

INTERVIEW
Conversations about the field

'So Much We Still Don't Know': An Interview with Averil Earnshaw*

Hugh Crago**

*I was independently told about Averil Earnshaw by three different people in the same six month period. Each of them had heard, or heard of, Averil's presentations on the theme of time-linked intergenerational repetitions, and knew of my own interest in repeating patterns in families. Averil very willingly granted me the interview that follows, and in the course of talking with her, I began to realise that Averil's was yet another story of someone who had formulated an original hypothesis based on repeated clinical observation, and had the courage to present it to gatherings of her peers, only to encounter skepticism, lack of interest, or charges of 'idiosyncrasy'. Despite Averil's best efforts to show that her hypothesis was consistent with the direction of Freud's own thinking, the psychoanalytic movement had greeted it lukewarmly, and it seemed to me that perhaps it might be of more interest to readers of this **Journal**, since the older and more psychoanalytically-influenced generation of family therapists (e.g. Bowen, 1978; Skynner, 1976) recognised the general principle of repeating patterns across generations, although not the very particular temporal law that Averil has suggested. The Earnshaw hypothesis is simply enough stated: the emotional and intellectual crises of adults' lives (including onset of mental and physical illnesses, creative breakthroughs and creative blocks) are time-linked to major events in the lives of their same-sex parents at the same age. Often, though not always, says Averil, one experiences a crisis when one is the same age as one's same-sex parent was at the time of the birth of one's next sibling, or even when one is the same age as one's parent was at one's own birth. Averil's short book *Time Will Tell* (1995) illustrates this hypothesis with some fifty brief case studies based on biographical data from the lives of famous individuals, as well as with a number of cases from her clinical practice, and examples from her own life. Averil herself recognises that her hypothesis needs to be rigorously tested on a wider sample, but to date, those who have criticised it as 'merely anecdotal' have not been willing to undertake such a study.*



Brian Cade

Averil recently retired from private practice, and has moved back to Brisbane (where she grew up in the 1930s) but this interview took place in late 1996, while she was still seeing a few patients from her then-home in Sydney.

Hugh: Is there anything you want to know about the Family Therapy Journal before we begin?

Averil: I have to plead ignorance to a large extent about the Family Therapy Journal, and it's partly because my training was principally in the Children and Parents' Department at the Tavistock. Because my official attachment was to the Adolescent Department, I did have some experience as cotherapist in family work,

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particularly with adolescents who presented themselves and then agreed to have meetings with the rest of their families. Because there was so much to read, and learn, and write up from all the observations and summaries of cases, I must confess I just didn't have time to take everything in—there was so much going on.

Finding Wilfred Bion's book *Experiences in Groups* in the library of a big mental hospital where I was training in Brisbane in Psychiatry in the late Sixties gave me a clue that there was sanity in thinking about human behaviour, and that it was London where people were exploring in this way. During my seven years at the Tavistock Clinic, I did go as a member to some of the three and four day conferences run by the Institute of Human Relations, and subsequently I joined the Australian Institute of Social Analysis and worked on the staff of several of the big conferences outside Melbourne. Really my interest lies in the family group, 'cause it seems to me the crucial group where things happen, and where probably the basis for our behaviour in larger groups originates. Would that be right?

Hugh: Well, that's what *I* think! [laughs] When you read Bion, can you remember, what were the particular things that he said that suddenly lit up for you?

Averil: The first thing was his capacity to observe with an open mind. This began post war, when he worked on staff as psychiatrist at institutions for shell-shocked or damaged servicemen, and I was impressed that he insisted they all had to turn out and do daily physical exercises, and I thought, here's a man who knows about body and mind, they go together. And he himself was a top class rower and footballer. But he *observed*, he knew what we all needed, body attention and mind attention, *discipline* in both, and he observed also that people *want to follow rather than think*—that groups want to find a Jehovah, a Leader, and then they won't have to bother thinking for themselves! [laughs] And I think, to some extent, that's what the analysts have done; they've followed Freud, so they believe everything he says, and they'll go down the drain unless they sort the wheat from the chaff! ... But that really struck me, because I'd always been questioning religions and reading philosophy—my Dad's study was full of books!

