

**An Overview of Margot Waddell's *Inside Lives*, (2<sup>nd</sup> Edition, 2002). PCC Pre-Conference, May 24, 2018. (Joseph Aguayo).**

For colleagues new to Margot Waddell's work, we are holding a pre-conference to discuss some of the main ideas and themes in her well-received book, *Inside Lives*. We will also discuss one of her case vignettes. Her general aim is to account for the internal psychological development from infancy to death—and her noteworthy contributions come in the normal to neurotic developmental challenges faced by adolescents, a topic less written about by previous generations of Kleinian authors. In chapters spanning the life cycle from fetus to death, she gives examples of the various 'states of mind' that represent each aspect of the life cycle. So she spans Piontelli's fetal research, taking up the important issue of the relationship between the baby's physical and psychological birth—a question that crucially divided many British analysts, most prominently, Melanie Klein and D.W. Winnicott. She ends with chapters on 'Late' and 'Later' years, ones that gather together themes of how one can bear psychic reality in the face of increased experiences of loss and death, ultimately represented by one's own mortality.

Waddell deploys what I consider to be a warmer, more empathic version of Klein and Bion, keying repeatedly on Bion's (1962) model of container/contained—with a dash of Winnicott thrown in. In other words, Waddell melds some iconic Kleinian ideas, ('the good breast present is bad breast absent,' P/S and D) with Bion's work on the mother and baby. Here she (p. 30) shows how Bion augmented the Abraham/Klein model of the mind as alimentary, (the gastro-intestinal model) with what she terms (in a nod to Meltzer's part-object language) a 'thinking breast,' where mother has some capacity to give shape and form to the infant's rudimentary thoughts. In her words, 'Initially, the mother thinks *for* the infant. Slowly the infant learns to perform that function for himself, so that later the mother, or parent, may think *with* him.' (p. 35) With such felicitous developments, one can begin to have a 'desire to understand rather than the 'need to know.' (p. 41)

Augmenting her text are copious passages from English writers, (Shakespeare, Keats, Yeats, Eliot, Austen, and Brontë) something that makes this book a read that delights. This should be no surprise as Waddell took an English Literature Ph.D. at Cambridge, where she wrote her dissertation on George Elliot. So, in combining her love of literature with psychoanalysis, we see instances of her interdisciplinary thinking about how mother via reverie digests the infant's sensuous experiences. At one point, she cites a passage from Shakespeare's 'Midsummer Night's Dream':

‘And as imagination bodies forth,  
The forms of things unknown, the poet's pen  
Turns them into shapes, and gives to airy nothing  
A local habitation and a name.’ (p. 43)

As her book turns towards its most original part, the various chapters on adolescence—puberty, mid and late teens, (Chapters 9-11, pp. 139-193) she scatters illustrative passages from the 19<sup>th</sup> Century English Romantic writers, ones that demonstrate the profound transitional joys and agonies of adolescence. How does an adolescent establish a mind of his own? On what sources of identification is it based? (p. 176) How is projective identification at this point sometimes more a matter of trial identification rather than hardened defensive structure? The adolescent is faced with the task of leaving home, of having to be more independent. Much will depend on how he has negotiated love and loss in the past. Can the parents bear to let their children go and help them on their way? How will one do in seeking a partner outside the family? How does one let go of idealized and devalued images, as one makes one's way into the real? Can one mourn and take responsibility in increased ways for one's life? (p. 177)

It would take a lengthy book to account for how character develops. But in her turn to English literature of the kind that deals with that sort of question—she charts the chronology of the capacity to grow. How do such characters develop a capacity for intimacy in these novels? The ceremony of marriage symbolizes the entrance into adulthood. The trajectory is from the idea of marriage to the capacity for intimacy and marriage. Waddell's analysis (in Ch. 11) of Jane Austen's *Emma* is a tour de force 'case' example,

as she takes up the question of how one finds a true partner with whom one can develop the capacities for life-long intimacy.

