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Reviving therapeutic social work

By Andrew Cooper

WHAT HAS happened to the relationship between social work and psychoanalytic psychotherapy? Twenty years ago social work trainings rooted in psychoanalytic casework flourished in several parts of the UK, and certain social work agencies like the Family Welfare Association and Family Service Units were a key part of the 'supply chain' for psychoanalytic training institutions. I myself left front line social work practice in 1987 to work in a social work training school that was part of this network of interconnections between psychoanalysis and social work. But the decade that followed saw a radical decline in the fortunes of psychoanalytically informed social work practice and training. By the time I moved to the Tavistock in 1996 to lead the social work discipline, there was a sense that the Tavi was a final frontier for clinical social work in this country. Key training programmes had closed, the casework model came under attack in the context of 'care management' approaches, and psychiatric social work as a speciality had lost its leadership and organisational footing.

Many BPC members started their careers as social workers, and still retain some identification with and fondness for their profession of origin. But what is the state of play in social work in 2015, and what might we learn from the rather turbulent history of psychoanalytic social work in Britain? Might there be opportunities for a revival of this important tradition?

Of course there never was a 'golden age' of psychoanalytic social work in Britain, just a healthier landscape in some respects than the one we occupy now. In the 1970s and 1980s social work went to war with itself, with psychoanalytic casework and 'radical social work' entrenched on opposite sides of a seemingly unbridgeable divide. Everyone was a loser in this painful period, which merely weakened social work and helped soften it up for later assaults by unsympathetic governments pursuing an ideological

agenda against the public sector and its professions. Nevertheless, the Group for the Advancement of Psychodynamics and Psychotherapy in Social Work (GAPS) was a flourishing professional association into the 1980s and 1990s, and spawned the *Journal of Social Work Practice* which survives (flourishes in fact) to this day. Anyone who doubts whether good therapeutic social work exists any longer should just access a few recent issues of *JSWP* which is full of profound, theoretically well-informed and moving accounts of contemporary clinical practice. The journal's scope and range of preoccupations has indeed widened beyond psychoanalysis, but not to the latter's detriment. This widening of perspectives reflects both an altered psychotherapeutic landscape more generally, but also the strategy a number of us adopted in order to rescue clinical social work from the predicaments it faced as the 20th century drew to a close.

Around 2002 I decided to form a network of interested people from around the country to promote and develop Relationship Based Social Work Practice (RBP). This became the *Centre for Social Work Practice* (CSWP). Most of us in that original group had been schooled in and had practised psychoanalytic casework. But we knew that an attempt to 'revive' practice and thinking under this rubric was probably asking for trouble. The more inclusive and open idea of RBP would have more appeal, and would be more likely to mobilise the widespread interest we knew was 'out there' in therapeutically informed practice.

And so it proved – from small beginnings the work of the CSWP developed strongly, until three years ago we secured generous funding from a philanthropic benefactor, allowing the Centre to really take off. Today we are a registered charity with four part time paid

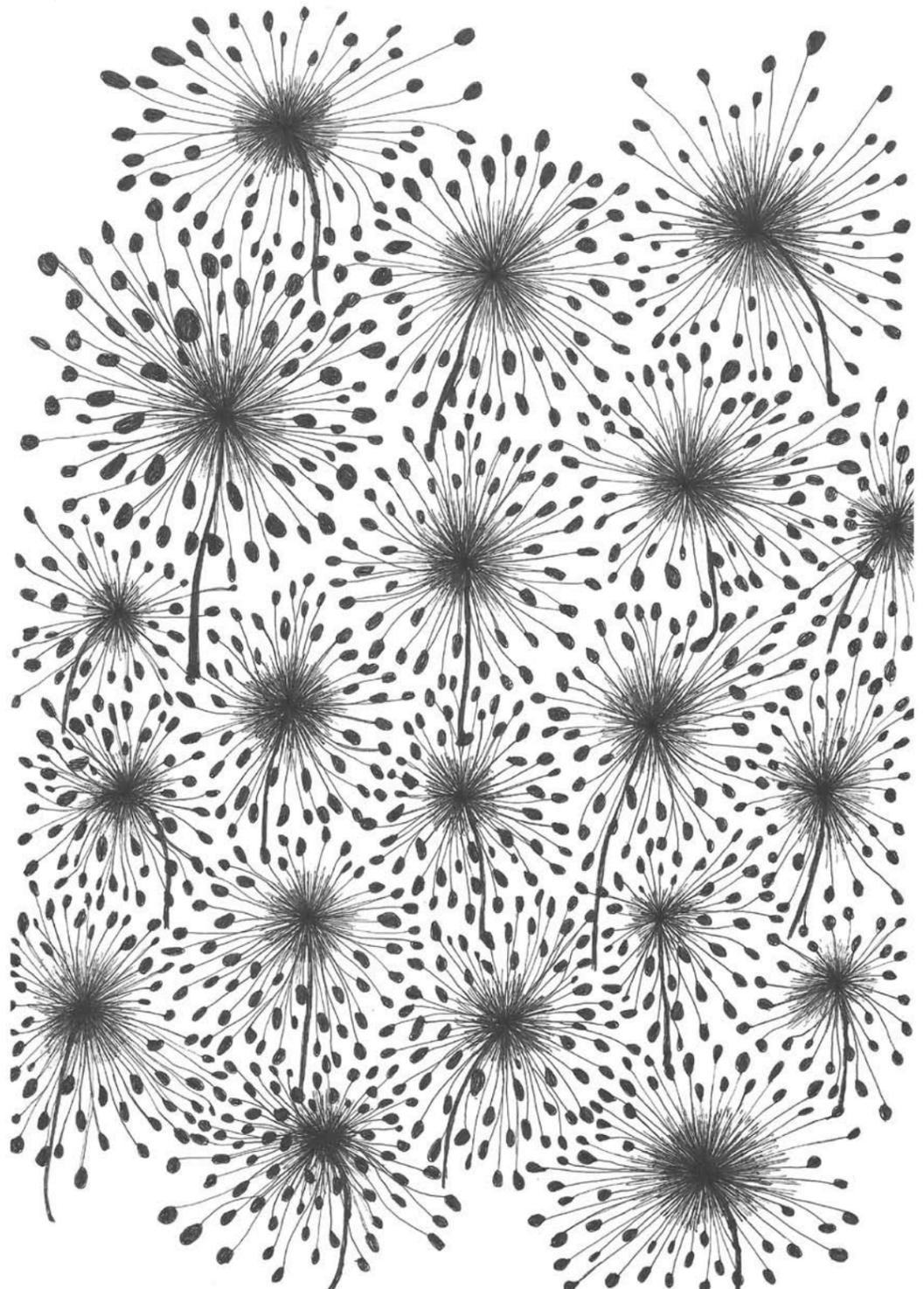
staff, have strong regional groups in many parts of the UK, provide low cost or free conferences and seminars for social workers that attract big audiences, and are starting to offer consultancy and development services to organisations wishing to strengthen their relationship based practice in a purposeful manner. CSWP works in partnership with universities and other agencies to deliver its project, and aims to take up a more visible position in the policy arena as a voice for social work and social workers – but with a real grounding in front line practice experience.

'What might we learn from the turbulent history of psychoanalytic social work in Britain?'

But how do we understand the hunger we find out there for recognition and support for relational social work? Well actually, most people enter social work primarily because they are interested in just this aspect of what the job offers, or potentially offers. But modern social work is practised under increasingly constricted circumstances, created by resource poverty, an overriding preoccupation with 'risk' and the various 'safeguarding' agendas, and profound organisational anxieties about 'failure' or media and OFSTED exposure in cases of alleged or actual poor practice. The emotional and relational needs of service users and the corresponding needs of practitioners trail behind, despite good organisational intentions.

Research has shown how 'back covering', anxious upward delegation of responsibility and decision making, or defensive organisational boundary

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Social work

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management is the inevitable consequence. In this climate, practice supervision becomes managerialised and spaces for reflection and processing of the impact of the work on the worker dissipate. Practitioners' core aspirations and desires to practice relationally go into hiding, and become something almost shameful or illicit. At the Tavistock our experience is that qualified practitioners seek out our programmes – although not in huge numbers – under the rubric of 'continuing professional development' but actually because they are professionally depressed, and often carrying a burden of secondary emotional trauma. For a time we have to function rather like a field hospital for them, until sufficient recovery enables people to rediscover their professional desire and flourish again. Sometimes they seek and find a new direction away from the 'front line', or they re-engage with the struggle from a more confident, internally assured position. CSWP's work is making something of this available on a national basis, at minimal cost, but obviously with much less intensity.

The need for a strong professional social work 'voice' is urgent – the collapse within a few weeks of the College of Social Work, Kids Company, and the British Association for Adoption and Fostering sent shock waves through the profession, and leaves a series of vacuums. But these events have a meaning. Current government ideology and policy is disempowering whole vulnerable populations and communities, the very same people with whom social workers routinely work. At the same

time it appears that no public sector organisation (NHS trusts included) is too big or too important to be allowed to 'fail'. A shrinking state, a contracting public sector, and government disengagement from any commitment to support human service professions is the order of the day. I believe the UK is moving rapidly in the direction of an American model of state-citizen relationships, and on this theme I am fond of quoting the originator and writer of the extraordinary TV drama *The Wire*, which depicted the lives and struggles of one such disempowered and forgotten community in Baltimore. David Simon wrote:

And that's what *The Wire* was about basically, it was about people who were worth less and who were no longer necessary, as maybe 10 or 15% of my country is no longer necessary to the operation of the economy. It was about them trying to solve, for lack of a better term, an existential crisis. In their irrelevance, their economic irrelevance, they were nonetheless still on the ground occupying this place called Baltimore and they were going to have to endure somehow. That's the great horror show. What are we going to do with all these people that we've managed to marginalise?

And what of the people who try to engage with and respond to the suffering, conflicts and cumulative traumas of these communities? This is where psychoanalytic or any other form of truly relationship based social work comes in. Because it's not *just* 'about the economy,

stupid'. We know from excellent research that what some call the distribution of 'social suffering' maps closely onto income inequality, at both national and sub-national population levels. Disadvantaged, impoverished, scapegoated and undocumented communities need good 'relationship based' or therapeutic provision not as much as, but more than, more prosperous sectors of the population. The revival and strength of therapeutic social work is a profoundly political as well as 'personal' matter.

This perspective brings social work and its current struggles into close alignment with the BPC's initiative to position psychoanalytic psychotherapy much more firmly within the public sphere and the political and policy machine, as a major contribution to mental health work, and not just a private, individualised and privatised activity. In another article I wrote recently at the BPC's request for the Institute of Public Policy Research journal, I tried to show the relevance of psychoanalytic thinking to creating a more 'emotionally intelligent' culture of public policy making. This aspiration seems to resonate with recent developments in the Labour Party, and with the more fluid, open and personalised style of leadership which has emerged there. A speech in the House of Commons by Jeremy Corbyn about mental health might give us all cause for hope. He said:

All of us can go through depression; all of us can go through those experiences. Every single one of us in this Chamber knows people who have gone through it, and has visited people who have been in institutions and have fully recovered and gone back to work and continued their normal life... I dream of the day when this country becomes

as accepting of these problems as some Scandinavian countries are, where one Prime Minister was given six months off in order to recover from depression, rather than being hounded out of office as would have happened on so many other occasions.

'Disadvantaged communities need good 'relationship based' provision.'

Back in my 'other home' at the Tavistock, we have persevered with providing more recognisably psychoanalytic forms of social work training and with a good deal of success at both qualifying and post qualifying levels. We also have thriving Professional Doctorates in Social Work and Social Care which lead to really profound, often psychoanalytically sophisticated research outputs, rooted in the direct experiences of practitioners. So all is far from lost, but the terrain on which the struggles are conducted has changed – sometimes as a result of conscious strategic choices, and sometimes as a response to developments outside our control. It would be interesting to hear responses to this short article from colleagues in the BPC, but at a minimum I hope to have brought a few people back into connection with the 'lived experience' of modern psychoanalytic and clinical social work ■

www.cfswp.org

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We welcome your ideas for articles, reviews, and letters to the editor. In particular we are looking for reviews of cultural events, books and films with psychoanalytic interest. If you would like to propose a topic for a longer article (up to 1200 words) please contact Leanne Stelmaszczyk: leanne@psychoanalytic-council.org

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Opinion

The impact of power on the mind of the politician

By Philip Stokoe

THIS BRIEF ARTICLE is a part of a longer talk that I have given as part of the Centre for Psychoanalytic Studies series, *The Political Mind*, run by the Institute of Psychoanalysis. Its aim is to try to bring a psychoanalytic perspective to the problem of what happens to politicians when they have the unfortunate experience of getting into power.

In the longer version I spend time describing some (essentially post Kleinian) ideas that I find helpful in thinking about the behaviour of politicians in power. I argue that the impact of anxiety is crucial and that the behaviour represents an interaction between personal attributes of character and a large group dynamic. In order to meet the word-count I shall leave out most of the theoretical elaboration in the hope that you will know what I'm referring to.

Anxiety

Under the pressure of anxiety we tend to move immediately into a black-and-white state of mind, the Paranoid/schizoid state. One of the most important features of this state of mind is that it does not provide any place for thinking, by which I mean the process of transforming raw emotional material into symbolic representations that are available for psychic manipulation as described in Bion's theory of thinking (1962a). I think a more contemporary description of this 'default' state of mind is a fundamentalist state. This state of mind establishes a particular universe with the following characteristics:

Ruled by the *ideal*, you're either right or wrong,

Governing Principle: *pleasure* i.e. the absence of unpleasant feelings.

Anxiety is about one's own *survival*, it is a sense of persecution.

Language is that of *blame*, there is no place for achievement or for valuing.

Mental State of choice is *certainty*.

Solutions to life's problems are all *omnipotent* (in identification with the ideal).

Threat is *difference*, because it introduces the question who is right. For example:

- Help, is experienced as attack because it means you are not perfect;
- Thinking, because the prerequisite of thinking is not knowing,
- Valuing, because valuing is about increments, only worship will do.

Relationships are either *mergers* or *sado/masochistic*.

It is well known that trauma disables the capacity to symbolise. Often the loss of symbolisation produces the phenomenon of flashbacks that replace the capacity to dream; a much more direct and frightening re-experiencing of events. If we cannot symbolise, we cannot think. The alternative to thinking and the preferred process of the fundamentalist state of mind is certainty (often expressed as Action). As long as you have complete understanding of the rules, all you have to do is follow them. So we see another characteristic of this state of mind: solutions are omnipotent. If you don't have any rules, you have a problem.

Perhaps you remember George W. Bush's reaction to the news that a second plane had just hit the Twin Towers. He was visiting a Primary School reading class, sitting on a small stage with the teacher; between them was a stand on which the book from which the class was reading was displayed. His aide comes up to him and whispers in his ear. Bush nods, the aide withdraws and Bush looks around the room. The teacher, who paused while this was happening, returns to her teaching. The class start reading aloud and Bush turns to the display and picks up the book and opens it. This is a good example of that situation in which a trauma reduces you to a fundamentalist state of mind in which you need certainty. I think that, when he reaches out for that book, Bush is reaching out for some form of certainty.

People have compared Bush's behaviour to the standard response that any of his



security men would have made. This seems to assume they are able to 'think under pressure'. My view is that their training is designed to provide them with rules that they can follow in traumatic circumstances which will lead them back to a capacity to think. It is an interesting challenge to work out the best training to provide a path back to thinking, a skill essential to our trade. This is a reflection of Bion's claim that thinking is an achievement in the depressive position... and some people never achieve it while others lose it in the face of persecutory anxiety.

'The alternative to thinking and the preferred process of the fundamentalist state of mind is certainty.'

In contrast to a rediscovery of the capacity to think, Bush's 'recovered' state is classic 'fundamentalist', i.e. the replacement of thinking with certainty and omnipotence: 'If you're not with us, you're against us.' A statement he went on repeating as he justified the omnipotent solution to the problem, the war on terrorism.

Group dynamics

In *Group Psychology and the Analysis of the Ego*, Freud describes some group processes in ways that need very little modification: he chooses to look at the phenomenon of groups with leaders and describes the means by which these

systems appear to work. My summary would be: the reason groups follow leaders is because they are in love with them and that, because everybody feels the same loving connection to the leader, this tends to disable rivalry amongst the group members and this is particularly likely when the leader is able to make his or her followers feel a personal connection.

Wilfred Bion (1961) describes the same phenomenon, only this time he ascribes to it unconscious defence against the experience of anxiety. He says that the members project their own thinking capacities into the leader which allows them to be free of the anxiety that they would otherwise feel. Freud's example of Judith killing Holofernes captures the same phenomenon.

My summary of a post-Bion description of groups is:

- Mostly they don't work because, like individuals, they are motivated to avoid anxiety.
- Anxiety is one of the immediate consequences of a task.
- The group equivalent of an individual 'thinking' is communication: a group in which everyone feels free to contribute is a thinking group.
- Groups operate as if controlled by a group unconscious,¹ which creates the group dynamic.
- Individuals (and no amount of analysis protects you from this) get drawn into this dynamic in the form of taking up roles.
- We tend to play similar roles in different group contexts because of our valencies.

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The mind of the politician

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I think the only term I might need to explain is 'Valency', which was a word Bion used to describe an individual's tendency, in a group, to prefer one over another 'Basic Assumption Mode'. Since then many of us have extended this term to refer to individual psychological vulnerabilities (like Jung's idea of the wounded healer). It is as if our vulnerabilities act like hooks that the unconscious process attaches to.

Politics and Power

In the longer paper I speak at some length about unconscious beliefs (Britton 1998) because I need to describe the modern politician's valency. Again, it is necessary here just to summarise. It is my understanding that we create our conscious mind out of explanations that we produce for our minute by minute experiences. Psychoanalytic exploration has shown us that these 'explanations' are in the form of images of ourselves in relation to others or parts of others. In healthy development these explanations are modified in the light of experience (Bion 1962b). Britton describes those circumstances that all of us have to some extent when we do not modify these explanations. He defined the consequent 'stuck' ideas as unconscious beliefs and went on to explain how these are hardly noticed consciously because they are simply taken to be facts. Unlike conscious beliefs, which are available for testing, 'facts' are eternal truths. It is my contention that modern politics is distorted by a shared unconscious belief, and this belief, entirely because it is not available for a challenging investigation, is the politician's valency.

Thatcher clearly represented this modern (omnipotent) belief because it was clear that for her it was axiomatic that a politician is the best qualified person to decide how professions should be run and managed. This contrasts with another idea that might seem to belong to a different era of a politician as someone with a previous career, now seeking to be an 'honest broker' on behalf of the electorate. An example of such a politician operating from this unconscious belief is Andrew Lansley (BA in politics at Exeter, Civil Servant and Private Secretary to Norman Tebbit) who from 2004 to 2010, as Shadow Secretary of State for Health, reinforced his belief that he knew best how to run the NHS. Someone whose belief in himself as 'knowing best' was conscious would behave differently to Lansley when all the clinical professions of the NHS (with the single exception of Clare Gerada at the RCGP, somewhat late) finally started to challenge his Health and Social Care Act. On 13 April 2011, 96% of 497 delegates at the Royal College of Nursing conference backed a motion of no confidence questioning Andrew Lansley's handling of NHS reforms in

England. Later that day, Lansley met with 65 nurses at the same conference, and apologised by saying, 'I am sorry if what I'm setting out to do hasn't communicated itself.' Anyone whose belief that he knew best was conscious would have been forced to reconsider at this point, but Lansley never does. (If you're not with us...)

