

7 100 Years of the
Tavistock and Portman
Glenn Gossling

14 PPNOW 2020
Responses: *Susie
Orbach, Paul Hoggett,
Vicky Lebeau*

22 Infant Observation
in the Time of
Covid-19
Pamela Bartram

26 Gender, Sexuality,
and Relationship
Diversity
Wayne Full

Reasoning with Racism: Some Conundrums

Narendra Keval

Last year saw a bizarre confluence of the virus Covid-19, which at its worst attacks the lungs so you can no longer breathe, and the shocking manner in which an unarmed black man, George Floyd, was left gasping for air when a white police officer dug his knee into his neck, killing him. Floyd's last words – 'I can't breathe' – had a profound resonance in the Black experience of racism. Many saw it as a curtain fall, exposing a whole other reality of systemic racism that gave new recognition not only to gross visible racial injustices but also the invisible wounds inflicted by unconscious racism, from arbitrary and capricious use

of authority to everyday micro-aggressions and implicit biases. 'I can't breathe' has become emblematic of daily experiences that gnaw away to subtly restrict and choke the self of the oxygen of emotional freedom, if you are a person of colour.

Statues such as the one of the slave trader and philanthropist, Edward Colston, in Bristol, exalted on a plinth, were felt to be particularly provocative, rubbing salt in old wounds over generations that now demand change. The strength of this feeling was evident when it was tossed into the river as a refusal to be weighed down by racist narratives that privilege whiteness over black lives, seen as lesser beings. Whilst the heat of the moment created momentum



in a national conversation about the significance of these controversial symbols in a multi-cultural Britain, it remains to be seen whether there will be a willingness to engage in a deeper inquiry into the way malignant racial phantasies have woven into every aspect of our social/cultural life and institutions.

Their remarkable capacity to co-exist with support for ethnic and cultural diversity points to the difficulties of engaging with a psychic and social phenomenon that can be subtle, sly and cunning in nature. Racism's intransigence remains as cogent and palpable today as it has ever been because it has *never left us* (Lane, 1998), a stark reminder that what is not remembered and metabolised is compelled to be repeated not only from our infantile past (Freud, 1914) but also our race relations at the group and societal level. The failure of this systemic truth to be given proper recognition in our social consciousness leaves fertile ground not only for the kind of tragic and perpetual enactments of racialised violence that we habitually witness today but the cumulative impact of pernicious processes that are now a well-established phenomenon in the inter-generational transmission of racial trauma.

We are therefore faced with a phenomenon that is not simply an aberration to be conveniently located in a few individuals and groups with extremist tendencies but

a societal and institutional process that is both pervasive and stubbornly resists change. Perhaps here lies the problem. Underlying changes will involve the pain of giving up the pleasures derived from psychic and structural privileges and benefits from phantasies of superiority that underpin racism. In other words, these will not be given up so readily without some kicking and screaming along the way, which helps us to confront another difficult truth to square up to in engaging with the tenacity of these phantasies. When it is insisted that cultural diversity and change should be embraced and that we should all try to get along better, racist phantasies become even more volatile. It is remarkable to see the speed at which defensive manoeuvres can become mobilised to cope not only with excessive anxieties that race provokes but also painful feelings of shame, guilt and the fear of condemnation that can either provoke manic flight or retreat.

An experience of a racist thought or feeling can feel like a narcissistic injury, forcing us to notice and grapple with an aspect of our functioning that is unpredictable and distasteful. It is not surprising that the pain involved in such recognition does not lend itself so easily to curiosity and learning about how this state of affairs may have come about. Instead, the thought or feeling is condemned and expelled as

one that does not belong to the self, group or organisation and declare an absolute certainty in the matter. This is designed to re-establish an inner equilibrium that is disturbed and can often culminate in a sense of triumph by taking the high moral ground rather than grappling with the complex reality of the injury. The sadism of the 'sinners' who are accused of racism becomes evident in the 'saints' who morally condemn them, a binary position that makes it difficult for any real learning to take place, increasing persecutory anxieties that are likely to escalate further racist situations.

'tact is required to help monitor our propensity for getting caught up with becoming intolerant of intolerance in our patients'

I am reminded of a patient whose increased awareness about his sense of superiority and contempt towards people of colour, led him to comment that he found his propensity for racism most unpalatable, especially as he prided

himself as being a tolerant and charitable character. He thought being able to speak about this openly with me brought some relief. A few moments later he put two fingers up at me from the couch, telling me he wanted to shout 'f..k off' at me. He was enraged that I had the audacity to expose him in this way (both idealising and denigrating me as someone to be pitied) but it revealed the kind of pushback that brought some grit into our relationship which felt real enough and could be worked with, in a way that brought hope for a deeper understanding of his difficulties. It was clear how feelings of shame and humiliation had a particularly excruciating quality for him as a white man whose sense of superiority was being threatened in the wake of increased awareness of his ambivalence towards me and his feelings of vulnerability which were intricately guarded by these defensive manoeuvres.

I mention this example to serve as a cautionary note that an engagement with the forces of unreason in racism is an arduous undertaking not only in the consulting room, where sensitivity and tact is required to help monitor our propensity for getting caught up with becoming intolerant of intolerance in our patients, but also in institutions that do not take so kindly to change, including our very own psychoanalytic organisations.

Some of the appeal of prescriptive measures to instigate swift change needs to be counter-balanced with a reflective stance to monitor the extent to which a true engagement with the complexity of the issues is being prematurely tidied up, potentially obstructing meaningful change. This problem is equally applicable to the idea that matters of race can be resolved solely through logic and education that will translate into effective change. Clinical experience and observations of organisational life do not bear this out nor does the history of civil rights movements that have met resistance every step of the way to fight for systemic change. This is not meant to be defeatist nor an excuse for complacency but a recognition about the nature of how psychic and institutional defences work to protect against anxieties (Menzies-Lyth, 1959), perhaps more so with matters of race where they feel particularly volatile.

Expressions of solidarity and statements of intention embracing anti-racist positions are one thing, but a psychoanalytic sensibility helps us interrogate the complexity of the motivations behind their most obvious moral and civic functions. So what might this inquisitive inquiry look like in our organisations? I suggest the litmus test is always going to be what it looks and feels like on the ground irrespective of policy statements. The statisticians call this face and content

validity, that is to say, whether it looks like issues of race are being addressed in an authentic way where both are joined up in ways that enable people from diverse communities to come through the door and participate at all levels of the organisation. Where is the evidence in the content of the various institutional activities that support a claim of meaningful engagement, not only in terms of conference themes or scientific meetings but the extent to which training curriculums reflect an awareness that we are living in a multi-cultural reality? Where is this woven into the readings and literature that constitutes the training in ways that do not give the subject matter and experience any specialist status for consideration? For instance, how and where is the thinking located in the body of the curriculum to ensure that it is not assigned a 'refugee' status, segregated on the margins or partitioned off and ghettoised that risks splitting and projections to thrive? Arguably, more important might be the extent to which there is an ongoing atmosphere in the organisation that enables conversations about race to take place either in clinical discussions or supervisions etc, perhaps even with some grit. This may prove to be even more of a reliable indicator that demonstrates the emotional robustness of the institutional container as a whole and could reflect that these conversations are

more deeply embedded into the culture of the organisation. None of these are meant to be absolute goals but help assess the degree of rigidity and elasticity of the organisation in moving towards these aims, pushbacks notwithstanding.

All of these considerations point to a central question as to whether what you see and how you feel are convincing enough that you are participating in an organisation that demonstrates a willingness for engaging with some of these challenges to ensure that it is truly accessible to all communities in our society. Not unlike a question we would ask ourselves in the course of a consultation with a patient, we are inquiring into the extent to which the 'organisational story' (explicit claims and policy statements versus actual practice) hangs well together or not, inviting our curiosity about it.

'Clinical work challenges us to square up to the many faces of racism'

Clinical work challenges us to square up to the many faces of racism, and to do so not with the aim of eliminating this type of cruelty but to interrogate the psychic investments and complex alliances that

exist between the forces of reason and racism. It can also illuminate some of the conundrums of engaging with formidable forces that resist change, helping us navigate the more entrenched anxieties and problems associated with institutional or systemic racism.

Narendra Keval is a Psychoanalyst, Consultant Clinical Psychologist & Psychotherapist. He is in full-time private practice and the author of Racist States of Mind: Understanding the Perversion of Curiosity and Concern, 2016 by Karnac Books.

References

Freud, S. (1914) Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psycho-Analysis II). SE, XII (1911-1913): *The Case of Schreber, Papers on Technique and Other Works*, 145-156. London: Hogarth.

Lane, C. (1998) The Psychoanalysis of Race: An Introduction. In: C. Lane (Ed.), *The Psychoanalysis of Race*. (pp. 1-37). New York: Columbia University Press.

Menzies-Lyth, I. (1959) The functioning of social systems as a defence against anxiety. *Human Relations*, 13, 95-121.



New Associations is published by the British Psychoanalytic Council
Suite 7, 19-23 Wedmore Street, London N19 4RU
Tel. 020 7561 9240
www.bpc.org.uk
hello@bpc.org.uk

Three issues of *New Associations* are published each year, in the Spring, Summer and Autumn.

Subscriptions

UK annually (3 issues): £30. Overseas annually: £36

Advertising

To find out more about advertising in *New Associations*, contact Richard English:
richard.english@bpc.org.uk

Editor Helen Morgan

Co-Editor Richard English

Production Susan Rentoul

Illustrations Allen Fatimaharan

Printer Blackmore

Mailing house Menzies Distribution

Editorial Board:

Gabriele Brown and Johnathan Sunley

Views expressed in *New Associations* under an author's byline are the views of the writer, not necessarily those of the BPC. Publication of views and endorsements does not constitute endorsement by the BPC.

© 2021 British Psychoanalytic Council. No part of this publication may be reproduced, stored or transmitted in any form or by any means without the prior permission of the publisher.

ISSN 2042-9096

Contribute to New Associations

We welcome your ideas for articles, reviews and letters to the Editor. In particular we are looking for reviews of cultural events, books and films with psychoanalytic interest. If you would like to propose a topic for a longer article (up to 2,000 words), please contact Helen Morgan at helen.morgan@bpc.org.uk.

Deadlines: Copy deadlines for *New Associations* are as follows:

Spring edition: 30 January

Summer edition: 20 May

Autumn edition: 20 September

Editorial

Peculiar Times

Helen Morgan

A year on from the global pandemic reaching our shores and a certain weary anxiety permeates our lives. This time we have neither the novelty of a new way of living nor the glorious sunshine of the first lockdown and, at least for the city dwellers amongst us, it is hard to find joy in the now familiar trudge round the local park between work sessions and rain showers. Everything feels predictable and yet uncertain, vague yet habitual. The vaccine of hope is close, but the trauma is far from over yet and so we can neither properly mourn nor recover. Confined within our bubbles we watch world events and wonder where on earth we are heading.

In this edition of *New Associations*, a number of different perspectives are offered on the strange state we are all in. The presentations at the 2020 PP Now conference, *Fear and Loathing in the Time of Covid: Family, Relationships and Society* are discussed in intriguing and thought-provoking ways, weaving together the personal and the political.

Other articles touch on the impact of the pandemic on the work of therapy and the limitations as well as the creative possibilities for its setting, and also for training including the management of infant observation.

The Tavistock and Portman Foundation Trust celebrated their centenary anniversary last Autumn and we have taken space to commemorate that incredible achievement. The impact of such an influential psychoanalytic presence in the NHS and within society generally has been – and continues to be – considerable.

The Tavistock and Portman, like all our training organisations, is undergoing a process of self-examination regarding this profession's historic and current relationship with such thorny matters as class, race and sexuality. Regarding the latter, the BPC Working Party on sexuality has produced an impressive bibliography of the current texts on the subject providing an invaluable resource for the profession. As Wayne Full points out in his article about this work, the content is controversial

at times, but it behoves us all to become more familiar with the current debates.

For many years the subject of racism remained in the background apart from a few – mostly Black – colleagues speaking out; and apart from the dreary cycle of desultory conversations where we dutifully discuss the whiteness of the profession for a tacitly agreed period of time until it fades away to the comforts of disavowal. Suddenly since last summer's BLM protests the subject has exploded into our consciousness and is everywhere. All of our organisations posted statements of support on websites across the profession. Making good use of the benefits of online platforms that made for ease of organisation and limitless participation, seminars and conferences were set up to consider the problem which continue to draw huge audiences. Well, good. But I understand the wariness and suspicion of Black colleagues who wait to see whether we White folk are really prepared to do the difficult work of letting go of our privilege and power and making the substantial changes required. Narendra Keval in his powerful opening piece challenges us all to see where we stand on this matter and asks us to take the steps required. Steps that are essential if we are to be a profession that is fit for purpose in the rich diversity of the twenty first century.

