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Psychoanalysis, Cynicism and Anger

Josh Cohen

Gerard, whom I see early each morning, is beset by physical and emotional afflictions. Crippling headaches and insomnia merge inexorably with his fear of being consigned to permanent, irremediable loneliness. He frequently discharges this double malaise in breathless monologues, fraught with panic and rage.

He rants with a force that seems to exceed the causes he names. As I listen, I have the thought that something is out of sequence. It's not that he thinks of, say, dating apps or Boris Johnson and is made furious, more that he's grabbing at irritants to make sense of a fury that's there from the moment he wakes up.

Freud observes a similar confusion about the sexual drive. When we fall in love, the powerful rush of tender and erotic feelings

we experience fosters the belief in an intimate and direct relationship between the drive (that strange impulsion to love) and the object (the person we love). Hence the myth of the "one true love".

"he's grabbing at irritants to make sense of a fury that's there from the moment he wakes up"

But this is an illusion. The variety, unpredictability and volatility of our loving feelings tell us that, on the contrary, "the sexual drive and the sexual object are merely soldered together" (Freud, 1905, p. 148). The drive is a desire desperately



seeking the thing that will satisfy it. Occasionally it finds an object that makes it think, “OK, perhaps this is what I’m looking for.”

This seems to me very much how Gerard’s anger was behaving: a free-floating, diffuse force forever searching for the cause that would explain it, bring him the relief of saying, “This is why I’m so angry!” But like a restless and fickle lover, no sooner would he identify one object of his rage than another came into view, then another, and another. Gerard’s anger was wildly promiscuous.

When it can be spoken and heard, D. W. Winnicott (1975) suggests, anger contributes to our developmental health. A hungry baby’s cry is a kind of primary anger, an assertion of a fundamental need. This, Winnicott says, is a positive, if very rudimentary statement of the infant’s determination to live his way, to be led by his own needs rather than adapt to another’s.

When a cry achieves its aim – for example, when the mother feeds her baby in response – it helps him learn what his anger is for. But a cry that is met by indefinite delay and neglect, that has no discernible effect on the adults hearing it, has the opposite effect. “The individual,” says Winnicott with characteristic understatement, “is left with some confusion about anger and its expression.”

The more unintelligible our experience, in other words, the more our anger diffuses and intensifies. Like the hungry baby, we seek ever more desperately for a satisfying response that doesn’t arrive.

Transference, the theoretical and clinical basis of psychoanalysis, is rooted in the insight that the patient’s responses to the analyst are repeating a much older pattern of relating. If the analyst isn’t aware of this tendency, they are likely to perpetuate this repetition instead of resolving it.

I was made especially aware of this risk with Gerard, who lived in the shadow of his late father, a celebrated QC whose withering style of argument carried over reliably from court to home. As Gerard got older, each new stage in the development of his speech and writing and thinking would be shadowed by his father’s unsparing correction. Gerard’s every idea or opinion would be mercilessly dissected for errors of expression and consistency.

Gerard had come to live under a cloud of self-doubt and inhibition, intellectual, creative and social. Always anticipating the disdain of teachers, peers and colleagues, he would revert to a resentful silence. He came to identify with his father, taking over from him the unending task of putting himself down. But alongside this attitude of impatient contempt towards himself, he nursed a rage towards the

world whose pleasures and ambitions he could never enjoy. He would scorn the world that scorned him. He couldn’t trust himself to play or dream or love. He trusted only the weary hopelessness that powered his endless rants.

And his rage ensured that I was merely the latest in a series of characters who would confirm and amplify his father’s dim view of him. My silence didn’t fool him, he told me, he knew just what I was thinking, so why not say it? That he was a grown man having his pathetic daily toddler tantrum, unable to control himself or exercise the smallest power of reason.

Transference arouses unruly intensities of feeling in the patient. The analyst is liable to become an object of love, hate, trust, mistrust, fear, comfort, reverence or contempt, often within a single session. But underlying all of these feelings is a profound sense of dependency, derived from the earliest period of life, when our very survival depended on the ministrations of our carers.

When Gerard lies down on the couch, he experiences me as possessed with a power to make him or break him with a few words. This awareness of his vulnerability to my judgement magnifies both his anxiety and his anger. How has he landed back in a room with his father?

And this alerts me in turn to the power

with which the role of analyst endows me.

The basic scenario of psychoanalysis is fraught with power and all its attendant anxieties; a person brings the most vulnerable and hidden region of their psyche and places it in the care of the analyst, in the hope that this gesture of trust will not be abused or exploited. But the anxiety implied in this hope can never be fully dispelled. How can I know the analyst is my ally? What if their show of benign curiosity and availability are subtly disguised forms of control and manipulation?

“The basic scenario of psychoanalysis is fraught with power and all its attendant anxieties”

Framed in this way, the risks of the psychoanalytic relation bear a striking resemblance to the risks of the political relation. Machiavelli’s core teaching, that every ruler must be at peace with his people, reminds us that governance by autocrat and democrat alike is sustainable only on the basis of at least a minimal bond of trust. The autocrat must assure

his subjects that their interests are best served by submitting to his absolute sovereignty. The democrat must persuade her citizens that their interests are best served by voting her into office.

In short, a citizen needs to see themselves, their own aspirations and wishes, represented in their leader. The spreading crisis of social division today stems from the betrayal of this need. In liberal democracies across the world, it seems that close to half of the citizenry look at their political class and see in it no recognition of the reality of their own lives and hopes, a phenomenon that has oiled the wheels of the authoritarian demagogue's rise.

This gap between the experience of ordinary people and the prescriptions of the political class has opened the doors to new forms of political cynicism, where a self-interested oligarchy's seizure and expansion of a power base is masked by a rhetorical veneer of popular solidarity.

Cynicism doesn't merely exploit popular anger; it gives it a façade of sneering invulnerability, perfectly encapsulated in the unofficial slogan that appeared during the Trump 2020 campaign: "Fuck Your Feelings". The irony of the slogan is that right-wing populism draws all its force from feelings; the MAGA movement's appeal is to the anger and bitterness of constituencies afflicted by industrial decline and its attendant effects of lost

economic security, as well as declining social and cultural prestige.

Trump promised a magical reversal of these losses, famously assuring a rally in 2016, "We're going to win so much, you're going to be sick and tired of winning." But lurking in that sentence is the present reality it inverts – that you're losing so much, you're sick and tired of losing. The alchemy by which losing turns into winning is as much emotional as it is political; it transforms depressive feelings of inadequacy and vulnerability into a state of total triumph.

The cynic politician, like the cynic therapist, has discovered anger as a resource to master and exploit. They both offer the dubious solace of an invulnerable father and a community united in shared rage.

As a child, Gerard had been in awe of his father, ascribing to him an intellectual brilliance, ready wit and debonair sophistication that made him the object of both bottomless, yearning admiration and feelings of impossible remoteness. He had felt he could never gain his father's attention, interest, concern or curiosity. If he tried to show his father some creative work, or confide in him about problems at school, or ask him questions about the world, he was met with a look of glazed distraction, which would reliably turn into irritability if Gerard pressed his case: "Gerard, you can see I'm very busy. We can

discuss this later," he'd respond, audibly gritting his teeth.

Gerard quickly learned that 'later' would never arrive, that the moment of paternal recognition he craved would only be deferred once again. He would take some of his questions and concerns to his mother, who was at least responsive. But she too was invested in her husband as the ultimate stamp of authority and approval. "Oh dear Gerry," she replied when he revealed he was being bullied, "That's too awful, you poor thing. We'll talk to your father about it tonight, he'll know what to do!"

Gerard and his mother formed a kind of implicitly abandoned family, passively awaiting the return of a patriarch to direct and instruct them. The problem was that the patriarch had never left, but neither had he ever really been there. The desperate hope that his presence would become more than a kind of ghostly physical apparition, that he would see them and affirm for them that they really existed for him, could never be realized. What had prevented him from letting his father see his disappointment and anger was the terror that his father would retaliate by rejecting him permanently, cutting off any possibility that Gerard might finally make real contact with him. It was this possibility that held both Gerard and his mother together; without it, they might just unravel.

In other words, Gerard was left suspended indefinitely in the hope that someone would finally take care of him. It was inevitable that this hope would be transferred onto me from the moment he came to see me. During our first meeting, I asked Gerard what he hoped for from our work. "Isn't it obvious?!" he replied testily, "I'm a bloody mess and I'm furious and embittered and terribly tired and I want it to stop before it ruins the rest of my life. Do you think that's even possible? Because if it isn't, let's not waste my time or yours."

"Gerard was left suspended indefinitely in the hope that someone would finally take care of him"

Perhaps it would have felt like a huge relief for me to have replied that yes, I'd make it all better. It's not uncommon, after all, for a person to come to psychoanalysis secretly hoping for a promise like this, which is why it's so dangerous to make it. In pledging to reverse all the pain and damage of another's life, a therapist is only ensuring it will continue. I replied instead that I

could hear how much he was suffering; I offered to work with him to try to understand why, and to think about how things might change for the better.

This may seem like a rather modest set of therapeutic aims. But isn't it precisely the absence of a guaranteed outcome that prevents psychoanalysis from shading into cynicism? It would be pure hubris to claim we could "cure" feelings as overwhelming and debilitating as Gerard's.

On the other hand, to tell someone in the grip of a tormenting fury that you're willing to receive and listen to it and think with him about it for as long as necessary is closer to a real action with real effects. It creates a world for him which didn't previously exist, in which someone else recognises and is curious about his inner life and wants to help reflect it back to him, to give it shape and meaning. This, after all, is what has been so profoundly missing from Gerard's life from the beginning and has condemned him to the despair of a permanent and irremediable state of rage.

In encouraging and stoking popular rage while offering no hope of meaningful redress, cynical politics deprives its followers of this grief. Like Quixote before the windmills, the devotees of conspiracies and mass hatreds can only ever tilt at hopelessly elusive targets. The cynic invests their followers in illusory aims and objects – a leader who saves

the world and purges the nation of all unwanted others – so heavily that they can never give them up.

"Fuck your feelings" is the slogan of this refusal to mourn. It is the battle cry of those condemned to stay angry, unable to mourn what they can't have and equally unable to turn their energies and desires to what they could have.