So omnipotence is their valency; once recruited into that role, they become overwhelmed with persecutory anxiety and experience the attacks as coming from 'out there' (us!), so they become preoccupied with defending against this assault, e.g. blocking freedom of information, human rights etc., and becoming more dictatorial in their departments, for instance creating more and more checklists and boxes to tick.

However... This only happens because we, the electorate, create a 'dependent' group-state-of-mind. It isn't simply that politicians are to blame, the electorate also seek certainty (yes, even the middle classes – how else does John Humphries retain his job when all he does is to insist that it is possible to answer 'yes' or 'no'). There really was a massive delay in NHS professionals waking up from the sort of stupor that characterises a dependent state of mind to the shocking realisation that the NHS was being destroyed.

'Modern politics is distorted by a shared unconscious belief, and this belief is the politician's valency.'

I'm not claiming this is the total explanation, but don't you think it is interesting that, at the last minute, the electorate voted to remove from the coalition the single presence that made thinking in government a possibility: the Lib-Dems? And note the intensity of public pleasure at the humiliation of these people; the pleasure of the fundamentalist at the denigration of thinking. And the first statement following this from the new government was that they were going to revoke the Human Rights Act.

I have argued that the effect of Power on the Mind of the Politician is to pull him or her into a fundamentalist state of mind in which the view of the world is essentially paranoid and the solutions to any problem are omnipotent and certain.

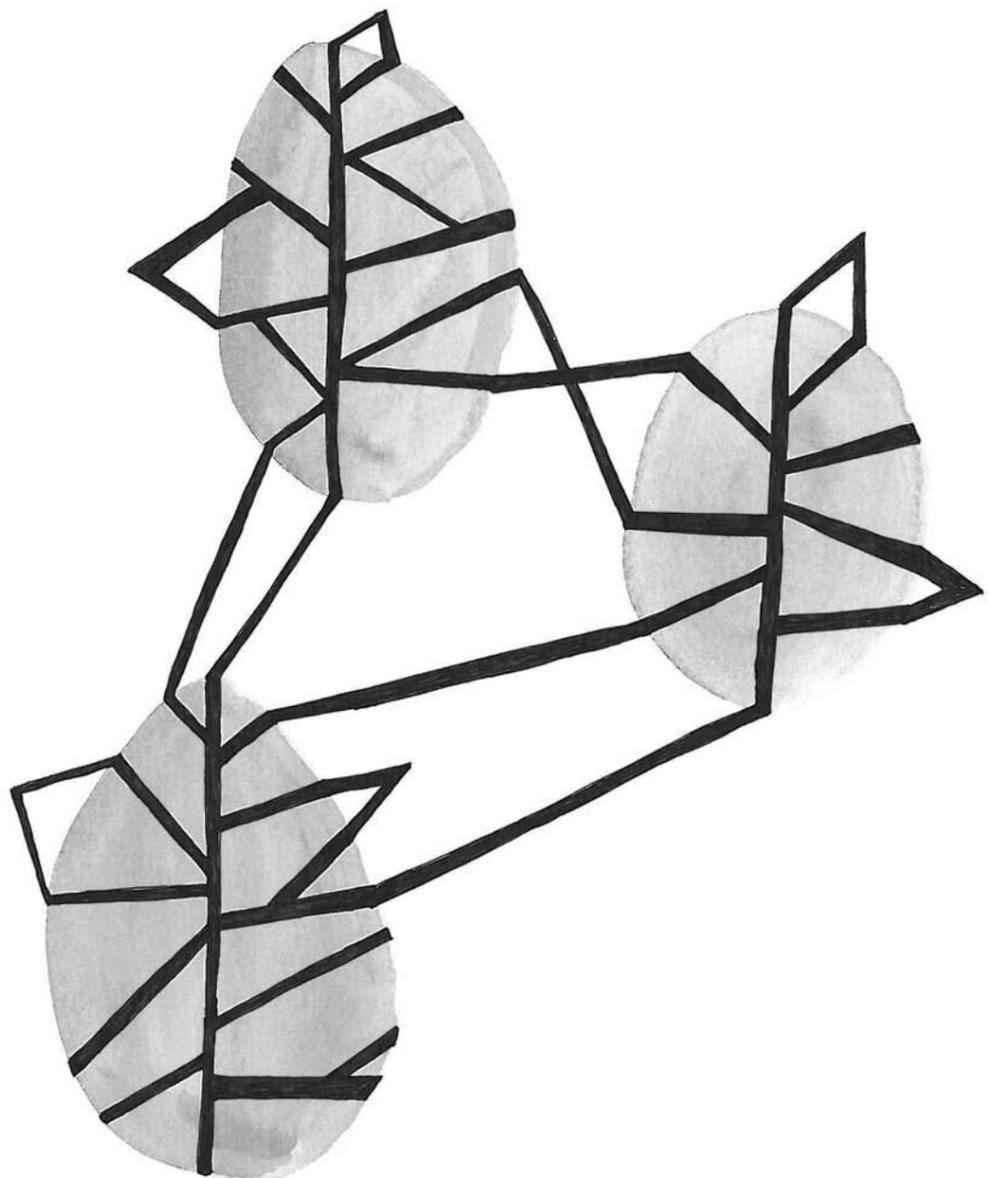
Politicians have a particular Valency for this role, a belief that they are the best people to manage all systems. However, the electorate are as much implicated in this arrangement because of the way that, at a group-unconscious level, we require our leaders to create a world of certainties and predictability. The group-unconscious acts to avoid change.

You could say, as others have done before me, that we get the leaders we deserve ■

Philip Stokoe is a psychoanalyst in private practice, and an Organisational Consultant.

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Editorial

California dreaming

By Gary Fereday

In a diverse range of fascinating articles the theme of collaboration seems to be dominant in this edition of *New Associations*.

The announcement of increased collaboration between the BPC, the UKCP and the BACP (outlined in the conversation between the three organisation's Chairs) is of real significance. We are not merging and we will retain our own identities, but we are going to increasingly establish where we can work together for the common good of the wider psychological therapy profession. I'm personally delighted that we have started a more explicit dialogue with our colleagues; it's not that we haven't been talking before, but we are now starting to think about how we might combine some of our resources and expertise and create a much stronger and clearer voice to develop the regulatory framework and talk to policy makers, commissioners and politicians.

The BPC will retain its distinctive psychoanalytic focus (I use the term to encompass all the modalities under our umbrella), and within the collaboration we will ensure the value and role of our registrants' work is properly recognised. By working collaboratively with our colleagues at UKCP and BACP we will all be much stronger.

In the interview with Julian Lousada and Helen Morgan, we find the theme of working collaboratively with our member institutions and registrants. There is a clear signal of our intention to find ways to develop relationships within our community, continue to put aside the old hierarchies and suspicions, and find ways of including more people. I know this is something Helen sees as central in her approach to the role as Chair.

It may be fanciful to try to draw learning from the high tech industries of the USA, but I am often drawn to the divergent paths of Silicon Valley in California and Route 128 in Massachusetts. During the 1970s both areas were viewed as leading international centres of electronics innovation, and both had undergone extraordinary economic growth. Yet by the 1980s both regions were starting to struggle; competition from Japan and the growth of the then new concept of

personal computers were challenging the two regions' dominance.

Despite similar origins the two regions evolved distinct cultures. Silicon Valley developed as a regional network; essentially an economy that promotes collective learning. Companies tended towards more organic (less hierarchical) structures which communicate and learn from each other, and with staff often moving between organisations. Route 128 on the other hand was dominated by more vertically integrated companies that kept largely to themselves. High levels of secrecy and corporate loyalty were underpinned by hierarchies that ensured authority was centralised. Over the ensuing 20 years, Silicon Valley emerged as the global capital of the tech world, providing an exciting insight into the potential collaborative and collective learning can bring.

Engaging with other fields has been something our profession has sometimes been unable, or not felt the need, to do. Yet the articles by Philip Stokoe and Andrew Cooper both speak to the potential role that psychoanalytic thinking could play in wider debates about politics and delivery of public services. Annie Pesskin too challenges us to consider how our profession can and should collaborate more with colleagues working in neuropsychiatry, biological psychiatry and neuroscience; arguing that an engagement with other professions might breathe new debate and excitement into ours.

In the last few years we have created a number of task groups and advisory groups. All have attracted registrants from a wide diversity of member institutions, trainings and backgrounds; all willing to come together to engage collectively with the BPC to help develop our thinking and policy. During the same period we have increasingly sought to engage colleagues from other similar organisations and other professions. It may not be Silicon Valley, yet, but this collaborative endeavour may well be the future of our profession ■

Gary Fereday is Chief Executive of the BPC

News

BPC signs up to 1001 Critical Days Manifesto

The BPC has signed up to the Parliamentary Group on Conception to Age 2's 1001 Critical Days Manifesto. Chaired by Tim Houghton MP, the Parliamentary Group brings together experts on early years and provides a forum where research and solutions can be shared with MPs and peers.

The Parliamentary Group is calling for experts on early years and the needs and interests of families during the conception to age 2 period to present evidence to the group in the future. The group is highly influential and launched the impressive Building Great Britons report in February (available at www.1001criticaldays.co.uk/buildinggreatebritonsreport.pdf). The BPC is keen to help and if you would like to learn more and think you might have research of interest to the group, please could you contact Peter Hudson, BPC Policy and Public Affairs Officer, at peter@bpc.org.uk as soon as possible.

New era of collaborative working with BACP and UKCP

The BPC is delighted to announce a new era of working together more collaboratively with the British Association for Counselling and Psychotherapy and the UK Council for Psychotherapy. This follows a gradual increase in shared activity over the past few years.

We are different organisations and will continue to retain our rich and unique identities but we recognise that we also have much in common that is significant. Above all we share a commitment to improving the nation's mental health and wellbeing.

We will work together in the coming months and years to:

- ensure that counselling and psychotherapy are accessible to all who could benefit from them
- continue to safeguard the public by effectively regulating the counselling and psychotherapy profession
- promote the highest standards of training and research
- build and promote the evidence base for counselling and psychotherapy
- engage Government and Health Commissioners in order to establish adequate mental health funding.

The BPC looks forward to furthering the vital role that counselling and psychotherapy plays in the mental health of the nation and will post information about our collaborative work on our website.

This issue of *New Associations* features an edited version of the chairs' discussion around working collaboratively, which was held 18 June 2015. You can hear the

full version of the conversation at: www.bpc.org.uk/news/new-era-collaborative-working-bacp-and-ukcp

Publication of landmark psychoanalytic psychotherapy for depression study

A landmark research study has been published in the *World Psychiatry Journal* by the Tavistock and Portman NHS Foundation Mental Health Trust.

The Tavistock Adult Depression Study (TADS) provides significant evidence for the efficacy of long-term psychoanalytic psychotherapy for NHS patients suffering from chronic depression.

Started over ten years ago, the study is the first randomised controlled trial in the NHS to establish if this type of psychotherapy can help people not helped by treatments currently provided: antidepressants, short-term courses of counselling or cognitive behavioural therapy.

Crucially, participants were followed for two years after treatment, in order to look at long-term therapeutic effects. The study found that nearly half of the patients were still undergoing major improvements two years after therapy ended.

Chronic depression affects up to one in five people who experience an episode of depression, with sufferers being prone to suicide.

Publication of the TADS is an important step in the growing evidence base for psychoanalytic psychotherapy. It is to be hoped that the NICE guideline development group currently revising the NICE Guideline for the treatment of Depression in Adults will take the findings of the study into account.

The study found that:

- 44% of the patients who were given 18 months of weekly psychoanalytic psychotherapy no longer had major depressive disorder when followed up two years after therapy had ended; for those receiving treatments currently provided by the NHS, the figure was 10%
- While just 14% of those receiving the psychoanalytic psychotherapy had recovered completely, full recovery occurred in only 4% of those receiving the treatments currently provided by the NHS
- In every 6-month period of the trial's exceptional 3½ years of observation of participants, the chances of going into partial remission for those receiving psychoanalytic psychotherapy were 40% higher than for those who were receiving the usual treatments

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Opinion

Engagement in practice

By Martin Kemp

TO SOMEONE who has taken some steps towards being politically active as a psychotherapist, this year's Psychoanalytic Psychotherapy NOW conference was particularly congenial: rather than following an isolated path, it seemed that many in the profession are struggling with the limitations of clinical work in a contemporary world that seems to require more of us. Helen Morgan's article in the last edition of *New Associations* (Morgan 2015) wonderfully encapsulates this perspective, posing a

serious challenge to those who accept its basic premise. Not only are there social issues deserving of our attention, about which psychoanalysis has the potential to make a distinctive contribution, but, she suggests, we live in times when dominant political tendencies in Western countries conspire to create and exacerbate the psychological damage we would be seeking to address.

In such circumstances an 'engaged' psychoanalysis might also necessarily be one that stands against the tide

of current hegemonic notions in the political and economic fields. This is certainly the case in the area in which I am involved – the situation in Israel/Palestine. Psychoanalysis has long made contributions to our understanding of the dynamic character of the 'conflict',¹ and in elucidating cross-communal professional relationships there (Jabr and Berger, 2016). In this area such reflection cannot but be perceived as 'political' (for reasons I've considered, see Kemp 2011, 2015). The question for me has been whether there is a way in which engagement can extend beyond the individual writer with a particular involvement or specialised access, whether it is possible to mobilise the potential we have collectively as a significant element in civil society.

Early last year I participated in the formation of the UK-Palestine Mental Health Network which, among other aims, set itself the task of highlighting the implications of the Occupation for the psychological well-being of the Palestinians, and encouraging colleagues to consider, from an informed viewpoint, how to respond to their request that we join the boycott movement.²

Soon after, in August, came the attack on Gaza. As far as I am aware there was just one public exchange of letters amongst Israeli psychoanalysts following an appeal by one to German colleagues to support Israel's actions, rebuffed and challenged by others who called for solidarity with the Palestinians and for sanctions against Israel. A few Jewish Israelis signed a petition of mental health workers calling for an end to the Occupation.³ A group called Born Equal, made up of activist mental health workers from both communities, and dedicated to highlighting the psychological impact of Israeli policies on Palestinian children and families, published reports on the assault.⁴ But no professional Israeli organisation involved in mental health or social care registered a protest at their country's behaviour or a concern at its consequences for those left bereaved and homeless. And the same was and is true of our organisations in the UK, which stood aside in silence – and in horror, I assume – as the death toll mounted.

It has been uncomfortable, at times, reconciling the dual functions of psychoanalytic clinician and activist, committed to both but unsure how well they coalesced together. It is a difficult step commented upon by other clinicians who have witnessed the situation in Palestine (see Cahn 2014). Another psychoanalyst documenting her harrowing research amongst West Bank women has written that she shares her experiences 'in the hope that we might create concentric circles of witnessing', believing that there is 'much that psychoanalysts might contribute to these challenges of bearing witness and igniting activism, that is, to engaging mentalizing communities that can hear, hold, and contain the trauma inflicted by such injustices...' (Roth and

Duaibis 2015).

While in Palestine last November I discussed with local mental health professionals my uncertainties about mixing clinical and activist roles. A psychologist in the West Bank was amused at the idea that clinicians could aspire to a position of neutrality, where he and his clients share the intrusions, fear and dangers of the Occupation every day. 'I wouldn't trust anyone whose empathy shut down the moment they left the consulting room,' he said. Nadera Shalhoub-Kevorkian, who combines a therapeutic role with families in East Jerusalem with a professorship at the Hebrew University, was equally blunt: 'Here, if you want to smell, see, hear, if you want to live, you have to be an activist as well.'

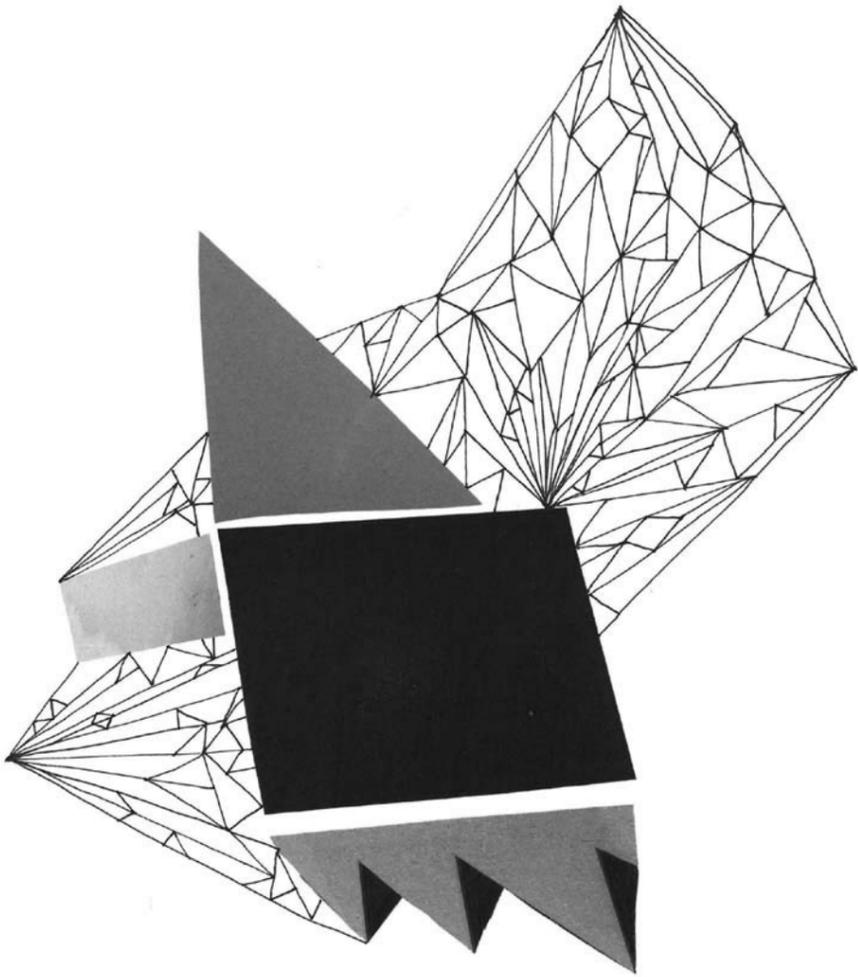
'An "engaged" psychoanalysis might be one that stands against current hegemonic notions in the political and economic fields.'

Returning to London can feel like escaping to another world which has nothing to do with the experience of life under Occupation, and where taking a public position can seem more eccentric. But appearances are deceptive. Britain is as implicated in the ongoing Naqba as it was in the social injustices and psychological suffering that flowed from its own settler colonial projects in the past.

We might ask, what does an engaged psychoanalysis look like? Adam Rosen has written a witty, but deeply thoughtful, paper on the pitfalls of embracing psychoanalysis as a political project, or of using psychoanalysis as a foundation from which to launch political initiatives (Rosen 2010). His warnings about the seductiveness of our prescriptions masking our collective impotence echoed worries voiced at the PP NOW conference, where more than one contributor wondered in what form or at what level psychoanalytic practitioners could intervene. Should it be as psychoanalytic psychotherapists or as ordinary citizens? In the former case, we are few in number, elitist and perceived to be so, concentrated not simply in the capital, but in specific London suburbs. Yet in the latter case, mobilising as individual citizens, we lose the authoritative contribution that we might offer as specialist clinicians with a distinctive point of view.

No doubt each issue would suggest its own solutions and structural forms. The group I am involved with has chosen a third option, that perhaps shares something with Morgan's call for a more inclusive,





egalitarian attitude to our colleagues in other psychotherapeutic disciplines.