Melanie Klein

A Marmite Person? Melanie Klein and Her Legacy

Jane Milton

Melanie Klein seems always to have been a ‘Marmite person’-psychoanalytic therapists tend to love or hate her and all that she represents. However she remains an abiding presence in the psychoanalytic world. Here I discuss her legacy and how people can find out more about Klein and her ideas in order to form their own conclusions.

During her lifetime Klein feared that her legacy would not survive her. Although initially welcomed in 1926 with curiosity and admiration by most in the British Psychoanalytical Society, this changed from 1938 onwards, following the arrival of Sigmund and Anna Freud and the other psychoanalytic refugees of their circle. The Controversial Discussions and all their subsequent fallout bear witness to the painful strife between psychoanalytic

‘groups’ which, in spite of increasing mutual respect and cross-fertilization, continues to cast shadows even today.

‘During her lifetime Klein feared that her legacy would not survive her’

During the war years Klein’s circle had to fight for their right even to remain within the British Psychoanalytic Society. For years Klein’s work was excluded from the curriculum of many North American training institutes. Interestingly, it was more accepted in South American countries, and generally speaking a ‘north south divide’ seems to have been a phenomenon in Europe too. I don’t know

if this has yet been studied in depth but maybe it would form a good thesis for a psychoanalytic cultural historian?

Klein was of course wrong about the survival of her legacy. Many of her concepts have crept, knowingly or unknowingly, into the psychoanalytic lexicon. However, she was not to know this and perhaps this is one reason she kept such assiduous and detailed records of her ideas as they came to her, and of her clinical work. Thus, we are privileged to have inherited a huge Klein archive, ranging from family photographs and letters, to papers finished and unfinished and copious adult and child process notes.

Klein’s close colleagues set up the Melanie Klein Trust prior to her death in September 1960 and this charitable body continues today to support projects continuing her legacy. Two major areas



Melanie Klein

supported by the Trust are the Melanie Klein Trust website – <https://melanie-klein-trust.org.uk> – and the Melanie Klein archive – <https://melanie-klein-trust.org.uk/the-melanie-klein-archive> – and I will say more about both of these enterprises.

The Melanie Klein Trust website

This is a richly resourced website, regularly updated and expanded, with a beautifully illustrated biographical timeline of Klein’s life and summaries of her main theoretical ideas, with extensive contemporary reading lists that are helpful to students and teachers alike.

You are able to find brief biographies of psychoanalysts from all over the world

who, grounded in Klein's theories, have expanded and applied her ideas in diverse and creative ways, as well as a unique collection of films, papers and recordings. Much of the site is now available in Spanish, French, Chinese and Russian. You can sign up to receive a regular newsletter and see the new material that appears on the site and to hear about new publications.

The Melanie Klein archive

In 1984 Klein's papers were donated to the Wellcome Library (with copyright retained by the Melanie Klein Trust), where these fragile documents could be preserved while being consulted by scholars on request. In 2018 came the digitisation of the archive, which has made it freely available online via the Wellcome Library's website. Exceptions to general availability are some child files, these being 'restricted' until the 2030s to protect the confidentiality of those possibly still living.

'In 1984 Klein's papers were donated to the Wellcome Library'

Notable scholars who have researched the archive include Claudia Frank, Heinz Weiss, my predecessor as Trust archivist Elizabeth Bott Spillius, Robert Hinshelwood, Michal Shapira and Sue

Sherwin-White. Some samples of this work appear in the reference list. A recent important publication is that of John Steiner, who in 2017 brought out Melanie Klein's hitherto unpublished lectures on adult technique, together with the transcript of an audio recording of two seminars she held with 'young analysts' in 1958. Particularly for those not so keen on Marmite I want to quote one of my favourite passages from this transcript:

There was a time when I felt very badly because my work on bringing out the importance of aggression led some analysts to behave as if they could see nothing but aggression. I was quite in despair. All I heard in seminars or at meetings of the Society was aggression, aggression, and aggression.

Now you cannot do anything with that at all, because the point is that aggression can only be tolerated if it is modified and mitigated, and this happens when you have brought out the capacity for love. The very fact that the conflict is so great is that it is a loved object that is being destroyed (Steiner, 2017, p. 112).

Since my appointment as archivist in 2014 I have seen it as my mission to get as much material as I can 'out there', including posting nuggets from the archive on our blog, klein-archive.tumblr.com. The

following is another example:

Essential Readings from the Melanie Klein Archives: Original Papers and Critical Reflections

This book, just published by Routledge, is the fruit of some of my recent research in the archives (Milton, 2020). Here are to be found, published as far as I know for the first time, four of Klein's own lay lectures, written for education and child guidance audiences. Klein writes in a simple, warm and humane style for lay audiences, giving beautiful clinical vignettes. Some of her academic papers can in contrast seem rather dense and indigestible. Also included with the original papers in section 1 is Klein's autobiography, published for the first time in this fullest form, alongside a moving letter to a colleague from 1955.

'Klein writes in a simple, warm and humane style for lay audiences, giving beautiful clinical vignettes'

In the second part of the book comes first some work on the archive previously published in journals by Claudia Frank, Bob Hinshelwood and myself. Claudia's

fascinating papers were translated from German for this book. Finally, Maria Rhode writes on 'Dick', Klein's little patient whose analysis at the age of four formed the basis of Klein's (1930) seminal paper on symbol formation. An important section of the archives shows how Klein continued on and off to analyse 'Dick' until late adolescence. As a specialist in the psychoanalytic study of autism, Maria was ideally placed to research and write this final chapter of the book.

So if you want to find out more about Klein's work, and decide what you really think about it, and about her, may I commend to you the Melanie Klein archives and website.

Jane Milton is a psychoanalyst and archivist for the Melanie Klein Trust

References

Frank, Claudia (2009) *Melanie Klein in Berlin: Her first psychoanalyses of children*. Ed. Spillius. London: Routledge. Translated by Sophie Leighton.

Shapira, Michal (2013) *The war inside: Psychoanalysis, total war and the making of the democratic self in postwar Britain*. Cambridge: Cambridge University Press.

Sherwin-White, Sue (2017) *Melanie Klein revisited: Pioneer and revolutionary in the psychoanalysis of children*. London: Karnac.

Spillius, Elizabeth (2007) *Encounters with Melanie Klein: Selected papers of Elizabeth Spillius*. Ed. Roth and Rusbridger. London: Routledge.

Steiner, John Ed. (2017) *Lectures on technique by Melanie Klein*. London: Routledge.

Tavistock and Portman Centenary

Celebrating 100 Years of the Tavistock and Portman

The Tavistock and Portman
100
 YEARS
 1920 to 2020

Glenn Gossling

For 100 years the Tavistock and Portman Clinics have worked in their respective fields in mental health, showing an enduring commitment to public service and social justice.

At the start of the twentieth century, prior to the NHS, medical care was largely unaffordable, even for the working poor. Victorian bedlams dominated mental health care – overcrowded warehouses whose doctors, known as ‘alienists’, worked as glorified medical gaolers. Mental disorder was conceived biologically, as a sign of ‘degenerate stock’ or ‘moral’ disorder that was rarely curable. It is against this backdrop that the achievements of the Tavistock and Portman Clinics should be seen.

The Tavistock Clinic opened on 27 September 1920. Its founder, Dr Hugh

Crichton-Miller, wanted to provide civilians with treatments similar to those he and colleagues had developed for shell-shocked soldiers during World War 1.

At the start of World War 1 ‘shell-shock’ was not well understood. Doctors gave physical explanations, such as punctate haemorrhages in the brain. The military responded to apparent cowardice with discipline and summary execution, handing out over 3,000 death sentences. Doctors like Hugh Crichton-Miller, William Rivers and Charles Myers took up Freud’s theory of the unconscious to challenge prevailing views. The ‘British school’ argued that not all neurosis was produced by sexual factors, relating shellshock ‘directly, to the strains and shocks of warfare’. Freud later revised his theories too, writing ‘Beyond the Pleasure Principle’ in 1920.

‘The military responded to apparent cowardice with discipline and summary execution, handing out over 3,000 death sentences’

The original staff of Tavistock Clinic felt it their duty to give psychological help to civilians, particularly people who otherwise could not afford it. In the 1920s, Clinic, doctors and therapists worked on a voluntary basis. Patients were charged

a nominal fee of 5 shillings (this fee was often waived altogether). To fund the Clinic, Hugh Crichton-Miller sought subscriptions from wealthy individuals and organised popular educational talks for both the public and medical profession. Even so, he often dipped into his own pocket to meet the Clinic’s overheads.

In its early days, the Tavistock Clinic famously sought to have ‘no doctrine’ and developed an ‘eclectic school’ of thought. Freud’s notion of sadism was challenged in favour of an instinct of aggression, giving notions of self-preservation priority over libidinal drives, and relating anxiety to infantile dread of insecurity – termed ‘dependence’ or ‘the loss of mother’.

The Portman Clinic grew from Grace Pailthorpe’s research into criminology of the 1920s and sought to cure ‘delinquents’ through therapy, not punishment. Edward

Glover established the Portman as the clinical wing of the Institute for the Study and Treatment of Delinquency. The first patient attended on 18 September 1933. Many Portman Clinic patients were unable to pay for treatment. Those with means were charged an initial consultation fee of £1, 1 shilling (a guinea) and 3 shillings for each subsequent session.

Links between the Tavistock and Portman Clinics existed from the outset. JA Hadfield had a key role in training and education at both. Wilfred Bion worked at both Clinics while studying under Hadfield, though Bion saw his first patient – a then unknown Irish writer called Samuel Beckett – at the Tavistock.

‘The Portman Clinic grew from Grace Pailthorpe’s research into criminology of the 1920s and sought to cure “delinquents” through therapy, not punishment’

Both organisations survived the Great Depression in the 1930s and the destruction of their premises in World War 2, during the Blitz.

During World War 2, J R Rees, then Director of the Tavistock Clinic, became Consultant Psychiatrist to the Army, responsible for the mental health of three million personnel. Under the pressures of war, new alliances in psychiatry and psychoanalysis created the ‘invisible college’.

The military adopted more psychologically informed training and selection methods to ensure that conscripts likely to break-down were no longer sent to the front line. And the British Army’s pervasive class prejudice was tackled with new officer selection methods, including Wilfred Bion’s ‘leaderless groups’. Later Bion, with John Rickman, initiated the short-lived ‘Northfield Experiment’, transforming a conventional military hospital into a therapeutic community.

After World War 2, both the Tavistock and the Portman were keen to join the NHS and actively serve the public good. Bion initiated ‘Operation Phoenix’ reforms, to make the Tavistock Clinic ready to enter the NHS. Members of the ‘invisible college’ who had served in the military became the core of the new Clinic. An era of egalitarianism followed, with

staff elected to senior positions, staff lists printed without distinction of seniority or profession, and identical salaries paid to medical and non-medical full-time staff.

Joining the NHS enabled the organisation to work with a much wider patient group and so develop expertise and innovation. John Bowlby and Mary Ainsworth developed Attachment Theory and Esther Bick, Infant Observation. Bion’s innovations in group and social psychology led to the founding of the Tavistock Institute of Human Relations. First, Michael Balint (with his ‘Balint Groups’) and then Alexis Brook took the work of the Clinic to the wider NHS as well as back to the community and GP surgeries. Marital guidance and organisational consultancy were added to the Clinic’s non-medical roster.

The Portman also developed links with prisons, judiciary and probation services. From Mervyn Glasser’s seminal concept of the ‘Core Complex’ of the 1970s, grew a range of understandings and treatments for delinquency and perversion. The Portman remains a world leader in forensic psychotherapy.

In 1994, Anton Obholzer and Rob Hale led the Tavistock and Portman to become a single NHS Trust. The Trust’s role as an educational institution expanded, developing university-recognised

post graduate training and a Master’s programme. Now, a global Digital Academy has been launched.

Other innovations include: David Malan’s brief psychotherapy, the Trauma Unit, the Returning Families Unit for cases related to violent extremism, the Trust’s approach to integrated care and multi-agency working, which became the national ‘Thrive’ programme, and the Trust’s gender clinics, which have national status and international expertise.

Over the past 100 years, mental health services have gone through a more radical transformation than any other part of the health system. The Tavistock and Portman contributed a century of innovative thought on human development as well as skills to support and help a wide cross-section of the community.

Glenn Gossling is a communications professional and former freelance writer. He joined the Tavistock and Portman in 2018 and has been researching its history since starting. During his career he has won several national awards for his communications work. He studied English literature and philosophy at university and has wide ranging interests in political history, poststructuralism and post-modern literature.

Tavistock and Portman Centenary

The Tavistock - Now and Then

Andrew Cooper

No organisation stands still, and in an era of rapid, intersecting cultural, technological, political and policy change cannot afford to do so. The Tavistock is no exception. At the same time there is something remarkable about the tenacity with which the practices and values informing the core clinical, training and research ethos of the Tavistock have endured a century of change, and challenge.

