Northern Ireland – a case study in building better relations in the era of Brexit and Covid

John Alderdice

One of the difficulties in writing about how people go about their lives in Northern Ireland a generation on from the 1998 Good Friday Agreement is that, when you have grown up in such a community, all the ways of thinking and being are entirely natural and you are not aware of anything very pathological about them. Indeed, you may find yourself explaining to outsiders how normal life is for most people, and encourage them to disregard those journalists who always seem to be on the look-out for sensational stories – most of which misrepresent how daily life is experienced by ordinary people.

'when you have grown up in such a community all the ways of thinking and being are entirely natural'

Those who visit from Britain may be confirmed in that view, captured by the fun-loving hospitality and the high standard of living of many people in Northern Ireland. However, at certain times, especially during the so-called

"marching season" in June and July, if they venture into many working-class Protestant and Catholic areas they may see marching band parades, massive bonfires, and other signs of communal divisions such as partisan murals and painted kerbstones. The kerbstones are painted red, white and blue in some Protestant Unionist Loyalist (PUL) areas, and green, white and orange in some Catholic Republican Nationalist (CRN) communities – representing the colours of Britain's Union flag and the Irish Tricolour. While only rarely accompanied by violence, these indicators of deep communal divisions will nevertheless seem strange to the outsider – a mixture of festive and sinister – and they may feel that this is not quite the United Kingdom they know.

'For thirty years, from the time of my early teens through until my early forties, there was communal violence'

For thirty years, from the time of my early teens through until my early forties,

there was communal violence, and while one got used to that and got on with life, things largely settled down after the 1998 Belfast/Good Friday Agreement. However, the underlying tensions never remitted completely; we just got used to a much lower level of threat. When Brexit came onto the agenda, it was discussed in very civil terms, and much more so than in Britain. Like neighbouring Scotland, Northern Ireland voted to remain, but when that was trumped by the vote in England and the whole of the UK went down the road to Brexit, anxieties began to rise again: not that we would see a return to violence, but that the future was uncertain again. When the decision to leave the European Union was confirmed, and especially when the negotiations between the UK and the EU raised the prospect of a return to a customs border, old divisions remerged, but in a new way. Everyone, unionists, nationalists, and an increasing number of non-aligned younger people, were all clear that there should be no return to a customs border on the island of Ireland, but the EU was insisting that if the United Kingdom was leaving the single market and the customs union, there had to be a customs border somewhere. This insistence by the EU created a major problem for the Good Friday Agreement.

The essence of the historic problem in Ireland was that the north of the island

was close to Scotland, and even before England was England there had been a close relationship between the Scots and the Northern Irish. This went back at least as far as the 6th and 7th centuries when the kingdom of Dál Riata encompassed the west of Scotland and the north-east of Ireland. The people of the rest of the island had no such connection, and their relationship with England had been a troubled and painful one since the Norman invasion in the 12th century. The attempts to plant English and Scottish colonists in the 16th and 17th centuries were more successful in Ulster than elsewhere, because of the prior cross-channel connections, and in the early 20th century when the rest of Ireland separated from Britain after a war of independence, a majority of the people in the six north-eastern counties determined to stay in the United Kingdom. Their identity remained British not so much because there was a strong affinity with the English, but as a result of the historic relationship with the Scots. It is often forgotten that the British monarch wears both the English and Scottish crowns, and this is of more than merely symbolic significance.

Why is this ancient history important? As psychoanalysts and psychodynamic psychotherapists, we understand the importance of early life and development, and how with anxieties and trauma the

experiences of past decades can return to haunt us. In the case of communities, it is the experiences of past centuries, not merely past decades, that return. Or to put it another way, with trauma or existential threat, we may lose our capacity to differentiate between past memory, current awareness, and hopes or fears for the future, so that the past becomes current experience or a future danger. In the large group, folk history is the equivalent of individual memory. In individual psychosis the boundaries of the self may become disturbed and 'my thoughts' are sometimes experienced as voices from outside of me. In an analogous way, the maintenance of physical and political borders becomes profoundly important when a community feels that its identity and essence is under threat. The painting of the kerbstones, mentioned earlier, is not just a celebration of identity, but a marker of territory.

The Good Friday Agreement resulted from a long process in which we addressed not one, but three sets of disturbed historic relationships – between unionist (PUL) and nationalist (CRN) communities in Northern Ireland; between the North and the South on the island; and between Britain and Ireland. From this analysis we constructed a three stranded Talks Process addressing the three sets of relationships, and agreed three sets of institutions through which new harmonious

relationships could be conducted – the Northern Ireland Assembly; the North-South Executive bodies; and the British-Irish Intergovernmental Conference (BIIC).

'All three sets of relationships were in poor shape when Brexit shook the kaleidoscope'

We know that relationships are dynamic and organic. They need to be nourished and worked at, or they fall into disrepair. Despite all the warnings of psychology and history, succeeding British and Irish Governments failed to keep meeting in the BIIC at the highest levels for a decade, during which relations withered and the momentum towards Brexit developed. As the generation of Northern Irish politicians who had negotiated the GFA were gradually replaced by a generation who took the new context for granted and neglected the importance of treating each other fairly and with respect, the Northern Ireland Assembly became more dysfunctional, and since the North-South Executive bodies required Northern participation, they too suffered. All three sets of relationships were in poor shape

when Brexit shook the kaleidoscope. While no-one in Ireland wanted to return to a border between North and South, the EU failed to understand that this was only one part of the Good Friday Agreement – the part that pleased the Catholic Republican and Nationalist (CRN) community. For the Protestant Unionist Loyalist (PUL) community it was equally essential to maintain full freedom of movement of people, goods, and services within the United Kingdom, and between Britain and Northern Ireland. But the EU was not interested in that part of the Good Friday Agreement because it conflicted with their wish to make no changes in their Single Market arrangements and, in any case, they were keen to punish the United Kingdom for leaving. So, when leaders in the EU and the US talk about protecting the Good Friday Agreement, they are oblivious to the fact that they are actually damaging part of it by disregarding the British/Northern Ireland set of relationships.

'Until now Britain has been partially protected from the full consequences of Brexit because of Covid'

Until now Britain has been partially protected from the full consequences of Brexit because of Covid. The long queues of lorries expected at Channel ferry ports, waiting to complete their increased formalities to enter the EU, have not yet materialized because ferry traffic has been reduced by Covid. In addition, many lorry drivers from Ireland, North and South, are choosing the shipping route directly from Ireland to continental Europe rather than using the 'land-bridge' through Scotland/England or Wales/England. However, as the transitional arrangements come to an end and the Covid restrictions are gradually eased, the problems of identity and disturbed historic relationships will have to be addressed again. It is unlikely that the former campaigns of violence will return. Irish Republicans know that the drift of history, facilitated by Brexit, is in the direction of Irish unity. However, uncertainty about the strength of the movement for Scottish independence adds to the Northern Unionist (PUL) community's sense of existential threat, since that link represents their historic religious, cultural, social, and political identity. They are in a sense an orphan community and such people, as individuals and communities, are prone to damaging and self-damaging behaviour. The decision of the main PUL political party in Northern Ireland – the Democratic Unionist Party – to vote for Brexit, with

all the predictable problems this has brought for their own future in the United Kingdom, should be understood psychologically in that light.

'when addressing communal conflict, we are dealing with the psychology of large groups'

There are however positive developments. There is now a sizeable cohort of people, albeit mostly younger and largely metropolitan, who refuse to be identified as either unionist or nationalist. The political party which represents many of them is the Alliance Party, of which I was the Leader for some eleven years prior to completing the negotiation of the Good Friday Agreement. It has moved from being the fifth party to being the third largest in terms of support, and next year the Assembly election may see them advance on that.

This analysis may seem distant from what is familiar as a psychoanalytic exploration couched in terms of individual psychology. While that approach is useful in examining how individuals, including individual community leaders, act and react, as Vamik

Volkan has set out in detail over many years, when addressing communal conflict, we are dealing with the psychology of large groups. These may be numbered in the tens of thousands or even millions of people, who may never meet and may live in different parts of the world, but who feel a sense of identification and respond to threats and challenges as a group. There are common human features between psychology at these two structural levels, and indeed at the intermediate level of the small group that meets regularly and demonstrates the dynamic features with which group analysts and therapists are very familiar. However, there is not a simple read-across from one systemic level of complexity to another.

'The boundaries of the ego are replaced by communal borders'

The boundaries of the ego are replaced by communal borders; memory finds its equivalent in folk history; time scales are much longer in communities; what we think of as personality is seen in culture which is the 'way of being-in-the-world' of a community; and finding ways of

engaging therapeutically with a whole community and its external stakeholders is much more complicated and long-term than individual or family therapy. This means that some of the language, concepts and interventions that work at one level are not entirely appropriate for another level.

'practical "therapeutic" engagement with large groups is a more recent phenomenon'

It is 135 years since Freud set up his Vienna practice working with disturbed individuals in what became known as psychoanalysis. While thinking about the functioning of large groups has been a matter of thought and consideration for some time, going back to Freud himself, practical 'therapeutic' engagement with large groups is a more recent phenomenon and a more difficult process to conduct. The brief account above may give a sense of how I have tried to both analyse and intervene in one large group disturbance and I hope that it will encourage others to find a way to experiment in a world which badly needs to find ways of addressing

disturbed historic relationships between communities.

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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*:
Spring edition: 10 January
Summer edition: 20 May
Autumn edition: 01 September

Editorial

Uncanny Times

Helen Morgan

At about the time I was thinking of writing this editorial I travelled into London to meet a friend. City life can often be stressful, but on this occasion the sense of tension and anxiety was almost palpable and — maybe it was coincidence or maybe it was the Harvest Moon — more than the usual number of disturbing incidents occurred on my journey. A man shouting at the back of the bus lit a cigarette and demanded we call the police to take him to prison for smoking because 'at least I'll be looked after there.' A homeless man asking for spare change on the tube abandoned the usually polite, somewhat obsequious bearing of those who beg and shouted his rage at his situation — and at the lowered eyes of the passengers. Crammed together on another bus, a furious row broke out between a man and a woman about the wearing of masks. Each time an eruption into violence threatened and each time I, along with other passengers, felt unease, anxiety and helplessness — and

perhaps a sort of excited curiosity and self-righteousness. I was glad to get home.

Reading through the articles for this edition of *New Associations* I am struck by how often the notion of the uncanny appears. In two pieces (Coretta Ogbuagu and Harriet Gaze) direct reference is made to Freud's 1919 work, 'Das Unheimliche'[1], translated into English as "the uncanny" or "the unhomely". Noreen Giffney acknowledges the anxiety of the 'uncanny' state we are in because of the pandemic, and Richard Williams describes this year's Edinburgh Festival as 'an uncanny event.' Whilst not using the word explicitly, the sense is there in the haunting articles by Nini Fang and Matthew Wyatt, as well as in Josh Cohen's consideration of the surfacing of childhood terrors related to our vulnerability.