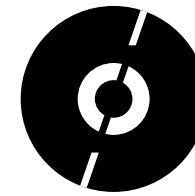
In order to protect confidentiality, 'Gerard' is a composite of more than one clinical case.

Josh Cohen is a psychoanalyst in private practice and Fellow of the British Psychoanalytical Society, as well as Professor Emeritus of Modern Literary Theory at Goldsmiths University of London. His most recent book is All the Rage: Why Anger Drives the World.

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Editorial

This issue occupies a transitional space: Helen Morgan commissioned the pieces and we brought the issue to completion as incoming Editors. Transitional spaces can be creative and evoke feelings of hope and excitement, but they can also provoke anxiety, because of the uncertainty engendered while moving from one state to another. There can be fears that the object will be damaged in transit or will not make it to its destination. Liminality can be interesting as a concept, but in practice usually elicits quite a lot of turbulence. As newly appointed Editors, we are attentive to the aspect of our role that concerns the balancing of the strategic development of the magazine with retaining what has made it such an important publication in the psychoanalytic and psychodynamic community. We will be making changes, but these will be gradual and consistent with the magazine's focus on bringing psychoanalytic and psychodynamic thinking to social, cultural and political issues, while interrogating psychoanalysis itself as an object and a practice. The magazine will continue to address topics relating to clinical practice and the profession, particularly

with regards to the interrelation between what goes on inside the consulting room and the psychosocial context.

“Transitional spaces can be creative and evoke feelings of hope and excitement, but they can also provoke anxiety”

One theme running through many of this issue's articles is that of ethics, which was the topic of the Psychoanalytic Psychotherapy Now 2024 conference (pp. 4-5, 8-10), reviewed by Lydia Prior and Usman Zafar (p. 8-9) as well as details about the awards compiled by Niamh Downes (p. 10). The BPC's new Standards of Conduct, Practice and Ethics, effective from April 2025, make clear that the care of our patients is our primary concern, which is something that underpins Alessandra Lemma's argument (pp. 4-5) as she formulates the “psychoanalytic promise” we make to our patients – and the harm we risk doing if we break that

promise. Lemma reminds us that “ethical practice relies on an ongoing commitment to... self-scrutiny”. This scrutiny applies to our behaviour towards patients and to the profession itself, as exemplified in the article by Nini Kerr, Rhea Gandhi and Mariya Levitanus (pp. 11-12) about a year-long project on “decolonising counselling and psychotherapy”. In the context of trainings, they ask us to consider “which theories and whose ‘knowings’ are overshadowed if not distorted by dominant paradigms”. Developing our professional knowledge, including by attending conferences, is our ethical responsibility. The Manchester Psychoanalytic Development Trust conference, reviewed by Antony Williams (p. 14), was an opportunity to consider the subject of dreams, and their role throughout the life cycle. The relationship between psychoanalytic thinking and the social and political sphere is another theme running through this issue, both in Josh Cohen's piece (pp. 1-2) and Kim Barlow's (p. 13). Cohen makes the link between “political cynicism... and popular anger”; his composite patient Gerard is understood through the lens of the current rise of “right wing populism”. Barlow's article about the Cassel Hospital, an inpatient facility

“dedicated to treating severe and life-threatening non-psychotic mental disturbance”, is a homage to a unique institution and a call to action – for us as a society to treat vulnerable people with psychoanalytically informed, compassionate care, which Barlow argues is sadly far from the norm.

New Associations recognises creativity and the arts as being complementary to psychoanalytic thinking in helping us respond to and contend with painful realities, which is why we include at least two in-depth reviews per issue, while also touching on the arts and culture in many of the articles. In this issue, we have a review of Robert Icke's play, *Oedipus*, by Lydia Prior (p. 16) and one of Jessie Eisenberg's film, *A Real Pain*, by Emmanuelle Smith (p. 15).

Helen Morgan stepped down from the role of Editor of *New Associations* at the end of 2024. She has been a formidable presence in the psychoanalytic and psychodynamic community over the past few decades in her work as an analyst, supervisor, trainer, leader, author and editor. We feel privileged to have had the opportunity to work with and learn from her as members of the editorial board. We think it is fitting

that her significant contributions were recognised by the BPC, when she was presented with a Lifetime Achievement Award at PPNOW last November. Helen held authority lightly in her role as Editor. This was partly because of her considerable management skills and her capacity to maintain her position while being mindful of keeping space open for different perspectives. It is also due to her decades-long experience of working with groups in different contexts. Helen trusts the group; she has faith that it will do its work, but this would not be possible without careful facilitation. We have also come to know Helen as a person: her warmth, sense of fun, candour, and deeply held commitment to ethical practice and social justice. Noreen Giffney's interview with Helen (pp. 6-7) endeavours to communicate a sense of the woman we have come to know and will miss greatly.

There are a number of changes to the editorial board. As Managing Editor, Niamh Downes co-ordinates the logistical side of the publication, including working with the proofreader, designer, printer and mailing house. Niamh manages the BPC's communications, website and social media. Lydia Prior is staying on as a

board member and we also congratulate her on taking up the role of Reviews Editor. Lydia is a BPC registrant and psychodynamic psychotherapist in private practice in East London. Lydia is a writer and has written for stage, film, and television. Usman Zafar remains on the board. Usman is a psychodynamic psychotherapist in training, with a focus on intercultural psychotherapy, at the Tavistock and Portman NHS Foundation Trust in London.

We are delighted that Candida Yates and Deborah Wright have returned to the board. Candida is an interdisciplinary scholar and applies a psychosocial approach to culture, politics and society. She is a founding scholar of the BPC Scholars' Network and her contributions to psychoanalytic research were recognised at PPNOW, when she received the first Dedication to Psychoanalytic Scholarship award (p. 10). Deborah is a BPC registrant, psychotherapist, artist and academic. She is a senior lecturer, and programme director of the Clinical Professional Doctorate Programmes in the Department of Psychosocial and Psychoanalytic Studies at the University of Essex.

We also welcome Marita Vyrgioti to the

team. Marita is an experienced editor and a lecturer in the Department of Psychosocial and Psychoanalytic Studies at the University of Essex, where she serves as the course director for the BA in Psychosocial and Psychoanalytic Studies.

Our production team comprises designer Susan Rentoul, illustrator Allen Fatimaharan, and proofreader Matthew Lumley. You can find out more about them, about us as joint Editors-in-Chief and the rest of the editorial board on the *New Associations*' section of the BPC website.

“We will be convening an online ‘Meet the Editors’ workshop on Tuesday 13th May 2025, 7pm-8.30pm”

We intend to continue to grow the editorial board and are keen to hear from people with editing experience. Please contact us directly for further information. We are also keen to hear from people interested in writing for *New Associations*.

If you have an idea for an article or review (1,000 words), we would be delighted to hear from you. You do not need to have written for *New Associations* before or for publication in the past.

We will be convening an online ‘Meet the Editors’ workshop on Tuesday 13th May 2025, 7pm-8.30pm, when we will talk about the process of writing for the magazine and will be available to answer questions you might have. Do save the date and look out for more information on how to book in the BPC eNewsletter.

We always welcome feedback and suggestions from readers. If there is something you find particularly interesting or helpful, or if you would like to see more or less of something in *New Associations*, please get in touch: noreen.giffney@bpc.org.uk and emmanuelle.smith@bpc.org.uk

PPNow 2024

When the Psychoanalytic Promise is Broken: Four Types of Harm

Alessandra Lemma

This is an abridged version of ‘The Unbearable Silence of Responsibility – Thinking about ethics in psychoanalytic practice’, a keynote talk given at the BPC PPNow conference.

Our interventions always have an ethical dimension, in that they fundamentally concern doing what is best for the patient. Ethics refers to how we think about and manage our responsibility for the patient. Etymologically, *responsibility* comes from the Latin *spondere* meaning “to give assurance, to promise”.

I suggest that the “psychoanalytic promise” involves making oneself available to be made use of by the patient in the service of helping him with his mind, within the agreed boundaries of the analytic setting, and not impinging on this use with our needs or desires.

The patient primarily demands space in our mind. The essence of an analytic way of working relies on us having enough space in our mind to take in and make sense of the patient’s experience, not least as it comes alive in the transference. This space is what we promise to offer. But even in the best of circumstances, at some stage we will fall short of this promise. This is because narcissism is not a developmental phase – it is a permanent feature of being human – and, as such, there is an inevitable tension between the use the patient needs to make of us and our own desire, needs, and narcissism. The potential for iatrogenic effects in the analytic encounter is therefore significant, no matter how well-analysed we are or think we are. Being “responsible” requires us to recognise that our unconscious is always operative and can potentially impact on the patient, and to be committed to examining and taking responsibility for this impact.



“The potential for iatrogenic effects in the analytic encounter is ... significant, no matter how well-analysed we are or think we are”

Because the analytic relationship is so central to the analytic process and outcome, our attention must focus on the demands of placing our self in the service of the patient’s psychic well-being. This requires a very particular kind of ethical labour – a type of work and accountability that implicates us at an unavoidably personal level. This is an exacting process. It requires that we bear being loved, desired, and hated by the patient, and in turn manage responsibly our love, desire and hate for the patient.

Because psychoanalytic interventions act on the mind of the patient and have the power to affect them profoundly, we can also harm our patients. I suggest there are four types of harm specific to the analytic endeavour and that we must work hard

to avoid. This list is not intended to be exhaustive and represents my attempts to date to conceptualise “harms” in the context of psychoanalytic work.

The first is the **harm of misrecognition**. This results from our failure to relate to the patient as an intentional, thinking and feeling being with both conscious and unconscious desires, hopes and fears that are *separate to our own* and that have legitimacy by virtue of their source – in that they emanate from the patient as partial knower of his own self. Partiality is not a function of being a patient and being unwell; it is a property that all of us share given that we can only ever be partial knowers because we cannot anticipate the as-yet-unelaborated unconscious.

One way to harm people is in their capacity as knowers and as epistemic agents. When we attribute to the patient intentions, feelings or thoughts that are not his own, or we fail to recognise intentions, feelings or thoughts that are his own, we perpetrate a form of harm and injustice. At its best, analytic listening and the interpretations that derive from it lay the foundation of autonomous functioning – we become autonomous agents partly through being recognised by others as intentional

beings. “Recognising” the patient in the context of our work begins with the acknowledgment that we cannot know in any absolute sense the mind of the patient; mental states are opaque. Although we can sometimes make informed guesses about what the patient may be feeling or thinking, they are no more than that and may or may not lead to an understanding that the patient will deem helpful. Importantly these are our ideas, which we must clearly mark as such.