Bion just stunned me, and actually I met him in London. He and his wife had moved to the west coast of the United States, but he came back in his summer vacation, and he did some afternoon seminars for the Tavistock, he did some supervision, and I was able to take my Time work to him, and talk with him about it, and call it a supervision, and I remember at the end, I paid him my twenty pounds—that was what we paid then—and I thanked him very much, and he said, 'You will have great trouble finding a place for this!' [laughs] And how right he was! I've given talks on this topic of Family Time, in London, and Toronto, and New Zealand, but the place where I'm least accepted, and where I get the most brickbats and bad eggs is here, right here in Sydney! [laughs] And I think the problem is, that any-

body who doesn't accept the word of Freud, *as it is*, is a heretic! And I say, I'm not trying to break down anything old, I'm trying to *add* something!

Hugh: Actually, it's an extension of the Repetition Compulsion, isn't it—it's just that you've developed it enormously beyond what Freud said—

Averil:—and with the precision of the time, of the age-link, that's all—

Hugh: So on what grounds do the orthodox analysts object?

Averil: Well you see, I think it challenges the basis of the 'one to one' on the couch or the chair, it challenges the basis of that, and in that context, my own experience of analysis and everything I've read, is that the analyst, or therapist, interprets all the evil as being in the patient, and the projections of the patient during the session are *never* taken as the *family's* projections which the patient has been carrying now being unloaded, so it's very, very rarely the external reality which is seen and exposed. It's curious, because in 1907 Freud wrote: 'The treatment of nervous disorders in children will always encounter one great difficulty—the parents' neuroses, which will build a wall around the child's neuroses.' (Jones, 1953–57, II: 494) Isn't that lovely! He really said it! But he didn't *use* it.

Hugh: So analytic people here wouldn't accept that evidence that Freud on the whole would have been well disposed towards—

Averil: No! Because really, with reference to the reading of Freud's works, there's been *prescribed* and *proscribed*! [laughs] And the most marvellous, I think, and helpful works, are the ones that *preceded* the 'Aetiology of Hysteria' lecture in 1896, in which he correlated abusive treatment, and, you know, the sexual abuse of children, with what we'd now call psychosomatic symptoms, symptoms with no organic basis, and there's no way *that* lecture could be made into proscribed reading, 'cause it was a public lecture. But all Freud's letters to Fliess were available to the editors of the volume that appeared in 1954 in English—all the letters amounted to over 300, and those editors used only 168 and they censored those. When Masson and his research team published in 1985 the *Complete Letters of Freud to Fliess*, I noticed that there was a great fuss in the media about them, and I thought, this is very odd—I'd read *The Letters of Freud to Fliess* that were published in 1954, and I didn't think they were very interesting, and I thought, I wonder what it's all about? However, the fuss about those letters went on, so I thought the best thing I could do was buy the complete letters and read them, and so I did. So what *was* left out? Well, there were references to incestuous behaviour within Freud's

own family, and Freud's homosexual feelings—nothing about actions—towards Fliess ... But in many of the letters which were left out, he says the most amazing, remarkable things, which made me realise that what I'd thought was the great new discovery of PTSD and MPD—it's all described by Freud in those letters, which have been proscribed reading—because Freud used the term, 'Multiple Psychic Personality' based on identification—it's fantastic stuff!