'the practices and values informing the core clinical, training and research ethos ... have endured a century of change, and challenge'

Today I suspect the upper tiers of the organisation's hierarchy, and the external pressures and forces with which they contend, are vastly different to what they were even 15 years ago when I was myself a member of the board and a strategic leader. The 'modernisation' of our management style, the process of realistic adaptation to complex NHS and higher education training markets, the commodification of higher education, and the skill sets required to respond to these trends, have not always been welcomed by everyone. In my view they have been essential for survival, and to the protection of the crown jewels of our clinical and training enterprises. The organisational strongroom that guards and transmits these practices down the generations is peopled by clinicians, training teams and professional disciplines who somehow unite in being passionately devoted to a distinctive model of how mental pain and family, individual and societal suffering arises and can best be responded to. What is this 'model'?

Ever Thursday morning I join a group of colleagues and trainees for our weekly psychoanalytic family therapy clinical workshop, to reflect on our work with troubled adolescents and young people and their troubled families. Often these families have endured decades of internal conflict, anxiety, mental pain, trauma, with sources that reach back through the generations. Often we seem to be a service of last resort for them. We offer a four-session 'assessment', a chance to start work and for the family to gain a sense of what we can offer. Subsequently families may be seen regularly for two years or more, or for a shorter intervention. Family members may be referred on for individual therapy, parent work or couple therapy in other Tavistock services. The embeddedness of each service within a network of provision is a vital resource.

In the weekly workshop therapists typically present a recent session, and then we 'think together', drawing on our associations, emotional experience of the

material, observations of transference and countertransference dynamics; the therapeutic pair may explore how they are being subtly mobilised in ways that give insight into family dynamics. The clinical team is multi-disciplinary, always ethnically diverse, and alert to how socio-economic, cultural, racial and material forces intersect with unconscious processes in the life of the family. Clinical trainees do a lot of the direct work, rotating through the service as their placement requirements dictate, while established staff provide continuity, and act as culture carriers.

The workshop functions as a containing space, where the emotional complexity of the work can be freely explored; we aspire to accord everyone equal status in terms of the value of their contributions, regardless of experience, status, professional discipline. In this way the unconscious field or 'psychodynamic system' of the family extends to include the clinicians, the wider team, and the organisational management

function. At the centre of this field is our focus on ‘the task’, the work process, our relationships with one another and with the patients.

‘Often these families have endured decades of internal conflict, anxiety, mental pain, trauma, with sources that reach back through the generations’

Varieties of this model carry over into the Tavistock’s huge range of training programmes, only a small proportion of which are full ‘clinical trainings’. Experience and relationship, attention to the emotional experience of these, making collective sense of the unconscious and systemic patterns at work in patients and how these are mirrored, paralleled, enacted – a variety of methods of learning about such processes sit at the core of our training programmes. Theory is vitally important of course, but we always endeavour not to let it frame our thinking prematurely.

‘the unconscious field or ‘psychodynamic system’ of the family extends to include the clinicians, the wider team, and the organisational management function’

Today there are many modalities of treatment and training available within the Tavistock repertoire: brief therapies, CBT, non-violent resistance training, to name a few. But the ideal type of Tavistock work rests I believe on the notion of ‘thinking together’ and learning from experience, with Bion’s invaluable ideas always in the background. These methods and principles have been extended and adapted to encompass attention to the socio-political environment so that Thinking Spaces (Lowe, 2015) dedicated to the open and contained exploration of the difficult dynamics of race, difference and diversity and Policy Seminars addressing current themes are both recognisably derived

from the core ‘Tavistock technology’ I’ve outlined above.

Through the turmoil and disruption of the Pandemic, our small but brilliant teams of technicians and communications specialists have enabled clinical, training and applied work to pivot rapidly and effectively online. We continue to see families and patients weekly on Zoom, provide training, supervise research and reach across the boundaries of the Trust. Recent public seminars on ‘Whiteness – a problem for our times’ with presentations by Helen Morgan, editor of *New Associations*, attracted audiences of around 700, and sessions on Tavistock thinking about trauma and other topics even larger numbers.

‘... our small but brilliant teams of technicians and communications specialists have enabled clinical, training and applied work to pivot rapidly and effectively online’

I believe today’s Tavistock is more diverse, less institutionally closed, more accessible than it was. But there are threats, and the financial environment as well as the NHS’s oscillating stance on merger and (de) centralisation are constant preoccupations. There is a saying that in organisational life ‘culture will always trump strategy’. In truth the story of the Tavistock’s last 100 years has been about a constant and sometimes fraught interplay between the two. Our ‘culture’ seems largely intact and without it there would not be much left worth defending; but it has survived because good strategy and leadership has enabled it to. So, here’s to the future...

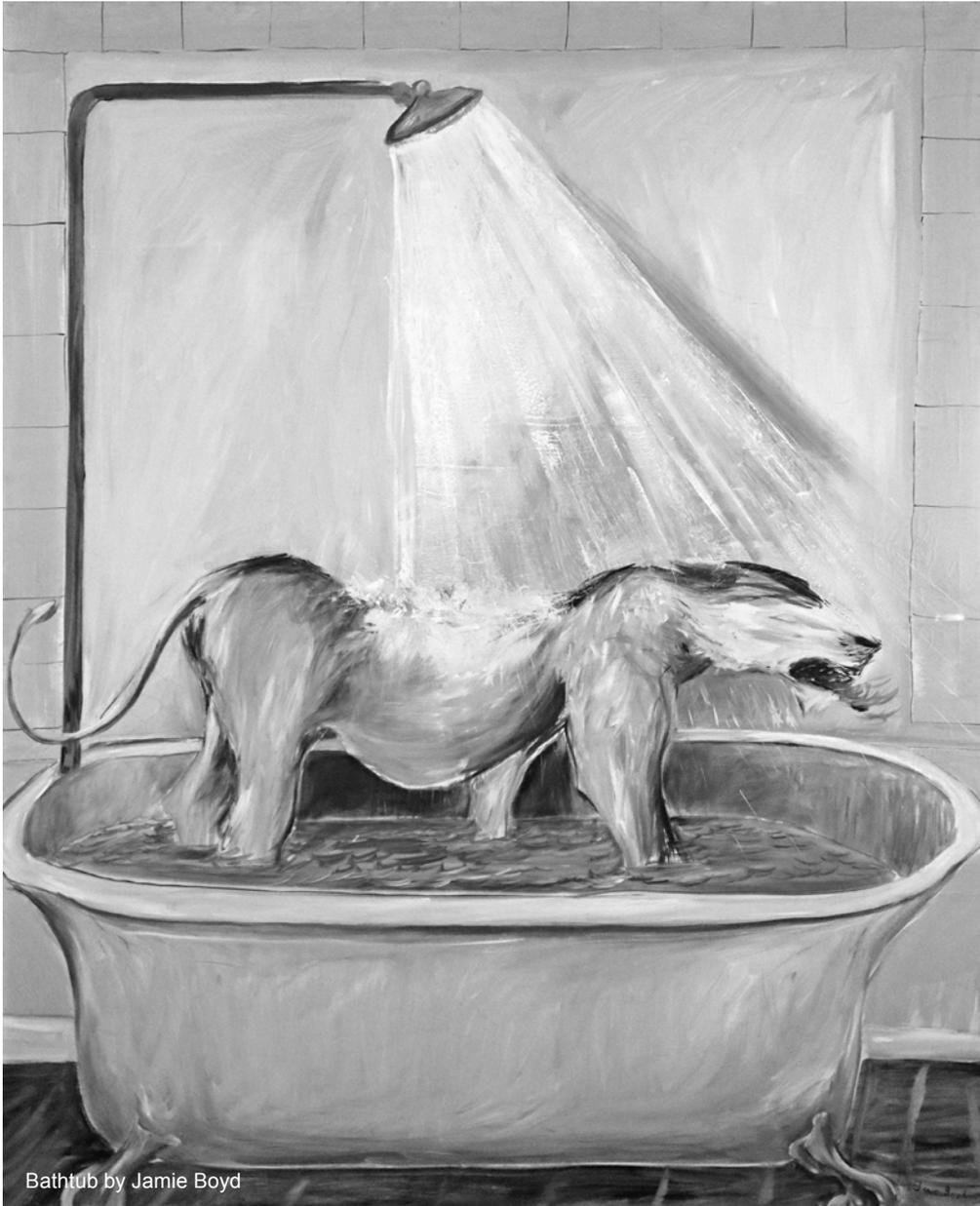
Andrew Cooper is Professor of Social Work at the Tavistock and Portman NHS Trust and the University of East London. He is a member of the BPF and also practises as a psychoanalytic family therapist at the Tavistock.

The Tavistock and Portman

100

YEARS

1920 to 2020



Bathub by Jamie Boyd

Centenary poem by Karen Izod

Swell

If you come here
you will walk long corridors,
walls thick with the thoughts
and fears of a century,

perhaps feel the jouissance
of that noble lion
standing in a tub, ready to shake
when it catches your eye.

Should you come here,
you will discover the pleasures of water;
not watching it from a distance
safe and dry, but being in it,

as Keats would have said,
probably up at Hampstead ponds,
beginning to grasp at those wisps of
thought
we try to hold close, protecting them
from certainties, in the face of what
lies beyond.

Though, he might, as we learn here,
notice those little cat's paws on the
surface,
tiny gusts of wind, agitating into a
darker hue,
indicating an unrest, or a change coming,

and wondering if this might signal a
need
to put down anchor, or let open a sail,
sometimes both as a swell gathers
and we go seeking a readying mind.

And when you have arrived,
as you set off for the library,
you will find Hugh, Anton, Enid, Isca,
Doris, Lily, Jock, (and all);

links in the chain of a practical
unconscious,
though they, in their time would have
been us,
our sails spilling with the struggles of
the day
yanking at that anchor,
though perhaps welcoming it too.

Karen Izod

Swell: waves that have enough energy to travel
well beyond the place of their origin

On the Ground

'Better Out Than In': Working Therapeutically Outside

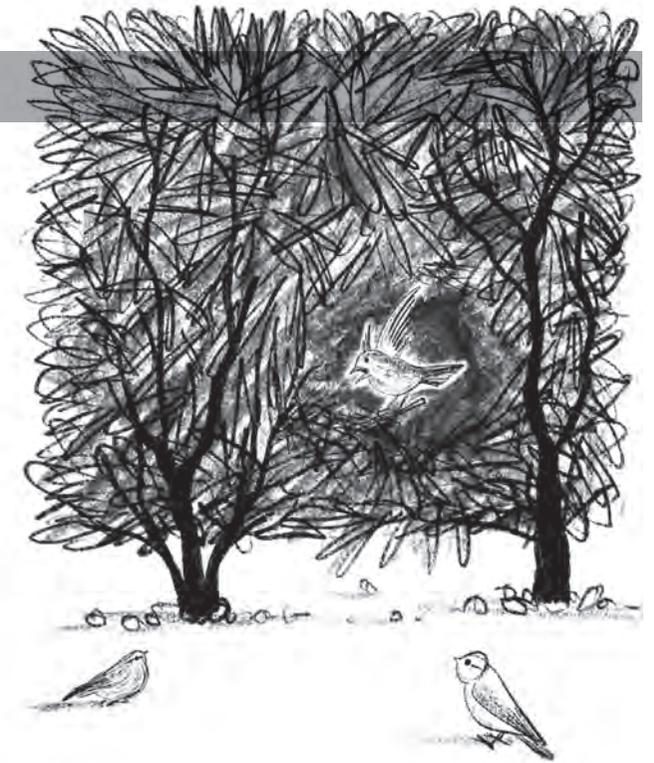
Andy Hardie

Much of the task of psychoanalytic therapy is about bringing more awareness to the unconscious fantasy of the client's internal world. Traditional technique has preferred to reduce the amount of external 'reality' that could impinge on that process. The so-called 'blank screen' manifests in neutral settings and minimal therapist disclosure. Since the start of the Covid-19 pandemic, many clinicians have been forced to accept a much less managed situation. An enforced transition has required many therapists to adapt fundamental characteristics of their frame. Many have found ways to make this work well enough, and it has driven a groundswell of practitioners exploring ways to work outside a traditional frame for the long-term.

