What's our state of mind?

By Andrew Cooper and Julian Lousada

ON 17 JUNE we convened a one-day seminar to revisit the arguments and thinking of our book *Borderline Welfare*, published in 2005. A week later we all awoke to the news that Britain had voted to leave the EU, precipitating what many have called the greatest political crisis in the UK since at least the second world war. Our economic and political future now feels, at best, profoundly uncertain. Given the manifest national anxiety of the days immediately following the vote, the rapidly engineered coronation of a new Prime Minister has generated a strange sense of superficial calm on the one hand, and a deeply troubling suspicion of national illusion and somnolence on the other. We have been provided with what we all crave in circumstances of group existential anxiety – a seemingly 'strong leader'.

It is far too early to say what impact all this will have on the direction of travel of our health and welfare systems in the UK, but notwithstanding Theresa May's protestations on behalf of the interests of the whole population, the likelihood is that our deep social inequalities will persist, the NHS will remain underfunded and vulnerable to privatisation, and statutory mental health and social care services will continue functioning in crisis mode.

In a recent essay called *Hope is an Embrace of the Unknown*, Rebecca Solnit says:

It is important to say what hope is not: it is not the belief that everything was, is, or will be fine. The evidence is all around us of tremendous suffering and destruction. The hope I am interested in is about broad perspectives with specific possibilities, ones that invite or demand we act. It is also not a sunny everything-is-getting-better narrative, though it may be a counter to the everything-is-getting-worse one. You could call it an account of complexities and uncertainties, with openings.

We started writing *Borderline Welfare* around 2002 when the Blairite project was in full swing, and its impact on our public sector, mental health services, and indeed everything we know (or is it 'knew'?) as the British welfare state was manifest as both a political project and as a lived experience. It was the connection between the two – how it felt and what it meant day to day to be a part of this transformation, and the political forces and visions driving and shaping the project – that was a central theme of the book's methodology and argument. We say the impact was 'manifest', but that is not quite the same as saying we 'understood' it. Indeed, the writing of the book was in part an effort to achieve such understanding.

Ten years after its publication we are struck by the fact that *Borderline Welfare* seems to have a continuing relevance in people's minds and thinking. It is still frequently cited, quoted and referenced, and from time to time we encounter people who regard it is something of a touchstone text. But the times have moved on, and we wonder whether the book's main arguments and descriptive premises are still valid. Or have new forces, and lived realities and experiences shaped by these forces, entered the picture? Are we still living in a Borderline Welfare world, only more so, or are we inhabiting and by virtue of our daily activity sustaining (or sometimes resisting) a different kind of organisational and social order than the one we tried to describe?

So, what were the main features of the welfare environment we described and conceptualised in 2005?

No contest any more?

First, we believe we thought we were in a struggle, a contest over something, perhaps best described as 'the possibility of meaningful mental health and social welfare activity'. Our assumption was that the postwar health and welfare settlement was predicated on an idea of social and professional responsiveness to need, conflict, trauma, disadvantage and distress. Good services tried to function as 'containers' for whatever came their way, and through attentive, containing responses, to offer hope of alleviation from conflict, distress and need. The book was well aware of how frequently inadequately this ambition was realised, but the analysis of these deficits had not moved much beyond the premises of Menzies Lyth's theory of social systems as a defence against anxiety. Chapter 3 of *BW*, 'The State of Mind We're In', was searching for a new way of articulating the intersection between task related defences and the pervasive impact of the new audit, performance inspection and regulation regimes which were a central feature of the Blairite 'modernisation' project.

'Are we still living in a Borderline Welfare world?'

In using the term Borderline Welfare we sought to describe a systemic oscillation between the fear of dependency on the one hand and a sense of purposelessness and loneliness on the other. We argued that that borderline welfare is rooted in a breakdown of the capacity to tolerate 'unreasonable' emotional experience, a fear of complexity which leads to a loss of the capacity for creative thinking and action that flows from holding *onto* and reflecting *upon* emotional experience.