And so I re-read 'The Aetiology of Hysteria', and it stuns me how good it is, and how he was saying all these things a hundred years ago, which are now backed by good research, all over the world. You've heard of Lloyd de Mause, I'm sure, and *The History of Childhood*, which was written by people with no axe to grind as far as therapy goes—they're all academic historians—they make it clear that incest is, and has always been, universal. No one tells, but everybody's been fiddled to some extent! I can understand the Editors wanting to keep things under wraps, you know, in 1954. Freud himself in 1937, when he heard from Marie Bonaparte that she *bad* all the letters, wanted her to burn them. He wrote that if an old manuscript turned up which contained things which were thought undesirable, the best thing to do would be to remove some passages and alter others. That's in 'Analysis Terminable and Intermittible'. And then 'If the perception entails unpleasure, that perception, that is, the *truth*, must be sacrificed'. And later on the same page, page 237 of Volume 23 in the *Standard Edition*, he said something like, 'The problem is that when we get into the habit of doing this, it becomes part of our character!' [laughs] So the next thing he does is 'discover' the Oedipus Complex! Now, he was very well read, he had books everywhere, but in his letters he writes things like, 'I must really check on the Oedipus Complex'. And it's a major plank of psychoanalysis, the Oedipus Complex, where we are all wanting to murder the same sex parent, and have sex with the opposite sex parent. I happened to win a prize when I was at High School called *Myths of Greece and Rome*, and I remembered, and looked it up, and it starts with Oedipus' parents torturing *him*, and trying to kill *him*! And I thought, I wonder why Laius [Oedipus' father] wanted to do that, so I looked it up, and Laius was a paedophile! He'd kidnapped the son of his host, King Pelops, when he was staying with him, and the Oracle said, as punishment for that, if you have a son, he'll murder you. And Freud left all that out! Of course! So when the Oracle told Oedipus, 'You're going to murder your father and marry your mother', he was so upset, because his adopting parents (you know, a shepherd found him and gave him to a childless couple)—they'd never told him he wasn't theirs, and he thought, 'Oh, well, I have to leave them immediately!' He left immediately, so that he couldn't kill them, and then the man he killed later [his real father] he didn't know. If you look it up, in no version, including Sophocles' version of the Oedipus myth, is Oedipus' character portrayed in any way as Freud had portrayed it!

Hugh: So would you agree with those who would say that therefore Freud was in a sense a more courageous man when he was younger, that he kind of backed away from the whole truth—this is what Masson says, isn't it?

Averil: Well, he had a wife and six children when he gave that lecture, 'The Aetiology of Hysteria' in 1896, and the people in the audience called it a 'scientific fairytale' and left him! And his father died six months later, and on the night of his father's funeral, he dreamed a dream, and he said 'I saw a sign which said, "you are requested to close the eyes"'. But he lost all compassion from then on, you know. Prior to that, he was most compassionate, he believed his patients, and he checked out with relatives, and felt for them—but after that, no way! ... I think he never personally disbelieved, but I think he was forced to change his tune publicly. Don't you?

Hugh: I don't know. But he did have a great need to uncover the truth—and he also had a great need for recognition. He really did want recognition, he wanted to be famous, he wanted to be seen as a *discoverer*. And so perhaps what he discovered was just too confronting, too frightening—

Averil: —for everybody!

Hugh: Doesn't that link in with the difficulty you've had getting people to accept your time-linked theory? Can I ask you a bit more about that? From the time that you started to present your ideas, at psychiatry conferences and so on—

Averil: The first one was in London. The British Society of Psychoanalysts had a scientific meeting, and I presented a short paper—about twelve analysts were there, and one of the editors of their *Bulletin* asked me afterwards if they could publish it, and then I had a letter saying that the two other editors said it wasn't psychoanalytic enough! I was asked for a one page summary, and they published that instead. That was the first chop—but it got there. Ernest Freud told his friends in America—he was well connected—about it, and I was invited to be the opening speaker of the first Pre- and Perinatal Psychology Conference in 1983, and Lloyd de Mause was a speaker there and that's why I had that little *Family Time* book produced, so I'd be able to take it and give it to people there. I think it went well, because when I went away again, I didn't get attacked—I wasn't there trying to push it, or get in anybody's way—but several people have used it as part of their Ph.D. theses, working on adopted children, characteristics and personality traits of adopted children, and the *Pre- and Peri-Natal Psychology* journal have reviewed the new book, so I've got a few friends, scattered around. And we exchange views and papers, that keeps me going.

But the most amazing thing, Hugh, is that, whereas

there are only a few colleagues who see what I'm on about (and probably they're on about it themselves) and the majority say, 'oh that mad woman—anecdotal evidence!'—the majority of *non*-professionals—colleagues, patients, friends, people I meet—most of them say, 'I'd never have thought of that! Isn't that interesting!' And they pick it up and go! So, the people who aren't trained to think *that* way, but have some openness in their minds—

Hugh: Have you found that be generally true? Of your patients? Have they been very receptive to it?