We set up the UK-Palestine Mental Health Network on the premise not simply that the British have a responsibility for the situation in Palestine, but that the Occupation impacts directly on the psychological wellbeing of the Palestinian people. A clinical psychologist close to the lived experience of Gazan families last August wrote that: 'The scope of horror appears to have been designed to impose catastrophic traumas on the Palestinian population as a whole, and to induce the mental breakdown of individuals, families, and communities' (Shehadeh 2015 p.284; see also Shalhoub-Kevorkian 2015). This had led us to believe that there is a particular relevance for mental health professionals, or mental health workers, as members of an imagined 'mental health community', to be involved. Here, those with a psychoanalytic background have a place, alongside those with other perspectives. Thinking at this level, with really significant numbers of potential 'members', geographically distributed right across the country, we lose the feeling of being elitist, or impossibly marginal.

There is genuine pleasure in finding oneself in close working relationships with people who have quite incompatible notions of mental health and mental illness. Yet this inclusivity is gained without losing the sense that one is speaking to, and from, a section of society that has considerable expertise on the nature of human suffering, some standing in the eyes of the public, and that therefore deserves to be listened to.

There are subjects that psychoanalytic psychotherapists, cognitive behavioural therapists, psychiatrists, clinical psychologists, and those who think all of these are working in the dark, can passionately agree about, 'controversial' things which may matter to all our futures, both as clinicians and citizens.

To give some examples of our activities to date: We have held a number of public meetings, the largest in October, reflecting on the appropriate response of mental health professionals to the devastation of Gaza. Through a website and facebook page (www.facebook.com/UKPMHN) we disseminate news events, articles and reports from Palestine that have a particular bearing on mental health. We have sought to provide opportunities for UK colleagues to hear Palestinian clinicians when they come to Britain, as when Dr Samah Jabr spoke at a Thinking Space event at the Tavistock last December, or when Dr Yasser Abu Jamei, Director of the Gaza Community Mental Health Programme, was in London this April. The Network contributed to stimulating debate within the British Association of Behavioural and Cognitive Psychotherapists, whose AGM passed a resolution regretting the choice of Israel as the location for their 2015 European conference.⁵ More recently we raised over 200 signatures for an open letter urging the organisers, and those considering attending the meeting, to reconsider their decision. This coming November we are co-hosting what we hope will be an important conference at Kingston University entitled 'Rethinking Trauma and Resilience in the context of political violence'.⁷

What to do next? One possibility that would require a shared effort might be broached here. The point has perhaps been reached where our professional organisations can scrutinise the situation more closely, where we can now anticipate mature discussion on the issue. Our hope would be that, with support, resolutions might be put forward that express a concern at the preventable psychological damage that attends the prolongation of the Occupation, and that commit us to deepening our awareness and engagement with its dynamics and consequences. The Network will work to provide opportunities for wider participation and engagement in the struggle against the Occupation. I look

forward to hearing from readers wishing to get involved, or to know more about the Network ■

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Notes

1. This includes the impressive collection *Psychoanalysis, Identity, and Ideology* (Bunzl and Beit-Hallahmi 2002). Two psychoanalytic journals are currently preparing special editions dedicated to a consideration of the issue: *Psychoanalysis, Culture and Society*, and *The International Journal of Applied Psychoanalytic Studies*. Other writers and academics – Jacqueline Rose comes immediately to mind – have used psychoanalysis to write important commentaries on Zionism and trends in Israeli society.
2. See <http://ukpalmhn.com/about/>, <http://www.pacbi.org/>
3. <http://tinyurl.com/of42qcm>
4. <https://bornequal.wordpress.com/?s=Gaza>
5. See <http://jfjfp.com/?p=64559>
6. <http://ukpalmhn.com/eabct-open-letter/>
7. <http://tinyurl.com/nrp56wj>

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Opinion

Where will the future be found?

By Annie Pesskin

Why neuroscience matters to our profession

AS A NEWLY newly qualified BPF psychotherapist, I have spent the last six years or so reading the psychoanalytic canon pretty carefully. It is a body of work which rests on theoretical assumptions emerging from intensive clinical encounters with patients. Efforts to prove the human psyche that Freud, Klein, Winnicott or any other psychoanalytic giant lays claim to, in a scientific sense, have been controversial.

The important question is whether this matters. If such theories prove useful to the clinician struggling to stay with a patient's seemingly unremitting mental pain, are they not doing the job they were

invented to do? Almost certainly - yes. So for psychotherapists and psychoanalysts, the question of whether what we do is 'scientific' has arguably been irrelevant. For us, the important issue has been, 'Is my patient getting better? If not, why not? What am I doing wrong? How can I do it better? Who has written about a patient like this and how can I apply their words of wisdom on the subject?'

The trouble is that our reliance on the boot-strapping method - essentially, 'Is this working? Great, keep doing it' - does not convince the world beyond the couch. Those who simply glance at our theories, but never lie on the couch to experience for themselves how the intensive, sensitive

attention of a psychodynamic clinician transforms them from the inside out, can dismiss our world without thinking twice. And they do. This hasn't, and largely continues, not to bother us.

But I think this is in large part why our profession is ageing and shrinking. I would like this article to be a rallying call to encourage you, as a member of the psychoanalytic community, to entertain the notion that discoveries about the human psyche made in brain scanners *are* relevant to you and *can* inform and enliven your practice today. In fact, I think it is through enthusiastic engagement with colleagues who also spend their days studying the human mind in the fields of neuropsychiatry, biological psychiatry and neuroscience that we can mutually enlarge and expand our understanding of what we all do and why. My experience of going to conferences also bears this out - survey the traditional psychoanalytic ones and see a sea of grey hair; do the same at the neuroscience ones and there is plenty more diversity in hair colour!

'Our reliance on the boot-strapping method - "Is this working? Great, keep doing it" - does not convince the world beyond the couch.'

I generally come across two reactions when I argue this amongst my colleagues. The first runs, 'They are only proving what we know already.' I call this the Arrogant reaction, underpinned as it is by the notion, 'Everything we need to know about the human mind we know already from psychoanalysis so can you please just stop bothering me.' The second reaction I call Weary and it runs thus: 'The terminology of neuroscience is really very complicated and I just don't think I have the energy to get my head around a whole new discipline.' My response to both positions is, 'Give it a try.' So the remainder of this article is my attempt to enthuse you by describing a few ways in which my encounters with neuroscience have fired me up:

Put simply, we can divide the brain into three parts! The oldest part wrapped around the top of our spinal column is the reptilian core which regulates homeostasis (heartbeat, temperature, etc.) and evolved 300 million years ago.

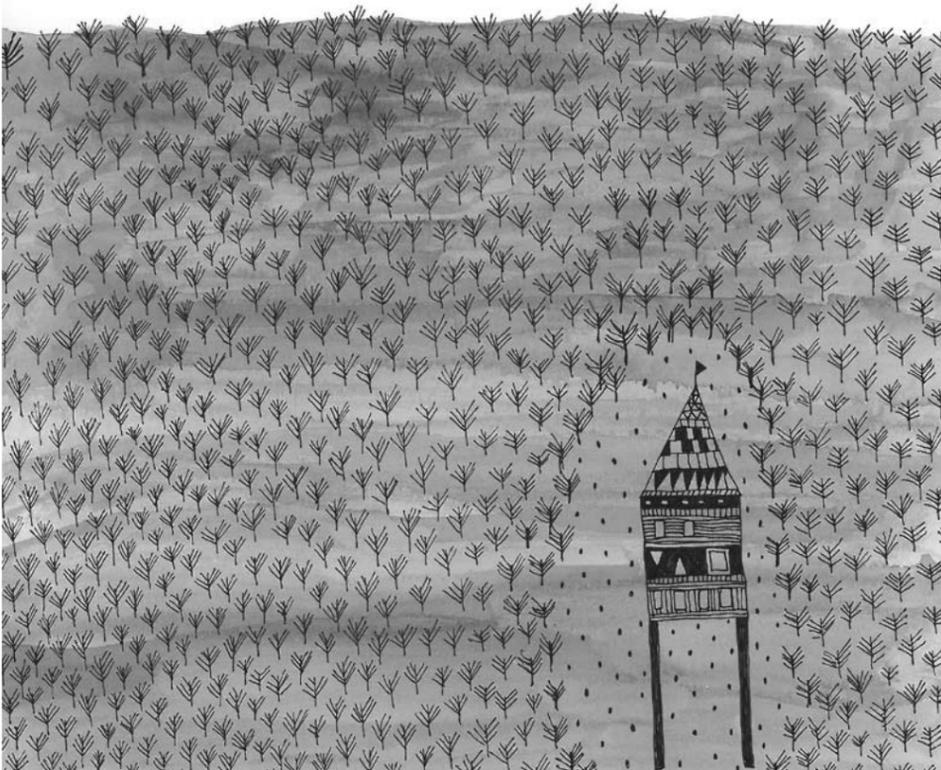
Then there is the famous 'limbic system' you may have heard something of - this is the mammalian part which evolved 90 million years ago and that we humans share almost identically with rats. Wrapped around the reptilian brainstem, the limbic brain mediates all the 34,000

feeling states available to us (if you don't believe me seek out Alan Watkins' Universe of Emotion app). The inimitable Jaak Panksaap has spent the last three decades studying this set of interrelated brain structures and, in the words of Mark Solms (the pioneer of neuro-psychoanalysis), Panksaap 'has carved nature at its joints.'² He has elucidated the mechanisms of the seven Affective (feeling) Systems of the brain (the Seeking, Liking, Fear, Rage, Separation/Distress, Care and Play systems) and shown how addiction to opiates, cocaine and amphetamines as well as depression are a consequence of these affective systems gone awry. The systems he has painstakingly uncovered through rat studies are the *same* as ours and he shows that when a rat's Separation/Distress system is activated, its Seeking system is knocked out - ergo our theory that unresolved mourning underpins depression can be proved through recourse to understanding the mammalian part of our brain. I think that discovery matters to *me* because that is largely what I spend my days trying to fix!

The last part of our minds to evolve with the emergence of *Homo sapiens sapiens* 150,000 years ago is the PFC - the pre-frontal cortex. 80% of this area is unwired at birth and is developmentally dependent on our caregiving, especially between the last trimester of pregnancy and age 2. This is the part that can down-regulate the demands for action from the mammalian part of the brain (i.e. stop you thumping the person who is frustrating you and talk to them instead) and where consciousness is generated - the part you think is 'you' but in fact is only 1% of your brain activity. It is the part which allows us to discharge action in thought and so, in short, allows us to be the calculating, sneaky, hypocritical, creative, artistic, inventive species we are!

What particularly excites me about this conception of our mental life is the space it makes for the plasticity of the brain. This 'enchanted loom', to quote the Nobel laureate neurophysiologist Charles Sherrington, weighs just three pounds. But it is made up of 100 billion neurons, each one of which is cared for by up to 50 glia cells, plus the trillions of synapses between the neurons which are endlessly making and losing connections, building positive new pathways (if experiencing intensive psychotherapy) or reinforcing negative ones (if left to founder).

Last April at the UCL/Anna Freud Centre Conference on Implications of Research on the Neuroscience of Affect, Attachment and Social Cognition I discovered the emerging field of social neuroscience, where researchers are starting to think about mental disorders as disorders of social cognition and are studying the neural mechanisms of minds in interaction with one another - essentially working on the assumption that brains *do* and *are* as a consequence *of* and in relation *to* other brains. As infant observers, we have all spent many hours watching





how exquisitely sensitive the infant is to the mother's mind – in ways the mother herself is generally far too busy to notice. We have looked at this from the outside in and these social neuroscience researchers are doing so from the inside out. I think that is exciting.

Neuroscientific findings⁵ such as Allan Schore's on the neurobiology of years 0-2 are turning out to be highly congruent with psychoanalytic formulations of early infancy – that an attuned, non-depressed carer literally sculpts her baby's mind to expect to find itself in a world where other minds are interested in it and want to share its observations; while conversely, a not 'good enough' carer shapes their baby's mind to expect a frosty inter-subjective environment where others are not interested or enthusiastic about them; shame is thus their dominant emotional tone. The consequences, in either case, are long-lasting.

One of Allan Schore's fascinating findings is that when an infant's body and mind are not dealt with sensitively (because the carer, for all kinds of reasons we understand very well, cannot see the baby as a separate, autonomous Other), high levels of the stress hormone, cortisol, are secreted. Via neurological and endocrinal pathways which I don't have the time to go into here, the ensuing two-year-old's brain has far fewer dendritic pathways in the pre-frontal cortex, while the axons of the neurons in that infant's brain are less well myelinated (think of a pot-holed track rather than a German autobahn)

than a well-cared-for infant of similar age.

The consequences in behavioural terms for the child who starts life with such a sub-optimally sculpted brain include poor impulse control, attention deficits, and high reactivity to stressors, which all too often result in later conduct disorders, violence and poor academic attainment. How many of us working in forensic units recognise this picture? His work is exciting to me because he shows us the brain side of the attachment study equation – he has delineated with deft precision precisely just how poor attachment patterns are stamped on the brain's networks for ever after – or until the individual is rich enough to have an analysis...

More recently (i.e. last month), I attended CONFER's Neuroendocrinology seminar and learnt about the Immune Cytokine Model of Depression, put forward by Professor Ronald Smith in the mid-1990s, which offers a radical re-thinking of the psychiatric model of depression. Smith argues, convincingly to me, that far from being a disorder in itself, depression is merely evidence of a chronically-activated immune system. He writes in Chapter 9 of his unfinished 1997 work, *Cytokines and Depression*⁴ (he died before he could complete it), that:

A century ago, when fever was viewed as a disease rather than a sign of disease, fever was blamed for complications and death in sick

people. And why not? Patients with the highest temperatures had the highest death rates and most complications. A nice correlation: higher fever, higher death. Blaming fever for deaths based on correlations is an example of flawed scientific thinking, because correlations do not give information on cause and effect.

Today, no medical professional would suggest that fever kills patients because we know that fever is not a disease. It is a sign of acute immune system activation, an indicator of the intensity of the war going on inside the body. In like fashion, depression is not a disease, but rather a multifaceted sign of chronic immune system activation, an indicator of disease severity.

If depression is a sign of chronic immune system activation, rather than a disease in itself, depressed people will be allowed to be ill like someone with a fever is ill and the social stigma of the disease will evaporate. That would be a wonderful thing. Allan Schore's work on cortisol secretion shows us how poor inter-subjective relating can cause 'depression', i.e. in response to psychological stress as an infant or indeed in later life, individuals develop a chronic immune system activation in the brain. The intricacies of how this happens is part of a whole new field of study – psychoneuroimmunology or PNI for short – and the exact ways in which our kind of work rewires the links between the

right pre-frontal cortex and the limbic system is still part of the puzzle to be worked out. But if we understand more about the brain, it might also require us to change our methods to be most effective. One example which struck me at Confer's Neuroendocrinology seminar was this: Now that we know the fatty acid Omega 3 is crucial for dendrite production (and cannot be synthesized by the body), should we be advising depressed patients to take it as a supplement or eat a lot more fatty fish if they want their therapy to work as well as it can? Food for thought, you might say!

However we choose to respond to this – and the other questions the encounter with neuroscience throws up – it seems to me that by engaging as fully as we are able, we can harness discoveries made by colleagues in parallel disciplines and potentially justify therapeutic intervention, especially early intervention with pregnant mothers and their babies, on a much bigger scale than currently exists. And if that doesn't reverse the aging, shrinking trend of our profession, I don't know what will ■

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Notes

1. Triune Brain Theory was developed by Dr Paul MacLean, an evolutionary neuroanatomist at the National Institute of Mental Health in the USA. For a more in-depth discussion of his ideas see Chapter 2 of *A General Theory of Love* (Vintage, 2000) by T. Lewis, F. Amini and R. Lannon.
2. Panksaap, J. *The Archaeology of Mind: Neuroevolutionary Origins of Human Emotion* (Norton, 2012).
3. Schore, A. *The Science of the Art of Psychotherapy* (Norton, 2012).
4. Smith, R. *Cytokines and Depression* (published in its entirety online for free at <http://www.cytokines-and-depression.com>).

Interview

Taking the lead

Interview by *Leanne Stelmaszczyk*

Why take up the mantle of leadership when the world of psychotherapy practice alone is already so demanding, complex and full of challenges? I asked our incoming and outgoing Chairs just that, to uncover how they got there and what it's like at the top.

Julian Lousada became chair of the BPC in 2007. Back in the 1970s, though, he was a street worker with gangs in New York. His sense of the importance of a more relational world carried him through to train in psychiatric social work at Sussex University and the LSE, giving him access to a more psychosocial and psychodynamic orientation which led in turn to the teaching of social work. Subsequently he trained at the British Association of Psychotherapists (BAP, now the British Psychotherapy Foundation, BPF), served on its Council, and latterly became a member of the British Psychoanalytic Association (BPA). Following his training he worked as a senior member of staff in the Adult Department of the Tavistock and Portman NHS Foundation Trust and became the department's Clinical Director. He now combines his private practice with organisational work.

Helen Morgan began employed life as a physics teacher at a comprehensive school on a Bristol housing estate. However, she began to develop more of an interest in the behaviour of the kids she was teaching than in teaching her subject. After a break of a couple of years out on the hippy trail to the East, she began work at the Cotswold Community, a therapeutic community for adolescent boys, where she honed and developed her interest in the therapeutic discourse. Her experience here enabled Helen to access Jungian analysis, and analytic thinking which would later see her move to training in Jungian Analysis at the BAP, while working in adult mental health at the Richmond Fellowship, where she later rose to become its regional director for the South of England.

Leanne Stelmaszczyk: Do you think the challenges people face in terms of training are the same today as they were when you trained?

Helen Morgan: I think it's much more difficult to get the experience in order to get on to trainings today. By the time I was applying to train I had had a lot of

almost apprenticeship type work, which was well supervised; working with kids, working with adults, training supervision. It was not difficult at all to get work experience – albeit very low paid. I think the big problem now for people wanting to train, and I think there are a lot actually, that there is a big hurdle between where they are now and how they get the necessary experience and to find out, crucially, if they want to work in this field before entering trainings.

Julian Lousada: I think the other problem is that when we trained, there were places like the Cotswold Community and the Richmond Fellowship. There was a whole raft of applications of psychoanalysis, so people came and got interested in psychoanalytic thinking and training, having learnt about it in its application.

Today people come to a training because they are interested in psychoanalysis, but have very little experience of or imagination about its applications. When we trained, we trained in a period when it

was rather optimistic – it was in a period of growth.

Helen: An important part of that experience, when I think about it, is that when I went to the Cotswold Community at 28, I went full of ideals – I learnt very quickly just how dreadful and attacking and sadistic these children could be, and in turn how sadistic and attacking I could feel. That was such an invaluable experience to have, along with good supervision and containment, to be able to hit the worst in people and the worst in yourself; so that when you do come to training and working analytically, you have some idea of what Jungians call the shadow side of relationships and individuals.

'We trained in a period when it was rather optimistic, a period of growth.'

Julian: I think where you began is important, because I was also tremendously idealistic, but somehow it's the oscillation between knowing the limitations of idealism and the experience and exploration into the ideas of what's possible, rather than simply working with pathology. I very much value that kind of psychosocial, psycho-political history, and I think it's one of the things we share – that there is still a wish to connect, to keep in connection with, contemporary preoccupations, politics. Not in a Marxist way, but rather keeping it alive in the mind, and that comes from our histories and a period of time where there was a lot going on, including the overlapping of ideas between culture, psychoanalysis, politics and art. Now, it's a much more difficult period – it's a bewildering time, how can one understand the world?

