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Authenticity in the Psychoanalytic Encounter

The Work of Irma Brenman Pick

Irma Brenman Pick

Edited and Introduced by M. Fakhry Davids and Naomi Shavit

ROUTLEDGE

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Authenticity in the Psychoanalytic Encounter

Authenticity in the Psychoanalytic Encounter brings together Irma Brenman Pick's original contributions to psychoanalytic technique. Working within the Kleinian tradition, she produces vivid clinical narratives that succeed in shedding a humane light on the struggles that patients – and, indeed, all of us – face in recognising, in an authentic way our need for, and the contribution of, others in our lives.

Brenman Pick is interested in the infantile antecedents of conflict in her patients, and the book demonstrates the attention needed to sense how these may be present in the patient's clinical material. This involves an ability to understand the complex and sophisticated unconscious phantasies that are alive in the patient's mind. She combines this with a creative clinical imagination that allows her to address these expertly in the here-and-now of the analytic encounter. A particular feature of this is the way Brenman Pick uses the analyst's countertransference to bring in ways in which the struggle over authenticity also extends to the analyst. The focus on authenticity runs through the book and brings an interesting and original perspective to the topics discussed, which include adolescence, sexual identity, stealing and its relationship to the acknowledgement of dependency, the experience of uncertainty, concern for the object, destructiveness, creativity and the striving towards integration.

These contributions will prove invaluable to psychoanalysts, psychotherapists and other mental health professionals interested in deepening their understanding of the complex relationships that can arise in the consulting room.

Irma Brenman Pick is an internationally renowned Distinguished Fellow, senior Supervising and Training Analyst, and past President of the British Psychoanalytic Society. She trained as a Child Psychotherapist at the Tavistock Clinic in London, and as an Adult and a Child Psychoanalyst at the Institute of Psychoanalysis, London.

She is an Honorary Member of the Los Angeles Psychoanalytic Society and of the Swedish Psychoanalytic Society.

She served on many committees in the British Society and the International Psychoanalytic Association, and has taught in a number of countries, including Australia, Brazil, Germany, Italy, India, Israel, Scandinavia, South Africa, and in the USA (Boston, Los Angeles, New York and Seattle).

M. Fakhry Davids is a Fellow and Training and Supervising Analyst of the British Psychoanalytical Society, Honorary Senior Lecturer in the Psychoanalysis Unit, University College London, Visiting Fellow at the Centre for Trauma and Refugees, University of Essex, and Visiting Lecturer at the Tavistock Clinic. He is the author of *Internal Racism: A Psychoanalytic Approach to Race and Difference* (2011).

Naomi Shavit is a Fellow and Training and Supervising Analyst of the British Psychoanalytical Society. She also trained as a Child and Adolescent Psychotherapist at the Tavistock Clinic, where she taught for many years. She has taught widely on psychoanalytic and psychotherapy trainings in London and abroad, including Denmark, Israel, India, Italy and Japan.

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The New Library of Psychoanalysis was launched in 1987 in association with the Institute of Psychoanalysis, London. It took over from the International Psychoanalytical Library, which published many of the early translations of the works of Freud and the writings of most of the leading British and Continental psychoanalysts.

The purpose of the New Library of Psychoanalysis is to facilitate a greater and more widespread appreciation of psychoanalysis and to provide a forum for increasing mutual understanding between psychoanalysts and those working in other disciplines such as the social sciences, medicine, philosophy, history, linguistics, literature and the arts. It aims to represent different trends both in British psychoanalysis and in psychoanalysis generally. The New Library of Psychoanalysis is well placed to make available to the English-speaking world psychoanalytic writings from other European countries and to increase the interchange of ideas between British and American psychoanalysts. Through the *Teaching Series*, the New Library of Psychoanalysis now also publishes books that provide comprehensive, yet accessible, overviews of selected subject areas aimed at those studying psychoanalysis and related fields such as the social sciences, philosophy, literature and the arts.