Averil: Now this is a good question! Because I gave a little lecture a few weeks ago, to the Child Psychoanalytic Forum people here, and that was a question asked in the discussion time, because I'd said, you know, that I never go shooting directly for the age-link in families, but when people come to me, I say, 'Did you get born here? And could you tell me a bit about it? 'Cause that way I can see you in the family portrait, but not *just* you, it helps me place you.' And when I notice some age-link, I make a gentle comment, and see whether they pick it up or not, and some do, and other people run a mile! And the question in the discussion time was, 'had I any idea *which* people run a mile when I show the link, is there anything in particular that characterises their problems?' And I said, 'This is going to sound very bold, but I think that where the problem *is* incest, that's where the automatic door falls with a clunk!' Isn't that interesting? Just like one hundred years ago—the victims protecting the predators still!

Hugh: This is exploring these things gently—in the first interview?

Averil: Often in the first interview, because I know that *I* am being interviewed too. Sometimes in first interviews, I am with people who've had therapy, and seen a number of therapists over the years, and some are quite—what would you say? 'disturbed?' (I don't like that word, pejorative)—people who've had a pretty rough time with other therapists, and they tell me all this and they tell me a bit about the family, and sometimes I go straight there because I have a feeling I haven't got long—they're in despair, maybe suicidal—that anybody will ever understand or hear, or do anything, and sometimes I just say, 'It sounds a bit like a family that has problems with incestuous exploitation' and, on the whole, there's been enormous relief—some people just go 'Ahh!' and someone said once, 'I thought no-one would ever ask!' [laughs] And you know, I think, 'No-one would ever ask' is pretty terrible, because these people have tried to tell before and they've been further abused by being told, 'Well, we don't want any of that stuff—'Honour thy father and thy mother!' Well, we should honour people for some things, shouldn't we—but not for that.

Hugh: Apart from asking the questions that would

reveal the age links, what do you do then? If they say, 'Oh, right, my mother was thirty three when ... blah, blah, blah...', do they come back next time and talk about it? Or do you just leave them with it?

Averil: Oh, no, no. Someone might say, ah, 'Oh, I was diagnosed as having MS at a certain age, or—Chronic Fatigue Syndrome's around these days, and various other things that sounds to me like Freud's 'hysteria'!—Yes, well if they say that to me, I get a sort of family background picture first, and I say 'Were Mum and Dad born here in Sydney too? ... Did Mum and Dad have help when you were born—did you have uncles and aunts and grandparents?' And then I'll say, 'I suppose you had measles and mumps and all that when you were a kiddie,' and then we get to, 'I got chronic fatigue syndrome two years ago'. Now, I would know by then, say the person was thirty five, that at thirty three this started, and I'd already have the date jotted down (because I have to jot down the facts, or I can't remember, but I let people see exactly what I've got) and I say, 'well isn't that interesting! That's the same age that Mum was when she had your little sister!' And the person might say, 'Well I never thought of that!' and I say, 'Well, who would've looked after you, when your Mum was in hospital having that little baby?' Well, they usually say something like, 'I was probably sent to Gran and Grandpa, because they lived nearby and I remember when the next one came, we went there, you know' or, 'No, Dad took time off work and looked after us' or something—it just begins to open up the scene in words, and it's possible then that having opened up the scene, it triggers something else off, and, ah, yes, I'm very much into thinking about particular symptoms, say, multiple sclerosis, and why a leg got paralysed, and why speech went—whether there's something unspeakable—I just use that sort of normal everyday language metaphor, and say, 'I wonder, was there something unspeakable going on?' I don't say it in a horrified *voice*. But I just try to explore. Sometimes I say, 'Do you dream?' and they say, 'You think dreams are important?' [laughter] And I say, 'I won't tell you what your dreams mean, because I don't know. Only you know, but if you tell me you dreamed such and such, and it clicks something in my mind about something you told me last week, I'll say, 'That reminds me of such and such, you know'. Or if you say, 'I drove in a blue car with a red roof', I'll say, 'Well did you ever see one before like that?' So it's just getting the jigsaw puzzle—if they're interested—getting the jigsaw puzzle moving.