“when we become married to certain ideas or ways of doing analytic therapy ... we are being arrogant”

When we fail to appreciate the importance of the patient’s narrative and give it legitimacy – which is not the same as “believing” the patient or “privileging” his narrative – and we assert our “expert arrogance” (Harcourt, 2021: 733), we perpetrate a harm. My choice of the word arrogance may strike a provocative chord. Much of the time I am sure that we would not recognise what we do as being

arrogant. But when we become married to certain ideas or ways of doing analytic therapy, and we do not expose ourselves to the corrective that comes from the patient, or simply from another perspective, we are being arrogant. Theories or formulations that are clung to rigidly can perpetrate a form of normative violence as we assign specific roles or pathologies to the patient – or to our colleagues – constructing the patient according to the authority of the therapist. A most painful example of this normative violence is the (now predominantly historical) pathologising of homosexuality by psychoanalytic practitioners.

The second type of harm is the **harm of physical impingement**. An experience of misrecognition typically results in an impingement because the patient is not related to as a separate subject. However, the specific harm of impingement, as I define it here, results from a breach of the *physical* boundary between therapist and patient, which always also involves a mental breach given that body and mind are irreducibly connected. It is conceptually and clinically valuable to single out the specific harm of physical impingement in the context of the analytic relationship because of the body’s central organising role in our functioning and sense of who we are. It is

not just that intrusions into the patient's body by the therapist through sexual boundary violations invariably betray misrecognition of the patient and of his separateness, and involve a deep (I would say, irreparable) breach of trust. It is also because the body is the point of meeting and integration between our subjectivity and the objective world, such that physical and sexual transgressions also infringe on a basic and universal right to *bodily integrity*. The right to bodily integrity refers to the right to exclude all others from the body, which enables a person to experience his body as intact and free from unbidden physical interference.

“A most painful example of this normative violence is the ... pathologising of homosexuality by psychoanalytic practitioners”

The third harm is **epistemic harm**. When we take on the role of “psychoanalytic therapist” or “psychoanalyst”, we assume certain

responsibilities as an epistemic authority in this specific domain. Our specialist psychoanalytic knowledge about the mind and about the analytic process are our added value to a prospective patient – these are the epistemic goods that we provide and instantiate through how we use the analytic relationship, and that distinguish us from other types of psychological intervention. Importantly, this specialist knowledge is dialogic: it is not just that we have some general psychoanalytic knowledge about the mind, but we also have a uniquely psychoanalytic appreciation of how some of the knowledge that will be relevant to the patient is an emergent property of the analytic interaction itself. This places us in a position of significant responsibility: many people who seek therapy are epistemically “hungry” and this may amplify the attendant risk of “epistemic credulity” (Luyten et al., 2022).

We are profoundly dependent on one another for epistemic goods: for truthful information about the world, for understanding complex topics and for understanding our mind. These dependencies make us vulnerable to manipulation from knowledge bearers – such as therapists, doctors and teachers – and those who disseminate knowledge – such as the media – and who may abuse

their epistemic authority. As a putative expert, a therapist can manipulate or misrepresent the patient's state of mind, or she can withhold information from a patient or fail to give information that could help the patient understand the analytic process. Again, if we think back to the days when homosexuality was viewed by many psychoanalysts as a form of pathology, we now regard the therapist as giving the patient misinformation based on prejudice. Therefore, in the analytic encounter, we can harm the patient in his capacity as a knower of his mind and as a decision maker.

The fourth harm is the **harm of non-accountability**. If we are all capable of harming our patients, at least some of the time, we add to the harm if we are then unable to assume responsibility for it and be accountable, by which I mean specifically that we fail to mark the event (e.g. a moment of distraction or a critical edge in our tone) and do not acknowledge its harmful impact as such. We can imagine a therapist who recognises their errors in their own mind or in supervision but does not act on this recognition with the patient. When we transgress in some way, we commit one kind of error or violation but, as Levin points out, “...the deeper, *ethical failure*” (2010: 78) is when we fail to acknowledge what happened

and explore this with the patient.

The ethical impulse rests on a commitment to see the world through another's eyes. This is not the same as agreeing with the other person. Rather, it is about receptivity to, and respect for, different viewpoints and the reality of difference. We can only honour this commitment if we can tolerate looking at who we are, not least when we get things wrong.

Acting ethically relies on our willingness to question ourselves and to recognise that, even if only in minor ways, we all act unethically at least some of the time. The question is not if, but when and how. This reality gets overshadowed by the focus on major transgressions, which of course must be addressed. But such a narrow focus allows us as a discipline to fade into the shadow of the outliers and ignore our own more quotidian transgressions (Slochower, 2003). Most breaches are more helpfully conceived as the therapist's “delinquencies”. By this I mean, as Joyce Slochower defines them: “the virtually ubiquitous ways in which analysts deliberately withdraw from the therapeutic endeavour” (2003: 451). She gives examples of therapists eating lunch during a session or painting their nails. These behaviours are breaches

of undisputed professional norms that are not explicitly enshrined in a code of ethics: we don't need the code to spell out that we should not be doing our manicure or eat lunch or fall asleep during a session. Even so, it clearly happens.

An **apology** is important because regret has a valuable communicative function. When something has gone wrong, an apology restores epistemic relationships, of which the analytic relationship is one. Regret functions to close the epistemic gap between ourselves and others. When the therapist non-defensively acknowledges a mistake, and this practice is transparent, the patient is more likely to regard what the therapist says as legitimate, to learn from this experience and generalise the learning to his life, despite the experience of a breach.

“An apology is important because regret has a valuable communicative function”

In conclusion, because we work increasingly in an external context of

complaints, discussion about ethical matters can all too quickly give way to a focus on how we protect ourselves from such risks rather than focusing on how we protect our patients. It behoves us to ensure that we create spaces where ethics can be reflected on non-defensively, giving due consideration to how as individual practitioners and as a discipline we can both create value and contribute to harm, and use these reflections to identify where change is needed. This requires us to ask and respond to uncomfortable questions.

Ethical practice relies on an ongoing commitment to a process of ethical self-scrutiny, mindful that this can never result in a perfect self-awareness reliably affording the therapist a privileged position from which to understand the mind of the patient. The existence of the unconscious, and the operation of defences, reminds us that self-reflection is always hedged by failure. Questioning ourselves keeps us on the ethical track.

Alessandra Lemma is a psychoanalyst, Fellow of the British Psychoanalytic Society and Chartered Clinical and Counselling Psychologist. She is a Visiting Professor in both the Psychoanalysis Unit, University College London and the Centro Winnicott, Rome, as well as being a Consultant at the Anna Freud Centre. She has published extensively

on psychoanalysis, trauma, the body and transgender identities. www.alessandralemma.com

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Practice

‘Work in the World’: The Experience of Editing *New Associations*

Helen Morgan interviewed by Noreen Giffney



Helen Morgan stepped down as Editor of *New Associations* at the end of 2024. Here, she speaks to Noreen Giffney about her experience, reflecting on the magazine’s focus and ethos, the unconscious aspects of the editor’s role, and being a bad object.

Editing *New Associations*

NG: How did you become involved in *New Associations*?

HM: When I stepped down from the role of Chair of the British Psychoanalytic Council (BPC), I was asked if I would take on the role of Editor of *New Associations*. They felt it needed to become more

formalised, by having an editorial board and an Editor. It was right up my street. I’m very interested in the connection between psychoanalytic thinking and the public sphere, the political and the social. I’ve always felt that the BPC has two main functions: one is regulatory but the other is promotion – that work in the world, as it were.

NG: How do you feel the magazine has evolved over the course of your editorship?

HM: It’s more professional in its layout. It’s gained in stature within certain fields, certainly not the whole of the psychoanalytic community, but a fair part of it, and a part of the academic community. It’s well regarded, which

means it gets easier to get people to write for it, because people want their name in the magazine. The editing has got tighter. We’re more professional at getting to a high standard of writing, but I think its ethos has stayed the same, which has been very important to me.

Psychoanalysis and the Psychosocial Context

NG: What is its ethos for you?

HM: It’s that “work in the world” bit. There are journals and other magazines that attend to the concerns of the profession, work in consulting room, and the way to work with individual people. This isn’t what *New Associations* is about.



It's about the connection, the linking, the meeting of the psychoanalytic mind with the external world, whether it's graffiti or climate change or racism. It's thinking about these really troubling – increasingly troubling – issues in our world through a psychoanalytic lens and sometimes the other way around, too, sometimes looking at psychoanalysis from a more political, social, collective viewpoint. I think we can bring a way of thinking, slow thinking, and a depth of thinking about human behaviour that is not just reactive but relational.

“It’s about the connection, the linking, the meeting of the psychoanalytic mind with the external world”

NG: What do you say to clinical practitioners who think that this use of psychoanalysis outside the consulting room is an overextension of clinical tools that are meant for inside the consulting room?

HM: I think we always need to avoid just putting the world on the couch and interpreting it as if it were an individual. It's not a straight transfer from the consulting room out into the world. I was thinking about how some years ago I and Heather Wood, who was then at the Portman Clinic, were commissioned to devise a training for prison officers rooted in psychoanalytic thinking. We took concepts like splitting, projective identification, defences, transference and put them into a language prison staff could understand and relate to their relationships with prisoners. The concepts were invaluable, but the translation was essential. So, I think there certainly needs to be care. We can get into an arrogance as if we've got the answer. Humility is needed. And it's certainly where people like the group analysts and the organisational consultants can be really helpful. A straight transfer is not right, but I don't think that means we shouldn't try.

NG: How, as Editor, did you try to balance addressing contentious topics in the magazine, while trying not to have it subsumed by them, and in doing so hold a space open for thinking without becoming reactive?

