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Rethinking our approach to sexualities

By Juliet Newbigin

IN THIS ISSUE of *New Associations* we hope to introduce you to some of the work of the BPC's task group which was set up to consider ways of making the profession more open and welcoming to gay, lesbian and bisexual people. I imagine that some readers will wonder why this was necessary. The ban on acceptance of gay and lesbian candidates for psychoanalytic training on the grounds of their sexual orientation is surely a thing of the past? All member organisations are now bound by the Equality Act, and have signed up to the Position Statement that the BPC adopted in 2012, which stated that:

> The British Psychoanalytic Council opposes discrimination on the basis of sexual orientation. It does not accept that a homosexual orientation is evidence of disturbance of the mind or in development.

Might this be another symptom of the unstoppable march of political correctness, which will lead to an intrusive policing of psychoanalytic training organisations?

So why do we need for a task group for this purpose? It has frequently been pointed out that the members of the psychoanalytic community in the UK are an exclusive group – white, middle-class and often financially secure – and that this is reflected in the profession's dominant values and assumptions. One of the consequences of this exclusivity has been a lack of curiosity about the impact of social differences in the therapeutic setting. A previous issue of *New Associations* (Issue 12, 2013) that dealt with issues of culture and ethnicity argued that the psychological impact of cultural difference has always been conspicuously overlooked as a serious subject of study in psychoanalytic and psychotherapy training, and resistance to changing this continues. However, the absence of familiarity with the LGBT (lesbian, gay, bisexual, transgender) community is of a different order, because of the position that psychoanalysis has taken on sexual diversity until relatively recently. Since psychoanalysis became established in Britain, gay men and lesbians who applied to train were refused entry, except in a very few instances where individuals were 'very discreet'.[1] This bar to training was not an expression of an interviewer's personal bias, but arose from the theoretical understanding that a homosexual orientation was evidence of pathology or arrested development. Heterosexuality was not simply seen as the norm, but as an expression of psychological health. Homosexual acts were considered, after all, criminal until 1967.

Nowadays, society has come a long way towards an acceptance of sexual diversity, but although attitudes of most members of the BPC have moved on, training programmes in psychoanalytic theory tend to be conservative. It is still not clear how much serious questioning of these earlier attitudes has taken place, and what views are being reflected in the teaching. And, because of the years of exclusion, recent gay and lesbian recruits are not yet making an impact at senior levels. Members of the task group suspect that few clinicians engaged in interviewing candidates or supervising and analysing trainees have any idea how deep the lingering suspicion about psychoanalysis runs in the LGBT community.

Research into the attitudes of psychotherapists – members of the BPC in 2001 and a wider cohort in 2009[2] – indicated that a substantial percentage of respondents believed that a patient's sexual orientation could usefully be changed to heterosexuality if he or she reported unhappiness at finding themselves gay, lesbian or bisexual. Only this year, after discussion with all the main bodies involved in providing counselling and psychotherapy to the public, the Department of Health has found it necessary to launch a Memorandum of Understanding, signed by all providers, warning the public about the dangers of 'Conversion Therapy' – offering to 'restore' a patient to heterosexual functioning.[3] This document points out that there is no evidence that such therapy works, but plenty of evidence that it increases the patient's unhappiness. For all these reasons the BPC Executive felt that something further needed to be done to create a greater sense of openness and awareness of the issues involved in dealing with sexual diversity including, perhaps, explicit recognition of the suffering that the psychoanalytic stance has caused in the past.

'Heterosexuality was seen as an expression of psychological health.'

The psychoanalytic community in the USA went through a bitter struggle in the 1970s about the way psychoanalysis theorised sexual orientation, far beyond anything that we have experienced in the UK. Not only were their psychoanalytic theorists among the most conservative on the subject – Bergler, Rado, Ovesey, Socarides for example – but the gay and lesbian community in the US, which had become a highly effective organised political force after the Stonewall Riots in 1969, mounted a strenuous opposition to their views.[4] But when the American Psychiatric Association voted in December 1973 to remove homosexuality from the psychiatric disorders listed in the DSMIII, some psychoanalytic members fought against this change, and forced a referendum of the entire membership of the APA. Although the decision was upheld by a majority of 58%, the rebels continued to argue against it, and gay and lesbian candidates were still being refused admission to train in most psychoanalytic institutes throughout the 1980s.

Finally, in 1991, in response to a lawsuit, the American Psychoanalytic Association adopted an Equal Opportunities policy on admissions to training and issued its historic Position Statement, updating it the following year to cover recruitment of teaching staff and training analysts. APsaA also set up a system of committees to identify and address bias affecting gay and lesbian issues in their member institutions.[5]

Although this was a painful process, it forced a wide discussion of a kind that has never occurred in the UK, except, perhaps, for a brief moment when Charles Socarides, the American psychoanalyst who never abandoned his view that homosexuality was a borderline condition, was invited by the Association for Psychoanalytic Psychotherapy in the NHS to give the annual lecture in 1995. This provoked an effective protest and a Letter of Concern, signed by a substantial number of clinicians seeking to engage a debate of the kind that had happened in the US. But until recently British psychoanalysis and psychotherapy have made no collective statement of a change in policy like APsaA's Position Statement.

One of the reasons for this silence has been a reluctance to subject psychoanalytic ideas about sexual development and sexual health to close questioning. In the UK, having survived the intense conflict over theoretical differences that led to the Controversial Discussions,[6] the British Psychoanalytical Society and those psychotherapy institutes

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whose training was closely connected with it have concentrated on preserving the connections within the analytic 'family', rather than open up divisive arguments again. In addition, psychoanalysis in the UK, while it developed alongside psychiatry and social care, was not initially accepted as a subject of study in universities.

'There has been a reluctance to subject psychoanalytic ideas about sexual development to close questioning.'

Freud, a doctor and neuroscientist, had worked hard to establish the scientific claims of his nascent discipline. In his New Introductory Lectures, in 1932, he gave a talk entitled 'A Weltanschauung?',[7] defending the scientific status of psychoanalysis against the charge that it was just a comprehensive system of beliefs, like a religion or a political ideology. But academics in the English speaking world, steeped in the empirical requirements of logical positivism, made virulent attacks on these scientific claims. Their hostility encouraged psychoanalysts and analytic therapists to turn inwards, to make special claims for their knowledge base, and to resist demands for empirical evidence to support their method. In training I was not invited to question the status of psychoanalytic knowledge – to ask how we know what we think we know and how we understand the aims of our treatment.

In the USA, the controversy that forced a revision of psychoanalytic theorising of homosexuality, far from demonstrating the destructive effects of political correctness, has opened the profession up to a new generation of energetic recruits who have brought with them a questioning approach to the discipline. This has involved a thorough-going discussion about the philosophical basis of psychoanalytic knowledge, taking in the post-modern turn towards Continental theorists of subjectivity, such as Husserl and Heidegger. The new generation of thinkers look beyond Freud for their inspiration, and open up philosophical questions about how the truth of a psychoanalytic session emerges and becomes known to both participants, drawing on hermeneutic thinkers such as Gadamer and Ricoeur. They tend to be more inclusive in their approach, taking an interest in all forms of psychoanalytic development since Freud, including Lacanian ideas. The insight that the clinician inevitably constructs a view of the patient's internal world through the prism of his or her own biases has given impetus to thinkers such as Stephen Mitchell, Robert Stolorow and Jessica Benjamin, who have been influential in the development of relational and intersubjective theories of psychoanalytic practice. This insight has illuminated the socio-cultural assumptions that are embedded in traditional psychoanalytic theories, as feminists have argued for many years, in response to Freud's view of female sexuality and the concept of penis-envy, and this inevitably leads towards a critique of psychoanalytic thinking about sexual and gender identity, and theories of child development.

Our task group would like to contribute to a reappraisal of theory, both psychoanalytic and post-Jungian, in our own societies. In fact, the BPC's initiative in setting up these task groups is attempting to kick-start such a process. In the last edition of *New Associations* Otto Kernberg[8] argued for an opening up of the closed circle of training in psychoanalytic institutes. The development of Mentalization Based Therapy and list of CORE competencies 'required to deliver effective psychoanalytic therapy' defined by Lemma et al.[9] rest on the identification of aspects of psychoanalytically-informed treatment that can be evaluated empirically. Jeremy Holmes, in his recent *BJP* article, awarded the Rozsika Parker Prize,[10] argued that we should be more rigorous in differentiating these aspects of theory from what he calls 'heuristics', the concepts drawn on in psychoanalytic therapy, that cannot be empirically demonstrated to be true, but have proved useful in treating the patient – the Oedipus Complex would fall into this category. Therapy would not, in this light, be understood to be the therapist's uncovering the 'truth' about the patient, but rather as a process in which therapist and patient are engaged together on a project of narrativity 'in which the patient is both the actor and the critic of a history which he is at first unable to recount.'[11]

The proposals that our task group presented to the BPC's Strategy Conference included the promotion of CPD events and training seminars that introduce a more questioning approach to psychoanalytic and post-Jungian thinking on sexuality and gender, one that offers a critique of the traditional theories and disrupts the assumption that heterosexuality is the 'natural' expression of human sexuality. To this end, with the help of Wayne Full, a member of the task group, we have devised a bibliography on LGBT issues, which is now available on the BPC website.[12] We also proposed that the BPC Ethics Committee should include someone familiar with the Equality Act, who could advise the BPC on compliance.

We also recommended the appointment of a training 'ombudsman', drawn from outside the membership of MIs, as an initial point of contact for trainees who were experiencing difficulties in their training.

And lastly, we proposed that the BPC initiate contact between senior members of MIs and organisations that advocate on behalf of the LGBT community, such as Stonewall, PACE and Pink Therapy. We felt that the psychoanalytic community should explore the possibility of making links with these bodies, in order to lay to rest, finally, the history of misrepresentation of gay men and lesbians that psychoanalysis has promoted in the past. We were troubled by the fact that our remit did not include the 'T' – the transgender/transsexual population – and feels strongly that this is something that the psychoanalytic community of the BPC needs to address. We believe that there is creative thinking about psychoanalytic approaches to sexuality and gender taking place in the universities, among registrants of UKCP organisations, and in bodies representing the interests of the LGBT community. It is high time we looked beyond our own borders, to open up a dialogue with the outside world ■

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The members of the task group were: Daniel Anderson, Karen Ciclitira, Wayne Full, Giorgio Giaccardi, William Halton, Leezah Hertzmann, Simon Imrie, Maggie Murray, Juliet Newbigin (Chair), David Richards and Marion Schoenfeld. This group is laying the foundations of the standing Advisory Group, which can be consulted by the BPC on matters concerning the LGBT community

References

1. The words of a member of the Institute of Psychoanalysis, quoted by M.L. Ellis (1993) in 'Lesbians, Gay Men and Psychoanalytic Training', *Free Associations*, Vol 4, Part 4, No. 32

2. Bartlett, A., King, M., Phillips, P. (2001): Straight Talking: an investigation of the attitudes and practice of psychoanalysts and psychotherapists in relation to gays and lesbians. *British Journal of Psychiatry*, 179, 545-549, and Bartlett, A., Smith, G., King, M., (2009): The Response of Mental Health Professionals to Clients Seeking Help to Change or Redirect Same-Sex Sexual Orientation. *BMC Psychiatry*, Vol. 9, No. 1

3. Memorandum of Understanding on Conversion Therapy in the UK: at www.psychotherapy.org.uk/UKCP_Documents/policy/MoU-conversiontherapy.pdf

4. Bronski, M. (2011): *A Queer History of the United States.* Boston, Mass.: Beacon Press

5. Drescher, J. (2008) A History of Homosexuality and Organised Psychoanalysis, *J. Amer. Acad. Psychoanal.*, 36: 443-460; Lewes, K. (1995): *Psychoanalysis and Male Homosexuality*, Northvale, N.J., Jason Aronson Inc.

6. King, P. & Steiner, R. (1991): *The Freud Klein Controversies 1941-45*. New Library of Psychoanalysis Series. London. Routledge.

7. Freud, S. (1933 [1932]): On the Question of a Weltanschauung. New Introductory Lectures on Psycho-Analysis, XXXV. S.E. 22: 158-182

8. Kernberg, O. (2014): Innovation in Psychoanalytic Education. *New Associations*, Issue 16, Autumn 2014

9. Lemma, A., Roth A., Pilling, S. (2010): The competencies required to deliver effective psychoanalytic psychotherapy. Available from: www.ucl.ac.uk/clinical psychology/CORE

10. Holmes, J. (2014): 'Chaos Through a Veil of Order': The Dialectic of Theory and Spontaneity in Psychoanalytic Work. *British Journal of Psychotherapy*, November 2014. Vol.30:4

11. Ricoeur P. (1977). The Question of Proof in Freud's Psychoanalytic Writings. *J. Amer. Psychoanal. Assn.*, 25:835-871

12. See www.bpc.org.uk/bpc-bibliographies-and-task-group-documents (requires login)

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Featured Issue

Same-sex desire through a post-Jungian lens

By Giorgio Giaccardi

HOMOSEXUALITY is a loaded word, scary or offensive to some, an object of fascination or pride to others. It acknowledges a bond between same-sex people that, particularly in the case of men and when sex is involved, has always triggered anxiety and a need for practical regulation or theoretical explanation. It is a relatively recent term (coined less than 150 years ago) that has provided a unifying frame for a range of desires and behaviours previously defined on various grounds across different cultures.

Freud recognised and described his own homosexual feelings, which took the form of a fusional longing and were played out particularly in his relationship with Fliess. He oscillates between embracing them ('I do not share your [Fliess's] contempt for friendship between men'), triumphing over them ('I am pleased with the greater independence that results from my having overcome my homosexuality'), only to subsequently fall back into new doubts ('There is some piece of unruly homosexual feelings at the root of the matter' – the matter being his fainting in Munich during a discussion with Jung). His theoretical edifice accounts both for the recognition of a homosexual current in each individual, and for the aspiration to overcome it in mature sexual life.