Unlike the fear of the alien of the horror story, the uncanny refers to that which is much closer to home — something hidden in the familiar that was never intended to come to light. Freud notes that the term 'unheimlich' — the unhomely — includes

and is inextricably linked with its opposite, the 'homely'. He defines it as 'that class of the terrifying which leads us back to something long known to us, once very familiar.' It is the very familiarity of the 'homely' that makes it so disturbing when it appears in a distorted form.

> **'Unlike the fear of the alien of the horror story, the uncanny refers to that which is much closer to home'**

Since the so-called 'freedom day' in July this year when the government lifted many of the restrictions of the pandemic in England, we have gradually moved towards a life that has the resemblance of pre-Covid days. We have been required as individuals to decide how relaxed we can allow ourselves to be and we struggle

with our suspicion and hostility towards those making different choices. We are returning home – but not quite. And it's this 'not quite' element which makes for the uncanny atmosphere we are in currently. Meeting up with friends face to face, hugging, travelling on public transport, seeing patients in the consulting room again, everything feels both entirely familiar and weirdly strange. We are both 'at home' and 'un-homed' at the same time and it is disturbing, uncanny.

As a number of the articles in this edition point out, it's not just Covid in the mix. Racism, sexism, homophobia, abuse, deprivation, mental illness – all are daily subjects flooding the public space currently. Above all there is the increasingly foregrounded thrum of the climate crisis and the potential for deep despair. It seems we are a very worried society trying to go about our business as if there is nothing to worry about.

There is much to contain, which might be why there are several references to Winnicott in this edition. Home is, indeed, where we start from but it is somewhere we can never go back to. Or if we do it will have changed and we will have changed. Something has been uncovered by this pandemic and I don't think we understand quite what that is yet. Life is familiar and recognisable but it is also different, and that is unsettling. And perhaps that is a disease that the more vulnerable members of our society are expressing through the sort of eruptions I witnessed on my city journey. No wonder the smoking man on the bus begged to be put in prison. I'm not sure how looked after he would be there but there would at least be rules and the minimum of choice. Perhaps we are all seeking some sort of container for a general disturbance that seems to be rippling through the zeitgeist.

These are, indeed, uncanny times.

In this issue we have articles from the three new members of the New Associations Editorial Board – Harriet Gaze, Noreen Giffney and Nini Fang – so readers can gain a sense of who they are as writers and thinkers. Their pieces are both powerful and evocative, and I think you will agree that *New Associations* is in good hands.

Reference

1. Freud, S. (1919) *The Uncanny*. S. E. 17 (pp. 217-256).

BPC Regulatory Guidance and Information

BRITISH/ PSYCHOANALYTIC /COUNCIL

Duty of Candour

Our Professional Duty of Candour came into being as a result of the response to the findings and recommendations from the Mid-Staffordshire NHS Foundation Trust Public Inquiry into poor patient care at Mid Staffordshire NHS Foundation Trust (the Francis Inquiry), coupled with the UK Government's response to this Inquiry entitled *Hard Truths: The Journey to Putting Patients First* in January 2014.

The professional Duty of Candour essentially means being open, honest, and transparent with patients when things go wrong. To enable our Registrants to understand further information regarding this professional obligation, we have produced guidance which can be found here: www.bpc.org.uk/dutyofcandour

Social Media

Whilst social media has its many benefits, it can also be a minefield for Registrants. We have produced Social Media guidance to assist Registrants focus on good practice. A copy of this guidance can be found here: www.bpc.org.uk/socialmedia

Registrant Panel members

As you'll be aware, we have recently been recruiting Registrant and lay members for the Hearing Panel and Screening Committee. Although the deadline has passed, you can still register your interest and/or enquire if there are any remaining vacancies by emailing Nicola Weaver, the Head of Regulation at nicola.wheater@ bpc.org.uk

Find out more here: www.bpc.org. uk/RegistrantHearingAndScreening

www.bpc.org.uk/ LayHearingAndScreening

On the Ground

Restorative Justice – a Role for Psychotherapy

Gerard Drennan

In my NHS role as a clinical psychologist working in forensic mental health services, I have had the opportunity to work long-term with individual patients once weekly, as in-patients and in the community. Even though I was aware of restorative justice as a concept, it seldom occurred to me that a restorative justice intervention could complement individual or group psychotherapeutic work with people who have offended. A number of forensic patients, discharged into the community, continue to live impoverished lives – stuck, paralysed even, by an inability to come to terms with what they did. Some believing that they do not deserve a life. It would be possible to understand the therapeutic task as attending to a failure of mourning and of integration, or that an ego-destructive super-ego continues to dominate the internal world with external world consequences. Another

way of understanding this stuckness would be to say that the patient cannot forgive themselves. Some describe their mental pain in exactly these terms, even when they do not mean this in a religious sense, but as a way of talking about shame. It is through a process of re-integrative shaming[1] that restorative justice interventions have a role for the person who caused the harm. It is often only the victim of that harm who has the moral authority to enable moving on.

Equally, people who have been the victim of harm, perhaps multiple harms by the same person or group, also continue their lives with something stuck or unresolved. They can be paralysed by fear, anger, terror but also shame, and even guilt. The best evidence for the emotional and psychological benefits of restorative justice interventions from randomised controlled trials is for victims, who suffer

fewer trauma symptoms and other life-limiting difficulties, and who gain feelings of empowerment and agency.[2] People who have caused harm also experience increased well-being, and many go onto to not re-offend, through the benefits of accountability and taking responsibility. Restorative justice is also described as a 'three-sided' intervention, because it can address the 'ripple effect' of harm. Where families and communities are affected, they also benefit from participation in a 'restorative' contact.

The modern form of restorative justice began in the 1970s with victim-offender mediation in the USA and in the UK. As this practice grew, it led to a re-discovery of traditional ways of responding to violations of community norms. The role

of the 'elders' and 'circles' amongst First Nation Peoples, in North America, New Zealand and parts of Africa, were revived and given modern interpretations. Family Group Conferences were developed in New Zealand to reduce the removal of children from nuclear families in difficulty.[3] The African philosophy of Ubuntu, with an emphasis on a shared common humanity

and rejection of retaliation and retribution, explicitly underpinned the Truth and Reconciliation Commission in South Africa in the 1990s.[4] The 'deal' that was struck was 'amnesty for truth', when a version of truth was more important than the prosecution of the version of an offence. Restorative justice principles have underpinned 'transitional justice' processes in Chile, and they are instrumental in guiding community rebuilding in Canada and Northern Ireland. This has led to restorative justice being described as a global social movement.[5] This is because, in essence, restorative justice principles prioritise accountability and restitution for harm, even at a societal level, when criminalisation and punishment are fruitless, pointless or counter-productive.

'people who have been the victim of harm, perhaps multiple harms by the same person or group, also continue their lives with something stuck or unresolved'

Restorative justice interventions involve some sort of communication or contact between the person who was responsible for harm and the person or people who were harmed. In criminal justice settings, such as prisons and probation, but also in schools, hospitals, workplaces and communities, this takes place through a meeting called a 'conference'. A conference is a face-to-face meeting, led by trained facilitators, that will have been carefully prepared for, with a pre-agreed format. The harmed and the harmer will also each have a 'supporter' present, who will participate fully, bringing the perspective of 'a third' to the harm and the humanity of each person. The impetus towards contact can come from the harmed person or the harmer. Stigmatising language is avoided — it is inadvisable to call someone by the name of something that you do not want them to be. The preparation for contact can stop at any time and it will be through the course of preparation, including the risk assessment of each party to guard against re-traumatising or re-victimising the person who was harmed, that there will be agreement on whether the parties will meet in person, or if the communication will stop at a letter exchange, or another type of communication. There is always an explicit pre-agreement that the harmed will receive an apology and an acknowledgement of harm, at the

very least, and that the harmer will receive acceptance of that apology and an agreement on restitution, at the very least. The harmer may or may not receive forgiveness.

'restorative justice principles prioritise accountability and restitution for harm'

There is a neglected role for psychotherapy in these processes.[6] Firstly, psychotherapists being aware of restorative justice interventions as available to patients traumatised by what they experienced at the hand of another, or patients traumatised by what they did by their own hand. This could be as a result of individual acts or participation in systemic abuses. Secondly, preparing patients for participation by developing self-worth and resilience in those who have been harmed; and insight, compassion and moderating narcissistic defences in those who have caused harm. Finally, being available to support the processes of 'working through' after a restorative justice intervention. Through treating the victim in the mind, on either side of the victim

perpetrator divide, psychotherapeutic work could enable access to the additional powerful benefits of a restorative justice intervention. Psychotherapy can be a secure base from which to access relational repair that cannot be found in the consulting room alone.

Dr. Gerard Drennan Ph.D. Psychoanalytic Psychotherapist, Consultant Clinical Psychologist & Chair of the Board of Trustees of the Restorative Justice Council for England & Wales.

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On the Ground

Open Dialogue

The latest fad – or prospects for an ideological revolution in mental health services. From small beginnings big acorns grow (sometimes).

Brian Martindale

Imagine working in a mental health service where a mother calls, concerned about her son who has become withdrawn and is behaving bizarrely. An Open Dialogue (OD) qualified mental health worker answers the phone and spends time attending to the mother's concerns. She then offers an appointment for mother and son and, radically different from most current services, asks if she/they would consider other members of the family or friends being there too and offers to meet them in their home or a place of their choice.

Furthermore, the person who took the call will be one of the probably two professionals involved in the 'network' meeting which takes the form of an 'open' dialogue and will continue to be involved as long as is necessary so that psychological and emotional continuity is provided. If the situation is a crisis the first meeting can happen within 24 hours and several times a week until there is containment. If an admission is necessary, the same OD team will meet with the network in the hospital setting.

What is Open and what is Dialogism?

The 'Open' in OD refers to the transparent nature of the discourse, i.e., the active inclusion of the service user's family and/or social network in the process of addressing a crisis and in subsequent conversations and decisions.

The emphasis in the dialogues is not on the 'pathology' of the family or network but on their resources (or potential resources) – especially potential resources for meaning making and relationship building. A key aspect of the professional's role is to ensure that the voice of everyone is heard, reflected on, and deepened (horizontal and vertical polyphony) with less sense of an identified 'service user'.

A related and very radical change from usual practice is that this openness includes the principle that professionals also reflect and discuss with one another only in the presence of the network. The dialogic process is strengthened by professionals finding such a way to speak skilfully and respectfully about difficult matters including having differences of opinion or views.

Ideally, mental health services are restructured around the 11 principles of Open Dialogue so that network meetings with their psychosocial context of mental distress and its resolution become the central platform of the service. However, in many countries network meetings can only be offered within existing structures. It is also important to emphasise that OD is a flexible platform both in the way that network meetings are offered, and also

that the reflections can lead to additional interventions being offered, such as individual therapy.