HM: *New Associations* is published three

times a year, so we could never be current like newspapers can. We have to address more consistent themes or streams that are around in the society. My heart would sink when some topics came in, whatever the position being taken, because I knew we were in for strong reactions. I am still very interested in why some topics are so difficult to talk about; the two most obvious in recent years being Israel and Gaza, and transgender issues. It fascinates me why it feels so difficult to have a discussion about certain topics, to have a thought about something and hold different positions. In these instances, there's a very quick reaction. It's not just, "I disagree with this piece," but "I'm offended or insulted." That's been the hardest work to manage as an editor. The very worst times were when it got into the editorial board and we were at loggerheads. That's when I literally didn't sleep. I would be spending the night worrying about how to manage it and what we should do.

The Person behind the Role of Editor

NG: So, it does something to you. It does something to you in a concrete way. You can't sleep.

HM: It's something, too, about when to take authority, when to say, "This is where the buck stops." That's where the role

of an editor is somewhat. It's not easy to take authority in this profession. We're all sole traders and we don't like authority, either taking it or having others have authority. I've hated those times. They're really difficult. Well, you have to be a bad object for a while, and none of us like that, do we? It's interesting how it happens in a very thoughtful community. We're not known for our thoughtlessness, and yet there are some things we find quite difficult to think and talk publicly about.

“It’s not easy to take authority in this profession”

NG: You have spoken about the experience of being the bad object as an editor; as someone who is managing the magazine, but also managing people. That can be difficult as well.

HM: Those have been the hard times. That's been the difficult part of the role. It's the sort of experience one has of being with a very disturbed patient, and you're feeling very disturbed, and can't think and maybe can't sleep. It's as if there's something that gets into you, but you've got a responsibility to manage it. You can't just opt out.

Engaging with the Unconscious in the Role of Editor

NG: You have been reflecting on the unconscious aspects of the editor's role, and how difficult it is to hold that position. It's a bit like the position the analyst has to hold. Have you brought any skills from your analytic work into your editing role? You have had to hold a lot at times.

HM: I don't know how I disentangle them, really, because they're all part of the same thing. I chaired the British Association of Psychotherapists (BAP) for four years and the BPC for three. Those are container roles, where you are pretty much the bad object quite often, and having to work out what authority one has and when to use it, particularly as you're not the chief executive of a business where you can tell people what to do. You have to try and influence and persuade and bring people in and along with you. I would hope that my analytic training and experience have helped in the sense of trying to think about and sort of depersonalise it a bit, to try to think more about the dynamics and the unconscious processes that might be going on.

NG: It sounds like you've been on the receiving end of a lot of projections.

HM: You can be. If you put yourself

forward in these roles, you can be a sucker for projections. As I've got older and my career has developed, I don't mind so much if someone really doesn't like me or is very critical of what I've done or something. I don't care so much what I'm thought of, whereas when I first stepped into the role in the BAP it was like, "this is brutal." But it's also important not to get too hard, not to get overly defensive.

NG: You have been talking about your work with groups in different contexts. I'm aware that you worked in therapeutic communities earlier in your career. Could you say something about how that work might have influenced your later work with psychoanalytic organisations and *New Associations*?

HM: I started out life as a physics teacher, but in my twenties I went to the Cotswold Community, which is no more, but was a therapeutic community for adolescent boys run on Winnicottian lines. It was an eye opener to me, as a way of thinking, as a way of understanding, as a way of working together. When I went to the Richmond Fellowship, which was an organisation running therapeutic communities for mainly adults with mental health difficulties, there was individual counselling, but mostly the work was done through the community

meeting and groups. There was a distinction – staff were staff and residents were residents – but we always worked as a team, and we always took problems back to the whole community to be thought about. My early learning is rooted in therapeutic community principles and they have always been key to my development as a therapist, a worker with groups, and in organisations.

NG: As I've listened to you talking about your work with therapeutic communities, psychoanalytic organisations, and *New Associations*, I've been thinking that the capacity to hold is very important. My experience of you is that you have quite a capacity to hold.

HM: I think a large part of the job is containment. It's holding, particularly through those times when you have a patient who gets into you, who you don't understand, you can't think about. A patient who either attacks all the time or is always cloyingly obsequious. You sort of don't notice it so much in the day-to-day work until you're pushed. There have been patients who've pushed and pushed and pushed me, where I found my limits. You keep trying to hold and contain and think, and sometimes you can't. And sometimes you react and hit out. The use of groups, of supervision, of other people

to help you is always very important. It's always how to keep holding on, how to keep containing and thinking.

NG: You have faith in the group. That's the sense I'm getting.

HM: When I was at the Richmond Fellowship, we had group training about how to work with groups. There was always this mantra: Trust the group. There can be some quite scary moments in groups when I think, "Where's this group going?", because I know groups can kill, too, but if you stay with it and keep containing and working and trying to think, then the group does the work. It gets there.

Retiring from the Role of Editor

NG: You stepped down as the Editor of *New Associations* at the end of December. How are you feeling about that now?

“There can be some quite scary moments in groups when I think, ‘Where’s this group going?’”

HM: It's a funny one. I don't doubt it was the right thing to do. I think it was time. For me but also for the magazine which needs to be taken on to another level, which I think you and Emmanuelle will do, whilst holding on to its ethos. I have a lot of faith in you both. I know your skills. I did have a little thought: "When did they say they were going to have that meeting?" And you know what I miss about being there? I wonder how it's gone. "Can I pop in and see how you're all getting on sort of thing?" So, there's a loss. There's a feeling of missing it, and there's a relief. I should be interested to see where you both take it. I think it needs to move on. I'd have got stuck, but, as you know, you've been talking to me about this for a year. I think my ambivalence about stepping down is pretty obvious to you.

NG: Is there anything else you wanted to add?

HM: I don't think so. I feel I've sort of meandered. If you think that's what you wanted?

NG: That's exactly what I wanted. I don't know if it felt like it, but I wanted you to feel like you had space to meander.

HM: Alright, now you've got to put it into some sort of coherent form.

Helen Morgan is a Jungian analyst. She is the author of The Work of Whiteness: A Psychoanalytic Perspective (Routledge 2021). She was Editor of New Associations from 2019 to 2024.

Noreen Giffney is a psychoanalytic psychotherapist. She is the author of The Culture-Breast in Psychoanalysis: Cultural Experiences and the Clinic (Routledge 2021). She became Joint Editor-in-Chief (with Emmanuelle Smith) of New Associations in 2025.



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PPNow 2024

Reflections on PPNow 2024: *Psychoanalysis, Ethics, Regulation and the Law*

Lydia Prior and Usman Zafar



The 2024 PPNow conference on the theme of *Psychoanalysis, Ethics, Regulation and the Law*, held on 25 November 2024 at 10 Union Street in London, was a day of lively contributions and challenging conversations, leaving attendees with much to go away and continue thinking about. While rules and regulations can be codified to an extent, the conference prompted reflection on the balance between what can be explicitly written down and what must be left open to interpretation and critical thought – essential aspects of psychoanalytic practice.

“a day of lively contributions and challenging

conversations, leaving attendees with much to go away and continue thinking about”

Notably, the keynote speeches helped create a space to think about the function of ethics and its philosophical rooting in self-respect, which was thoughtfully introduced by David Black. His talk focused on self-respect as a foundation of ethical practice and considered two important constituents of this: recognition of the other, and the idea of forgiveness. Alessandra Lemma was also very insightful in pointing out what we owe to our patients and discussed the four possible harms we might cause. These include the harm of misrecognition, the harm of physical impingement, epistemic

harm, and the harm of non-accountability. Her talk concluded with a reminder of the importance of recognising our mistakes and the merits of apologising. Later in the conference, the motifs introduced by Black and Lemma were expanded on and associated to in the discussion, making links to issues such as race, inequality and power.

The relationship between ethics and power was a theme that ran throughout the day, both explicitly and implicitly. Discussion often came back to the question of whose voices are heard. Susie Orbach’s conversation with British Filipina comedian Ria Lina ranged across many topics, but power and identity were common threads. Discussing the ethics of comedy, and who is permitted to say what to whom, Lina explained the concept of “punching up” versus “punching down” – the understanding that it is acceptable to

make fun of those with greater privilege than oneself, whether on the basis of race, gender, or class, but not the other way round. This however remains complex, and perceptions of relative privilege may be subjective. A discussion about silence in comedy and psychoanalysis drew intriguing parallels between the two worlds. In both, silence can be powerful and its meaning varies depending on when and by whom it is used. The comic releases tension through delivering a punchline, whereas our work as therapists is often more about listening. But when do we have an ethical duty to speak up?

Sam Thomas, a barrister specialising in regulatory law, gave a clear and persuasive account of how voluntary regulation works and why it is beneficial for us as psychotherapists and analysts. Interestingly, the possibility of statutory regulation did not get much airtime, and it felt as if it was quite swiftly dismissed as unlikely to gain sufficient political traction. Thomas's presentation was reassuring in its message that the complaints procedure is not as punitive or persecutory as our superegos may lead us to believe. But, as it was pointed out in the discussion, the interests of the therapist and those of the patient may not always be aligned. Bringing a complaint can be a distressing experience, and the question

was asked: who speaks for the patient? Again, it felt like it came back to the issue of whose voice gets heard. Thomas also noted that a disproportionate number of complaints are brought against clinicians from the global majority. In the ensuing discussion, this led to the idea that a fair regulatory or legal system may be a fantasy, and that these systems may in fact be institutionally racist or biased.

“Ethical reflections are inseparable from social realities, particularly when it comes to considerations of justice”

The issue of racism within the profession was raised by the audience in the discussion. Despite its critical importance, this topic seemed difficult to tackle head on. A question was asked about accountability and the ethical responsibilities of training institutions – particularly institutionalised racist structures that impact trainees from the global majority. The profession's failure

to engage with its racial and colonial histories is symptomatic of broader systemic issues that demand attention.

Ethical reflections are inseparable from social realities, particularly when it comes to considerations of justice. While some attendees were able to think about it during the “break-out” spaces, Alessandra Lemma drew attention to the fact that the question of institutional racism was not picked up by the panel. This underscored the uncomfortable reality of how the silence around institutional racism continues to permeate psychoanalytic spaces.