Jung was just as straightforward in acknowledging his own homosexual feelings when writing to Freud, towards whom he admits feeling 'an undeniable erotic undertone', but he was less ready than Freud to engage with those 'abominable feelings', due to the profound anxiety that the possibility of intimacy with men aroused in him. He understood his fears around being 'hampered' by closeness with men as related to a sexual assault he suffered as a boy by a man, and refers to homoerotic feelings in terms of disgust, sentimentality, banality and other various defensive language. Fear of homosexuality, which Jung defines as the greatest source of resistance in men, significantly contributed to shaping various aspects of Jung's attitude to Freud: idealising, apologetic, wary, withholding.

And yet, in spite of his defensive prejudices, key aspects of Jung's psychology, if critically reviewed, help pursue a creative understanding of same-sex desire as distinct from the perspective offered by the psychoanalytic notion of bisexuality.

'Jung promoted a view of personal development based "on how and not on what one loves."'

Jung developed a notion of contrasexuality that allows for some fluidity when compared to the more static organisation of desire implied in the Oedipal resolution. Contrasexuality means that every woman has an unconscious masculine side (animus) and vice versa (anima in men) and that psychological development entails integration of one's contrasexual aspects, representing bridges to the unconscious. In Jung's time this was no ordinary claim.

If we were to simplify we could say that whereas Freud's focus was on the object choice that both limits and holds together one's various dispositions, Jung addressed the subject and the function that erotic desire plays in one's development, which he explored through the notions of animus and anima. Jung promoted a view of personal development based 'on how and not on what one loves.'

Also, while Freud's theory concerning organisation of desire is static after Oedipus resolution, Jung claimed that spontaneous and late changes in life are seen as possible. Psychic energy, or libido, is seen by Jung as a dynamic and polivalent unity that can shift from homosexual to heterosexual investments and vice versa – at least in theory, as in fact Jung only referred to cases in which he saw homosexuality as a misunderstanding of an otherwise appropriate need, or in which it had a purely regressive function. Whereas Jung's theory of libido grants the subject mobility of cathexes (and object choices) throughout a lifetime, his notion of contrasexuality, which conflates biological sex, gender roles and sexual orientation, is embedded in essentialist, binary assumptions that restrict its capacity to fully recognise psychic fluidity,

Besides, Jung only considered two kinds of archetypal foundation for homosexuality. In his psychoanalytic years and for some time after, he regarded it as embedded in a mother complex – in a nutshell, too much mother for the boy and too little for the girl. The gay son's eros is seen as being too loyal to Mother and engulfed by her phallic demand for fidelity, whereas the daughter's eros is wounded by lack of mother and prone to idealising, anger-denying projections onto other women. Later, in his alchemical years, Jung put the archetype of the hermaphrodite at the very heart of his psychological model. From this perspective, homosexuality is seen as premature and incestuous identification with the hermaphrodite, before a fuller differentiation of the masculine and feminine aspects is achieved.

Nonetheless, in the (scant) clinical material he presents, Jung often takes a descriptive, phenomenological approach, aimed at discerning how homosexuality is expressed in an individual's life, and then goes on to examine the effect of this expression on the development of an individual's whole personality. For instance, in 'The love problem of a student' he writes: 'The homosexual relation between an older and a younger man can be of advantage to both sides and have a lasting value. An indispensable condition for the value of such relation is the steadfastness of the friendship and their loyalty to it.' Thus, although he doesn't come to see homosexuality as an option of mature, adult choice, his descriptions of patients with homoerotic feelings is very respectful of their individuality and open to recognising the plurality of subjective meanings.

Jung's theories about homosexuality may then be understood as descriptions of some of the possible pathways, difficulties and opportunities for psychological development within a same-sex organisation of desire. If we take homosexuality as a given, as opposed to considering it aetiologically, we will find ourselves in a more favourable position to explore, for instance, how a gay boy might be specifically affected by an absent father, or by one who has not developed a connection with his anima, or by a narcissistically wounded mother and so forth. All these factors variously at play shape the pathways along which homosexuality will unfold in one's life, the specific psychological problems to be faced as well as the transferential dynamics experienced in the consulting room.

After Jung, the most decisive contribution to a deeper understanding of homosexuality has come from the archetypal school. James Hillman, its initiator, articulated various key points of criticism of both classical and developmental Jungian theory. Firstly, its being spellbound by the mother archetype (rather than the homosexual being so) while neglecting archetypes involving the masculine. Secondly, its being only concerned with the union of opposites rather than with the union of same with same, which he exemplifies with reference to the puer-senex archetype, seen as a pattern of male wholeness, made to split by a certain kind of consciousness incapable of ambivalence. Hillman states that 'the union of opposites – male with female – is not the only union for which we long and is not the only union that redeems. There is also the union of sames, the re-union of the verticals axis, which would heal the split spirit.'

Besides, Hillman has offered an important contribution to the psychological differentiation of eros from lust (an undifferentiated lust for life) through his archetypal exploration of Pan as a representative of the archaic, instinctual

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life, characterised by compulsion and intense energy, and articulated in its various manifestations of panic, masturbation, rape, nightmares and convulsions.

Although Hillman did not examine homosexuality per se, his seminal thinking inaugurated a more complex notion of the desiring subject, whose homoeroticism became embedded in the flesh and in a network of archetypal possibilities more faithful to experience than just the mother complex or the Union of male-female opposites. The subsequent elaboration of some of these ideas by (few) post-Jungians offers a fertile ground for a dialogue with post-modernism and cultural studies and for further theoretical and clinical advancement in this area of psychology. Acknowledging the archetypal specificity of a given human experience helps rescue it from the silencing effect of diagnostics – whether psychiatric or psychoanalytic – and allows a bringing out of its specific connotations.

Rafael Lopez Pedraza, in his study on Hermes (Pan's father), further explored the archetypal foundation of a type of sexual connection between men characterised by the lack of personal intimacy and the relation to fantasies shaped by the physicality of the encounter of desires. This perspective is in line with a deconstructive approach to sexual desire decoupled from romantic or even personal relating and helps to understand a variety of sexual behaviours and choices – particularly within the male gay community. Leo Bersani, from a cultural studies perspective, examines this area of male homosexual practices and understands anonymous sex as a psychological experience in its own right, rather than pathologising it as perversion or lack of relatedness. Sexual practices in this area can be explored in all their psychological richness, as they involve, for instance, a largely ritualised renegotiation of the notions of activity and passivity, control and surrender, strength and weakness, paranoia and trust – in a way which deconstructs, challenges and subverts, at times even ironically, dominant male practices (such as in highly competitive workplaces).

Mitch Walker (like Otto Rank before him from a psychoanalytic perspective) considers homosexuality in the light of the Double, which is the archetype of a relation of particular warmth and closeness with a same-sex person experienced like a soulmate (Achilles and Patroclus for instance). The projection of the double generates homosexual attraction, similarly to the projection of anima and animus for heterosexuals. It is strongly connected to one's sense of identity – and it would be tempting to see this archetype at work in Freud's (only partially reciprocated) attachment to Fliess.

The perspective of the Double stimulates reflections on the issue of sameness and identity for gay and lesbians, on the peculiar conflation between identification and object choice that inherently characterises a homosexual choice, and on the self-enhancing effect of homosexuality on one's psychosexual identity as opposed to a dismissive understanding in terms of pathological narcissism. From this perspective, various manifestations of gay desire – such as for instance cruising within same-sex spaces – are more aptly understood if thought about in terms of a search for a shared identity and a form of community.

As clinicians dealing with same-sex desire, in ourselves as well as in the patients, I suggest that the following orienting questions may ensue from what I have just sketched as a post-Jungian approach to homosexualities:

- How may the power and rawness of archaic sexual drives be contained in human connections, and what responses are gays (particularly) formulating to this problem?
- How is the perception of one's body affected by being desired by someone of the same sex? What particular pleasures and gratification are at play in such situations of identification, recognition and reconnection to one's sexual matrix via a same-sex partner?
- What identifications are available for gays and lesbians that may help them to develop a capacity to desire, given that desire is to an extent the product of a history of identifications?
- Is a particular form of same sex desire generative of aliveness and renewal? Does it generate growth/expansion of the personality? Does it connect to a transcendental (i.e. transpersonal) source of energy?
- Are we and our patients able to maintain a dialectic tension between capacity for symbolisation and openness to actual, embodied experience in the realm of sex and desire?

These perspectives may help increase our capacity as therapists to receive some communications from homosexual patients, to disentangle analysis of gays and lesbians from preconceptions of diminished masculinity and femininity, and to release our thinking from the assumptions of desire rooted in the heterosexual relational model, which has informed the classic object relations theory.

The therapist's alertness may then focus on the capacity of the patient to move flexibly between symbolic and concrete (the alchemical *solve et coagula*) and to hold on to some basic and protective ego boundaries while allowing a different experience of 'relationality' to unfold according to the patient's spontaneous gradient of energy active at any given time ■

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Featured Issue

Queering analysis: sexuality linking group analysis and psychoanalysis

By Daniel Anderson and Wayne Full

FOUNDED BY S.H. Foulkes, group analysis might best be described as a form of psychotherapy 'of the group, by the group including its conductor'.[1] Group analysis recognises that the internal world of individuals is affected by relationships with others, and that our interpersonal relations are based on attachment patterns rooted in early experience. It relies on the idea of an unconscious and that we are first and foremost social beings even as infants. The development of language, and the ever-more articulate expression of symptoms with others, is seen as crucial for progress. The group analyst Morris Nitsun writes about the difficulty of discussing sexuality and gender in a group context, and suggests that a successful group might eventually be seen as the object of desire.[2]

This perspective suggests that sexuality and gender play an important role in influencing group dynamics and structuring group relationships. How might a group experience assist both practitioners and patients in thinking about sexuality and gender? How might issues of sexuality and gender be discussed or understood within the group setting? What happens to sexuality in such a space?

We present abbreviated material from a group analytic session of one of the authors to illustrate some of the issues around sexuality and gender that may 'come out'. In the particular session presented, sexuality and gender identity feature heavily in the material. The group contains six members who identify with various sexual identities and who have varied diagnoses such as social anxiety and depression.

Mr D, who is transgender, starts by speaking about attending the gender reassignment clinic. Reassignment quickly becomes a metaphor for the whole session. Each member becomes concerned about the potential 'reassignment' of his or her own identity. Mr A speaks of becoming a father and his difficulty in fully assuming the responsibilities of this role. The motif of 'father reassignment' assumes a deeper significance, which I link to my presence as father-therapist to the group and what I might represent for the group.

Mr B wonders if he disclosed his own sexuality to the group too quickly because he wanted to please them and me. He reluctantly acknowledges how difficult it is to return to the group this week and to confront what had been a difficult discussion the week before. He wonders if the group members dislike him because of him discussing sex with men.

'Sexuality and gender play an important role in influencing group dynamics and structuring group relationships.'

Mr D describes his fear that the group will become bored of him continually talking about his gender issues. Ms A expresses curiosity about his anatomical transition. She makes many assumptions including that Mr D's ultimate aim must be to have a penis because all men take pride in having a penis. She tries to talk about her sense of sadness that Mr D will never have a 'proper penis'. She speaks about women wanting a penis to have full sexual satisfaction. A discussion ensues over what constitutes proper sexual satisfaction.

I note none of them have ever openly spoken to strangers about sex and sexuality. I wonder what satisfaction would look like in the group. These comments seem to reduce some of the tension in the room. Mr A expresses curiosity about other aspects of Mr D's personality. He feels all other aspects are pushed to the periphery and that Mr D's gender identity seems to define his personality. I suggest that, perhaps, in some ways, this is actually true, as Mr D has spent his entire life thinking about his gender. I, too, am interested in getting to know about the other parts of him and

everyone else. Mr D agrees that he has never had the opportunity to explore other aspects of himself.

The group members struggle to make sense of how issues of sexuality and gender are affecting their relations with one another. I note how much of sexual difference is being located in Mr D by the group. Perhaps they find it easier to discuss sexual difference through him rather than each other? Ms E describes her need for intimate bodily contact and understands this as reflecting something missing from her early childhood experiences with her mother. The group members wonder about how intimate they could become with each other and how this might reflect something they never had or maybe used to have.

Finally, the group discusses sexual power relations and in particular issues of dominance and control. Ms E speaks of her emotional abuse by her ex-husband. I wonder about my power as their therapist in this space. The members appear to be struggling with discussing such intimate material so openly. Maybe they feel I should set some boundaries, and not allow the conversation to overstep their comfort levels. Perhaps they are afraid of how I might 'judge' them, or how they might judge each other.

We present this material and the various reactions from the members to provide a snapshot of how issues of sexuality and gender might be raised and tackled in a group session. The interpretations of the material are not exhaustive but try to convey the sense of a group working hard together to tackle some very complex issues. Where does sexuality and gender divide? What links sexuality to the past? Is it helpful and therapeutic to address these issues, or is it uncaring and traumatic? What does desire look like, and does it matter where it goes? What will happen in the end?

Group analysis, like an individual analysis, has the same historical tendency to approach issues of sex, gender and sexuality from a heteronormative perspective. The idea that a gay or trans member may have to conform to the heteronormative assumptions of the group context is a worrying one. Increasingly, however, psychoanalysis is seeking dialogue with other disciplines and theoretical frameworks. Attempts continue to integrate post-modern literature on sexuality and gender (e.g. gender studies, queer theory) into more conventional psychoanalytic approaches.

