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Class, Identity Politics and Disavowal

By Joanna Ryan

Class is a highly contested, complex and elusive concept. In addressing class in relation to psychoanalysis – both theory and practice – I have drawn on a variety of sources to understand the many ways in which class is at play in the profession, whether acknowledged or not. I have also drawn on my experiences in aspects of identity politics to articulate some of the issues arising when the psychoanalytic world comes into contact with social movements of various kinds, and with the discourses of diversity, non-discrimination and equality. Here there has been much critical and innovative thinking and practice, as well as some resistance, arising from the impact of identity politics,

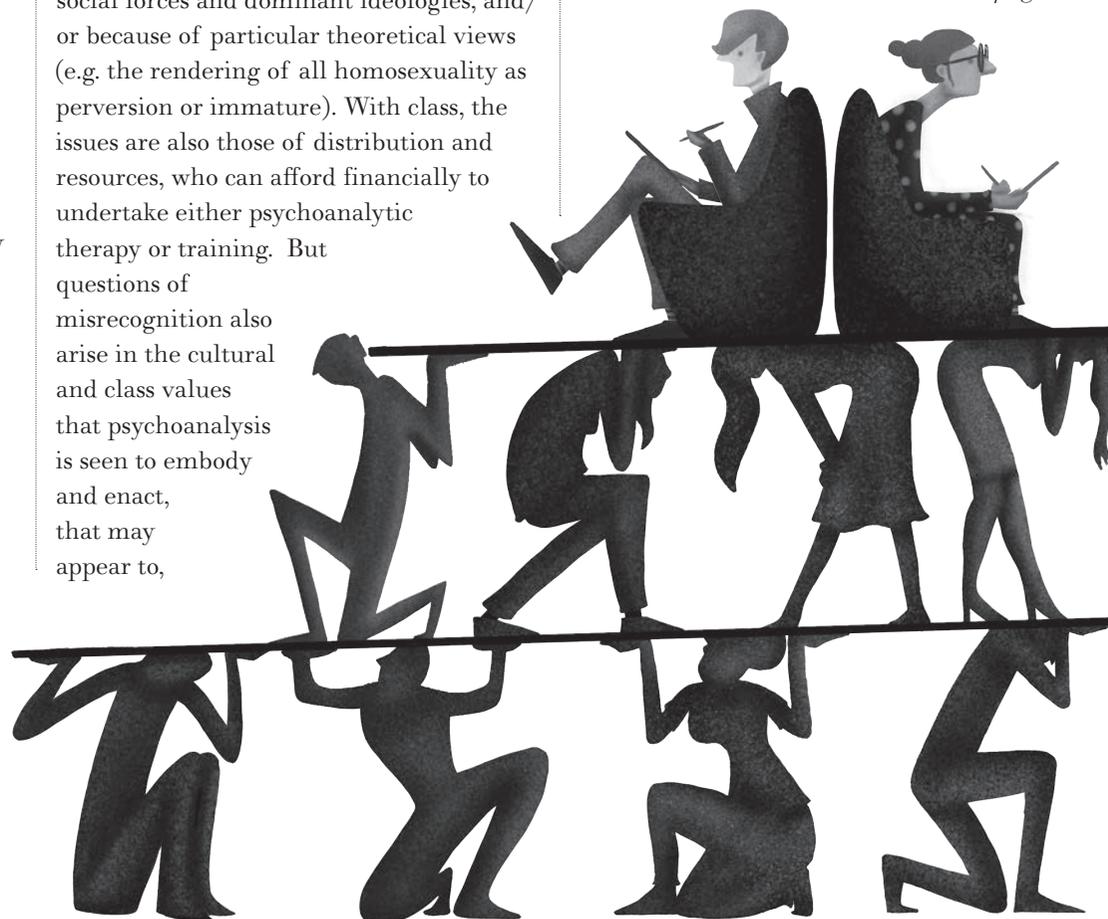
especially in the areas of gender, sexuality and race, with class notably absent.

These identity based critiques are often contestations with theory and practice that is, or was, oblivious of its own biases, exclusions, and blind spots, and its unreflective enactments of particular socially normative positions, at the same time as valuing much that is unique to psychoanalysis in its radical understandings of subjectivity. They also seek to explore the internalised aspects of various social forces and norms. We can broadly characterise these struggles as pursuits for recognition, disputing the more

egregious misrecognitions, often on the grounds of inadequate understandings of the far reaching effects on individuals of social forces and dominant ideologies, and/or because of particular theoretical views (e.g. the rendering of all homosexuality as perversion or immature). With class, the issues are also those of distribution and resources, who can afford financially to undertake either psychoanalytic therapy or training. But questions of misrecognition also arise in the cultural and class values that psychoanalysis is seen to embody and enact, that may appear to,

and often have, excluded working class people from its domain, or that fail to

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recognise and understand the particularity of working class experiences and circumstances, especially those of poverty and social marginalisation. This is evident in the now considerable but scattered literature on psychoanalysis practised in

working class communities. Many parts of the profession have been and are engaged with class inclusive projects of various kinds, or work in various public sectors, where access to psychoanalytic therapies (though not trainings) are free or low cost.



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However much of this experience does not filter through to mainstream thought, and is insufficiently recognised for what it can suggest.

'Class is a highly contested, complex and elusive concept.'

Class is thus an absent presence – significantly present in the economic, cultural and social resources mainly needed to engage in this field, but largely absent from professional and clinical discussions: there but not there, a form of disavowal. This widespread silence requires explanation, having many sources. There is a long history of theoretical extrusions and disavowals of class matters in the founding texts of psychoanalysis (which I describe in detail in my recent book). The demeaning misperceptions that working class people were not suitable as psychoanalytic patients, (rather than that analysts had trouble working with them), became a powerful stereotype that took particular hold in the more conservative era of psychoanalysis, in mid- 20th century US especially. It still seemingly needs to be disproved in some quarters, despite the important recognition of cultural and other forms of countertransference which

may impede useful work where there are large social differences. When the subject of class is broached in mixed class contexts, as I have found, a proliferation of mainly unvoiced experiences and emotions emerge, many very painful, conflictful and troubling. These discussions can also provoke considerable anxiety, anger and inhibition – a testimony to the morally problematic nature of class inequalities, and the different ways in which people in different class positions suffer, live with and defend themselves against the impact of these. A further source of inhibition is the widely voiced feeling that it is somehow unanalytic to talk about class in clinical contexts. My suggestion is that this derives from the theoretical vacuum around class that opened up early on, relegating class only to the purely external, so that many practitioners feel they do not have a language in which to talk about it in its subjective and intra-psychic aspects.

Identity politics of various kinds are often characterised by an emphasis on the importance of historical, intergenerational and cultural circumstances in the formation of psyches. They also make much use of the notion of internalised oppression, first formulated by Frantz Fanon in his now classic ground-breaking book, *White Skin, Black Masks* (1952). Previously, through the class inclusive

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work of the free clinics in the early 20th century, Otto Fenichel and Wilhelm Reich had raised similar questions, about how psychoanalysis could be practised in working class contexts, and what the implications were for psychoanalytic theory. This was an era when class was central to the concerns of many left and social-democratic psychoanalysts, and when the extension of psychoanalysis outside its fee-paying context was seen as essential to the future of the profession.

Class, it is generally said, disappeared from political and academic debates in the West in the last decades of the 20th century, and this is often attributed to the rise of identity politics. Certainly, identity politics came to the fore during this period, and with the exception of most anti-racism movements and some forms of feminism, seldom included class in its remit. However, the apparent disappearance of class can also be attributed to the far reaching influence of Thatcherite ideology: the pronouncement that there was no such thing as society, only individuals, which banished class and social structure from political discussion. This was followed by Major's much quoted aspiration for Britain to become a classless society, by which he did not mean removing social inequalities

per se, but rather ceasing discussing these in term of class and the snobbery and condescension that went with this, to which he himself had been subjected. Although New Labour did subsequently achieve a moderate lessening of social inequality through redistributive policies, the discourses of social exclusion and personal responsibility for poverty came to replace those of class. Working class political representation diminished under the restrictive legislation on trade unions, pursued by the Thatcher government, and following the defeat of the miners' strike. New Labour's centrist policies marginalised working class representation in the Labour party, with the far reaching political reverberations that are now with us.

We now see the modest gains of the early 21st century wiped out by rising levels of social inequalities, flat lining social mobility, through the savagery of austerity politics and the attacks on welfare provision. Mental health services have faced decades of underfunding and reconfiguring, and are drastically inadequate to face the rapidly rising need for them, in the face of the impacts of increased poverty and precarity.

The retreat from overt class politics coincided with neoliberal attempts to legitimise class inequalities, often construed in terms of the supposed psychological or behavioural deficiencies of the poorest sections of our society. The pursuit of neoliberal agenda, adopted by both centrist parties, thus amounted to a fundamental shift in the terms in which political discourse was conducted. Chantal Mouffe in *For a Left Populism* (2018), describes this as hegemonic in its effects, replacing the Keynesian ideology of managed economies and social provision. Thus, at the same time as extreme inequalities have been increasing, class became increasingly absent from political and wider cultural discourse, again a striking process of disavowal.

'We now see the modest gains of the early 21st century wiped out by rising levels of social inequalities'

Disavowal is also named by Stuart Hall in his memoir, *Familiar Stranger*, as regards to race in Jamaica, and also more generally. He asks: "What kind of collective psyche could invest so much energy in maintaining racial dominance

and at the same time deny the efficacy of race?" (Hall, 2018, 96). As he also points out, the disavowal of those deemed most socially abject "runs through the social relations of class, gender, sexuality and intimacy" (102), as well as race. I also suggest that disavowal is a ubiquitous and powerful process involved in the living and the representing of divisive social realities, including those of class. Diane Reay's extensive psychosocial work on class, (*Miseducation: Inequality, Education and the Working Classes*, 2017), in which she draws on psychoanalytic concepts, suggests how disavowal can be anxiously embedded in middle class ways of engaging with class difference, where there may be both a desire for class inclusivity and social justice but also subliminal disdain and distancing. She (and other authors) also describe how disavowal is involved for those in working class circumstances having to negotiate the middle class values of educational and other institutions, creating a divided sense of self.

'Identity' is not a psychoanalytic term (it does not appear in Laplanche and Pontalis' dictionary of psychoanalytic concepts, for example), though of course identifications of all kinds are central poles of psychoanalytic thought. The importance of history and culture in the intergenerational evolution of identities, including those of class,

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cannot be underestimated. As Hall wrote: "Identities are the names we give to the different ways we are positioned by, and position ourselves within the narratives of the past." (Quoted in Gary Younge, *Guardian*, 11/02/2014). Or as Mouffe writes: "There are no essential identities but only forms of identification... The history of the subject is the history of her identifications." (Mouffe, 72). This forms part of her argument for the relevance of psychoanalytic understandings of affect to the construction of a left populism, to counter that of the right, who often have the monopoly of affect-driven politics. This argument, that left and progressive politics rely too exclusively on rational and objective arguments and neglect the more affect-driven, "irrational" or unconscious emotional forces at work, is an old one that goes back as far as Reich (in his earlier incarnations) who advocated and put into practice a politics based on psychoanalytic understandings of people's needs and desires. He showed in the *Mass Psychology of Fascism* how the propaganda of the Nazi party appealed to the repressed and displaced libidinal desires of many working class and lower middle class people, so that they chose a form of authoritarian politics even whilst it was

against their economic and other interests. With Brexit, we see how many people, lacking a political voice and ignored by large sections of the centre parties, turned to right wing parties and their fantastical slogans, such as "Take back control", that appeared to recognise people's sense of disenfranchisement and powerlessness, and validate some of their strongly felt fears and needs. (Although I am not here discounting the significant middle/upper class support for Brexit).

Which brings us back to the question of class identities. Within sociology, there is debate about whether class identities are disappearing in the face of what is described as the increasing individualisation of society, even whilst social inequalities remain and increase. Pierre Bourdieu and others have shown how central questions of taste, style, bodily presentation, etc are to the subjective experiences of class and to the construction of class identities, as these interact with economic and structural inequalities. He also proposed that different forms of capital – economic, cultural, social and symbolic – are all involved in the workings of social power and social space, and in the

formation of class identities. This analysis is especially useful in understanding how class operates within and around psychoanalysis. Other contemporary work has demonstrated the complexity of class identities and the many ambiguities and ambivalences that are involved, as also was apparent in my research. The ordinary language use of 'working' and 'middle class' still, in my experience, has enormous application, often qualified by other factors. This is borne out by research which suggests that class identity generally, and working class identity especially remains widespread, with very few claiming classlessness. What has changed radically is political representation at the national level, that is class position has substantially ceased to determine voting preferences (Evans and Tilley, *The New Politics of Class*, 2017), at least to the extent that it used to.

My experience in writing and talking about class in relation to psychoanalysis is that there is a growing acknowledgement of the unsatisfactory situation in which class is hardly discussed, and a considerable interest in doing so, albeit with many complex and ambivalent feelings. Especially important to explore are the experiences of those from working class backgrounds entering the profession, as these have largely been unvoiced so far, and yet yield many insights as to the class coded or inflected nature of

'... research which suggests that class identity generally, and working class identity especially remains widespread.'

what transpires. So concurrently are the various enactments of privilege. The unthinking assumption of certain cultural values, as self-evidently universal, also may come into question in more class diverse contexts. There is also the difficulty for some of really listening, without defence, displacement or inappropriate interpretation to class-related pain and anger, or to the felt constraints of circumstances. The defences of privilege may partly be guilt driven, producing paralysis of thought countertransferentially. But they may also involve a subliminal disdain and distancing, where the expression of class related anger about experiences of social injustice were sometimes rendered as grudges or grievances, leading to therapeutic impasses on the part of some middle class therapists with working class patients. At a wider social level, a

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similar process, of inadequate recognition and lack of appropriate social response has been described by Paul Hoggett and colleagues in their psychosocial work. They describe the centrality of grievance, resentment and stuck victim positions in contemporary conditions of very divisive social policies and political disempowerment. They suggest, on the basis of their psychoanalytically informed work with groups, how unheard and unresponded to, such blocked expressions of grievance can lead to socially toxic responses.