Before turning to one of Waddell's adolescent case examples, I would also like to put her work in the context of some important themes in the 20<sup>th</sup> Century London Kleinian development. If one were to take what passes for contemporary Kleinian thought (as taught in the 2<sup>nd</sup> year of our PCC Los Angeles Candidate Core Courses) one sees that Waddell's work derives from a different branch of the London Kleinian tree. But how would we characterize the Tavistock Kleinians, c. 1998? The answer to this question throws into relief the syllabus of the 'contemporary Kleinians' we have used at our institute: we traditionally start with the trio of Rosenfeld, Segal and Bion on psychosis; then move to Rosenfeld and Sohn on narcissism, and by the time we reach the 1980s, the 'here and now' workshop of Betty Joseph and her various students, Ron Britton, John Steiner, and Michael Feldman becomes the focus of attention. The populations treated by these analysts generally have been adult out-patients in analysis, usually in the psychotic to narcissistic/borderline levels of disturbance. The bulk of this considerable contribution to the contemporary Kleinian development has most often appeared on the pages of the *International Journal of Psychoanalysis*, all in line with the pathological focus of much of Klein's (1946) later work—and Bion's psychosis papers of the 1950s.

By contrast, Waddell's work during the 1980s and 1990s derives from a Kleinian movement spearheaded by Donald Meltzer and Martha Harris at the Tavistock Clinic, and confined mainly to publications on children and adolescents, primarily in journals less well known here, e.g. the *British Journal of Psychotherapy* and the *Journal of Child Psychotherapy*. It is partially for this reason that Waddell's numerous publications are probably not so well known here in the United States. Another point of contrast: many of the patients that appear in Waddell's text are not in analysis but seen less often on an out-patient basis at the Tavistock Clinic; and they are often from working-class populations. Another important signature—unique in my experience—is that Waddell disguises her patient's clinical material by never saying whether she was or was not the treating therapist.

Also, quite surprising is the almost complete absence of transference work. In what typifies the bulk of Waddell's clinical examples, there is rarely any report of transference back and forth in session work. However, once you acclimate to what appears like an idiosyncratic practice, this style gives the cases a sort of phenomenological/narrative quality, like memorable short stories. Ironically, these case examples focus the reader on the patient's experience and the therapist appears as a sort of omniscient narrator. The therapist's state of mind rarely intrudes into the text, thus rendering the case 'story' in a way reminiscent of 19<sup>th</sup> Century authors like Jane Austen and Honoré de Balzac, where their authorial styles appeared to be ones of omniscient narration.

The transference absence actually helps the reader keep her clinical examples in mind; sometimes, less is more, and we welcome examples from latency and adolescence, an area less explored by previous generations of Kleinians. And to be clear, I am *not* recommending the non-analysis of transference—nor would Waddell I suspect. I am only saying that Waddell's clinical examples shine a bit differently because the focus is on the patient's experience, past and present. This too forms an intriguing point of contrast with the London Institute Kleinians influenced by a more well-known aspect of Bion's work: Waddell seems here to set aside Bion's (1967) strictures in 'Notes on Memory and Desire,' as she interweaves a deep appreciation of the patient's early and adolescent history into her case studies.

So with space limitations as they are, I only reproduce one of the most riveting case examples from one of the chapters on adolescence. Waddell gives us a case of 18 year-old Simon, a particularly good one for a general clinical discussion. As a university student, he seemed to live an identity that was not all his own. He had such difficulties learning how to sort himself out and '...despite apparent successes, to move beyond the problems into a more secure sense of himself-in-the-world.' (p. 158) There are copious examples of his dream life, so starting with a 1<sup>st</sup> dream (p. 109), in which S uses projective identification excessively. Successful academically, but inwardly unhappy and emotionally empty, S dreamt: '*He encountered a large, fleshy pink snail in the corridor of the OBGYN Dept.*

*where he was doing a psych placement. Inside the cavity of the snail, there were fellow students carrying on in an orgiastic fashion, saying to him, 'It's fun in here.' Momentarily joining in, he became frightened at the sexually-charged atmosphere and fled down a corridor to take up a position behind where the professors spoke 'on the podium behind the projector.'* There was considerable bi-sexual confusion—fear of homosexuality and heterosexuality, distancing from this with his intellectually 'clever' persona. He was characteristically terrified about the emergence of his 'immature self.' He warded off painful experiences via projection, all of which left him with any sense of an internal supportive structure. (p. 109)