Given the 'safest' place to be with someone in the current global pandemic is an outdoor space, many more therapists have been considering going outside as a realistic alternative to working indoors or online. In moving to an outdoor space, a different kind of potential emerges. Nature offers an external reality of a different kind. Metaphor, symbolisation, interpretation and meaning-making opportunities are abundant in organic outdoor environments. A client's movements and physicality may give us clues about other things that are going on. We can notice areas they are drawn to, stay, or avoid in the physical world, and what this might tell us about their psychic landscape. How they relate, or do not, to external, natural objects, animate or inanimate, may allude to their experiences of object relating or attachment. The following vignette briefly

introduces the approach:

Our setting is a walled garden nested in a large park. Formal gardens are remnants of a long-demolished mansion house, previously converted into an asylum for the mentally ill. The client is in his early twenties. He was adopted at six months to join a sibling group already removed due to their mother's neglect and drug use. Their adoptive parents were emotionally and, occasionally, physically abusive. He has diagnoses of borderline personality disorder and complex PTSD. I meet him weekly at a gated entrance which is the threshold we cross to mark the sessions beginning. Today is bright, fresh and cold in the shade. We walk side by side for a while; it feels



like patrolling the walled perimeter. I notice he sounds stilted in his narrative, mirrored by an awkward gait, a slight limp. We find a quiet spot to sit today, in the physic garden (an area with herbs and medicinal plants). As we settle here, a robin emerges from the coniferous hedge containing us. It bobs around, pecking at the ground, then retreats to the enclosed branches. He thinks aloud about the way this keeps the robin safe from unknown threats. He likens it to his state of mind. Emerging, then retreating. Not trusting anyone enough to become fully exposed and vulnerable.

Continues on page 13

He describes paranoid fantasies and emotional distance from his partner, who cannot understand. He says the paranoid thoughts create tension which manifests in back pain – the limp. I reflect on the aggressively territorial robin, driving away intruders. I wonder if perhaps closeness and intimacy feel like an intrusion to him; a threat. With the gentle crunch of gravel, a couple walk past us, he pauses to let them, as we had agreed to do in our contracting. He refocuses and considers: ‘The robin could stay safe in there forever. But then it would starve to death.’

‘An abundance of literature on the inherent psychological and physical health benefits of spending time outdoors is evident’

An abundance of literature on the inherent psychological and physical health benefits of spending time outdoors is evident. Yet theoretical, ethical and practical elements of working psychotherapeutically outdoors

also need due consideration. It is not just a case of stepping outside; or just going for a walk in a local park, or a nearby wood. The accessible outdoors extends to forests, hills, rivers and oceans, mountains and wilderness. There is a long-standing tradition of psychological growth and therapy outdoors. This is reflected in decades of developments in adventure therapy, wilderness therapy and nature therapy. Yet, the current enthusiasm of different professional sectors for getting outdoors risks being overshadowed by unethical and ill-informed practice. Unfortunately, this potential has only been accelerated with COVID-19.

The Institute for Outdoor Learning (IOL) is the professional body for individuals and organisations that offer outdoor and adventure experiences that benefit others. In response to the combined concerns and growing interest, IOL published a ‘Statement of Good Practice’ for outdoor therapy. The intention of the guidance is to ask some fundamental questions of practitioners and organisations: are their approach, competence, skills, and abilities appropriate to offer psychological interventions outdoors? The statement recognises knowledge, training and experience of two distinct yet complementary professions operating across two axes – the outdoors and psychological therapies/psychology. The

different combinations that can be evident across applied practices are reflected in the ‘Outdoor Mental Health Interventions Model’ (Richards, Hardie and Anderson, 2019). Here, any outdoor therapeutic approach can plot itself against professional competencies on both axes. In so doing practitioners can articulate their work within a specifically defined zone of practice. Three zones are identified as follows:

Zone 1: Outdoor Engagement: adding a psychological or outdoor dimension to enrich the experience provided by a session or service.

Zone 2: Therapeutic Enhancement: using complementary outdoor activities and psychotherapeutic practices to enhance the approach and benefits offered.

Zone 3: Integrated Outdoor Therapy: integrating professional competences in both outdoor learning and psychological therapy to provide unique and dynamic interventions.

The earlier vignette represents a Zone 1 approach. Relating practices to a recognised framework enables greater understanding amongst professional networks. It better communicates the intentions and rationale for work outdoors. The IOL statement intends to celebrate a breadth of practice. It emphasises the possibility for

collaboration through creative partnerships and seeks to encourage interdisciplinary dialogue across professional boundaries. You are invited to use the resource when considering this approach with clients. The more that do, the more consistency will emerge in defining and communicating the boundaries of working psychotherapeutically outdoors.

Andy Hardie: Psychodynamic Counsellor, Supervisor and Clinical Manager for Venture Trust, pioneering an outdoor therapy service with complex and forensic clients in Edinburgh.

Kaye Richards (Dr): Chartered Psychologist, qualified outdoor professional, experienced researcher, and Senior Lecturer in Psychology at Liverpool John Moores University

Neal Anderson: Professional Standards Manager for the Institute for Outdoor Learning and a UKCP-Registered Psychotherapist and Supervisor.

References:

Richards, K., Hardie, A. and Anderson, N. (2019). *Outdoor mental health interventions and outdoor therapy: A statement of good practice.* Institute for Outdoor Learning, Penrith. www.outdoor-learning.org/Good-Practice/Good-Practice/Outdoor-Mental-Health



PPNow 2020: Fear and Loathing in the Time of Covid: family, relationships and society

PSYCHOANALYTIC PSYCHOTHERAPY NOW ——— 2020

Introduction

The pandemic has had, and continues to have, a profound influence on how we live and how we work. Each of us has our own personal story about the experience, stories which we will no doubt share with our children, grandchildren and friends for many years to come: war stories, if

you like. This year's PPNow aimed to capture some of those stories and provide a space for us to reflect and share our own experiences.

Working as a psychotherapist is essentially a lonely endeavour; our days are filled with people, but not people who will ask us how we are or who we can share our own fears and suspicions with. Each of us finds ways to manage this deprivation; we join supervision or reading groups, we take part in committee work or we work in institutions so we can have those comradely chats on the stairs. One of the

most collegiate things we do is take part in conferences. We chat, and yes, gossip with colleagues, balancing a paper plate with a slightly disappointing lunch in our hands, whilst being jostled by someone anxious that there will be no lunch left at all! PPNow has always been excellent for that, bringing us together across MIs and professional bodies with a shared interest in the wider world and how psychoanalysis helps us make sense of what, quite often, seems inexplicable. The debates can be robust, the differences amongst us clear, but PPNow connects us in those

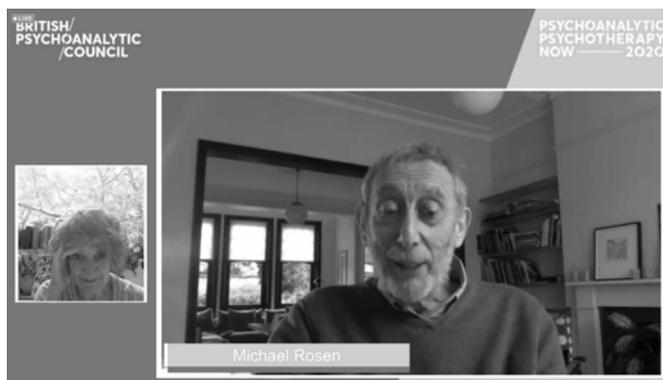
differences and enriches because of them.

This year's PPNow missed the gossip and the debate. The world of Zoom is better than nothing – no more than that. But, the conversations were kind, thoughtful and even poetic. Much gentler and kinder than the world beyond our screens that morning. I'm glad we connected in some way but even the lunch on its wobbly paper plate was sorely missed.

Susanna Abse, BPC Chair

Michael Rosen

Susie Orbach



The First Conference Session was a conversation between Susie Orbach and Michael Rosen. Here are her summary and thoughts about it.

To an extent, we live with public figures. Our writers, actors, artists, musicians, sports people, TV characters and politicians may be at one remove, but they also people our world and our imaginations.

Michael Rosen is one such person. His presence in the lives of many children, his long-running BBC Radio 4 programmes on language and his experience of Covid-19 meant that when I was asked to talk with him, I knew he would be an outstanding conversationalist.

I'm not suited to interviewing outside of the consulting room. The rhythm and

pace are very different to the kind of early encounter with potential patients, where the expectant and oftentimes nervous individual comes in with an issue, often several issues, and my questions are there to facilitate a different kind of conversation in which we might upturn assumptions, interrogate beliefs, extend and expand feelings. In the therapeutic 'interview', we seek to know an individual in their own terms while absorbing their impact on us. Not so with straightforward public interviewing, where there is also an intention to inform and to showcase the individual's ideas and achievements. With Michael though, his easy and skilled engagement meant that we were able to learn about his experience of a long hospital stay.

Michael spent two months on a ventilator and three months slowly and actively recovering; finding his mind and getting acquainted with a post-Covid corporeality. He tells us that this is not the second time he has learnt to walk – he was knocked off his bike at 17 – but the third time, the first being when he was a baby. Here is his charm. And his skill in knowing what will tickle a psychoanalytic audience. It makes me smile to recognise this sweetness of his cuing into his audience. It is part of his repertoire as a teacher and a performer, that he can zero in on our quite specialised interest.

‘Both his parents were educators and as a post-war child raised in a communist household, everything is an educational opportunity’

Throughout our conversation, Michael took opportunities to teach. It is in his emotional DNA. Both his parents were educators and as a postwar child raised in a communist household, everything is an educational opportunity. Like Michael, I

grew up with parents who spoke back to the news, who had an alternative version to what I was learning at my little church primary. No dear, of course there is no such thing as God. No, no, no we could hear them rail at the radio reports of the invasion of Korea. Rubbish, treachery, they pronounced at Suez. Fury at apartheid.

This living in two worlds is key to the experience of the psychoanalyst just as it is to the writer. The desire to understand, to work out what belongs where, how to make sense of fragmentary and mostly incomprehensible conversations that only find a niche in the mind many years later, is intensified when one’s family of origin is so at odds with the general cultural story. But, of course, it wasn’t for Michael (nor myself), only two worlds. Being children of left-wing Jews meant that one was not like the other children from the Jewish families we went to school with, *no, we weren’t like them, dear*. In his work and in the interview, Michael’s sensitivity to segregation, segmentation and othering, which he discussed with passion when talking about the attitude towards the over-70s and Covid, becomes both a way of addressing a grievance and a teaching point.

Describing a journalist who wrote disparaging stories about the real experiences of Covid patients, Michael quotes her as saying ... ‘I’m not doubting

that you were ill, but you are 74’. Michael goes on to explicate the purpose of the *but* as a conjunction and takes this as an opportunity to teach us ‘the heavy lifting’ this little word *but* is doing. He shows us the way it segregates and minimises. I loved this example because not only is it politically astute; it is also a forensic corrective to lazy language. It is akin to what we do when we listen and talk with or about our analysands. I think we all know that when we say ‘but’ we almost inevitably diminish what came before. We hear it in our patient’s utterances, and we reflect that back to them. The question is whether we hear it enough in our own.

Michael talked about the long Covid experience and the peculiarity of having been in the land of death for which there are no words and no remembered experience. He talked in a lively way about his wife Emma showing him iPad messages from his children in the atrium at the hospital. Later in the conversation we realise that he had no recollection of that. It is not a found memory. It is Emma’s memory. He was given it by her to build from. It was part of a three-month process to recover from the ventilator-induced coma, the mind-bending drugs and the holes in his experience.

The coma took away almost five months if we count in the recovery time and the adjusting to the loss of sight from one eye

and the hearing from one ear. It didn’t wreck his spirit or his energy or indeed the tools he has to understand. To medical knowledge (he was started on the path to medical school way back when), he adds the odyssey, and the emotional journey of sadness for having been arbitrarily taken to the land of death in rehearsal form. He has gratitude for sure along with the sadness. ‘The archaeology of mind matters to me’, he says ruefully and then passionately. The idea that he didn’t have access to his mind is a source of outrage.

‘The idea that he didn’t have access to his mind is a source of outrage’

Michael Rosen is a national treasure. He shows us a way into complexity which is enriching and unthreatening. He fizzles with delight. We are talking of the most dismal of experiences and we come out moved and smiling and grateful, very grateful indeed that once ill, he had access to ventilator care and rehabilitation services which have given him back to us.

Susie Orbach is the recipient of the Inaugural BPC Lifetime Achievement Award. She is a Fellow of The Royal Society of Literature.

© Susie Orbach 2020

PPNow 2020: Fear and Loathing in the Time of Covid: family, relationships and society

Covid: The Shout of the Non-Human

Paul Hoggett

PSYCHOANALYTIC
PSYCHOTHERAPY
NOW ——— 2020

Response to Salman Akhtar. (PPNow conference 2020)

The Covid pandemic exposes the problematic engagement of Modern humans with mortality and has fractured the routinised nature of everyday life, the routines of work, school, travel and so on. In his presentation to the PPNow 2020 conference Salman Akhtar focuses particularly upon the fracturing of routinisation. But in doing so he reopens a key issue relating to the nature of the psychoanalytic project, and specifically whether its focus on the human subject is awry.

Akhtar rehearses the classic psychoanalytic story of human development where the existence of an ‘average expectable’ (Hartmann) or ‘good enough’ (Winnicott) environment facilitates the early development of the child, enabling it to accept that some things are impossible (abandonment of omnipotence) and some are prohibited (compliance with taboo). But he suggests the non-human dimension of this environment – time, space, animals, nature, God – is left out of this story. Consider, for example, Covid itself. In our clinical practice we are more than able to consider the way in which a patient’s preoccupation with the nature of the virus may be either a displacement or symbolic representation of something human, that is, an ‘object relation’. But what of its existence in its own right, as an element of the environment – the ‘thing in itself’ - which forces itself upon us irrespective



of the many ways in which we may psychically construct it?

