

residents of the hostel to meet us when we took a break: they had been taken out in the hospital bus. As a consultant in rehabilitation psychiatry at Manchester Royal Infirmary he brilliantly adapted activities for patients to fit the modern world of unemployment and despair: his 'roving rehabilitation' units went out to the patients, and an artist contributed to the care of his patients. By this time he was playing his part in national events, and helping to influence rehabilitation activities of others.

Keith's first degree was in biological sciences (BSc Leicester, 1971) and this interest continued with a deep love of the countryside. He qualified in medicine at Birmingham (MBChB 1977) and then came up to Manchester to train. His MSc was concerned with psychological disorders occurring among neurological patients, while for his MD he studied somatic presentations of psychological distress to family doctors. His papers on these subjects have made a deep impact, and have been widely cited. He showed how commonly psychological disorder accompanies physical disease, and how when this occurs the doctor's attention is distracted by the disease, to the neglect of the more treatable problem. He also showed how often the consultation is taken up with probing somatic symptoms for which no cause is ever discovered, and how the doctor's manner determines whether or not the psychological disorder is ever revealed.

He died on 21 July 1995 at the age of 46 after a long and very distressing illness. He was at the peak of his career, and would surely have produced many more innovations for a group of neglected patients had he lived. He was a concerned and loving father to his two children, and a totally devoted partner to his wife, Kim. The loss of this unusual man will be keenly felt by his many colleagues and his wide circle of friends.

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Michael Fordham, (see also *Psychiatric Bulletin*, September 1995, 19, 581–584)

I would like to add to Dr Stevens's obituary of Michael Fordham. Stevens recognises Fordham's editorial achievements and acknowledges the energy and enterprise which went into his role in the founding of the Society of Analytical Psychology, but perhaps because he comes from a different Jungian vertex than Fordham he has passed over his very substantial clinical discoveries. Stevens suggests that it was Fordham's personality not his clinical discoveries which led to his dominance in the Jungian world. This is misleading and requires the passing over of his many books on clinical discoveries and over 200 articles and reviews. Stevens's

argument is given temporary significance in the article by the impression he gives of knowing Fordham, when in fact he is merely rehashing either Baynes's view (Baynes, 1940) or information Fordham himself published in his memoir (Fordham, 1993).

The remarkable feature of Fordham, as analytical psychologist, was his readiness to learn from his clinical experiences. His books chronicle his application of Jung's methods and their limited efficacy when transference phenomena were not taken into account. A fact recognised by Jung who wrote in the preface of one of Fordham's books that his paper on transference 'merits attentive reading' and 'the author takes full account of the overriding importance of this phenomenon and accordingly devotes to it a particularly attentive and careful exposition' (Fordham, 1957, p.xii).

His discovery of symbols of the self in childhood was revolutionary in its impact on the Jungian world. It led to an extensive revision of Jungian theory and was taken up by other authors and researchers, especially his description of the dynamics of the self. To characterise Fordham therefore as another niche theorist who did not acknowledge other researchers is a distortion which, if he was alive to read, he would have vigorously challenged. His early papers describing the discoveries of the symbols of the self and their place in childhood development make reference to the pioneering research of the early ethologists, Tinbergen and Lorenz, work which Bowlby and others also built on. His work on autism (Fordham, 1976) derived from his conceptualisation of this illness. A conceptualisation which was recognised by other workers in this field, notably Frances Tustin.

Stevens is right to characterise Fordham as pioneering, he was also innovative, and it is true that he had a strong personality, but it belittles him to treat his significance as deriving from his dominant personality rather than from his attention to his experiences in the consulting room. Fordham was first and foremost a worker at the coal face of human experience, mining the seams he discovered for their true substance. And it was his remarkable ability to conceptualise what he discovered which set him apart from other workers.

References

- BAYNES, H. G. (1940) *Mythology of the Soul. A Research into the Unconscious*. London: Baillière, Tindall and Cox.
 FORDHAM, M. (1957) *New Directions in Analytical Psychology*. London: Routledge Kegan Paul.
 — (1976) *The Self and Autism*. London: Heinemann.
 (1993) *The Making of an Analyst: a Memoir*. London: Free Association Books.

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