The Institute, together with the British Psychoanalytical Society, runs a low-fee psychoanalytic clinic, organises lectures and scientific events concerned with psychoanalysis and publishes the *International Journal of Psychoanalysis*. It runs a training course in psychoanalysis, which leads to membership of the International Psychoanalytical Association – the body that preserves internationally agreed standards of training, of professional entry, and of professional ethics and practice for psychoanalysis as initiated and developed by Sigmund Freud. Distinguished members of the Institute have included Michael Balint, Wilfred Bion, Ronald Fairbairn, Anna Freud, Ernest Jones, Melanie Klein, John Rickman and Donald Winnicott.

Previous general editors have included David Tuckett, who played a very active role in the establishment of the New Library. He was followed as general editor by Elizabeth Bott Spillius, who was in turn

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The Work of Irma Brenman Pick

Irma Brenman Pick

Edited by M. Fakhry Davids and Naomi Shavit

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Foreword

Irma Brenman Pick has suggested that as psychoanalysts we need two hands: one to hold compassionately the needy, suffering part of the patient; the other, to hold firmly and grapple with the destructiveness, the perversion, the hatred of life and of thinking and feeling.

And Irma is capable of doing just this; of being in touch both with the pain and desperation that patients bring to analysis, along with their courageous efforts in finding new ways of thinking. At the same time she is able to be in touch with the demands, the projections, the not wanting to know, which constitute resistance to and hatred of the psychoanalytic process. There is a danger, as she shows us in this book, of becoming either indulgent and overprotective in response to the former, or disapproving or even punitive in reaction to the latter.

She is not primarily a philosopher or theoretician, nor particularly interested in research as conventionally understood. Though she is thoughtful and knowledgeable in many of these areas, what she feels most at home in is the raw process of being a clinician and discussing clinical work. She is brilliant at following through the consequences of the patient's basic assumptions or unconscious phantasies, the expression of these in action within the session and outside, and the impact of all this on the analyst. She sees with enviable clarity the different worlds created by different interpretative stances and by (partial) understandings and misunderstandings.

Irma was born and grew up in South Africa, in a time of rather restricted and politically toxic culture. It did not cross her mind that she might go to university, until the woman who interviewed her

for training to become a nursery teacher told her that university was where she should be. So, aged 17, she started at Witwatersrand, where her horizons were widened, not least by a young doctor, some years her senior, Abe Pick, who was, three years later to become her husband. He introduced her to Marx and Freud.

University provided the first experience of sitting next to black people as equals, rather than as servants. She found her voice in student politics, became quickly radical in her views, and briefly considered the option of a directly political form of life in the dangerous and oppressive situation in South Africa.

Abe, though, was already set on training as a psychoanalyst in London. He waited for her to graduate, then they married and moved to London. Six years later, however, tragedy struck, when Abe died at the age of 35, leaving Irma with their 1-year-old son. She decided to remain in London, though in recent years has renewed her links with a number of colleagues and analytic projects in South Africa.

At the time of Abe's death, Irma had just completed her training as a child therapist at the Tavistock Clinic, and was in the process of applying to the British Psychoanalytic Society to do the adult training. Reflecting on what she jokingly calls her 'pedigree', she recalls the humanity as well as the wisdom of her analyst Hans Thorner. The supervisors who influenced her most in what was a remarkable period in British psychoanalytic thought included Esther Bick, Hanna Segal, Betty Joseph, Herbert Rosenfeld and Wilfred Bion.

In 1975, Irma married her colleague Eric Brenman. This close personal and professional partnership between two distinguished and gifted analysts became, notwithstanding their different approaches, a source of strength for each. Irma has described how Eric had a capacity to think broadly about the patient's life and life history, issues for the patient extending well beyond the transference, while she tended to focus, in her clinical approach, on the detailed interactions in the consulting room. Yet, she says, they would be likely to reach similar places from these different temperamental starting points. This seems like a description of a good marriage, and of a good marriage in the mind. An important element in their relationship was humour. Both were alive to the limitations of psychoanalysis and psychoanalysts, and I see their humour as part of a broad perceptiveness, as expressions of humanity and humility. Irma has always impressed me as being very aware of the ways in which knowing our limitations is as difficult and unwelcome for us psychoanalysts as for anyone else.