Queer theory, in particular, offers the opportunity to interrogate heteronormative discourses about desire. Developed from a background of critical theory and post-structuralism, queer theory challenges heteronormativity and the restrictions it places on our understanding of how desire shapes identity. Queer theorists radically reinterpret how we think about sex, gender and sexuality, and adopt an anti-identity stance. In queer theory, notions such as 'heterosexual' and 'homosexual', 'male' and 'female' are destabilised. Heterosexuality is not a pre-given. All forms of sexuality and gender identity are socially and culturally constructed. Naturalised accounts of being human and of identity formation are reformulated.

Queer theorists recognise that people do not fit neatly into particular sexualised or gendered categories. Queer theorists reject the idea of sexuality and gender identity being singular or fixed. Simple binary thinking (gay versus straight, man versus woman) does not do justice to the complexity of sexuality and gender, and does not take into account the fact that sexuality and gender, in all their forms, are multi-faceted. Opposites should not be theorised as mutually exclusive, but seen to interact with each other in complex ways. Queer theory, then, might be useful for challenging the heteronormative assumptions of group work.

The group analyst Claire Bacha[3] proposes that being a member in a group can itself be seen as a queer experience as it is an attempt to deconstruct identity through dialogue. If this is true, what happens to say a gay or trans identity in a group? If a gay or trans identity is deconstructed within the group setting, then it follows that being gay or trans in a group must result in a queer experience. If a gay or trans member of a group must 'give up' their identity within this process of deconstruction then they are giving it up to a sea of grey unknown identities. The idea of a gay or trans group member abandoning their painfully fought-for identity is a disturbing thought.

Perhaps it is better to think of the task of a group as deconstructing all identities. The group has to construct its own discourse within its own ways of communicating and making sense of the world. If group work is structured by language, then the group has to find its own language, which is inclusive of all identities and does not enforce heteronormative view points. However, if we are to assume a non-norm policy, then how do we create a space for thoughts and feelings to deviate from the norm and how do we also attend to inclusivity? Foulkes said that the group forms the norm from which individual members deviate.[4] Such a statement contains many assumptions of its own and is potentially risky as the majority often represents the norm. That is not a position of equality.

The discussion of sexuality and gender within group work might well be a process which includes naming difference but with the purpose of accepting it. This does not simply mean a toleration of difference but actually an acceptance and desire for difference. Difference within the group context should not be ignored, but embraced and celebrated. Identity could be anything (gay, straight, lesbian, male, female, disabled, black, white) and group analysis will be the richer for being able to tolerate and explore multiple identities.

Desire, however, can represent both destructive and creative aspects for group processes. Social difference highlights aspects of ourselves which are 'Other'. In group work, we come to know those aspects of ourselves that we do not know. These 'other' aspects need work and investigation. An individual may desire to know those 'other' aspects or desire to not know them, and therefore destroy them. The individual may project that difference into others in the group space. By doing so, the individual may be trying to destroy aspects of themselves they cannot accept. What do we give up to make a sexual identification and how do we mourn that loss?

Terms like 'heterosexual', 'homosexual', 'male' and 'female' are multiply determined, and as Chodorow suggests, there are homosexualit(ies) as well as heterosexualities.[5] A group must identify and explore these multiple meanings, which itself is a queering experience pushing each member of the group (as well as the therapist) into new but sometimes uncomfortable positions. We hope the material presented gives some insight into that type of encounter. Such an encounter can be simultaneously exciting, painful, sad, but always allowing for growth and new associations. Groups are very good at creating through the meeting of various minds. Hopefully this article might go some way to queer a reader's experience into these new and perhaps uncomfortable positions, and to come to a fresh understanding of the role of sexuality and gender in group analytic discourses ■

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Wayne Full has an MSc in Theoretical Psychoanalytic Studies from UCL and is currently working towards a PhD in Psychoanalytic Studies, also at UCL. He hopes to train as a psychoanalyst in the future.

References

1. Foulkes, S.H. (1975) *Group Analytic Psychotherapy: Methods and Principles.* London: Karnac.

2. Nitsun M., (2006) *The group as an object of desire: exploring sexuality in group therapy.* London: Routledge.

3. Bacha, C. (2005) Commentary on 'queer theory' by Katherine Watson. *Group Analysis*, 38(1), 81–85.

4. Foulkes, as above.

5. Chodorow, N. (2011). *Individualizing Gender and Sexuality.* London: Routledge.

Featured Issue

‘It might just be the right thing to do’

By Maggie Murray

I AM A MEMBER of the task group looking at sexual diversity, and during its term was also the Chair of a BPC Member Institute. Member Institutes (MIs) are organisations like the BPF, the Tavistock and FPC/WPF Therapy. I often felt quite uncomfortable in this dual position. While it is one thing to make recommendations, it is quite another to put them into practice. The task groups have made recommendations; it is the MIs who may be asked to implement them. Twice I considered leaving the task group, but I remembered the words of a song title and stayed:

> If you can’t ride two horses at once
> Then you should get out of the circus.

So, it is time for the leadership of BPC and its MIs to transform the recommendations of the task groups into policies, training aims and CPD.

This could be a creative opportunity to invigorate our organisations with new clinical and theoretical perspectives – and rigorous, open debate. It could help us re-connect with a cynical outside world that is losing interest in what psychoanalytic ideas and practice can offer – an outside world that includes potential trainees, potential patients and a voting, purse-holding, influential section of the general public with an interest in mental health. Of course we must hold onto and protect the essential bedrock of our psychoanalytic perspective, but in some areas it needs fresh life breathing into it.

Change may also offer a way of doing the right thing, of behaving in an ethical and human way. If we don’t, we may founder.

Not all the recommendations are sensitive or controversial or expensive. On the other hand I cannot imagine that anyone who was involved in the task group discussions, or who plays a part in running an MI, thinks that implementing all of them will be easy. Worthwhile – yes. Easy – no. The MIs are being asked to introduce and deliver possibly disruptive change. In addition we are a hierarchical and split profession. We don’t naturally cooperate or share information. We tend to be parochial, inward looking and closed. BPC’s overall membership of around 1,500 is predominantly white, heterosexual, middle class and well over 50. How can we afford to let this continue in the modern world?

Several of the BPC task groups have highlighted areas to which we, as a community, have turned a jaundiced or a blind eye. These areas are, notably, homosexuality and race. Rather than simply indulge in self-criticism of this we could do something about it. Instead of pointing the finger we could acknowledge past failings and set about change.

‘This could be a creative opportunity to invigorate our organisations with new perspectives.’

Many people outside the psychotherapy world are taken aback to hear that some of us are still embroiled in debate and controversy over issues that have been fought over elsewhere and resolved years ago. Legislation to curb homophobia, racism and other forms of discrimination was enacted in this country decades ago, and it was last extended in the Equalities Act of 2010. I sometimes wonder if most of our members don’t know about the existence of these laws – or perhaps think they don’t apply to them or to their training and professional development organisations. We must make the statutory position clear. If individuals want to challenge it – it is best that they know where they stand.

I realise that I am in sticky territory in talking to psychotherapists and psychoanalysts about ‘acting’, ‘doing something’, ‘taking the lead’. This is usually left to political activists, lawyers or the more public parts of our own personalities. But the time comes…

I suppose that the difference between the world of political activists or lawyers and the world of psychotherapy is that *they* deal largely with discrimination – which is acted out in the external world… and that *we* often deal with prejudice which is internal and frequently unconscious (and not confined to patients or clients, but is also in ourselves).

For a profession that wants to characterise itself as thoughtful, open and exploratory, we have seemed curiously unwilling to think about, for example, homosexualities. In our world far more is written and spoken about ‘projective identification’ than about lesbian, gay, bisexual, intersexual and transgender sexuality put together. Are we not interested? Or are we perhaps still caught up in the old-fashioned minority view that homosexuality and other sexualities are always pathological – not permitted to be thought about.

The prospect of more change in our individual organisations will be exciting to some and daunting to others. Some of the MI leaders and individual members may feel resistant, grumpy or even angry about the amount of work and indeed money that may be required. It certainly was not easy work for the task groups to discuss the contentious issues and formulate recommendations, but it is possible that the MIs will face much greater resistance and conflict in getting them thrashed out in the wider arena of the whole membership and finally put in place. It is the MIs who may feel they have been put in the front line and will have to deliver. It is not our usual way of approaching things – but we have got to do this.

Member Institutes vary in size and remit. This will partly govern which recommendations are appropriate for each of them to put into practice. My own organisation FPC (Foundation for Psychotherapy and Counselling) has responsibility for members’ professional concerns once they have qualified – like ethics, reaccreditation and CPD. We do not run any trainings. The majority of MIs mainly run trainings and provide support to members once they qualify.

The BPC is expecting all MIs to overhaul and broaden their training and CPD priorities. This is a big extra assignment on top of what is being done already, but it gives organisations the possibility to think about what and how they teach or keep their members up to date. If we have to have CPD requirements perhaps it might be better to have more specific requirements for CPD, rather than leaving it to individual choice. Maybe there is a problem about the compulsory ‘requirement’ bit. Members flock to challenging, imaginative events – not for the attendance certificate or because it is compulsory, but because a particular presentation helps them with their clinical practice and thinking in the reality of a complex modern world. Some of the task groups proposals are rooted in that reality.

What Member Institutes need to do

The first thing MIs could be asked to do by the BPC is to take these recommendations and ideas to their own organisation and membership for explanation and discussion. This is best done at all levels of each organisation. It is in the trainings, in supervision and in CPD that new ideas can be considered and incorporated where appropriate. It is therefore essential that we engage with all staff: reception and induction personnel, psychotherapists, trainers, supervisors as well as trainees.

Many organisations are already committed to doing this, but I recognise that the time and energy needed to carry out the work is great. Some MIs employ paid staff, but the majority rely heavily on volunteers to help run them – from Board members to mentors to workshop facilitators.

A number of the BPC task group recommendations could be helpful in saving time and effort, as well as in generating work for our clinics and private practices. Cooperation among us and with outside agencies is one way to go. We could share information and research data – not just ‘borrow it’ from another organisation, but collaborate on it, e.g. collecting non-confidential data about patients from all our clinics and our individual members.

MIs are also invited to consider consulting outside agencies with expertise in subjects like Equal Opportunities. Leezah Hertzmann writes of TCCR's experience with PACE in the next article. Again, this is another departure for organisations like ours. We may fear that we will be misunderstood, criticised or taken for a ride. Actually it may enable us to connect with a greater range and number of potential patients or trainees – as well as comply with the law and do the right thing.

The work our task group undertook was considerable and we were only dealing with one area. The MIs will have to take on board the recommendations and ideas from six groups.

Lest that should begin to feel overwhelming, let me quote Sue Mizen (NHS/Public Sector task group). She wanted to be clear that she felt cautious rather than reluctant about embarking on such a huge amount of work. She suggests we divide the recommendations into three categories:

- Those we must do now (regulatory)
- Those we will do because it is the right thing
- Those we will do when we are ready

Above all we need to bear in mind that when change is in the air there will be conflict. The BPC and the task groups are not about bullying or shaming individuals into agreeing with what they don't accept. There needs to be plenty of room for other views to be heard. We want thoughtful, in-depth discussion that can engage hearts and minds.

In my view, it is the responsibility of leading figures in the MIs to make that possible.

Individual members and organisations can feel that the BPC is simply there to police us and make us toe the line. Julian Lousada has reminded us that Ethics exist in a context; they are not a fundamentalist text. The BPC is not solely a regulatory body dealing with laws and ethical dilemmas. They exist to support and to promote us, not just to regulate us.

Support includes introducing our members to recent thinking, expanded knowledge and fresh insights.

The BPC task groups will provide bibliographies and other forms of information for use in Member Institutions' trainings and CPD. They will also consider offering workshops, seminars and discussion groups on key issues for MIs' training staff, supervisors and therapists.

To end… Do Member Institutes want further information or support in order to consider putting some of these recommendations in place? And what clarifications, if any, are needed? ■

Maggie Murray is a psychoanalytic psychotherapist. She was a member of the homosexuality task group and, until December 2014, was Chair of the Foundation for Psychotherapy and Counselling.

Featured Issue

Aiming for eQuality

By Leezah Hertzmann

THIS IS A SUMMARY of the Sexual Orientations workshop presentation given by Juliet Newbigin and Leezah Hertzmann at the British Psychoanalytic Council Strategy Conference on 29 November 2014. The presentation included a description of the Tavistock Centre for Couple Relationships' (TCCR) journey in the exploration of theory and practice relating to the therapeutic needs of the LGBT community, as well as developing further psychoanalytic thinking and practice in relation to sexualities more widely. As part of TCCR's development, the organisation undertook some external consultation and evaluation by PACE in relation to LGBT inclusivity which is described here. Finally, there is a brief overview of a thought experiment that we asked workshop participants to undertake in order to focus the discussion. Readers may themselves wish to use the table to think about their own MI.

TCCR began to look at LGBT issues and sexuality in greater detail in response to several factors which the organisation needed to pay attention to. Firstly, the 2010 Equality Act became law and this had implications for our organisational procedures, trainings and curricula, therapeutic services, clinical work, staff appointments and much more besides. Secondly, we had received feedback from a number of lesbian and gay couples seeking help for their relationship difficulties who had found aspects of their experience with TCCR unhelpful and where they felt their needs as a same gender couple had not been sufficiently understood. Simultaneously, the heteronormative nature of some aspects of psychoanalytic couple theories was being reconsidered and explored by some of TCCR's staff members. There were renewed and concerted efforts to think about and make use of psychoanalytic theories and therapeutic technique, of both the couple relationship and sexuality more widely, in order that clinicians would become better able to understand the needs of sexual minority couples approaching TCCR for relationship therapy.

TCCR's own journey of development is ongoing, and for the past four and a half years the organisation has committed itself to regular staff meetings specifically focused on LGBT clinical matters, mandatory CPD training for all staff including supervisors and teachers, and updating training curricula to cover both contemporary and classic psychoanalytic texts on sexuality. However, it was not a seamless journey, and what became clear as we continued this work was the need for some external consultation in order to identify blind spots and possible prejudices which may exist and of which, as an organisation, we were unaware. For this process, as well as the work described above, there was managerial and institutional commitment and support, without which these developments and changes could not be realised.