'Ideally, mental health services are restructured around the 11 principles of Open Dialogue'

Research

A major reason for the excitement is the outstanding research outcomes in Finland, where OD has been developed to its fullest extent (Putman and Martindale, 2021 ps. 240-244). The research there has focussed on those experiencing psychosis, where the psychosocial outcomes after OD intervention have been found to be far superior to almost any other outcome studies, with a very high likelihood of return to work or studying. A much lower percentage are therefore on disability benefits. This has been achieved with a far lower overall use of neuroleptics than is usually used elsewhere and, when used, a tendency to short term use. An 18 year follow up of recipients of the services confirms lasting benefits. There has been less schizophrenia in the population alongside an increase in brief psychotic

episodes. Since schizophrenia is defined partly by symptoms which have persisted for a number of months, the likely explanation is that the excellent reputation of the service in the community has lead to referral occurring at a much earlier stage of disturbance, rather than avoidance of services out of fear and stigma.

'An 18 year follow up of recipients of the services confirms lasting benefits'

The approach is now subject to a £3.5 million pound research project in four UK NHS trusts as well as a national research project in Italy. Qualitative research projects have taken place in many of the 30 or more countries where Open Dialogue is now being practiced and indicates how much families and individuals value their experience of OD.

Other therapies and links with psychodynamic approaches

As a psychoanalyst, who worked as a psychiatrist in a UK Early Intervention in Psychosis Service, I was very familiar with the 'need-adapted approach' to psychosis pioneered by Finnish psychoanalyst Yrjö

Alanen, which included meeting with family members. I found our results were greatly improved when such meetings happened at the first contact. Along with systemic family therapy, the need-adapted approach was a predecessor to contemporary Open Dialogue.

'Open Dialogue offers hope … of recovering from mental dysfunction'

I was therefore intrigued by how little reference there is to psychoanalysis in current descriptions of OD in spite of 'meaningfulness' and careful reflective listening being at the heart of the process. I discovered that 'interpretation' was seen in OD as potentially skewing the focus away from the facilitation of expertise in the network to the 'interpreter'. Whilst bearing this 'warning' in mind, I am nevertheless convinced that if OD develops in the UK, it could provide an excellent platform through which those with psychoanalytic training can re-find their place in the public and private sectors, leading to mutual enrichment. Our expertise in recognising primary process thinking, and in bearing and containing 'unbearable' affect, are just two aspects

we bring to the table. On the other hand, OD's training in the skills and principles in engaging networks offers so much we as psychoanalytic psychotherapists can learn from.

Open Dialogue offers hope that a new and better platform can be built for the hard work of recovering from mental dysfunction; a platform that works with people within their psychosocial contexts and reduces the risk of reinforcing alienation and stigmatisation by premature individual work.

Brian Martindale is a psychoanalyst and psychiatrist. He was the founder of the European Federation of Psychoanalytic Psychotherapy in the Public Sector (EFPP) and its Honorary President. He is past President of the ISPS (International Society for Psychological and Social Approaches to Psychosis) and holder of a BPC award for outstanding professional leadership.

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Covid

Covid, Psychotherapy and Fiction

Josh Cohen

In the weeks following the outbreak of the Covid virus, the conditions of lockdown forced me, like all my colleagues, to move my psychoanalytic practice out of the consulting room and onto a digital platform. I have spent the last eighteen months listening and speaking to pixelated men and women in an empty room for eight or nine hours a day.

So many of the elements that ensure an atmosphere of safety and reliability disappeared overnight: the therapist's physical proximity, the sealed-off privacy of the consulting room, its sense of insulation from the world outside. Many of my patients were now bringing acute distress and anxiety to a screen, as small children and pets hovered agitatedly outside bedroom or study doors.

What was happening in psychotherapy was only a concentrated instance of what was happening everywhere; the world we had long taken for granted was being withdrawn from us. The fears that devil so many children at night – that their parents will go out never to return, that a monster or ghost will steal in and do them evil, that the only world they know will simply evaporate overnight – were becoming the fears of our daylit reality.

Clare, isolated and alone in her flat, seemed to edge closer with each session to the state of this frightened child. She was ravaged by fear for her elderly, frail father, whom she couldn't stop from leaving his house and who surely wouldn't survive the virus if he caught it. Her face was much closer to mine than it would have been in the consulting room; she would sob for a while, lamenting repeatedly that she just didn't know what to do, the very fact of her visual proximity amplifying the sense of an unbridgeable chasm. Her bodily distance from me enforced her fright at being cut adrift from everything that had kept her life in place.

But this very manifest suffering often gave way to its opposite, a kind of drained indifference. She would describe churning out her work as an editor, now extracted from the hum of the office, with a frenetic mechanical compulsion. And then she would sink into what felt like a catatonic silence for long intervals, with a glassy stare that seemed not to see me.

Bearing witness to this kind of wordless distress over the last year, which remote psychotherapy often seemed to deepen even as it has tried to alleviate it, I found
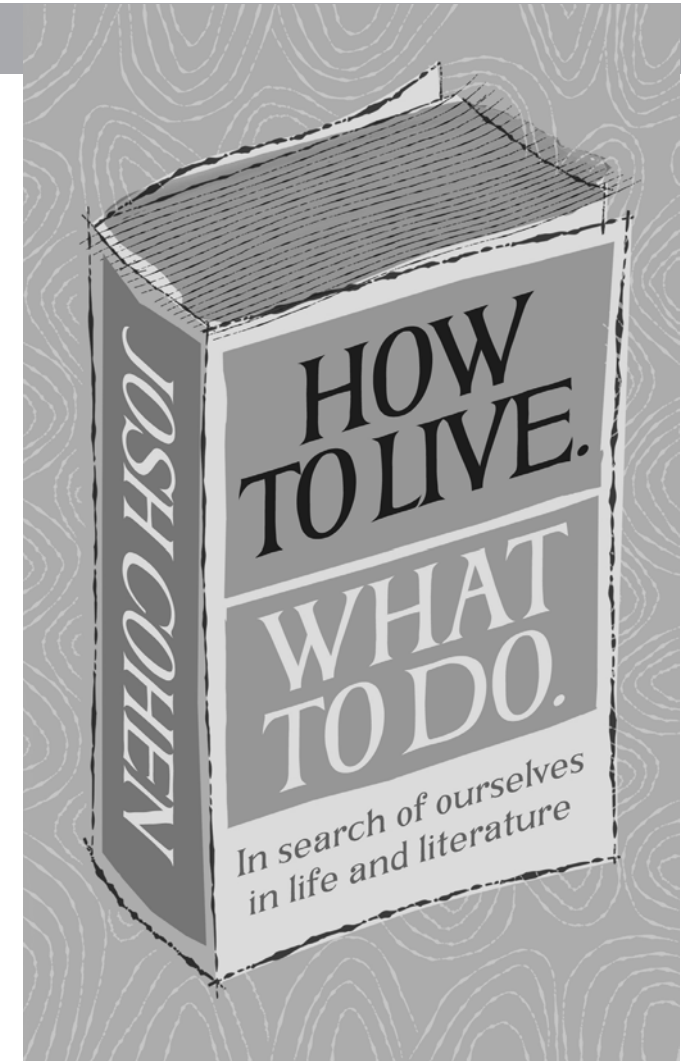
I needed more than ever the drift of my associations, to tune in to the images and stories and melodies and lines of poetry. During one of Clare's sessions, for example, a first line from an Emily Dickinson poem came to me: "There is a pain – so utter –"

and circulated insistently round my head. The whole poem reads,

There is a pain – so utter –
It swallows substance up –
Then covers the Abyss with Trance –
So Memory can step
Around – across – upon it –
As one within a Swoon –
Goes safely – where an open eye –Would drop Him – Bone by Bone.

(Poem 599)

Pain at the outer edge, "so utter", is essentially unshareable, an experience of radical isolation. "It swallows substance up", says Dickinson, that is, it seems to suck up every last trace of the self until pain is all that's left of it. At this point, a kind of "Trance" or dissociation kicks in, as though the organism is protecting itself from the knowledge of what is happening to it. It was this kind of Trance I felt I was bearing witness to in Clare.

And yet other patients seemed to embrace, even relish their new isolation, and especially the unanticipated pleasure of enforced stillness. Will, a single man in his thirties who had spent his working life assailed by the daily demands of his clients and colleagues in social services, found the newly afforded chance to be alone with himself strangely exhilarating. He rather liked remote psychotherapy. Placing his laptop screen behind him, rendering each

of us more or less invisible to the other, he felt the minimizing of my physical presence loosened the grip of inhibition on his feelings and associations.

'this very manifest suffering often gave way to its opposite, a kind of drained indifference'

"I feel much closer to myself", he would say. "I walk circuits in the park, talking to myself, sometimes imagining I'm talking to you. Being on my own can feel more companionable than being at work, where I can feel like, well, just the sum of my irritations. Social isolation is also being less isolated from myself."

When the first lockdown began, it struck me that the new restrictions on our physical freedom were being mirrored in a kind of psychic restriction. The people I listened to would often sound locked down imaginatively, pinned to the spot by the force and immediacy of their worries.

I was in the final stages of writing *How to Live. What to Do*, an exploration of the forms of imaginative unlocking offered by fiction and psychotherapy, when lockdown

was announced. As I thought about the ways different fictional characters and psychotherapeutic patients managed different kinds of constriction on their desires, ambitions and everyday spaces, it struck me that it was being coloured by the experience of the pandemic.

The book begins with Alice wandering through the anarchic and disturbing dreamworlds of Wonderland and Looking-Glass with her trademark easy curiosity. Alice, it now seemed to me, shows us how, even as the boundaries of our external lives become ever more constrained, we can continue to live an expansive imaginative life.

However violently the laws of physics and language and logic may bend and break, Alice's level of perturbation never seems to go beyond a mild surprise or impatience. The White Queen can metamorphose into a sheep who doubles as the clerk of a shop whose sale items float away the moment Alice looks at them; "Things flow about so here!" she remarks, as though she's strolled into the park on an unexpectedly blowy day.

The boundary separating reality from illusion is much more porous for a child than an adult. A child's imaginative life seeps into the reality around her. Her favourite phrase, "Let's pretend!", is one most of us abandon somewhere on the road to adulthood, and that some are deprived

of the chance to utter in the first place. For Donald Winnicott, this is a source of many of the malaises of adult life; if we've not known what it is to pretend, to experience the permeability of real and imaginary worlds, we cannot feel properly alive.

Alice offers us a kind of masterclass in aliveness. Ambling through the monstrous landscapes of her dreaming mind's creation, she never shrinks in horror or cries in fear, but greets whoever and whatever she meets in a spirit of generous acceptance. Caterpillars who smoke hookahs, oversized talking eggs who argue semantics: other bodies and voices are never so other that she declines to open her curious ears to them.