Irma's best-known paper, 'Working through in the countertransference', was also the one about which she felt most passionately at the time of its composition. Whereas most of her writings have been responses to invitations to address a particular subject, 'Working through' is the exception. Irma recalls how, in her early days in the field, the predominant aim of British Kleinian analysts was to interpret unconscious phantasy. Many did indeed demonstrate an impressive capacity to do so. What was not so well understood or written about then was the impact of the patient on the analyst. Paula Heimann and Wilfred Bion were, of course, innovators in this process, and Bion's notion of containment, along with Donald Winnicott's concepts of holding and of hate in the countertransference, brought to the fore ways in which this impact can be illuminating – about the relationship and about the patient's inner world.

Recognition of the need for containment by the analyst affected the way the patient's unconscious phantasies were to be interpreted. The title of this paper of Irma's gives us an important clue to one of the strongest features of her work, both as analyst, teacher and communicator: she is alert to her (and our) feelings in relation to the patient, and to the need to work on them.

Nina Coltart's paper 'Slouching to Bethlehem', presented to the British Psychoanalytical Society in 1983, was the immediate catalyst for Irma's paper. Coltart had described her angry outburst in response to a chronically depressed and gloweringly silent male patient. Irma recognised that she too would have felt a similar powerful pressure for such a reaction, and its direct expression. However, along with other Kleinian colleagues, she understood the outburst as an enactment of this countertransference, and believed that it would have been preferable to hold the anger inside herself, work it through internally, and then use this as a source of information – about herself as well as about the patient – which might then inform the work.

Having heard Irma discuss patients over many years, I have been struck by her capacity to hold on to compassion without becoming 'soft'; to combine intuition with common sense. She is well aware of the risks of analytic narcissism; when we view ourselves and our profession with high-minded idealisation we are more prone to suffering persecutory guilt and a sense of failure. This may render us more impotent than we might otherwise be.

Between 1997 and 2000 Irma was an effective, much admired and widely loved president of the British Psychoanalytical Society.

She made herself available to all, continuing her efforts to make bridges across groups. She was at times troubled by the pressures of the job, including what came from colleagues, but was able to struggle with difficult challenges without losing her warmth and passion. She was, and is, in many contexts, courageous in her willingness to take things head-on, but human enough sometimes to feel uneasy or apologetic for adding to the burdens of those doing their best in tough situations – another example of her 'two-handed' thinking.

Irma is a much-appreciated teacher, working extensively in Europe and in the Americas, and leading supervisions and seminars with diverse groups around the world from South Africa to Taiwan and Ukraine. For some 30 years, she has conducted, twice-monthly, an ongoing postgraduate clinical seminar in London for a group of analysts, myself included. The longevity of the group and the consistency of its membership are due not only to her acumen as a teacher and the inherent strength of the group, but also to her warmth, hospitality and good company.

Though she claims that she does not really enjoy writing, she has, as the readers of this book will discover (or know already), an excellent capacity for doing so. Her papers are unfussy and to the point, able to take the reader vividly into the analytic situations she describes and analyses. She is also – a side activity she might have made a career of – a clear and helpful editor of other people's work, able to move from small details to the big canvas – evidence of that internal marriage mentioned above.

Along with many others, I am fortunate to have known, worked with, and been taught and helped by Irma, in supervision and in the seminars, as well as in the ordinary, and extraordinary, human contacts of social and institutional life. Many of her qualities come through vividly in the papers included in this book.

Michael Brearley

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There are many to whom I am indebted for this book. Michael Brearley for his handsome foreword. Patients past, and supervisees, past and present, and seminar participants who have allowed me to share in their journeys and to use vignettes – and, in some instances, longer clinical narratives – to illustrate my themes. For reasons of patient confidentiality they must remain anonymous.

I reflect often on all I have been given by great teachers, especially Herbert Rosenfeld, Wilfred Bion, Hanna Segal and Betty Joseph, and my analyst Hans Thorner. To my first husband, Abe Pick, for, not least, introducing me to a new world, including psychoanalysis, and to Eric Brenman for opening my eyes to much I had not seen before. And now, how grateful I am to Fakhry Davids and Naomi Shavit for their hugely generous and tireless efforts to produce this book, and for finding so much in these papers, of which I had myself been unaware.

And finally, to my friends and family, most especially Daniel and Isobel Pick, and Anna and Tasha, for the love and joy they bring to my life. And to them I dedicate this book.