However, we think our underlying belief state was that it would be worth mounting arguments in favour of the importance of preserving 'deep' rather than 'shallow' welfare, and an evolution of purposes that was *internally* driven by service user and professional experience rather than *only externally* cultivated through the instruments of an efficiency-seeking and cost-conscious state bureaucracy. But why engage in an argument unless you believe someone is listening? Even in 2005 both of us were too long in the tooth to consciously suppose that the book would 'change the world', but unconsciously perhaps we did assume that we were intervening in a world where promoting rational debate about irrational and destructive forces and developments was a cogent thing to do – as though somewhere, a sane and thoughtful parent was alive and potentially available to see sense. We think we no longer believe this. 'They know exactly what…'

Our own stance resonates with Ken Loach's comment on his new film *I, Daniel Blake*:

It is not an accident that the poor are punished for their unemployment. That's their project, that's the point, that's what has to happen because their model of society produces unemployment and if people question that model then they are lost… There's no point in showing the film to them.

There is no point because 'they' are simply not interested in 'evidence' of the destructive consequences of their

Now is the time

By Gary Fereday

THAT WE ARE LIVING through some of the most extraordinary political times since the Second World War is an understatement. When we planned this extended 21st edition of *New Associations*, little did we know that the political and constitutional landscape of the United Kingdom and Europe would be undergoing so much anxiety and change. Meanwhile across the Atlantic we are witnessing an equally extraordinary campaign for the White House.

Andrew Cooper and Julian Lousada, in their article on borderline welfare, and Graham Music, in his article on Brexit, argue how high levels of anxiety and stress are leading to a loss of creative thinking and, worse, the growth of the fear of the other. We are living in very uncertain times.

Surely now is the time for psychoanalytic thinking to find its voice. We after all deal with uncertainty with great expertise when working with our clients. Yet somehow we often find it hard to find that voice. As the article by the BPC's Future Strategy Working Group articulates, while our profession has become 'adept at keeping our patients' confessions private, we often apply that very same sense of protectiveness and silence to all aspects of our working lives, and consequently, we fail to speak with the general public as fully as we might, often to our detriment.'

We need to find our collective voice. But care must be exercised when we find that voice to ensure it is heard. In a passionate piece, David Fanthorpe, a good friend of our profession, argues that as someone on the political right, he has found reading *New Associations* 'at times a rather painful experience,' and cautions us not to 'dismiss right-of-centre policymakers who do support the value of psychotherapy, or other talking therapies, as seeking only to bolster "neoliberal individualism".'

Of course the BPC is a politically neutral organisation and we work to ensure we build dialogue with all political parties. But as a profession our image can tend at times to be one of predominantly left-leaning liberal *Guardian* readers, and there is possibly some truth in that stereotype.

It is easy to understand why many in our profession who work in the public sector have become disillusioned with what has been two decades of increasing managerial (often perceived as 'right wing'), target driven approaches to service delivery. As Cooper and Lousada argue, the profession feels under attack and wants to mount arguments in favour of the importance of 'preserving "deep" rather than "shallow" welfare… driven by service user and professional experience rather than only externally cultivated through the instruments of an efficiency-seeking and cost-conscious state bureaucracy.'

'Little did we know the political landscape would be undergoing so much change.'

So how do we take our messages about the value of psychoanalytic work to politicians and policy makers of all political persuasions? How do we make the argument for deep rather than shallow welfare, or respond to our Future Strategy Working Group's challenge to ensure that engaging in public debate 'must no longer be regarded as an option but, rather, as an obligation'?