For many of our patients, of course, the experience of lockdown has been anything but an imaginative liberation. During those first weeks, the saving of time and strain expended on travelling to sessions was felt as a gain; by the time the second lockdown arrived, it had become one among many losses. That walk from the station or short drive, they realised, had facilitated a transition into a more reflective and interior state, a release from the grip of the external world. I was soon well-versed in a new repertory of winces and sighs as the everyday noises of squabbling children, email alerts and Amazon deliveries intruded into the session.

'For many of our patients... the experience of lockdown has been anything but an imaginative liberation'

Psychoanalytic work during the pandemic as I've experienced it has pulled the analytic pair between Clare's and Will's states of mind, between isolation as dissociated terror and unsuspected bliss. We find each of these varieties of solitude, and the shades between them, in Winnicott's reflections on the infantile mind. In the earliest phase of life, mind and body exist in the diffuse state of "unintegration". The role of the mother (or other primary carer) in this context is "holding", that is, the provision of a rudimentary form for the formlessness of her baby's experience.

It is the secured presence of this rudimentary form that allows for the adult mind's foray into the unintegrated states my patient Will experienced. But the more threadbare this form, the more ordinary unintegration is likely to shade into primitive agonies: disintegration, precocious self-holding, depersonalization – the mute "pain so utter" we found in the speaker of Dickinson's poem, in Clare's

apparently unseeing stare.

There are other kinds of loneliness than Clare's isolation, of course; so many patients have spoken of the emotional claustrophobia of living at close quarters with a partner or spouse, the longing for a greater range of faces and voices. Again, this seemed to bring new meaning to my writing about couples in *How to Live*.

One writer who knows a fair bit about emotional claustrophobia is D H Lawrence (who forged his own, typically maverick version of the unconscious). One chapter of *The Rainbow* begins with the extended, voluntary confinement of a young newlywed couple, Anna and Will Brangwen in their cottage and, for the most part, their marital bed.

The problem is that the couple can't be forever immune to the encroachments and pressures of the world outside, the need (as Will puts it to himself) "to get up in the morning and wash oneself and be a decent social being." Anna feels a sudden and irresistible urge for "a real outburst of housework", which transforms Will at a stroke from languid love-god to nuisance: "'Can't you do anything' she said, as if to a child, impatiently. 'Can't you do your wood-work?'", leaving Will furious at his sudden superfluousness.

What could be more ordinary, banal even? Versions of this row are repeated

in households everywhere, all the time: woman gets busy, man stands about uselessly, woman becomes irritable, man retreats into a bubble of self-pity and hurt pride. Lawrence's brilliance lies in his revelation of this little scene as a skirmish in an ongoing war of unconscious forces. Beneath the familiar surface of marital bickering is a violent revolt against the pressures of intimacy. Anna feels an irritation "beyond bearing", unleashing in Will a rage of his own "black and electric": "He seemed a dark, almost evil thing, pursuing her, hanging on to her, burdening her… 'Can't you *do* something?'".

The passage reveals the essential paradox of intimacy: in intensifying our closeness to another, we not only make them more familiar to us; we come alive to their strangeness and irreducible difference to us. Real closeness must involve the recognition of the other's need for separateness or else be mired in tragi-comic torpor. This is the substance of Lawrence's dark and risky optimism about love and marriage, with its peculiar resonance for couples living through lockdown.

The abstraction of virtual work has made it easier to shut my eyes, to receive the patient's communications with a readier and more open ear. But Zoom analysis has sometimes felt like the loneliest imaginable enterprise. The loss of the shared space of

the consulting room deprives me and the patient of an essential sense of immediacy, of live contact body to body, unconscious to unconscious.

And so isolation has emerged for me as the most vertiginously ambiguous of experiences, which I find beautifully captured in another poem of Dickinson's (Poem 1695), with which I will close. Here, the solitude of the soul in communion with itself is a "polar privacy", a solitude more absolute and unrelieved than that of even the sea or death. But it is also a "finite infinity" in which the mind can swim, play and immerse.

> There is a solitude of space
> A solitude of sea
> A solitude of death, but these
> Society shall be
> Compared with that profounder site
> That polar privacy
> A soul admitted to itself –
> Finite infinity.

All references to patients are anonymised.

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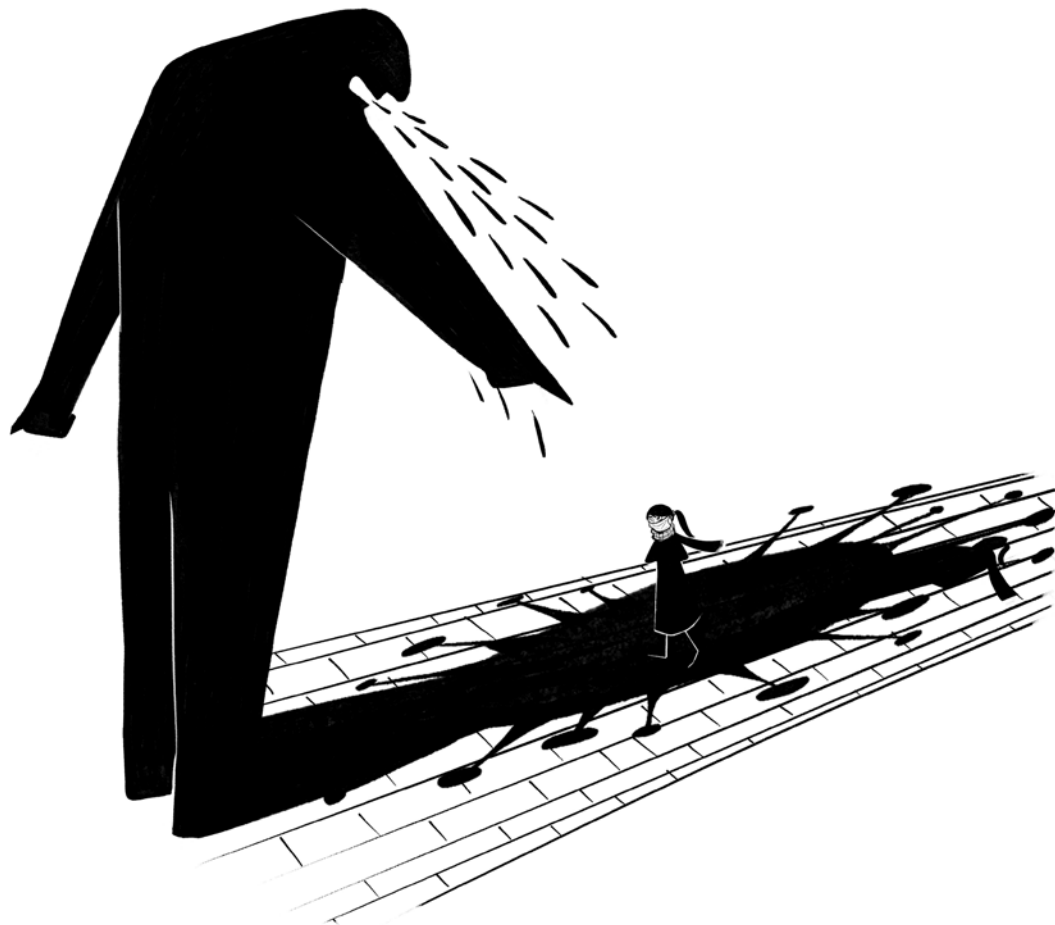
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The Yellow Abject

Nini Fang

You readjust your mask and brave it out into the chilly late Spring evening. You're heading home after teaching a "twilight" session in the university where you work. This is the first face-to-face teaching you've done for a while. You are walking through Edinburgh's Old Town, along streets that were vibrant and buzzing before the pandemic hit, with people milling around the restaurants and cafes dotted amidst the many tourist attractions that are now shut and empty. You lower your head so your pitch black ponytail digs into the spin of the checked scarf around your neck like a desperate chopstick stuck in spaghetti.

Out of the hazy tangle of cobbled closes and wynds, a dark form thrusts itself before you, the lonely walker. A man, lighting his cigarette, throws a curious glance at you before crossing the street into one of the narrow stairways. Overlooked by the stern, towering tenements, you let

out a breath and quickly take in another as you press on, on a pair of low-heel brogues, your bag tightly clutched to your chest. You walk briskly halfway up the steep incline of volcanic rock that the city sprawls over. You try your best to ignore the noisy clicking sound of your shoes as they tap over the underground vaults and tunnels, long since abandoned by the city dwellers. Home is on the other side.

Suddenly you are alarmed by the hot-breath closeness that looms above you from behind. You hastily turn around, which causes you to collide with someone who is rushing by you. He almost knocked you over. The jogger mutters something at you in apparent annoyance. A flux of panic-fears rushes your mind, and you find yourself panting in alarm.

It's 6.40pm, a time of darkening shadows. You can't help but remember that just a few days ago, a young Asian woman was assaulted by a group of people somewhere nearby, at precisely this time.[1] She was pulled by the hair and forced to the ground, they said. You wondered if she is still in the hospital. Your mind turns to another occasion when an Asian student was attacked by a group of people who attempted to smash in his head with a bottle of vodka.[2] He was just having his dinner outside the University library. And

you are just walking home. It could have been you. Let's not think about them now. Home is almost near.

The street is filled with scent of dinner. You feel calmer and your pace slows.

Before you take the next turn on the road, the headlights of an oncoming car cast the shadow of a man standing behind a row of big rubbish bins. He steps forward, staring over at you, his face dispassionate. Before you can judge whether to look away or turn around, he launches a liquor-scented torrent of verbal abuse at you. "Ye fucking Chinks", "Go back to Fucking China" were amongst the few words that managed to reach you, as you ran as fast as you could, as if there were no tomorrow.

'a pandemic that has been racialised by popular media as a disease of the East'

During the Covid global crisis, a pandemic that has been racialised by popular media as a disease of the East and famously mocked by Trump as 'Kung-flu', South and East Asian communities in the anglosphere have been targeted with abuse. In the UK,

recorded incidents of hate crimes went up by 21 per cent in the run-up to and during the lockdown.[3] The anti-Asian sentiments spawned violent attacks, including murders (e.g. the shooting in Atlanta, Georgia, earlier this year). There have been numerous instances of physical attacks, harassment, and individuals being spat at on the street. These have invoked a global response in the form of calls for united action in a series of rallies in solidarity with the #StopAsianHate movement.

Psychoanalysis helps us attend to the emotionality of racism. It helps us rethink the power of feelings in their capacity to conflate disturbances in the self with a fantasy of "the other", into deep inner conviction of the true nature of the other. Racist actions are thus not simply the outcome of populist hatred, but a means to psychic relief through the idea that justice is being served by exposing and then destroying the grotesque creature in human guise.

The global catastrophe of the pandemic has taken a horrific toll on all aspects of our lives. For the Asian communities, the fear of the lethal virus is compounded by the profound horror of racism; the terrifying rumbles of 'it will be you next' (you'll catch the virus or attract hostile attention, or both) are forever in the background. But these subjective experiences of horror also reveal what is

deeply troubling in the reality of those who commit violence.