S came from a lower-middle class Scottish family; he had 4 siblings, (a set of twins and an autistic younger brother). Mother was overworked, often depressed and over-concerned with domestic matters. Father was remote and at times sadistic and tyrannical. His academic achievements cut him off from his family; and he went to university in the south of England. His interest was research psychology; and he knew a lot about developmental issues involved in 'arrest' problems. He worried about being depressed and cut off, sexually confused, becoming angry with intellectual superiors. His emotional development lagged behind his intellectual achievements. Waddell's analysis of the 1<sup>st</sup> 'snail' dream: sexually threatened by hermaphroditic phantasies, S takes up the professor's position behind to podium, a way to tunnel his way to academic success (and an identification with academic superiors). (p. 159)

In therapy, his false-self persona gave way to his 'small-child self,' a frightened boy who had feared intimacy and cut himself off from dependent feelings towards his parents. He had shut down an authentic self in order to gain access to what knowledge he imagined his superior academic professors possessed. S related to a highly internally misrelated set of parents, cooking up a distorted version of them internally, all while he identified with his 'superior' professors. Identification with the professor-aggressors led to S's assimilation of their parenting qualities and made him an 'all-knowing pseudo-adult.' He projected his inferior and inadequate feelings into others, like his parents, leaving him with 'unretrieved

projections.’ He didn’t know how to take the projections back. How could he attain a stable identity and still remain flexible? (p. 160)

S followed with another dream of intellectual triumph: in the dream, *‘He came to his session, but his female therapist was outside talking to a colleague; he waited for her in the consulting room, busying himself with Bion’s ‘grid.’ The patient knew that these formulations would not be understood by the therapist.* So rather than feel left out of the parental intercourse, he reversed the dream. He wasn’t depressed, pushed out and inferior—his therapist was.

S defensively retreated into his intellectuality, all as a defense against genital desires. There was the sexual role confusion, an oral desire to ‘gobble up’ all relevant knowledge in a greedy, but excluding way. In a nod towards transference analysis, Waddell discusses how the therapist allowed herself to be pulled into intellectual arguments about analytic theory. S projected (so it would seem) into reality by saying that the therapist couldn’t compare with the great Kleinian analysts, such as Segal, Bion or Klein. S’s academic achievements further distanced himself from his family, all to his therapist’s consternation. In reality, although he had read some Bion, his attempts truthfully were closer to ‘-K,’ than to ‘K.’ These were attempts to triumph over a devalued therapist. However, the chronic use of projective identification was not yet engrained in this patient; he came for treatment early enough, so that this process could be interpreted as it was more malleable in adolescence.

S was not experiencing ‘negative capability,’ or the capacity to stand being in doubts and mysteries. Waddell has an excellent footnote, (p. 173, n. 1), where she cites Coote (1995) who thought that Keats’ use of the term ‘capability’ was from his chemistry lectures, where ‘negative’ actually meant a ‘sympathetic intensive receptivity.’

Eventually, S did win a scholarship and a 1<sup>st</sup>-class undergraduate degree, but again, there was little internal shift. In a post-graduation dream, there was a *‘spider-couple locked in oral intercourse,’* a seemingly combined parental couple. While S expressed homosexual anxieties, he did not manifest them concretely. He kept his stereotypic notions of male and

female polarized and non-interactive with one another. He could not feel ordinary 'warm' human love with a partner. He was stranded between homo and hetero-sexuality, not being able to risk an involvement with either a male or a female. There was no creative coupling. (p. 163) He wanted little to do with the female, nurturing aspects of himself, but he did start to come out of the emotional 'half-life,' having a 'desire to fly.' He began to give up his big-headedness for large-heartedness.

The therapist unfortunately felt pulled into an enactment with S, as she occasionally countered with citations of Kleinian theory, responding unhelpfully to 'his pseudo-thinking self, rather than to his feeling-self.' It was collusion between patient and therapist. This therapeutic misjoining was illustrated by the following dream (p. 164): *'As a result of a technical mistake, he had to go into treatment with a prominent analyst; he said to the 2<sup>nd</sup> analyst that 'he was really committed to his previous therapist but had had to change his treatment at her insistence.'* S rationalized his narcissistic using up of the analyst: 'I suppose that there is my model for human relationships, use people up and move on.' Along with this came other fears that the therapist might 'drop' him during the Christmas holiday; he also worried about breaking out all over the place (as his skin condition flared up).