Irma Brenman Pick

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Fakhry Davids and Naomi Shavit

INTRODUCTION

M. Fakhry Davids and Naomi Shavit

Irma Brenman Pick, whose clinical career goes back more than 50 years, has a distinctive voice in British psychoanalysis. In common with her Kleinian colleagues, Brenman Pick's work reveals an analyst attending fully to the vicissitudes, internally, of love and hate. These vicissitudes are accessed in psychoanalysis via unconscious phantasy. She works actively with the ways in which these emerge, both verbally and non-verbally, in the transference. In addition, there is an emphasis on exploring the emergence of the earliest internal object relationships and how they influence the way in which the analyst is experienced, thus firmly locating her work within the Kleinian tradition.

Yet almost from the beginning, her writings have explored and developed a particular strand of interest. While Klein emphasises that projection and introjection both occur from birth, critics often assert that Kleinians overemphasise the internal world at the expense of paying proper attention to the infant's or child's – and in the clinical situation, the patient's – real experience of its external objects. In a subtle way, Brenman Pick balances the Kleinian alertness to the way inner unconscious phantasy influences the perception of the object and the relationship with it, with an awareness that the individual has, and stores in the mind, experiences with a real parent as well who has particular qualities, strengths and shortcomings. She recognises that this experience plays a part in what is internalised too, and so requires analytic attention. This opens up a line of enquiry alongside the focus, for instance on destructiveness, that is more typically described in the literature during the earlier part of her career. Thus, in the clinical situation, Brenman Pick is likely also to be interested

in how the patient, based on this introjected mother/parent, experiences the analyst. Is the analyst, for example, felt to be narcissistic, or depressed, or anxious, or suspicious?

As Michael Brearley has said in his foreword to this book, Brenman Pick has come to think of her clinical approach as holding the patient with 'two hands', addressing both the patient's destructiveness and his/her vulnerability. We would suggest there is another dual focus in her work, namely taking account of the external alongside the internal. It is worth spelling out what this means. Her focus is on trying to understand more fully, *from observations in the clinical setting*, the nature of that external object and of the impact it may have had on the patient, and thus on the nature of the internal object. It is this interest that has underpinned her ability to develop specific strands of Kleinian clinical thinking in the ways she has. She is recognised today as an exponent of a particular way of working in which, alongside attending to how the patient's unconscious phantasy is played out in the consulting room, she is also alert to ways in which the care provided by the analyst is received/related to by the patient, and what this may say about their actual experience of the parental care they had. This opens up a way of investigating the extent to which that experience originates within the patient (or child in the past) and to what extent it may reflect the internalisation of the actual parent, including their limitations or shortcomings.

Brenman Pick's approach links with and builds upon the work of her predecessors and colleagues. Hanna Segal, one of her supervisors, was renowned, clinically, for her unique gift in putting the patient's unconscious phantasy into words, and this is a hallmark also of Brenman Pick's approach. Together they authored a paper on Klein's contribution to child analysis (Brenman Pick and Segal, 1977). Herbert Rosenfeld, who supervised her first psychoanalytic training case, was another distinguished psychoanalyst who opened up the detailed clinical study of destructiveness. Betty Joseph, who also supervised one of her cases, was well known for her detailed observations of the movements between paranoid-schizoid and depressive modes of functioning within a session. She was especially skilled in finding creative ways of speaking to the patient about these. In common with their colleagues of that generation, these Kleinian psychoanalysts developed a particular alertness to the vicissitudes of destructiveness, which Brenman Pick shares. The influence of these supervisors can be seen in her work, and the chapters of this volume show how she also

brings the gift of a unique and vivid clinical imagination to the task of formulating what is going on, and putting that to the patient. She has a knack for finding and speaking to the part of the patient that might be able to understand her.

Wilfred Bion, whom she encountered in seminars during her training, and who supervised her second adult training case, is another analyst who had a profound effect on Brenman Pick's psychoanalytic thinking and clinical approach. He complemented the emerging understanding of the vicissitudes of destructiveness with an awareness of the need for such forces to be contained, externally in the first instance. For Bion this was fundamental – in order to develop emotionally we all need to experience a mother capable of 'alpha function', processing the infant's most primitive undigested projections. Brenman Pick's interest in the nature of the actual mother that the patient may have had, and thus internalised, develops these ideas further. This coincides with an interest of her late husband, Eric Brenman, whose influence she acknowledges.