'... really listening, without defence, displacement or inappropriate interpretation to class-related pain and anger, or to the felt constraints of circumstances.'

The self-reflections of the psychoanalytic psychotherapists in my study (and also in other work) who came from working-class backgrounds vividly illustrated the complexities and conflicts of upward social mobility, creating a divided and often ambivalent sense of present day class position and identity. The complex concoction of a working class past and middle class present powerfully illustrated the impact of class on the formation of the psyche and its enduring nature, despite very changed circumstances. It also illustrates the immense social gulf between classes that must be negotiated in such personal trajectories, as well as the overriding domination of middle class cultural mores and social power. This was notably so in relation to lingering feelings of inferiority, the tenacity of a past and a whole world where negative evaluations, disadvantages and discriminations abounded. Shame, contempt and the associated defences, displacements, projections and disavowals are thus all part of class emotion, albeit experienced differently for those in different class positions.

I suggest that the up/down dimensions of class hierarchies, and any accompanying feelings of superiority or inferiority, are the most psychologically taboo aspect of class, offending our sense of respect, social justice and equality, something that can inhibit discussion. The litmus paper of class-inflected transference and countertransference in the clinical situation can and does expose many of these usually defended against aspects of class. The challenge here is to evolve an adequate appreciation of class in all its force and materiality, as it creates us intergenerationally as classed beings, and to combine this with our existing psychoanalytic theories and practices ■

Joanna Ryan, Ph.D, is a psychoanalytic psychotherapist, supervisor and researcher; and author of numerous

publications, including Class and Psychoanalysis: Landscapes of Inequality (Routledge, 2017).



Editorial

Uncomfortable questions

By Gary Fereday

The lack of diversity within the psychoanalytic psychotherapy profession has been debated within the pages of *New Associations* many times. This edition of *New Associations* looks again at the issue and highlights some of the debates and initiatives the BPC has undertaken with articles on sexuality, gender, ethnicity and class. These include: an update on the research being conducted by Wayne Full examining attitudes towards LGBT issues; an examination of class with Joanna Ryan and Lynsey Hanley who discussed the issue together at the PP NOW 2017 conference; Susie Orbach looking at the sexualised and gendered ways that identity is expressed in today's society; and Kannan Navaratnem examining culture, race and language in the consulting room.

The BPC has developed a number of initiatives that primarily address and

consider issues of diversity. These have included: conferences on ethnicity and sexuality; bibliographies to support Registrants and BPC accredited training courses; a greater emphasis on diversity issues when accrediting and reaccrediting our member institutions; and the BPC becoming a signatory to the second Memorandum of Understanding on Conversion Therapy.

Yet, with some notable exceptions, our profession remains overwhelmingly white, older and middle class and it is far from clear if LGBT trainees feel that the profession has fully understood their concerns.

Yes, things are changing but the gap between the demographics of the wider population and of our profession remains. Perhaps now is the time to radically rethink how we deliver training to develop a clearer model with common introductory courses that are attractive, accessible, more affordable, and offer a clear training escalator and career progression. This may help address the lack of diversity.

To do this we need to ask whether some rationalisation of training courses is needed, whether some are too small to be economically viable and too narrow

in their scope to be attractive to trainees from diverse backgrounds. We need to ask whether we should look beyond our own profession and bring in the expertise of educational specialists to help the restructuring, and running of more economically viable courses. We need to ask how we present ourselves as a profession, how we market our training courses and how to ensure we signal that we are open to trainees from all backgrounds.

'...our profession remains overwhelmingly white, older and middle class.'

These may not be comfortable questions, but unless we ask them we may not make the changes needed to develop the profession and properly address the lack of diversity. Let's ask them ■

Gary Fereday is the Chief Executive of the British Psychoanalytic Council

'Class is an absent presence': response to Joanna Ryan

By Lynsey Hanley

At 23, I got into pronounced emotional difficulties for probably the third or fourth time since moving from a Birmingham council estate to university in London, and decided it was time to try and sort it out once and for all. Having been told that the waiting time for an NHS referral was six weeks (this was 1999), I found a therapist at a reasonable rate in north London, 45 minutes away from my home in the East End.

She asked me why I was there and, as tends to happen when you're in crisis and it's your first session, the whole Four Yorkshiremen sketch fell out of my mouth.

'You're not the first working-class person to go to university, you know,' she replied.

The second person I saw, closer to home, chuckled when I stated that I felt so weighed down by family troubles back in

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‘Class is an absent presence’: response to Joanna Ryan

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Birmingham that I was permanently tired, and that the tiredness was down to feeling I had abandoned them and let them down by leaving home to go to university. This therapist’s reply had a similar ring to the first’s: ‘Everyone has to leave home, it’s your parents who are immature.’

Perhaps they aren’t immature, I thought. Perhaps they are alone and desperate, and it had never occurred to them that their child might one day go to university, or what that would mean, because it had never happened before to anyone they knew. A conundrum revealed itself. How could I get good therapy from therapists who didn’t seem to think that class mattered – that, indeed, class may have been utterly central to the difficulties I’d been experiencing since adolescence?

Joanna Ryan confronts this question in her excellent book *Class and Psychoanalysis* and in this piece for *New Associations*, describing class as an ‘absent presence’ in the therapeutic environment, both insisted upon by clients who need to explore the structural influence on their

psychic landscape, and, in Ryan’s words, ‘disavowed’ by middle-class clinicians who may have known nothing else but material security.

‘How could I get good therapy from therapists who didn’t seem to think that class mattered.’

Whether it was embarrassment or an unwarranted sense of superiority that caused my earlier therapists to overlook essential parts of what I was trying to tell them, I never found out. I eventually found a ‘good fit’, or a better one at least, though even this third and final – for now – therapist was not averse to telling me that I was ‘using the sociological defence’ when I tried to put my memories of a working-class childhood in a context of time, place and social ‘space’.

Earlier in life I had been seen by an NHS CAMHS counsellor, who was genuinely sympathetic to the lives of the young people she worked with on the peripheral estate where we were growing up. She was at pains to place our experiences in context as a way of showing to us that we were not mad: something which my later therapists overlooked or resisted.

At last year’s BPC conference I was lucky enough to share a platform with Joanna Ryan to talk about these issues. I felt that she had truly absorbed similar lessons offered by the sociologist Les Back in his book *The Art of Listening*: that no one’s life deserves to pass unnoticed and unexamined; that all social differences are, when push comes to shove, essentially trivial since we are all human; and that it is surely the task of the therapist to take society and its manifestly unjust structures into full account when examining the interior life of a patient.

In her piece Joanna makes clear the costs to psychotherapy, and the therapeutic community, of consistently overlooking class and its impact on individual identity when the psychosocial effects of gender, ethnicity and sexuality are taken for granted. Yet as a journalist and commentary writer, I was repeatedly asked by middle-class print editors and broadcast producers ‘Why did working-class people

vote for Brexit?’ It was as though class had suddenly a factor of interest because working-class people had done something which mystified, and ultimately enraged, those who were supposed to have more political clout than them, namely the urban middle class.

The confused reaction by the political, academic and media class to the Leave vote didn’t lead to an outbreak of self-reflection and remorse on their part. Instead their response was more along the lines of, ‘Why did we ever give these ignorant racists the vote?’ The political fallout of the Brexit result has exposed, in Joanna’s words, the ‘overriding domination of middle class cultural mores and social power’.

It has also revealed the disastrous consequences of allowing socio-economic inequality to grow to the extent that the group with the greatest social power couldn’t conceive of why people without such power might, in a crude referendum held by a complacent leader, seize the chance to complain about it ■

*Lynsey Hanley was born in Birmingham and lives in Liverpool. She is the author of *Estates: An Intimate History*, and *Respectable: The Experience of Class*. She is a regular contributor to the *Guardian* and the *Times Literary Supplement*.*

Moving Forward: Advice from the BPC's Advisory Groups

Where are we with Sexual and Gender Diversity?

By Juliet Newbiggin and David Richards

Activists in today's populist politics are taking up arms against the liberalising legislation passed in recent years to protect minorities who have been the object of discrimination. The internet and the tabloid press endlessly complain about political correctness inflicted on ordinary people by out of touch elites. Even respectable academics like Mark Lilla argue that "identity politics" are a side-show that diverts attention from fundamental issues of human rights (Lilla, M.: *The Once and Future Liberal: After Identity Politics*, Harper, 160 pp, August 2017) His argument is reminiscent of that

of Christopher Lasch in his 1979 book, *The Culture of Narcissism*, who claimed that consciousness-raising movements targeting racism, sexism and homophobia and their psychological consequences, were in fact the result of a self-obsessed strain of individualism that developed in the 1960s (Lasch, C.: *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*, Warner Books, NY 1979).

However, the accusation that postmodern 'identity politics' tend to undermine basic values is powerfully contradicted when we look at the history of psychoanalysis and the biases that crept in under the guise of medical diagnosis – something that has had a particularly tragic impact on potential practitioners and patients who identified their orientation as other than heterosexual. The former were banned from access to training, unless they could be 'cured', and the latter were subjected to serious psychological damage. It was only organised opposition from the LGBT community that brought about change.

What is now the BPC's Advisory Group on Sexual and Gender Diversity came into being as the result of the working party, established in 2010, to write a position statement for the BPC, decisively breaking with this homophobic history which had defined homosexuality as an expression of

pathology. Since the issuing of the Position Statement in 2012, the Advisory Group has been seeking to promote inclusive attitudes within the profession towards differences in sexual orientation and gender identity. The group has sponsored discussion and training in various settings, and has recommended organisational changes to tackle perceived incidences of discrimination, particularly during training.

Wayne Full, a member of this group, describes the research he has been conducting into BPC registrants' attitudes towards sexual diversity on page 5. Members of the group also joined with Peter Hudson, the former Policy and Public Affairs officer for the BPC, in contributing to the drafting of the Memorandum of Understanding, launched by the Department of Health to warn the public of the dangers of conversion therapy that offers to reestablish heterosexuality and natal gender in people who find themselves identifying otherwise. The MoU, which has been signed by us as well as UKCP, BACP, BPS and many other bodies, had its Parliamentary launch on 4 July and is being supported by government legislation.

The group has also provided the BPC Executive with a new member holding responsibility for diversity within the

BPC. This role both confirms the BPC's commitment to this essential area of work and identity, and equally enables the Executive and the BPC Council to engage with the development of the kinds of initiatives described above. In particular we recognise the ongoing need for fundamental shifts of position and perspective not only in explicit ways (related to teaching curricula and reading lists, for example) but equally in less overt ways (in terms of more subtle expressions or attitudes of discrimination that can so often exist beneath the surface). Further to the opening remarks above, the task is not about fostering "political correctness" or policing our profession's behaviour, but feeling genuinely committed to an equality that acknowledges and indeed celebrates diversity of identity within psychoanalysis as in the wider society ■

Juliet Newbiggin is a Psychoanalytic Psychotherapy member of the British Psychotherapy Foundation and chair of the BPC Advisory Group on Sexual and Gender Diversity.

David Richards is a psychodynamic psychotherapist, and a member of the BPC Executive and the BPC Advisory Group for Sexuality and Gender Diversity.

Research

Conversing, not conversion, with Same-Sex Sexualities

By *Wayne Full*

A clinical attitudes questionnaire circulated to the BPC membership in 2015 investigated BPC members' perspectives, experiences and ways of working with Lesbian, Gay and Bisexual (LGB) clients. This is a selective summary of the findings.

Background

Although psychoanalytic therapies and training institutions have become increasingly inclusive and tolerant of LGB colleagues and clients, the BPC continues to proactively address the legacy of suffering caused by psychoanalytic pathologising of same-sex orientation in the past and discrimination against LGB individuals who wanted to train as therapists. In 2011, the BPC published a Position Statement on Homosexuality,¹ opposing discrimination in the selection or progression of those

who are LGB and who wish to train, are training and or train others in psychoanalytically-informed practice. The BPC has supported several other initiatives aimed at promoting a more informed attitude to sexual and gender diversity. These include reviewing the implementation of the Equality Act across BPC training institutions as part of the registration review and becoming a major signatory on a UK-wide Memorandum of Understanding (MoU)² condemning the use of reparative therapies.³

The establishment of an Advisory Group on Sexual Diversity ['Advisory Group'] in



2012,
chaired
by Juliet

Newbigin,
is tasked with
ensuring that the
profession continues its
efforts to be more open and

welcoming to LGB trainees. In 2014-15, as part of its activities, the Advisory Group supported a PhD researcher, Wayne Full, in designing a clinical attitudes

questionnaire on same-sex sexualities, which was disseminated to the entire BPC membership (n=1450). While the questionnaire primarily focussed on BPC members' theoretical and clinical understanding of their work with LGB clients, respondents were also asked about their training institutes' attitudes towards LGB candidates and colleagues. The questionnaire was fully piloted and received ethical approval from the UCL Research Ethics Committee (REC).