To be heard we need use the words those outside the profession use. 'Evidence' is one such word and yet we seem hesitant to use it, almost as if worried or ashamed what it might tell us. Yet there is evidence of the value of what we do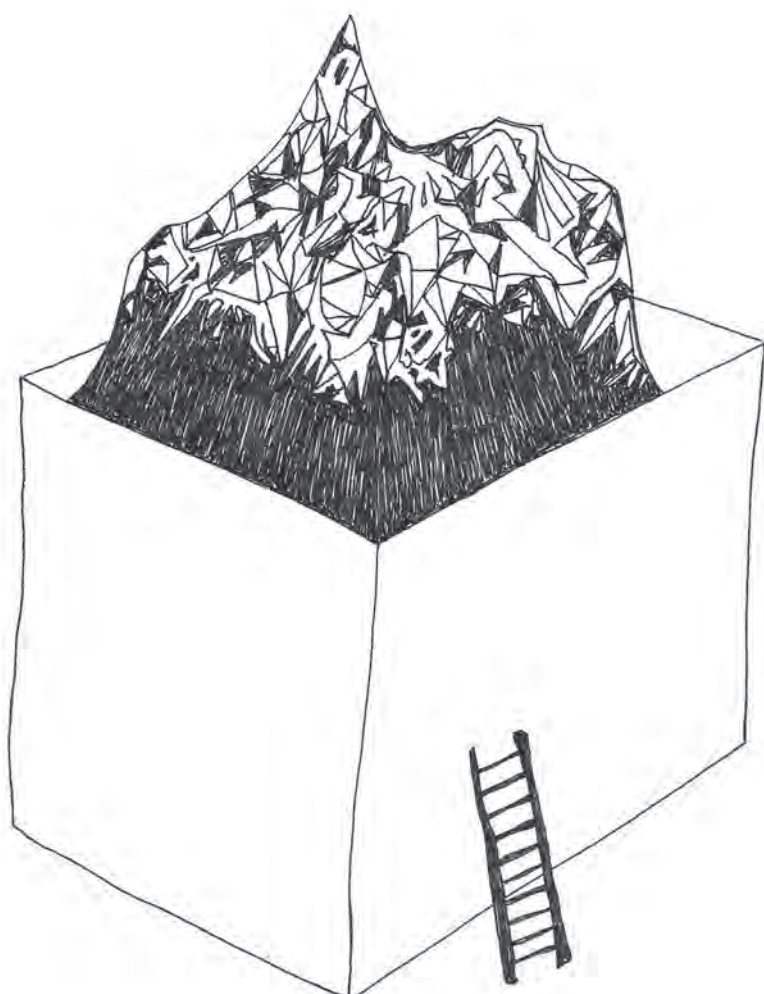, and we are exploring the value of research and the evidence base in the upcoming BPC seminar series, outlined in the article by Ann Scott and Jessica Yakeley.

Yet some in our profession remain suspicious and unconvinced of the merits of being able to demonstrate that what we do actually works. Peter Fonagy, perhaps our profession's most prominent advocate for the need for evidence, illuminatingly comments how he continues 'to be surprised by the coexistence of the inspired thinking of psychoanalysts with the institutional neglect by psychoanalytic organisations of scientific activity that might ensure the long-term survival of our treasured insights into the human mind.'

We need to talk about the evidence, so let's debate how good the evidence really is and whether more needs to be done, and let's discuss how our profession feels beleaguered in the public sector and debate what we can do to change this. But from that debate we need to build a confident voice that can speak to the public, to politicians, and to policy makers of all political persuasions in a way that they hear what we have to say.

I'm delighted this 'coming of age', 21st extended edition of *New Associations* carries such a wide breadth of articles that demonstrate just what our profession has to offer; whether as a treatment, a theory of mind, or an insight into the world of culture and the arts. Long may *New Associations* continue to showcase the extraordinary work that is going on, to help facilitate debate in our profession, and to help us and others navigate and understand the uncertain and anxious times we are living in ∎

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Society

Brexit, project fear, and the other

By Graham Music

No man is an island,
Entire of itself,
Every man is a piece of the continent,
A part of the main.
If a clod be washed away by the sea,
Europe is the less.
As well as if a promontory were.
As well as if a manor of thy friend's
Or of thine own were:
Any man's death diminishes me,
Because I am involved in mankind,
And therefore never send to know for whom
*   the bell tolls;*
It tolls for thee.