'We had feedback from lesbian and gay couples who had found aspects of their experience with us unhelpful.'

TCCR senior staff approached PACE in early 2012 to undertake external consultation. Along with Stonewall, PACE is London's leading charity promoting the mental health and emotional well-being of the lesbian, gay, bisexual and transgender community. PACE stands for the Project for Advocacy Counselling and Education. Established in 1985 as part of the lesbian and gay centre, PACE was formed by a group of volunteers to provide counselling support to lesbians and gay men who faced discrimination and homophobia. Since 1985 PACE's services have continually developed to encompass work with lesbian, gay and bisexual women, gay and bisexual men, trans people, and those exploring their sexual or gender identities. PACE provides an impressive range of high quality trainings and consultation to organisations including healthcare settings, charities, statutory services across the lifespan, and large corporations.

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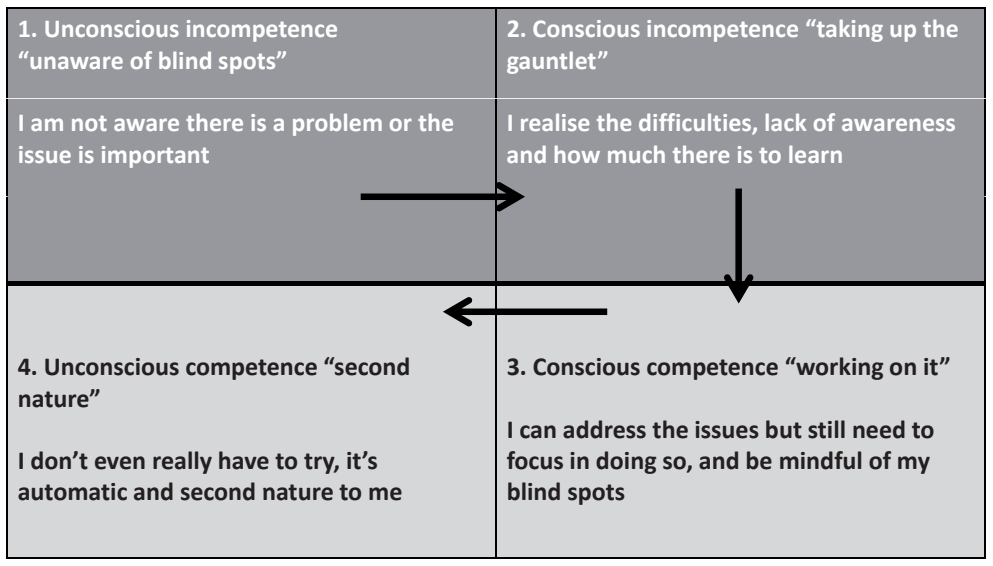


In 2011 PACE was awarded a grant by the Department for Education to work with mainstream relationship support services across England to ensure that the support available to LGBT people is high quality and inclusive. PACE developed a charter mark called *eQuality*. This is a process by which services can measure how LGBT inclusive their organisation is. Alongside the charter mark, PACE published the *eQuality* Almanac which was launched in April 2013 (www.pacehealth.org.uk/resources/publications). It details the work of the *eQuality* project and both the achievements and challenges of the organisations who have worked towards the Charter Mark Award. The framework PACE uses to assess organisations is an adaptation of 'Conscious Competency Theory' widely attributed to W. Lewis Robinson.

This quote from the *eQuality* Almanac summarises the spirit of the way in which PACE undertake consultations informed by this framework:

> Initial assessments of organisations show that whilst excellent services are being offered to clients, 'blind spots' (unconscious incompetence) in understanding mean that staff and volunteers can be unconfident and unsure of how to offer the best service to LGBT clients. Unwittingly, negative assumptions and behaviours impact, sometimes at high cost, on LGBT clients. Once organisations gain a more detailed understanding of the potential issues, such as heteronormativity (society being heterosexually focussed) through training and discussion, they begin to gain the competence and confidence needed to identify what might attract or put LGBT clients off.

PACE staff looked at all aspects of TCCR as an organisation and approached the consultation in a state of mind which was open and facilitative. There was no haranguing or pressure for political correctness and they met us where we were as an organisation.

PACE staff made recommendations about aspects of TCCR's work and where improvements and changes could be made to be more LGBT inclusive. For instance, they looked at the TCCR website and found that whilst there were images of same gender couples which were positive and inclusive, the photos of lesbian couples showed them looking more miserable than the other images of couples. They looked at the language used on the website and TCCR written materials, intake questionnaires and measures, accessibility of training, training curricula and much more besides. Their recommendations for change and the rationale behind these ideas were clearly laid out and were seriously considered. There were some recommendations where it was decided by senior staff that these ideas would not work for us as an organisation and this was something which was discussed and thought about in great detail. At the end of the process, TCCR was awarded a Silver Charter Mark Award which is now on display in our waiting room.

The consultation with PACE and the consequent changes made have resulted in a number of important benefits for the organisation. Firstly, there has been a significant increase in LGBT couples approaching TCCR for therapy across the range of services we offer. There has also been some increase in trainees from the LGBT community. Secondly, there is a more lively and open dialogue about psychoanalytic theory, clinical practice and technique within the organisation and amongst trainees. Thirdly, there has been a great deal of interest in TCCR's recent conferences and study days on sexuality with events being sold out, which perhaps reflects demand within the psychoanalytic community for CPD and training in this area. Lastly, it has facilitated collaboration with other therapeutic organisations seeking to develop their work with the LGBT community.

As part of the presentation at the Strategy Day we asked people to undertake a thought experiment using the following table (below) as a guide. This table identifies various aspects which could be useful to consider in terms of LGBT inclusivity, and reflects some of the issues which were explored by PACE in their consultation to TCCR. Implicit within this is the idea that support, both within one's organisation as well as from the BPC, is necessary in order to effect real change in this area. The task group set up to look at sexual orientations has made some recommendations which hopefully will support MIs to evaluate their own practices and to develop greater inclusivity for LGBT people.

Finally, TCCR would like to join with other psychoanalytic organisations who are making changes, or intending to do so in the area of LGBT inclusivity. TCCR regards this work as a journey begun and which is continuing, rather than something arrived at. There is still much more to do in order to make psychoanalytic trainings and therapeutic services fully inclusive to sexual minorities, alongside the need to use and develop both classical and contemporary psychoanalytic theories of sexualities in clinical work ■

Leezah Hertzmann is senior couple psychoanalytic psychotherapist working at the Tavistock Centre for Couple Relationships (TCCR) and a couple and individual psychoanalytic psychotherapist in private practice. She is Head of TCCR's Parents in Dispute Programmes and with colleagues at the Anna Freud Centre/UCL developed a Mentalization based intervention for parents in entrenched conflict over their children. Leezah has a particular interest in the difficulties faced by lesbian and gay couples and has taught and published in this area.

HOMOSEXUALITY TASK GROUP 29 November 2014	**Where my MI is now in relation to LGBT?**	**Ideas about what my MI needs to do**	**What support does my MI need from the BPC?**
1. Organisational Systems and support: • Policies and procedures – are they LGBT inclusive			
2. Organisational Setting: • First impressions • Accessibility, visibility & inclusivity e.g. website and pictures in the environment			
3. Training and CPD: • Selection and assessment of candidates/trainees • Curricula • Training cases • Supervisor and teacher experience and awareness in this area • CPD in this area			
4. Quality: • How to assess and monitor/audit the above • How much genuine buy-in, changing hearts and minds, is there, rather than tacit agreement? • Openness to external consultation?			

Featured Issue

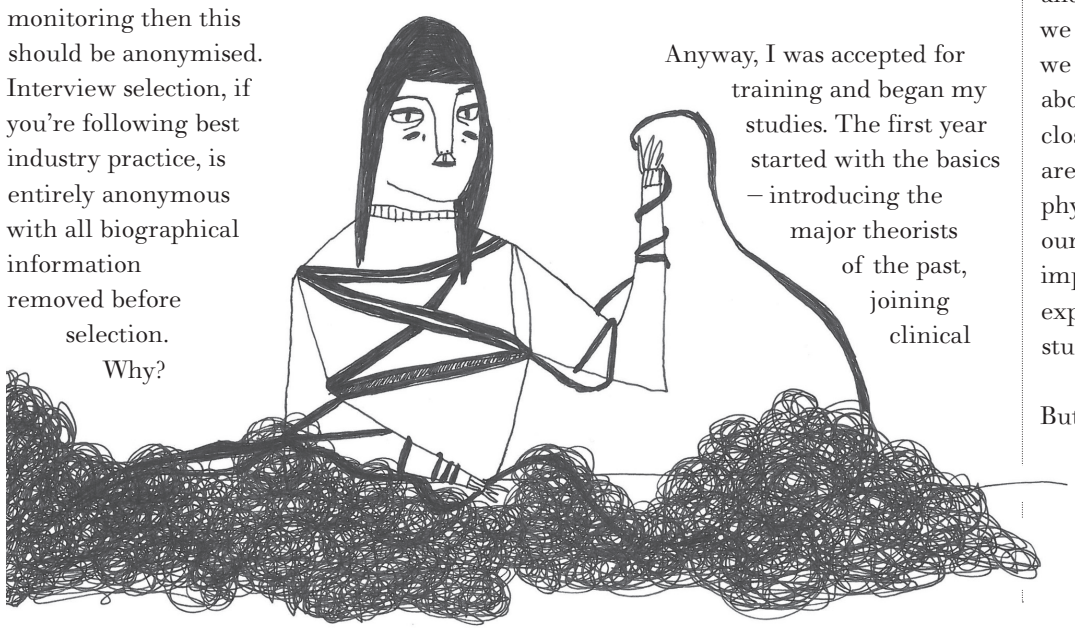
A gay trainee

Anonymous

I'VE BEEN ASKED to write some thoughts as a gay man on my training as a psychotherapist in one of the BPC's Member Institutions. Why, you might ask? Well, perhaps in telling my story that will become clear. This type of training isn't easy – nor should it be. It should and it did make me examine who I am, to think about the phantasies and realities of myself, and that has at times been painful. The school I trained with was excellent in so many ways – academically and clinically top notch, sympathetic and boundaried in its pastoral care and in every sense the 'Transferential Mother' to us trainees!

As a gay trainee, my sexuality and how that aspect of myself manifests in my personality was of intense interest to me. Maybe as a straight, gay, bi, trans, metro, pan, poly or 'a' sexual person it is of interest to you too? I hoped for an opportunity to explore and be challenged during training about what 'gay' means. What sort of unique insights could psychoanalysis, past and present, offer? I'm sad to say 'I'm still waiting'. In fact I have to go further than that. Prejudice is sometimes overt, obvious, in your face, but it's also covert and insidious, and it saddened me to realise my training institution was no different.

So what was my experience? Let's start at the beginning. Applying for a variety of courses from different places meant firstly filling in Application Forms. A variety of formats and questions but amongst other things, this form asked for my sexual orientation so I ticked the 'homosexual' box – but why was that important to know? I'm wary of that question, and the very notion of placing myself in a 'box' has unpleasant connotations. If it's for Equal Opportunities monitoring then this should be anonymised. Interview selection, if you're following best industry practice, is entirely anonymous with all biographical information removed before selection. Why? This ensures transparency so that as little bias or prejudice can enter the process as possible. Why was I being asked to disclose my sexuality in this way? Sure, everyone filled in the same form so everyone is equal – right? Well that's fine if we live in an equal world…



Replies followed to my enquiries, but I'd decided where I wanted to go, so accepted the offer of an interview. The interviewing therapist was very nice, friendly, welcoming, but she wanted to know if I thought my sexuality had caused me any problems. 'Okay,' I thought… She asked how my parents had reacted when I had come out or did they even know? Did I have a partner, and as I didn't, why did I think that was – was I struggling to accept myself? At the time, I tried to answer her as honestly as I could – after all I was training to be a psychotherapist and I wasn't going to learn much if I refused to answer. At the time I thought nothing of her questions; after all she wasn't the first to make this sort of reading of my sexuality. She was also in a powerful position, so the idea of challenging her assumptions would surely have ruined my chances of being accepted. I wonder now if she would have asked questions in this way to all her other interviewees? Did the MI who employed her ask her to pose those questions? Did they check how she conducted her interviews? The answer to those three questions is probably no. I'm not advocating avoidance of potentially sensitive subjects but my interviewer obviously 'knew' my homosexuality was problematic and was determined to communicate that to me. That's not acceptable, and what's worse I don't know what was fed back to the MI as a result of her questions, and so don't know who else knew of and perhaps accepted her pre-judgements about me.

Anyway, I was accepted for training and began my studies. The first year started with the basics – introducing the major theorists of the past, joining clinical supervision, learning techniques of listening and responding – broad themes designed to lay the foundations. The papers were fascinating, and although they did contain often the prejudices of their times this was acknowledged by seminar leaders, and students were encouraged to look beyond this – fair enough.

Year two and the first seminar on the subject of Sexuality is scheduled. Interesting? Yes. Challenging? Yes. 'Perversion' as the predominant theme? Er… Yes. That didn't exactly hit the right note. The first time homosexuality is mentioned overtly and it's presented as pathological. I'm told at the time 'Perversion' isn't meant with the judgemental connotations it has acquired these days but that is beside the point. *Perverse* as a description of sexuality is a negative term with which to describe sexual behaviour, and blindly using it knowing this is obviously going to be misunderstood risks taking the discussion into territory loaded with moral judgements. *Gay* used to mean happy and carefree, but I think we all know that saying 'I'm gay' will not be understood that way anymore. This point was robustly made by other trainees but the following year I was sad to hear exactly the same reading and discussion was had again with the new group of trainees. Why had nothing been changed? Is feedback about the potentially offensive impact of certain papers not valued? A psychodynamic institution should know better. The Seminar leader, apparently endorsed by the MI, knowingly presented homophobic material and did nothing to address the concerns of the trainees exposed to it. Homosexuality is not 'perverse' or 'pathological' and, whilst it would be wrong not to expose trainees to papers written when it was thought of this way, it is wrong to present this without adequate balance. Maybe you don't agree with that and some in my group did not agree, but no time to explore such a divisive idea was scheduled, as next week we move on to the next 'Mental Disorder'.