Sample

Two hundred and eighty seven (n=287) valid questionnaire responses were returned, an overall response rate of 20%. Of these 287 responses, 195 (70.9%) were female, 79 male (28.7%) and 1 identified as 'Other' (0.4%). In relation to sexual orientation, 211 (77.6%) respondents identified as heterosexual, 39 (14.3%) identified as LGB and 22 (8.1%) identified as 'Other'. More than three quarters (n=211, 81.2%) were aged over 50.

The most frequently identified professional designation(s) across the sample were: Psychoanalytic Psychotherapist (n=139, 48.4%), Psychodynamic Psychotherapist (n=67, 23.3%), Psychoanalyst (n=48, 16.7%) and Jungian Analyst/Analytic Psychologist (n=42, 14.6%). In terms of

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Conversing, not conversion, with Same-Sex Sexualities

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theoretical orientation, almost half of the respondents identified as Kleinian/Post-Kleinian (n=132, 46%) followed by British Independent (n=125, 43.6%), Post-Classical⁴ (n=87, 29.2%), Freudian/Contemporary Freudian (n=71, 24.7%) and Jungian/Post-Jungian (n=56 or 19.5%).

Findings

Respondents cite relationship difficulties (n=234, 81.5%), anxiety (n=225, 78.4%) and depression (n=224, 78.4%) as the most common reasons LGB clients give for seeking therapy. The general impression reported by over half of the respondents (n=114, 52.7%) is that the problems LGB clients bring to therapy are indistinguishable from those of non-LGB clients, and just as varied. Where differences are discernible, respondents identify some LGB-specific clinical issues including internalised homophobia, discrimination, shame (linked to their same-sex sexuality) and familial and/or parental rejection. In terms of treatment efficacy, almost three quarters of respondents indicate that most or all of

their LGB clients experience a reduction in symptoms (n=206, 73.3%) as a result of psychotherapy.

On the question of aetiology, the majority of respondents indicate that sexual orientation is multiply determined (n=241, 85.1%) and is likely to be a mixture of nature/nurture (n=206, 72.6%). This suggests that most respondents believe there is a complex interaction between genetic, heritable and hormonal factors on the one hand and environmental, social and cultural factors on the other. There is a substantial and accumulating body of empirical evidence indicating that same-sex orientation may be moderately heritable and contain some genetic components and/or have some biological basis (see Bailey et al 2016⁵ for a compelling review of the evidence), while environmental or social aspects may shape some elements of sexual orientation and how it is expressed.

Almost half (n=135, 47.9) agree with the statement “sexual orientation is influenced by unresolved Oedipal conflicts”. Yet,

in the qualitative responses, many respondents question the plausibility and usefulness of Oedipal narratives for explaining the origins of sexual orientation. Many respondents dismiss Oedipal theory as “too rigid”, “too simplistic”, “out-dated”, “ignorant”, and “pathologising”. There is little empirical evidence to support the hypothesis that Oedipal conflicts and/or pathological parent-child relationships cause same-sex attraction (again see Bailey et al 2016) but Oedipal narratives may be useful for understanding certain psychodynamics exhibited by LGB (as well as non-LGB clients).

Respondents expressed mixed views on whether they had received any formal teaching on sexual orientation: 132 respondents (47.0%) answered affirmatively, 113 respondents (40.2%) answered negatively. Almost half (n=129, 47.6%) agree that their theories of sexual orientation need updating and respondents suggest that they would welcome closer study of data and insights from other disciplines.

While three quarters of respondents (n=209, 74.6%) express disagreement with the statement “sexual orientation can be changed or re-directed”, almost a quarter (n=63, 22.5%) remain undecided and a minority (n=8, 2.9%) agree with the

statement. When asked what they would do if a LGB client specifically requests help to change their sexual orientation, the majority (n=235, 83.6%) report that their main therapeutic approach would be to work with the client to explore the underlying reasons for wanting to change.

Whereas almost two-thirds of respondents (n=181, 64.6%) consider it inappropriate for therapists who are LGB to disclose their sexual orientation to their LGB clients, a quarter (n=72, 25.7%) are uncertain about it and almost 10% (n=27) think it is acceptable practice. Those opposed suggest self-disclosure impedes the transference experience with the client. Those who are more open to self-disclosure emphasise its practical benefits including: validating LGB experience, building trust and enhancing therapist credibility.

Only just over half of respondents (n=151, 55.77%) agree with the statement “colleagues within my MI treat LGB colleagues the same as non-LGB colleagues”. This is worrying: if this question was about race or gender there would be outrage. This finding seriously raises questions about how fairly and equitably LGB colleagues are treated (or perceived to be treated) within BPC training institutes.

Conversing, not conversion, with Same-Sex Sexualities

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The polarised response to the statement “My MI promotes LGB and non-LGB colleagues equally to senior positions within the organisation”, with 119 (43.9%) respondents unable to commit either way, also raises legitimate concerns about equality of opportunity and whether there may be barriers (real or perceived) to LGB career progression across BPC training institutes.

Qualitative responses further indicate that attitudes towards LGB colleagues and trainees within BPC training institutes are mixed. Whereas some respondents highlight the continued existence of explicitly homophobic and discriminatory activity in the selection and progression of LGB clients as well as in the way sexuality is taught, others describe a more progressive and accepting atmosphere at their training institute.

Going Forward

It is encouraging that more than half of BPC members do not perceive their LGB clients to be any different to their non-LGB clients in terms of their presenting symptoms and difficulties. However, BPC clinicians must continue to educate

themselves about LGB-specific issues such as internalised homophobia, shame, and the role familial rejection in the lives of LGB clients.

BPC members appear to hold multiple aetiological theories about sexual orientation. Some of these theories, Oedipal theories for example, appear to be inconsistent with empirical data from other disciplines. Rather than consider Oedipal explanations as aetiological theories, it might be more appropriate to think of them as a useful framework for thinking about and working with specific psychodynamics demonstrated by LGB clients (and non-LGB clients). In terms of the origins, many respondents recognise the need to integrate a psychoanalytic understanding of sexual orientation with findings from other sciences, specifically neuroscientific, genetic and psychoendocrinological data, and postmodern disciplines (e.g. queer theory). BPC training institutes have a role to play in updating their course curriculum to ensure that teaching on sexual orientation reflects wider societal, cultural and scientific developments. In 2014, the Advisory Group compiled a pluralistic

and varied bibliography on sexuality and gender diversity for use by BPC teaching and supervising staff to refresh their course content in this area.⁶

Given the compelling evidence⁷ indicating that conversion therapy is ineffective and potentially harmful to the mental health of LGB clients, we might have expected more than three quarters of respondents to reject this statement that “sexual orientation can be changed or redirected”. This finding is also surprising given the BPC’s Position Statement on Homosexuality and the BPC’s signing of a MoU condemning reparative therapies. BPC members have a personal and professional responsibility to be familiar with these important BPC initiatives and the evidence base underpinning them.

In relation to self-disclosure, there appears to be a spectrum of opinion. Recent studies (Kronner 2013;⁸ Borden et al 2010⁹) indicate that LGB clients who perceive higher levels of therapist self-disclosure report higher levels of connection with the therapist and perceive the therapist to be more expert, trustworthy and helpful. The question of self-disclosure and its potential therapeutic benefits may require further discussion and thoughtful reflection amongst BPC members.

More work is needed within BPC training institutions to ensure more LGB candidates apply and enter training and that these

trainees are treated equally and fairly. The BPC and the Advisory Group has already successfully piloted a train-the-trainer course with the Tavistock and Portman NHS Trust to raise awareness of sexual and gender diversity and the equality legislation.

‘BPC members have a personal and professional responsibility to be familiar with these important BPC initiatives’

There are some limitations to this study. As respondents are self-selecting, clinicians who are specialists on sexual orientation and/or who identify as LGB are more likely to have responded. It is possible that BPC members who conduct reparative therapies did not respond to the questionnaire: the responses may, therefore, underestimate the frequency of reparative therapy practices across the BPC membership. There is the social desirability factor to consider: respondents’ answers may have attempted to construct an account that conforms to a socially acceptable model of belief or behaviour.

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Acknowledgements

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- 3 Gay conversion therapy, sometimes known as reparative or 'gay cure' therapy, attempts to alter a person's sexual orientation or reduce attraction to others of the same sex. It often assumes that homosexuality is a mental disorder
- 4 By Post-Classical, we include: relational, intersubjective, interpersonal, existential and self-psychological.
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Society

Identity in the Light of #metoo

By Susie Orbach

There is a desperation in girls and boys for acceptance, for longing, for recognition. For all of us, of course, but as we forge identities in adolescence, bodies and the erotic are in ascendancy. Being a girl means learning that sex is crucially important, but only sort of for you. It is something you have about yourself and something to look forward to and experiment with. Girl on girl sex is widely permissible for our patients and yet at the same time, for many girls and women even their nether regions are a mystery. We don't applaud when they find their clitorises and we may not have even given them language or explain the ways in which human sexual organs work. In movies we still rarely encounter much beyond penetrative sex with women

swooning and men's virility in clichéd forms. We see urgency, simultaneous orgasms up against a wall, desperate longing satisfied.

What we see is what we absorb in the making of our personal idiom and in our efforts to be expressive, find acceptance, longing and recognition. For boys the struggle is no less problematic. Desire trumps tenderness. Power trumps awkwardness. Thrusting trumps ignorance. A limiting binary continues to railroad forms of masculinity and femininity.

How can we draw the line from the intense preoccupation and dismay girls have about their bodies, the intense sexualisation of the culture, the commercial pressures

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which are promoting cosmetic surgery apps to girls as young as six, preparing them to ever transform themselves, and be ready to spend on those huge industries of beauty; fashion, diet/food on the one hand and - on the other - the representation of femininity in millions of digitized and 'perfected' images because of; the democratization of glamour, the virulent reintroduction of Ken and Barbie, and what boys and men expect and what girls and women are looking for? There is a connection. It may make us uncomfortable but it exists. The search for a bodily sense of self that is validated by the other takes strange tributaries as girls present themselves in facsimile versions of what they see. Meanwhile for adolescent boys and young men, there is too often a thought that the fuck will hold their fragilities together.

A friend asks, how do you explain the clothes my daughter goes out in. Isn't she being, well, provocative? That's one way of seeing it, I respond. But I think it's more that she could be on a search for a body that fits with the bodies she sees represented around her (Orbach 1978, 2009). She wants to be cute, or sexy or lovely, or tough looking, and she thinks

she has the right to dress as she pleases and to make it her own. How she dresses might make us uncomfortable but perhaps, I continue, it is her attempt to create a body that pleases her. You are not so fond of the burkha or the nun's habit I say. Oh, empowerment he says. Well not exactly, I reply, and there follows a discussion about the differences between the notion of empowerment which I find rather soupy but which he as a lawyer finds robust, and agency which I find associated with the taking up of subjectivity.

We are now firmly in the category of internalized misogyny. Empowerment for me turns patriarchy into a kind of dusting, rather than a vicious system of inequality in which women and men unbeknownst to them, absorb and make themselves in patriarchy, taking up forms of femininity and masculinity which necessarily encode internalized misogyny as the sequelae of unequal gender relations. We don't do it consciously. We don't purposefully bequeath this misogyny to our daughters or to our sons. We do it as psychoanalysis details, unconsciously. Tragically we can do so while vowing to break the bonds of patriarchy.

My practice over the past period, is replete with hurt around #MeToo agendas. I have many points of contact with things 'done to' or engaged in myself. For many years I had in treatment a man we would call a perpetrator. He thought he was impressing me by telling me of his multiple sexual encounters. But they weren't sexual encounters as I might understand the term, they were sexual assaults. He would shine his high beam on a woman in what might seem the first moves of a seduction at a supper party, but rapidly this would follow his sticking his hand under the table and inserting his finger into her vagina. His sexuality or perhaps we should say his anxiety had been weaponized. He would talk of such triumphs expecting me to admire him. His assaults were compulsive a la Weinstein although he was not in the same kind of business and did not yield power over women's employment prospects. In sessions, his telling me, would excite him and I began to think about what use I could make of the bold confrontation he forced on me in his insatiable longing to be phallically recognised. I didn't like it. And I felt uncomfortable disabusing him of the notion of his being a wanted Adonis. Yes, he was right to reveal his difficulty within the therapy, how could it be otherwise, but it was so distracting to him, that it made it hard to talk about the desperate longing he