The practice of ethics in psychoanalysis is foundational to the work we do. What we consider to be the “frame” can be partly defined and partly left to be discovered or spontaneously created with the patient. It might be important to consider racist structures and practices as an equally significant ethical problem that might be a part of our psychotherapeutic “frame”. Perhaps David Black's point about respect and self-respect is more vital than ever in a racialised world. Additionally, one of the pressing questions in the discussion was around the lack of an ethical framework governing training institutions. The challenges faced by trainees remains an issue worthy of further exploration.

We were left with many questions and uncertainties, but feeling sure of one thing: that there is never going to be one system or set of rules or protocols that guarantees ethical standards. This is not to say that we should not attempt to set down ethical guidelines – just that they will never be sufficient on their own. Ethics is something that must be thought about and practised at all levels, group and individual, in terms of the big picture and moment to moment. Recognising and confronting systemic injustices with a sense of honesty and openness can be an important step towards thinking about ethical frameworks in psychoanalytic practice. An ethical attitude may mean repeatedly coming back to a recognition of our limitations, our blind spots and imperfect judgements, and doing so with curiosity and a willingness to learn and attempt to do better next time.

Lydia Prior is a psychodynamic psychotherapist in private practice in East London.

Usman Zafar is training as a psychodynamic psychotherapist with a focus on intercultural psychotherapy at the Tavistock Clinic.



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PPNow 2024

BPC Awards at PPNow 2024

Compiled by Niamh Downes

The BPC Board and staff team were proud to host our flagship conference this year, Psychoanalytic Psychotherapy Now 2024.

As part of our conference, our colleagues celebrate one another through the PPNow awards which is a great opportunity to celebrate outstanding individuals and organisations within our psychoanalytic and psychodynamic community. We asked our Registrants to nominate the colleagues they felt deserved celebrating in a selection of categories.



The Fitzjohn's Unit received the Innovative Excellence award. This award celebrates a striking example of groundbreaking work. The Fitzjohn's Unit is a specialist psychoanalytic psychotherapy team based in the Adult Complex Needs Service of the Tavistock Clinic offering psychotherapy to a population of patients that mental health services struggle to contain. The unit offers twice weekly individual psychoanalytic psychotherapy for two years, followed by the possibility of joining a psychoanalytic psychotherapy group for a further number of years or a CBT or MBT group. Dr Hiroshi Amino attended the conference to collect the award on their behalf. Hiroshi is the Consultant Psychiatrist in Psychotherapy, Psychoanalyst and Head of Fitzjohn's team in Psychotherapy Team in Adult Complex Service.

Professor Brett Kahr received the Outstanding Professional Leadership award. This award recognises individuals in a position of leadership who have



developed their role to make a significant and outstanding contribution. Professor Kahr was nominated for his significant contributions to the psychoanalytic community; from the nurturing of students, mentees and colleagues to his pioneering work in media psychology and psychotherapy broadcasting where he has been able to disseminate complex psychoanalytic ideas to the public. He has worked closely with the BPC in a number of roles, but particularly for his

development of the Scholars' Network in his role as Chair of the Scholars' Committee.

Janet Fernando received the Bernard Ratigan award for Psychoanalysis and Diversity, which applauds an individual or organisation that has significantly improved and developed inclusivity in matters of diversity. This year's award winner was nominated for her significant work both within the NHS and at the Albany Trust providing access to psychoanalytic psychotherapy for LGBTQ+ clients who are deaf. In addition to leading a specialist psychotherapy service for deaf people at St George's Hospital in South London over many years, Janet has recently undertaken and completed research at the University of Exeter, to explore and understand the adaptations in therapy that are most valued and most effective for deaf clients / patients. She was awarded her PhD from the University of Exeter last year (2023).



The British Psychoanalytic Association (BPA) received the Diversity in Training Award which focuses on training and supervision that gives substantive and considered attention to think about diversity. The BPA receives this award for their success in creating a supportive environment generally, but particularly for LGB applicants. At the conference in 2021, the BPC announced the “Statement of Regret” about the past treatment of LGB people as both psychoanalytic patients and candidates, in order to draw a line under the history of pathologising all non-heterosexual orientations. When it was established, the winning organisation made a point of breaking from this difficult past and made it clear that people wishing to train as psychoanalysts with them would be treated without prejudice, whatever their sexual orientation. The

award was accepted by Marion Schoenfeld.

“our colleagues celebrate one another through the PPNow awards which are a great opportunity to celebrate outstanding individuals and organisations”

Helen Morgan received the first Lifetime Achievement award of the evening which recognises those who have made significant, sustained contributions to the psychoanalytic profession over their career. Helen Morgan earned respect and trust tackling inter-organisational dynamics inhibiting growth in a changing psychoanalytic world. She chaired the British Psychotherapy Foundation, the BPC Future Strategy Group and the BPC itself from 2015-18. As Chair of the Psychoanalysis Engaging Prisons Project, she facilitated development of the BPC

as an agency working to affect policy in a major public service. Her understanding of the need to confront the effects of racism on accessibility to psychotherapy and training, as well as her ability to challenge organisational racism, made her a leader in championing inclusivity and anti-racism in the wider professional field. She is the author of the book, *The Work of Whiteness: A Psychoanalytic Perspective*, and co-authored the book, *Racial Legacies*, with Fanny Brewster. She retired from her role as Editor of *New Associations* in December 2024 and we are so grateful for her huge contribution to the BPC.

Professor Joan Raphael-Leff was awarded the second Lifetime Achievement Award. She has made an immense number of contributions to the disciplines of psychoanalysis and mental health across many decades. She trained at the Institute of Psychoanalysis and practised in North-West London for many years. She has published innumerable memorable books, including, potentially, the very first book on the psychology of pregnancy, *Pregnancy: The Inside Story*, as well as many books on the history of psychoanalysis and on the psychology of childhood. As an academic, she served as one of the founding professors at the University of Essex, and founded

the Academic Faculty of the Anna Freud Centre as a regular bimonthly seminar series. In addition to her many achievements, the winner worked with her husband, Dr Julian P. Leff, an esteemed psychiatrist, to expose psychiatry to psychoanalysis and vice versa.



Professor Candida Yates received our new award in Dedication to Psychoanalytic Scholarship, which celebrates the core contributions to the advancement of psychoanalytical scholarship. The first winner of this award has been at the forefront of psychoanalytic scholarship for over 25 years. As a Co-Director of the Media and the Inner World project and co-series editor of Routledge’s *Psychoanalysis and Popular Culture* book series, she has led the “re-boot” of interest in psychoanalysis across the humanities and social sciences. She has

been recognised for her work in her appointment as a Research Fellow of the Freud Museum, London, and as a Founding Scholar of the BPC. She has been instrumental in bringing the scholars' membership activity back to life at the BPC. She has played a significant role in expanding scholarly interest in psychoanalysis through her teaching at both undergraduate and postgraduate levels at the University of East London, the Tavistock and Portman Clinic, and, latterly, at Bournemouth University. Significantly, she has supervised and examined many PhD projects, fostering a new generation of psychoanalytic scholars.

Please join us in congratulating our award winners and celebrating another successful and enjoyable Psychoanalytic Psychotherapy Now conference.

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Profession

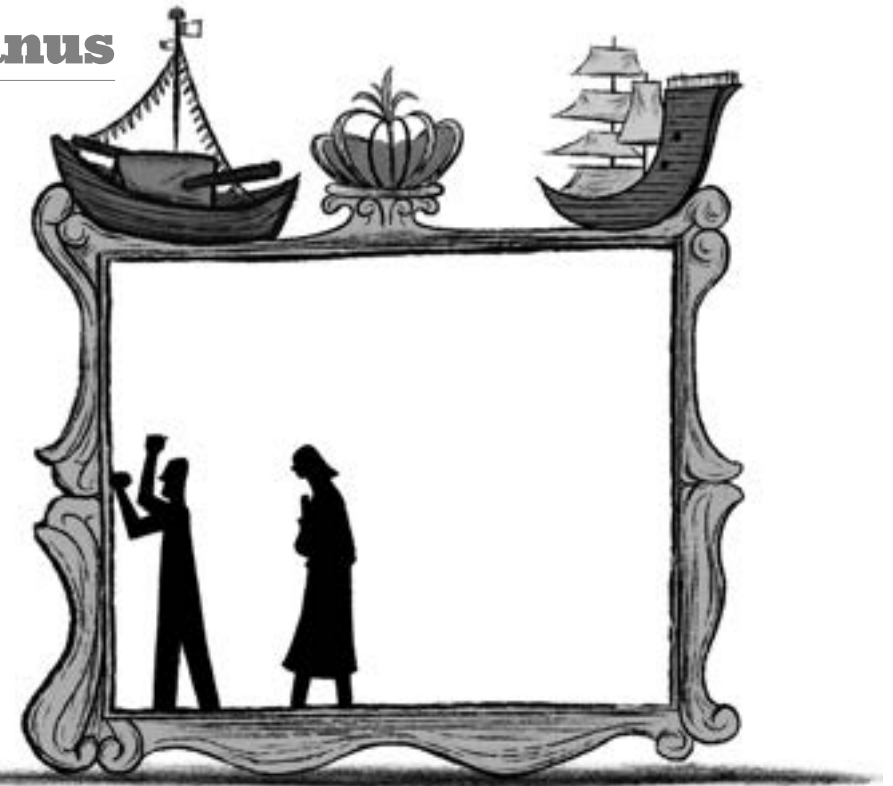
Decolonising Counselling and Psychotherapy: Reflections from Psychosocial Perspectives

Nini Kerr, Rhea Gandhi, Mariya Levitanus

“Decolonising Counselling and Psychotherapy: Reflections from Psychosocial Perspectives” was a year-long collaborative project involving academic staff, students, stakeholders, and wider therapeutic communities in Edinburgh and beyond. Organised by the project team of Nini, Mariya and Rhea, the project was dedicated to exploring the diverse ways in which ‘decolonisation’ can be mobilised within the field of counselling and psychotherapy to call into question certain practices and ideologies of exclusion that rely on dehumanising and subjugating the other. We were delighted to host a series of four public talks and one final community engagement event, featuring topics such

as ‘Culture as the Bad Object’ (Nini Kerr), “Child as Method: A Resource for Decolonial Theory and Practice” (Erica Burman), “Beyond the Norm: Decolonial Queer Perspectives on Counselling and Psychotherapy” (Mariya Levitanus), “Therapy as Political Resistance” (Rhea Gandhi and Isaac Yu), “Social Psychoanalysis, Normative Unconscious Processes, and an Ethic of Repair” (Lynne Layton), and “Unravelling Xenophobia Psychoanalytically” (Sheyda Esmali, Almas Merchant, and Adrian Martinez).