      John Donne 1572-1631

MANY OF US WERE shocked to the core by the referendum result, and even more so by the campaign and the way it was conducted, especially its racist undertones. In many ways this was a protest vote, and whatever the weaknesses of their analysis and campaign, Corbyn and his allies had understood that inequality, uncertainty and the increasing power of smaller elites have impacted powerfully. What seems not to have been learnt from history lessons is how at times of serious crisis people become inward and conservative and, indeed, often xenophobic and distrustful of the other. This makes more sense when we understand just what fear, anxiety and anger does to the brain.

We know that stress and worry wire our brains for distrust. When the chips are down and danger looms we can't afford to be open and trusting. Very anxious fearful children, as well as abused and traumatised ones, are much more anxious, and suspicious of difference (Williams et al., 2015), and the parts of their brains involved in fear, such as the amygdala, are highly active (Teicher et al., 2014). People with more social fear tend to be more anti-difference, anti-immigration and pro-segregation (Hatemi et al., 2013). It is no coincidence that the research done so far has shown that people on the political right tend to have higher activation in such fear-related brain areas whilst those on the left have more activity in areas involved in curiosity, self reflection and empathy (Kanai et al., 2011).

Sadly humans have an in-built propensity to prefer others who look like us or sound like us, something seen even in babies of a few months old or less (Kelly et al., 2005; Liu et al., 2015). Thus the potential for racism and a fear of difference seems to be engrained in human nature, but is exacerbated in the face of fear and uncertainty, which is when most of us tend to cling to the known. This presumably made a lot of sense in terms of increasing survival in dangerous situations in our evolutionary past. Such an innate fear of the other can be reversed, though, with exposure to other races, even in infancy (Anzures et al., 2012), and it is no coincidence that it was the most multi-racial conurbation, London, that came out so strongly against Brexit. We have seen the possibility for more empathy and openness, for example in the changing attitudes towards gay rights and sexuality in general; change is possible but less so when we feel threatened.

'Stress and worry wire our brains for distrust.'

The psychological processes involved of course are just those that psychoanalysis has thrown such convincing light on. Lesson one in psychoanalysis, and for most of us in our own experiences on the couch, is that when we are feeling bad, upset or threatened we often try to project that badness, uselessness or upset into others. Of course those who are different to us and can be painted as 'outsiders' often have the perfect valency for receiving such projections. It is all too clear from the news that these are flying around thick and fast in very worrying ways, with many more reports of racist attacks, for example.

I have often wondered whether psychoanalysis' emphasis on early object relations, attachment and defences against vulnerability and dependency could be successfully hitched to another set of theories, those based around social ranking and its power. In the psychotherapy world Gilbert is probably the person who has emphasised this most as a perspective too often lacking in psychotherapy theory (Morrison and Gilbert, 2001; Gilbert, 2009). Gilbert's work fits well with an evolutionary frame, and links with research reported by Wilkinson and others (Wilkinson, 2005) concerning how, in stratified social groups, a hurt, insult or upset gets handed down the line to another of lower rank, like an ongoing sequence of 'kick-downs', often accompanied by 'kisses up' to those of higher status. As Wilkinson and others have emphasised, this happens much more in unequal social settings and societies, and at times of stress, pressure and uncertainty. As Gilbert also emphasises, the social ranking system is more highly triggered when our threat system is activated, while more cooperative, compassionate states of mind only come online when we feel more at ease and safe, without which we feel less trust of others. The affiliative systems, which psychoanalysis works so hard to develop, that allow us to feel dependent, vulnerable, uncertain, trigger many of the brain regions involved in trust, emotional regulation and reduced fear. It is not a huge leap to make links between highly triggered stress systems, paranoid-schizoid anxieties and distrust of the other.