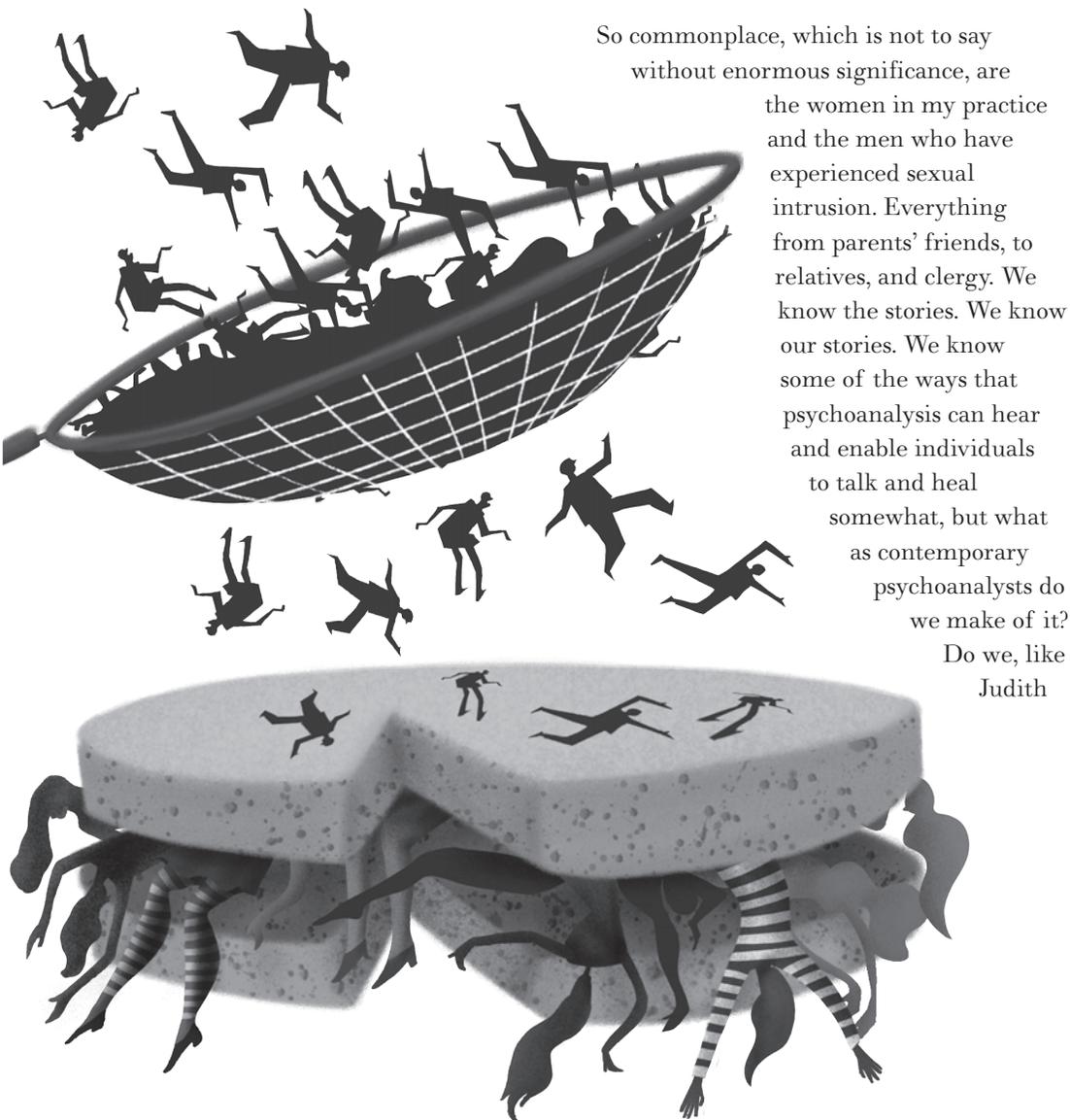
had to be held and seen and wanted, the anxiety that accompanied these longings and his aggression. He unwittingly used his sexuality to repel as perhaps, I summarized, he had felt humiliatingly repelled. The excitement he generated for himself in the session was a withdrawal from potential moments of exposure to self, exposure to me and moments of meeting. Sex held him enthralled and he admired the Lothario in himself, but it was an agony to behold. I could admire the feat of his insisting on his presence of course and in a sense that insistence kept up a momentum in the therapy.

'We are now firmly in the category of internalized misogyny. Empowerment for me turns patriarchy into a kind of dusting, rather than a vicious system of inequality...'

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So commonplace, which is not to say without enormous significance, are the women in my practice and the men who have experienced sexual intrusion. Everything from parents' friends, to relatives, and clergy. We know the stories. We know our stories. We know some of the ways that psychoanalysis can hear and enable individuals to talk and heal somewhat, but what as contemporary psychoanalysts do we make of it? Do we, like Judith

Herman Lewis (1992) insist on the Freud before he abandoned the seduction theory or do we creatively try to put together pre and post seduction theory and the intricate ways in which longings for attachment and dependency become eroticized in ways which reflect the sexualization and aggression of our culture. Little girls' sexualized wriggling is now commonplace. Not for personal sexual exploration but for attention, because they see it, they mimic it and oh, it looks so very cute. Only, it doesn't. It disturbs, just like high heels for babies and bras and cosmetic surgery apps for six year olds. Girls are being trained into sexual show without knowing what the show means. And it is deeply troubling.

Feminist thought which flourished in the 70s and 80s and revitalised psychoanalysis, profoundly understood the human as relational in the deepest sense. Who an individual could be was seen as an outcome of the interpersonal relationships in which they were raised, given air and light or darkness and despair. Social relations, the political, economic, class, ethnic, geographic and gendered locations – Marx's proposition that "the individual is the ensemble of social relations" was taken up implicitly and explicitly by some of the great founders of The William Alanson White – Freida Fromm Reichman, Erich Fromm, Karen Horney and Clara Thompson. What

Horney and Thompson and indeed the Freudian Helene Deutsch detailed was the intra and inter psychic construction, costs, demands, strictures and rebellions of femininity. Literature describes these so well but no other discipline comes close to understanding the complexities bred in the lived experience of the making of femininity and masculinity as we journey through life. Conscious intent is one thing. Unconsciously motivated behaviours including holding, feeding, the proscription of emotions, the absence or curtailing of an erotic in the mother daughter bond, arced by notions of femininity and masculinity have not tumbled down, however much we may have desired them too. Change is social but it also needs to be psychic.

Feminism invigorated psychoanalysis for a new generation and out of it was born Relational Psychoanalysis and a new interest in Attachment Theory and Interpersonal Theory. There were some brilliant innovations in treatment and feminisms' often unrecognized contribution to theory and practice-making (Eichenbaum & Orbach 1999) is worth remembering as we look towards a post #MeToo world. We need to remember the dedication to the understanding of the making of femininity, of the making of heterosexuality that we theorized in

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order not to reproduce a feminine psychic structure that was moulded by emotional deprivation, unentitlement, the shame of vulnerability and compulsive giving to others in the search for self (Chodorow 1978, Orbach 1978, Eichenbaum & Orbach 1981). We need to remember the cost of internalized misogyny and the cost of fragile masculinity, fragile class and fragile whiteness embedded in the making of the western subject and in all of us. As Dorothy Dinnerstein (1976) so persuasively showed, the hand that rocks the cradle constructs a psychic imago of women we all wrestle with and in part wish to control or disavow. Mothers exert control. They say yes, and they say no. Repudiation, loves' first cousin in rejection, arises to manage the disappointments, the battles with authority, the hurts and incomprehension that come from the no. Repudiation along with the attempt to control and sometimes diminish the person who is felt to have so much power, becomes a bedrock of relations to women for everyone mother reared.

Psychotherapists experience this in the consulting room where we become – whether we are a he, a she or a they - experienced as enabling, punitive, longed for, withholding, disappointing, adored,

absent, maternal object. Part of the therapist job is to receive and tolerate such felt experiences as we endeavour to move the individual analysis and from dwelling with part objects to coming to a sense of a self who can engage with other subjects who have their own separate sense of self while being attached to us. The struggle in psychoanalysis is to see and be seen (Eichenbaum & Orbach 1981, Benjamin 1988) to prize oneself out of defensive mergers and defensive distances, to take up a subjectivity that recognizes personal value which ceases to demean self and other. In this practice the opportunity of encountering one's own internalized misogyny is implicitly addressed and understood (Eichenbaum & Orbach 1985). Dependency, need, and the refusals we experience in infancy and early childhood customarily by and from women, create sexed subjects who don't simply love women. Unmet dependency needs are a breeding ground for internalized misogyny. This is as true for women as it is for men. It is true for all of us, however we define ourselves. And we need to bring these ideas to awareness now as we start the work of deeply reconfiguring our understandings of genders and misogyny. Franz Fanon's work stands as a beacon. His understanding of

the internalization of racism in *Black Skin White Masks* (1952) remains the landmark work from which we need to study our own disturbed relations to gender, to class, to race, to geographic location¹.

Women know that the hyper femininity of turbo charged capitalism is a carapace and a con; a work of fashioning mind and body. They know less that hyper masculinity is a carapace and con because the menace associated with it is often directed at them or their sons and daughters. But, and here is the rub, the presence of fragile masculinity inside of the carapace can be enticing to a woman. At an interpersonal level the draw can be compelling. What's sweeter than a man able to show his hesitancy and yet 'be a man'? Men's fragility comes in strange disguises, sometimes with orange skin or sewn in hair or tattoos from head to toe. And many women are drawn to and simultaneously find compelling, the anguish hidden in the carapace. Schooled in the provision of nurture, the weave that is femininity is shot through with repairing, with looking out for it, with soothing. When it comes to fragile masculinity, the die is cast; what is offered as powerful but presents as less than, can drive a woman to care and reassure and provide succour and bolstering. As she does so she lends the man her power. His fragility is (temporarily) ameliorated by the gift.

'Women know that the hyper femininity of turbo charged capitalism is a carapace and a con; a work of fashioning mind and body. They know less that hyper masculinity is a carapace and con...'

A discussion of #MeToo leads me to ask what mythical psychic representations of Oedipus we encounter in the consulting room today. Oddly for a psychoanalyst I've not been much drawn to this unlike my UK colleagues. I, along with Luise Eichenbaum with whom many of these ideas have been developed, focused much of our work on the mother daughter relationship. The intensity and emotional labour of that relationship in which nurture collided with the historic imperative to raise girls to not expect emotionally and in

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which dependency needs were to be met via providing them for others, created enormous ambivalence. It created an internalized misogynist psychic structure inside of girls and women. The longing for mothering without prohibition and without the direction or instruction to always turn towards others in order to give to them, leaves complex psychic traces. The tide of denying the maternal inside of oneself and the power of the feared, loved, longed for mother takes enormous psychic energy. Men's non-domestic power was for many girls growing up, a thing apart; or mediated by mother's experience. This was obviously not the case for the molested ones, or the ones who were dropped at a certain age or only considered interesting after a certain age. In my practice when women talk of experience of the father-daughter relationship, it is frequently refracted through the maternal bond and their mother's view of the father. The father-daughter relationship is thus not exempt or stand alone. Untangling the direct and indirect experience of fathering is a complex process in psychoanalysis and what we receive in the countertransference can enlighten us about the pulls of masculinity for both men and women and non-binary

identified people. Women in my practice may idealize and long for direct fathering or they may have projected on to men the contempt mixed with strange power valances learned from home, but for many, despite having brothers, men have a certain foreignness to them, reinforced here in the UK by single sex education. No wonder then that men, father, masculinity, look untainted, attractive and compelling. Raised to look after, to please, to flatter, to twirl for others, the other, the man, could be beguiled and beguiling. To reach or be reached by a man is to encounter 'the other'. A liberating flight from – at an imaginative level – self-doubt, merger and identification with the maternal.

Men in my practice are questioning their own attitudes and from whence they come. The personal struggles that have led them to come to therapy are recast in the light of publicized male behaviours exposed by #MeToo which induce in them fear, confusion, embarrassment and dismay. (I don't have in my practice, men who admire such wrongdoings even if they wish for more sexual confidence). The men I see – apart from the man whose invasive actions I have already detailed –

may have some smidgen of regard for the boldness of these men but we examine it as a mirror image of their own hesitations. Let me be clear, these are men who from the outside have successful work lives and families. They have weight in their worlds. This does not exempt them from the shame, confusion, embarrassment about their emotional needs. They are aware of how challenges can flay them and how aggression can come in to cover feelings of hurt and vulnerability. The parcelling up of gendered emotional states ill serves men and women. It reduces our possible humanities and directs us to externalize difficulties rather than explore, understand, explain and try to overcome them. As Carol Gilligan and Naomi Snider write in *Why Does Patriarchy Persist* (2018) "Patriarchy harms both men and women by forcing men to act as if they have or need relationships and women to act as if they don't have or need a self. But you are not supposed to say this".

#MeToo offers a unique moment for a reconsideration of all fragilities, and the sexualized and gendered ways in which they become expressed and distorted.

Our work as therapists is to enable our patients to move towards dignity; dignity towards self and dignity towards others. Our endeavours are focused on acceptance, an acceptance that can generate

transformations so that we accept in ourselves, and in those we work with, the vulnerabilities of living and feeling ■

Susie Orbach is a psychotherapist, psychoanalyst, writer and social critic.