The multi-faceted contributions enriched the collective exploration of the unpredictable interactions between psychic phenomena, social relations, and political unfoldings. Rather than



implicating the audience as distant observers, each session opened up a thinking space – an intermediate space between conceptual grappling and affective processing which dynamically moved thinking between divergent perspectives without becoming one-sided or fixed. Addressing the participants as knowledge co-producers disrupts the didactic linearity of the speaker-audience relationship, elevating the power of the community to contribute to shared epistemic resources.

Through a psychosocial prism, we examined structural, ideological, and political supremacies afforded to the dominant culture and theory. We acknowledged: these supremacies, rooted in colonial legacies, have significantly influenced our approaches to training, practice, and research in counselling and psychotherapy. We questioned: what is at stake, sidelined, or rendered less valuable through these historically constructed priorities? In practical terms, which theories and whose “knowings” are overshadowed if not distorted by dominant paradigms? What forms of being are deemed inadequate compared to the normative frames? What kinds of identities and expressions are palpably felt as inferior in contrast to preferred European persona?

“What kinds of identities and expressions are palpably felt as inferior in contrast to preferred European persona?”

These questions demanded that we address not only the external socio-historical “aggressor/coloniser”, but also reflexively examine the (often unconscious) desires and longings to conform to internal normative cultural hierarchies (Kerr, 2024). Throughout the project, we witnessed how “decolonisation” could also quickly become a site of affective unrest – where racial dynamics played out amongst the participants, particularly between the “non-European” others (as represented by the non-white speakers) and the “white” participants. We observed how racialised presenters appeared to be more “contested”, with the validity of their ideas questioned more frequently, and how this had the effect of propelling them

into a laborious position of justification, defence, and reasoning. Witnessing this evoked complex feelings of anger, grievance, and resignation within the project team; it evoked a familiar spectre of being confined to a position of inferiority. The more one is demanded to explain or clarify oneself, the more one becomes burdened by a sense of inadequacy and futility that nothing one can say holds value for the other person, which seems precisely what they seek to affirm. We also recognised the subtle hierarchies hidden within the racialised – dynamics much more complex than simply “white-passing” and “not white” (Levitonus and Kislitsyna, 2023).

As a project team (also non-European), we utilised the emotional and visceral experiences evoked in us by witnessing these racially charged interactions as a source of embodied knowledge. Challenging but necessary! For example, there were occasions when discussions became dominated by “white-passing” participants who appeared to have created a closed circle where conversations were kept amongst themselves. In these moments, the three of us exchanged glances, each hoping to say something that we wished the other could articulate with greater finesse. During our debrief, we became acutely

aware of a shared struggle: a paralysing contradiction between our desire to promote participation from a broader range of individuals and our fear of interrupting the “white” participants for fear of “offending” them and appearing culturally inept. These moments of tension attuned us to the implicit desires and tendencies that reinforce an inequitable status quo: how cross-racial interactions in the present echo historical patterns, implicating us in an implicit colonial contract that dictates how we should behave and act in relation to the idealised colonial spectator. They served as catalysts for psychosocial reflection: what if, beyond any self-proclaimed “wokeness”, our psyche is deeply inscribed with shared, interlocking histories of colonialism, which permits whiteness, with complicity, to command greater authority over racially othered individuals and communities?

“Challenging but necessary!”

Within the interconnected realms of training, practice, and research in counselling and psychotherapy, the way we are trained and the theories we are taught profoundly shape how we practise and relate. Decolonising counselling and

psychotherapy involves addressing the interactions between these realms and examining how existing power structures and the epistemic superiority of dominant frameworks are reinforced through their interplay as interrelated systems. If we, as a team, were alarmed by the unconscious tendency to prioritise “white” Eurocentric theory, expressions, and approaches at the expense of other ways of knowing and being, we are equally disturbed by the pervasive influence of colonial ideals and epistemic imperialism at an institutional level, which pressures racialised individuals to assimilate Western frames of knowledge and identities aligned with whiteness (Gandhi, 2021).

Reflecting on this through the lens of therapeutic encounters, we see how these dynamics, when left unexamined, sideline (if not stifle) crucial explorations of sociopolitical suffering, particularly as it pertains to race and ethnicity. By positioning whiteness as the standard, other forms of knowledge and ways of interacting with the world are relegated to the status of “alternative”. Worse still, we may offer tokenistic gestures through a superficial logic of multiculturalism, which ultimately guards against an unconscious allegiance to our preferred ways of seeing and understanding the world. These preferences become our

“normative unconscious processes” (Layton, 2015), diverting us from challenging our unconscious assumptions about difference and perpetuating oppression at every turn in cross-racial, cross-cultural interactions as remnants of colonial legacies.

“we are called to reflect on our own unconscious attachments to colonial ideals and frameworks and to examine how these attachments continue to manifest in therapeutic practice and pedagogical interactions”

Decolonisation, rooted in relational ethics of reparation and justice, is

indeed easier said than done. The prefix “de-” implies an activist process of undoing – of liberating the oppressed from relational dynamics which systematically undermine, disempower, and dehumanise them. When “wokeness” and “decoloniality” become mere identity labels, for example, identity affirmation that boosts our feel-good sense of self, they are flattened into ideological tools that, ironically, shield us from confronting our own unconscious desire to perpetuate colonial legacies in the everyday. Through this project we are called to reflect on our own unconscious attachments to colonial ideals and frameworks and to examine how these attachments continue to manifest in therapeutic practice and pedagogical interactions. Above all else, as a team, we find solace in what each other brings. It is empowering to unite around a shared mission and reassuring to embrace our differences to contest a homogenised notion of the other. We see in each other the vulnerability of being the other, and above all else, the strength to resist the demands to conform to sameness.

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Practice

The Cassel Hospital

Kimberley Barlow

The Cassel Hospital in West London is something of an anomaly. Commissioned by NHS England as a Tier 4 specialist personality disorder service, it is now one of the only NHS-provided inpatient units dedicated to treating severe and life threatening non-psychotic mental disturbance. Those of us who work there are regularly reminded of its long and illustrious history, and as NHS funding for mental health care that falls outside the mainstream becomes increasingly scarce, this feels like an important moment to reflect on the Cassel's past, present and future.

It was in the 1940s that army psychiatrists, including Wilfred Bion and John Rickman, started to challenge the orthodoxy of the time by transforming a traditional military psychiatric unit into a therapeutic environment in the Northfield experiment. Their work recognised that the "social field" or context in which the soldier found himself was imperative to

his recovery. Structures and activities of traditional psychiatric care were identified as perpetuating symptoms of neurosis by focusing on the individual and their personal problems, consequently promoting dependency and low morale. Their experimental method utilised group "forces" and tasked the soldier patients to work together and take on responsibility for their unit's recovery.

“it is now one of the only NHS-provided inpatient units dedicated to treating severe and life threatening non-psychotic mental disturbance”



After participating in the second Northfield experiment, Dr Tom Main became the Medical Director of the Cassel Hospital in 1946. This civilian hospital had been established in 1919 for treatment of nervous disorders and was using emerging psychoanalytic thinking of that time. Alongside his nursing colleague Doreen Weddell, Dr Main applied social field theory and developed the therapeutic model of the hospital which became known as a therapeutic community. Full participation of all members of the community was demanded in the daily work of the hospital to aim for

the re-socialisation of the patients. The work of the unit involved examining the conflicts which arose within the community and its groups, including the staff groups, and ensuring the anxieties within and between the groups were fully explored and understood through a culture of enquiry. The traditional hierarchy and authoritarian roles of staff were challenged, with nurses no longer considered care givers beholden to doctors' instructions but instead becoming autonomous practitioners whose psycho-social therapeutic relationships with patients were a valued medium for

change. The original hospital, which was vested to the NHS in its inception in 1948, provided places for 104 people. It was a flourishing endeavour, aiming to transform the setting of mental healthcare and recognising the therapeutic value and cost effectiveness of group treatment. Over time the Cassel evolved to extend its treatment to vulnerable family units and to adolescents.

“Despite good therapeutic outcomes and generations of enthusiastic and committed patients and staff, the Cassel Hospital remains an outlier”

Despite good therapeutic outcomes and generations of enthusiastic and committed patients and staff, the Cassel Hospital remains an outlier. Withdrawal of funding resulted in the closure of the Adolescent unit in 2007 and the Families Unit in 2011, whilst its historical contemporary

and fellow NHS-provided therapeutic community, Henderson Hospital, closed in 2008. Mainstream mental health inpatient services, meanwhile, seem to have implemented little of the learning from the therapeutic community movement.

A recent report, published by HSSIB, highlighted the ongoing struggle of NHS and private sector mental health units to provide the basics of a therapeutic environment for people suffering from symptoms of mental ill health. The importance of the relational and physical environment for people’s capacity to recover is no longer considered a revolutionary concept, yet the report articulated the apparent conflict between the purpose and primary aim of the mental health inpatient system and those of the individuals, both patients and staff, working within it. The health system’s motivations and energies focus on the unit being the “least dangerous” rather than “most therapeutic”, contrary to the explicit reasons for its existence and the reasons people seek help and are motivated to work there. The report highlights how this mismatch is underpinned by factors such as poorly trained, inexperienced staff and non-therapeutic work activities such as “observation”, control and restraint,

seclusion, and an overvaluation of medication. Ironically and predictably, the focus on “safety” often leads to an escalation of violence, poor retention of staff and increased use of medication; an ineffective and expensive vicious cycle. It is also the case that much of this work is delegated, at great expense, to private providers where patients spend excessive periods of their lives in restrictive and non-therapeutic placements (BIGSPD report).

Despite intense pressure from the system to conform, the therapeutic community model continues to be vital to the work of the Cassel Hospital. Today, the hospital consists of a 16-bedded inpatient unit offering a nine-month treatment programme and the Cassel Outreach Service offering two years of outpatient, community-based treatment. People referred for self-harming and suicidal behaviours are typically people who have withdrawn and become isolated from ordinary everyday life, struggling with conflictual and insecure relationships. A significant number suffer from physical health problems too, often the case in those who have experienced relational and complex trauma. Frequently, these troubles have been compounded and exacerbated by several cycles through mainstream inpatient units.