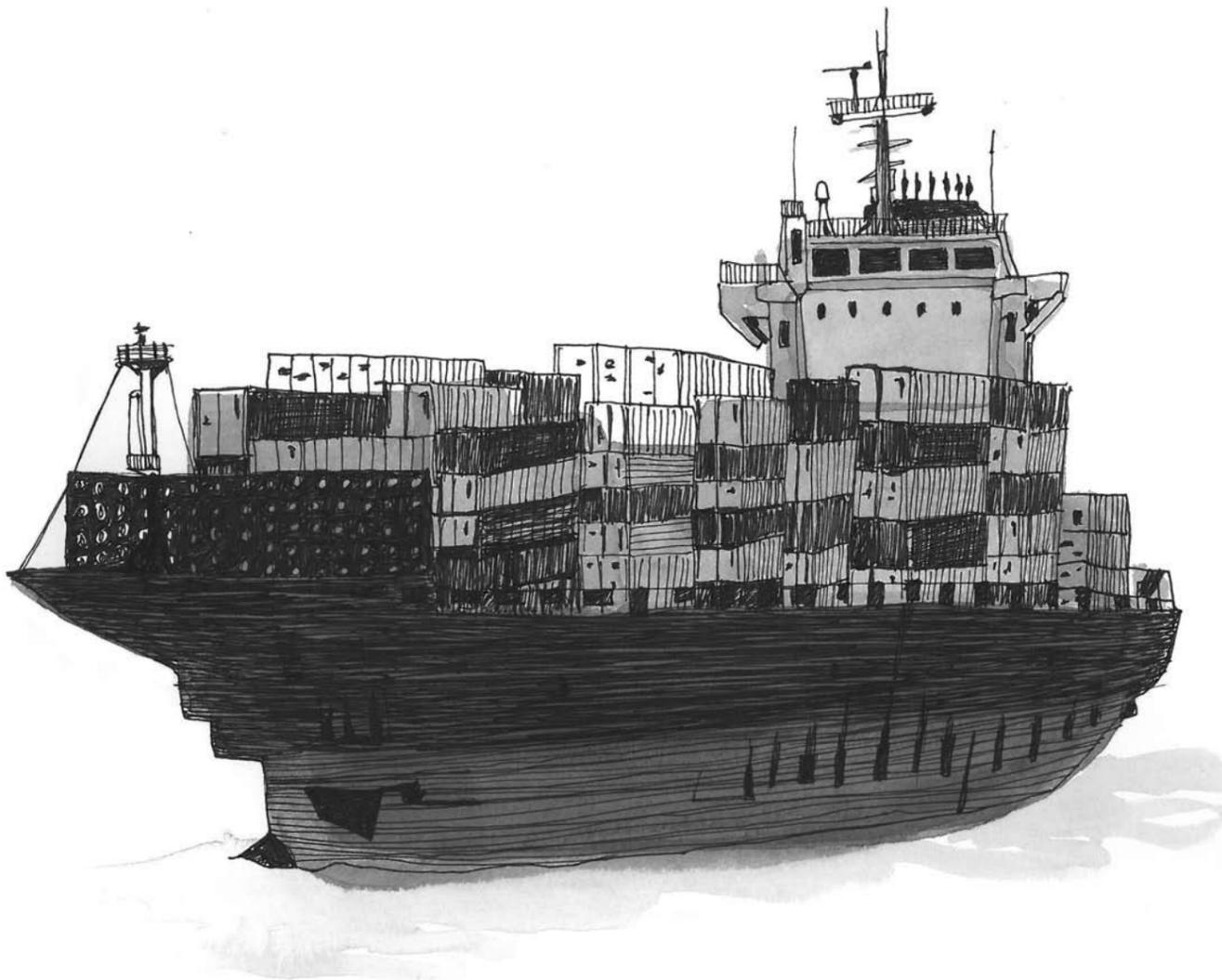
Having trained and worked in a period which was more buoyant and optimistic, where the profession was evolving and growing, do you think these experiences have led you to taking up the leadership positions you are in today?

Julian: I think what we share is a belief that organisations are necessary, and I don't think either of us became psychotherapists as a sort of flight from organisations – and it's almost certainly true that both of us had our arms twisted.

It certainly wasn't my ambition to be director of the adult department, or chair of the BPC. But in saying that, I think it's really important that if you take up these positions to believe in the value of organisation. I don't think we expose our candidates or trainees enough to thinking about what the function of an organisation is, and too many of our registrants and members don't like organisations. They like the membership of a club, but not the citizenship of an organisation – perhaps this is changing a bit, in the difficult period that we are in, and certainly it's part of the function of the BPC to try and encourage registrants and trainees to see the value in organisational life.

Helen: When I finished my training I swore that I would have nothing more to do with this profession. I thought it was conservative, limited and narrow minded. I had had a very good training in analytic work with individuals but I thought that there was so much missing around anything that was contextual, and I was going to have nothing more to do with it. But there is something I suppose about that commitment to organisations, and seeing organisations get it wrong – says she arrogantly! – but then you find yourself getting so frustrated with it and wanting to step in to try and address some of the issues and some of the conservative nature of the profession. I think too that there is a reality that I don't think this profession breeds good leaders, so there are often big vacuums; and when there are vacuums, it's hard not to step in to them.





Julian: I think one of the other tensions is our lack of defining or knowing whether our organisations are laboratories. We talk about scientific meetings for example, and it's very interesting, implying that there is this notion of an analytic laboratory. The post-war generation were absolutely brilliant, and were the most astonishing generation of thinkers in terms of this notion of a laboratory, generating ideas and developing analytic thought, but in terms of applying a social application to psychoanalytic thinking, there really was no need because this cascade of ideas seeped out of these sites up until around 1979 – but then psychoanalysis underwent an ambush – not that it couldn't have been predicted; the winds were at the time changing, but I think the leadership still have trouble trying to respond to this.

Is psychoanalysis just driven by training institutes for sole traders, or is it also more explicitly a social project? – I think trying to find out how it penetrates the social mind. For example, we are going through this great debate about refugees at the moment, and I wonder if any of the institutes think that we should put out a statement on it, or mobilise our memberships around this humane project. The question is, what does it do to us when we don't?

With regards to that example specifically, I think it comes down to that tension you were highlighting before: are we just providing trainings and clinicians, or are we a body of professionals that can and should feed into social discourse, and beneficially into other fields for the benefit of society? This example underlines for me that we are a professional community which has something valuable and significant to say, and can offer a deeper level of understanding of the impact such a humanitarian crisis holds for society and its citizens. The question to consider perhaps is: are we, or should we be, a

collectivised body of professionals who approach and comment on such issues?

Do you think these tensions are echoed in or inherent in the types of issues which stall the evolution or growth of organisations like the BPC, or are there other hurdles to be overcome?

Julian: It's a strange experience to be on the one hand congratulated on building the BPC, and on the other, it being kept as it were firmly 'below stairs'. There's an ambivalent recognition that there needs to be some overarching organisation for regulation, governance; but it's a bit like being trapped in the engine room without any access to the captain. I think there is though a genuine gratitude for what the BPC has achieved, but the issue is that that work has not been integrated yet – the captain doesn't come down and say how much coal have we got and how far can we get? For example, the strategic directions of the institutes are not explored, using what the BPC has learnt in its more public activity, and that's not a good use of the resource. I think we have learnt a lot by virtue of our being more present in the public domain, working with other service providers, regulators, politicians for example – it's a resource of knowledge.

One of the challenges is how one can be a member of two rather different organisations simultaneously. It's a problem, because people's identification is with their training institutes. So finding a way of being part of that and honouring that, and yet also being part of a larger umbrella organisation without it being or feeling contradictory, is difficult.

On the other hand, I don't feel pessimistic about this as there are sites of inclusivity such as the Future Strategy Working Group (FSWG) and *New Associations*, which offer platforms whereby one can

engage both as a serious clinician and as participant in the wider project of the BPC.

Another challenge is that our professional community are inherently competitive and hierarchical with one another and that is a big dynamic; there is no escape from it and we haven't yet found a way of working with that.

'It's a bit like being trapped in the engine room without any access to the captain.'

Helen, you have been privy to these challenges and indeed spearheaded a lot of initiatives and thinking through your work in the FSWG and on the BPC executive; are there any further challenges we face?

Helen: There is a large internal challenge for the BPC. There are a lot of challenges externally too, but what remains a difficulty is the relationship with the members.

I think another huge challenge is that we are in a period where a lot of the profession is demoralised, depressed and anxious. We can also be arrogant, and I think this combination has a hugely negative impact on our community. It also makes it very difficult to make the changes that are needed and necessary for the profession to survive and thrive.

I remain concerned that given the demographic and more importantly the low number of trainees coming through into the profession will ensure that our profession will continue to become

increasingly irrelevant and remain on the periphery of society. This ship is a very difficult one to turn around, but in saying this, we have done a lot and we are in a much better place than we were, even four years ago.

It feels like there is more clarity and exposure of some of the issues which pose the greatest risks to the development of the profession. None of which would cause surprise, like a lot of the things we have covered such as training access, provision of services, psychoanalytic thinking and its place in society, internal hierarchies and competition. But how do you feel we can we keep these issues alive in our minds in order to address and reconcile their impact?

Helen: I think as members of the leadership, we need to keep in mind not to harangue our members all the time on these issues, and be alive to the level to which our profession is already demoralised. We need to try and find more ways of including people, and of course some will never join up, but there are a lot of interested people out there. I think if we over lash people with these issues, we run the risk of people retreating even further. Practitioners are already feeling quite embattled, and I think we have to try to change the way we discuss and tackle these issues. In a way, we have to be able to be a bit braver and almost say the unsayable, publicly, so that our community know and feel that we aren't there to criticise or to undermine what we have, in light of what we are trying to achieve.

Julian: I think that's a very important point. We can't and should not be moralistic about that we know the way forward and the rest are just conservative. We have a great number of hard-working

Interview

Working collaboratively

This month sees the launch of an official collaboration between UKCP, BPC and BACP. Sarah Browne interviewed the chairs of each organisation on 18 June to discuss why this has come about and what they hope the benefits will be

Sarah Browne: Andrew, could you explain what it is you are announcing today?

Andrew Reeves: We are announcing collaboration between our three organisations. For many years, we've worked together informally in different areas and I think we are moving to a point where we need to formalise that a little bit; keeping our distinct identities, but identifying the common themes that we really do need to address. It feels like a very exciting step forward for a profession that is really starting to gain maturity.

Julian Lousada: I think what links our three organisations is the question of how you help a profession emerge and how it plays its part in the provision of services to the mentally distressed. I think one of the things that we are all very aware of is how important it is to have a range of responses to that distress. So we will be looking for ways that we can enter the contemporary discourse around mental health.

How will the organisations collaborate and how will they remain distinct?

Julian: This is a profession where there are all these modalities, but we share a discipline. We are all concerned with the quality of what our members deliver. Even though we might do the work slightly differently, we must convince the public and people who make policy that we are credible, disciplined, and that we deliver a service that is essential. Mental health policy, let alone practice, is highly contested. I think our collective voice is likely to be more powerful than our individual one.

Janet Weisz: I think that our organisations do have distinct identities. They have evolved differently, and therefore the identity of each organisation will remain and I think needs to be nurtured. The robustness of the three organisations and their diversity will be beneficial to the public and to the delivery of services.

Andrew: There is something very important in the distinctiveness of the organisations; because there isn't a one size fits all. People are individuals

with their individual distress and their individual experience. We all have an important contribution to make, and I think what we can do is contribute to a culture whereby clients and patients have choice about what it is they access and how they access it. For me that is crucially important.

Andrew, how do you think that the organisations working together will help potential clients?

Andrew: In a whole range of ways. Whether it's around professional standards, accountability, ethics, conduct, what we will do is further the work that we've done individually to create a robust profession that clients and key stakeholders, such as the NHS or third sector, can trust in. Fundamentally, for our clients or patients it's about being able to access a therapist absolutely trusting what they do and why they do it.

'The collaboration will give us a much stronger voice to say that mental health is as important as physical health.'

Janet: I agree that I think clients will benefit by knowing that they will be able to access a therapist from a group of organisations where there is a robustness from the training that they have gone through and in their ongoing professional development. I think that that will be very important for the clients to know.

Can we talk about where you all think the profession will be in ten years' time?

Julian: Well, that's a very difficult question. I suppose 'where' might mean where the profession is located – is it in the private or the public sector? I think all of us would argue that it needs to be in both but it's increasingly being pushed into the private sector. There are problems with that in terms of access for a whole range of clients. So if you ask where we will be in the future, my view is that together we can press home that debate and really influence policy, which frankly we've not done very well in my judgement. It's not that we've had no successes, but we need to be more robust in being clear about what sorts of policies we think are appropriate and where we can contribute.

Janet: I would like mental health to have absolute parity with physical health. I had a personal example recently where I was unwell and ended up in casualty. Every part of my body was checked, except for my mind. How did the doctors know that this wasn't something psychological rather than physical? So that's a small example of where I'd like the profession to be in five years, not ten years, and I think the collaboration between our three

organisations will give us a much stronger voice to go out there and say that mental health is as important as physical health.

Andrew: You can reverse the question and say where might we be in ten years' time if we weren't collaborating? And I think at best we would be in disarray and at worst that we might be pushed more and more into the margins. Picking up on the parity of esteem that Janet raised, I think it is absolutely fundamental that we all recognise that our emotional wellbeing is as crucial as our physical wellbeing. I find that when I ask clients how they take care of their emotional health, they look at me blankly, but if I ask about their physical health they'll reel off a host of things that they either do or don't do. And that's a cultural shift that needs to change. Counselling and psychotherapy have an enormous contribution to make, which at the moment, I don't think we do to best effect.

Julian: I think Janet puts her finger on a strong argument which is about the health economy; if you think about the price to the NHS of medically unexplained symptoms it is enormous, and everybody knows that these patients are presenting to A&E or to hospitals with very serious symptoms that have no physical explanation. There's clearly a substantial psychological dimension. We know in terms of the number of people presenting at GP surgeries, the cost is enormous. If psychologically minded people could actually work with these patients, all sorts of benefits would accrue.

So if there was one major change that could come from this collaboration what would that be?

Janet: I think for me it's got to be about improving access to and choice of therapy in primary care. I also think that we should be educating people about their emotional health and surely that should be in schools.

'Counselling and psychotherapy have an enormous contribution to make, which at the moment we don't do to best effect.'

Julian: One of the things that I hope will happen is that people trust the integrity of our endeavour. I would hope that all of our members have a look and say gosh, here's an organisation with various parts that we would want to get more active in.

Andrew: For me it would be about how treatment guidelines are developed and how evidence is used. I would like to see us develop even more sophistication about evidence, what that evidence means, how it is conceptualised, and its relationship with the development of treatment



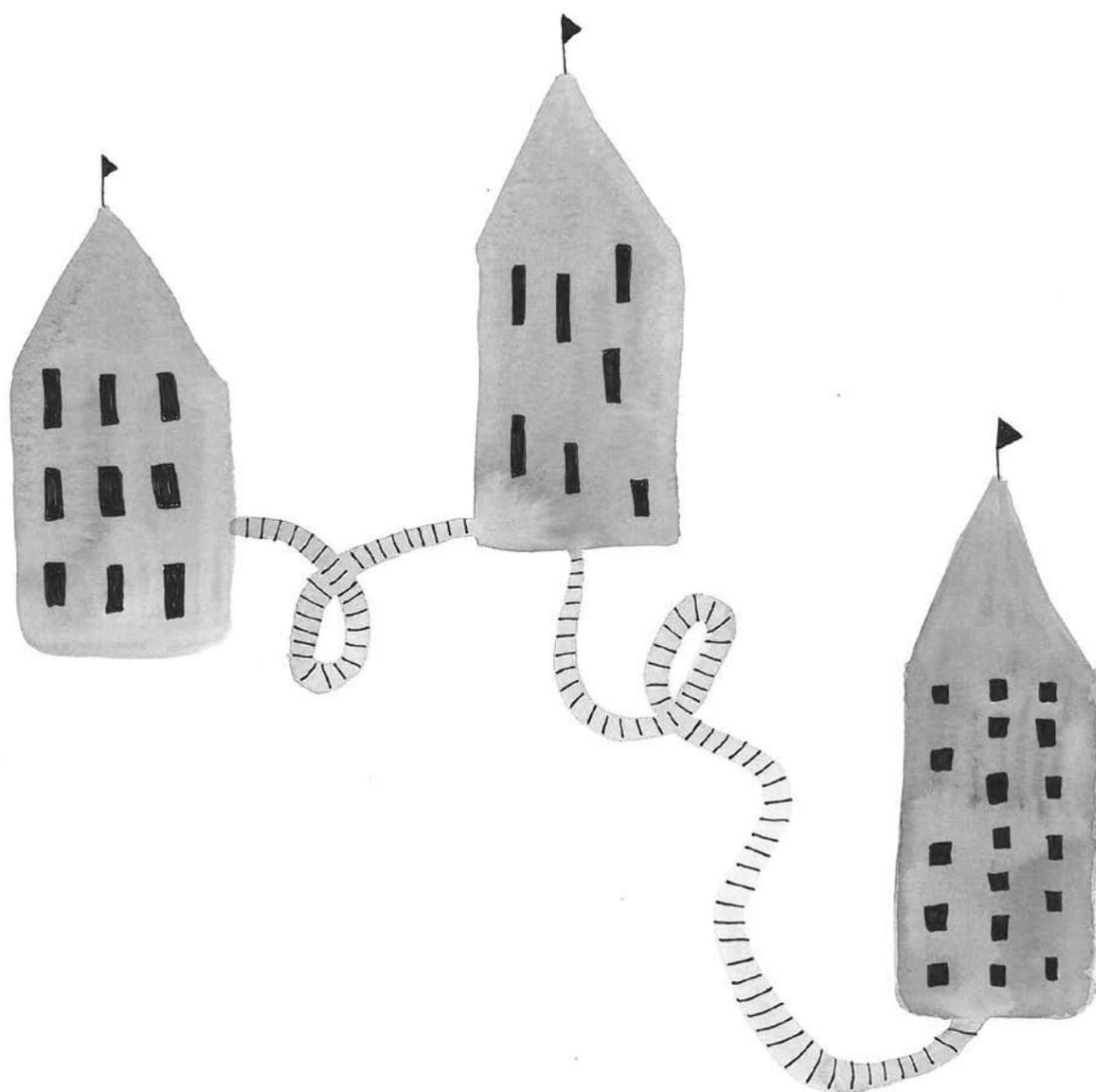
Andrew Reeves, Chair of BACP



Julian Lousada, Past Chair of the BPC



Janet Weisz, Chair of UKCP



guidelines. I think that we need to be seen to be professionals who are developing practice-based evidence and evidence-based practice informed by client voice and client experience.

In a way it's a moral choice I think, isn't it, to collaborate and to do the best that you can for the public and for people suffering from mental health problems?

Andrew: It's a moral and ethical imperative, actually. We can talk about whether we should or shouldn't, or whether we have a choice to collaborate – for me there is no choice here, this is what we have to do, not for our own gain, but this is about promoting and supporting something that actually saves people's lives.

Julian: We all keep saying we agree, and we do. But I do think we are swimming against the tide. People talk very easily about a relational world and that's what we all stand for, but actually what makes somebody feel better about themselves is the quality of their relationships. We live in a world which is increasingly fragmented, where the glue of family and social life is much less gluey than it was.

So what do you think are some of the specific challenges that the profession are facing at the moment?