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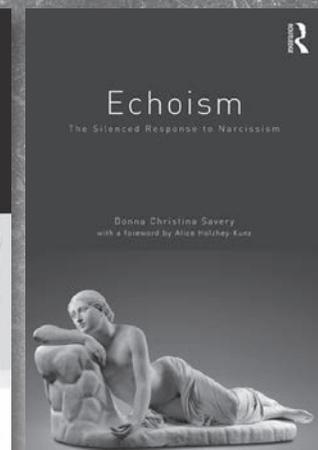
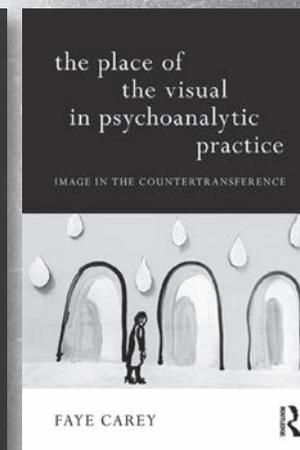
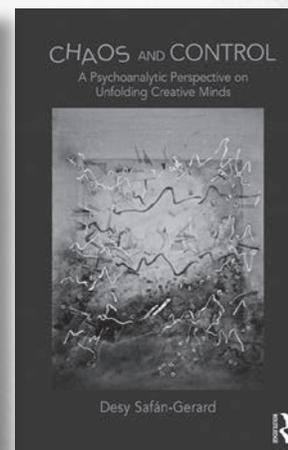
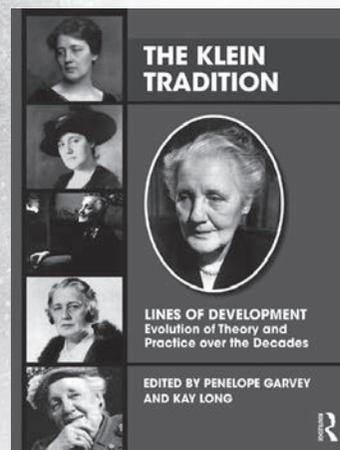
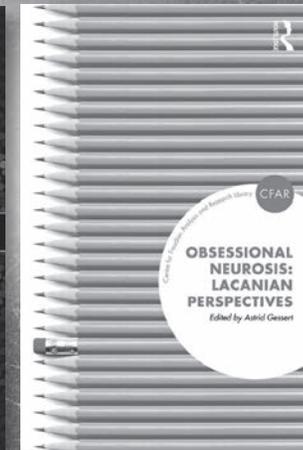
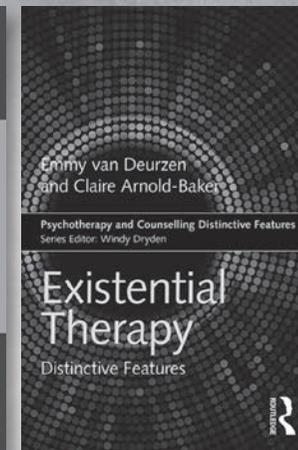
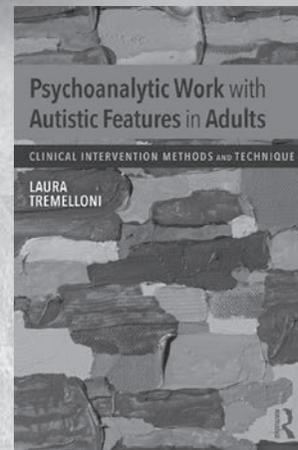
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In Conversation With

Gabrielle Rifkind on Conflict Resolution

Richard Sherry in conversation with Gabrielle Rifkind; group analyst, psychotherapist and specialist in conflict resolution. Her latest book is titled The Psychology of Political Extremism: What Sigmund Freud would have thought about Islamic State (Routledge, 2018)

Richard: Hello Gabrielle, I'm very much excited and pleased to be here with you today to talk about both your new work on the psychology of political extremism and some of the wider implications.

This is not the usual thing for a psychotherapist to be thinking about and writing about, could you tell us a little bit...

Gabrielle: It's certainly been a very interesting trajectory. I actually started my work life when I was 21 as a trainee probation officer, and so I was used to talking to people who had fallen out the system and we're already experiencing things like

marginalization and exclusion and so it sort of became my bread and butter. From there I then decided I wanted to train in groups so I trained as a group analyst, actually en route I also became an art therapist – I think that was probably an exploration of my own self-expression – but being a group analyst came with a kind of belief that if you could work with people in groups what people had to offer each other was as equally as powerful and sometimes more powerful than the individual relationship with the psychotherapist, I certainly saw that with working with people been in and out of prison.

In 2000 I was invited to Israel to train 49 group analysts, which I did and made 28



Gabrielle Rifkind and Richard Sherry, in conversation at Gabrielle Rifkind's consulting room, London

journeys there which was at the height of the Second Intifada and there was huge tension and anxiety. We were training them to be group analysts, and part of that was working with people who have been very traumatized, I could hear people say things like we had three children in case one of them got killed. But I decided I didn't want to work with people who were being traumatized, I wanted, perhaps rather hubristically, or in a state of kind of innocence and not knowing, to work more with the political process that was creating

the trauma. I immersed myself into the Palestine Israel story, my experience told me that having worked in groups and with marital couples and in my consultancy room, that conflict is much much more complex. You know if you're dealing with a couple in couples therapy you had to look at the power dynamic between them and the asymmetry of power, also what went on between them and how this human dynamic was sustaining the conflict or was creating it - something we don't often think about when we're

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Gabrielle Rifkind on Conflict Resolution

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trying to resolve conflict. It seemed to me, certainly with the Palestine Israel conflict, people felt so emotionally attached to it, they always positioned themselves on one side. I immersed myself deeply into understanding the Palestinian conflict and in the early days we did meetings behind the scenes trying to ripen the conditions for a peace process and then it became clear the Palestinians didn't want to sit with the Israelis partly because they felt the weaker party and it became clear that you had to work with both groups separately, interestingly not just with the groups who wanted to make peace, but more right across the political spectrum. You had to work with the politicians, you had to try and create an inclusive model, and we moved into trying to help the groups to think much more strategically, 'what would it look like to end conflict?' It became clear to me that the Palestine Israel conflict was part of a much bigger regional conflict and that my mind began to think much wider, and it took me to Tehran.

In 2006, by then I'd met a very senior ex-UN negotiator, which actually ended up with us doing work on the Iranian nuclear issue but nevertheless our belief was that Iran would play a key actor in all of this, and

then over time, we're talking almost twenty years, I was involved in some of the work on the proxy war in Syria. I had meetings in Saudi Arabia. It became clear that it was a regional conflict and then out of that emerged the Arab Spring and the terrible tragedy of the wars that have immersed since then, so that's a sort of long explanation of my involvement.

However, I think my passion lay with that the resolution of conflict is usually around power and geopolitics, and those kind of often dirty deals. My experience said that resolving conflict was about people, was about human motivation, why people were behaving in certain ways, and where that sits at with the geopolitics relationship. In fact a conversation I had last week with an Iranian about whether there was an entry point again in to the collapse of the nuclear deal in Iran, I said I came from a psychological background, he said this whole region is psychological, this whole conflict is about humiliation, marginalization, victimhood, and certainly that that's a crucial piece of why it's so difficult to resolve the conflict.

R: It's extraordinary just to be able to think of the scope of the work and the detail of

the lived experience. Everything has this larger interconnection that I think often we don't really understand with conflict, and even with Freud's work there's a kind of oversimplification about these depths of processes. Whether it is the biological or the psychosocial. I think often we really do miss some of these synergistic processes and how we understand that these too have a history to them.

G: Your point about the micro and the macro, you see that more and more in politics today. When we focus on the small, we can focus now on Novichok and what Russia has done to two individuals, however horrendous it is we forget about the picture of the Cold War, we no longer see each other as enemies. It's very hard to keep holding on to the big and the small at the same time.

R: Which I think is crucial. I have a friend and colleague who helped negotiate the fall of the Berlin Wall and Glasnost, and I think one of the things you're describing is the vista of what the psychological process is to have the courage to dream at a level, to work at a level of health which is actually completely paradigm shifting.

G: That's probably right, psychotherapists are trained to think about the forensic, the detail. I'm not sure how much they're trained to turn that around, and I always think that our profession has so much to offer on the biggest

stage but it's a challenge how to put it all together.

'My experience said that resolving conflict was about people, was about human motivation, why people were behaving in certain ways, and where that sits at with the geopolitics relationship.'

R: We don't often talk about how big a change that we can make. Particularly in psychotherapy and psychoanalysis the work that it takes, day in and day out to stay on task, to work with the proper technique – it's really interesting when you start to apply that to socio-political place or state. The British trained psychoanalysts working in South Africa with the peace and reconciliation group, and also with Northern

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Gabrielle Rifkind on Conflict Resolution

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Ireland, I think some of those are heroes, like Paul Williams, going back and forth to really address some of these issues in a way that is deeply about healing.

G: Yes, I think that psychoanalytic frame is incredibly important but I also think sometimes we have to be an econoclast, we have to know when to break the frame when we're in a different cultural setting. One of the reasons we struggle with resolving conflict is so often because we come in with our own lens, with a particular view of the world and how it should be ordered, even if we think it should be, for example, a liberal democracy. Say you have a war in Iraq and we'll say let's bring in elections because then we can have a liberal democracy, whereas actually what psychotherapy teaches us is we have to start where the other person's at, or you have to start with where that country's at, and it means often we have to start in rather unpalatable positions, starting not where we want to be but where we are. One of the failures to resolve conflict is we usually start where we think we want other people to be.

R: I think there is a maturity of understanding about reality and really

accepting the present and even the grief or the trauma that can go with that, it's almost like each individual social environment or culture has a kind of ecosystem to it. To really fully appreciate where there's struggle or there's greater conflict then there needs to be a lot of understanding about the greater context—particularly in your book, I think your view of conflict is that there's such depth to it.

G: I do start from the premise that war monsters people and that it enlarges the most disturbing aspects of us. It breaches trust so fundamentally, it takes people to very dark places. I came into this work perhaps a bit inspired by the Oslo process, with the belief that if you put people in the same room, even if they'd been in conflict, if you put them there long enough they would find areas of common interest or mutual agreement. I've actually changed my mind on this.

R: I was wondering about this—

G: I'm not sure psychotherapists will particularly feel that comfortable with what I'm saying or maybe certain schools would but I think what's happened with



conflict is it creates so much disturbance and the trauma is so deep that often people want retribution more than they want reconciliation. Therefore, what we have to do in the immediate to resolve conflict — and we've actually done a lot of work on developing a methodology around this — is much more about how you manage radical

differences as opposed to how if you get people in the same space they will find common agreement. It's in everybody's interest to end the violence but notions like reconciliation and forgiveness I think it takes generations to heal. When people have done terrible things to each other; if you killed my brother I'm not going to just govern harmoniously with you, I might have to learn a few skills to manage how we work together. There's so little understanding about the consequences of what war does to people and then why people later hate each other, and why they don't want to live together. Going back to Palestine and Israel there's a history of so much mistrust and suspicion, one has to just accept that as a reality that's where you need to start. When people talk about one state solution, you've got to have communities that respectfully want to live together to achieve that, the current state of mind is so far from that so we need a little dose of political reality.

R: I think what you're describing is the texture and the sort of micro processes, I know when I was in Rwanda that Paul Kagame works with the person who literally killed his sister and the courage it takes to be able to make that reconciliation.

G: Paul Kagame, I think is a really interesting one because he's often accused for being very authoritarian and a

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disciplinarian, not tolerating any kind of dissent but it could be that when people have done terrible things to each other you need very strict tight rules. They're an extraordinary example of development in the face of a terrible trauma, I think we probably need to be a little more circumspect and a little more psychological about what happens after these kinds of traumas.

R: In terms of the health aspects, and the relational or attachment repairing that psychotherapists and psychoanalysts have a unique expertise in, I think it's also really understanding working with environmentalists, social political educators and planners, and politicians to be able to start to bring things together.

G: Yes and also to find a language that's digestible to other professions. Words like 'projective identification' won't quite do it for people that are not in the trade. We have to find a language that's extremely ordinary and common-sense, things like people's need to belong. I think people understand that language and I think sometimes we sort of undermine our potential to make a political contribution by choosing a language that can be quite alienating.

R: That does, in some ways reinforce the thing that we're trying to work against.

G: Yes. It's a very interesting question about what creates the conditions for groups like Islamic state and that's certainly what I was trying to explore in my last book. You have to have the conditions in the first place. In the Middle East, you've had these endless cycles of war, it ripens and creates the conditions, and then you need some kind of ideology that links to it and so we had the Wahhabi ideology that came out of Saudi Arabia. Then there's a kind of ordinariness to it, young men in their bedrooms in the UK who were suddenly attracted to these movements, what is it about them? Is it a particularly high risk group? Often we were struck by the ordinariness of some of these young men it wasn't even that clear how traumatized they had been.

One of the things I certainly explored was the power of social media, the ability to be seduced online maybe some of these people might have joined a rock group or a punk band but they joined Islamic state. A kind of adolescent state, looking for the kind of excitement to be part of something bigger, something that gave them a kind of grandeur identity. Some of these particularly

young men had a deep sense of alienation and anomie, many of them had come from different cultures, perhaps they'd come from Pakistan or Bangladesh (and of course other Middle East countries) with their families what they saw of their own parents was people who came to a culture where they couldn't speak the language where they weren't able to get jobs, and there was a kind of humiliation for them, and probably wishing in some ways that these weren't the parents they wanted in terms of them feeling integrated and empowered. It would fit beautifully into the Freud idea that they were looking for a very strong father, and a strong father was the Islamic state.

What you see more and more is when there's disturbance in your society, and a disequilibrium, what people are looking for is strong leadership. I'm not sure they even care what kind of leadership it is, it just deals with that awful sense of vulnerability and uncertainty in ourselves, and we can suddenly feel safe if there's a strong leader. It's something to be very very concerned about because there lies the roots of fascism and authoritarianism, and we can even see it happening in this country now - how people are more interested in not necessary what leaders are doing, but whether they read strong.

R: If we were to kind of consolidate both the thinking you've done in your book and

the kind of the up-to-date view of conflict and political extremism what would you say, if there is kind of one key thought that you wanted to really leave us with in terms of the journey that you've been on and what you found most essential in your work...

G: I suppose one key thought, would be the ordinariness of human beings and how all of us can be monstered by conflict.

This is a selection of the conversation between Richard Sherry and Gabrielle Rifkind, for the full conversation please visit our New Associations section on: bpc.org.uk The podcast of the full interview will also be available shortly ■

Dr. Richard Sherry is founder and Clinical Director for Psychological Systems Ltd and the Institute for Applied Social Innovation (IASI). He is also the International Strategic Health Advisor for EuroCSE and is on the Board of Global Health for the Wilderness Medicine Society (WMS).

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Theory in Practice

Culture, Race and Language in the Consulting Room: Minding the Gaps

By Kannan Navaratnem

An Inner City Immigrant Analyst's Viewpoints – A section from Kannan Navaratnem's article based on papers presented at the Cambridge Convention of the Association of Independent Psychoanalysts, May 2017 and the Regional Colloquium of the British Psychoanalytical Society, April 2018.