“...the therapeutic community model continues to be vital to the work of the Cassel Hospital”

The Cassel therapeutic community is based in an open setting where doors are unlocked and staff and patients together are responsible for the work of the day. Knives and scissors reside in the kitchen and patients are responsible for the shopping, cooking and maintenance of their environment. Every morning, staff and inpatients meet for “Firm”, the community meeting which attends to the issues of the day, both practical and emotional. In spite of their challenges, once in treatment at the Cassel, the functioning aspects of the patient and the patient group are prioritised, and the day-to-day running of the community relies on this. Both the inpatient and outpatient treatments depend on the members of the communities working together, and in order to make this possible, tensions and conflicts between members and groups are examined in reflective groups. Staff and patients alike therefore develop more understanding of their styles of relating

and of group dynamics, learning together from these experiences and developing their sense of agency. The inpatient unit also provides individual psychoanalytic treatment and group psychotherapy, while the outpatient treatment is solely group-based. It does not claim to be curative for all, but audits and research demonstrate statistically significant reductions in borderline symptomatology, improved social functioning and reduced crisis team and inpatient acute bed usage. The Cassel Hospital has a very stable and experienced staff team, testament to this way of working, while patient testimonies such as this one frequently highlight the challenging but beneficial environment:

“The past 9 months at the Cassel have been absolutely life changing for me. I had been living in an alternate reality so long that I forgot how to act, to eat, sleep, wake up, cook and even clean. It’s been an absolute rollercoaster but I’m in a much better state of mind now than I’ve ever been before; I’ve learned ways of functioning that I wouldn’t ever have learned otherwise” (Patient quote, 2020).

As we continue this work, we find ourselves trying to build on and preserve the learning of the past while facing the realities of the present. In this sense, the

task of keeping the Cassel going mirrors the internal work that patients and staff do together, where a focus on reality and the future is balanced with a reflective attitude that honours past experience and inherent strengths.

For more information or to make a referral, visit: www.westlondon.nhs.uk/cassel-hospital

Dr Kimberley Barlow is a consultant psychiatrist in medical psychotherapy and Clinical Lead of the Cassel Hospital. She has worked in the Cassel Outreach Service since 2016.

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HOWDEN

Practice

Manchester Conference - Reveries: Dreaming Across the Lifecycle

Antony Williams

The Manchester Conference 2024, themed *Reveries: Dreaming Across the Lifecycle*, was a rich gathering of psychoanalytic thought, bringing together diverse voices to reflect on the vital role of dreams in shaping human experience. This one-day event offered attendees a chance to immerse themselves in discussions about dreams, from their origins in experiences of infancy to their transformative potential in adulthood.

Veronica Gore opened the conference with a thoughtful introduction, setting the tone for a day of rich exploration. Her remarks emphasised the significance of dreams as a bridge between the conscious and the unconscious, a space where the mind weaves meaning and finds resolution.

The day's first presentation, 'Dreaming the World and Mind into Being' by Dr

Alexandra de Rementeria provided a robust theoretical framework for understanding the function of dreams. Dr De Rementeria built on Bion's seminal work, exploring dreams as mechanisms for maintaining psychological equilibrium. Freud's insights into dreaming as a tool to preserve sleep and offer the illusion of fulfilment were revisited, shedding light on the intricate interplay between the conscious and unconscious aspects of the human mind.

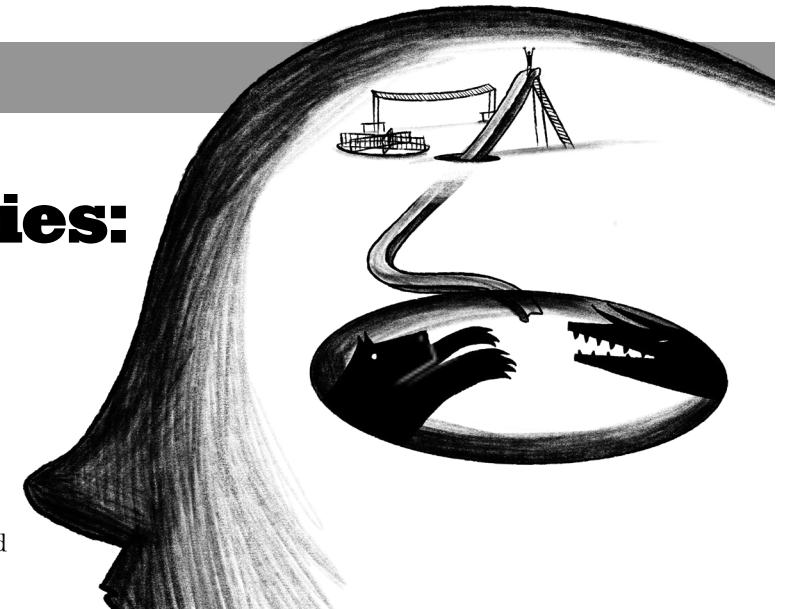
Dr De Rementeria's presentation seamlessly transitioned into a compelling case study that drew heavily on Winnicott's theory of primary maternal preoccupation. The presentation illuminated the concept of a shared dreaming state, richly illustrating the central theme of the day. The presentation also prompted questions about adolescence, a period marked by intense

internal conflict and transformation. Vivid clinical vignettes illustrated how children of various ages use dreams to process their reality. From the raw emotions of infancy to the delicate task of sublimation in older children, dreams were shown to be a crucial tool for integrating life's complexities.

One particularly poignant example featured a teacher working with children affected by a police raid. The teacher created a sanctuary where the children could process their trauma, highlighting the importance of a safe space for facilitating emotional expression. Creating such a space made it possible for the adults to experience and bear the projections of the children's unmanageable experiences and hence offer a space for dreaming.

Following the first presentation, Dr Catalina Bronstein delivered an impactful presentation titled 'I Am Worried I Am Doomed: On Dreams and the Fear of Death in Adolescence.' Drawing on Freud's Dora case, she revisited the complexities of working with adolescent patients, where neurotic symptoms often intertwine with unresolved conflicts.

Adolescence, as Dr Bronstein emphasised, is a time of profound change, where the body's physical maturation demands psychological integration. This process often triggers fears of loss and separation, as well as anxieties about the body's unpredictable nature. Dr Bronstein framed dreams as a vital space for



adolescents to explore and resolve these anxieties.

A case study presented by Dr Bronstein provided an opportunity to follow rich clinical material that exemplified the value of working with adolescents and of interpreting dreams within the transference, underscoring the dual nature of adolescence as both a period of growth and regression. Her insights into the therapeutic process illuminated the delicate balance required to support young people as they navigate this tumultuous stage.

After a lively and restorative lunch, where delegates connected over shared ideas and a variety of delicious food options, the afternoon sessions began with Leon Kleimberg's presentation, 'Changing Through Dreams: A Clinical Experience', which focused on the transformative potential of dreams, describing them as a "playground" for unconscious emotional processes.

Dreams, he explained, are a compromise formation – a delicate negotiation between conflicting internal drives. They allow for the reorganisation of internal object representations, facilitating psychological growth and healing. Kleimberg presented detailed case studies that demonstrated how dreams can unlock

new possibilities for understanding and change. He spoke about recurring dreams and how they symbolise internal conflict. His presentation emphasised the analyst's active role in fostering a space where dreams can emerge and be understood, highlighting the collaborative nature of the therapeutic process. He suggested through his work that careful exploration and interpretation can achieve profound shifts in perspective.

The final presentation, 'Dreaming the Social: Exploring the Unconscious Dynamics of the Collective' by Ali Zarbafi, expanded the day's focus from individual experiences to the collective. Drawing on the morning's social dreaming matrix, Zarbafi explored how dreams reflect the social and cultural contexts in which they arise. Dreams, he argued, are not isolated phenomena but are deeply embedded in their environments. This perspective opened a fascinating discussion about how collective dreaming processes can reveal shared anxieties, desires, and dynamics. Moments of resonance within the audience during Zarbafi's presentation brought this concept to life, as the room seemed to echo the themes of interconnectedness and shared experience from a variety of perspectives.

The conference concluded with a plenary session, where the day's speakers reconvened to reflect on the themes that had emerged. This final discussion was as rich and engaging as the presentations themselves, with delegates sharing their appreciation for the opportunity to delve deeply into the world of dreams.

What stood out most was the sense of continuity that dreams provide across the lifecycle. From infancy to adolescence and adulthood, dreams serve as a vital thread, weaving together our experiences and offering insight into our inner worlds.

Special thanks are due to the MPDT trustees, whose thoughtful planning and hospitality made this event such a success. The hybrid format was executed flawlessly, allowing online and in-person participants to engage equally in the day's discussions.

“Dreams, in their elusive beauty, offer a space for transformation, connection, and healing”

Reflecting on the day, I was struck by the

profound impact of dreams – not only as a subject of psychoanalytic enquiry, but as a mirror of the human condition. Dreams, in their elusive beauty, offer a space for transformation, connection, and healing.

The MPDT Conference 2024 reminded us of the power of psychoanalytic thinking to illuminate these experiences and left me feeling both professionally and emotionally renewed. For those inspired by this event, visit mpdt.org.uk to join the mailing list and stay informed about future conferences and webinars.

Antony Williams is a psychoanalyst in private practice in South Yorkshire. He trained at the Institute of Psychoanalysis and holds honorary senior lecturer status at the University of Sheffield, where he contributed to the training of educational psychologists for many years. He is interested in promoting the value of psychoanalytic thinking, particularly in informing an understanding of growth and development across the lifespan.

Review

Film review: *A Real Pain* by Jesse Eisenberg

Emmanuelle Smith

Writing on the subject of “memorialising” in the arts, Stephen Frosh (2019) asks: “How could we speak of the Holocaust without falsifying it, without demanding an inheritance that was not actually our own... How are we to get the tone right; how are we to strike the balance between identification with this suffering and taking it over so that it loses its specificity and hence its meaning?” (p. 177).

A Real Pain is writer-director-actor Jesse Eisenberg’s answer to these questions, in the form of a 90-minute tragicomedy.