In Chapter 8, 'Creativity and authenticity', Brenman Pick argues that in the clinical situation authenticity has two faces, that of the patient and that of the analyst. This brings out what we have already drawn attention to, namely her alertness to the subtle ways in which the actual object the infant/child experienced comes to life clinically, and she adds that the analyst's willingness to have their own contribution to the dyad examined is crucial. The analyst's authenticity thus becomes central. For example, if a patient struggles with an inner narcissistic mother it is important for the analyst to be willing to examine truthfully their own narcissistic investment in the work, alongside whatever it is that the patient projects into the analyst. This can be difficult and painful, yet Brenman Pick believes that without such scrutiny there is the danger of an impasse involving false understanding. Her work shows a way of investigating which aspects of narcissism belong to the patient and which to the object. It is worth noting that Brenman Pick is willing to scrutinise her own feelings and interventions in order to bring to awareness aspects of the analyst that may lack authenticity, or be perceived as such by the patient. This involves ongoing internal work on the part of the analyst.

One patient described in Chapter 9, 'Adolescence: Its impact on patient and analyst', had taken flight into pseudo-maturity. In doing so, she was identified with an 'immaculate' mother who was felt to be completely out of touch with the struggles she, as an adolescent,

faced with the dependent 'child' within. The patient created subtle but intense pressure for the analyst to see herself, too, as immaculate. For example, any lapse on the part of the analyst produced no hint of complaint; instead the patient instantly rose above it all, and became the model patient. Brenman Pick saw that these occurrences enacted a relationship in which neither the patient nor her object could bear to face ordinary need. When this suicidal adolescent girl accused her analyst of caring more about her reputation than her patient, Brenman Pick did not contradict her. Rather, she acknowledged that while she did indeed care about her reputation, she nonetheless stressed that the success of the analysis also depended on her patient's cooperation. The patient was surprised and relieved, and Brenman Pick concludes that when she, the analyst, could show awareness of, and attention to, her own needs, distinguishing the ordinary from the narcissistic, the patient's experience of being cared for became more real.

Both patient's and analyst's authenticity have featured prominently in Brenman Pick's writings over the years, with her earlier work laying more stress on the patient's struggles towards authentic ways of being. Her early papers, 'On stealing: clinical notes on three adolescent boys' and 'Precocious development' (Chapters 5 and 6), reveal nascent ideas in this regard that will flower fully in her later writings.

In the first of these, which was also her first published paper, she shows how stealing is connected to difficulties in recognising and acknowledging the need for an object. Writing as a newly qualified child psychotherapist and psychoanalyst, she states:

> If . . . the child in the man cannot value his object or admit his need for it he will attempt to incorporate the object magically and omnipotently, treating it as his possession. He may attempt . . . to gain knowledge by stealing.
>
> (p. 71)

She describes two boys in whom stealing was a presenting symptom, who cannot

> bear to feel little, nor . . . tolerate the frustration and hard work needed really to mature. Instead they attempt the quick success – a smash and grab . . .[In analysis they] . . . repeat in the transference . . . the wish to grow big by stealing.
>
> (pp. 71, 82)

As far as technique goes, she stresses that

> we need . . . to make contact with the more mature part of the personality which can be mobilised to struggle with the analyst in understanding what the stealing part is doing and so *genuinely* enable the patient to have the experience of learning and growing in the analysis towards emotional maturity.
>
> (p. 83, our italics)

This stresses the real work the analyst has to help the patient to do in order to move to a more authentic way of being.

Brenman Pick illustrates very well the way theory comes alive clinically, spelling out the significance of clinical observations for our understanding of the mind. For example, in 'Envy and gratitude' (1957), Klein suggests that the infant has phantasies of stealing from the breast the 'goodness' on which it depends. Brenman Pick's 'On stealing' paper is one of the earliest we know of that provides clinical evidence for Klein's proposition; it links these phantasies as they emerge in treatment with the actual symptom of stealing.