Culture and Race: Gaps in/between Identities of Patient and Analyst

The gaps which form between the identities of patients and analysts and those that are formative in their respective identities - need careful analytic attention and working through. I think such work requires some audacity and courage. In its essence, it may not be different from 'the everyday audacity necessary for the internal processing

and countertransference listening in analytic work' (Quinodoz et al, 2006). However, it actually differs in its tasks for the immigrant analyst in relation to his patients, be they immigrants or not.

For some immigrant patients, the yearning for a cross cultural identification with an immigrant analyst is very powerful. The wish is not only to resonate with each other at a more personal level in our emotional and existential difficulties as foreigners, but also to have a common understanding, and prejudices, about the host nation and its people. I think these patients' predicament in therapy also

reveals a universal need in all of us, as human beings. This is the profound need for attachment and belonging to one group, at the same time as clearly identifying other groups to which we do not belong. In discussing these dynamics of identification and disidentification, Dalal (Dalal, 2002) refers to a joke about a devout and orthodox Jew who is marooned on an isolated island. He builds two synagogues. When asked to explain this he says that one is the synagogue he goes to and, the other is the one in which he would not set foot!

'Racial enactments' are what Leary defines as interactive sequences embodying the actualisation in the clinical situation of cultural attitudes toward race and racial difference. She observes that there is a growing force to recognise the analytic situation as deeply relational. In this context, she emphasises that "the analyst's personality and his or her person—including his or her race, ethnicity, and gender—are always instrumental in evoking the clinical themes and dialogues that develop in the course of the work" (Leary, 2000).

Davies emphasises that, while the cultural background of the analyst is only one half of the analytic inter-subjective story, the "Failure to acknowledge these differences, or to explore their unique meanings for each analytic pair, may result in an

avoidance of crucial analytic themes" (Davies, 2011). The dialectical discourse of identification and disidentification between analyst and patient is central to the analytic encounter even when cultural or racial differences are not present or relevant. However, as Davies suggests, when those differences between the analytic couple are actually present, the meanings of 'sameness' and 'otherness' acquire complex meanings.

Racial themes, especially those which explicitly concern skin colour, also have the potential readily to erupt in the treatment of more damaged and disturbed patients. As a result, the proximity of primary process to the conscious narrative often confronts and demands much of both analyst and patient. As an immigrant analyst with my cultural, racial and skin colour differences - an actual foreigner - I have to be aware of the multiplicity of concrete and symbolic meanings of a patient's narrative and the dynamic currents in the areas of transference and countertransference. However, the immediate analytic work, if it is at all possible with some damaged and disturbed patients, may well have to begin with a gentle exploration of how I am experienced by him as a 'foreigner of a different colour and creed':

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Timimi underlines the psychodynamics of race and colour when he points out that the term 'Blacks' often means those identified as being black, as well as those parts of the self identified with being black. As recipients of projections, 'Blacks' are, in effect, being asked to act as containers for these hated parts of the self. He asserts that "such dynamics will occur not only in the landscape of multi-racial cities but also within the internal landscape of the mind, with whites and blacks separated with paranoid anxieties suffusing the scene when one tries to become integrated with the other" (Timimi, 1996).

An important reference to the theme of blackness is given by Winnicott in the Piggie. In it, he refers to the letter written to him by the mother, following the little girl's first consultation session with him. The mother repeats the girl's sentences in the letter: "The babacar is 'taking blackness' from me to you, and then I am frightened of you." "I am frightened of the black Piggie" and "I am bad". The mother states that these have come up quite often recently and goes on to say that "We are not in the habit of telling her that she is a bad girl and that sort of thing. She is

frightened of the black mummy and the black Piggie; she says, 'Because they make me black'. She talks about going to see you, to tell you about the babacar. The babacar now seems to be carrying blackness from one person to the other" (Winnicott, 1980).

The human tendency to disavow unwanted emotions by forcefully projecting them onto – as well as into - others is a process well recognised in our everyday psychoanalytic work. Such feelings, when lodged into the gaps of colour, culture and race, become the repudiated but distinctive attributes of others. When deeper dimensions of mental disturbance are involved in these dynamics, contempt and hatred become more concrete and entrenched. However, when such projective identifications take place in relation to me and others who are 'actually different' - in 'colour and creed'. I think it is helpful to be aware of the fragile narcissistic vulnerabilities and the precarious internal splits in a patient in order to understand his defensive grandiosity and not to risk damaging the tenuous transference link to me as his analyst.

The words 'Race' and 'Culture' appear continuously to be conflated in popular culture. In fact, the common

interchangeable use of these words obfuscates the actual difference between the two. A helpful distinction is drawn by Tang and Gardner who suggest that race is a biologically determined factor that encompasses "certain distinctively physical traits now seen more as a social construct with its point of origin being identifications based on skin colour". They add that such physical characteristics, which form the basis of a racial identity, are as dominant as gender of a person in developmental terms. In contradistinction, they define culture as "those values, aspirations and behaviours that are transmitted by conscious and unconscious processes through teaching, parenting and modelling" (Tang and Gardner, 1999). A further elaboration is made in their assertion that culture is reflected in the formation of ego-ideal, self and object representations as well as in traditions, institutions and social organisations. In his paper, 'The Location of Cultural Experience', Winnicott also reflects that in using the word culture, he is "thinking of inherited tradition" (Winnicott, 1967).

Language and Meaning: Gaps in Communication and Continuity

The influence of Strachey's work on mutative interpretation (Strachey, 1934)

continues to place the emphasis of a transformative cure in psychoanalysis on interpretations based on verbal formulation. It could be argued, therefore, when analyst and patient share the same language as their mother-tongue, their emotional contact is more fluid and that communication takes place through a verbal channel (Jiménez, 2004). However, analytic technique also takes account of the significance of the pre-verbal and emotional level of communication (Rayner, 1992), and our conceptual tools are not limited to verbal communication in the analytic relationship. Recent research evidence too, shows that there are several levels of attunement mobilised in therapeutic work, of which language is only one (Gowrisunkur et al, 2002).

Language in the consulting room could be thought of as having two aspects. One is affective language and the other is metaphor. Affective language has its roots in the physical and the experiential while metaphor fuses sense experience and thought in language (Sharpe, 1940). A similar emphasis is made by Brierley when she asserts that 'Affect language is older than speech' (Brierley, 1937). However, the analyst's task also concerns another language. This involves helping the patient to translate his communications from the language of the unconscious to the language of the conscious.

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As Hoffer argues, Freud was very much at home with the idea that psychoanalytic treatment itself is a form of translation of these languages (Hoffer, 1989). Conversely, the analyst's familiarity and understanding of the language of dreams, symptoms, phantasies, and defences enables him to translate into words unconscious attempts to communicate which had previously been inaccessible and incomprehensible. Through their work together, the analyst and patient come to have, as Rycroft puts it, a language of common means (Rycroft, 1958) in sharing the same associations to words.

Nevertheless, actual language and words in the consulting room are important. The healing process for the 'Linguistically lacerated self' (Akhtar, 1995) of an immigrant patient can take a long time.

Yet, such a patient may also express a longing for 'total communication' in a language (usually, the mother tongue) which is also "an object of idealization and creates the narcissistic illusion that only it can express things well. The new language, accordingly, is devalued as being weak and ridiculous" (Akhtar, 1998). On the

other hand, it needs to be borne in mind that memories which are recalled in the original language of experiences are more affectively charged and vivid than those that are recalled in a different language (Javier and Munoz 1993).

The protracted mourning process mobilised through multiple migrations is often trans-generationally transmitted in families. It is a situation in which the patient also becomes the container of the unspoken residues of his or her parents' mourning (Akhtar, 2003).

The words black, brown and white, used in 'racialised' ways, become "imbued with powerful associations, which increasingly become dislocated from 'things' black and white" (Dalal, 2002). Equally, race in the mind is determined by both internal and external factors, and both realities are important in the "analysis of racial material in the transference" (Hamer, 2002). In a split between 'Black and White', there may be no room for a third position: A 'Brownness', 'Yellowness' or the otherness of the analyst. Another important link here is embedded in the fact that patients from

different ethnic backgrounds sometimes feel a sense of grievance that their cultural identity is either ignored or overlooked by the analyst. This is especially so if he/she is an immigrant analyst and/or of another cultural background.

Sameness and Otherness: Gaps created by immigrant analyst and/or immigrant patient

This area needs a special mention because I think that the analytic tasks of the immigrant analyst, with his own cultural and racial differences, are made more complex and difficult by the paradoxical, yet the central necessity for him to find the patient and identify with him in himself. His sense and experience of 'otherness' becomes multi-layered by issues of culture and race in the consulting room. These, in turn, add many meanings, which require the analyst (and at times his patient) to do some important supplementary work. The analyst, for his part, has to overcome his inner obstacles in order to get to grips with the likeness and otherness between himself and his patient. Analytic work in examining and ascribing meaning to unconscious and conscious fantasies in relation these issues facilitate the analytic couple in making fruitful discoveries

about their respective sense of belonging and otherness. On the other hand, the absence of such work carries the risk of widening the gaps between the analyst and his patient. These dynamics apply to all immigrant analysts, even if they are what Akhtar terms an 'invisible immigrant', the invisibility here being attributed to being White, middle class, and English speaking (Akhtar, 1998).

Nevertheless, there may be many differences amongst different immigrant analysts. As Lobban notices, these may include class, culture, attitudes to assimilation and integration, levels of privilege, professional training and theoretical orientation, but "They all have to grapple with viewing themselves at once through the lens of mainstream culture and their mother country lens" (Lobban, 2013). She also emphasises that each immigrant analyst evolves her own conscious and unconscious blueprint regarding how to fold her immigrant status into the job description "analyst" (Lobban, 2006). She conceptualises a potential split in the immigrant analyst denoting this as a 'double-consciousness', which results from an unconscious attempt to maintain two separate versions of an analytic self, a culturally neutral one for indigenous patients, and an outsider self for foreign and immigrant patients.

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It is of central importance that the immigrant analyst does not make the assumption that he and his immigrant patient necessarily have a common immigrant experience, or similarities in their identities of foreignness or the use of language. Much work is needed in the area of countertransference in order to maintain an internal analytic attitude within oneself and an external analytic stance with the patients.

Highlighting Mahler's emphasis on the area of separation and individuation (Mahler, 1965), the Grinbergs suggest that if the mother's capacity for support has been good, the child will be able to carry out the different developmental migrations, and even actual migrations, if they occur, without subsequent disorders. However, they predict that, "If the relationship with the mother has been negative, lacking adequate holding, and the father has not been able to change this situation, the result might be future symptoms of excessive dependence or, on the contrary, an inability to develop roots and an illusory search for other earth-mothers". They conclude that, under these conditions, migrations tend to fail (Grinberg and Grinberg, 1984). Despite its trauma,

the aftermath of migration becomes a new opportunity in the treatment of immigrant patients. With interpretations of transference distortions and the need for corrective analytic experience, the immigrant analyst also has the potential to become a 'new object' (Baker, 1993) for his patients.

Migration, be it the analyst's or the patient's, belongs to the category of cumulative trauma. Its psychological effects are often hidden, but remain deep and long-lasting. In situations where the analyst and patient are immigrants, countertransference becomes a crucial area of challenge, but also the source of creative work. In the many examples of patients I describe, there is a struggle to be sensitive to the specific gaps created by cultural differences. Alongside this, the analytic requirement to pay careful attention to the internal world of the patient sometimes comes into conflict with the easier observation of the more obvious cultural aspects of the patient.

These difficulties, nevertheless, also call for the awareness of the reality of the 'ethnic dimension' of my personality and the task of

'cultural neutrality' (Akhtar, 1998). Vigilance is also needed to be aware of the gaps between the internal and external realities of the nature of migration, be it for exile, refuge or education and employment. Often, these distinctions blur in relation to the loss and trauma which emerge in the analytic work with these patients.

Minding the Gaps: Further Reflections

In the consulting room, the issue of race leads to some specific issues. Intra-psychoic meanings associated with race emerge in the gap between the body – as a biological given – and the historical and social construction of it. Here, as Hamer points out, sameness or difference in body features (as in skin colour or hair texture) can serve as the basis for a myriad of psychic constructions. (Hamer, 2002)

For the analyst, his cultural values and racial background are an essential aspect of his subjectivity and may determine his views on human nature as well as any the choice of any particular analytic theory and technique in his work (Altman, 1996). It is also important for the analyst to be mindful about the deeper motivations and fantasies of patients who choose an 'ethno-culturally different' analyst and carefully to examine and analyse the patient's transferences (Akhtar, 2006).

For the patient, references to race provide an additional point of entry to transference reactions (Holmes, 1992). I think it is interesting that Ferenczi made an important early comment about cultural and racial factors in the formation of Superego when he stated that: "Tendencies that, owing to the cultural upbringing of the race and of the individual, have become highly painful to consciousness and are therefore repressed drag into repression with them a great number of other ideas and tendencies associated with these complexes and dissociate them from the free interchange of thoughts" (Ferenczi, 1912).

For a full list of all the references in the article by Kannan Navaratnem, please head to the BPC website site, under the New Associations section: www.bpc.org.uk/new-associations/issues/all ■

Kannan Navaratnem is a psychoanalyst in private practice. He teaches at the Institute of Psychoanalysis, BPF, UCL and the Tavistock Clinic, where he is the clinical seminar leader on the Inter-cultural Psychotherapy Course.

Professional Heritage

Freud's Death Bed: Notes On The "Invalid Couch" At Maresfield Gardens

By Professor Brett Kahr

It may not be widely appreciated that, on Saturday, 23rd September, 1939, Sigmund Freud died, not in a bed but, rather, on a couch.