Year three and a whole term of seminars (ten in total) dedicated to 'Difference', including three on sexuality – some historical papers, some more modern and a lively debate where we finally had a chance to speak about sexuality honestly and frankly. Six hours in four years where we could air and challenge the prejudices we all see on a daily basis, we could think about why sexuality and shame live so close together, why gender and identity are interwoven with who we love, how our physical desires and needs connect with our psyches, how our infant experiences imprinted on our internal world find expression in our sexual desires. Fantastic stuff.

But why is this ringfenced? It might be a step forward from ignoring it entirely but I don't think it's good enough to talk about difference as a 'special subject'. In fact separating people into 'boxes' does nothing more than strengthen a black/white mode of thinking. This is just to split off anxiety and to communicate that difficulties with sexuality reside exclusively in homosexuals, just as racial problems are the sole reserve of non-whites. Homosexuality belongs to everyone regardless of who they love or how they identify themselves. We have all had a homosexual thought in our lives and if we can't connect with that thought, how can we hope to work in the transference with another?

Sexuality is also not confined to nice neat areas of our lives. My homosexuality is in my childhood, it's in my ambitions and dreams, in my significant relationships, in my hobbies and interests, it's in my body, my mind, my soul, it's in my whole life and I don't think I'm unique – I think that whatever you call yourself, whoever you love that is true of you too. So if that is true then Sexuality should be in every seminar – in whatever form or manifestation is relevant at the time but it's not and I ask why? If we split it off in the classroom then how can we hope to integrate it appropriately in our clinical work?

'Sexuality is not confined to nice neat areas of our lives.'

Year four and we had four seminars on different aspects of sexuality, including for the first time ideas about female sexuality – yes, only now were half the population even given a role in sexuality! A broad range of reading from a variety of sources, and a seminar leader willing as they to share their own clinical experience of working with real patients and their sexual lives. Finally a bit of time to really get to grips with the complexity of sexuality. I remember one paper we were given looking at the idea of sexuality as a sort of line, and we all moved about on that line throughout our lives depending on a variety of factors. What a fascinating idea – a far cry from the binary opposite, gay/straight, abnormal/normal model we're so used to. My group seemed to be seized by this idea when we read it but was it discussed again? Were other papers re-read challenging their binary assumptions based on this new idea – what do you think? And that was it – final assessments and… Qualification!

I wonder what you think of my experience and my relating of it. I'd like to know – really I would. I'd also like to hear your story and to use that to inform me better about mine. So my answer to that question, 'Why was I asked to write this?' It is simple. We all need to talk more. Talk about why we ask certain questions of some but not others. Talk about how we say something and what is

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Featured Issue

Pink on the couch

By Wayne Full

It's time to think about surveying the relationship between psychoanalysis and homosexuality

'DON'T LET YOUR sexuality put you off applying for training.' These were the closing words from a senior training therapist at a well-known BPC-affiliated psychoanalytic training institute. We'd been chatting informally for over an hour about my motivation for wanting to become a psychoanalytic psychotherapist, my educational background, my family life, and my interests. I'd been open about being a gay man throughout the meeting and my interviewer had in no way indicated any homophobia. My interviewer was polite, encouraging and engaged in everything I had to say, and expressed a sincere optimism that I would apply for training some time in the future. So, these final remarks were unexpected. I think they were meant in a helpful way: to protect me perhaps, or at least to alert me that there might be trouble ahead. All the same, I was taken aback.

As a teenager who had grown up in a zealous, born-again evangelical Christian household, where being gay excluded me from being a member of the church and where I was reminded regularly that being gay was an abomination, I was devastated to think that psychoanalysis (a new type of saviour for me) might not be accepting of my sexual orientation either. Some preliminary reading indeed confirmed psychoanalysis' muddy history with homosexuality. What did this mean? Would I be allowed to train? Would my training institute of choice accept me? Would other psychoanalytic colleagues view me as someone unwell? How would I deal with this?

A new journey of intellectual self-discovery had been kick-started. I enrolled on the MSc in Theoretical Psychoanalytic Studies at UCL with the intention of using my dissertation as an opportunity to examine the relationship between psychoanalysis and homosexuality in detail. As I perused the literature, it gradually became apparent to me that rather than being outrightly hostile to homosexuality (though there were pockets of hostility), psychoanalysis had adopted a strikingly ambivalent stance. The picture was more complicated and nuanced than it had first appeared from my initial investigations.

Freud's views are clearly inconsistent. In his earliest accounts, Freud describes homosexuality as a sexual deviation in respect to the sexual object; proposes a link with narcissistic identification; and identifies a connection with projective mechanisms. Moreover, Freud posits that a homosexual orientation is linked to difficulties arising during the Oedipal phase of psychosexual development. Yet, in a 1935 letter to an American mother about her son, Freud is clear that he does not consider homosexuality to be an illness or an identity that could or should be changed. Nor did Freud agree with early proposals that homosexuals should be excluded from psychoanalytic training.

As Juliet Newbigin mentions in her lead editorial, the dominant psychoanalytic position in the 1960s and 1970s was to condemn homosexuality as a mental illness. Proponents of this viewpoint (Limentani; Ovesey; Socarides; Bieber; Bergler; Rado) tended to repudiate Freud's notion of a constitutional bisexuality and linked homosexuality with pathological identifications. These theorists and practitioners advocated suggestive-directive approaches that included educative measures; aversion therapy; and active attempts by the analyst to change or reduce the same-sex attraction of their Lesbian, Gay and Bisexual (LGB) patients.

However, from the 1980s onwards, there is a marked increase in revisionist narratives (Barden; Roughton; Shelby; Phillips; Frommer; Drescher; Goldsmith; Isay). These narratives articulate an account of homosexuality as a natural variant of human sexual development. These theorists view suggestive-directive approaches as a deviation from the traditional non-directive neutrality of psychoanalytic treatment and do not view homosexuality as an indicator of psychopathology.

So, does psychoanalysis have a unified theory of homosexuality? From my MSc researches, two distinct positions seem to co-exist. Some practitioners view homosexuality as psychopathology; others separate sexual orientation from mental disorder. Could there be a middle ground? Where supported by robust clinical data and empirical findings from other disciplines, could the contemporary, more affirmative psychoanalytic perspectives be integrated with theoretical and clinical observations from the past? Could we still salvage some perspectives from the pathologisers of the past, if these (of course) contributed something valuable to our understanding of sexual orientation?

'I would urge all to participate, and to answer as honestly as possible.'

My MSc could not answer these questions and so, in 2014, I enrolled on the PhD in Psychoanalytic Studies at UCL to explore this issue in more depth. As part of my PhD, I will this summer launch a Practitioner Attitudes Survey on homosexuality in partnership with the BPC. The aim of the survey is to identify BPC members' and trainees' views, experiences and ways of working with LGB patients, as very little is known about the current perspectives of psychoanalytic practitioners on sexual orientation, despite the fact that psychoanalytic therapy is widely practiced in this country.

The survey is intended as a purely fact-finding mission. I would urge all BPC registrants and trainees to participate, and to answer as honestly as possible. In order for the survey findings to be meaningful, I would encourage potential respondents to avoid giving what they may feel are 'politically correct' responses. It is not my intention to use the survey findings to restrict anyone's clinical practice, or to chastise. It is my hope that the survey findings will be the basis for identifying a middle ground and perhaps building a new, integrative psychoanalytic treatment methodology for LGB patients. I will reassure readers now that completion of the survey will be completely anonymous, analysed independently of the BPC, and no individual identifying data will be collected other than what you are prepared to state. I am optimistic that you will participate in the survey and that you'll provide me with a healthy response rate. In the meantime, I will continue my researches, and my desire to train as a psychoanalytic practitioner remains undiminished ■

Wayne's biography can be found on page 5.

A gay trainee

continued from previous page

communicated unconsciously as a result. Talk about what needs to change and why we feel resistance to it. Talk with each other about all those anxieties, splits and projections we all possess so we can truly understand ourselves and our patients. And while we talk we have to act too.

Our training institutions do an amazing, complex and back-breaking job, as do all psychotherapists if we are serving our patients correctly, but the issues I am raising here have to be attended to. Institutions must actively promote and encourage continual discussion and not just in split-off sections of their courses. This is about both cultural and structural change. Culture is important as so much is unconsciously communicated by how we say things and why we say them, not to mention what's communicated by what we choose not to say. Understanding and actively challenging the prejudices of our cultures can only benefit us. Structure is vital as that sets the limits and boundaries around us – ensuring equality is endlessly pursued even when we would rather not have to think about it. Institutions must examine why, when and how they ask about disclosure of an individual's differences. They must monitor and challenge their staff to ensure assumptions and bias are explored and challenged. They must acknowledge how absent sex and sexuality is from the discussion at present and how this undermines trainees' ability to respond to their patients' needs. Maybe I'm asking for Utopia… great – let's aim for that.

One small example: I read Freud's 'Three essays' at least five times on my course – why? Freud is incredible, but five times incredible? Is anyone considering each seminar's reading holistically? How does each seminar, each paper even, fit into the overall training experience? This may be difficult to achieve but what is communicated by this repetition is there is one way to think about sexuality because that is all that is offered.

Finally you might note this piece is anonymous – and I debated long and hard about that. How can I say I want to hear your views if I won't say who I am? It's a fair question. Ask yourself why I make this choice though. It's fear. Fear of possible consequences for my career, repercussions based on prejudice or even hostility from colleagues. You might doubt that this would happen, but I know from others that even in 2015 discrimination is alive and kicking, and I have to be conscious of that. I have a role in tackling the fear, but if you don't think you have a role too in tackling the overt and covert examples of prejudice helping to perpetuate that fear, then I guess 'homosexuality' in the end doesn't belong to all of us after all ■

Editorial

Diversity: working towards a shared goal

By Gary Fereday

This edition of *New Associations*, with its focus on sexualities, is an important one. As a number of the authors point out, our profession is one that is rather too homogenous. Diversity, or at least the lack of diversity, is something we need to consider and address as a matter of importance and urgency.

The BPC is taking up this issue and we were delighted that the task group looking at sexualities developed such a comprehensive range of ideas and recommendations for us to consider. These recommendations are explored by Juliet Newbigin, the chair of group, in her lead article. The task group's invaluable work and commitment is representative of so many in our profession who are looking to help ensure we remain relevant to contemporary society. Most of our tasks groups have now completed their initial briefs and we are considering their proposals to see how we might best work with our member institutions and registrants. Some, including the sexualities group, have been reformed with new roles as standing advisory groups to continue to support the BPC in our work.

The new vision for the profession that the BPC recently developed aspires to develop a profession that provides 'a broad range of psychoanalytically informed clinical services that respond to the needs of all sections of society regardless of race, culture, sexual orientation or class and delivered by a profession that reflects the diversity of contemporary society.' The articles in this edition of *New Associations* take us into the heart of that debate.

There is some excellent work going on and many member institutions are actively engaging in this debate, running seminars and training and others being audited by external bodies around their work in this area. But it appears that all is not well and this is reflected in the article by the gay registrant recalling their admission and training. That they asked to remain anonymous must surely send us the strongest of signals.

Of course the BPC and our member institutions do not operate in a vacuum and we must all operate within the wider legal framework of the country. Just over four years ago the Equality Act came into force. The Act brings together over 100 existing pieces of legislation into one single Act to provide a clearer legal framework to protect the rights of individuals, advance equality of opportunity for all, and protect individuals from unfair treatment. The Act states that training institutions must not discriminate against a person in the arrangements made for deciding who is offered admission as a student or in the terms on which they offer to admit the person as a student.

Whilst none of the authors speak of explicit discrimination, it is clearly felt to be an issue, yet an issue that is difficult to write about or pinpoint with any clarity. This difficulty to locate and name it is part of the problem and is why the BPC will continue to work with our member institutions towards our shared goal of services being delivered by a profession that reflects the full diversity of contemporary society ■

Gary Fereday is Chief Executive of the BPC.

We need to talk about culture

By Marina Christoforidou and Elke Mund-Amos

WITH THIS ARTICLE we want to start a conversation. It is going to be a very difficult conversation and, as with all difficult conversations, giving words to uneasy feelings and experiences feels risky, never quite right and potentially exposing. But it is a start – and we want to start putting into black and white what is so painful about *being* black and white.

The thoughts shared in this article are the direct result of regular meetings of the BPC task group on Ethnicity, Culture, and Racism, of which one aspect was the special focus on the lack of ethnic diversity in psychotherapeutic training and what can be done to change this. This wasn't an easy undertaking. Despite the goodwill of everyone involved, there were times when we lost momentum because, in order to keep going, we had to confront pain, shame and unease. Furthermore, the task of keeping on thinking and linking meant we had to push a little harder and allow things to get 'messy'. The authors of this paper are white, and as we are writing from our white perspective we felt it was important to begin to unpack what whiteness means.

What we are trying to do with this article is to reflect on the trainees' experience in the context of ethnicity, culture, and racism. Of course, we cannot and do not want to attempt to speak for everyone. However, by being honest with ourselves individually, we hope to invite others to take part in this conversation. Winnicott's suggestion that *there is no such thing as an infant* made us to think how the trainees' experience necessarily includes the role of training organisation and the relationship between the two. The importance of training institutions in helping the *infant-trainee* to *learn from* the training *experience* in order to eventually and successfully become separated needs to come to the forefront. The answer to a successful training-developing experience lies in what has been internalised in the process. We therefore want to provoke, to make suggestions, and to raise questions rather than necessarily answer them.