Another gruesome dream: *'A seaside resort, peopled by giant ants, mutations of some sort as a result of poisoned or polluted air. He came to a fence-like structure and was told to dig a hole. He dug a six-inch square, which dropped down in sudden jerks, revealing an underground of 'many parents and children there, smothered with ants with were biting, stinging and crawling all over them. They were screaming in agony as they were injected with formic acid. A woman was there, and she seemed like the therapist—but she was immune as the bites were not affecting her. S was determined to find out how to become immune and get an inoculation in a laboratory.'* (p. 165)

The therapist took up the meaning of the dream: he felt persecuted by violent, stinging, vicious oral-sadistic fantasies—this was the flip side of what he had assaulted the therapist with in the 'eminent analyst' dream.

Yet S was able to retain the therapist as a ‘good internal figure,’ immune from his attacks. But he was also determined to get her secrets, all symbolized by stealing into the lab and figuring out the inoculation himself. This was via a process of ‘pseudo-introjection.’ ‘He thus sought to inject himself with the essence of his therapist’s immunity.’ Pseudo-assimilation is a momentary solution; it is no substitute from a genuine assimilation of the psychic capacity to grow oneself. (p. 166) S didn’t want to suffer the loss of the therapist, so he sought an inoculation for it be ‘becoming a pseudo-therapist.’

S attempted fury at his therapist for her comments, all before confessing that he actually understood very little of the analytic literature that he had read. While it’s true that her counter-transference intellectualization fostered his defensiveness, he was having trouble dealing with feelings of littleness and inadequacy. S was an excellent projective marksman: he criticized his therapist at a point of great vulnerability; it wasn’t easy for him to look at how he ‘would eat his own mother’ was a metaphor for how he used people up and moved on. (p. 167) S did indeed have an unsavory ‘oral-incorporate’ style of eating others up, take over their presumed properties and then chuck them overboard.

One of his final dreams portended a brighter outcome: ‘*He had come home and there was a large bag that had been delivered by the postman. At first, it looked like forms of highly advanced technical knowledge. On closer inspection, it was a railroad train set, something he had between ages 3 and 5.*’ There was more of a sense of Oedipal reconciliation here; he could finally resume feeling like a child, all while the daddy-train entered the tunnel of mother. (p. 168) It seemed like S was ‘coming-out-of-projective-identification,’ emerging with a fuller sense of himself. He had another dream, where he ‘*had set out from his home; and along the way, he saw a shoe store that was selling a shoe he wanted to own: ‘hush puppies,’ and he wanted to steal them as there was a sudden blackout. He decided against it and when the lights went on, he knew that these shoes were not for him. The dream ended with his lifting his little brother out of a bath.*’ The dream seemed to be about relinquishment—of his various confusions, projective possibilities and temptations. (p. 169)



Among other emotional recoveries was S's sense that his own father had some warm qualities; and it made it easier to see that the superior, verbally sadistic professors was recognizable as aspects of himself; he rejects wearing their 'hush puppies.' It was a false-self identification, not the real thing. He was also able to mourn the loss of his therapy; and now identified with being a warm and generous person (rather than a 'user' of others). (p. 170) A warm and generative couple could now come together in intimate relationship. His physical body also seemed to take a more proportional shape; he had grown into his body. He could feel that he was likeable without even trying, that he had a positive impact on people. He was able to more successfully modulate his aggressive impulses, bringing what had been formerly split-off to a new view of his therapist and his life. (p. 171) In Ernest Jones' (1922) paper on adolescence, he would say that patients like S found 'the capacity to love has grown stronger at the expense of the desire to be loved.' He moved out of a late-adolescent confusional state and jettison 'outworn and restrictive states of mind and become more receptive to qualities which might really assist his development rather than hinder it.' He had lived too much 'within an insistently projective mode, at the expense of his real self.' (172-173)