Horror lives in the threats to the ordinary divides upholding social order and our sense of security. Divides between, for example, the living and the dead, the good and the evil, the clean and the contaminated. This ordinary sense of boundaries is woven into our day-to-day life, keeping going the structural tendency of human mindsets in organising hierarchic orders, rituals, and social relations, e.g., class systems and border control. Our encounters with threats to these boundaries are what give rise to the experience of horror. These threats are what Kristeva terms 'the abject' in *Powers of Horror* (1982)[4]: the unruly thing of impurity that can no longer be contained and excluded from breaking into the lived domains of our otherwise ordered and peaceful lives.

The virus is the abject which disregards and transgresses all boundaries (biological, national, and cultural); it arouses horror by exposing the truth that we are not in control. It breaks the upspoken pact that the world of pandemic is random, unhinged, and that none are exempt from its thrilling cruelties.

Racism gives the abject a yellow face. It allows the abject to be identified and located in a tangible object we see around

us – the Chinese or Chinese-looking people (heterogeneity does not matter here). The safeguarding divide is restored, the powers of horror dissipate into passionate conviction of the common enemy that must be brought down.

As for you, yellow abject, a pair of trainers would not be a bad idea.

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'Home is Where We Start From': The importance of home during the pandemic

Coretta Ogbuagu

A few weeks into the first national lockdown of 2020, I logged onto Zoom to meet one of my young patients. "Is this what you do now then?" they asked, "call up children on Zoom and ask them how they are from your sofa?"

This made me think about what *home* means to my patients and to me. Being able to see into one another's homes was revealing, and inevitably left each of us with conclusions that altered our fantasies based on what we could now see in reality. As a service, we had discussions about how long it might be before we could see the neediest in the clinic face-to-face, balancing the risk of mental health deterioration and the deadly virus circulating, killing people in their thousands.

> **'Being able to see into one another's homes was revealing and inevitably left each of us with conclusions that altered our fantasies based on what we could now see in reality'**

At the time, I found solace in reacquainting myself with my home because I was hardly ever there. For me, there was something grounding, safe, and rewarding about having to stay indoors most of the time. However, as I began to experience my patients from their homes, on the other side of the screen, I was faced with a conflict I had never imagined.

I am not a clinician who feels myself to be at a distance from the plight of my patients; often, many of the hardships that these families experience, are ones that I have known in my own life. Here, I am reminded of what Freud (1919) called Das Unheimliche – 'The uncanny'. The direct translation from German to English is 'the unhomely'. The uncanny is referred to here as being a familiar (homely) feeling or experience from another time that has been repressed and is brought back into awareness through an impression (1919:

241). This feeling is often manifested in my patients' experiences when moving from one foster home to another due to turbulent inner worlds having an impact on their external relationships. They were left with unsettled feelings because the environment provided wasn't quite the right fit. These uncanny feelings seemed to be linked to the ghosts of their original family, and when arriving at the new home, this caused psychic discomfort.

The pandemic began to feel like a strange fairy-tale as it unfolded week by week, becoming increasingly sinister and revelatory as time passed. Who would 'live happily ever after' in this inconceivable story? Would my young patients get through this and tell stories one day of the coronavirus of 2020? Would the poor Covid patients survive to tell their tales? My own survival was also under threat.

One child in particular impressed upon me the significance of home and the importance of inhabiting such a space in one's mind as a way of surviving life's challenges, such as that of the pandemic. This child confirmed that home is not just a place where one resides, keeps one's belongings, sleeps, eats and attends to personal hygiene. Home is also a place where one experiences close relationships and the conflicts therein, whether living with others or alone. My patient, being a child, lived with others but felt incredibly

lonely, and their internal sense of belonging, security and peace was missing. Being asked to "Stay at home" (by the government) to save lives and protect others felt a step too far for my young patient. Whose life needed to be saved and protected more than theirs? This raised the issue of being told to stay at home when the internal home in one's mind is not able to withstand the projections of the external environment. This child let me know that their internal world was fine so long as the external world felt safe. This was as much about psychic survival as it was physical.

D. W. Winnicott's (1965, 1960) ideas about the facilitating environment and the importance of psychological holding seem pertinent. The move from the embodied in-person experience of the facilitative and familiar consulting room to a two-dimensional box on a computer screen seemed a paltry offer to a needy adolescent.

The absence of inhabiting the same space was evident when murderous racist events from across the Atlantic began to dominate dialogues with my young patients. I noticed the distance in my efforts to provide holding to the Black and Brown children worried about being murdered for going about their daily lives due to their dark skin. With the White children, there was an expectation from them that perhaps I was the one who needed to talk.

'Home is where we learn about relationships with others – where creativity can begin'

Winnicott's writings in *Home Is Where We Start From* (1986) outline his ideas about the building blocks for human life and therefore society. Home is where we learn about relationships with others – where creativity can begin. Experiences of love, hate, rejection, abandonment, dependency and independence, to name a few, are played out in the home environment. I would say that the foundations for racism also start at home. That which is uncanny about an experience of racism and related to one's internal sense of home is the fact that racism finds itself at home in making the 'other' homeless. If, as Freud (1919) says, the uncanny is that which is distressing, terrifying, yet familiar, the awakening the world had to racism in 2020 was like a secret that everyone knew.

So, what has working during a pandemic as a child and adolescent psychotherapist taught me? Home is vital; both how we experience home and what we learn in that environment.

I am a psychotherapist living in circumstances that challenged the notion of the analyst's so-called neutrality (Freud 1936: 28). Afterall, how can a therapist be neutral when without warning, the way in which we meet, and our very mortality is threatened by our environment? It seems to me that, under these conditions, there is more that connects us than distinguishes us from our patients.

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All references to patients have been anonymised.

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Covid

Covid and Me

Harriet Gaze

I sat on my wheelchair at London's Tavistock Clinic in March 2020 and tried to contain a patient's anxiety about everything in life, including the coronavirus.

The difficulty was that, at the start of the pandemic, my own paranoia was extreme; I knew that my lifestyle as a disabled person meant I was at high risk of catching Covid.

Earlier this year, the Office for National Statistics reported that between March and November 2020, 60% of all those who died from Covid were disabled and that the death rate was not solely due to pre-existing conditions. Disabled people were also affected by a lack of access to routine healthcare and rehabilitation, and the societal impact of measures taken to reduce the pandemic. That first pandemic spring was a frightening time to be disabled.

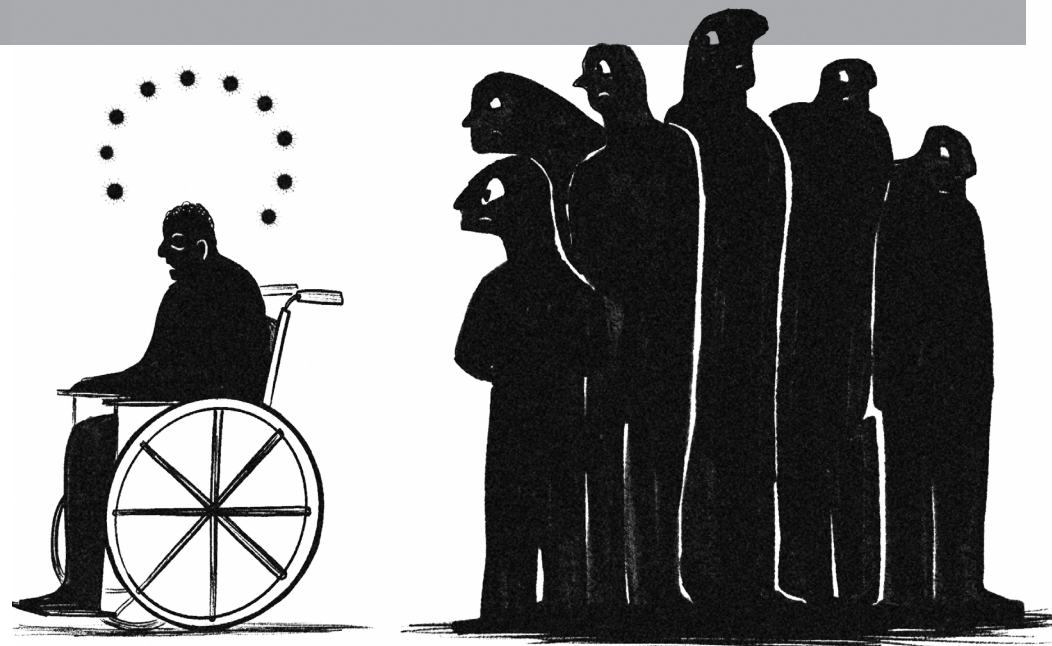For instance, many disabled people couldn't socially distance, while care workers didn't have PPE and would take the virus from house to house and to care homes. There was also talk of rationing Covid healthcare to exclude older and disabled people.

'That first pandemc spring was a frightening time to be disabled'

I talked with my analyst, and two weeks before I caught Covid, I emailed my next-of-kin;

"If I become ill with coronavirus, I would like to be treated in hospital… in order to get the treatment that I need…

"I'm saying these things because there may be a thought in hospital that I would be less likely to survive coronavirus and therefore choices might be made about whether to treat me. If I am ill, regardless of whether I am conscious or unconscious, I would like you to advocate for me…"

As regards care of patients, I arranged for my training course and clinical unit to be alerted.

When I did become ill, I was lucky enough not to need intensive care. During the month that I was in hospital, I felt that I was being kept alive by oxygen tubes, the advocacy of loved ones and the psychic oxygen of analysis. Sessions were at odd times, depending on hospital routine and my condition, and might only last ten minutes because of my illness and lack of breath, but I felt contained during a difficult time.

It was some months later that I was able to begin to reflect on my experience of Covid, both as a disabled person and a trainee clinician. I also wanted to find out about other people's experiences of having Covid, whether disabled or non-disabled, and how it had affected their work in the consulting-room.

Many articles and conferences focus on the impact of the pandemic on clinicians' work – on the trauma and stress for their patients of living and working through the lockdowns. Others concentrate on clinicians having to adapt to remote working and on the various personal anxieties and fears they have had to face.

Yet even now, there has been little consideration given to the virus's impact on individual psychotherapists and psychoanalysts. What happens when it's one of us that gets it?

By late August this year, the World Health Organization reported that 6,628,713 people in the UK had already had Covid. There will be a growing number of psychotherapists and psychoanalysts with an intimate knowledge of the illness, whether they had it seriously or mildly.

I don't know whether it is different for non-disabled clinicians, but I think it a fair assumption that people's experiences of having Covid might have an impact on their relationship with patients and with colleagues. At some level, Covid will manifest in the transference-countertransference, in the room, and in professional relationships.

However, in the conferences and articles about Covid, there is a silence about the impact of the virus on clinicians that catch it that is as suffocating as the disease itself.

Perhaps there is a feeling that analytic neutrality also dictates non-disclosure with colleagues. Perhaps the experience of the virus is still too close for those who may be still grappling with its after-effects, or with Long Covid – and too threatening for those that aren't. It may just be too soon. But I suspect that the silence may also be linked to the profession's attitude to disability and illness in its members.