We are learning that those on the political right tend to have more highly triggered fear systems and more easily become rigid (Carraro et al., 2016). Some research (Renshon et al., 2013) on the effects of anxiety on political attitudes showed how fear tends to make us more suspicious and wary of others. In one study 138 men from Cambridge, Massachusetts, watched films and then answered questions. Some watched relaxing images such as of beaches and palm trees, or heard soothing music. Others had to watch Sylvester Stallone's rather terrifying film, *Cliffhanger*. The latter group not surprisingly had heightened physiological reactivity after watching two minutes of rope dangling peril. Maybe more worryingly, watching this led them to have stronger anti-immigration and prejudiced attitudes.
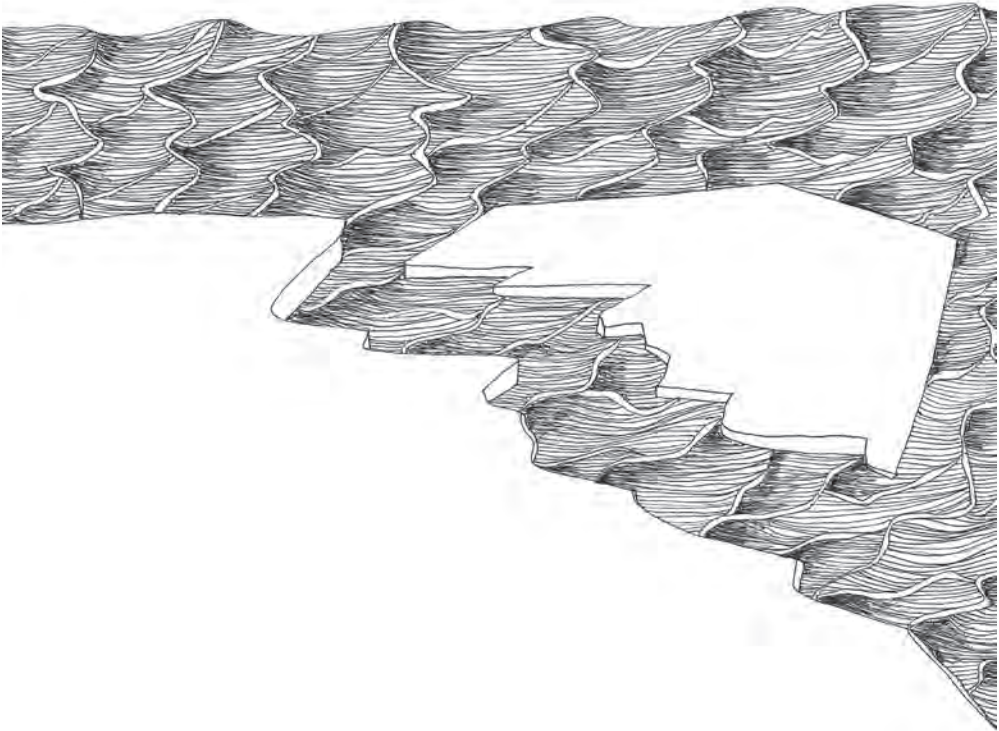
Thus fear, anxiety or anger generally turn down our empathy circuits, and lead us to function from what are often considered more primitive brain pathways, those that we share with our less sophisticated mammalian and reptilian ancestors. When our backs are against the wall we need to fight or flee, not to be interested in other people's feelings.

Lots of other research is pointing in a similar direction (Schreiber et al., 2013; 2009). During the risk-taking tasks, Democrats demonstrate much greater activity in the left insula, a region associated with social and self-awareness. Republicans on the other hand use their right amygdala more, a region involved in the body's fight-or-flight system. Amazingly, brain activity in these two regions alone predicted whether a person is a Democrat or Republican with 82.9% accuracy, which is much better than any other predictors we have, whether looking at genes or parental political allegiance.

This kind of research has been coming through thick and fast recently. Another study (Newman-Norlund et al., 2013) found that Democrats tended to have higher activation in brain areas central to understanding other people's points of view, such as the inferior frontal gyrus, supramarginal gyrus and angular gyrus. Republicans tended to process social experiences in brain areas which suggested a tighter, less outward focussed attitude, one which relied more on loyalty and tradition. This is what Jonathan Haidt found as well in his study of the morality and politics (Haidt, 2012).