This theme is revisited in 'Male sexuality: A clinical study of forces that impede development' (Chapter 11), where Brenman Pick shows how a male patient 'lives a dream of primitive, omnipotent phallic supremacy', where

> the possession of a penis [is] invested with the power of total masterly provision, with the contribution of the woman nullified . . . By projection he fears being robbed of his contribution by an omnipotent authority who lives by the same dream of total supremacy.
>
> (p. 159)

A further instance of appropriation of the object's good qualities occurs in 'Dangling in uncertainty' (Chapter 12), in which Brenman Pick describes a patient who manages his difficulties with dependency on the object by cannibalising the object, 'in a form of manic introjective identification'. Feelings of being unwanted are then projected into the other where, in this patient, they are treated with sadistic cruelty. By appropriating and thus becoming the object of desire, the patient ensures that the analyst becomes the desiring object cruelly kept dangling in uncertainty.

The paper that Brenman Pick is best known for, 'Working through in the countertransference' (Chapter 1), opens up a deeper discussion that brings in the analyst's feeling in a way that is both authentic and also consistent with the analyst's clinical neutrality. This seminal paper addresses explicitly the work that the analyst must do in the service of deepening the analytic encounter. She notes that projection, by the patient, inevitably makes an impact on the analyst. While this may be disturbing, she argues that the analyst's willingness to experience this disturbance in the countertransference, and to process it, is essential if a deeper level of emotional contact between patient and analyst is to be achieved. Moreover, patients sense and detect real qualities in the analyst, which are selected as the basis for these projections. This has already been shown in the example of the adolescent patient who used her analyst's narcissistic investment in the work for this purpose. Brenman Pick suggests that being intruded into in such a highly personal way may stir up a measure of resentment in the analyst, which may compromise the analyst's wish to know and to get involved. However, failure to do so, she says, can result in interventions that convey, primarily, our anxiety at the prospect of deeper contact. This may parallel real failures on the part of the original object.

Thirty years ago, when this paper was first published, there was considerable interest in how to frame an interpretation so that it might reach deeper and more disturbed levels of functioning in a patient. Brenman Pick wonders whether the real issue at the heart of this debate is not so much the level being addressed (paranoid-schizoid or depressive), but whether the analyst has worked the process through internally before trying to reach the patient through interpretation. If the analyst is willing and able to do this emotional work, it creates a real (we might say authentic) three-dimensional involvement with the patient. This is a concrete expression of love appropriate to the analysis, the experience of which can, she thinks, mitigate hatred inevitably mobilised in the patient by the rigorousness of the analytic setting. She suggests further that not doing this work risks keeping out the experience of love, thus allowing the so-called pursuit of truth to be suffused by unmitigated hatred. What appears as dispassionate interventions may mask the absence of real analytic love and concern.

Her later paper, 'Working through in the countertransference revisited: Experiences of supervision' (Chapter 4), extends this work by considering ways in which the analyst may be carrying countertransference responses to the patient's material that may come to life

only in interchanges with a consultant/supervisor. Addressing these matters requires tact, and can be difficult, yet Brenman Pick believes that to ignore them would fail to make available to the analyst vital information about the patient and their object relationships.

Another well-known paper, already referred to, 'Adolescence: its impact on patient and analyst' (Chapter 9), also touches on the real struggle the analyst must engage in in order to allow the encounter with the adolescent to deepen. Brenman Pick thinks that the intensity of feeling that adolescents have to cope with emphasises their need for a parent figure who can help. Yet, adults are very easily perceived as either rivalrous adolescents or pseudo-mature adults, both of which conceal a failure to engage with the intensity of the adolescent experience. She argues that the analyst needs to be willing to feel the force of adolescent pressure in the countertransference without colluding with, or turning against, the patient.

Brenman Pick speaks of a *false* concern, based on projective identification (associated with intolerance of dependency), which impeded her young patient's development. Here she notes that the false concern is underpinned by appropriating what belongs to the mother, hence it lacks genuineness.