Meet the 'parent'

It has been commonly agreed that the analytic/psychotherapeutic community is not a diverse community. The analytic community appears almost untouched by the mixture of culture and diversity existing in the external world. When opening the doors of different psychotherapeutic training institutions, we step out of a racially diverse society into one that is predominately white. This occurs to such an extent that the profession has been labelled as the privilege of the white affluent few. Looking closer it gets worse: professional hierarchy seems to reflect the 'privilege' of skin colour. This means that diversity exists within the institutions, but mainly on the periphery of the core profession, i.e. in administrative roles. This is a strong conscious and unconscious message possibly indicating the physical and mental space that exists for the co-presence of cultural differences. Whilst everybody seems to be well aware of this, efforts to make the profession more diverse have not been effective.

One relevant question for the training organisations is how does racism get enacted within a society that is so mindful of unconscious processes and its implications? What does the organisation gain by maintaining such a stance, and what are the underlying anxieties each institution is defending against? How can training institutions be so aware, and at the same time unaware, of the same unconscious processes that they recognise every day, both in our society and also the consulting room? Is it the preoccupation with the unconscious of the other that makes one overlook/neglect the acts of one's own unconscious? Does the study of the unconscious lead to developing an omnipotent defence into recognising one's own *individual* and *organisational* limitations?

The trainee and the training

What, then, does it really mean to be trained in a community where *sameness* is the norm? What message does it send to the white applicant and what message does it send to the black applicant? When confronting the issue of ethnicity and racism one typical reaction is to turn to the (prospective) black applicant/trainee as if they, like an oracle, could provide the answer themselves. It is something that regularly happens in seminars, and can leave the black trainee feeling singled out, rarefied and extremely isolated. This also happened in the task group discussion. It took some time – and pain – to realise that with our need to turn to the experience of the black trainee, or to the black supervisor, we are unconsciously enacting racism whilst consciously rejecting it (Straker, 2008). We are, in fact, locating the problem, i.e. racism, in 'the other' and in doing so we deny/disavow our own participation in it, even further: we deny the reality of our own culture.

'We are, in fact, locating the problem, i.e. racism, in "the other".'

The cultural experience of being white is one of sharing a history that has promoted and thrived on organised racism and has made us to this day beneficiaries of racial exclusion (Straker, 2008). However, even if we might object to it, we are, through being white, a part of it. It is painful to think, and painful to write about – and therefore tempting to avoid or even to deny it altogether. A psychotic state is one that denies reality – and we were denying the reality of our own culture and its implications.

This then seemed to us to be a good starting point for psychotherapy training: to reflect on how our cultural history has influenced our being in this world here and now; to make conscious what cultural fantasies, conflicts and projections we have imbibed – and how that impacts our relationship with other cultures. This could for example be incorporated as a question already in the application process. By the same token, the training experience happens at the interface between the training institution-trainee dyad: the way we experience and perceive the training process and the training environment will consciously, and unconsciously, communicate to us as trainees a template of the institution's projections and defences, declared aims and denied blind spots.

One of the main catalysts for change is to make unconscious processes conscious. This is one of the reasons why we as trainees are requested to take a look at ourselves in the training therapy/analysis. If this request has any validity, then training institutions could surely benefit from the same self-reflective practice, if they, too, in are serious about change. The commitment of an organisation to keep thinking and unpacking its own culture and history is ultimately a commitment to *truth* (Symington, 1986). For the trainee it would be a containing and encouraging experience to see that the quest for truth is taken seriously by the organisation and modelled, e.g. in regular self-reflective practice meetings. A big ask, one might think, but there is a lot to gain.

Formal aspects of the training

The next step seems to inquire how issues of ethnicity, culture and racism are dealt with in the training institutions. We found that whilst the subject is part of the syllabus, it doesn't seem to be integrated. It is usually grouped together with other 'special subjects', like 'issues of diversity' or 'working with difference'. What's wrong with this? On the surface it is seems an appropriate response, because it is important and necessary that the subject is flagged up. However, as long as it remains in an enclave of a 'special subject' – a rarefied species – it will never reflect the pervasiveness of racism, which is a reality in our society. To many of us as trainees this felt like a politically correct requirement that can thus be dutifully ticked off – and split off. A common reaction among the trainees was that the engagement with the subject of racism remained at an intellectual level – the fantasy being that this is a problem only black people are being affected by. We, as a mainly white group, so the fantasy goes, were hardly affected by it and therefore it isn't that important or it doesn't really matter that much. Above all, the syllabus conveyed the message that what we are dealing with is not mainstream but only marginally relevant – and, one might add, by treating it that way we will keep it that way. So, what's in it for whom?

Whilst this speaks (unconscious) volumes of how the uncomfortable reality of racism is treated, it also begs the question of how this reality can be more adequately reflected in the syllabus – and made available for thought throughout the training. After all, the reality is that racism is part of our society, our culture and, if you agree with Fakhry Davids (2011), part of our psychic organisation, regardless of skin colour. What we are proposing is a more imaginative and more reflected use of the literature: one way might be to weave the papers into subjects like *Transference-Countertransference*, *Acting Out*, *Trauma*, *Paranoid-Schizoid Position*, etc. This would not only convey how pervasive racism is but it might contribute to opening up a discourse about a reality that we are all affected by – but one which white people have made it their privilege to be able to ignore. It also seems to follow that reflecting on one's own culture and that of the patient should become a constituent part of any supervision as well as of any clinical essay.

Personal aspects of psychotherapy training

A recurrent complaint during trainings and training interviews is that members of the training institutions often pathologise students when confronted with their external realities and their conflicts experienced within the training. We find this is a highly problematic response. It may suggest that the training institution perceives external reality as an *attack* that needs defending against. It appears as if training institutions forcefully and impulsively hand the problems back to the student by *pathologising* him/her. As a consequence, an uncomfortable reality gets disavowed rather than thought about. A defensive stance, like pathologising, is literally maddening because the external reality remains untested, gets dismissed. The 'institution-as-mother' is unwilling to take in and digest but instead projects back into the student. What follows is anxiety (Bion, 1962) – and, very often, complete avoidance of the subject. Like any psychically unmetabolised trauma, the conflict remains active and waiting for reprise – for the student, for the organisation, and for its service users.

'The engagement with the subject of racism remained at an intellectual level.'

How can the external reality of the trainee be kept in mind as much as the internal reality? It is important to (re) consider the boundaries and roles within training institutions and value the importance of the need for them to be kept well defined and refined. As a result, the role of the training analyst, supervisor and tutor needs to be differentiated and the boundaries accepted and adhered to. This would mean that the analysis of the trainee mainly takes place in the consulting room with their chosen analyst/ therapist, and when a meeting with a tutor, seminar-leader or supervisor occurs, it should give the sense of a human being meeting another human being, without this meeting becoming another *informal analysis* of the trainee.

Training is an infantilising and somewhat *traumatic* experience. Projections and fantasies can certainly run wild and this is, in part, grist to the mill. However, this is a chance for a training organisation to 'walk the talk', i.e. to be a container and show how difficult feelings can be made safe. Racism can be experienced on a relational level – with a training patient, a supervisor, a fellow student, or a seminar leader – and on an institutional level. We as trainees will only be able to adequately engage with this issue in the consulting room and in our own external and internal realities if we have been given the encouragement to explore it openly and honestly with our peers, teachers, and tutors.

Further thoughts

Of course a challenge to the argument above could be that the trainee is not an infant, and actually most of the time comes to the training at a mature stage of his/her life. Hence, should this responsibility be shared? Experience unfortunately shows that in many cases this responsibility has not been and could not be shared. This is evidenced via the testimonies of black candidates who have openly identified the difficulty of the training institutions in recognising an external reality that involves the acceptance of colour, racial, cultural and historical differences (Brooks, 2013).

According to Winnicott, the infant during its development would need to acquire a capacity of object-use by letting go the immature object-relating approach. We are suggesting that most training environments facilitate how to *relate* to, but not how to *use*, culturally different objects. Using an object entails some sort of *messiness*, where the outcome of this engagement is not certain. This uncertainty seems to be intolerable and the need for control becomes paramount. However, what we are talking about is change, and change is a threat to the status quo and to the identity of the – predominately white – institutions. Deep down may well lie the fear that the ill-gotten gains of white privileges are under attack – something we may well consciously want to encourage but will certainly stir up unconscious primitive anxieties. This might be even more relevant if one takes into account the current threat of marginalisation enforced upon the psychodynamic communities by the mental health policies and procedures, especially in the public sector.

Winnicott says, *'If the mother is not good enough then the infant becomes a collection of reactions to impingement, and the true self of the infant fails to form or becomes hidden behind a false self which complies with and generally wards off the world's knocks'* (1960). We think some similarities can be drawn between the statement above and the approach to thinking about ethnicity, culture and racism during the training experience. When writing this article we were struck by the fact that individual/personal vignettes and encounters involving the co-exploration of blackness and whiteness during the training experience were entirely absent. The absence itself conveys painful messages of exclusion, fear and omnipotence. To initiate an honest and productive conversation, all parties should be included and invited. But such a discussion also carries the risk that charged ideas, cathected objects and protective unconscious phantasies will be challenged.

When the conversations are kept in separate rooms, inevitably blackness and whiteness would be also kept separated. These type of conversations are felt to be like a 'ping-pong' game, as if it is impossible for a *third* to be created and thus to entertain the birth of another space unknown to both sides – what Britton calls 'the other room' (1998). We suggest that we need to unpack what it means that Whiteness has been (tacitly) accepted as the norm – the reference point, when Blackness seems to be defined as Non-whiteness. It is about time to understand where we are coming from, challenge our beliefs, own our feelings, and take the risk to separate and co-create 'the other room' ■

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Elke Mund-Amos is a psychodynamic psychotherapist working in private practice and also as an honorary therapist in the NHS. Before training, Elke worked as an intercultural trainer.

References

Bion, W. (1962). A Theory of Thinking. *International Journal of Psycho-Analysis*, Vol. 43, Parts 4-5.

Britton, R. (1998). Chapter 10: The other room and poetic space. *Belief and Imagination.* London: Routledge.

Brooks, O. (2013). Bending over Backwards. *New Associations*, Issue 12, Summer 2013.

Davids, M.F. (2003). The internal racist. *Bulletin of the British Psychoanalytical Society*, 39(4): 1-15.

Straker, G. (2008). Race for Cover: Castrated Whiteness, Perverse Consequences. *Psychoanalytic Dialogues: The International Journal of Relational Perspectives*, 14:4, 405-422.

Symington, N. (1986). Psychoanalysis: A Servant of Truth. In Symington, N. (1986), *The Analytic Experience.* London: Free Association Books.

Winnicott, D. (1960). The relationship of a mother to her baby at the beginning. *The Family and individual Development.* London: Routledge.

Training

Couple therapy – a brighter light in a dark landscape?

A Conversation

AT A TIME of contraction of psychoanalytically informed treatments in the public sector, couple psychotherapy seems to hold out some hope of expansion and development in the future. NICE has endorsed couples therapy as an effective treatment for depression in individuals who have a regular partner and who have not benefited from a brief intervention. This recognition has been gained as the result of several major studies including that of Leff et al. (2000), whose conclusion suggested that couple therapy was more effective than anti-depressants in the treatment of adult depression. There is a general consensus that referrals for couple work are on the increase, and it is recognised that many individuals who might never seek individual therapy are able to come into therapy with their partner, perhaps because the couple relationship itself is a containing structure offering support and comfort to the troubled individual. It is this mutual support that NICE recognises and acknowledges: that enhancement of that support, when it is under threat, has benefits for the couple themselves as well as for the next generation.

Against this background the Tavistock Clinic has in the past few years offered an innovative and accessible course in Psychodynamic Psychotherapy with Couples with the hope of attracting diverse entrants, accepting graduates of their D58 (Introduction to Psychodynamic Psychotherapy) course and also graduates from other courses who have the equivalent levels of qualification (UKCP, BACP etc). This course is also tailored to provide a top-up qualification for those psychoanalytic/psychodynamic therapists who may wish to expand their practice base to see couples in the NHS as well as in private practice. The course leads to BPC registration as a Couple Psychodynamic Psychotherapist. The Tavistock and Portman NHS Foundation Trust includes, we think, the last Couples Service in the public sector and is often confused with the TCCR (Tavistock Centre for Couple Relationships) which is an entirely separate voluntary organisation privately-funded.

The following is a conversation between two of the first graduates of the course, and it is hoped that it may give readers a taste of what is involved and whet their appetites.

I'm going to set the ball rolling by asking how you became interested in couple therapy.

Looking back I think there were a number of things which conflated to pique my interest. The most vivid are something from the past coming together in the present and with the future in mind. Quite a long time ago when I worked at the Tavistock I heard work presented by Joanna Rosenthall and Monica Lanman, who at that point ran the Couples Unit together. I found it quite fascinating but I guess it went on the back burner a bit, though I did buy *Oedipus and the Couple* which was published about that time, and it became my companion in trying to think about my individual patients in their troubled relationships. *Oedipus and the Couple* is a book of papers edited by Francis Grier and offers a range of specifically 'couples thinking' rooted in contemporary developments of the Oedipus Complex. I found it really helpful; though obviously it was still at a distance from the actual couple – I was still in the position of thinking about the couple through one person's filter.

You mentioned something in the present…

Yes, I think that was funnily enough something in my own couple relationship – my husband decided to retire having had a long, very busy career – even though it was planned and expected it was a shock and shook our own very familiar structure. It felt like the next challenge in our own coupledom. Maybe there was an element of turning to couple therapy – albeit a course, not therapy – that was to do with trying to make sense of my own situation.