Hugh: And if they're not interested?

Averil: Just leave it. Can't *make* anybody do anything. I say to people, 'I can't make you better. If you want to try this way, I'll help you. I don't prescribe tablets or give shock treatment, but if you want that, we'll have to find somebody who's good at it, don't go to just anybody. So I can't do anything. I just try. Just try to help understand. I suppose it's what they call these days,

which we've all got a bit of, Attention Deficit, because we need someone to pay attention to us. We need another human being to be with, and share things with. Shared understanding and talking *must* be what Freud meant by 'working through'. And I think that's the problem about abuse particularly, because it can never be acknowledged, it can never be spoken about, too much secrecy and shame—you can't work it through, it just *sits* like a bit of—indigestion, doesn't it. 'Self-analysis is impossible,' Freud wrote that, 'otherwise there would be no neurosis'.

One man in England, I think it was Jack Kahn, asked me 'where did you get these ideas?' I told him 'From myself, when I was recovering—aged 37—from meningitis. I realised Mum was 37 when she had her next baby.'

Hugh: Would you be able to expand a bit on why you think the age-links are with the same-sex parent, rather than with the opposite sex parent?

Averil: Don't know, but observations strongly suggest it. Yes, originally the idea struck me about my mother—although my parents were just about exactly the same age. But when I began to write things down, years later, I realised that things seemed to be happening to most of us, in time with the *same* sex parent. Sometimes people do both. Einstein certainly did. So—I don't know the whole story, but identifications seem crucial, and I think that 'projective identification' goes both ways.

Hugh: I was very interested in that idea of a time link with the same sex parent, and I put some question marks in my copy of your book, and then I thought I'd better check the dates on myself, and when I did, it actually tended to support the same-sex parent theory—the significant times in my life actually followed the big shifts in my *father's* life rather than the big shifts in my mother's, as far as I know. Which was odd, because I'd always seen myself as aligned with my mother, and repeating *her* life patterns. In your book you quoted Eliot—everybody quotes that bit from *Four Quartets*—it's wonderful! And I think we *do* all 'arrive where we started/And know the place for the first time', and I think that our parents' lives go round in a certain circle, and then we are impelled to go round the same kind of—

Averil: But we have bumps every time—

Hugh: that they had bumps—

Averil: —or they didn't work through something.

Hugh: And some of those things they might have resisted working through, or there was some family ban on talking about—whatever—but in other cases, I was thinking, you can't really blame anybody for the bumps, and you can't even say that people consciously made a

decision to not talk about what was going on. What about where you yourself might have been age two or something when your sibling was born—your parents can't easily tell a two year old about how *they* feel about the birth of that new baby, can they?

Averil: No, but I believe that a receptive parent who is prepared to wonder about the meaning of the child's expressions and activities, will pick this up that in those ways, the child is telling what *it* feels. You see, the thing I got most from in my Tavistock training was baby observation, and I've done twenty two years of it now, and that's where you get to understand more. I think somewhere in one of my books, I wrote about the little boy who gave me help, and it was just before my holiday, and he'd been brought to see me because he'd been very difficult when his mother had the next baby. I think it's all right to say to children, 'It's very hard for you—there's always been room for you on my lap, and now with this big thing inside, you're got to push! Well, come and sit here!' You know, if you can understand what they're doing because *they* can't say it in words—if you can understand that they're throwing a teddy bear out when *they* feel thrown out, and say so, and say, 'Well I understand that, but you're still my boy!' You know, I think you can—

Hugh: Sure. But the child itself can only say analogically what it's feeling, through behaviour, or whatever, and the mother can't tell a two year old about *her* terror about having another child, or whatever—or if the mother's angry with the new child she's carrying, or if she didn't *want* that baby—any of those sorts of unspeakable things—so who can she tell?