Janet: I think some of the challenges are around the reduction in services, in both primary and secondary care – I think alongside that, with an increase in awareness of mental health and ill health, to have a reduction in services creates a deep imbalance. We know that people struggle and suffer with mental health issues and I think that there is a long way

to go in improving access, waiting times, the choice of therapies and to the different client groups.

Julian: I think one of the big challenges is that we have a reputation for being dominated by middle-class issues, and I think we haven't done enough to change this. We haven't done enough to show that we understand that there is a mental health consequence to different types of lived experience. So we have a lot of work to do to demonstrate that we are relevant to people from all walks of life with all sorts of issues.

'We have a lot of work to do to demonstrate that we are relevant to people from all walks of life.'

Andrew: The reduction of mental health services in the statutory sector, in the health service, puts greater pressure on the voluntary sector. Organisations delivering really high quality services, but with even less funding, are being squeezed and closed down. If I want therapy I might not choose to do that through my GP or through a health service, I might want to do that through an organisation that is much more embedded in my community and understands me as an individual. I think this contributes to a culture where our mental health or our emotional health is kind of dispensable, so that's a really challenge and a real problem that we have to grapple with.

Julian: Can I just emphasise that point, because we live in a moment where there is a sort of rhetoric about wellbeing and mindfulness and happiness and so on, but at precisely the time when all the services that Andrew has just been describing are losing their funding. Now that is a real problem, and it's the sort of problem that breeds cynicism which further undermines people's confidence that politicians mean what they say, that they are going to invest in parity of esteem when it's manifestly not clear they are doing so.

Janet: And just a slight tangent to that, but not dissimilar, is there may be people who will choose to want to access psychotherapy or counselling in the private sector, but if they're being offered antidepressants as the 'treatment of choice', they may take that instead of thinking about whether some form of counselling or therapy would benefit them as much, maybe more so. So I think it's the medicalisation and the antidepressant culture that has grown.

Thank you all, and I'm sure these debates will carry on ■

Sarah Browne is Editor of Therapy Today

If you'd like to find out more about our collaborative project then you can visit any of the organisations websites.

View the podcast at www.bpc.org.uk/news/new-era-collaborative-working-bacp-and-ukcp

News

continued from page 5

- After two years of follow-up, depressive symptoms had partially remitted in 30% of those receiving the psychoanalytic therapy; in the control condition this figure was again only 4%
- Those receiving the psychoanalytic psychotherapy also saw significantly more benefits to their quality of life, general wellbeing and social and personal functioning
- Some patients did not benefit and research is ongoing to identify the reasons underlying the differences in responsiveness.

The paper has been published in the open access journal *World Psychiatry*: <http://onlinelibrary.wiley.com/doi/10.1002/wps.20267/pdf>

Psychoanalytic Psychotherapy seeks Assistant Editor

The Association for Psychoanalytic Psychotherapy in the NHS are looking for an Assistant Editor for *Psychoanalytic Psychotherapy*, to start January 2016, to assist the Editor in Chief, Jessica Yakeley.

Psychoanalytic Psychotherapy, the journal of the APP, is devoted to clinical, professional and research papers across the lifespan about work and developments related to psychoanalytic psychotherapy in the public health and voluntary sectors.

The position of Assistant Editor brings with it an honorarium of £3,000 per annum. Duties include assisting and supporting the Editor in screening and editing manuscripts, facilitating the peer-review process, journal production and proofreading, arranging and taking minutes at Editorial Board meetings, liaising with authors and reviewers, and attending APP Council meetings.

If you wish to discuss the post further, please contact the current Assistant Editor, Laura Allison, at lauramallison@gmail.com or the Editor, Jessica Yakeley, at [jyakeley@tavi-port.nhs.uk](mailto: jyakeley@tavi-port.nhs.uk).

The job description and person specification are available from the APP office (see below).

Application is by CV, plus covering letter, setting out your experience and background, and why you feel you are suitable for this position.

Please send your application to: Janaki Hemaratne, APP, Suite 7, 19-23 Wedmore Street, London N19 4RU. Telephone 020 7272 8681 or email: app-nhs@btconnect.com

The closing date is 30 October 2015. Interviews will be mid-November 2015.

Taking the lead

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and decent professionals who have reasons for their caution and conservatism – it's tremendously complicated.

I was just brought back to what we were discussing before about our idealistic routes into the profession which reminded me of an experience I had at the recent PP NOW conference with two young black clinicians, both deeply impressive and from counselling backgrounds. The sensitivity and intelligence these people possessed highlights exactly what our profession is losing out on – young, bright and able people, beginning as we began – how can we bring them in to our purview and help them develop? It's as if all of our interest is held at the postgraduate, scientific and psychoanalytic level. We know that many think we are an elitist, stuffy, middle-class and middle-aged profession, lacking in diversity and cautious of immaturity. It was my and indeed Helen's immaturity which led her to work a 90 hour week; but the difference is we were held, nurtured, contained. If we can't attract idealistic kids, like we were, then we are in trouble.

Helen: I and others have been doing talks at the BAP introductory training open day for years, and it's always packed with a young diverse group of people from all different routes of training and interest; and when you talk to them individually you think, how do you get them from where they are now into a training? There are of course courses they can do, but there is such a distinct lack of places to offer that grounding work and experience – which of course is a side-effect of the industrialisation of social work and health care in general.

We are talking a lot about the access issue, which of course is tremendously important, but I am wondering if you think some of those same issues around the lack of containment for potential new clinicians can apply to some of the gaps in engagement with our own registrant body. Is it just too much right now to bear to think about what the present is and what the future holds?

Helen: I don't know if that is a particular issue within, say, the member institutes; I think people find that sense of containment within working within professional committees for example. All committees experience trouble getting people onto them, but there are colleagues who do enjoy working within these groups. There is also a way though for the leadership within the member institutions to lead in a certain way which brings people together. But it's much more difficult to do this at the BPC as we can't do it as personally, partly because of the diversity of practitioners. There are sites

of growth, though: for example, our task groups tackling a whole range of issues* were very well populated.

Julian: I think there is a growing appetite – I think examples like the task groups serve to highlight to registrants that there are places where you can come and address contemporary issues. But the question remains, how can we translate that excellent work and thinking into the organisations? People can easily feel cynical and demoralised. It should be implicit, due to the Council's own sanctioning of such groups, that the work and the learning achieved is readily engaged with and taken up by our Council. The reciprocity, by no means absent, isn't as strong as it could be, but this is work in progress; what is it that we can learn from collaboration?

Helen: For example, I just received a draft document from the Severnside Institute of Psychotherapy on some work they have been conducting in the area of diversity, and it's brilliant. What I want to do is see how we can collaborate across member institutions and learn from each other. There are lots of examples of different initiatives taking place.

We have covered a lot on the issues facing the profession. Understandably these are at the forefront of what must be addressed, but I am also interested to hear a little about the aims, hopes and dreams for the BPC.

Helen: I don't know that I have a grand vision for the BPC. I've sort of given up having grand visions! I feel certainly at the moment attention needs to be paid to the work around our review of the complaints procedures and our general regulatory function, ensuring that the leaderships of the member institutions are really on board and working with us on that, and I feel that that is a sort of year's hurdle to get over. I think once this area of work is established, we can begin to look at developing our collaborations and networks with others, unified with a strong professional voice around lots of the things we have been discussing. I also want our voice to become more assertive and heard within the public domain.

Julian: One thing that I would want to work towards, if I were staying, would be the abolition of the differentiation between psychoanalytic and psychodynamic. I think it's offensive, I think it's inaccurate. We are the British Psychoanalytic Council and we register people at different levels of training, and I think to humiliate the psychodynamic in order to promote psychoanalytic is a terrible own goal. There are more people who are, and who are going to train to

become, psychodynamic psychotherapists and counsellors than there are who will ever be psychoanalysts, and we should be working with them and cherish them. I think I didn't cathect the project strongly enough.

Another might be learning more about how we can win and attract contracts to deliver services, how to develop relationships with GP commissioners. If we could learn to do that with our member institutions, to help them and their members sell their services, that would be a great benefit. I think the regulatory aspects are really fundamental and need to be worked on, but of course there is ambivalence within the wider membership, and predisposition to think that we are just going to be bureaucratic.

'If we can't attract idealistic kids, like we were, then we are in trouble.'

Helen: The regulatory side is important, but it's not why I came on to the Executive. My passion remains in the developing collaboration with our members and member institutions and engaging with society to increase diversity and people coming into the profession. I want to go to a conference a see a sea of faces from all sectors of society, member institutions which welcome trainees and members from all sexualities, and I want to have a part to play in achieving that. Agreeable, its slow work, but we can get there.

Julian: Talking of conferences, the brand of the PP NOW conference is important. It's a large conference and attracts a diverse crowd and we don't exploit this enough.

And finally, what does the BPC mean to you?

JL: It's been full of some very decent people. We can at times sound awfully disappointed in our colleagues, but actually the BPC illustrates to me that in spite of all of our difficulties there are a lot of decent, intelligent, thoughtful people in our community. If the BPC can provide some leadership for their enthusiasm, their optimism, then that's a good job done. The BPC is very close to my heart. I was thinking how different it would feel if I wasn't handing over to somebody I admired as much as I do Helen. It feels really important, and I hope that I, in due course, support her as much as she's supported me.

Helen: I am reminded, looking back over what we have been discussed today, of the Psychoanalysis and Public Sphere conferences. They brought two things together that are very important to me: politics and analytic thinking. In a similar way, at its best the BPC can offer strong support to and promotion of psychoanalytic thought, as well as the opportunity to engage with and influence the external world ■

* **The BPC task groups**, established in 2013, were created to focus on specific areas of work. Each of the groups consisted of registrants and trainees who have a particular interest and expertise in the area concerned and are willing to be involved. Some of these groups were short term and related to a particular need; others are more long standing groups.

The groups' aims were to deliver agreed tangible outputs within agreed timeframes. A list of the groups are as follows:

1. Collating and effectively communicating the evidence base for psychoanalytic psychotherapy.
2. Developing our policy on how we can support and develop psychoanalytic training and work throughout the UK.
3. Developing our policy on making the profession more accessible to people with different sexual orientations:
4. Developing a profession that is inclusive and relevant for a culturally and ethnically diverse 21st century society.
5. Developing our policy on how psychoanalytic psychotherapy can be integrated into wider NHS mental health services.

Leanne Stelmazczyk is Editor of New Associations and the BPC's Development officer

Obituary

Keeping Freud's house safe

By Brett Kahr

A memorial tribute to Alexandre Bento (1948-2014)

ON 10 JUNE 2014, Alexandre Bento, the long-standing caretaker at the Freud Museum in London, died of cancer, at the age of sixty-six years. As custodian of Sigmund Freud's home, Alex greeted virtually every visitor at the front door; and as such, he not only cared for this landmark house and museum, he also provided each psychoanalytical pilgrim with the warmest of welcomes. Through his role as custodian of this Freudian 'Mecca', Alex held the distinction, one suspects, of having met more members of the international psychoanalytical community than any other person in history.

Born on 1 April 1948, Alexandre Bento grew up in Arruda dos Vinhos, a hot vale tucked away among the mountains outside Lisbon, Portugal. At the age of sixteen years, while working as a motorbike courier for the Portuguese electricity company, Alexandre had an accident which required hospitalisation; and during his convalescence, he met a young volunteer, Maria Filipe, with whom he fell in love. The couple married in 1969. Having no siblings of his own, Alex now found himself happily wed to a woman with eleven brothers and sisters, and he soon became well integrated into his new wife's large clan.

Keen to escape the impoverishment of rural Portugal, the young Bento couple emigrated to London in 1971, eager to expand their economic prospects. Neither Alex Bento nor his wife spoke any English, but, nevertheless, they possessed sufficient courage to undertake this bold change of country and culture. Before long, both found employment at the Otto Schiff House, a Jewish nursing home in Swiss Cottage, round the corner from Maresfield Gardens, where Alex became head of maintenance and Maria became a chef in the kitchen. During their twelve years working at the Otto Schiff House, Alex and Maria learned a great deal about Judaism and about the care of the elderly. Alex eventually came to consider himself an honorary Jew – perfect preparation for his ultimate position at the Freud Museum.

We do not know precisely how Alex met Anna Freud, his future employer. He may have known her from the local

neighbourhood. But ultimately, he came to make her acquaintance, as he and Maria had enrolled their eldest child, Gina Bento, born in 1972, in Miss Freud's nursery on Maresfield Gardens. Manna Friedmann, the head of the nursery, would sometimes enlist Alex's skills as a maintenance man to do repair work at 20 Maresfield Gardens, then inhabited by three frail, elderly ladies: Anna Freud, her companion Dorothy Burlingham, and the loyal Freud family housekeeper Paula Fichtl who had emigrated to London with Sigmund Freud in 1938. Alex had already developed a reputation in the Swiss Cottage community as a trustworthy handyman; and Miss Friedmann invited him into Maresfield Gardens to change light bulbs for Miss Freud and to perform other tasks, including caring for the exterior of the house which had become dilapidated and overgrown with ivy. Alex proved so indispensable to Miss Freud, that before long he began to spend evenings at Maresfield Gardens to provide extra care and support for the aged ladies and to look after Miss Freud's precious chow Jo-Fi.

Alex developed a deep loyalty to, and affection for, the daughter of Sigmund Freud, and he treated her with great respect, always referring to her as 'Miss Freud'. He found her kind, gentle, and polite. And he soon joined Anna Freud's 'team', and became highly immersed in the Freud orbit.

After Miss Freud's death in 1982, her long-term American friend and colleague Dr Muriel Gardiner worked tirelessly to turn 20 Maresfield Gardens into a Freud Museum. Manna Friedmann recommended Alex Bento as the ideal candidate to become the caretaker. Both Alex and Maria had strong doubts about taking up a position at the incipient Freud Museum, as they already enjoyed stable, full-time posts at the Otto Schiff House, and they had no guarantee that the Freud Museum would offer any long-term financial security; but after careful reflection, Alex assumed the great responsibility of helping to open the museum, a project which required nearly four years of intensive labour, creating a museum virtually out of thin air!

Alex Bento took up permanent residence in Miss Freud's house in November

1982, one month after the death of the eighty-six-year-old pioneer of child psychoanalysis. From his new quarters in Freud's old bedroom, Alex supervised the extensive refurbishment necessary to transform a private house into a public museum, helping to strip out all of the old electrics, install security systems, and supervise the many contractors who would come to work there over several years. The preparation included not only building works, but also the conservation of Sigmund Freud's collection of antiquities, and the preservation of precious historical documents.

'Alex provided each psychoanalytical pilgrim with the warmest of welcomes.'

From 1986 until his retirement as head caretaker in 2014, Alex worked closely with all of the museum's successive directors: David Newlands, Richard Wells, Erica Davies, Michael Molnar, and eventually, its current director Carol Seigel. During this time, Alex earned much affection from the many staff members of the museum, appreciated for his generosity, his reliability, and for his supreme diplomacy.

As caretaker, Alex not only welcomed every visitor to the museum but he also cared for the building with meticulous detail and ensured the welfare of the physical premises and of every object within, keeping Freud's priceless antiquities – on open display – safe from thieves. In this respect he acquitted himself magnificently, and maintained an attitude of non-intrusive vigilance which shielded the museum from any anti-social acts.

After many years of dedicated service, Alex became ill with cancer; and regrettably, he had to stop work and retired with his wife to his native Portugal for medical care. He terminated his employment officially in January 2014.



Photo courtesy of Daniel Bento

Having spent more than thirty years at the Freud house, Alex Bento had a huge capacity for loyalty. And he inspired similar loyalty and devotion in his family. His daughter Gina da Silva has worked at the Anna Freud Centre for more than twenty years, and continues to do so, looking after the needs of the many delegates who attend regularly for conferences and events; and her husband Francisco da Silva works hand-in-hand with Daniel Bento as joint caretakers of the Freud Museum. Collectively, the Bento and da Silva families have kept Maresfield Gardens safe and well cared for since the early 1980s.

I first had the privilege of meeting Alex in 1986 when I went to work at the museum, and I enjoyed many more encounters with him over the intervening years. He always impressed me as a warm-hearted, sane, dedicated, and compassionate person: the sort of individual that one would happily describe as a true gentleman. He always greeted me in the most friendly and helpful manner, as he did all the many hundreds of thousands of visitors who came to Maresfield Gardens from all over the world. He set a tone and an atmosphere of graciousness which both his son Daniel and his son-in-law Francisco continue to provide to this day.

A beautiful inscribed wooden bench in the back garden of the museum now commemorates Alexandre Bento. He has literally become part of the furnishings of psychoanalytical history, along with Sigmund Freud's couch. According to Daniel Bento, Alex regarded himself not only as a custodian of Freud's house but, also, of Freud's legacy, convinced that the cleanliness, tidiness, and warmth of the museum represented in many ways the very integrity of Sigmund Freud.

We shall miss Alexandre Bento greatly, a man to whom we owe an incalculable debt ■

Brett Kahr is a Senior Clinical Research Fellow at the Centre for Child Mental Health in London, and Honorary Visiting Professor in the Department of Media, Culture and Language at Roehampton.

Obituary

Oliver Sacks: explorer and storyteller of the mind

By Malcolm Allen

IN AN AMBITIOUS and erudite new book *The Invention of Science*, David Wooton traces the link between geographical exploration and scientific discovery. When Columbus discovered America, he had no word to describe what he had done. The Portuguese word *descobrir* had only just been acquired and was too late for Columbus, who used the Latin verb *invenio* (find out) to announce his achievement. Wooton argues that before 1492 it was assumed that all significant knowledge was already available; the discovery of America demonstrated that new knowledge was possible. The way to modern science had been opened up.

This connection would not have been lost on Oliver Sacks. In *The Mind's Eye* he recalls his childhood love of reading Prescott's *Conquest of Mexico* and *Conquest of Peru*. His last memoir *On the Move* recounts how, as a young man, he travelled the length and breadth of North America by foot, train and motorbike.

'I had always liked to see myself as a naturalist or explorer,' Sacks wrote in *A Leg to Stand On*, 'I had explored many strange, neuropsychological lands – the furthest Arctics and Tropics of neurological disorder.'

But, as everyone now knows, on 30 August, to paraphrase Engels's graveside eulogy to Marx, one of the greatest living explorers of the mind ceased to explore. Oliver Sacks died at the age of 82, six months after disclosing a diagnosis of terminal cancer in an unforgettably poignant article in *The New York Times*.

Freud drew on similar imagery: 'I am nothing but by temperament a

conquistador – an adventurer, if you want to translate the word – with the curiosity, the boldness, and the tenacity that belongs to that type of being.' It was one of many points of connection between the two men.

If there were two giants on whose shoulders Sacks stood they were Freud and Alexander Luria, the great Soviet neuropsychologist. Sacks was overjoyed to receive a letter from Luria praising him for reviving the lost tradition of clinical case studies within neurology and psychiatry. He puts this alongside Luria himself, having set up the Kazan Psychoanalytic Association at nineteen, getting a letter from Freud. It was as if a sacral calling had been transmitted down through these letters.

'He believed psychoanalysis saved his life many times over.'

All three were neurologists. All three were committed to the evidential disciplines of science. And all three insisted that their scientific endeavour was at its heart about real-life human beings, what Luria called, approvingly by Sacks, Romantic Science. It was perhaps for this insistence that Sacks's work was often dismissed or ignored by the neurological establishment.

But, for Sacks, science was still science: a process that continually makes hypotheses, investigates, and is prepared to throw out a hypothesis. He liked to quote Thomas Huxley's phrase 'the slaying of a beautiful hypothesis by an ugly fact.' Unlike the philosopher Colin McGinn, who called himself a 'Mysterian' because he felt that the human mind was incapable of forming any adequate concepts of the relation between brain and mind, Sacks suspected that the brain-mind problem would 'turn out not to be a real problem at all.'