The film follows two Jewish American cousins, David and Benji Kaplan (Eisenberg and Kieran Culkin respectively) on a trip to Poland to see the birthplace of their Holocaust-survivor grandmother Dory, who has left them

money in her will for this purpose.

We are introduced to the men separately: David, anxiously rushing to the airport and leaving frenzied voicemails for his cousin to check he is on the way. And Benji, who it turns out has been there for hours, because airports “open super early” and “you meet the craziest people here”.

The dynamic and contrast between the cousins – David a high-achieving, neurotic dad and husband; Benji a charismatic, troubled stoner – is apparent from the very start. Although they are the same age and grew up close, Benji appears suspended in adolescence; David prematurely middle-aged.

In Poland, the cousins join a Jewish heritage tour group led by James (perfectly played by Will Sharpe), an English gentile “scholar of Eastern



European studies at Oxford” who is “obsessed with the Jewish experience”. The rest of the group comprises Marcia (Jennifer Grey), a recently divorced woman whose late mother “survived the camps but literally never spoke about it”; retired couple Diane and Mark, Ashkenazi Jews not descended from survivors and who describe themselves as “boring”; and Eloge (Kurt Egyiawan), a survivor of the Rwandan genocide who now lives in Canada and is Jewish. The character of

Eloge, based on Eisenberg’s real-life friend Eloge Butera, is the most well-rounded of the five. He has personally survived genocide and experienced migration, unlike the second and third generation survivors in the group. And he is also the only character who invokes his Judaism in terms of spirituality and observance, when he tells David about keeping Shabbat: “It’s meditative, it gives me a chance to unwind, to refocus... I think it would really benefit you.”

We see glimpses of the others' complexity, but they remain largely peripheral – perhaps representing the cousins' limited interactions with them. David himself is eclipsed by Benji, who effortlessly charms almost everyone he meets.

The group visits sites of historical importance – the monument to the ghetto uprising in Warsaw; the Lublin ghetto; a Jewish cemetery; the concentration camp Majdanek. Under Eisenberg's direction, these scenes (all shot on location) are both funny and desperately sad; irreverent without being disrespectful; moving without being sentimental. Mychal Dymek's cinematography captures the ordinariness and beauty of current-day Poland, juxtaposed with the past the cousins have come to "postmemorise".

Despite the clever, fast-paced dialogue, Eisenberg's writing and direction are both understated; he prefers to show rather than tell. One example of this is at Majdanek, where the camera dwells on each character's face as they slowly walk past the gas chamber. Another is in Lublin, with the device of James narrating a montage of one unremarkable building after another: "The memories of Jewish life are here, but they're hidden around this city, moments trapped in

amber... The only synagogue is a now-defunct second floor office building / A former Yiddish theater / A medical academy building, the site of a former Yeshiva / A former Hebrew printing house."

Culkin is excellent as Benji, exuding a labile energy that goes beyond the screenplay. In a moment Eisenberg has said was unscripted, Benji leaves David to run up to Marcia and asks her: "Why are you walking alone? Are you a big fucking loser?". This is both funny and poignant – hinting at an aloneness that is not only Marcia's, but Benji's too.

Indeed, alongside his apparent social ease and levity, we are shown glimpses of Benji's vulnerability – he frequently snaps rubber bands against one wrist, while the other is permanently concealed by a bandana, hinting at self-harm. Eventually, over a meal at a Jewish restaurant, David reveals to the others that Benji attempted to take his own life six months ago. "How did the product of a thousand fucking miracles overdose on sleeping pills?", David asks in frustration. He comes to life here: "Look where we came from. Look at what happened to our families. Who isn't wrought?... I take a pill for my fucking OCD, I jog, I meditate and I go to work and come home at the end of the day. I

move forward. Because I know my pain is unexceptional, so I don't feel the need to burden everybody with it."

"Look where we came from" is the closest that Eisenberg gets to explicitly naming intergenerational trauma. Yet Benji and David are each haunted in their own diametrically opposed ways: Benji is permeable, with no second skin, and David is disconnected from his feelings. Neither state is satisfactory and nothing is magically resolved emotionally on the trip – although it is intimated that something has at least shifted between the two of them, that some meaning has been made of their experience.

“Look where we came from’ is the closest that Eisenberg gets to explicitly naming intergenerational trauma”

Before returning to the US, the Kaplan cousins say goodbye to the tour group and go on their own personal pilgrimage to Krasnystaw, to see the home their grandmother grew up in. The cinematic

shots of their red taxi driving through stunning Polish countryside to Krasnystaw and back are staggeringly beautiful. They are accompanied musically, like much of the film, by Polish composer Frederic Chopin interpreted by Israeli-Canadian pianist Tsvi Erez.

Sitting in between these to-and-from scenes of epic beauty, the actual visit to the outside of Dory's house, an unprepossessing dwelling now inhabited by an elderly Polish woman, is far more prosaic. And it is precisely in this holding of a tension between the ordinary and extraordinary that Eisenberg rises to the challenge of memorialising.

Emmanuelle Smith is a psychodynamic psychotherapist and Joint Editor-in-Chief (with Noreen Giffney) of New Associations.

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Review

Ways of Knowing: A Review of *Oedipus*

Lydia Prior

“I have never once experienced surprise,” says the blind seer Tiresias in Robert Icke’s *Oedipus*. There is a sense in which he is speaking for us, the audience. The play is a foundational story of Western culture; surely everyone in the theatre knows at least the headlines. For Aristotle, the power of tragedy lay not in surprise but in dramatic irony – the gap between the characters’ knowledge and our own – and the pity and fear this arouses in us. But the expectations of contemporary audiences are different from those of fifth century BCE Athens. Can such a familiar story hold us in thrall when we are used to an endless stream of new content?

In Icke’s hands, with this cast, yes. Of course, what masquerades as new is often the same stuff regurgitated, while there is real art in making the familiar strange. As he demonstrated in his masterful

Oresteia (2015), Icke’s party trick is the translation of mythological narrative into psychological realism in a sleek, contemporary setting. It is dazzling in its completeness, but comes at a cost: the power and strangeness of the myth are sacrificed on the altar of credibility. But what if the point of the Oedipus myth is that it is difficult to believe? In making the unthinkable thinkable, is Icke letting us off the hook?

There is no doubt that note-perfect performances combined with a tight script conjure a mounting sense of dread. Hildegard Bechtler’s set is the all-white, brightly lit headquarters of a political campaign on election night. A digital clock counts down, ostensibly to the announcement of the election result, but we anticipate that zero hour will deliver a different kind of result in the form of Oedipus’s anagnorisis, or moment



of realisation. Themes of seeing versus knowing run through the play in a script which layers irony upon irony, mostly without laying it on too thick. Oedipus's sons cover his eyes as his family assemble for a surprise meal, but he's too clever for them. He thinks he is, like Tiresias, above being surprised. In the title role, Mark Strong is magnetic and convincing as the figurehead of a populist campaign, his face and name adorning Shepard Fairey-style posters. Here is someone who makes things happen, in contrast to the more cautious and thoughtful Creon (Michael Gould).

“Mark Strong is magnetic and convincing as the figurehead of a populist campaign”

Populism is an obvious setting in which to explore notions of truth and authenticity, “fake news” and (self-)mythologising. Icke's script hints at an electorate buying for transparency, egging Oedipus on to reveal more of himself. Strong's is a performance of a performance, a wide-eyed “Who, me?” expression barely

concealing fierce ambition. There is a touch of Lady Macbeth to Jocasta (Lesley Manville) as she urges Oedipus not to pursue the truth. Manville is lively and passionate, brittleness hinting at past trauma. It is in the relationship between these two that Icke's privileging of psychological realism achieves its greatest payoff. The sense of genuine love and attraction is essential to the pathos of the denouement. And when Oedipus waxes lyrical about their erotic connection – “at home inside their body like it is an extension of your own, when you and they embark on creating life together” – it's not just ironic, with their children listening in and groaning in horror. It's also a reminder of the infantile longings inherent in sexuality.

The inclusion of prophecy in a modern setting is a challenge. Creon refers to Tiresias as one of “these people”, evoking cranks and conspiracy theorists in keeping with the febrile political atmosphere. But it is perhaps because of this difficulty that Icke deviates significantly from Sophocles. In the original, Jocasta and her first husband, Laius, are warned that they will have a son who will kill Laius, and this is why baby Oedipus is abandoned. More crucially, Oedipus has already, as a young man, been told that he will kill his father and marry his mother. This is

why he leaves his home and the couple he thinks are his parents, and on this journey he meets an old man (Laius) and murders him. In Icke's version, the first Oedipus and Jocasta hear of this is when Tiresias intrudes, decades after the death of Laius and the marriage of Oedipus and Jocasta. The forewarning of course makes Oedipus's figurative blindness and arrogance much greater. If I were told I would kill my father and marry my mother, we think, I would make sure not to kill any older men or marry an older woman. But the human capacity to not know inconvenient truths is staggering, and this itself may be an inconvenient truth that Icke has watered down by changing the story. Climate change, war, torture, and the election of criminals to the highest offices of state are all examples of this capacity writ large, while ordinary lives are woven through with more personal instances of wilful ignorance, not to mention the healthy degree of repression necessary to make daily existence tolerable. One effect of Icke's departure from Sophocles is that the moral becomes more “It doesn't do to go poking into the truth,” and less “It is through seeking to evade our fate that we are likely to encounter it.”

In another important deviation from the original, Icke has Jocasta reveal that Laius

was a paedophile who groomed and raped her, leading her to become pregnant with Oedipus. Thus, Oedipus's killing of Laius makes him her saviour, albeit unwittingly. Added to this, Laius's death in this version is an accident caused by youthful recklessness rather than a deliberate killing in self-defence as in the original. Icke's Oedipus is more heroic in the contemporary sense, and certainly more relatable, but is a less complex character than in Sophocles, where a history of violence hides beneath a statesmanlike exterior.

For Tiresias, knowledge is a burden, a greater affliction than his blindness. To the extent that we enjoy watching the drama unfold, we the audience are more like Oedipus before his undoing – comfortable in the feeling that we are the ones who know. But if we are to take anything from the play, it is that needing to be in the know may be a very good way to end up in the dark.

Lydia Prior is a psychodynamic psychotherapist in private practice in East London.

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