, thinking, and working in the ways she describes, there is also a feeling of excitement, of challenge, and of hope in the rigour and precision of the approach she offers.



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PART 1

Beginnings



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Introduction

Michael Feldman and Elizabeth Bott Spillius

Several of the themes that were to become central in Joseph's work are evident to some extent even in her earliest papers. In an unpublished paper of 1953, for example, she stresses the importance of observing what the patient *does* in the transference as well as attending to what he says. In the two papers reprinted here, 'An aspect of the repetition compulsion' (1959) and 'Some characteristics of the psychopathic personality' (1960), she introduces the theme of equilibrium, balance, and the patient's need to maintain it even when he or she consciously wants to change.

In the first paper reprinted here Joseph is concerned with those patients who experience themselves as being passively and repetitively subjected to unpleasant treatment at the hands of others. She suggests that this passivity often in fact involves a very active deployment of defence mechanisms, primarily to protect the patient from overpowering anxieties linked with the experience of dependence. The patient she describes presented as a woman who needed no one, though everyone, she said, liked and needed her. She complained that she could not love anyone because they would let her down. She had very little feeling, positive or negative, about analysis or her analyst, though she gave her analyst the impression that she wanted her to think that she was different from other patients, more insightful, more accommodating, more helpful. Gradually it emerged in the sessions that the patient was splitting off the needy aspects of herself and projecting them into other people around her, including her analyst. Simultaneously she idealized the good aspects of her analyst and other important people in her life, had taken these aspects into herself unconsciously, and had become identified with them. She *was*

them, and she had no awareness of the origin of the idealized qualities she felt herself to possess. Projective and introjective identification were thus being used simultaneously to avoid dependence and to avoid the resentment and envy that she might have felt if she had been able to value her objects more. But in this patient dependence aroused unbearable guilt as well as persecution, for it emerged in her analysis that she had a conviction that her ambivalence had caused immense damage to her primary object, her mother and her mother's breast, so that unconsciously she felt this primary object existed inside herself in an extremely perilous condition which she could not face.

We have repeated the description of part of Joseph's analysis of this patient's defensive system — a combination of splitting, projective identification, idealization, and introjective identification — because it is a particularly clear exemplification of the views Klein put forward in her analysis of the paranoid-schizoid position (especially in her 1946 paper) and later in her work on *Envy and Gratitude* (1957), as well as Bion's development of some of these ideas in his paper 'Attacks on linking' (1959). In her subsequent papers Joseph returns to this combination of defences again and again, elaborating the system and its interdependencies which she encountered in a number of the patients she describes, and which were important to them in maintaining their psychic equilibrium.

In the analysis described in this paper on repetition compulsion, Joseph interpreted to the patient both her active attacks on external and internal good objects and the projective processes she was using to avoid dependence and guilt. In the subsequent development of her technique and ideas, however, Joseph becomes much less convinced about the therapeutic value of making immediate and direct interpretations of motive, such as envy in the case of this patient, or mental mechanisms such as projective identification. By contrast, as we shall see, in her later work she focuses first on the immediate situation in the analytic relationship, especially on the way in which the patient perceives the analyst. She may point out, for example, that following a particular interpretation the patient seems to be seeing the analyst in a certain way — as crushed, let us say, or self-satisfied, or left out. But she does not immediately assume that she knows the motive for this perception or, even if she could guess the motive, that it would be useful to point it out to the patient before having more evidence about it from the patient himself. She has also become more cautious about making explicit to the patient the parallels between the patient's relationship to the analyst and his current and past relationships to other people in the outside world — all in the interest of promoting psychic change by keeping the interpretive work as immediate and emotionally relevant as possible.

In the next paper, 'Some characteristics of the psychopathic personality'