Averil: She can't tell herself, sometimes. but I suspect that the ambience 'leaks' into the baby. And neither can her husband tell himself ... And then sometimes fathers, they can feel their nose a bit out of joint too. '*Another* baby coming', and sometimes they just pick up the toddler and say, 'Come on!'—it depends how it's done—they can commiserate together, and sympathise with each other, and then go back and help Mum, or it can go all sorts of ways! Or a bit of everything. But it's best if it's *spoken* about—it's best if positive *and* negative feelings can be spoken about. The whole truth. The whole truth.

Hugh: I was just having some personal reactions to what you were just saying, and this probably won't get to be part of the published interview, but I was thinking, it would be really easy for somebody to talk to you. I mean, you're very good at putting people at ease, you're just natural and unpretentious.

Averil: I don't know. That's the problem I share with clients: we don't know. I don't know what we're going to find out, or what we're going to say. There's so much we still don't know! And I think the big challenges are

disturbed states of mind—and auto-immune diseases, because they're the same thing as Freud's 'hysteria', I think. In Chronic Fatigue Syndrome, and all these syndromes with names, you know, it's something about a missing link between the soma and the psyche. I think that's where the breakthrough's going to come, and I don't think it's going to have anything to do with looking down microscopes. Noticing age-linking opens one more door towards understanding.

Hugh: Genetic explanations are 'in' at present for everything, aren't they! 'Find the Chromosome' or something! You referred in your book to 'so-called demented' older people. Could you talk a bit about dementia?

Averil: I wrote about my view of dementia recently in a section called 'Original Sin' for my new book. I've sat with a lot of older people—and less older people who are supposed to have early-age onset dementia—and really, the more you sit with them, and the more regularly you sit with them, and say nothing, and just wait, the more they get to trust you and begin to talk. Once I was asked to see a 'demented' man, who was in his seventies [*Averil herself is 70*]. His local psychiatrist, who'd known him a long time, had retired, and moved away, and he rang me and said can you keep an eye on this chap, and perhaps you could help, because he seems to be getting more depressed and not responding to the drugs. As this patient lived with his daughter and her family, not far away, I rang the daughter, and asked if it would be more convenient if I called and saw him there, and she was very glad of that—well, she was very busy. So I went. Well, she brought him in when I arrived, and he just was tottery, what they call a 'Parkinsonian stiff gait', and I wondered what tablets he was on, because it's a very well known side effect. I was introduced to him, and I said 'Pleased to meet you,' and shook his hand, and his daughter sat us at a table, and said, 'I'll be in the kitchen, just call if you want me' and we sat there, and we just looked at one another [laughs] and nothing was said for about ten minutes, and after ten minutes, he didn't seem uncomfortable, and he said, 'What shall we talk about?' And I said, 'Well, whatever you like,' and there was another long silence, and he looked at me and all of a sudden his face crumpled and he burst into tears. So when he stopped sobbing, he looked at me again and he cried out: 'Original sin!' After he quietened, I said, 'Well that's very interesting, I've heard plenty *about* Original Sin, I remember when I was first at Sunday School and all that, but I've never been quite sure what Original Sin is. What do *you* think it is?' And he looked awhile and then he sobbed again, and he said, 'I was jealous of my own children'. Isn't that wonderful? He said that! And he was supposed to be 'demented'. And when he quietened a bit, I said, 'Well, join the club! I don't know anybody who isn't. They take all our time, they eat, they make a mess, we clean up after them ... It doesn't mean we don't love them as well!' And he looked astounded. And this had taken a long time—I'd been there more than half an hour—

we hadn't said much, but what we'd said was good, I thought.