'There are an unknown number of disabled psychotherapists and psychoanalysts'

There are an unknown number of disabled psychotherapists and psychoanalysts, and many people have periods of disability and ill health during their careers. Yet there is a relative absence of papers looking at the many technical and clinical issues raised when working as someone with a disability or a long-term health condition.

Freud did not write any technical or theoretical papers about the impact of his own visible and disabling mouth cancer, and the tradition of silence has only recently begun to loosen its grip. The classical Greek ideal of a sound mind in a sound body casts a long shadow over the profession, even now (Chaudhuri, 1999, p.240). A disabled body can still be associated, at some level, with badness, weakness and sin.

But the reasons for the profession's apparent discomfort with disabled clinicians are multi-faceted; and perhaps like any anxieties generated by imperfection and vulnerability, we prefer to split them off. I wonder whether this is having an impact on our attitudes to Covid. Disabled people are the one minority group that anyone can join in the flash of a second – likewise catching Covid.

Meanwhile, to be a therapist with a visible disability is a provocative stimulus to projection both by patients and colleagues. And unconscious feelings of injuredness are easy to project onto the externally injured therapist (Reichenthal, B.(2017), p.395).

For many, after recovery from Covid, there are no external signs, but sometimes the effects of illness are visible – the weight-loss, breathlessness and other symptoms. Meanwhile, the clinician can be living with their own added sense of internal injury.

But perhaps the most intriguing connection between attitudes towards disability and Covid is the fear of contagion. On the one hand, there can be conscious and unconscious feelings that disability is catching; on the other hand, Covid truly is contagious.

During the nineteenth and twentieth centuries, a lattice-work of county asylums and later long-stay hospitals housed hundreds of thousands of disabled people, usually out of town and out of sight alongside the fever hospitals. There are the echoes of these in the Covid pandemic's Nightingale hospitals and ICUs.

We are all learning to cope with Freud's 'uncanny' when it comes to the virus – a feeling that the distinction between reality and imagination is effaced. But I wonder whether there is still fear of some sort of emotional contagion from those who either have or have had the virus? Perhaps when it comes to clinicians who have caught Covid, it is still less frightening to look away.

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Covid

The Biological Unconscious

Matthew Wyatt

Stephen Fry once spoke about the existence of the jewel wasp as bringing into question the existence of a benign god.[1] Something so cruel, unpleasant and vile could only be brought into being by the blind hand of evolution. The jewel wasp, for those of you who are not familiar with it, is a parasite; it attacks a cockroach, performs rudimentary brain surgery to rob the cockroach of any agency, breaks off its antenna and then leaves it entombed to be very carefully eaten alive by its larvae.

Parasites have co-existed with humans and other forms of life throughout history in a cold war arms race, as parasites try to wheedle their way into new hosts and the hosts seek to rid themselves of their unwanted guests. The Covid virus, like all viruses, is a parasite. This is something that can be easily forgotten as it takes shape in our minds as some kind of evil, destructive force. Something to wage war on.

A feature of the Covid pandemic has been that it has felt new, even though humans have faced numerous catastrophic pandemics before. This came from abroad, was invisible, could be spread through our very breath or touch, and quickly gained a murderous reputation. How has this seemingly new threat influenced us?

> **'Parasites have co-existed with humans... throughout history... as parasites try to wheedle their way into new hosts and the hosts seek to rid themselves of their unwanted guests'**

Some parasites seem to have the capacity to influence the behaviour of their hosts in order to facilitate their own life cycle. To further their own interests some affect their hosts' behaviour to put them in harms way, so that the parasite can hop onto the next creature necessary for their life cycle. An example of this is the aquatic hairworm which infects crickets, who cannot swim, enchanting them to leap into ponds and swimming pools. There they can hitch a ride aboard mosquitoes so that they can then be eaten by other crickets. Other parasites are less horror film-worthy and simply weaken the hosts. In environments where the margins of survival are slim, this can still be fatal.

In response, hosts have evolved behaviours to try and limit this threat, grooming being a prime example. McAuliffe has discussed the function of disgust as a social behaviour rooted in an attempt to protect members of small tribes from the dangers of contaminants.[2] These can be faeces and rotting meat, but also people from outside the tribe who might bring in unfamiliar and thus potentially hazardous infections. The beginnings of the fear of the other.

> **'Other parasites are less horror film-worthy and simply weaken the hosts'**

Societies developed rules for collective behaviour which tried to defend against parasites and contamination and then sought to enforce these rules. Religions are often in a prime position to serve this social function, with a knowledge of hygiene that has been described as nothing short of stunning and an ability to enforce the rules through a number of ways. An all-seeing god is useful in policing behaviours for good hygiene that will often happen in private. Establishing a particular set of rituals, language and visual cues can distinguish adherents from the unbelievers,

the 'unclean', the contaminated.

One might imagine that in areas of the world where the historical threat of contamination is higher, the social rules, their enforcement and the level of obedience would be more pronounced in response to this heightened threat. Research into this model, known as the parasite stress model of sociality, is gathering considerable evidence in support of this idea.

'Societies developed rules for collective behaviour which tried to defend against parasites and contamination and then sought to enforce these rules'

What relevance does this have to psychotherapy in the current world? Firstly, I think that this perspective about the roots of disgust, contamination and the other is worthy of further thought, but I would like to pose a further question: what happens when the parasite stress level of a group of

people changes, as happened with Covid. Do we see a move towards obedience to the dictates of authority?

One would imagine so. With fears of infection and contamination coming to the fore we would expect shifts towards a pressure to adhere to collective action. Perhaps also a pressure to conform to collective thinking, a splitting whereby thought is framed into either for or against, us or them.

'What happens when the parasite stress level of a group of people changes, as happened with Covid'

Thinking about the Covid pandemic, can we see any changes to social behaviours and thinking? At a national level, rules limiting the quantity and quality of social contacts were introduced together with a gear change in terms of public hygiene. This needed a conformity which was largely achieved by framing the pandemic in terms of something akin to a war footing. The diversion of resources and funding, legislation and a splitting into us

and them, us and the virus, pro- and anti-vaxxers.

'As psychotherapists we can often neglect the external through our focus on the internal. One might say, to our detriment'

What about on a more local level? Institutions might be the place that is easiest to discern changes in collective thinking and any pressures to conform.

I have been thinking about my experience of one of the institutions that I have been involved with. The move to online work was extremely rapid and was aided, I think, by a sense of camaraderie and adventure. The return back was considerably more difficult. My experience of it was that it felt as if any shift back to in-person working undermined the homogenous front. This increased my feelings of vulnerability and my need to resist the shift. My vulnerability hampered the middle thinking that is more nuanced,

difficult and messy. Blended working involves blended thinking.

As psychotherapists we can often neglect the external through our focus on the internal. One might say, to our detriment. The Covid pandemic as an exterior event has forced itself into our lives and our consciousness. Our usual object of attention, the psychic unconscious, is essential in trying to understand ourselves. There are other factors out there though, tiny creatures that may be able to shape our behaviour in a way that is difficult to comprehend. Also we have a history with these creatures which is as deeply embedded in our inner worlds as any other internal object. This biological unconscious is worth considering, and appalling as this recent pandemic has been, it provides us with an opportunity to do so.

Matthew Wyatt formerly worked as a movement psychotherapist before training as a psychodynamic psychotherapist. He retains his interest in thinking about the physical body in his work in private practice and in charity organisations.

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Culture

The Culture-Breast: A New Clinical Concept

Noreen Giffney

If you search for the word "breast" in PEP-Web (1998-), an online subscription-based database of books, articles and videos relating to psychoanalysis, you will discover over 10,000 references. Despite this, the breast is not recognised as a clinical concept in the same way as other concepts, for example, transference, projective identification or containment. By which I mean, the psychical operations represented by the term "the breast" have not been mapped out in the same detail. The breast appears frequently but it is usually as an actor on some other stage, such as within the wider context of the object relations forming part of the paranoid-schizoid or depressive positions. Having said that, there has been a lively engagement with different configurations of the breast as a part-object, as people attend to the nuances inherent in terms, such as 'good/bad

breast', 'penis-breast', 'toilet-breast', 'breast claustrum', 'patched breast', to name but a few. The psychoanalytic discourses of the breast have been of particular interest to me over the past few years, as I have been thinking about how and why we engage with cultural objects and the psychical reverberations of those experiences in our work with patients in the consulting room.

What happens to us emotionally and unconsciously when we listen to a song, watch a film, encounter an art object, or read a piece of literature? How might our encounters with cultural objects be understood as a feeding experience for our minds? How might cultural experiences be understood as part of the environment-individual set up for our psychological development and wellbeing? How might the way we engage with cultural experiences relate back to our

earliest encounters with the breast as infants? What is the difference between identifying with and using a cultural object? What might our experiences with cultural objects tell us about ourselves? What happens psychically when our encounters with cultural objects become psychopathological? Why are these questions relevant for our clinical work with patients? These are some of the questions that have been preoccupying me as I have been writing my book entitled *The Culture-Breast in Psychoanalysis: Cultural Experiences and the Clinic* (2021). I introduce 'the culture-breast', a new clinical concept, to explore the formative influence of cultural experiences in our lives, and their central importance in the internal worlds of patients and

psychoanalytic clinical practitioners inside and outside the consulting room.

The breast operates concretely in psychoanalysis as a word to refer to the body part or bottle that feeds the infant. It encompasses the feeding experience, including what is happening emotionally and unconsciously with regards to the mechanisms of introjection and projection.

Our experience with the breast is one that will stay with us for the rest of our lives, in spite of the fact that we will be unable to recall it, and it will thus impact on our future relations with ourselves and our objects. It will, in other words, form part of the unconscious texture of our experience of the world around us. At a more symbolic level, the breast gestures towards the psychical processes by which we encounter an experience, process it and make meaning of it, if we have the capacity to do so. The culture-breast relates particularly to how cultural objects become bound up with these experiences, whether we are aware of it or not. Cultural objects are incorporated, introjected and identified with, split off, projected and evacuated like other experiences. They give containment, provide framing for our screen memories, can function as the glue that holds a psychic retreat together, and offer us opportunities to learn from experience, if we are fortunate enough to have the psychical space to make use of them. For some patients who have experienced environmental deprivation, cultural objects can become a being rather than simply a doing, enmeshed with the psychic structures of the personality. In this instance, patients relate not just to their cultural objects but *through* them, in which case the cultural object operates as part of a defensive system through which experiences become filtered. In

these instances, the patient needs to be weaned off the culture-breast through the transference relationship, and indeed this psychopathological functioning of the culture-breast becomes palpable through the transference-countertransference dynamic.

'What happens to us emotionally and unconsciously when we listen to a song, watch a film, encounter an art object, or read a piece of literature?'