Freud did not pass away on the famous psychoanalytical couch but, rather, on a special "invalid couch", installed in his study.

As this less well known couch has remained in storage at the Freud Museum London, few psychoanalytical historians have ever seen Sigmund Freud's actual death bed. A close scrutiny of this "other" couch might seem rather fetishistic, but it may be of some interest to contemporary psychoanalytical clinicians to learn more about Freud's final moments.

Sigmund Freud arrived in London on 6 June, 1938 – a refugee from the Nazis – but he did not take occupancy of 20, Maresfield Gardens, in London's Swiss Cottage, until 27 September, 1938, having spent the previous months in Primrose Hill at 39, Elsworth Road. In his new home, parallel to the Finchley Road, Freud ensconced himself in the combined consulting room and study on the ground floor, but he slept in a small bedroom on the first floor with Frau Professor Martha Freud, his devoted wife. As Sigmund Freud, then eighty-two years of age, struggled to ascend or descend the spacious staircase (Berthelsen, 1987), his son, Ernst Freud, a skilled architect, arranged for the installation of a lift which transported the father of psychoanalysis from one level to the next (Roazen, 1993).



In spite of his illness, Freud worked vigorously during the final months of 1938 and during much of 1939. He even treated a small number of psychoanalytical patients and continued to write. Freud also spent time lounging in his garden on a special hanging couch. However, his cancer progressed, and he became increasingly necrotic (Schur, 1972). By 1 August, 1939, Freud (1992) ceased clinical practice entirely, and not long thereafter, it became clear that he could no longer be shuttled upstairs in the lift, and that he would have to be cared for full-time in his more spacious and brightly-lit, book-lined and antique-strewn study. This extraordinary

room had now become a veritable sick bay (Jones, 1957; Schur, 1972).

Dr. Ernest Jones (1957, p. 245), Freud's colleague and, ultimately, biographer, noted that the father of psychoanalysis benefited from having his sick bay downstairs, in the study, because it afforded a clear view into the garden and permitted him to gaze at his "beloved flowers"; whereas his upstairs bedroom, by contrast, looked out onto the road. Dr. Max Schur (1972, p. 527), Freud's physician, reported that, at one point, in September, 1939, Freud had to be moved to a so-called 'safe' zone' at Maresfield Gardens, to protect him from potential bombings, away from the garden windows and into the centre of the room (Young-Bruehl, 1988).

'This extraordinary room had now become a veritable sick bay.'

The renowned psychoanalytical couch, which Freud had brought to London from Vienna, and which he had used in his practice for more than fifty years, would

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not have provided the dying man with sufficient orthopaedic support; hence, the family purchased a special "invalid couch" from J. and A. Carter's, a well-known company, based on Great Portland Street in Central London, which specialised in the manufacture of furniture for the aged and the disabled.

J. and A. Carter's supplied the Freud household with a suitable invalid couch, some 224.5 centimetres in length, 54 centimetres in height, and 77 centimetres in width, consisting of a dark, mahogany frame with turned feet, and an upholstered base attached to the upper side of the frame. This special invalid couch, one of the manufacturer's many types of patient furniture, also contained a special ratchet which permitted the head end to be lifted. Freud's new bed boasted a silk-trimmed seat and a cotton fabric covering, decorated with a floral pattern, and trimmed with blue, pink, and green silken cords on the seat and on the back.

The firm of J. and A. Carter's, originally established in London circa 1880 by one John Carter, had become leading suppliers of patient furniture, manufacturing not

only invalid beds and chairs and appliances but, also, hospital surgical furniture, bath chairs, and ambulances. Headquartered, initially, at 6-A, New Cavendish Street, John Carter's company, which eventually came to receive a royal warrant, also produced revolving bed-tables, wheelchairs, invalid carriages, hand-lifters, stretchers, and perambulators. Furthermore, Carter created a patented "literary machine" – essentially a bookstand designed to help reduce the orthopaedic strain on Victorian scholars who had become fatigued from holding heavy tomes! Eventually, John Carter amalgamated his business with that of Messrs. Alfred Carter of Holborn Viaduct and Shoe Lane, and they came to trade as Messrs. Carter and, later, as J. and A. Carter.

The particular type of invalid couch, which had now come to serve as Sigmund Freud's bed, had first become popular during the Regency period; and from the 1830s onwards, it would be fitted with springs and other mechanisms, which allowed for the adjustment of the patient's bodily position (cf. Kravis, 2017).

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We do not know precisely when Freud moved into his study full-time and lay upon his invalid couch but, in all likelihood, he did so only a few weeks before his death. Sadly, at that time, the genius physician and psychoanalyst began to experience some memory loss (Roazen, 1995) as well as tremendous physical pain from his long-standing carcinoma. Tragically, Freud's bones became more and more foetid and emitted a putrefying odour which frightened his beloved chow (Jones, 1957) and, also, attracted countless flies; consequently, his attendants had to cover his makeshift invalid bed with mosquito netting (Schur, 1972).

As all Freud scholars will know, during his final days, he read Honoré de Balzac's novel, *La Peau de chagrin*: Roman philosophique, in the original French, in an edition published in Vienna (Balzac, n.d. [1920]) – a book about a man whose skin begins to decompose. As Freud remarked to his physician, Dr. Max Schur, ‘ “This was the proper book for me to read; it deals with shrinking and starvation” ’ (Quoted in Schur, 1972, p. 528).

In spite of his progressive emaciation and his excruciating pain, Freud bore his final days with fortitude. Indeed, his sister-in-law Minna Bernays remarked that a more ordinary man might already have killed himself by this point (Roazen, 1993).

In spite of his illness, Freud worked vigorously during the final months of 1938 and during much of 1939. He even treated a small number of psychoanalytical patients and continued to write'

Eventually, in the small hours of the morning of 23 September, 1939, the eighty-three-year-old Sigmund Freud, assisted by an injection of morphine, died on his invalid couch, only a few feet away from the more famous carpeted and cushioned psychoanalytical couch.

To this day, Sigmund Freud's death bed or invalid couch remains in the possession of the Freud Museum London, carefully preserved in a small upstairs storage room, which also contains the many boxes of archived papers of both Sigmund Freud and Anna Freud. This precious piece of furniture – catalogue item LDFRD 4902 – will, perhaps, one day be displayed to members of the general public. Meanwhile, we must extend our thanks to the curatorial staff of the museum for permitting the publication of two photographs of this hugely resonant, even iconic, “other” couch – possibly the first time that such images have appeared in print ■

Professor Brett Kahr is a registrant of the British Psychoanalytic Council and a Trustee of the Freud Museum London and of Freud Museum Publications. His books include Life Lessons from Freud and Coffee with Freud. He works in Hampstead, North London, with individuals and couples.

Acknowledgements

I wish to extend my particular thanks to Ms. Bryony Davies, Assistant Curator and Photo Library Manger of the Freud Museum London, for her gracious assistance.

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On the Ground

A Letter from Tehran

By *Mahyar Alinaghi*

Some days ago, I had to attend a hospital in Tehran for some medical examination and while wandering around to find the orthopedic ward, I stumbled upon the psychiatric ward and given the curiosity I always had to find out what happens between the closed walls of psychiatric wards in Iran, I didn't risk to lose the chance for a sneak peak. Just the very few minutes I spent there before I was detected by a macho male nurse who led me outside while murmuring under his breath such words as "dangerous people inside... security..." etc. was more than enough to put me in a state of shock. The ward was festooned in white tiles up to the ceiling (which mostly made the ward resemble a morgue) and there were at least ten people in each section, with apparently no private space. The unisex ward hosted men as young as eighteen to octogenarians with various diagnoses, all crumbled in the same

room, some looking stupefied, some crying in silence, no one saying a word. This scene from mental health practice is in total contrast with what I experience every Sunday and Monday in some other part of this unthinkable city...

It's been over three years that every Sunday and Monday I leave my house in eastern Tehran at around 2.00 p.m. in order to catch the first bus from a station which takes me on a journey that has never failed to fascinate me. At the end of this trip, I reach a somewhat old-fashioned building, nine floors high, in northern Tehran, which houses many physicians, lawyers, and business administrators. But in addition, there is an office on the sixth floor where one can find ... a psychoanalyst!

As a twenty-six-year-old psychology graduate with a long-standing interest in psychoanalysis, I regret that I cannot provide a full-fledged history of psychoanalysis in Iran, or a comprehensive examination of its current status. Still, I trust that this humble piece of writing provides a glimpse into my own generation's encounter with the talking cure in a land far away.

My first encounter with Freud and psychoanalysis took place years back when, as a high school student, I began to



Mahyar Alinaghi and his growing psychoanalytic library.

study English. I remember clearly how, while engaged in my studies in English language, we had the task of discussing prominent twentieth-century figures. I was told by another student that Freud was a man in Vienna who had developed a new "religion" called psychoanalysis. This came as a great surprise because I had previously stumbled upon Freud's name and I knew him to be a self-proclaimed "godless Jew". For better or worse, my interest in humanities and literature led me to the study of the human mind and in the hope of learning more about Freud whose name now appeared more frequently in my reading material, I decided to study psychology at university, upon my graduation from high school.

In 2009, I managed to enrol in the faculty of psychology at the University of Tehran: the oldest university in the country, founded in 1934. To my great sadness, I discovered that psychoanalysis, which I referred to as my "high school sweetheart", was not at all welcome within Iranian academic circles owing to many historico-political reasons. My studies began in the lonely library of the university where, to my delight, I discovered an old, dusty set of the famous Standard Edition in blue binding, bequeathed before the Islamic revolution of 1978, and piled at the end of a long corridor where librarians kept books not frequently requested by readers!

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As I began to discover Freud through his writings, my already burning desire to learn about psychoanalysis became even more enflamed, and I craved new material to read. But to my despair, I discovered that various sanctions imposed on Iran for nearly four decades forbid almost all financial interactions with the outside world, making any purchases, even of books, literally impossible. I then discovered that reading excerpts of books on Amazon, as well as on-line reviews, helped me with my education. Alas, I had no possibility of obtaining a subscription to Pep-Web or other similar resources.

Happily, while embarking upon my self-directed psychoanalytical odyssey, I had the good fortune to meet Dr. Gohar Homayounpour, an Iranian member of the International Psychoanalytical Association. While searching for a certain review on-line, I saw a link to a paper entitled “The Couch and the Chador”, published in 2012 in *The International Journal of Psychoanalysis*. I was delighted and surprised to discover that the I.P.A. had an Iranian member and that this particular psychoanalyst had already

published an award-winning title, *Doing Psychoanalysis in Tehran*. I then had the great privilege of attending Beheshti University in Tehran (founded in 1959) where Dr. Homayounpour also lectures. I subsequently discovered that she had founded the Freudian Group of Tehran, begun in 2007, with almost five initial members.

I joined this group almost three years ago and it has been a pleasure to see how this group now boasts one hundred members in Tehran and fifty others in Mashhad, a religious city in eastern Iran. The group subscribes to the I.P.A.’s tripartite system of training (theory, personal analysis, and clinical supervision – the latter reserved for those already practising psychoanalysis and psychoanalytical psychotherapy, or those aspiring to do so). The Freudian Group has thus far organised two international congresses, one on “Freud and Women” and a second on “Geographies of Psychoanalysis, Encounters Between Cultures in Tehran”. This second congress has since been converted into a book, launched at the 2015 I.P.A. Congress in Boston. Students in Tehran, as well as those in Mashhad, enjoy theory classes, where they study Freud extensively, as well as other classical and present-day authors. Over the years, we have benefited from the presence of internationally acclaimed

professionals such as Dr. Ruben Gallo, Dr. Salman Akhtar, Dr. Jay Greenberg, Dr. Thomas Charlier and the late Dr. Felix de Mandelsohn, and Dr. Monica Horovitz, to name just a few, who have kindly accepted our invitation to visit the country for seminars and supervisions.

These endeavours have all unfolded without any national or international affiliation, with students and candidates not being able to receive any certificates or degrees for having enrolled in the various classes or for having participated in conferences. (The psychoanalytical journal club created by members of our group meets in Mashhad every month with an audience of more than one hundred people. This journal club has since become one of the cultural highlights in a city well known for its religious ambience.)

‘... my interest in humanities and literature led me to the study of the human mind.’

It is a pity to learn that the attempt of the Freudian Group of Tehran to become an I.P.A. allied centre has been put to rest

temporarily due to the aforementioned sanctions, which prohibit any financial exchanges necessary for formal cooperation.

All the same, I have established a psychoanalytical library in my home in Tehran, and so far I have acquired more than 1,800 titles in English and French. I have undertaken this project with the assistance of many friends who have immigrated to other countries and who have always honoured me with their friendship and purchased appropriate titles of my need and sent them to Iran throughout these years. I hope that one day we can inaugurate “The Psychoanalytic Library of Tehran” which would be the first library of its kind in the country. I have also translated several psychoanalytical papers and four books into Persian, namely, *The Examined Life* by Dr. Stephen Grosz; *Like Wind, Like Wave: Fables from the Land of the Repressed* by Dr. Stefano Bolognini as well as *Tea with Winnicott and Coffee with Freud* by Professor Brett Kahr.

Tehran still has its own delights in terms of book collecting. Believe it or not, I did manage to find a copy of Erich Neumann’s *Amor and Psyche: The Psychic Development of the Feminine* from an ambulant bookseller in a secluded street

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corner in Tehran for less than forty pennies! And who would ever have thought that one could find, in Tehran, a book written by a Jewish psychoanalyst who pioneered in-depth psychology in Israel?

The story of psychoanalysis in Iran has really just begun, but as Freud had once remarked in his famous radio broadcast, “the struggle is not yet over” ■

Tehran, Iran.
March, 2018.