And he said, 'I don't see much of the children here,' and I thought, well he wouldn't, because he's almost immobile, and he seems not to be able to have a conversation. And I said, 'Children live at a different pace, don't they, and you're very slowed down—how many sorts of tablets do you have?' And he was having eight different sorts of tablets! It was nearly time to go, I had kept only an hour, and I said, 'I'll check with your daughter if I may, what they are, and perhaps we can reduce slightly, if your doctor's agreeable, that might help'. And so she got the list, and some of them were for side effects of the others! So I checked it all out later with the books, and I suggested to the GP who writes repeat prescriptions that we might do it, he agreed. So before I left I said to the old gentleman, 'We're going to start reducing very slowly, and I think this could help—if that's all right with you?' And he nodded. And I said, 'I could come next week if you would like me to', and he nodded. So in the event I went four times at weekly intervals. I went the next week, and we sat, and he said, 'The children don't spend time with me'. He had said this at our first meeting too, so I followed with: 'Well, what was it like for you when you were a child?' And he said, 'Oh'. And then he said, 'I was the eldest of a big family, ten children, and my father was only eighteen when I was born. Mum was seventeen.' And he said, 'Oh, he was a lively man, I loved him! But he had an eye for the girls, he was sexist! When I was older, Mum used to send me down to the pub to bring him home for dinner, but he wasn't drunk! But every night, ooh, he used to pester her, every night—we could hear them!' [laughs] Then he burst out crying and he said again: 'I'll die soon!'

So I said, 'Your doctor told me you did try to kill yourself once'—I thought we might as well make use of the time we had. And he sat up straight, and his voice changed completely, and he said in a very ordinary sort of voice, 'Twice, not once'. 'Oh,' I said, 'and what did you do it with?' 'Tablets,' he said, 'Overdose'. And I said, 'How did you get them?' And he said, 'The doctor, of course! Prescribed them for me!' And he said, 'I had Obsessive Compulsive Disorder'. Just like that. And I said, 'Well, I've often wondered what that is—what is it?' And he said, 'I couldn't stop washing my hands!' (as if to say, 'You stupid woman, you should know better than to ask that question!') And I said, 'Why did you keep washing your hands?' And his face broke, and he sobbed, and he said, 'Masturbation ... masturbation'.

Now, when you look up the early Freud that was proscribed reading until the complete letters to Fliess were published, [laughs] he says very clearly, that after the child has been removed from early *sexual* experiences in infancy, the period of longing and fantasy and masturbation begins. So when he'd calmed down a bit I said to him, 'Well, how did you get started on this masturbation?' And he said, 'He used to do it to me in the bath!' He said, 'Sometimes I thought he'd pull it off!' So I said, 'Oh, you poor thing, did you have a bed of

your own?' And he said, 'Oh, if you could call it that'. Well, with ten children, in those days ... As I grew up though', he said, 'I didn't like the way he treated my mother. By the time I was eighteen I was fully grown, and I stood up to him one day, when he was shouting at her in the kitchen, I said, "Don't you speak to our mother like that!" His father had *him* at eighteen, and he said that to *his* father at eighteen, and his father was thirty six at the time. His father just walked out, and I said, 'What happened to him?' and he said, 'We heard he'd married somebody else.' I suppose he had to help his mother a bit then, but later he married and had his own family. But guess what happened to *this* man when *he* was thirty six? He had a nervous breakdown! Got hospitalised, shock treatment, drugs ever since, for obsessive compulsive disorder! This old man died suddenly after all this. As I left him at what turned out to be our last meeting, he asked me with tears in his eyes: 'Am I mad?' and I said that nothing he had told me would make me think he was mad. I wonder if my not condemning his father made it easier for him to 'rejoin' him.

[Averil laughs] And one of his sons has got guess what—in his mid-thirties—multiple sclerosis! I don't know what's going on, Hugh, but *something's* going on. You know, towards the end of his life, in 1938, Freud

wrote, 'the hypothesis of there being inherited vestiges in the id, alters, so to say, our views about it'!

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THE MOTEL

Armidale NSW, Monday 29th December 1997, 8.24 am

My mother in the room next door
 Wakes and begins her morning commentary on the world.
 A man two rooms up
 Outside at his car
 Responds in that gruff masculine voice
 Which reveals
 His fear of the female side of himself
 And his fear of women generally
 Their power and their mystery.
 One reason
 Australians loathe and fear psychoanalysis
 Is that it reveals
 These fears and masks.

Outside again the magpie
 begins his morning trill
 It is strange for me that a bird
 So direct and ugly
 Bulky and only black and white
 Can sing so beautifully.

Lyndon Walker