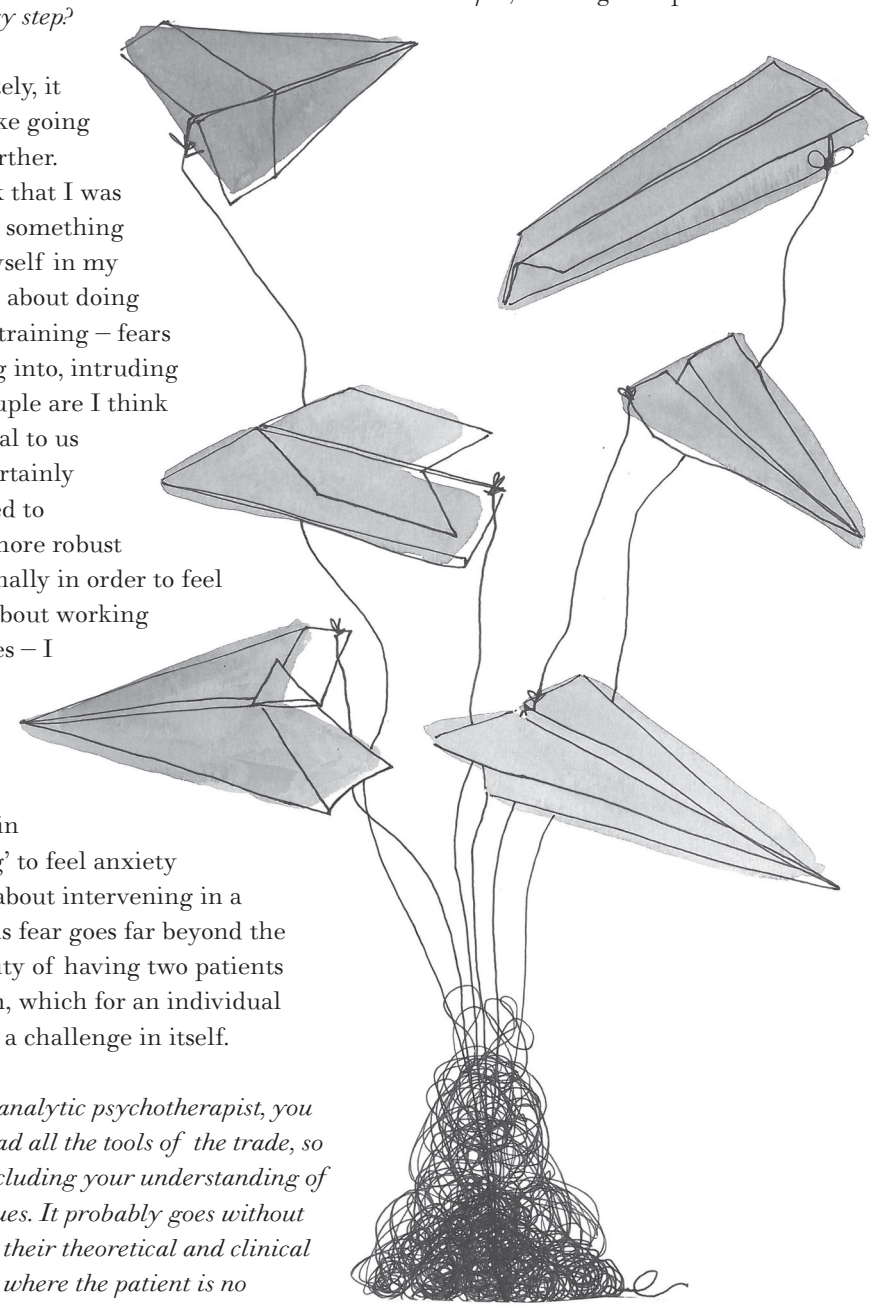
So you responded by doing another training!

Well, I guess I did respond in the usual mixed mode, including a fair amount of denial about the passage of time, but it did make me think about the future – my husband wanted me to be more available to him to travel, etc. – I had to think more about how much work I wanted to take on, but most affecting was my reluctant acceptance that things can't go on forever – that if I was going to do any more training the time was running out. This course seemed to be do-able in terms of time commitment, and I was aware that couples don't tend to be seen for years and years as individual cases often are, and that seemed to fit with my sense of how I would like to work in the future.

'Many individuals who might never seek individual therapy can come into therapy with their partner.'

I'm just wondering about the fascination with Oedipus and the Couple. We use the Oedipus complex and its constellation of ideas in our individual work and understand that our patients are in mutually projective relationships with the other half that we don't meet. Working with the couple somehow feels like going one step further. Maybe quite a scary step?

Yes, absolutely, it does feel like going one step further. And I think that I was involved in something Oedipal myself in my vacillations about doing the couple training – fears of breaking into, intruding into the couple are I think fundamental to us all and I certainly felt I needed to develop a more robust place internally in order to feel confident about working with couples – I think it's very common for couple therapists 'in the making' to feel anxiety and dread about intervening in a couple. This fear goes far beyond the unfamiliarity of having two patients in the room, which for an individual therapist is a challenge in itself.



As a psychoanalytic psychotherapist, you will have had all the tools of the trade, so to speak, including your understanding of Oedipal issues. It probably goes without saying that their theoretical and clinical application where the patient is no longer the individual but the couple is a new challenge. Do you feel you attained that more robust place? Maybe this links up with a question about what you feel you learnt from the course?

I certainly feel that I gained a lot but of course it is always work in progress. As far as the Oedipus angle goes I think it feels, when you are with a couple, that you are more *in* the play – that the drama is acted out to some extent and the therapist has to be both part of it and able to stand to the side, think and interpret – skills we might already have from other sources but more vivid somehow and more immediate – more affecting. This is the third position which we try to attain in our work with individuals, but in couple work the position is taken in reference to the couples' *relationship*.

In some cases the couple presents at the end of their tether locked in what seems like mutual hate and disappointment. How does one begin to unlock that, to loosen things up a bit without seeming to take either one side or another? There may be enormous pressure from the individuals. Another point of view may feel like an affront or an attack to one or both of the partners. It may present as a cry of 'agree with me about it all being *his* fault' or 'tell us what to do'. It may take 'thinking under fire' to another level. The therapist needs to experience something of what the couple are going through and eventually be able to step outside the turmoil and speak to the couple about what is going on for them *as a couple*, offering interpretations and

carefully watching how they impact the individuals concerned and how they muster as a couple. It is the relationship itself which is the focus of interpretation ideally.

Couples often present as paralysed in their thinking, rigid with anxiety, and full of mutual recrimination – what Mary Morgan calls a projective gridlock (Morgan 2005). The interpretation levelled at the relationship has far more chance of being accepted and considered, if even for a moment, than something directed at one or other of the partners, which could so easily be experienced as blaming or endorsing. The therapist needs to be able to creatively couple up with her thoughts and to offer them to the couple with the hope that the experience will help the couple find the resources within themselves with which they can think about what is going on in a more objective way.

If you had to, what would you say are the central tenets of working with couples?

I think there are two central tenets of Couple Therapy. First of all the 'couple state of mind' to think *couple*. Not two individuals – to be able to keep the relationship itself as a focus. Easier said than done for those of us used to working with individuals.

'The therapist needs to be able to creatively couple up with her thoughts and to offer them.'

The second is the idea of the 'creative couple'. It is the resource we are trying to resuscitate in the couple when they reach an impasse and are unable to think or even to experience their intense emotions but may instead act on them. When the magnitude of their difficulties becomes overwhelming, many couples enact their troubles in external ways: for example, have affairs, divorce, misuse alcohol, become violent; these solutions seem like the only resort open to them to get rid of those awful feelings. The repeated experience of being with someone who can inhabit the creative couple role, offering maybe simple descriptions and building up to more complex interpretations – not telling them what to do so much as marshalling the resources that the couple already possess, but which they feel they have lost or possibly have never built up in the first place. This resource within the couple relationship can then be called on again and again at moments of strife in the presence of the therapist and then hopefully in her/his absence. It is the development of this idea of a relationship which can contain them both.

So are you saying that not only does the couple therapist try to offer containment for the couple he/she aims, in addition, to help the couple towards being able to use their relationship as a container?

Yes, I think that could be said to be the main focus of couple therapy and one that is really difficult to acquire in the first place, but when it is successful, it does seem like a really powerful intervention.

As with working with individuals, it all depends on the person's experience of early containment – never perfect, but for some people who have never experienced consistent thoughtful care the prospect of being in a couple may seem like an ideal solution – unfortunately an ideal which can only fail to deliver. The anguish and disappointment is then devastating. I have found that those people who have been very deprived in their early lives tend to have fewer resources when their couple relationship fails to deliver. Then, the experience of being understood even momentarily in therapy can be extremely affecting, though of course what is subsequently done, when the therapist also inevitably disappoints, can be extreme.

Containment is also an issue for the developing couple therapist in facing the challenges of this tricky task.

Do you mean by that the learning and containment offered by the course itself? The way it was structured – taught and supervised?

Yes, I was thinking about that – the theory teaching and supervision of course was fundamental, but one of the great joys for me was to find myself in a group of people for weekly theoretical and clinical seminars, who were reasonably like-minded, if that's the right way of putting it, but at the same time had different perspectives to offer on couples. For example it was greatly enriching to work with child psychotherapists. They see couples in the course of their work, of course, but usually the focus is on the couple as parents, and we were able to spend time thinking together about why for example parents who have difficulty in their parenting weren't thought about in terms of their coupledom – their couple dynamic. We wondered if child psychotherapists might have couple therapy as one of the skills they offer.

I also had supervision from a couple therapist who had originally been a child therapist, and she viewed the couple I was seeing from a different angle, helping me see them through the filter of their parenting: to think about their own unresolved childhood issues which were then being projected on to their children. Their own shared unmet needs to be parented interfered greatly with their capacity to parent their own children.

I notice you use the term shared, *and shared is a term that often comes up in couple therapy literature – maybe for obvious reasons?*

Yes, after all it is a shared experience, thus 'shared phantasies', ' shared anxieties' , 'shared defences'. This points to an extension, for me, of the way psychoanalytic literature has been used to develop a way of understanding the unconscious processes that make sense of what a *couple* create together – the relationship itself.

One can often trace the 'shared couple phantasy', an aspect of the magical way that couples are initially drawn to each other and how interesting and affecting that is to unravel with the couple. If all goes well it not only offers them a sense of containment, it also draws them in to an interest in *thinking* about their couple relationship from new perspectives. Maybe a capacity they had lost or never had – to take a third position and develop some sort of objectivity ■

Names supplied.

Information about the training is at: www.tavistockandportman.ac.uk/Workingwithcouples

References

Morgan, M. (2001). First contacts: the therapist's 'couple state of mind' as a factor in containment of couples seen for consultations. In: *Brief Encounters with Couples.* London: Karnac

Morgan M. (2005) . On being able to be a couple: the importance of a 'creative couple' in psychic life. In: F. Grier (Ed), *Oedipus and the Couple.* London: Karnac

Leff , J et al (2000) randomised controlled trial of anti-depressants versus couple therapy in the treatment and maintenance of people with depression living with a partner. Clinical outcome and costs. *British Journal of Psychiatry,* 177 :95-100.

Morgan, M (1995) The Projective Gridlock: a form of projective identification in couple relationships . In S Ruszczynski & J Fisher (Eds), *Intrusiveness and Intimacy in the Couple.* London: Karnac

Letters

A long term strategy for our profession

Dear Editor,

Gary Fereday, in his editorial in *NA* (2014) entitled 'Starting a renewal of our profession', wrote about a strategic conference that was held in November 2014, and set out the text of 'Our Strategic Vision' that the BPC put to the conference. He saw the conference as the start of a conversation on the renewal of our profession, and the purpose of this letter is add some thoughts of my own, some of which appeared in a Letter to the Editor in the *British Journal of Psychotherapy* (2014), and to stimulate further discussion.

There are three main issues that we need to address. The first is that we train people for long term intensive work, a treatment that is not affordable by most people, nor by the State. What society needs are well researched, brief, affordable interventions, and we need to train people to undertake these as a part of our trainings, so that we demonstrate to society and the public sector that we are training people to fulfil their needs. The work of those like David Malan (1999) in brief psychodynamic interventions could form part of this training, as could training in specific interventions such as Dynamic Interpersonal Therapy and Mentalization Based Treatment. An important part of such training should be the assessment of patients so the appropriate intervention is used.

Another problem is that most of our effort is concentrated on working with adults, when it is clear that if we can help children towards a better future, this will have a beneficial impact on future generations. There is a growing political awareness that Early Intervention (EI), as the National Audit Office (2013) put it, 'as well as being good for individuals and families and excellent social policy, is the best deficit reduction programme available to the country'. Further evidence of the political will was the setting up in 2013 of the Early Intervention Foundation (EIF) funded by the Department of Education, as has the roll-out by the Government of the Family-Nurse Partnership, an intervention picking up vulnerable young mothers during pregnancy that continues till the child is three.

The EIF has the remit to advocate for a cultural shift towards intervening early, to assess what programmes work, and to advise commissioners, service providers and potential investors on EI Programmes. But in spite of the good work of bodies like the Association of Child Psychotherapists (ACP) and the Anna Freud Centre, we have not done the work we need to in this field. We need to work with the EIF to see what roles our profession can play, and then work with the EIF to develop interventions to meet their standards. Then we could work with commissioners to roll them out across the country. This is not just work for the ACP, but needs to form a central part of our profession's offering to society.