Akhtar suggests the non-human constitutes the fundamental matrix or ‘envelope’ of human experience, an envelope which has both a containing and an evocative function. And it is this which has been ruptured by Covid which, as a consequence, has expanded time, compressed space, extended prohibition and so on. He

suggests that on the one hand this has provoked annihilation anxiety, paranoid defences, intense object hunger and depression, whilst on the other it has led to an increased awareness and appreciation of what we have.

Covid challenges our omnipotence, it reveals how little control we Moderns have over the non-human environment despite all our apparent progress. Akhtar attributes

Continues on page 17

this separation from the non-human to Judaeo-Christian religions which ‘cut man and animal apart’. Freud glimpsed this in works such as *Totem and Taboo*. Recently, Susan Kassouf has described in detail the dialogue between Freud and Ferenczi on human/non-human relations. Like Kassouf, Akhtar also mentions the work of Harold Searles, until recently one of the few within the psychoanalytic tradition to have taken the role of the non-human environment seriously.

‘It was as if Freud and Ferenczi opened a window but did then not go through’

It was as if Freud and Ferenczi opened a window but did then not go through and it was not until Searles wrote *The Nonhuman Environment in Normal Development and Schizophrenia* in 1960 that the baton was picked up again. Because we are mortal biological beings, Searles insisted upon our inherent ‘relatedness’ to, and ‘intimate kinship’ with, the non-human, revealing a dependency which was so great that we dared not recognize it. Searles later argued that this denial underlay an unfolding ecological crisis which was the greatest

threat ‘mankind collectively has ever faced’.

Colleagues in the Climate Psychology Alliance believe that if we really push through the window that Freud, Ferenczi and Searles opened, we may need to undertake one final yet vital decentering of the ego. Despite Freud’s insistence that the ego could no longer be regarded as the master of its own house, psychoanalysis has colluded with human exceptionalism by denying the psychically constitutive role of the non-human environment.

If we are to move on from seeing the non-human as either a displacement or a symbolic representation of the human, what would be the implications? What if, following Searles, Balint and others, we have a primary attachment to this non-human environment that precedes any kind of object relation, the vestiges of which resonate throughout our life, contributing to the aesthetic and spiritual dimensions of it as well as to psychopathology? Sally Weintrobe (2018) makes precisely this point when she suggests that, following Klein, we have tended to think about internal objects as if they were solely human (the first physical object being the mother’s body) and not also derived from ‘the ecology and landscape’ in which humans live. She develops the concept of ‘internal landscape’ to denote this primary framing, with

landscapes – including all that comprises the non-human – figuring in our dreams and the imaginal. This framing ensures that the non-human is neither eclipsed nor seen as just ‘background’ and untroubling.

Speaking of climate change, Bruno Latour (2018) uses the theatre as metaphor for the destruction of the Holocene. He says, ‘at the theatre one can forget the building and the wings to concentrate on the plot’, but as climate change accelerates and the elements descend upon us, ‘the decor, the wings, the background, the whole building have come on stage and are competing with the actors for the principal role’.

If we were to apply this metaphor to the psyche in the post-Holocene world, we would allow for the non-human to crowd onto the stage. Other sentient beings – animals, birds, insects, trees – would be seen as beings-in-their-own right and not just psychical representations. Why is the study of such encounters not a key element, for example, of our infant observations? Why is it that we only think of ‘containment’ as a purely human function and not also something undertaken by the non-human? Why, in initial assessment interviews, are we not curious about the patient’s significant reported connections with the non-human as well as the human world?

If compassion is about feeling-with (com-



passion), in what ways do we engage with compassion with other sentient beings, and how does this affect our development? Do we need to go beyond a model of thirdness and even fourthness (ie the sibling or peer) to a trans-subjective model which includes non-human subjects as active co-creators of the individual psyche? Wouldn’t this change the way in which, for example, we understand dreams? Rather than thinking of the dream as a screen onto which the unconscious ‘projects’, is it not possible that our dreams will also increasingly register the eruption of the non-human through the screen and onto the stage?

Professor Paul Hoggett is a psychoanalytic psychotherapist and former chair of the Climate Psychology Alliance.

References

- Kassouf, S. (2017) ‘Psychoanalysis and climate change...’ *American Imago*, 74 (2): 141-171.
- Latour, B. (2018) *Down to Earth: Politics in the New Climate Regime*. Cambridge: Polity.
- Weintrobe, S. (2018) Communicating psychoanalytic ideas about climate change: A case study. In P.Garvey & K.Long (Eds.) *The Klein Tradition*. Routledge.

PPNow 2020: Fear and Loathing in the Time of Covid: family, relationships and society

A Response to Lisa Appignanesi's 'Covid Chronicles'

Vicky Lebeau

PSYCHOANALYTIC PSYCHOTHERAPY NOW ——— 2020

As record, narrative, or register of events – especially, according to the *Oxford English Dictionary*, ‘one in which the facts are narrated without philosophic treatment, or any attempt at literary style’ – the chronicle is a complex form. Staking a claim to collecting the ‘Now’, in all its waywardness and raw randomness, it is on the way to making history: the chronicler takes the world as she finds it, assembling the ‘stuff’ to which others will give form and meaning. Hers is an archival impulse: she waits, watches, and writes, but is under no obligation to do anything other than tell it as it happens. ‘Unlike the modern historian’, as

the literary critic M.H. Abram once put it, ‘most chroniclers tended to take their information as they found it, making little attempt to separate fact from legend’.¹

‘Hers is an archival impulse: she waits, watches, and writes, but is under no obligation to do anything other than tell it as it happens’

Abram was describing the diverse history

of the uses of chronicling in European culture. Nonetheless, in our age of ‘alternative facts’ – or, more accurately, political lying – his words may give us pause.² How does a chronicle compare with, say, a memoir, a diary, a journal? What kind of truth does it tell? Who is speaking through it? And for whom? ‘Covid Chronicles’, Lisa Appignanesi’s contribution to the PPNOW conference, seemed bound to generate such questions. The title was already familiar, even generic. In April last year, Radio 4 had launched its own ‘Covid Chronicles’, inviting listeners to share their experiences of ‘life under lockdown’ (hundreds of essays were submitted; the project will now be housed by the British Library). Further evidence – like the Museum of London’s ‘Collecting Covid’ or UCL’s ‘Lockdown Dreams Project’ – of our commitments to archiving, and our (sometimes fragile)

faith in a future that will want to hear from us?

‘in thinking, imagining, listening – in chronicling our everyday madresses – perhaps we find a way towards the future’

In the context of PPNOW’s commitments to taking psychoanalysis into the world of politics and culture, the idea of the chronicle took on yet another dimension.

It may be that the analytic setting provides a unique opportunity to ‘chronicle’ the life of the unconscious as it emerges in the work, and play, taking place between analyst and patient. (Certainly, Covid has made itself felt there, disrupting the physical space of the setting in ways that remain to be understood.) But beyond the space of the clinic, Appignanesi’s discussion aimed at the unconscious life of our *social states of mind* (to borrow Cooper and Lousada’s concept).⁵ ‘Labile states’ is how she described them: the precarious states of being provoked by the arrival of Covid and its (mis)management by politicians and policy-makers. ‘Corona,’ as Appignanesi puts it, ‘continues to wreak havoc on our individual and collective lives, our minds and our bodies, and body politic.’

Havoc is a strong word, but the burden of Appignanesi’s ‘Covid Chronicles’ is to bear witness to its effects on our personal and political worlds: as a writer, she is finding the words to say it, and discovering a form to contain those words for her audience. Reflecting on the difficulty of writing in the time of Covid, Appignanesi was also implicitly reflecting on the difficulty of that work. It may not be coincidental that, to my ears, her chronicling was taking place on the cusp between memoir – personal, associative, elegiac – and political critique. That space is not new to her. In *Everyday Madness: On Grief,*

Anger, Loss and Love (2018), Appignanesi engages us in a struggle to understand what she describes as ‘the kinds of states that float somewhere between

diagnosed madness and daily life’: writing as ‘a woman whose husband has recently died’, a memoirist of love and loss, she is also a citizen of a world gone mad with anger, hate and grief (these are, she points out, ‘the days of Brexit and Donald Trump’). ‘My private loss’, she writes in ‘Losing’, ‘occurred at a time when Britain itself seemed to be losing it, a condition we shared with our American cousins.’⁶

‘‘Fatally careless’ is her precise description of the cultures of government’

Appignanesi uses that coincidence to open up a space to think between personal and political forms of loss – the ground to which she returns in ‘Covid Chronicles’.



‘Fatally careless’ is her precise description of the cultures of government in two of the most privileged, and unequal, nations on earth. Part of the tragedy of Covid-19, she insists, is

the fact of ‘being ruled by an irresponsible bunch of hoods’. It would be difficult to overestimate my gratitude to Appignanesi for saying it that way as well as for her ongoing attempts to grasp the mechanisms of the ‘profound seepage’ between inner and outer worlds. In her dialogue with psychoanalysis, Appignanesi is a contemporary chronicler who charts not only ‘the emotions the pandemic has aroused in us’, but the vicissitudes of a political climate that has paved the way for a *sauve qui peut* attitude towards the pandemic and its untimely losses (so often the first, and mindless, attitude of the current Conservative government).

How do we take the measure of the effects of that psychopolitical environment, its social states of mind, on our capacity to survive the experiences of Covid-19? This is the challenge embedded in Appignanesi’s unflinching attention to the

hateful political landscape into which the pandemic arrives. ‘That’s gone now’: her conclusion was stark, an acknowledgement of the experience of a loss of a world that felt safe (but only for some of us). For over forty years, our politics has attacked, more or less ferociously, the caring functions of the social state. Covid has exposed that attack, extending the experience of precarity that, for so many, was already the norm. Might there be a reevaluation – of work, of meaning, of the life of the mind? On that front, hope itself has become precarious. But in thinking, imagining, listening – in chronicling our everyday madnesses – perhaps we find a way towards the future.

Vicky Lebeau is Professor of English at the University of Sussex and a trainee member of the British Psychotherapy Foundation. She is completing a monograph on Feeling Poor: Psychoanalysis and Class and a book-length project on Fanon’s Freud. She is a Founding Scholar of the British Psychoanalytic Council.

References

- 1 M.H. Abrams, *A Glossary of Literary Terms* (Heinle and Heinle, 1989), p. 37.
- 2 Jill Abramson, ‘Alternative facts are just lies’, *The Guardian* 24.1.2017
- 3 Andrew Cooper and Julian Lousada, *Borderline Welfare* (Karnac Books, 2005).
- 4 Lisa Appignanesi, *Everyday Madness* (4th Estate, 2018), p. 1, p. 87, p. 85.

Covid-19

Training Through a Pandemic

Emmanuelle Smith

When I was asked to write about my experience of psychotherapy training through a pandemic, with the move to online work and all that entailed, I didn't anticipate that it would be so difficult. I felt clearly that there was a before and an after and I anticipated writing about both. But the more I tried to write, the more I realised that maybe I am not quite yet inhabiting the after. I report, therefore, from some liminal space, in the knowledge that in time there will be an after from which to reflect further.

In March 2020, when the first Covid-19 lockdown was introduced in the UK, I was about halfway through my psychodynamic psychotherapy training. I had chosen this particular training largely because it felt very contained – clinical work, supervision, seminars and experiential groups all took place within the same building, a building in which I spent a lot of my time.

Murmurs of the virus had been around for weeks and preliminary discussions had begun to take place in supervision and with clients about the possibility that work could be interrupted. But nonetheless, when the building closed, it felt very sudden. There was no opportunity to 'say goodbye', no sense of when we might return.

'... when the building closed, it felt very sudden. There was no opportunity to "say goodbye", no sense of when we might return'

In those first few days, I didn't know whether I would be able to continue to see clients and move to online work. This was probably the most difficult time for me.

It felt as though we were all at sea, and while I was benefiting from the lifeboat of supervision and of my personal therapy, I risked not being allowed to extend the same to my clients. Thankfully, at least in my case, it was clarified very quickly that all of my clinical work could move online.

With the building no longer there to hold me, the containment that had attracted me to the training in the first place was really put to the test. The sudden physical separation - from my training institution, supervisor, clients and colleagues - initially felt anxiety-provoking, especially amid pervasive fears about the virus.

Around this time I was due to submit an essay about Winnicott's seminal 'Fear of Breakdown' paper. I had textual understanding that 'the breakdown has already happened' but I felt viscerally that it was happening again, that it was all around us. Writing, which is usually very important to me, felt impossible.