This passion for rigour led him to join the fifty scholars who signed a petition in 1995 complaining of the insufficiently critical stance taken by the planned Library of Congress exhibition on Freud. Sacks later distanced himself from the affair, saying that 'No one who knows me could imagine me as an anti-Freudian.' In fact, he contributed an adept piece, *The Other Road: Freud as Neurologist*, for the reorganised show's catalogue in 1998.

He once told Melvyn Bragg (in *On Giants' Shoulders*): 'It is the psychological theories and insights (of Freud) which remain especially pertinent to neurology. I think neurologists have to have a clear idea of the structure of dreams, of fantasies, of repressions, of the unconscious, of fixations, of complexes, because these things occur in their patients as well and clearly these things probably have a basis in neurology. Freud himself attempted to give us a sort of neurology of the mind in 1896 but then he gave that up and realised it was far too early. But now a century later I think that Freud's idea for



a neurology of the mind is beginning to become possible.'

The only time I met Oliver Sacks was at the first International Neuropsychanalytic Congress in 2000 at The Royal College of Surgeons in London, where he gave both the opening and closing address. The conference marked the beginning of a concerted scientific endeavour to open up the very possibility that Sacks alluded to above. Sacks explicitly posed the question of how much of Freud's theoretical architecture might survive the emerging discoveries of modern neuroscience. He speculated, as I remember, that it would be around 60%. This was of course a more generous estimate than Freud himself provided when, always prepared to submit to the magistracy of the evidence, he predicted that such discoveries 'may be of a kind that will blow away the whole of our artificial structure of hypothesis.' Pleasingly, Sacks made a point of staying, as he often did, at the Colonnade Hotel where Freud briefly lived during the renovation of the house at Maresfield Gardens.

Sacks's relationship with Freud and psychoanalysis was more than just theoretical. He went to see Leonard Shengold, a New York analyst, in 1966 in a dangerous state of addiction to amphetamines. He kicked the drugs one year later and continued to see Shengold for the rest of his life. He believed psychoanalysis saved his life many times over. 'Above all,' Sacks wrote, 'Dr Shengold has taught me about paying attention, listening to what lies beyond consciousness or words.'

It was this quality of paying attention that marks his special contribution, the one which Luria celebrated: the art of what Sacks called 'clinical biographies or case histories of a sort.' It was John Maynard Keynes's *Essays in Biography* that provided, in his first term at Oxford, a sort of inspiration and template for this genre of writing. His mastery of this form was another shared achievement with Freud and Luria.

His study of the fine grain of his patients' neurological conditions was meticulous, invoking the paradigm that Carlo Ginzburg explores in his essay *Morelli, Freud and Sherlock Holmes: Clues and Scientific Method*. In the 1870s, the art connoisseur Giovanni Morelli totally changed the method of attributing the authorship of a painting: by focusing not on the most obvious – and easily imitated – features of paintings, but on the minor details such as earlobes or fingernails. Ginzberg compares this to Sherlock Holmes's fictional use of clues and to Freud's interpretive use of seemingly marginal and irrelevant details. Oliver Sacks continues this tradition of building clinical pictures up from the tiniest of details.

But, more importantly than this, Sacks's clinical scholarship positions the study of

the patient totally within the context of their lived life. He sees the world through their eyes. In this way, his patients – people with Tourette's, aphasia, amnesia, autism – emerge as heroes through their courageous struggle to adapt, to retain their identity and sustain their capacity for growth. The gift to his readers is to lessen the fear and perplexity people often have when faced with such unusual conditions bringing home the truth that his patients are simply struggling, as we all are, with the difficult human task of living a life.

He lets their lives touch ours through the sheer power, passion and vividness of his writing. W.H. Auden famously described *Awakenings* as a masterpiece. And he loved the act of writing: 'I am a storyteller, for better or worse. I suspect that a feeling for stories, for narrative, is a universal human disposition, going with our powers of language, consciousness of self, and autobiographical memory.'

Sacks shied away from the role of public intellectual. In *The New York Times* piece talking about his impending death he hints at his interest in political issues: 'I shall no longer pay any attention to politics or arguments about global warming. This is not indifference but detachment — I still care deeply about the Middle East, about global warming, about growing inequality, but these are no longer my business; they belong to the future.' But he never seemed to write about any of these things, including living through Stonewall and its aftermath without coming out as a gay man.

He only publicly referred to his homosexuality this year in *On the Move*. Sacks once agreed to let Lawrence Weschler, a staff writer at *The New Yorker*, write a biography. He recounted 'scandalous tales' of his many sexual encounters mainly to encourage Weschler to concur in his estimation that homosexuality was 'a disfiguring canker on his character.' Weschler did not concur and the biography was never written. But his mother's lacerating accusation years before that he was an abomination cut deep.

The tales belonged to his younger years and Sacks was single – and celibate – from the age of 32 to 77. But for the last five years of his life, he finally found love with the science writer Billy Hayes – 'a great and unexpected gift in my old age, after a lifetime of keeping at a distance.'

Sacks was – as you would expect – deeply excited by and committed to the rapidly developing interdisciplinary science of the mind and brain. The chapter 'A New Vision of the Mind' in *On the Move* describes an engaged dialogue with an array of key contributors: Semir Zeki, Ralph Siegel, Francis Crick, and Gerald Edelman. He is particularly attracted to Edelman's picture of the brain 'as an orchestra, an ensemble, but without a conductor, an orchestra which makes its own music.' He contrasts this with the many current 'shallow, irrelevant

computer analogies.' 'Edelman's theory,' he says, 'was the first truly global theory of mind and consciousness, the first biological theory of individuality and autonomy.'

But Sacks understood these are still early days for this emerging science. And he was clear that a confluence of neuroscience and psychoanalysis was an indispensable part of the picture. He told the 2000 conference (described above): 'It has been little more than a century since Freud's "Project" and the beginnings of psychoanalysis, and I think it won't be quite that long until the coming of a profound and almost unimaginable union of sorts, between neuroscience and psychoanalysis, between the outer and the inner approaches.'

'He was clear that a confluence of neuroscience and psychoanalysis was an indispensable part of the picture.'

Critical friends from the scientific community like Sacks pose a compelling challenge to psychoanalysis by their appeal to become full partners in this new investigative adventure. We can too often be Sunday drivers when it comes to intellectual and scientific partnership. Psychoanalytic versions of science (in our 'scientific meetings', literature and training curriculums) can often feel more like a closed, self-referential and empirically immune universe of 'learned

discourse'. Will psychoanalysis in the coming years be able to embrace this challenge, be seen to break out of its self-imposed isolation and fully engage in this collaborative quest for new knowledge?

As chair of the BPF, I regularly visit our offices at 37 Mapesbury Road, the house where Oliver Sacks grew up so evocatively described in *Uncle Tungsten*. I love a stereoscopic photo of the street corner that he took from his bedroom window at the age of twelve, later drawing a connection with various theories of visual consciousness.

I gaze at the red stock brick that Sacks imagined 'as being old red sandstone from the Devonian age' before going through the 'beautiful and mysterious' front door with its 'stained glass panels of many shapes and colours'. I make my way to one of the rooms with their 'magical or sacred quality.' Sometimes this is the library where, as in my own childhood, 'extreme passions developed over Monopoly.' I flick away the thought that a game might be more fun than the committee meeting about to start.

A professor in Canada once gave him this advice: 'Travel now by all means... but travel the right way.' Oliver Sacks journeyed across countries and continents, and never stopped exploring the intricate topography of the human mind and brain. Above all, he has traversed so many lives, first and foremost those of his patients, then of his fellow professionals in a wide sphere of disciplines, and finally of his millions of enthusiastic readers ■

Malcolm Allen is Chair of the British Psychotherapy Foundation.



Life as a therapist – how to survive!

28 November, Lift Islington, 45 White Lion Street, London, N1

Marie Adams, Elizabeth Cotton, Deirdre Dowling, Monica Lanyado, Helen Morgan, Alison Roy

This BPC-ACP join workshop will focus on some of the perhaps more difficult to talk about themes around the unique particular stresses that working as a therapist can bring, such as professional isolation, dealing with work-life balance, coping with depression, and precarious work environments. We will look at theoretical interpretations of these stresses, as well as current research into the impact that working as a therapist has on our daily lives.

There will be a range of breakout sessions, such as practical skills workshops about surviving work, and transitioning from becoming a trainee to a professional, live reflective practice groups, and meditation.

This event will be focused on real practice issues and will be of interest to qualified practitioners and trainees alike.

See www.bpc.org.uk/event/life-therapist-how-survive

Reviews

Reflections on the Aesthetic Experience: Psychoanalysis and the Uncanny by Gregorio Kohon

Routledge/The New Library of Psychoanalysis, 2015
Review by Julian Lousada

Some years ago, I worked with a feral group of adolescents who, whilst on a trip out of the city, set up by chance their tents alongside a peace camp. The invitation to go and see a play was met with derision. However, the prospect of free beer made them reconsider. Their initial contempt for the play and the players was disturbed by being invited to participate in an improvisation. Far from being simply disruptive, in line with their habitual conduct, the teenagers found themselves inexplicably involved – understanding the improvisation, excitedly having thoughts about it and above all, engaging. The unexpected invitation led to an experience in which something disrupted and disturbed their usual states of mind. The new experience faced them with a inner realisation – that they had minds and feelings which put them with a new potentiality of engagement with others in a meaningful way. In spite of their habitual alienation, they were unexpectedly drawn out of their usual position and into one of human and valued contact. Kohon's book covers a similar terrain which involves the potential of 'disruption', 'disturbance' and 'the unexpected.'

This book is exciting and challenging. Looking at the contents page I was struck by its ambition and reach, stretching in

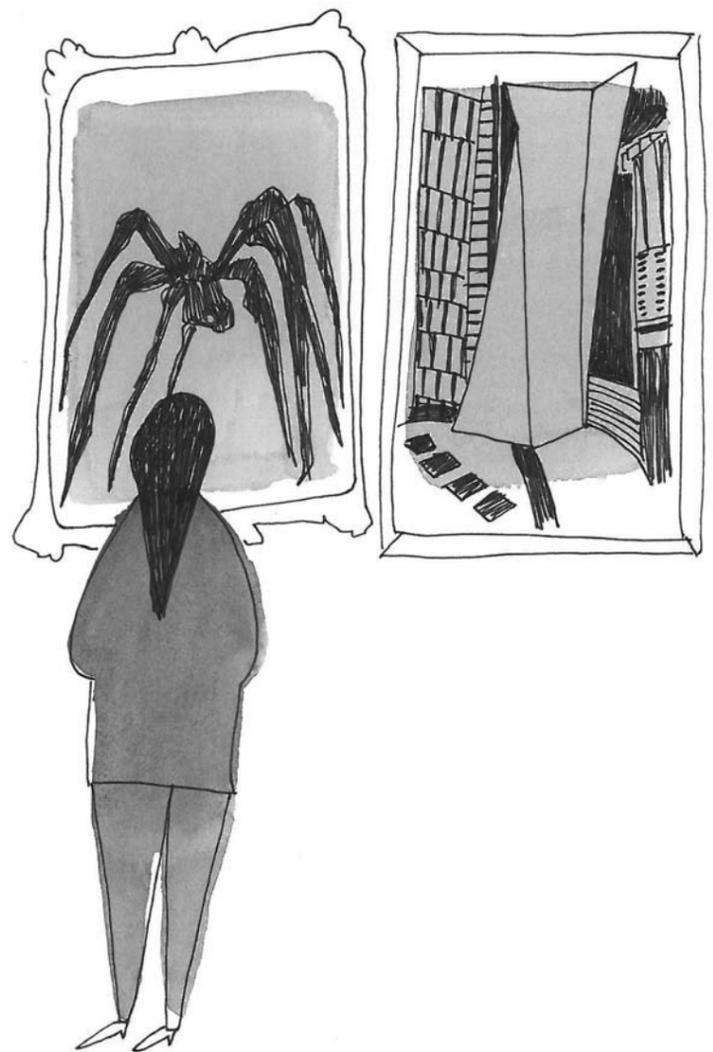
eight chapters from Louise Bourgeois to Franz Kafka, Jorge Luis Borges, Juan Muñoz, Anish Kapoor, Richard Serra, Edvard Munch and Willy Brandt – all the while exploring the terrain shared by art and psychoanalysis. The emphasis is on the word *shared*.

From the outset, Kohon states: 'Psychoanalysis and the aesthetic share a task of making a representation of the unrepresentable, but they are separated by their own individual and contrasting ways of making the attempt. Art and literature have the capacity to *create* something unfamiliar within the familiar reality; psychoanalysis *reveals and identifies* the unfamiliar already present in that apparent reality' (p. 20).

'Psychoanalysis and the aesthetic share a task of making a representation of the unrepresentable.'

Kohon is not using psychoanalysis as an explanation of the work he investigates; rather, he wants 'to explore how, in the perception and appreciation of art and literature, the viewer or reader is confronted by an emotional disruption provoked by the object, threatening the natural distinctions by which we normally live' (p. 2). He offers the fascinating idea, informed by his psychoanalytic understanding, that 'A crucial dimension of uncertainty appears to be demanded by the aesthetic object' (p. 2). I found that this idea in itself provoked a 'disruption' in my usual way of thinking about art and the experience of looking at it.

This book is not to be read simply as a scholarly production, which of course it also is. Kohon invites the reader to become a participant. He believes that the appreciation of art, like the analytic process, might need to emerge from a genuine inner response, which in turn might also lead to a deepening of experience and the emergence of something meaningful. Kohon is of course aware that the experience of others may not coincide with his; in fact, no two readers will have the same experience or give the object the same meaning. However, what Kohon highlights is the manner in which the aesthetic object is approached, the importance of allowing both an intellectual and an emotional eye to function; if both of these are alive, the aesthetic object will draw attention to what has been disturbed within the subject's unconscious by that object.



Towards the end of the book Kohon describes a Borges story where one Pierre Menard undertakes '...an enterprise that was extremely complex and futile from the start': to rewrite, "line by line and word for word", *el Quijote*' (p.132). Having completed his task, it was judged to be a masterpiece more subtle than the original written by Miguel de Cervantes. Kohon does something similar in his writing, for example, in his description of Kafka's story of 'The Burrow'. In fact, in reading Kohon's account, something uncanny happened to me: I became aware of an intensity of feeling that I didn't remember in previous readings of the story, connected to the shocking capacity in us all to turn away from reality and from the truth. It's part of Kohon's great gift that, in sharing his thinking and his reactions, he enables the unfamiliar to emerge, inviting us to face our temptation and our capacity to misrepresent reality. In this way, his writing is disturbing, challenging, and rather thrilling.

At another point in the book, Kohon retells Kafka's story of 'Hunter Gracchus', who has dropped out of all real human contact and finds himself 'outside the established world', travelling between life and death in an old boat, unable to reach either destination because the boat has no rudder. This mental experience of drifting, whether actual or feared, fully or partially lived, is the experience of mental torment, a place where there's no available explanation for suffering, nor a memory that can provide relief. Not only does this story raise unavoidably personal issues concerning one's own mortality as well as one's own life journey, but it also highlights both the ambition and the modesty of what psychoanalysis can achieve. I found myself preoccupied

with the necessity of bearing the incompleteness of the psychoanalytic enterprise. There is a paradox here: the clinician believes in his capacity to offer something helpful while, at the same time, the importance of being present and receptive – 'without memory or desire' (Bion 1962) – includes the necessity of facing secrets, silence and trauma that can't ever be put into words.

If I understand Kohon's argument, it is that, in some uncanny fashion, encountering creativity (either as art, literature, music, buildings or monuments) can produce a profound experience informed by a wordless part of our unconscious.

This is not a clinical book as such but I repeatedly felt in touch with my experience as a clinician. For example, Kohon quotes Richard Serra's eulogy for Juan Muñoz, in which he says that 'art attempts "to protract time to the longest extent possible... to make time stand still..."' (p. 61). I understand this as a parallel to the timelessness of the unconscious on the one hand, and on the other a reference to the 'standing-stillness' in which something dynamic can take place. Without the latter, psychological therapies are increasingly at risk of becoming industrialised with a product to be consumed in the service of 'removing troubles.' Bollas writes of a time-saving culture which 'mandates speed at the expense of reflection, indeed of judgement itself' (Bollas 2015).

The notion of a product to be consumed in the service of happiness or relief ignores the truth that it is through participation, not consumption, that the artist connects with the spectator, that the psychoanalyst



connects with the patient and that any one of us human beings connects with another. This book raises what is of real value and meaning in human experience. In that sense I'd like to repeat that it has a very broad reach.

Kohon describes how, in Muñoz's *Wax Drum*, two very ordinary objects, a drum and a pair of scissors, brought together by the scissors piercing the skin of the drum and the unexpectedness of the angle of the drum, mean that we're no longer witness to something ordinary. Instead, we're involved in a participatory communication which is simultaneously familiar, strange, unfamiliar or uncanny.

There's no doubt that Kohon's reflections are fascinating, inspiring and erudite in their detail. However, what was truly arresting about the experience of reading this book was that I was constantly preoccupied with my own unbidden thoughts and associations. This happened on many different occasions, but none more so than in the penultimate chapter on monuments and counter-monuments, where he describes how the Warsaw Ghetto Monument is used for different political and social purposes over time. He writes, '...each different meaning given to the monument inevitably modifies the significance of the original event to which it refers' (p. 125), partly as a product of time and partly because it bears witness to events when 'words fail'. I found this a fascinating description inasmuch as the residues of the past, however much they should and need to be remembered, however traumatic they are, will over time become connected to and used by contemporary experience. And yet the sense of the unbearable lingers on, whether in the service of reparation or grievance.

However, terror and cruelty are not simply things of the past: too many people all over the world face a threat to their safety; and if this were not enough, there is the enormous difficulty of making sense of the cruelty perpetrated by those who claim to be doing it on their behalf and in their interests. Kohon uses the example of the repression in Argentina in the seventies to illustrate something of considerable contemporary relevance when he describes how the Junta used a double discourse that 'was aimed at creating a culture of fear that sustained "a balance between making terror known, yet hiding and denying its details" (Stanley Cohen). This produced an uncanny effect: people were terrified but could not completely trust their senses; they were never sure whether they had valid reasons for their fear and terror, nor could they justify their intense need to feel safe' (p. 113).

Kohon centrally links two concepts, the 'uncanny' and the 'negative'. Again and again their presence is discovered and rediscovered. Kohon suggests that events become traumatic because for multiple reasons they cannot be psychically metabolised, and therefore remain split

off, kept in isolated places in the mind, where there are no words: 'The experience of the uncanny produced by a work of art may evoke not so much the experience of a repressed event but the psychic confusion caused by unknown secrets that have not been allowed the subject to live his or her own life' (p. 56).

Kohon writes, 'That something can be created through its negativity is a disconcerting idea,' but he suggests that 'this is what the Freudian uncanny represents in the aesthetic: an encounter with the negative, something secret, or repressed in the subject, which the artistic or literary object has brought to light or around which it is least circling, threatening to do so' (p.150).

It is quite impossible to do justice to the wealth of ideas and references in this book but, for the shared task of psychoanalysis and aesthetics, it does what it says on the tin: namely that, psychoanalytic interpretation in the context of aesthetics should be a way of 'thickening the plot', 'a moment of dynamic creation,' and not the revelation of hidden meaning through the application of theory (p.4).