Mahyar Alinaghi is a graduate in psychology from the University of Tehran and a current trainee of the Freudian Group of Tehran. He has so far translated four psychoanalytic titles from English in to Persian.

Sadism: Psychoanalytic developmental perspectives (2018) Edited Amita Sehgal, Oxford, Routledge

Reviewed by Gabrielle Brown

This superb collection from Brett Kahr’s Forensic Psychotherapy Monograph series offers deep understanding of sadistic, aggressive and victimising relations throughout the lifecycle. Discussions of case material and clinical technique describe sadism in children, adolescents, between the generations, within couples and in victims of sexual violence and abuse. The primitive terrors of early life are powerfully re-evoked by existential challenges of subsequent development, including in ageing and the end of life and for those living with intellectual disability. It is useful to have a volume which presents the whole arch of human development and brings together creative thinking from a wide range of highly specialist clinicians.



Sadism uses aggression and sometimes violence to cause suffering in the object, rather than simply destroy it. When we are being sadistic, exerting control and creating strong feelings of fear, shame and vulnerability in another, brings excitement. This sexualised aggression provides a psychic solution that defends our minds against feeling helpless, depressed, empty and craving human contact. Susan Irving (Chapter 7) notes how Freud and subsequent psychoanalysts use the term ‘sexualisation’ to denote ‘an unconscious mechanism leading to excitation and not the manner of the subsequent acting out.’ (p. 122). Masochistic fantasies are often the other side of the same coin, providing perverse retreat from psychic reality, as Richard Curen describes in his moving

chapter on ‘Sadism and Intellectual Disability’ (Chapter 5).

I admire the clarity with which core concepts from forensic psychotherapy are explained and illustrated. This includes concepts from Glasser’s difficult papers on violence, perversion and sadism and ideas from Freud, Klein, Bion and Winnicott. More contemporary psychoanalytic theories are also presented, such as Yakeley’s work on violence and reflective capacity and Motz’s ideas of how addictive violence in ‘toxic couples’ provides an intensity that may be experienced as love. The wide appeal of the book is the way in which it makes part of our psychoanalytic legacy genuinely accessible and useful.

But the book is much more than a good textbook. The real delight of reading it is how each chapter gives insight into a different field of work and the important conceptual developments that each author has achieved within it. I learnt a great deal and felt intellectually challenged and refreshed. Many chapters are generously referenced – Graham Music, for instance, provides the reader with 80 references as he illustrates his correlation between classical psychoanalytic ideas of developmental trauma and contemporary understandings of the brain. Morit

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Sadism: Psychoanalytic developmental perspectives

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Heitzler's introduces ways of working with the somatic trauma of a victim of gang rape, in which the sadism of the perpetrators needs to be understood and responded to within the containing, triangular space of the therapeutic encounter. Brett Kahr, reflecting on sexual cruelty within apparently devoted couple relationships presents his theory of 'intra-marital infidelity', where unilateral fantasies act like 'erotic tumours' which may provoke a crisis, termed a 'conjugal aneurysm'. His carefully worked case examples and contributions from his extensive research on sexual fantasy, allow him to suggest that it is fruitful to think about 'whether we marry our partners primarily as an expression of love, or rather, as an opportunity to express hatred' (p. 114). Also from couple work is Susan Irving's fascinating observations of a 'sodomasochistic monad' in which difference and otherness becomes an unbearable threat, through the legacy of fused maternal relating in early life.

Working in her countertransference, Irving notes 'a huge split between extreme omnipotent certainty and the fear of knowing' (p. 126) which perverts the relationship with reality in the work.

Richard Curen, is one of several authors who encourages us think about sadism as 'reaching out to others for understanding and compassion, even though it is done in a way that might make one turn and run in the other direction' (p. 89). Sandra Evans points out that professionals also have sadistic responses to vulnerability in those to whom we provide treatment or care, who come to embody our own dis-owned parts: 'understanding our own sadistic feelings... is a governance issue for all care institutions' (p. 163).

Overall, this book provides the valuable tools for making creative use of sometimes challenging communications from our patients without lapse into sentimentality, sensationalism or moralising ■

*Gabrielle Brown, Adult Psychotherapist.
Portman Clinic. Tavistock and Portman
NHS Trust. London.*

Obituary

Mildred Forrell (1923-2018): Editor of the Mind.

By Professor Brett Kahr



On 5 May 2018, Mildred Forrell, a much-loved psychoanalyst, died at the age of ninety-four years. Although Forrell lived and worked in Manhattan, she will be remembered by Britons for her loyal work as a training therapist at the London Centre for Psychotherapy during the 1970s and 1980s, in which capacity she fostered an entire generation of practitioners.

Born in Brooklyn, New York, on 11 November, 1923, Mildred Brines first worked as a receptionist at the Office of War Information during World War II. Her supervisors quickly recognised her

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Mildred Forrell (1923-2018): Editor of the Mind

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capacities and trained her to become a film editor, with special responsibility for creating anti-German propaganda movies. Gene Forrell, a budding composer, wrote the scores for many of these films, and in due time, he and Mildred married.

After the war, Mildred became increasingly prominent as a film editor and Gene, likewise, as a musician, enjoying successful careers in Manhattan, before relocating to London, where Gene Forrell conducted the English National Orchestra and the English Sinfonia.

At some point, Mildred forged an acquaintance with Ilse Seglow, founder of the London Centre for Psychotherapy, who became a cherished mentor. A formidable woman who had studied with the pioneering psychoanalysts Karl Landauer in Frankfurt and, also, August Aichhorn in Vienna, Seglow championed Mildred and invited her onto the training programme of the newly-formed organisation. Dr. Earl Hopper, one of Mildred's teachers, remembered her affectionately as

both "warm" and, also, endowed with considerable "intellectual curiosity". Upon qualification, Mildred Forrell developed a heaving practice in Highgate, North London, and her trainees remained devoted to her over decades to come.

In 1984, Mildred returned to Manhattan. Keen to develop her professional capacities even further, she became a licensed social worker and, also, a trainee psychoanalyst at the New York Freudian Society. Professor Martin Nass, who supervised Forrell's first five-times-weekly case, described her as "highly intuitive" and "clinically astute", with an "outstanding capacity to "read" the material with her patients", thus distinguishing herself "far beyond many of the students in the program".

Gradually, Mildred developed a thriving practice in Manhattan and she worked full-time well into her nineties. Her patients embraced her with such affection that many found it impossible to leave treatment!

Mildred's granddaughter, Dr. Anna Marshall, a Chartered Psychologist for the Camden and Islington N.H.S. Foundation Trust in London, characterised her grandmother, in whose footsteps she followed, as "forever curious". Dr. Marshall described Mrs. Forrell as a huge

interest in story-telling, which she had come to regard as a lost art, deserving of resurrection.

**Mildred's
granddaughter, Dr.
Anna Marshall,
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"forever curious"**

Mildred's daughter, London-based theatre director and writer Lisa Forrell, noted that many struggled to understand how her mother navigated the transition from film editor to psychoanalyst. Mildred often spoke about these seemingly disparate professions, explaining, "They are really one and the same. Both the film editor and

the psychoanalyst shape stories. Both take bits of narrative and piece them together." In many respects, one might think of Mildred Forrell as a veritable "Editor of the Mind".

I had the great pleasure of having known Mildred for many years, first as a family friend and, gradually, as a colleague. I have rarely met such a warm and delightful practitioner, whom I experienced as the epitome of compassion and sincerity.

Mrs. Forrell continued to treat patients until only weeks before her death. Hunter College in New York City, the home of psychoanalytical social work, has now inherited her professional library. She will be deeply missed by her family and friends, her colleagues, and, of course, her many grateful patients.

(I wish to express my kind thanks to Betsy Spanbock and Professor Martin Nass of the Contemporary Freudian Society for their kind assistance and, also, Dr. Earl Hopper for his reminiscences. I extend my deepest appreciation to Mildred Forrell's daughters, Lisa Forrell and Bess Steiger, and to her granddaughter, Dr. Anna Marshall) ■

News

BPC signs the MoU2 on Conversion Therapy

The BPC has reiterated our opposition to conversion therapy alongside 15 other leading organisations with the signing of the second Memorandum of Understanding on conversion therapy, updated to include gender identity. The MoU2 supports the rights of Lesbian, Gay, Bi and Trans (LGBT) people at risk from conversion therapy. MoU2 is a commitment to end the harm caused to the LGBT community by a practice that assumes that their identity is a mental illness that can be 'cured.' Signatories have pledged to achieve this by ensuring the public are well informed about the risks and that healthcare professionals and psychological therapists are aware of the ethical issues relating to conversion therapy. The MoU was launched at a House of Commons reception hosted by Ben Bradshaw MP.

The signatories are: The British Psychological Society, The Association for Child and Adolescent Mental Health, Association of Christian Counsellors, The Association of LGBT Doctors and Dentists, British Association for Behavioural and Cognitive Psychotherapies, The British Association for Counselling and Psychotherapy, British Psychoanalytic Council, CliniQ, College of Sexual and Relationship Therapists, The National Counselling Society, NHS England, NHS Scotland, Pink Therapy, Relate, Royal College of General Practitioners, and the UK Council for Psychotherapy ■

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Email contact@danield-weir.com

Diary

For full event listings, visit:
www.bpc.org.uk/events-calendar

OCTOBER

12 October 2018
ANGER AND CREATIVITY: THE DYNAMICS OF AGGRESSION IN INTIMATE FAMILY RELATIONSHIPS

Susanna Abse
Tavistock Relationships, 70 Warren Street, London W1T 5PB
<https://tavistockrelationships.ac.uk/training-courses/cpd>

13 October 2018
Confederation for Analytical Psychology Conference
AFRICAN AMERICAN JUNGIAN ANALYSTS: ON CULTURE, CLINICAL TRAINING/ PRACTICE AND RACISM

Resource Centre, 366 Holloway Rd, London, N7 6PA
<http://www.confederation-an-psych.uk>

13 October 2018
Northern Ireland Association for the Study of Psychoanalysis (NIASP) 30th Anniversary Conference
SAFEGUARDING THE ANALYTIC SPACE IN A SAFEGUARDING CULTURE
185 Stranmillis Rd, Belfast, BT9 5EE, UK
<http://niasp.org.uk/>

13 October 2018
NEAPP CONFERENCE 2018 - "HOME IS WHERE WE START FROM" REFLECTIONS ON A JOURNEY

Neville St, Newcastle upon Tyne, NE1 5DH, UK www.bpc.org.uk/events-calendar

NOVEMBER

3rd November 2018
PP NOW 2018 - PSYCHOANALYTIC PSYCHOTHERAPY NOW 2018 INNOVATION AND EVIDENCE: A CONTEMPORARY VISION

Jonathan Shedler, Stephen Grosz, Dr Eilis Kennedy, Dr Felicitas Rost, Dr David Hewison
The British Library, 96 Euston Rd, London NW1 2DB www.bpc.org.uk

30 November 2018
WHEN WE TALK ABOUT LOVE: CELEBRATING THE FIRST 70 YEARS OF TAVISTOCK RELATIONSHIPS - LEARNING FROM EXPERIENCE, INNOVATING FOR THE FUTURE

Professor Paul Burstow, Stanley Ruszczynski, Baroness Claire Tyler, Dr Renee Singh, Mary Morgan, Professor Brett Kahr, Andrew Balfour
King's Building, King's College London, Strand, London WC2R 2LS
<https://tavistockrelationships.ac.uk/forthcoming-events/1120-autumn-conference-2018>



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What are the pressures brought to bear on the couple relationship in the age of reality television programmes such as *Love Island*, and how can we think about these clinically?

Couple psychoanalytic psychotherapy has been shown to be effective in addressing the key social problems of our time, and can help to alleviate distress in children as well as their parents.

The conference will look at the context of social and family policy from the inception of the welfare state in post-war Britain to now, with a focus on evidence and the links between family functioning and mental health.

Consideration will be given to the institution's ground-breaking developments in analytic work with couples, including the therapeutic opportunities of the triangular setting of couple therapy, and the importance of working with the couple's enacted experience in the room.

Speakers to include:

Louis Theroux

Lisa Appignanesi

Stanley Rusczyński

Professor Brett Kahr

Professor Paul Burstow

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Counselling and Psychotherapy Training



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Date: Friday 21 September 2018

Trainers: Scott Williams, theatre director and producer; Perrine Moran, psychodynamic counsellor and psychoanalytic couple psychotherapist

Fee: £118

Anger and Creativity: The Dynamics of Aggression in Intimate Family Relationships

Date: Friday 12 October 2018

Trainer: Susanna Abse, psychoanalytic psychotherapist, executive coach, organisational consultant

Fee: £118

The Impact of the Internet on the Couple and the Individual: Social Media, Online Gaming and Pornography

Date: Friday, 7 December 2018

Trainer: Poppy Mellor, couples therapist and psychosexual therapist

Fee: £118 (£108 if booked and paid for by 26 Oct 2018)

Inhabiting Life in Later Years: How to Work Clinically with Ageing and Dementia

Date: Friday 25 January 2019

Trainer: Andrew Balfour, consultant clinical psychologist, adult and couple psychotherapist, Chief Executive of Tavistock Relationships

Fee: £118 (£108 if booked and paid for by 14 Dec 2018)

When Hope Is Lost: The Impact of Perinatal Loss, Infertility and IVF on the Couple and the Family

Date: Saturday, 2 February 2019

Trainer: Dr Marguerite Reid, child and adolescent psychotherapist (perinatal psychotherapist) and couple psychoanalytic psychotherapist

Fee: £118 (£108 if booked and paid for by 22 Dec 2018)

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