Still, it turns out that the solid foundations

of the beginning of my training, in a real-life actual building with real-life actual people, meant that the move online was not only survivable, but also an opportunity to grow as a therapist in ways I could not have previously imagined. I feel fortunate to have been at the developmental stage I was when all of this happened. Had I been any 'younger', just starting out, I would perhaps never have had the experience of seeing clients in a room, of knowing how that felt. Had I been any 'older', or about to finish the training, I might be expected to make my own way in a climate of uncertainty, fear and restrictions. So, although it has been far from ideal, I am thankful for the grounding I had before and for the time now to continue to be so closely supported in my work.

In practical terms, I have found online seminars to be workable but challenging, and speaking to colleagues and teachers, I know I am not alone in this. Some teaching and learning styles lend themselves more to online work than others, but there is a

sense we are all figuring it out together, trainees and trainers alike. I have never felt closer to the peers I am training with, and while an element of that might be a sort of trauma bonding, I am confident now that some of those friendships will be lifelong.

For me, experiential groups have bordered on excruciating. I tend towards being quite attuned – perhaps even overly alert – to what is going on in any room. But online, I find myself having no sense of the group dynamics, no idea what is going on, and I often don't know when, or whether, to speak. At a very basic level, the lack of a shared room in which we all sit, with a literal door that closes, has made it difficult to establish safety. However, these things can be spoken about and worked through, and so perhaps things are as they should be.

Conversely, client work and supervision have been going well. One-to-one interactions feel much more manageable than large groups online but have necessitated the re-establishing of a frame. With my existing clients, strong therapeutic alliances have withstood the loss of a shared physical space and presence. With newer clients, whom I have never met in person, a different sort of therapeutic relationship is emerging, and I believe that it is no less real and no less meaningful.

On my training, we have a different supervisor each year, along with different

supervisee colleagues. From March to October last year, I continued to be supervised within a well-established group. Now, I find myself working with a supervisor I have never met in person - another change among many.

We know that the lockdown has presented different challenges for everyone, including navigating loneliness, balancing work and caring responsibilities, and experiencing or fearing illness and bereavement, and of course I too have had to contend with some of these. But speaking strictly in terms of my training, my world has widened rather than shrunk.

There has been a real effort in the profession to share knowledge and make space for reflection and discussion, and some of the barriers that might have previously prevented me from taking part (in particular, cost, distance and time) have been removed. Alongside my training, I have joined in largely free psychotherapy workshops, discussion groups and webinars, and have connected and exchanged ideas with colleagues all over the world. I am quietly hopeful that a democratisation process is taking place and that in the after, such as it may be, training and psychotherapy itself might become more widely accessible.

Emmanuelle Smith is a psychodynamic psychotherapist in training.

UNIVERSITY OF
EXETER



Doctor of Clinical Practice (Research)

This innovative and flexible programme has now been running for twelve years. It provides a training as a researcher for practicing psychotherapeutic/psychoanalytic professionals who wish become 'research literate'. It also enables participants to explore and develop their own research ideas and undertake a research at doctoral level and make their own contribution to psychoanalytically informed research practice.

The course structure is designed to enable programme members to participate nationally and internationally. Programme members attend the University for a five-day intensive block week twice a year in the first two years but thereafter, the rest of the programme may participate remotely. The blocks are supported by regular learning sets which can be joined in person at various UK locations, but may also be participated in. Research supervision is provided one to one, either in person or via video link

Programme modules:

- Evidence Based Practice and Practice Based Evidence
- Linking Research and Clinical Practice
- Small Scale Research Project
- Thesis Project Proposal
- Major Clinical Research Project and Thesis

If you wish to discuss applying to the programme you can contact the Programme Director: R.F.Mizen@exeter.ac.uk or the Programme Administrator: admin-psychoanalytic

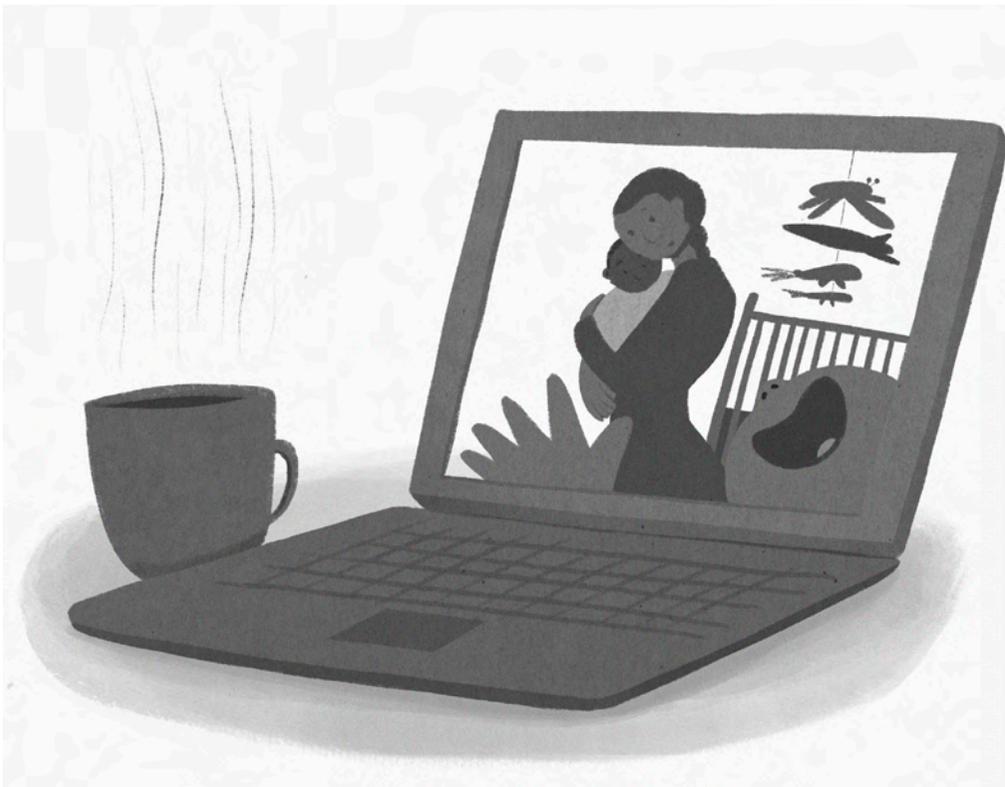


British
Psychoanalytic
Council

Covid-19

Love and Loss: Infant Observation in the Time of Covid-19

Pamela Bartram



In early 2019, the British Psychotherapy Foundation (BPF) Infant Observation Committee had a history of tolerance and eclecticism of which we were quietly proud. Our members include those of the three Associations within the BPF – the British Jungian Analytic Association, the Psychoanalytic Psychotherapy Association and the Independent Psychoanalytic Child and Adolescent Psychotherapy Association; we had worked together ecumenically since the creation of the BPF. But pride, as they say...

Covid-19 arrived, bringing shock and anxiety to the committee as to society as a whole. As the ‘unprecedented’ situation unfolded, students observing babies stopped visiting families in person; as Spring term drew to a close, tension and dissent broke out within the committee. I remember how exhausted I was at that

time with the effort of moving all my own clinical work online, getting my head around the technology, making sure I had the right kit and all the while managing my patients’ and my own response to the loss of the consulting room and our shared physical presence. The committee was similarly exhausted. When we met to discuss our new situation, feelings ran high. Should we advise students as yet without a baby to set up online observations of new babies? Would this be possible? Some thought no new observations should start. Other seminar leaders felt observations could continue online, but they personally were not prepared to lead seminars discussing remote observations. They stood down. Perhaps there is something about the idea of remoteness which sits very uncomfortably with the idea of a baby.

One controversy centred around the question of mourning and loss. If we

Continues on page 23

continued to run the course using remote means of observation, would we stay in touch with the significant loss to family and observer?

‘As the ‘unprecedented’ situation unfolded, students observing babies stopped visiting families in person’

Amongst students, those with babies wanted to continue observing online and I think every family who had an observer wanted the observation to continue remotely. The situation was more difficult for those students who either had not yet joined a seminar group, or who were in a seminar group but had not yet found a baby. Some decided to defer until they could observe a baby in person. We contacted them to hear their worries and reservations. One student described her experience of observing her own incubated baby behind glass years earlier and said she simply could not contemplate an online observation.

Others stayed in the hope of contacting a family remotely who would be willing to

let them observe remotely. Sometimes the hope seemed slim. The seminar leaders had no idea whether this was a realistic goal but wanted to support their students to try. Some students were doing an infant observation as a component of their clinical training, so, for them, getting off the train wasn't an option.

We drew breath and liaised horizontally with infant observation course leaders from other psychoanalytic organisations wrestling with the same dilemmas. We liaised too with heads of training within the BPF who were wrestling with parallel questions as to whether trainees could learn to be psychotherapists remotely, and start work with a training patient they had not met in person. We liaised vertically with the CEO of the BPF, seeking strategic direction and, through him, legal advice on making a contract with families which ensured the confidentiality and safety of online observations. We opted to take a step into the unknown and hoped we'd be able to mop up whatever messes we got into as we went along.

Babies continued to be conceived and born. Drop-ins, playgroups and nurseries closed, pregnancy yoga classes closed, schools closed. Many of our avenues for finding a willing family were inaccessible. Even friends' cousins' friends were battering down the social hatches, struggling to adjust to Covid world. We reasoned that

some families might appreciate an observer in these isolating times, and this proved the case. We found, as usual, that having a distant personal connection with the family was the most fruitful way of finding a baby to observe.

It is too soon to say much about what we are learning from the remote observations so I will conclude with some general thoughts:

Observers are continuing to learn about how babies develop in the context of family relationships!

‘We lament the loss of smell in observations’

Families use the phone or computer in markedly different ways. While one sets up the laptop so the observer has a wide angle view of the scene and may be left when mother and baby leave the room, another holds her phone so the observer shares the feeding baby's close-up view of the breast. A sibling turns the phone upside down, perhaps registering an objection to the baby being the centre of attention. The observer's perennial dependency on family members is highlighted by the use of the camera.

We lament the loss of smell in observations, whether that of the bread toasting for breakfast, or the one that alerts mother to the need for a nappy change.

We enjoy the presence of two parents – furloughed or working from home – much more common these days.

We consider the need to make adaptations to the observer stance. Some students find they intuitively start an observation with more conversation than is usual, one describing how the mother starts by ‘confessing’ to the observer before allowing the baby to take centre stage. We think these may be bonding rituals which allow observer and parent to reconnect in an adaptation to the lack of physical presence.

In our shared learning from experience, seminar leaders who have never remotely observed a baby think with their students about these new experiences and about which boundaries are sacrosanct and which cry out for adaptation to support the going-on-being of the observation.

The committee recovered and resumed its duties. We set up a peer supervision group to help each other. If you are lucky, life goes on.

Pamela Bartram, Child, Adolescent and Adult Psychotherapist, Chair of the BPF Infant Observation Committee.

Covid-19

The Spaces in Between

Sangita Mulji

I have a sore throat. This reminds me of the day in March 2020 when, similarly afflicted and newly aware of the pandemic, I decided not to see people face to face but to make arrangements to work remotely.

There were discussions with colleagues about the sudden change of frame. Amid the confusion that some expressed, I was almost guiltily aware of a sense of relief and liberation. I felt that I could not really relate to the anxiety and I took to the new way of working eagerly. Slowly I began to think that it felt like the resolution of the lifetime dilemma of existing in a space in between identities.

I grew up travelling between India, Ireland and the UK and, perhaps inevitably, I have ended up moving between places as a psychotherapist. I would occasionally see people online or have telephone sessions but until March I had not questioned the idea that a physical setting was an important part of the therapeutic frame and often felt frustrated by the travelling that entailed.

I have always had difficulty situating myself within circles of ethnic, cultural, sexual, diasporic and national identifications. It is therefore perhaps not surprising that this identificatory dilemma was taken up in my career as a psychotherapist who is uncomfortable situating herself within any particular identity as being Jungian, psychoanalytic, relational and so on. I am often asked whether I feel more Indian, English or Irish, which is a question that seems to miss the point in the same way as do questions about my psychotherapeutic modality. It felt as though aspects of training as a psychotherapist became a familiar process of being asked to define myself according to parameters that assert a dominant identity that often seems to be unquestioningly expected.

In March 2020 things changed for everyone and psychotherapy was forced to examine the wisdom that it was difficult to work 'remotely'. People were surprised at the possibility of doing good, in-depth work in ways that had previously been seen

as not ideal. We became experts at using online video conferencing platforms and at thinking about the difference between an online face-to-face session and a telephone session which, being more disembodied, was often seen as more akin to using the couch.

'... psychotherapy was forced to examine the wisdom that it was difficult to work 'remotely'

Just as the use of the couch can facilitate work with some people, perhaps particularly those whose earliest relationships involved a particular kind of vigilance, I became aware of the fact that the new therapeutic space created by remote working can reflect the internal worlds of those of us who inhabit the 'in between' and have perhaps been

traumatised by being expected to take up a particular shape within a culture.