Over the past eighteen months while the Covid pandemic has impacted on every facet of our lives, many of us have become more aware of our investment in cultural objects. Those of us privileged enough to sit in our homes, "locked down", gorged on television boxsets, visited art exhibitions virtually, listened to album after album, and read or endeavoured to read some of the books in our 'to read' pile. We feasted on cultural objects and our worlds grew bigger, if only for a second. These experiences held us, contained our

distress, facilitated our regression and lined the walls of our psychic retreat. They mopped up our anxiety and gave us hope that someday what we were experiencing, collectively yet differently and by no means equally, would end. In the early months of the pandemic films like *Contagion* (2011) and *Outbreak* (1995), about deadly viruses ravaging through the population yet ultimately brought under control, were gobbled up by audiences eager to witness the horrors unfold before them. Fictionalised productions have also appeared, which focus directly on Covid, such as the film *Songbird* (2020) or the feature-length television film, *Help* (2021). Why have these cultural objects proved to be so popular? There are many reasons; I will mention one. Covid has highlighted the precarity of life, our vulnerability and ultimately the ever-present uncertainty that we live with, but usually repress or split off to get on with our day. The situation we find ourselves in is, for many, deeply anxiety provoking. There is a free-floating anxiety persecuting many and pervading the social. For a couple of hours, these cultural objects soak up the too-muchness of experience and provide a frame for the uncanniness of an environment that feels like fiction and real life have been turned inside out. For a short time, the culture-breast does its necessary work.

Noreen Giffney is a psychoanalytic psychotherapist and a psychosocial theorist. She is the author of The Culture-Breast in Psychoanalysis: Cultural Experiences and the Clinic (London and New York: Routledge 2021), and a Lecturer in Counselling at Ulster University, Belfast.

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Melancholic Communities: A psychosocial response to Real Life magazines

Lucy Stroud

The Real Life genre of women's weekly magazines emerged in the United Kingdom during the early 1990s. This genre claims to represent the personal experiences of the magazines' interviewees, targeting women from lower socio-economic backgrounds as its primary audience and encouraging them to sell their stories. The genre can be viewed as problematic, exploiting the pain of vulnerable people – mainly women – and disguising it as empowerment. The genre is popular, with *Take a Break* selling a copy every second, and includes *that's life!*, *Love it!*, *Pick me up!*, *Chat* and *Real People* magazines.

A psychosocial account argues that the psyche and society are symbiotic; what occurs socially must have psychical reverberations. The genre can be read through this lens as, following Caroline Bainbridge and Candida Yates (2014),

the media has a role in responding to a subject's unconscious. The socio-historical and political backdrop for RLMS was the 1980s, a turbulent period, with the uptake and dispersal of neoliberal socio-economic policies causing lasting social effects.

> **'The genre can be viewed as problematic, exploiting the pain of vulnerable people – mainly women – and disguising it as empowerment'**

The losses of employment, community and a supportive welfare system affected

millions of people and have not been fully acknowledged or mourned. Instead, a pervasive neoliberal discourse has arisen, emphasising individualism, competition and personal responsibility. This restructure had a punitive effect upon working-class women as their losses were prohibited expression.

Julie Kristeva argues how periods of crisis create the psychical conditions for melancholia to manifest (1989:8). During this period losses remoulded society and, by extension, subjective experience. Simultaneously, these were not granted full expression within the public domain. However, once a loss has been experienced socially then barred from symbolic expression, the psychical conditions manifest for the production of melancholia *to speak*. The innumerable losses triggered through neoliberalism have not been mourned, and can be elucidated through Sigmund Freud's notion of

melancholia. Freud argues in *Mourning and Melancholia* (1918) that melancholia manifests itself because the full extent of a loss remains unknown to consciousness. The same conditions that often lead to the work of mourning can instead result in melancholia. As Freud argues, melancholia can develop not only in relation to the loss of a loved one but also through, "an abstraction taking the place of the person, such as fatherland, freedom, an *ideal*" (2005: 203, my emphasis). Melancholia becomes the unconscious acting out of this loss and can illuminate not only the effect of loss on the subject but also a framework to understand how far social losses have affected subjects. This is because losses of *a more ideal kind* affect not just an individual but reverberate throughout society. For many, at stake was not only the loss of an identification with the state, but also any platform to signify these experiences. A further attribute is, 'an insistent talkativeness [that takes] satisfaction

from self-exposure' (Freud, 2005: 207). RLMs exemplify this characteristic as the genre is created from interviewees who want to voice their traumatic experiences. However, this need is exploited by RLMs who appropriate and then mediate the interviewee's voice as if it were her own. The interviewee's voice is silenced once more through these magazines which reproduce dominant discourses of gender and class through the journalist's representation. For example, *that's life!* ask readers:[1]

'The RLM rhetoric subtly implies that women who do not have injury photographs nor a conviction are weak, powerless and unpublishable'

I convicted my partner for domestic abuse – Did you have the courage to escape an abusive relationship and convict your ex in court? Do you have pictures of your injuries? Would you like to share your story to raise awareness and help others? We pay BIG CASH for your stories.

The words and expression such as "courage" and "help others", create the impression of the interviewee as empowered and altruistic. Less than 10 per cent of all reported domestic abuse cases end in prosecution[2] and this is a systemic failing. The RLM rhetoric subtly implies that women who do not have injury photographs nor a conviction are weak, powerless and unpublishable. However, RLMs mask growing social inequalities by encouraging underrepresented voices and experiences to be heard. This could be perceived as egalitarian if this voice was not mediated through a journalist and distilled through a hegemonic neoliberal discourse under the banner of 'empowerment,' ignoring structural complexities and placing responsibility on the reader for resolution. This appeals to what Gillian Harkins argues is an attribute of neoliberal society in that it is characterised by an 'inward' or 'domesticating narcissism' (2009: 3) where RLMs replace social inequalities with personal experiences that contain the distress within a patriarchal familial narrative.

Returning to melancholia in light of these ideas, losses that are "withdrawn from consciousness" (2005: 205) do not remain unproductive; on the contrary, through experiences of loss (object or ideal) there is an excess, a remainder that cannot be

known nor contained. It is the excess of interviewees' experiences that have led to the creation of a melancholic community through the affective excess of these experiences to the reader.

'RLMs have maintained their popularity because they were birthed from an emerging social melancholia that continues to haunt'

What exceeds signification through the story ties the reader and interviewee by their shared historical and social experiences that were prohibited exposure. Teresa Brennan discusses how affect is transmitted and states, "we are not self-contained in terms of our energies. There is no secure distinction between the 'individual' and the 'environment'" (2004: 6). The affect of the interviewee's story resonates with shared, collective experiences and ultimately, feelings, produced through and from the social environment. The interviewee's self-exposure gives rise to

significant shared social meanings that, though not articulable in the magazine, are nevertheless felt by the readership. This leads in turn to the creation of a community bonded by affective social ties.

The continuous success of RLMs suggest that the psychical demands exceed the use-value. RLMs have maintained their popularity because they were birthed from an emerging social melancholia that continues to haunt, incessantly seeks exposure but fails each time, and keeps the psychical wound alive, as RLMs thrive and survive off the traumatic first person ordeals from those most exposed to the neoliberal turn.

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Lower Your Expectations

A critically-acclaimed crime drama series puts on screen many of the themes we know from our consulting rooms.

Lydia Prior

" What are we doing to mothers," asks Jacqueline Rose in her recent book *Mothers: An Essay on Love and Cruelty*, "when we expect them to carry the burden of everything that is hardest to contemplate about our society and ourselves?" Mare Sheehan, the detective at the heart of the gripping and multi-layered series *Mare of Easttown*, might have an answer. Then again, she would probably take a swig from her beer bottle and a drag on her e-cigarette, then tell the asker to fuck off and get on with the job. While the title obviously plays on "mayor" – Mare knows everyone in Easttown and commands the respect of most – there is perhaps an echo of *mère* in there too.

A lot is done to mothers in Easttown: by the end of the first episode, one, 17-year-old Erin McMenamin, is lying dead in a creek. But a lot is done by them as well, as they struggle to keep themselves and their families together in the hostile environment of a rustbelt town where opportunities are in short supply and opioids are not. Bare-faced, pony-tailed and almost permanently sporting a parka, Kate Winslet is superb as Mare. Under the gruff exterior, she cares fiercely about the community she's rooted in. The opening episode is bookended by scenes in which she is roused from sleep by calls to attend crime scenes; the first apparently trivial, the second Erin's murder. In between she chases down a junkie who has burgled his sister and attends a ceremony celebrating a school basketball victory from 25 years ago. Explaining the event to a newly-arrived college lecturer (Guy Pearce, bafflingly) trying to pick her up in the bar, Mare dismisses her winning shot as something that wouldn't be thought much of anywhere but "round here," a loaded phrase that economically conveys the town's limitations.

'Under the gruff exterior, she cares fiercely about the community she's rooted in'

Meanwhile, Mare's family life is complicated. She lives with her mother, teenage daughter and 4-year-old grandson, Drew. Her ex-husband lives opposite and is newly engaged. We learn that Drew's father, Mare's son, died two years ago. Mare's reckless commitment to her job takes on new meaning as we realise that she is a mother trying to outrun a tsunami of grief and guilt. "You'll understand

when you're a parent," Erin assures her baby son hours before she is killed. "You can love someone so much it's scary."

'At one point, the camera lingers on a yellow road sign warning: "Watch children"'

At one point, the camera lingers on a yellow road sign warning: "Watch children". The necessity and impossibility of doing so are recurring motifs in the series. Mare is not the only grandparent in town who has had to take on a parental role. These are parents who have lost a generation to opioids and economic decline, and their impotent rage ripples through the plot. As an authority figure, Mare is often its target. Early on, we learn that she has failed to find Katie Bailey, the daughter of a former basketball team mate, who has been missing for a year. Finding Katie would be like "finding a needle in a thousand fucking haystacks" according to Mare, but that doesn't stop her being blamed. Later, a teenage bully who assaulted Erin spits at Mare: "You're a bitch – no wonder your son killed himself." Soon after, the girl's father throws a carton of milk through Mare's window. In a town

this small, Mare is damned if she solves the crime and damned if she doesn't.

'If guilt and the pain of loss fuel Mare's commitment to her work, they also drive her determination to hang onto her grandson'

If guilt and the pain of loss fuel Mare's commitment to her work, they also drive her determination to hang onto her grandson. His mother is now clean and wants custody. In one of the most shocking acts of the series, Mare plants drugs in her car in an attempt to ensure she doesn't succeed. This leads to Mare's suspension and sends her into mandatory grief counselling, though it does not, unsurprisingly, stop her working the case. It is one of a string of desperate acts of mothers (and grandmothers) trying to save their children on which the plot hinges. Writer Brad Ingelsby sensitively illuminates the effects of loss and deprivation on families, individuals and

society without sacrificing the pace and integrity of the story.