I feel certain that others will find this book as moving and compelling as I did ■

Julian Lousada is
Vice-Chair of the BPF.

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Amy (2015)

Dir. Asif Kapadia
Review by Jennifer Coles

Asif Kapadia's documentary paints a portrait of the singer Amy Winehouse through a montage of material: archive footage gathered from television and radio broadcasts, home videos and interviews with people whose lives were intertwined with her own. Presenting the subject in fragments through myriad lenses, the film raises the question, who really knew this woman? What does it mean to be known?

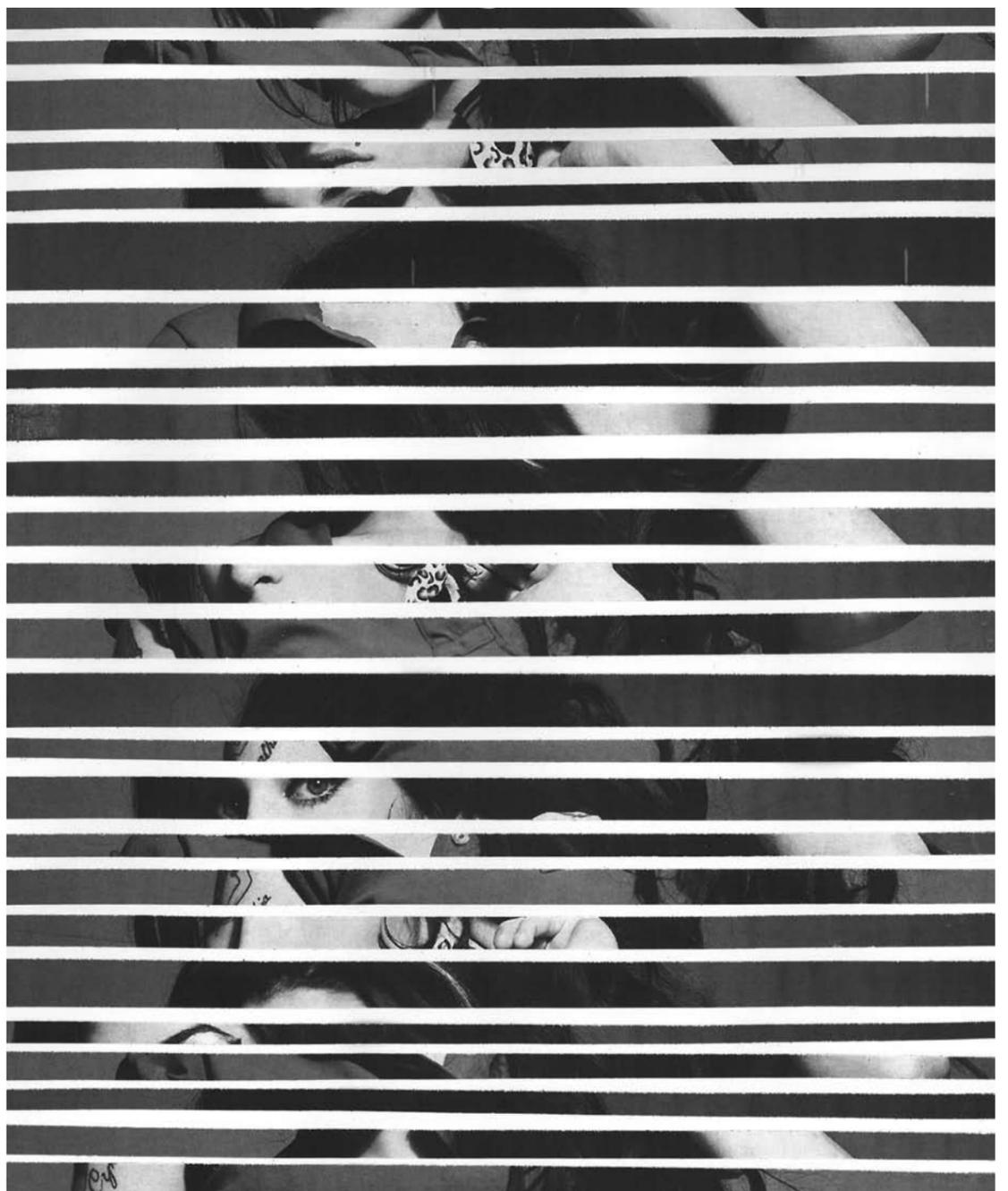
In an interview with *The Guardian*, Kapadia has made clear his intention to challenge the media image of Amy and present a 'true version of events'. He dismissed comments by acquaintances which he felt to be inauthentic, telling his interviewees, 'I don't think you really met Amy. The person you describe, that's not Amy.' The truth, of course, is elusive, filtered through subjective perception. In his selection of material, the director is showing us his own version of Amy. However, the unconventional absence of a guiding voiceover leaves the film open to interpretation. We are invited to form our own opinions from the material at hand and revise them in the light of new information.

Amy is presented as a young woman rising to fame whilst becoming increasingly lost in her addictions to drugs and alcohol. A conflict runs throughout her life between creative and destructive forces, culminating in her death aged 27. She died alone at home, by then estranged from potentially supportive friends and family. The film is more a celebration of her life than an investigation of her death, but the knowledge of her tragic ending haunts the narrative throughout and provokes curiosity about what went wrong as well as what went right.

As in psychoanalysis, what is concealed is as significant as what is revealed: the unknown can only be inferred from the known. The more visible Amy becomes in the public eye, the more material there is available for analysis. The roots of her struggles are obscured, but there are hints from which we might create our own version of the story.

Amy is first presented as a teenager, at once precocious and diffident, shying away from a camera's glare and playing up to it, in turns. We then circle back to her childhood, although the material is scarce. Photographs and voiceovers give an impression of Amy as a playful and creative child, deeply affected by

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Review

The couch bites back

By Celia Goto

The Failed Assassination of Psychoanalysis: The Rise and Fall of Cognitivism (Karnac, £22.99) by Agnes Aflalo.

I AM GRATEFUL to the patient who brought to my attention an extraordinary book title that she found rather amusing as it passed through her hands: *The Failed Assassination of Psychoanalysis: The Rise and Fall of Cognitivism*. This book, written by Agnes Aflalo, was originally published in French (2009) and only recently in English by Karnac Books (2015). It is essential reading for concerned clinicians because it follows the course of a battle with the French government that raged from 2003-2009 over the Accoyer Amendment, a bill that sought, under the guise of regulating psychotherapy, to dismantle psychoanalysis within public services and beyond.

Aflalo identifies the developments in mental health provision that created the opportunity for this to happen, including the 'noxious ideology of evaluation' and 'cognitive behavioural scientism'. With incisive intellect and cutting wit she discusses the 'commodification of knowledge', 'mental hygienism' and 'statistical diagnostics'. Her considerations extend to the wider issues of racist discourse and civil liberties. Aflalo's treatise on the French

experience is vehement regarding 'the new tyranny' and the need for a vigorous counteroffensive. Her attitude has implications for the situation here in the UK. However much one might disagree with her conclusions, and allowing for a very different cultural milieu in France, the issues raised here are deadly serious.

The counteroffensive in France was spearheaded by the Lacanian Jacques-Alain Miller. Within days of the Accoyer Amendment (October 2005) being set in motion by the government Miller had made a formal complaint about the absence of consultation with any of the professional disciplines concerned, and had established a movement dedicated to raising both public and professional awareness of the issues at stake. The panel of 'experts' originally set up by the government to oversee regulation did not have a single psychoanalytic representative, 'only exponents of CBT'. The situation was headlined in the media, and eventually over the course of six years the bill was revised to legitimate the inclusion of psychoanalytic psychotherapy as a treatment modality in public provision.

At the very heart of psychoanalysis is the singularity of its discourse and practice. It evokes fear and loathing in others because they can't stand the closed consulting room door and not knowing what's going on between the patient and the therapist, despite the extensive amount of detailed case histories and qualitative research available. Its improvisational form and uncertain outcome make it vulnerable to attack even by other 'psych' disciplines.

Aflalo's text is littered with specific examples of professional prejudices against psychoanalysis, but she is also generous in her acknowledgement of the vital support that does exist within closely allied disciplines. In the market place of audit and evaluation, psychoanalysis is massively disadvantaged. Cognitive behavioural therapies tend to fare better because they are considered to be 'transparent, measurable, simpler, faster and cheaper'. Aflalo clearly sees CBT and psychoanalysis as fundamentally incompatible both clinically and theoretically. Consequently, applying the same measures to both cannot be anything other than an attack on the latter. The situation is further confused by the many different types of therapies that have emerged in the wake of psychoanalysis. She asserts that most contain only a small portion of psychoanalysis but claim otherwise.

Aflalo savagely attacks those who misrepresent cognitive behavioural therapies as a panacea displacing the need for all other forms of treatment. CBT dressed in 'scientism' becomes a 'utilitarian ogre', which Aflalo warns is critical to withstand. She describes scientism as not a true science but a phenomenon 'that follows science like a shadow, spreading its harmful effects in its name.' It employs the questionnaire, 'a pompously named research tool', in an 'obsessively ritualized and uncontrollable practice' that masquerades as an empirical

scientific method that can calculate symptoms and determine short term preformatted treatments with clear cut targets. It convinces patients that 'their symptoms are a result of their thinking being askew' and aims to educate them 'to think right'.

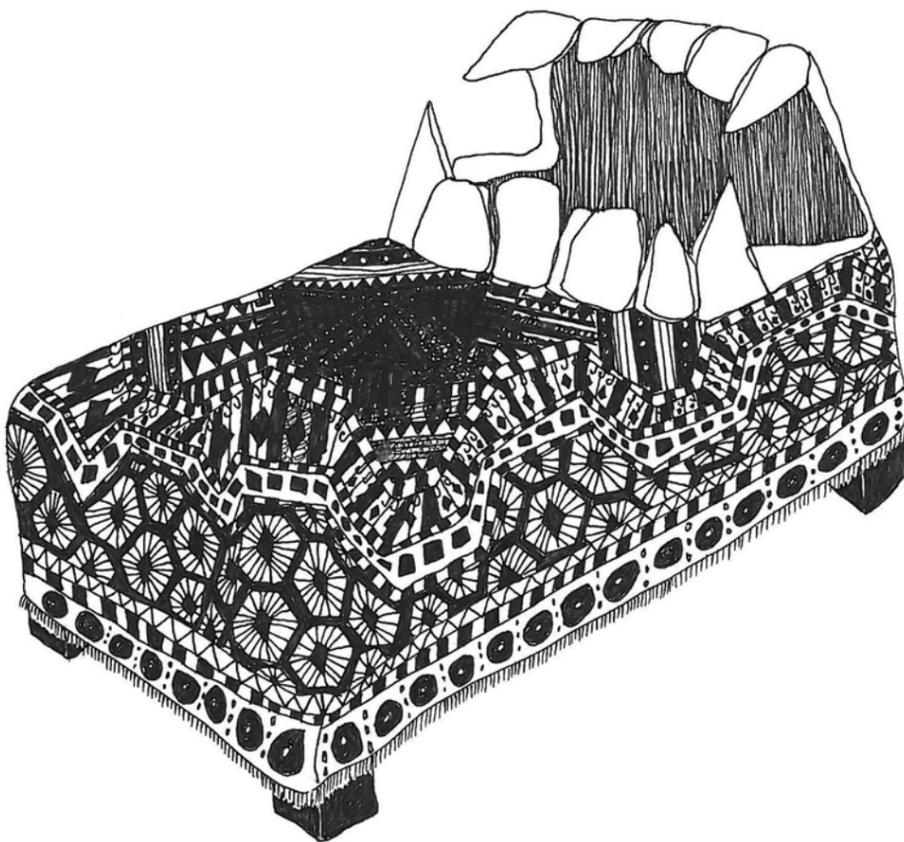
Manipulative management, governed by political and financial imperatives, makes highly selective use of database material, including questionnaires, to dictate, distort, and eliminate types of treatment, imposing conformity and control of patients, and indeed clinicians, who are stripped of their professional autonomy.

Far more than psychoanalysis is under attack; in fact all the thinking professions are at risk. The disciplines and settings may be different but the language and methodology of dismantlement have much in common. Those who can't escape are under duress, feeling horribly compromised whilst doing their best to preserve their own integrity as well as that of their work.

'In the market place of audit and evaluation, psychoanalysis is massively disadvantaged.'

Aflalo highlights the way that the 'epidemic' of evaluation has likewise contaminated universities. In his preface to her book, Bernard-Henri Levy describes how French researchers' performance is crudely evaluated by the quantitative weight of citations, which he describes as 'the Google method applied to the life of the mind.' Marina Warner in her article 'Why I Quit' (*London Review of Books*, 09/2014), concerning her forced resignation from a prestigious British university, comments on the management methods employed. She writes about the 'new brutalism' in academia and the way 'enforcers rush to carry out the latest orders from their chiefs in an ecstasy of obedience to ideological principles which they do not seem to have examined, let alone discussed with the people they order to follow them, whom they cashier when they won't knuckle under.' The sadistic overtones of this kind of regime are strong and powerful, their sham justification data driven. In 2007 I myself quit a child & adolescent post on encountering the new brutalism in the NHS.

Psychoanalysis was until quite recently at the centre of CAMHS multidisciplinary teams, contributing to a productive and creative dialogue with other highly trained colleagues: social workers, family therapists, art therapists, psychologists, and psychiatrists. Psychoanalytic ideas were given much prominence in the collaboration and were understood and used fruitfully across all the disciplines. Through ongoing tutoring



Amy

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her parents' separation when she was nine years old. We might infer from the separation that her parents' relationship was troubled in Amy's earlier years, although the details are missing. Her infancy is a void to be wondered about.

Amy's mother makes her only appearance at this point, not as a physical presence but as a voiceover, taken from a radio interview: 'I didn't know how to control her. She used to say to me, Mum, you have to take charge.' Connections have been made in psychoanalytic theory between infantile feelings of emptiness and the later attempt to contain unbearable feelings through recourse to drugs (Weegman and Cohen, 2002). Her mother's brief but revealing comment indicates a lack of containment in Amy's early life, which may have influenced her addictive tendencies later on.

Her father is much more present in the film, although his avid involvement in her career highlights his lack of attention to her emotional and physical state.

Having apparently shown little interest in his daughter during her childhood, he reappears when she is emerging in the public eye. Amy's adoration of her well-intentioned but disappointing father elicits sympathy. His advice that she shouldn't seek professional help for her alcohol dependency led to the song that elevated her to world fame. The apparently defiant lyrics of 'Rehab' mask the vulnerability of a young woman so devoted to her father that she colludes with his view that she is fine when she is visibly becoming ever more fragile.

Her passionate but destructive relationship with husband Blake Fielder-Civil seems to echo patterns with both parents. Like her father, Blake disappears when times are tough for Amy, but reappears to enjoy her success. The couple is shown to oscillate between phases of fusion and of separation. Bonded by their addictions, it is likely that both are seeking reparation for an early lack of maternal containment, but repeating patterns of self-destruction which

compromise the capacity to sustain a loving relationship.

'Who really knew this woman? What does it mean to be known?'

The tragedy, in Amy's case, is that we can see that, as a teenager, she had the sense that her music offered a creative solution to difficult feelings. 'I'm lucky to have my music,' she says, where 'some people don't have an outlet for depression.' We see her quietly composing songs on her guitar: she seems to have integrity and focus and to take real pleasure in the creative process, rather than being driven by the desire for success. She says, somewhat flippantly, 'If I ever became famous, I think I'd kill myself.' Even though this comment is dubious in the light of her later success – she did not rise to fame by accident – there is still some indication of an early awareness that celebrity could exacerbate her destructive tendencies and stifle her creativity.

Paula Heimann (1963) regarded fame as 'love from the distant many, needed when there is not enough from the few near ones.' This kind of love from a distance is bound to be deficient, since it is based on projection rather than intimate contact and genuine understanding. As Amy's story develops, so the audience watching her grows larger, from one-to-one home videos to vast auditoriums. As she grows in the eyes of the distant many, so she seems to shrink, both physically and psychically. Images of a gaunt, pale Amy intoxicated on crack cocaine bring to mind John Steiner's concept of 'psychic

retreats', states of mind experienced as 'places of safety in which the patient can seek refuge from reality' (Steiner, 1993). The more renowned Amy becomes, the more estranged she appears to be from herself. At her final show in Serbia, she appears on stage like a lost little girl, refusing or unable to perform. A commentator remarks, 'She doesn't know where she is.'

Kapadia shows people drifting in and out of Amy's life, just as she drifts in and out of her own mind, implying that being known in a helpful way has something to do with consistent relationships. There is a sense that people let her down, that no one helped her – but there is also a sense that she was difficult to help. At one stage she does manage to conquer her addictions and abstain from alcohol. She appears to be delighted as she wins a Grammy Award, then confides in a friend backstage, 'It's just so boring without drugs.' At the end of her life, it seems that potentially supportive friends had given up trying to stay in contact with her, having been repeatedly rejected.

What comes to light is that, to be known and intimately understood, we have to allow ourselves to be contacted on a deep level. The boundlessness of the unconscious means there will always be areas of us that are inaccessible to others and to ourselves, but the endeavour to stay open to the possibility of being known can make the unknown areas less frightening. In Amy's case, substance misuse made her less and less available for the kind of relationship that might have helped her to draw strength from her creativity ■

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The couch bites back

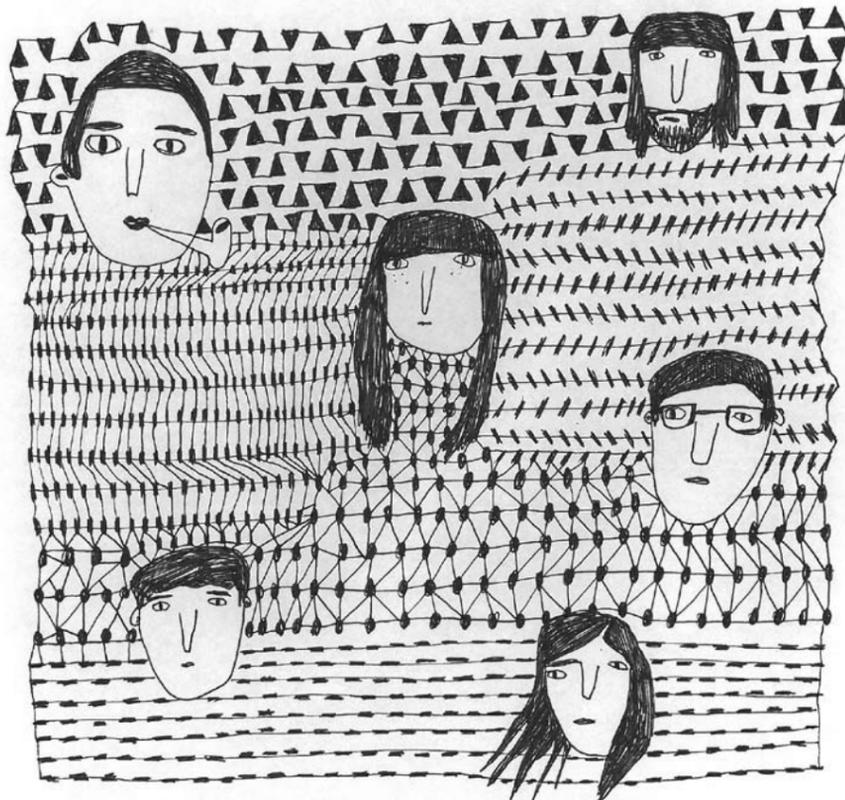
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and supervision of the next generation of psychoanalytic psychotherapists, I remain close to what's happening in CAMHS teams. From what I can see, Child & Adolescent Psychotherapy seems to have lost its platform amidst the other disciplines. Posts are fewer, therapists (especially trainees) are far more isolated and unsupported, funding for training has been much reduced, generic work takes precedence over analytic work in the consulting room, intrusive monitoring systems interfere with treatment, managerial roles and priorities involve some therapists in the active disassembly of their own profession. Meanwhile, the potentially profitable parts of mental health provision are being softened up for payment-by-results and future privatisation.