My thinking about this in-between space as a therapeutic space or tool has come alongside an awareness that my practice has changed since March 2020. I am now working much more with marginalised communities and people who don't classically access psychotherapy and psychoanalysis. In the past nine months I have begun working with people who are not in the UK, refugees, and people who have come to therapy because of issues that have been stirred up by the pandemic. I am also working with more people who have been victims of systemic and societal racism and who have felt emboldened by the Black Lives Matter movement to look at issues that they haven't previously been able to voice. With many of these people, space, both physical and psychic, is an important issue.

We can imagine maintaining an analytic relationship on Zoom with someone who travels between India and the UK or with someone who lives in Pakistan having been brought up in the US. We could be working with a refugee who never lived in the same place for more than a couple of years with his status changing as often as his location or with someone who identifies as non-binary.

My work with people who I conceive as moving in an internal in-between space has brought me face to face with the western cultural values of individualism, competition and a work ethic that incorporates normative assumptions about, for example, being on time and having holidays that underpinned the way I had been trained to work. I have been led to think about how a person's culture will affect their reaction to the 50-minute session or to a break. I have been helped to think to think more about non-western concepts of healing and to address the colonial discourse of late nineteenth and early twentieth century anthropology in which psychoanalysis is rooted, which has perhaps led to an idea of one person providing a service to another.

As I find myself working with people who have experienced ritualised or more embodied healing, I am forced at every turn to question all the assumptions of western psychotherapy and perhaps most importantly to see that in my work there has been a pressure to shape myself. I now feel less that I have to squeeze myself into a particular culture in order to work effectively. On a practical level I can reduce my fees when appropriate because I do not have to travel or rent rooms from which to work. This makes my practice more accessible but, importantly, so does the physical 'space' created by videoconferencing or telephone sessions, which somehow feels less asymmetric.

During the pandemic I have opened my doors to people who were previously unable to engage with the culture of psychotherapy. In our work we can inhabit a more in-between space that lacks the power dynamic that is inevitable when someone travels to see me in a room which is seen as mine. Providing a space which attempts to avoid this dynamic feels essential when working with those for whom the consulting room can feel oppressive and irrelevant.

I have found that the space provided by remote sessions can facilitate an intimacy that can be elusive in the confines of my room. People who have been traumatised by having a culture imposed on them may find it difficult if not impossible to walk into a consulting room with its imposing culture which suggests an authority on the part of the therapist. Remote working offers a therapeutic space that avoids the extremes of this colonising dynamic and provides useful access to intersubjective and relational thinking about an expanding place to think about concepts like home and belonging which are not meaningful to everyone.

Sangita Mulji now works mainly in private practice with couples and individuals. She also teaches on psychotherapy training courses. She is registered with the BPC and the UKCP and is a member of the Guild of Psychotherapists. Sangita can be contacted on sangitamulji@gmail.com

Advanced Training Scheme

2 year course starting September 2021

The **British Psychoanalytic Association** is pleased to offer an Advanced Training Scheme (ATS) for experienced psychoanalytic clinicians who have already shown commitment to in-depth intensive analytic work and would like to develop their work further by undertaking additional training at the BPA in order to become a psychoanalyst.

The Scheme is designed for psychoanalytic psychotherapists who wish to train as a psychoanalyst and become a member of the BPA and consequently the IPA, allowing participation in international conferences and events. This is an opportunity to enhance and deepen psychoanalytic practice involving a two-year programme that will begin in September 2021.

Training:

The Scheme consists of theoretical and clinical seminars that cover major schools of psychoanalytic thought and clinical work under supervision/consultation.

Eligibility:

BPC registered psychoanalytic psychotherapists working with adults and late adolescents

Minimum of 4 years post-qualification experience

Minimum of two 4-5 times a week patients currently in analysis

Past or present analysis with an IPA analyst

In some cases the Advanced Training Scheme Committee may be able to help potential candidates meet entry requirements.

**zoom seminars
online events
scientific meetings**

To request a brochure or to speak to a member of the ATS committee please contact Joyce on +44 (0)7552 917114 or email advancedtrainingscheme@psychoanalysis-bpa.org

bpa
British
Psychoanalytic
Association

The British Psychoanalytic Association (BPA), a Component Society of the International Psychoanalytic Association (IPA), fosters and supports psychoanalysis and psychoanalytic professional development.

www.psychoanalysis-bpa.org

Diversity

Shifting Theories of Gender, Sexuality and Relationship Diversity: a Bibliography

Wayne Full

In December 2020, the BPC launched a bibliography of contemporary texts and readings on Gender, Sexuality and Relationship Diversity (GSRD). The bibliography is now live on the BPC website and was developed in full consultation with members of the BPC Task Group on GSRD. The bibliography has been compiled primarily for BPC members and trainees but will also be of interest to psychoanalytically informed researchers and academics. The bibliography is intended as a resource to update learning and to provide a springboard for reflective discussion with colleagues rather than a best practice guideline. It does not set out to be prescriptive and aims to make room for

all points of view. It is inevitable that readers will not agree with or accept all perspectives that are included in the bibliography. However, we hope that there is a wide enough range of views for people using it to make up their own minds.

‘The bibliography is now live on the BPC website’

The bibliography is divided into 18 sections and covers lesbianism, gay male sexuality, bisexuality, transgenderism, non-binary identities and relationship diversity to name a few. The bibliography prioritises perspectives from the last 20 years but some landmark papers before 2000 are

also included. All psychoanalytic traditions are represented including contemporary Freudian, Kleinian, independent, post-Jungian, self-psychological, Lacanian, relational and many more. In addition to providing a representative sampling of current psychoanalytic thinking on GSRD, many texts are interdisciplinary in nature, drawing on findings and insights from other disciplines.

The majority of readings contest the heteronormative and pathologising biases that have historically been dominant in psychoanalytic thought. Contemporary accounts of GSRD have been significantly revised in recent decades and strongly

informed by a number of theoretical developments. These developments include: (1) a reformulation of Oedipal theory so that it is less heteronormative and more reflective of LGBTQIA+ lives and norms; (2) an emphasis on relationality instead of psychosexuality in psychoanalytic thinking and practice; and (3) a critical engagement with other schools of thought such as feminism, social constructionism and queer theory. As a consequence of these shifts in theory, most therapists now understand sexuality and gender as being inextricably shaped by the cultural, social and historical contexts in which they occur. Therapists increasingly

Continues on page 27

acknowledge that the meanings we attach to sexuality and gender change over time and across cultures, and that sexuality and gender can be understood as being plural, contingent and multi-dimensional rather than as timeless, categorical and fixed.

‘The majority of readings contest the heteronormative and pathologising biases’

One area of psychoanalytic contention is bisexuality. Perhaps because Freud’s theory of psychic bisexuality and Jung’s theory of contrasexuality emphasised bisexuality as a psychological capacity to identify with both sexes, actual bisexuality as a sexual orientation received very little theoretical development in the decades after Freud and Jung. In recent years, the concept of bisexuality as sexual orientation has been given more attention. We have included a number of papers showing how contemporary psychoanalytic practitioners have re-examined bisexuality in light of new and emerging disciplines such as bisexuality studies. Bisexuality studies have confronted the dominant model in the West that sexuality is dichotomous

and monosexual (ie, people are either gay or straight) and have aimed to redress the erasure or invisibility of bisexuality as sexual orientation. Bisexuality studies have offered psychotherapists a new lens through which to view and conceptualise bisexuality.

Another area where there is a clear divergence of views is transgenderism. While we recognise that some therapists, especially from the younger generation, are increasingly moving towards a trans-affirmative psychoanalytic approach, other therapists are more critical of such approaches, citing a lack of scientific evidence for trans-affirmative treatments and pointing to the recent surge in de-transitioners. As theoretical and clinical models for thinking about transgenderism evolve and shift at a rapid pace, it is important to ensure all sides of the debate are presented in the bibliography. However, we recognise that some readers may consider several of the papers to contain an unquestioned heteronormativity and cisgenderism.

We have also included papers from scientific research on sexual orientation (eg, genome wide association studies, twin and family studies). What these papers show, on the whole, is that genetic, hormonal and intra-uterine influences seem to play a role in the development of sexual orientation, but

the social environment during childhood and adolescence does not. This directly challenges classical psychoanalytic models of sexual development. We should not, however, understand scientific studies as offering a completely deterministic account of human nature or as ignoring the role of human agency. People make choices about who they want to be, and how they want to live, within the constraints of biology and environment which they can neither choose nor change.

The bibliography also includes clinical guidelines from other psychotherapy organisations such as those of the British Association of Counselling and Psychotherapy (BACP). These guidelines provide practical information about LGBTQIA+ lives, norms and issues, particularly the ways in which social stigma and internalised shame pose a risk to the mental health of LGBTQIA+ patients and clients. These guidelines propose a non-judgemental therapeutic attitude and approach that accepts all forms of gender, sexuality and relationship diversity within a broad spectrum of natural variance and respects complexity, plurality and ambiguity in all clinical practice relating to GSRD. There is also a section in the bibliography focusing specifically on the transference and countertransference with LGBTQIA+ patients.

By including a range of papers covering psychoanalytic, sociological and biological theories, it is our hope that therapists might use the bibliography creatively and perhaps develop their thinking about GSRD in a biopsychosocial direction. A biopsychosocial model would present gender and sexuality as multiply determined and shaped by a complex interaction between the biological (eg, body, brain, genes), the psychological (eg, interpersonal, intrapsychic, psychosexual) and the social (eg, upbringing, relationships, cultural norms).

In closing, it is important to emphasise that the bibliography is a living document and will be updated annually. We welcome feedback on the current version so improvements can be made to future versions. Any feedback on the bibliography should be sent to wayne.full.12@ucl.ac.uk.

Wayne Full is a BPC Scholar and member of the BPC Task Group on Gender, Sexuality and Relationship Diversity (GSRD). He is also a Research Fellow at the BACP and has recently completed his PhD exploring how psychoanalytic psychotherapists working today understand and think about same-sex sexual orientation both theoretically and clinically.

Review

The Plague That's Always with Us

Sally Arthur

Sally Arthur finds parallels for today in the classic novel by Albert Camus.

Everybody knows that pestilences have a way of recurring in the world; yet somehow we find it hard to believe in ones that crash down on our heads from a blue sky. There have been as many plagues as wars in history; yet always plagues and wars take people equally by surprise.

The Plague ('La Peste')

Camus's 1947 novel describes a place where catastrophic disease brings death into the unsuspecting lives of its inhabitants. It is set in the fictional French Algerian town of Oran, where people are as unprepared for plague as we were for Covid-19. This book is worth a read not just because it is beautifully written, but because Camus explores themes that are universal and have an uncanny resonance today.

The opening chapter portrays an ordinary town where people lead materialistic, mechanistic lives. The ocean is often seen as a metaphor for the unconscious and this municipality is described as having its back turned toward the sea. Its citizens ignore what lies in the deep until it erupts in bodily form, and bubonic plague catches them unawares. They have looked away from what Jung in *The Red Book* calls 'the spirit of the depths', and their banal, habit-driven lives are turned upside down. Camus's novel can be read on several levels.

It is known as an allegorical take on the pestilence of Nazism. The plague can also represent, in one character's words: 'Just life, no more than that'. The novel invites readers to find their own way, like its characters, through the maze of moral choices in life, and to work out what the plague means for them.

'Each of us has the plague within him', says chronicler Tarrou. 'No one, no one on

earth is free from it.' Could this plague represent what Jung terms Shadow: those parts of us that push for expression but which we are ashamed of or blind to because, like Camus's sea, they have 'steely or silvery glints that hurt the eyes to look at?' Tarrou and narrator Dr Rieux face the plague head-on, whilst others live 'like wandering shadows that could have acquired substance only by consenting to root themselves in the solid earth of their distress'. The only way to fight the plague, says Rieux, Camus's mouthpiece, is by 'common decency' and by doing one's job.

'The novel invites readers to find their own way, like its characters, through the maze of moral choices in life'

Today, life with coronavirus confronts all of us with moral dilemmas. One person's good (close down the schools to prevent the infection spreading to the elderly) is another person's evil (leave children trapped in homes of worsening domestic violence). Lockdown as cure or death



Albert Camus

sentence. Only history will tell us if the treatment has caused more harm than the disease itself. Even in his nightmare scenario of bubonic plague, Camus did not conceive of a life where bars, restaurants and theatres did not stay open. Like the regime in *The Plague*, governments have mustered military forces in an attempt to prevent death and to control nature. In the name of this beneficent wish, democratic liberties have been surrendered globally. From the 'spirit of the depths' have emerged both love and evil.