'In a town this small, Mare is damned if she solves the crime and damned if she doesn't'

"Lower your expectations," Mare's daughter advises a new detective who has been brought in to partner her mother on the case. Ostensibly she means, don't expect social niceties. But the phrase has layers of meaning as it becomes apparent how much is expected of Mare (and mothers in general): to fix, solve, and smooth over the fissures of family and society, and take the blame for them too. What is expected of fathers in Easttown? Not much: they are providers of DNA (for reproductive and forensic purposes) and little else. At best kind but in the background like Mare's ex, Frank, they are mostly violent, unreliable or absent. From Mare's therapy, which she gradually comes to engage with (I loved her wry "let the healing begin" in the initial session) we discover that her father killed himself when she was 13. Now she is terrified that Drew may have inherited a similar psychological vulnerability.

Sandwiched between two generations of male suicide, her thought is not for her own pain but for how she can stop the cycle repeating.

The themes of the series – desperate mothers, inadequate fathers, lost children, small town claustrophobia and community – crescendo in the denouement. Without giving away the final twist, I will say that Ingelsby delivers a satisfying, if profoundly sad, ending. While the symbolism of the closing image – Mare about to enter the attic where her son died – may be a little heavy-handed, the sense that life can only truly go on when painful truths are confronted is earned. And it is often mothers who are expected to go to the places no one else wants to.

Lydia Prior is a psychodynamic psychotherapist.

Review

Edinburgh's Pandemic Festival

Will this year's scaled back and socially distanced celebration of the arts in the Scottish capital be the shape of festivals to come?

Richard Williams

Scotland's capital city, Edinburgh, does many things from banking to beer, but its combined annual arts festival defines the modern city as much as anything. Started as the Edinburgh International Festival of Music and Drama in 1947 by Rudolf Bing, a British-Austrian opera impresario, it is now an amalgam of ten festivals, driven by the monstrous Edinburgh Fringe. Most of it happens in the summer, and it attracts a lot of people. In 2019, the last normal year, over 1.2 million visited, more than twice the city's resident population. By most measures, it is the largest arts festival on earth, and it makes a lot of money. One excitable analysis published in 2019 indicated that the Edinburgh Fringe alone was worth £1 billion to the Scottish economy.

Rudolf Bing saw the original festival as a direct response to trauma. Its purpose, he thought, was the healing, through culture, of the wounds of the Second World War.

That purpose had its signal moment in 1947 in the appearance of the Vienna Philharmonic orchestra, reunited with its pre-war conductor Bruno Walter, who had been forced into exile by Nazi persecution. Out of range of Luftwaffe bombers, Edinburgh had not suffered the raids of other British cities during the war, and if somewhat austere and battered in 1947, it still could provide the festival-goer with an image of a healed world. That sense of culture as amelioration of trauma has always been strongly present: culture as a *de facto* good.

If the 1947 Festival was a response to the trauma of the war, its 2021 iteration was a response to a different kind of trauma: the Covid pandemic. The pandemic could not have been better designed to attack the social bases of the festival: travel, crowds, spontaneous encounters. In common with almost all global cultural events that year, the 2020 festival was cancelled altogether. On its return in 2021, the language of

Gabrielle Goliath, *This song is for ... Pat Hutchinson,* *Unstoppable* (by Sia) Performed by Nonku Phiri & Dion Monti

healing was much in evidence. 1947 and the recovery from the Second World War were frequent reference points for both the festival organisers and the news media.

But inescapable this time around was the sense that culture itself was not so much

wounded as in question. The peculiar nature of the pandemic had made normal cultural events impossible, so the restaged version of the festival bore the physical signs of trauma. It was an uncanny event for those used to its previous existence, for

there was, by comparison, nobody there. If the social logic of the normal festival had been the crowd, this one was all dispersal. Venues spread right across the city: there were pop-up venues at an out-of-town office complex, Edinburgh Park, and a suburban beach at Silverknowes, while problematical indoor venues were replaced with a sort of artsy camping. Edinburgh University's Old College had a marquee in its iconic courtyard, its audience and performers largely exposed to the elements.

'In 2019, the last normal year, over 1.2 million visited, more than twice the city's resident population'

The 2021 festival could be compelling in its weirdness. At Old College one lunchtime, without really meaning to, I stood and watched the arrangement of chairs in the empty marquee for half an hour as a piano tuner did his painstaking, repetitive work. And I wasn't alone. It was as if this – watching an empty venue – had in fact become the new normal concert experience. But sometimes you were just reminded of what had been lost. In the gardens of George Square, in normal times

the social hub of the Fringe, the familiar crowd seemed to have been displaced by a grid of empty tables. At times, it was less a festival, than the stage set for one.

'If the 1947 Festival was a response to the trauma of the war, its 2021 iteration was a response to a different kind of trauma, the Covid pandemic'

The Book Festival managed a successful compromise, staging a hybrid version of itself in the grounds of Edinburgh College of Art, with access possible no less than three ways — streamed online, in person in two socially-distanced halls in the College, or watching proceedings live on a giant LED screen. Mostly, thankfully, it was possible to visit without prior planning. Anyone could walk in from the street and hear and watch proceedings from the deckchairs scattered around the grassy courtyard, or from inside one of the temporary gazebos. It was a rather luxurious experience (and an unavoidable one for this author, whose office overlooked

the big screen). It could also be unnerving because of the sheer emptiness. The festival crowd was always somewhere else.

As a festival visitor you were never far from reminders of the trauma that gave it its shape, whether it was the mandatory mask-wearing in venues, or the electronic logging of personal details, or the deliberately antisocial arrangements of venue seating to keep audiences from mingling. To enter each new festival space was to be reminded again of just how much the pandemic has changed everyday life.

And it could be, in spite of the heroic efforts of the organisers, an anxiety-laden experience. Some of that anxiety was realistic, to use Freud's terminology, for it was reasonable to experience fear at re-entering the crowd after the pandemic year – the masks likely hid some of that. But some of it was undoubtedly cultural. The university's Talbot Rice Gallery ratcheted it up with *The Normal*, an exhibition of dire futurology in which anxieties about the pandemic were linked to worries about climate change, sexual violence and racism. A spectacular exhibition making full use of the grandeur of the gallery's eighteenth century interiors, its message underlined anxieties already circulating in the local media before the pandemic.

In the years before the pandemic it was

often said that the festival was too big, a monster that had taken over the public spaces of the host city. It was moreover unsustainable, especially in the amount of air travel it generated for audiences and performers alike. And the festival was exclusive of its often impoverished host citizens (a complaint dating back to 1947). The festival's official pitch in 2021 was correspondingly cautious: its return, post-pandemic, was tentative, a recognition that there could be no return to 'normal', whatever that had been. And it embodied a recognition too that the trauma of 2020-21 had in many ways been about culture in its industrialised form, as well as the pandemic. If there was no straightforward healing in this festival, it was because there couldn't be. As the festival's organisers said publicly, the pandemic had exposed some of its fault-lines, as well as those, more generally, of the voracious culture industries. The future, they said, will be smaller, quieter, and more self-reflexive. That may be no bad thing at all.

Richard J. Williams is Professor of Contemporary Visual Cultures at the University of Edinburgh. His most recent books are Reyner Banham Revisited *(2021) and* The Culture Factory: Architecture and the Contemporary Art Museum *(also 2021).*

Counselling and Psychotherapy
Training Online and in London

TAVISTOCK R E L A T I O N S H I P S

Live Online Conference *(Delivery online via Zoom)*

Divorce and Separation: Clinical Perspectives

27 November 2021, 10am–2pm

The Divorce and Separation Consultation Service at Tavistock Relationships offers therapeutic help for couples and individuals going through separation, divorce or civil partnership dissolution, often at times of immense crisis and psychological distress.

In this four-hour online workshop, the approach that has been developed over many years at Tavistock Relationships will be explored. **Dr Avi Shmueli** will present his thinking on the nature of this particular therapeutic intervention, and its inherent stresses, for therapists working in the field as much as for the patients who seek consultation. Therapists are often required to adopt different and sometimes conflicting clinical perspectives simultaneously. His presentation aims to identify the nature of the stresses upon the therapist and how these may be borne and even utilised in the course of working with divorcing couples.

Professor Brett Kahr will explore the pathogenic effect of what he has termed 'micro-separations' upon couple mental health. Although many couples suffer tremendous devastation in the wake of explosive events, such as extramarital affairs or bereavements, many others struggle with the almost invisible cumulative trauma which develop in the wake of multiple brief separations such as neglect and misattunement.

The workshop will be rich in clinical material, including presentations from **Dr Damian McCann** and **Katherine Astill**, experienced couple psychoanalytic psychotherapists who work within this service at TR. Attendees are also invited to bring their own experiences of work in this area for discussion in the group.
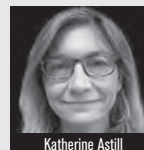
Fee: £50, book online at https://tavistockrelationships.ac.uk/training-courses/cpd

Dr Avi Shmueli
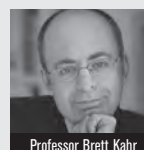
Professor Brett Kahr

Katherine Astill

Dr Damian McCann

Foundation Certificate in Couple Counselling and Psychotherapy *(Evening tuition)*

Tavistock Relationships' Foundation Certificate in Couple Counselling and Psychotherapy course is the next step towards a career in psychotherapy and couple counselling. In this certificate-level course students develop counselling skills and gain a deeper understanding of psychodynamic and psychoanalytic theories and concepts with a particular focus on the couple relationship. The course serves as a foundation for applying for our clinical trainings.

Training takes place Monday evenings from 6pm to 9pm.

Start date: Monday 24 January 2022. Course runs from January to June 2022.
Fee: £1,250 + £50 non-returnable deposit and selection admin fee.
Venue: Hallam House, 56-60 Hallam Street, London W1W 6JL.

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See website for details of Open Days and Open Evenings.

2021 fees shown. Fees for practitioner trainings may be subject to annual review.

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

Transformations in Love: Bion and Couple Therapy

Using Bion's love life to explore the relevance of his life-work to couple-work, this seminar applies his clinical thinking to the area of psychoanalytic psychotherapy with couples. So much of Bion's oeuvre is relevant to psychoanalytic work with couples, such as container-contained, analytic reverie, alpha function, at-one-ment, emotional links of K H and L, Bion's negative epistemology, and transformations in O.

We will see how transformations in O are transformations in love and how finding fulfilment of our deepest potentialities takes place within the crucible of relationship. Becoming who we are is a becoming in and through love. We uncover our truest nature and become most authentically real through the difficult and fearful, yet transformative intersubjective crucibles of our intimate relationships. Yet numerous psychological obstacles get in the way of such realisation. We will show how couple therapy may enable a couple to work through such difficulties, freeing them to experience transformations in O through love.

The seminar also focuses on the vital role of negative epistemology in couple work.

Liberally illustrated with clinical material, this seminar charts the difficult psychological terrain leading towards becoming O in and through love.

Date and time: 6 November 2021, 10am–1pm.
Speaker: Dr Judith Pickering. **Venue:** Online via Zoom. **Fee:** £40.

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