The third issue is that the vast majority of our efforts are geared towards treating patients, but the potential for psychoanalytic concepts to influence public policy are largely neglected. These concepts are used in consultation work with businesses and similar bodies, for example in work undertaken by the Tavistock and Portman NHS Foundation Trust, and they are also used in looking at wider problems in society, for example in David Tuckett's book *Minding the Markets* (2011) and Sally Weintrobe's *Engaging with Climate Change* (2013). However, there is at present no coordinated strategy for developing these ideas as a part of 'Our Strategic Vision'. This strategy will involve promoting a psychoanalytic understanding of human relationships so that this becomes widely accepted. We will also need to develop a research based 'think tank' to help formulate policies for the current political landscape. This is a major undertaking, and in the same way as it has taken a century for psychoanalysis to develop to its present state, it will take time to achieve this goal.

To tackle these issues we need to structure the profession differently. Power in the profession lies mainly with the Member Institutions (MIs), but these institutions have different agendas to those I am setting out. The body that is tasked with the development of the profession overall is the BPC, but at the moment it is not given the power or the resources to adequately take on this task. Furthermore the BPC is small, having about 1,500 members, compared with the United Kingdom Council for Psychotherapy (UKCP) and the British Association for Counselling and Psychotherapy (BACP) which have about 7,000 and 37,000 members respectively.[1] We must also not forget the British Psychological Society (BPS), and the counselling psychologists. So two things need to happen. The MIs need to hand over to the BPC the power it needs to develop the profession, and the BPC needs to coordinate more of its activities, especially in the area of publicity, with UKCP and BACP, and possibly the BPS.

Even if the BPC is given the power to promote and develop the profession, it does not have the resources to do this, and it needs the resources to employ the professionals it requires. Some of the MIs have considerable financial resources, and might see their way to using some of these resources to this end. However it would not be fair to rely solely on these organisations, and members will have to help fund this development through increased fees. There are wide variations in the earnings of registrants, and if fees are kept at levels affordable by the lower earners, it will be harder to find the resources that will be needed, so a sliding scale of fees might be necessary. This idea will not be popular, but we need to move forward on this issue of resources, as better funded organisations like the BACP are moving to establish their presence where we should be establishing ours. In the future, as psychoanalytic ideas become better understood, the fundraising net could be widened, but for now we have to find the resources.

'To tackle these issues we need to structure the profession differently.'

Another area which is worth exploring to increase the income of the BPC is to be in touch with those who have benefited from the treatments we provide to see if they would contribute to its finances, though this will raise ethical and transference considerations. Also this particular body of people, together with others with an interest in psychoanalytic work, could, with the help of the BPC, form a Lay Psychoanalytic Society. This Society could hold regular meetings, publish its own journal, and by bringing together those outside the profession with those inside it, promote psychoanalytic ideas to a wider section of society. Another idea to promote psychoanalysis is to offer it as a subject to be taught in schools, probably at the 'A'-level stage initially. Both these ideas could help spread the influence of psychoanalysis in society.

I hope that the membership will support their MIs in transferring the power to develop and promote the profession to the BPC, and will increase the resources of the BPC to enable it to undertake the tasks set out above for the future benefit of society and the profession. I also hope that this letter will help stimulate the debate that is already underway in the profession.

Both I and *NA* would welcome responses to this letter. Please contact me at nfdeburch@gmail.com and *NA* at leanne@bpc.org.uk ■

Nigel Burch

Nigel Burch is a retired member of the BPF and a member of the Future Strategy working Group of the BPC, and writes in his own capacity.

1. The BACP figure given is for 'members' and not strictly speaking 'registrants', as with the BPC and UKCP figures – Ed.

References

Burch, N. (2014) Letter to the Editor: *The British Journal of Psychotherapy*; Volume 30.3; August 2014.

Fereday, G. (2014) Starting a Renewal of our Profession. *New Associations*; Issue 16, Autumn 2014.

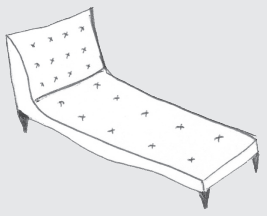
Malan, D. (1999) *Individual Psychotherapy and the Science of Psychodynamics* (2nd edn). Oxford: Butterworth-Heinemann.

National Audit Office: HC683; Session 2012-13 (2013) Early Action – Landscape Review: London.

Tuckett, D. (2011) M*inding the Markets: An Emotional Finance View of Financial Instability.* Palgrave Macmillan: Basingstoke.

Weintrobe, S., Editor (2013) *Engaging with Climate Change: Psychoanalytic and Interdisciplinary Perspectives.* Routledge: Hove.

Classifieds



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Room address: St Clements House, 27 Clements Lane, EC4N 7AE. Please contact me for available times of hire.
Kenny@kcurriepsychotherapy.co.uk 07930 260485

Diary

APRIL

18 April 2015

THE SHADOW

Christopher Perry
SAP, 1 Daleham Gardens, London NW3
www.thesap.org.uk/events

22-24 April 2015

NEW PARADIGMS IN PSYCHIATRY AND PSYCHOTHERAPY

David Bell, Paramabandhu Groves, Jaak Panksepp, Mark Solms, David Taylor, Colwyn Trevarthen, Simon Wessley
RCPsych, 21 Prescot Street, London E1
0203 701 262, vshah@rcpsych.ac.uk

24 April 2015

RESILIENCE AND LOSS: WORKING WITH COUPLES LIVING WITH LONG-TERM ILL HEALTH

Andrew Balfour, Liz Salter, Christopher Vincent
TCCR, 70 Warren Street, London W1
www.tccr.ac.uk

25 April 2015

PERVERSITY IN THE CONSULTING ROOM

Anna Motz, Fiona Ross, Estela Welldon
St Anne's College, 56 Woodstock Rd, Oxford OX2
www.thesap.org.uk/events

25-26 April 2015

IMPLICATIONS OF RESEARCH ON THE NEUROSCIENCE OF AFFECT, ATTACHMENT AND SOCIAL COGNITION

Simon Baron-Cohen, Martin Debbané, Peter Fonagy, Jeremy Holmes, Pilyoung Kim, Patrick Luyten, Read Montague, Michael Moutoussis, Tobias Nolte, Leonhard Schilbach, Patrick Shatfo, Manos Tsakiris, Essi Viding
University College London
Contact: events.psychoanalysis@ucl.ac.uk

MAY

8 May 2015

NOVELIST TESSA HADLEY IN CONVERSATION WITH ALLY KESSLER

Folk House, 40 Park Street, Bristol BS1
www.connectingconversations.org

9 May 2015

TRANSFERENCE AND INTERPRETATION

Elizabeth O'Loughlin
Gloucestershire Counselling, Stroud
Contact: 01453 766310,
info@gloscounselling.org.uk

12 May 2015

WHISTLEBLOWERS AND DISSENT: MORAL GOOD OR SELF INTEREST?

David Morgan
Institute of Psychoanalysis, London W9
Contact: 020 7563 5016,
marjory.goodall@iopa.org.uk

16 May 2015

EMOTIONAL INTIMACY AND THE SEXUAL RELATIONSHIP

Angela Massucco, Justin Grayer
The Bowlby Centre, 1 Highbury Crescent, London N1
http://thebowlbycentre.org.uk/cpd/

16 May 2015

BEING MET: LANGUAGE AND CULTURE IN CLINICAL SPACE

Ali Zarbafi
Friends Meeting House, 91-93 Hartington Grove, Cambridge, CB1
www.thesap.org.uk/events

16 May 2015

JUNG'S SCHREBER: CRISIS AND CREATIVITY

Hessel Willemsen
SAP, 1 Daleham Gardens, NW3
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19 May 2015

DEVOTED ACTORS - THE PSYCHOLOGY OF FUNDAMENTALISM AND TERRORISM

John Alderdice
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22 May 2015

POLITICS, THERAPY AND HAPPINESS: THE ART OF THE IMPLAUSIBLE

Will Davies, Andrew Samuels
TCCR, 70 Warren Street, London, W1
www.tccr.ac.uk

26 May 2015

CLIMATE CHANGE AND THE CULTURE OF UNCARE

Sally Weintrobe
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JUNE

2 June 2015

THE IMPACT OF POWER ON THE MIND OF THE POLITICIAN

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5 June 2015

PP NOW LECTURE: COMPETITION AND CAPITALISM

George Monbiot, Nick Pearce, Julian Lousada
Regent's University, London
www.bpc.org.uk

6 June 2015

PSYCHOANALYTIC PSYCHOTHERAPY NOW: GETTING TO GRIPS WITH SOCIETY'S ILLS

Keynote speaker: Vamik D. Volkan
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www.bpc.org.uk

6 June 2015

THE HAZARDS OF MANIA

Edna O'Shaughnessy, Natasha Harvey
The Watershed, 1 Canon's Road, Bristol BS1
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9 June 2015

PSYCHOANALYSIS AND THE POLITICS OF IDLENESS

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13 June 2015

EMOTIONAL BREAKDOWNS IN YOUNG PARENTS

Amanda Jones, Angela Joyce
Contact: 07534422117,
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13 June 2015

SOMATIC COUNTERTRANSFERENCE

Richard Carvalho
SAP, 1 Daleham Gardens, NW3
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16 June 2015

REFLECTION OR ACTION: NEVER THE TWAIN SHALL MEET

Bob Hinshelwood
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23 June 2015

PSYCHOANALYTIC REFLECTIONS ON THE SOCIO-ECONOMIC CRISIS

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30 June 2015

LINKING BODY AND AFFECT: MEDICALLY UNEXPLAINED SYMPTOMS FROM A DIT PERSPECTIVE

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Contact: Max Fendrich, 0208 938 2285,
www.tavistockandportman.nhs.uk

30 June 2015

THE PSYCHOANALYSIS OF EXCLUSION

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JULY

6 July 2015

POWER AND THE MANIPULATION OF THE MASSES: THIRD WORLD PERSPECTIVES

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13 July 2015

THE PSYCHOLOGY OF NEOLIBERALISM

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Letters

Dear Editor,

I was thrilled to read in your last issue (Issue 16, Autumn 2014) Otto Kernberg's important article on Innovation in psychoanalytic education. He was one of my mentors when I did my post-graduate medical studies at the Menninger Clinic in 1962 and he provided me with much understanding about myself and my own specific field of work in Forensic Psychotherapy.

This latest article confirms Kernberg's insightfulness. For example, under the subtitle of 'Renovation of the structure of psychoanalytic education': 'I believe that the educational stagnation and underlying authoritarian structure of psychoanalytic education derives largely from the present-day training analysis system as a major source of inhibition of the educational process.' Not many would disagree, but few in authority would dare to say so. Being open about my bias, I was turned by down by the British Psychoanalytical Society as a candidate three times, yet went on to become a successful forensic psychotherapist and eventually an Honorary Member of the American Psychoanalytic Association.

When we adapted psychoanalytic theories to the treatment of antisocial behaviours, including delinquency, extreme violence, perversions, etc. under the rubric of Forensic Psychotherapy, we were accused of diluting psychoanalysis and the importance of unconscious processes operating in the 'criminal' mind. Yet psychoanalytic psychotherapy is not a dilution but an application of psychoanalysis in different contexts. In Dr Kernberg's words: 'A central, unifying concept of all psychoanalytic approaches is the theory of the dynamic unconscious and its influence on conscious life.' Psychoanalysis may therefore have fundamental contributions to make to other sciences as yet only expressed as hypotheses, because of the lack of empirical and interdisciplinary research within psychoanalytic educational institutions, and a neglect of investment in research.

In short, general psychoanalytic theory, psychoanalytic theory of development, and psychoanalytic theory of psychopathology need to be correlated with related contemporary scientific approaches. Kernberg says, 'I believe that interpretation, transference analysis, technical neutrality, and countertransference utilization constitute the basic elements of the technical psychoanalytic approach, and that the combined utilization of these four techniques are then applied to other aspects of the psychoanalytic situation, such as character analysis, dream analysis, the analysis of enactment, acting out, working through, repetition compulsion, and the analysis of termination.' We need to learn how these ideas can be translated into other contexts. From my personal perspective, this is central to the field of Forensic Psychotherapy, where we treat (or inform the treatment of) people who would never be considered suitable for psychoanalysis per se, nor who could afford it or even want it. The emphasis falls more on understanding and educating the broader system including carers, therapists and the authorities who make decisions. For me, psychoanalytic concepts such as the Unconscious, transference and countertransference, splitting and projective identification are essential. The challenge is to help people gain access to these basic ideas and their application without full personal psychoanalysis.

Revising and adapting psychoanalytic training and its subsequent application requires a basic term of reference. Therefore I found it disappointing to read Kernberg's assertion that 'It is significant that there is no comprehensive text on psychoanalytic technique.' Dr R. Horacio Etchegoyen's book, *The Fundamentals of Psychoanalytic Technique* (1991), is essential academy reading for all psychoanalysts regardless which school they belong. It is especially surprising given Kernberg's own review of this book, which I now quote.

> 'R. Horacio Etchegoyen has written a splendid textbook on psychoanalytic technique – thoughtful, extensive in its coverage, authoritative without being polemical, deep in insights that reflect the author's clinical experience… Both beginners and experienced analysts should find this book of interest and value. The former for its overview and as a guide to original sources, the latter for being introduced to a seasoned analyst's experience and wisdom… Above all, psychoanalytic technique is presented throughout as a scientific inquiry in progress, and the interchange of communication across alternative approaches it proposes is a creative, productive way of stimulating understanding and fostering the effectiveness of our interventions with patients. I believe this book will be recognized as a major milestone in the growing literature on psychoanalytic technique and a major crossroad facilitating the communication and mutual enrichment of alternative schools and approaches.'
>
> – Otto F. Kernberg, MD

This omission is my only negative critique about a scholarly and important article from Dr Kernberg ■

Estela Welldon

Estela Welldon is Founder and Honorary Elected President for Life, International Association for Forensic Psychotherapy; Fellow, RCPsych; Hon. Consultant Psychiatrist in Psychotherapy, Tavistock and Portman; and Senior Member, BPF.