Oran's authorities, after prevaricating and denying the gravity of the situation, eventually order statutory and prophylactic

measures such as quarantine, curfew and masks. Journalist Rambert asks whether the mask is really any use. Tarrou replies: 'No ... but it inspired confidence in others.' By contrast Cottard, the entrepreneur, is gleeful about the whole thing. He is confident that his shady criminal past will be ignored by the overworked authorities, and business for him has never been so good. He is one of a band who 'were taking a hand and purveying at enormous prices essential foodstuffs not available in the shops. The result was that poor families were in great straits, while the rich went short of practically nothing.' Plus ça change...

Camus's absurdist philosophy is that, rich or poor, we all suffer from an 'underlying condition' which is death, an event that renders our lives meaningless. We should, in his view, live in the present 'without hope or despair', love our fellow humans, and fight what our plague represents by the only means possible; that is, with 'common decency'. Both Rieux and Tarrou embody his views. They work tirelessly on the Sisyphean task of trying to relieve victims' suffering. At the end of a busy shift they turn to the reassuring immensity of the ocean for a night-time swim to mark their friendship. Camus writes: 'If there is one thing one can always yearn for and sometimes attain, it is human love.'

His novel shows us human nature in the raw, at war with an 'unflagging adversary' of 'ruthless, almost mathematical efficiency'. However, just when the inhabitants have become used to the battle, plague deaths decrease and then stop altogether. Its sudden arrival and departure are beyond explanation. 'Only the sea, murmurous behind the dingy checkerboard of houses, told of the unrest, the precariousness, of all things in this world.'

The plague, writes Camus, will lie dormant until such time as it is needed for the edification of humankind. Perhaps that time is now? His work prompts us to consider questions we may previously have wished to turn our backs on. To read *The Plague* is to be reminded that our present crisis is not, as the media would have us believe, unprecedented, even if it has appeared to 'crash down on our heads from a blue sky'. The novel calls for an analytic attitude amidst the suffering in life, for us to reflect and maintain a thinking space despite feelings that have gone viral.

Sally Arthur is a Jungian analyst in private practice in London.

**British Psychoanalytic Association
The Debbie Bellman Memorial Lecture**

Howard Levine ON THE NECESSITY OF FAILURE

**'to repeat in the transference
something that will evoke the force
and perhaps meaning of the actual,
unrememberable pre-verbal
experience of failure'...**

Discussants:

Lesley Caldwell and Alan Colam

Chair: Viqui Rosenberg

**Saturday 26 June 2021
2 pm – 4 pm**

**Clinical workshop (IPA members
only) led by Dr Levine
4.30 pm – 6.30 pm**

www.psychanalysis-bpa.org/events

bpa
British
Psychoanalytic
Association

Review

A Terrifying Roar of Rage

Johnathan Sunley



Johnathan Sunley is stunned by *Les Misérables*, a crime drama film from France that tackles many of our current concerns.

Although 2020 will always be remembered as the year in which Covid-19 swept across the world killing well over a million people, it will also be remembered for two exceptionally brutal

individual killings that had nothing to do with the virus. In May there was the death of George Floyd at the hands of four US police officers, and in October in Paris the beheading of the schoolteacher Samuel Paty by an Islamist fanatic.

The shockwaves from the former murder continue to reverberate. Thanks in part to the series of demonstrations organised by

the Black Lives Matter movement, it could be said that there is now more awareness of and anger towards policies and attitudes that express racism than at any time since the 1960s. But the impact of the latter act of violence, which also led to huge protest rallies across France, may prove to be no less far-reaching. If we had thought that the War on Terror would somehow be

eclipsed by the battle being fought against the pandemic, this is certainly not what the French interior minister had in mind when warning about the measures that adherents of radical Islam should prepare themselves for: 'We are at war against an enemy that is both inside and outside.'

Made in 2018, *Les Misérables* seems almost to anticipate these two killings and the world's horrified reaction to them. Its subject is police brutality, and the consequences of that, in an impoverished Parisian suburb already close to exploding. Unlike Victor Hugo's novel, the film offers little sense of redemption. It ends in an eruption of violence that is truly shocking. But it is also compassionate in the way it avoids easy judgments and makes us realize how little understanding we have of the extremely complex dynamics that operate in modern multi-cultural societies. At different points in the film, each of the groups it focuses on comes across as the 'enemy'.

Les Misérables opens with rousing scenes of national unity as France celebrates its victory in the World Cup and the streets of Paris are packed with people of all backgrounds jubilant at the success of 'Les Bleus'. Among them are some young tearaways from the outlying district of Montfermeil. We then follow the lives of

these boys over 48 hours that summer as they get drawn into an ever-deepening conflict with three officers from an 'anti-crime brigade'.

To the police the suburb is a sinkhole of lawlessness and potential terrorism. Their job is to impose some sort of order on the place – no matter what it takes. To us in the audience, life in Montfermeil looks both tough and bewildering. As with many of the banlieues that ring French cities, the area is highly diverse ethnically. A large percentage of the population consists of people of Maghrebi and sub-Saharan African descent and at first it is hard to make out what if anything holds the community as a whole together.

It gradually becomes clear that there are in fact multiple codes of conduct and authority governing behaviour in Montfermeil. We see these through the questioning eyes of its teenagers, who spend their days struggling to cope with feelings of boredom and hunger. On the one hand there's a network of social activists overseen by a character who calls himself 'The Mayor' and who appears both to be in cahoots with the permanently patrolling cops and out to provoke a confrontation with them. On the other there's the Muslim Brotherhood and a local restaurant owner called Salah – described by the most unpleasant of the police officers as 'a thug who grew a beard' – to

whom its representatives defer. If these are both largely male domains, we are also given glimpses into a world behind closed doors in which mothers help each other financially and prepare meals while waiting for their children to get off the streets and come home.

'To the police the suburb is a sinkhole of lawlessness and potential terrorism'

Such equilibrium as there is in Montfermeil is shattered by the arrival of a travelling circus. One of the boys, Issa, steals a lion cub from it and this leads the redneck types who work there to threaten reprisals against one and all on the basis that everybody looks the same anyway: 'they're all black here'. The police get involved in trying to recover the animal but predictably pile in with too much force, very nearly killing Issa in the process. He survives, the lion is returned and it looks as though a deal is reached among all the adults whereby his injuries will be forgotten and the police allowed to carry on as before. If you haven't already seen the film, it would ruin the ending to reveal

what happens next. Let's just say that when next day the three officers find themselves ambushed with water-pistols by some of Issa's friends, this is child's play compared with what follows.

Les Misérables is one of the very few films I saw in the cinema last year. But that is not the reason it made such an impression on me. The themes it treats – race, social injustice, immigration, multi-culturalism, urban conflict – could hardly be more relevant to the incendiary times we are living in.

But this is also a film about law, authority and the balance of power between fathers and sons. Issa wreaks revenge not just on the police but on all the male authority figures in Montfermeil who have contributed to his humiliation. Only Salah seems to be exempt from this. But he is also alone in arguing that the lion cub ought not to be returned to its owner at the

circus because it shouldn't be in captivity at all. He recognizes in it a force of nature that is both beautiful and terrible. 'What does a lion say when it roars?', he asks, quoting from the Koran. 'O Allah, may he who is benevolent be protected from my claws.'

Issa's roar of rage that brings *Les Misérables* to its chilling dénouement can hardly be justified. But having watched the events that precede it, you feel it can at least be understood. It made me think of the hurt and anger that might be building up within young people in this country, forced now for over a year to endure restrictions on their freedom and the loss of opportunities – deprivations which perhaps mean even more to their generation than ours.

Johnathan Sunley is a psychodynamic psychotherapist in private practice in London.

Copy-editor and proofreader

Experienced in working with psychotherapeutic and psychoanalytic texts

Call David on 07799 661813

or email editproofread@btconnect.com

Counselling and Psychotherapy Training Online and in London



TAVISTOCK
RELATIONSHIPS

Certificate in the Study of the Couple Relationship

For qualified therapists and those working with individuals (adult and child) and families who want to explore and understand the couple relationship and its impact on their particular client base. The course is also for qualified therapists interested in working with couples and who want to understand more before undertaking further clinical training. This stimulating course looks at sex and sexuality, hate, aggression, and the myriad of unconscious processes such as unconscious phantasy and beliefs.

Course dates: Start date TBC. One Saturday per month (6 in total).

Fee: £1,200. **Venue:** TBC. Course content may be delivered online via webcam.

Practitioner Clinical Trainings

Starting September 2021 (*Advanced standing available*)

Clinical Qualification: Psychodynamic Couple and Individual Counselling and Psychotherapy

Unique psychotherapy training that qualifies practitioners to work with both couples and individuals.

Duration: 3 years plus clinical reqs time. (Advanced standing – 2 years min.)

Venue: London W1W 6JL. **Fee:** TBC. (BACP accredited.)

Clinical Qualification in Couple Psychoanalytic Psychotherapy

Comprehensive training in psychoanalytic theory and techniques for couple work.

Duration: Full training 4 years. (Advanced standing – 2 years min.)

Venue: London W1W 6JL. **Fee:** TBC. (BPC accredited)

Next Open Evening for Clinical Trainings: 5 March, 6pm–7pm. *See website.*

Forthcoming Online CPD Courses

(See <https://tavistockrelationships.ac.uk/training-courses/cpd> for all CPDs)

How to Flourish as a Psychotherapist in the Time of COVID

In this three-hour online workshop, acclaimed psychotherapist Professor Brett Kahr will share his extensive 40-plus years of experience, investigating both the pitfalls and the pleasures of this unusual, but vital, profession. He will also speak about the very unique pressures, even terrors, of undertaking psychotherapeutic work in the midst of the ongoing coronavirus pandemic.

Date and time: 5 March 2021, 2pm–5pm.

Speaker: Professor Brett Kahr. **Fee:** £60.

The Narcissistic-Echoistic Couple and the Need for Containment

In this CPD day, the morning will look at theories about narcissism and echoism and how these dynamics may be manifest in clinical work.

The afternoon will focus on containment in this context. There will be opportunities for participants to have some discussion time in smaller groups and to bring their own clinical material.

Date and time: 13 March 2021, 10am–4pm.

Speaker: Dr Jan McGregor Hepburn. **Fee:** £80.

Clinical Challenges in Sexuality and Gender Now

In this three-hour online workshop, Leezah Hertzmann and Juliet Newbigin, editors of the recent book *Sexuality and Gender Now: Moving Beyond Heteronormativity*, will explore how today's social environment, where forms of sexual and gender expression are becoming increasingly diverse, can challenge traditional psychoanalytic thinking. Numbers will be capped at 23 to ensure a fruitful small-group discussion.

Date and time: 27 March 2021, 10am–1pm.

Speakers: Leezah Hertzmann and Juliet Newbigin. **Fee:** £60.

Spring Conference 2021 Online: Bion, Containment and Relationships

This online full-day conference will bring together some of the leading psychoanalytic thinkers on Wilfred Bion to consider his place in current psychoanalytic research and practice.

Bion's writings continue to be hugely influential, and are drawn on by new generations of therapists. This conference will consider the ways in which his work is used in the consulting room, both in psychoanalytic work with individuals and with couples, and what it can teach us about relationships.

Date and time: 15 May 2021, 10am to 4.30pm.

Fee: £130 (£120 if paid for by 2 April 2021).

Speakers: Nicola Abel-Hirsch, Francis Grier, Dr David Hewison and Dr Judith Pickering, chaired by Andrew Balfour.

Venue: online via Zoom.

Advanced Summer School Living with Catastrophe: Recovery and Its Limits (Delivery online via Zoom)

This live online school, for couple-trained therapists already working in the field, will consider the effects of various kinds of traumatic experience on the life of the couple, and the capacity for these ruptures to be survived. It will explore how a couple can be helped in analytic couple psychotherapy to think about the meaning of the traumatic event and consider potential ways forward.

Dates: 5–9 July 2021. **Fee:** £475.

Corporate rates available for larger orders of self-directed online study courses. Contact Robyn Hampson rhampson@tavistockrelationships.org for details.

(All courses provide at least three months' access to materials)

Diversity Bursaries – We are offering bursaries for Black, Asian and Minority Ethnic students across our trainings from foundation to clinical qualification. Please email or see website for details.

Online Self-Directed Study Courses

at <https://learninghub.tccr.ac.uk/shop/>

Online Therapy – How to Make the Transition to Working Online and How to Develop Good Practice

Prices: Module 1 – How to Make the Transition to Working Online and Good Practice £40; Module 2 – Technology in the Therapeutic Frame: Getting it Right for our Clients £50; Module 3 – Reflections from Online Practice £45. (3 months' access for each module.)

Buy access to all three for £95 (a saving of £40).

NEW! Facilitating the Therapeutic Connection in Online Therapy – The Four Domains

Prices: £35 for 3 months' access.

Other online self-directed training titles include:

- **Tavistock Relationships Authors Series (6 Lectures)**
- **Psychological Processes in Divorce**
- **Psychosexual Studies: Sexual Dysfunctions – Female Disorders**

BOOK NOW:

Tel: 020 7380 8288

Email: training@TavistockRelationships.ac.uk **www:** www.TavistockRelationships.ac.uk