A lot has changed in the last decade. Psychoanalysis seems to me to be silently disappearing from the NHS. Barely visible in adult services and now seriously endangered in child/adolescent services, it's not a *CBT vs Psychoanalysis* war, but a fight to preserve psychoanalysis as an entity in itself. The market conditions are against the deep and slow treatment that it provides, but it's the political agenda behind the financial one that is so brilliantly highlighted by Aflalo. So I welcome her anger and passion

as she rails against the expurgators of psychoanalysis. It's good to see that the couch can have teeth and bite back. This situation is not just about psychoanalysis, as French intellectuals seem to recognise, but about the world of ideas, the essence of culture itself. There's a lot at stake. Freud said that psychoanalysis is about the mind and culture. Speaking out about what's happening is critical if psychoanalysis is to remain in the public domain. I fear it may soon be too late ■

Celia Goto is a Child & Adolescent (Tavistock) Psychoanalytic Psychotherapist



References

- www.theguardian.com/film/2015/jun/27/asif-kapadia-amy-winehouse-doc
- Weegmann, R. and Cohen, R. ed. (2002) *The Psychodynamics of Addiction*. London: Whurr Publishers
- Heimann, P. (1963) Joan Riviere (1883–1962). *International Journal of Psychoanalysis*, 44:231
- Steiner, J. (1996) The Aim Of Psychoanalysis In Theory And In Practice. *International Journal of Psycho-Analysis*, 77:1076

Diary

OCTOBER

28 October 2015

A GOOD DEATH?

John Coffin Memorial Fund Event
Andrew Cooper, Mike Trapp, Mary Bradbury, Eleanor Robson
Senate House, University of London
<http://tavistockandportman.uk>

29 October – 1 November 2015

EIGHTH PSYCHOANALYTIC FILM FESTIVAL (EPFF8)

Turning Points: Individuals, Groups, Societies
BAFTA, 195 Piccadilly, London W1
<http://couchandscreen.org/epff8/films/>

NOVEMBER

1 November 2015 – May 2016

EXHIBITION: ARTISTS & PSYCHOTHERAPISTS

AGIP, 1 Fairbridge Road, London N19
www.agip.org.uk

3 November 2015

MINDFULNESS: THE NEW PANACEA?

Carola Mathers
AJA, Flat 3, 7 Eton Avenue London NW3
www.jungiananalysts.org.uk

6 November 2015

PUBERTY SUPPRESSION: A TREATMENT IN ITS OWN RIGHT?

Bernadette Wren
SAP, 1 Daleham Gardens, NW3
publicevents@thesap.org.uk

6 November 2015

FREUD THEN AND NOW

Liz Allison, Josh Cohen, John Fletcher, Hugh Haughton
UCL Main Campus, London
events.psychanalysis@ucl.ac.uk

6 November, 2015

THE PSYCHODYNAMICS OF WRITING: HOPES, BLOCKS AND SUPERSTITIONS

Writers on Writing: Jeremy Holmes
TCCR, 70 Warren Street, London, W1
www.tccr.ac.uk

6 November 2016

CONNECTING CONVERSATIONS: MAYOR GEORGE FERGUSON IN CONVERSATION WITH PAUL HOGGETT

Folk House, 40 Park Street, Bristol BS1
www.sipspsychotherapy.org/public/all.html

7 November 2015

AN EXPLORATION OF ANTOINE WATTEAU'S FÊTE GALANTE IN A WOODED LANDSCAPE

Christoph Vogtherr, Joy Schaverien
Wallace Collection, Manchester Square, London W1
publicevents@thesap.org.uk

7 November 2015

WHAT IS THE POINT OF INTERPRETATION?

Chris Mawson, Alison Vaspe
The Barn, St. Michael's Church, Church Square, Basingstoke, RG21
www.britishpsychotherapyfoundation.org.uk

10 November 2015

THE FREUD BAR: POETRY IT STARTS WITH A NAME

Cheryl Moskowitz
The Hollybush, 22 Holly Mount NW3
www.britishpsychotherapyfoundation.org.uk

13 November 2015

THINKING ABOUT THE PREVENTION OF ILL-TREATMENT IN CUSTODY

Rod Morgan
112a Shirland Road, London W9
www.beyondthecouch.org.uk

14 November 2015

EUROPEAN REGIONAL COUPLE AND FAMILY PSYCHOANALYTIC CONFERENCE

Susanna Abse, Rosa Jaitin, Rene Kaes, Sonia Kleiman, Mary Morgan, David Scharff, Anna-Maria Nicolo
TCCR, 70 Warren Street, London, W1
www.tccr.ac.uk

14 November 2014

FILM: AFTER LIFE (HIROKAZU KOREEDA)

Malcolm Rushton
SAP, 1 Daleham Gardens, NW3
publicevents@thesap.org.uk

17 November 2015

TRICKSTER, TRAUMA AND TRANSFORMATION: THE VICISSITUDES OF LATE MOTHERHOOD

Maryann Barone-Chapman
AJA, 7 Eton Ave London NW3
aja@dircon.co.uk

18 November 2015

AMY TAN'S 'THE JOY LUCK CLUB'

Cathy Kaplinsky
Waterstones, 203-206 Piccadilly, London W1
publicevents@thesap.org.uk

19 November 2015

IN DISTRUST OF MERITS: PARADOX AND UNCERTAINTY IN THE PSYCHOTHERAPY OF SURVIVORS OF SEXUAL ABUSE

Maggie Schaedel
Tavistock Centre, London NW3
mfendrich@tavi-port.ac.uk

20-21 November 2015

ORGANIZATIONAL AND SOCIAL DYNAMICS

OPUS International Conference
Stephen Frosh, Kay Souter
Ambassadors Hotel, London WC1
www.opus.org.uk

20-22 November 2015

DONALD WINNICOTT AND THE HISTORY OF THE PRESENT

Stefano Bolognino, Vincenzo Bonaminio, Andrea Brady, Matt Ffytche, Juliet Hopkins, Angela Joyce, Anne Karpf, Zeljko Loparic, Lynne Murray, Kenneth Robinson, Rene Roussillon, Kenneth Wright
Institute of Psychoanalysis, London W9
www.beyondthecouch.org.uk

28 November 2015

FPC 2015 ANNUAL CONFERENCE

Keynote: Helen Morgan
Prospero House, 241 Borough High Street, London SE1
www.thefpc.org.uk

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Desiring, negating and identifying	Race, gender and sexuality
Difference, disavowal, and fetishism	Eavesdropping on psychoanalytic sessions

Info: bridgreally@btinternet.com

www.psychotherapywalthamstow

27 November 2015

ASPECTS OF FEMALE SEXUALITY

Cafe Theatre Productions
Tavistock Centre, London NW3
<http://tavistockandportman.uk>

27 November 2015

FILM: INDIA'S DAUGHTER

An Evening With Riddhi Jha, Producer
IGA, 1 Daleham Gardens, London NW3
www.groupanalysis.org

28 November 2015

BOARDING SCHOOL SYNDROME: POST-JUNGIAN AND PSYCHOANALYTIC PERSPECTIVES

Joy Schaverien, Francis Grier
Wellcome Collection, 183 Euston Road, London NW1
publicevents@thesap.org.uk

28 November 2015

LIFE AS A THERAPIST: HOW TO SURVIVE

Marie Adams, Elizabeth Cotton, Deirdre Dowling, Monica Lanyado, Helen Morgan, Alison Roy
Lift, 45 White Lion Street, London N1
www.bpc.org.uk

28 November 2015

BOX SET MINDSET: THE FORENSICS OF POPULAR CULTURE

Sandra Grant, Andrea Esser, Caroline Bainbridge, Estela Welldon, Candida Yates, Brett Kahr
The Wesley Centre, 81-103 Euston Street, London NW1
<http://forensicpsychotherapy.com/events/47-the-box-set-mindset/event-details>

DECEMBER

4 December 2015

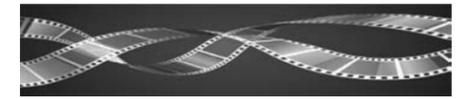
INTERPRETATION TODAY

Donald Campbell, Claire Cripwell, Chris Mawson, Ronald Britton, Mary Target, David Taylor, David Tuckett
Cruciform Building, University College London
events.psychanalysis@ucl.ac.uk

5 December 2015

GROUP LIVES: TALES OF ATTACHMENT

Arturo Ezquerro, Sir Richard Bowlby, Gwen Adshead, Felicity de Zulueta
IGA, 1 Daleham Gardens, London NW3
www.groupanalysis.org



8 December 2015

JUNG FOR/WITH FEMINISM? THE GENDERED IMAGINATION AND JUNG'S INFAMOUS QUOTE

Susan Rowland
AJA, 7 Eton Ave London NW3
aja@dircon.co.uk

11 December 2015

CROSSING THE BOUNDARIES: CHALLENGES OF WORKING WITH ADOLESCENTS AND YOUNG ADULTS

Linda Young, Frank Lowe, Emil Jackson, Justine McCarthy-Woods
Tavistock Centre, London NW3
<http://tavistockandportman.uk>

JANUARY

23 January 2016

AUDIENCES WITH AUTHORS: GILLIAN ISAACS RUSSELL

37 Mapesbury Road, London, NW2
www.britishpsychotherapyfoundation.org.uk

23 January 2016

PROJECTIVE IDENTIFICATION: THE UNCONSCIOUS IN ACTION

Chris Mawson, Claire Cripwell, Paul Terry
23 Magdalen Street, London SE1
www.wpf.org.uk

30 January 2016

WHY THERE IS NO BODY IN GROUP ANALYSIS: EXPLORING THE ROLE OF THE BODY IN GROUP WORK

Lawrence J. Ladden and Jale Cilasun
IGA, 1 Daleham Gardens, London NW3
www.groupanalysis.org

30 January 2016

THE UNFINISHED FILM OF BION'S MEMOIR OF THE FUTURE

Meg Harris Williams
The Barn, St. Michael's Church, Church Square, Basingstoke, RG21
www.britishpsychotherapyfoundation.org.uk

FEBRUARY

5-6 February 2016

UKCP AND IGA CONFERENCE ON GROUPS

Opening address Lord John Alderdice
IGA, 1 Daleham Gardens, London NW3
www.groupanalysis.org

The Greening of psychoanalysis

By Hannah Browne and Anna Streeruwitz

Reflections on the conference.

THIS INTERNATIONAL homage to André Green, who died in 2012 aged 84, took place on 18 and 19 September at Byron House. The Institute of Psychoanalysis's Scientific Committee is to be congratulated for organising such a successful event which was attended by 145 participants. The Ernest Jones room was at its full capacity, with many more left on the waiting list.

The conference was opened by Jan Abram, chair of the Scientific Committee. She reminded the attendees that André Green became an Honorary Member of the British Psychoanalytical Society in 2000.

We then heard from Litza Gutierrez Green, André Green's wife, herself a training analyst in the Paris and Swiss societies. She talked passionately about her husband's death and death in general, outlining her thinking about ever-recurring human destructiveness and the death drive.

Litza Green's speech set the tone for the conference. All the speakers had known André Green personally, had been influenced by his ideas and helped by him to develop their own psychoanalytic thinking. There was a feeling of immense loss alongside a sense of his work continuing to be developed in different directions in many different countries.

The evening continued with an interview with Green filmed by Fernando Urribarri, an Argentinian psychoanalyst and disciple of Green. The interview, created using only an iPhone, gave the interview a spontaneous feel. Green explained his participation in the Paris society and his relationship with Jacques Lacan; as he began to diverge from Lacan, Green found new material for thought in the British tradition of psychoanalysis which offered a more clinical approach. In the interview, Green goes on to explain how he felt that the absence of a drive-model in Lacanian thinking was problematic both in reflecting Freud's work and for

clinical practice. He then, prompted by the occasional remarks and questions of Fernando Urribarri, outlined his own theoretical thinking on his clinical work with non-psychotic patients.

Hearing André Green speak so lucidly about key concepts – the work of the negative, the heterogeneity of the signifier, the framing structure, his view on temporality, life and death narcissism – gave the audience an insight into his intellectual depth and breadth of thinking.

'Common to all the speakers was a sense of continuing a conversation with André Green.'

The following day began with two clinical papers. In the first, Rosine Perelberg explored *The Framing Structure and its Representation in the Analytic Setting*. The framing structure gives reference to the baby's introjected experience of being held by the mother: the psychic imprint of her arms (a negative hallucination) provides the framing structure that, when the mother is absent, allows an intermediate position between presence and loss to be held, which is where representation can take place. Through the use of vivid clinical material, Perelberg illuminated the consequences of this framing structure not being held, due to the traumatic intrusion of a terrifying mother, and explored the psychic disintegration that follows which cannot be represented.

Through a detailed, terrifying and ultimately moving account of her work with such a patient, we were able to see how the work of the analysis was to help the patient 'to turn hallucinations into narrative, death into absence' and, in the *après-coup* of the analysis, to allow representation of the trauma for the first time.

Jed Sekoff followed with his paper *Troubled Bodies: Hypochondria, Transformation and the Work of the Negative*. Sekoff is a lively speaker who effortlessly interwove Green's theoretical concepts, personal anecdotes, art and material from a single session to give a richly textured picture of hypochondria. He reminded us of our troubled relationship with our bodies, which are a source of anxiety and terror, hypochondriacal concerns being part of the human condition.

The final paper of the morning was given by Gregorio Kohon: *The Negative in the Work of Eduardo Chillida*. In this beautifully evocative paper, Kohon drew our attention to the commonality of experience between psychoanalysis and aesthetics through a detailed exploration of the works of Edward Chillida, Richard Serra and others.

Kohon illustrated how their sculptures challenge the viewer to actively engage with time and space, with form and void, with the internal and external world, with how to represent what cannot be represented; themes which have much prominence in the work of André Green.

Kohon hypothesized that the viewer has to allow their own inner self to become the object of exploration and it is this act that ultimately gives the work its meaning. Such an act resonates with the uncanny and dislocating experiences of analyst and patient, as they struggle to form meaning, to allow absence and presence and to find a sense of self, when the self is always other.

Michael Parsons started the afternoon with *Intellectual Generosity: the Greekness of Green*, in which he explored Green's reading of three different versions of the *Oresteia*. Parsons indicated how this developed Green's thinking about the Oedipus complex, and helped him to elaborate other aspects of the tragic structure at the centre of psychic life.

Fernando Urribarri gave the final paper of the conference entitled *On Clinical Thinking: from the Extension of the Psychoanalytic Field toward a New Contemporary Paradigm*, in which he gave an overview of the development of Green's analytic thinking and the implications for contemporary psychoanalysis and future developments. His was the hardest task, distilling Green's complex ideas and work into 45 minutes and especially at the end of such a full and stimulating day – but he undertook it with good humour.

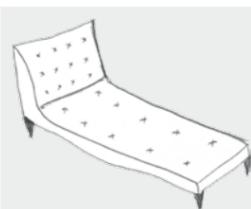
Common to all the speakers was a sense of continuing a conversation with André Green and inviting others to join in. Green's ideas are complex and, as with Freud, need to be returned to again and again. It is striking that, although André Green has been one of the most influential analytic thinkers of the last half century, who cites two prominent British analysts, Winnicott and Bion, as his most major influences after Freud, he is only touched on fleetingly if at all during our training.

André Green once stated that the mark of a good interpretation is when the patient responds with 'That makes me think of...'.¹ because then you know the process continues.¹ The same can be said of this conference ■

Reference

1. Caldwell, L. (1995) An Interview with Andre Green. *New Formations*, Issue 26

How to submit events for the Diary



We welcome contributions for the events diary!

New Associations lists public events, conferences, screenings and exhibitions that are relevant to the world of psychoanalysis. Please email brief details of your events for the coming months to leanne@bpc.org.uk

13 February 2016

THE RELATIONAL AND THE ANALYTIC – ENQUIRING INTO PRACTICE

Farhad Dalal
IGA, 1 Daleham Gardens, London NW3
www.groupanalysis.org

26 February 2016

ASSOCIATION FOR PSYCHOANALYTIC PSYCHOTHERAPY IN THE NHS ANNUAL LECTURE

Details tbc
www.app-nhs.org.uk

FORTHCOMING

6 March 2016

SIBLINGS IN PSYCHOANALYSIS

Lionel Bailly, Rosemary Davies,
Robbie Duschinsky, Juliet Mitchell
Roberts Building, Torrington Place,
London WC1
events.psychoanalysis@ucl.ac.uk

9 April 2016

A PLACE FOR GROUPS IN THE NHS: NICE GUIDELINES AND COMMISSIONING

Jeremy Clarke, Amra S. Rao, Phil Moore
IGA, 1 Daleham Gardens, London NW3
www.groupanalysis.org

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- MA in Couple & Individual Psychodynamic Counselling & Psychotherapy - **Sep 2016**
- MA in Couple Psychoanalytic Psychotherapy - **Sep 2016**
- Professional Doctorate in Couple Psychotherapy - **Sep 2016**

Transgender Seminar: Challenges in Couples' Work When One Partner Transitions
Friday 4 March 2016, 6:30pm - 8:30pm



Lesbian Sexuality: Lust, Limits and Embodiment
Saturday 5 March 2016, 10:00am - 4:30pm

For more info visit our website or email training@tccr.ac.uk.



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70 Warren Street
London W1T 5PB

The Tavistock Centre for Couple Relationships 2015 Annual Conference



'Understanding Couples and Families – Similarities and Differences Between Object Relations and Link Theory Perspectives'
in collaboration with the International Association of Couple and Family Psychoanalysis

Saturday, 14 November, 2015 | 9:30am (9.00am registration) - 5.30pm
Central London | £130 with lunch provided.

This conference brings together the different perspectives of link theory as it relates to couple and family therapy developed in South America by Pichon Riviere and object relations couple therapy developed by TCCR.

The conference features world leaders in Couple and Family Psychoanalysis: Rene Kaës and Rosa Jaitin (France), Anna-Maria Nicoló (Italy), Sonia Kleiman (IACFP President, Argentina), Mary Morgan and Susanna Abse (TCCR) and David Scharff (United States).

Visit www.tccr.ac.uk to book or call 020 7380 1970



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70 Warren Street
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Published November 2015
by Routledge in association with the
Institute of Psychoanalysis, London

Murdered Father Dead Father

Revisiting the
Oedipus Complex

Rosine Jozef Perelberg

"Culturally and intellectually, this book has a breadth of vision that must enrich any reader. The wealth of Ideas is underpinned by vivid clinical examples and, most especially, by a meticulous reading of Freud. However well you know Freud's writing, you will come away from Rosine Perelberg's book knowing it better."

Michael Parsons, British Psychoanalytical Society, Association Psychoanalytique de France.

"This is a superb and profound book. Rosine Perelberg's masterful understanding of the most important French and British psychoanalytic writers is only surpassed by her delicate and acute attunement to her patients, who are described in a language that is at the same time elegant, precise and poetic.

Perelberg's thinking is audacious, creative and innovative."
Jean Claude Rolland, Training Analyst, Association Psychoanalytique de France.

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