The false concern, in the Kleinian sense a pseudo-depressive picture, actually impeded the development of real concern:

> The projective identification processes were essentially based on feelings of getting inside the object (particularly the mother and her breasts), projecting infantile parts and unwanted feelings, associated with intolerance of dependence, into the object, simultaneously taking over the object's strength.
>
> (p. 85)

'Concern: spurious or real' (Chapter 7), chronologically a later paper, develops this theme further. Here she focuses explicitly on a group of patients who show excessive concern for their objects. While this may in part reflect a genuine wish for reparation, the concern also shows itself as a reaction formation against a hidden attitude of superiority over the object, which results from a manic 'takeover' of the maternal function. It is a characteristic of Brenman Pick's approach that she is alert to both the genuine as well as the spurious aspects of the patient's concern, and the technical challenges they pose:

> Thus if one takes up the genuine concern, the more spurious part of the patient triumphs, while if one takes up only the spurious features, the part of the patient genuinely struggling to do 'right' feels abandoned. Both features are in operation, and it is for this reason that I think it is always necessary to hold these patients, so to speak, with two hands; one ready to pick up how vulnerable and frightened they feel, and one firmly to hold how dangerous they believe themselves to be, and how triumphant, as well as how desperate.
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> (p. 104)

Chapter 8, 'Creativity and authenticity', develops this long interest in authenticity in a particular way. Authenticity, for Brenman Pick, 'is based on some acceptance of external reality and some acceptance of oneself as one really is'. Both involve overcoming narcissistically invested phantasies, and so require emotional work. She argues that the capacity to do this work involves identification with a creative internal mother, which brings in a developmental sequence stretching back to the containing mother of early infancy – where struggles with envy and separateness colour the dependent relationship – to awareness of a creative process in the mind of the mother that, in reality, underpins the care on which one depends. Facing this can be painful and difficult, and one way of evading that pain is through a takeover of the mother's creativity. How much is our identification with the creative good object based on acknowledging their goodness as separate from us? How much of it is a concrete takeover of their goodness as a way of denying the emotional reality of dependency? Brenman Pick suggests that it is never either/or; there is always a balance between the two. However, the extent of our authenticity depends on the accommodation we are able to reach with the creativity of the mother; how much authenticity each of us can bear remains an open question. The key point is that Brenman Pick believes it is not only the mother's actual care for her baby, but also the creative capacity underpinning it, that is involved in the struggle over authenticity. As she writes:

> Omnipotence steals everything including the patient's more authentic qualities. There is then a fear of a ferocious, vengeful superego, which will strip her of everything, leave her with nothing . . . So that that which is authentic has little hope of survival.

> This is often played out in the analyst as well. When analysis is based on idealisation, the analyst's fear of being 'found out' may be considerable . . . Faced with anxiety we may all return to a place where we fear we will be discovered to have appropriated that which is not ours. We may then freeze, or offer . . . reassurance, or phallic magnificence and intellectualisation, or become an asset-stripping superego to patient or self. All of these will impede a more creative enquiry into what is false and what is authentic, or rather how much is false and how much authentic . . . For when we are confronted with the inauthenticity of the patient, this may touch on our own; we need to be able to work this through internally in order to be equipped to engage in a creatively authentic way for the patient.
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> (pp. 131-2)

The title of the final chapter included in this volume, 'The Interwoven snakes: lurching between longing and destruction', captures how skilfully Brenman Pick manages to avoid polarised thinking in the clinical situation. Earlier, we spoke of the 'two hands' with which she attempts to hold the patient. Here, she considers that most controversial of topics, envy, and argues that while the actual deprivation a patient may have suffered impoverishes the patient's experience, this impoverishment is further exacerbated by envy the patient himself brings to the experience, which adds to the sense of being deprived. 'Envy,' she argues, 'is interwoven with deprivation (not only as cause but also as consequence) . . . The destructive attack may be not only on the object but also on the loving or libidinal part . . . the goodness of the self . . . despised and attacked for its very desiring' (pp. 211–12).

In another paper, 'Reflections on envy and gratitude' (2008), not included in this volume, Brenman Pick elaborates on how the patient might be helped to deal with their constitutional envy. She recognises how easily envy can unite with omnipotence and cruelty in a way that creates vicious circles in which it becomes more and more difficult to mitigate envy, and the envy in turn increases the sense of deprivation from the source of goodness. This may be further defended against by what she calls 'self-ennoblement'.

The chapters in this book contain beautiful illustrations of the struggle towards a genuine encounter in the clinical situation. And for it to be a genuine encounter, she suggests, requires awareness and