This might also explain why we see more conservative political views as well as racism in those who also have guns at home in America, and are more opposed to lenient immigration and

Our state of mind

continued from front page

project of social transformation. As Slavoj Žižek once said, it's not a case of 'Father, forgive them, they know not what they do,' but 'They know exactly what they are doing, and still they carry on doing it.' Put more mundanely, we have accepted that the neocon project is simply and straightforwardly ideological. It's one feature of any true ideology that it is a closed system of thinking and action. It may be in crisis, or teetering, or shot through with contradictions, but *arguments* won't affect the tenacity with which its adherents and propagators cling to its precepts. They cling either because they 'do not know what they are doing' and so other people's critiques just make no sense, or because they 'do know what they are doing' and have no intention of being deterred by the opposition.

Ideology, ideology

Second, we argued that the impact of most policy making was attenuated, weakened by a failure to engage with the emotional and relational complexity of the social processes it is attempting to steer, influence or promote. Again, our assumption was that someone out there might be listening, available for enlightenment, persuadable. Once again sadly we no longer think this is the case. On the one hand, engaging in research, argument and policy struggle about the evidence for one or another variety of mental health treatment or social intervention still does seem worthwhile. The rationalist instruments of the state with respect to evidence-based practice do create some space for meaningful struggle. On the other hand, we have little faith any more in the idea of evidence-based policy making. Policy making seems to have been entirely subsumed by politics, and that means ideology.

1984 revisited?

We saw the world through the lens of the public sector – a belief that instruments of the state can and in some form should be the answer, embodying as they do a commitment to principles of universality and a thoughtful relationship to the whole body politic, however imperfectly enacted these principles might be at any one time and place. Does anyone still believe in the state as conceived by the postwar British settlement? Is this a useful point of reference for thinking and action in the current period? The market state seems to have won out over the nation state, and the true situation of health and welfare now appears to be understandable only if we accept this. We are not arguing that this is palatable, just that it is true. The consequence is that, for example, the 'core professions' are no longer likely to be a site of effective struggle for a better world. The junior doctors mounted a rather heroic defence of their cause, but ultimately were defeated. It dawned on many of us during their dispute that this was a contemporary 1984 'miner's moment'; the government's project was to break the power of this most prestigious, and well organised, public sector professional group – they long ago won the day in relation to social workers and teachers.

Lost and found

At some level this project is also centrally about breaking the spirit, and the integrity, of public sector professionals themselves in their individual and collective role as guardians of the project of a socialised health and welfare system. Once they can be positioned as greedy, non-compliant, backward looking, incompetent, any defence of their values and practices can be successfully subsumed within this denigratory discourse.

Corralled within industrialised, efficiency-driven, digitalised work spaces and systems, hyper-alert to the survival anxieties of their organisations and the threats of regulatory, performance management, inspection, and audit regimes, they enter our 'space' as fatigued victims of the logic of the market.

In providing a 'space for thinking and reflection' about themselves and their relationship to their work, we also enable them to understand something of the political as well as the task-related origins and meaning of their injured state. Their depression emerges first, then some of their anger, and because we model a 'space for thinking', a revival of their creativity, determination and belief in the possibility of carving out spaces for relationship-based work in their organisations usually follows. In essence they recover a sense of vocationally grounded *fight*. A number of them pursue innovative and courageous doctoral research projects that influence local and even national practice. These are important retrenchments, but if our analysis is accurate, also small victories on a battlefield where the war is being lost.

Memory loss

Here is an example of how it feels to be 'losing'.

In a recent paper one of us described the innovative work of a very skilled and experienced practitioner in the Adoption field. She has worked for the same local authority for 16 years, and her work is predicated upon this embeddedness within an organisation that respected her, supported her practice wisdom, and which she knew how to influence. But a recent conversation with her disclosed a new dimension in the struggle to sustain meaningful and engaged welfare work with vulnerable populations. A sudden recent increase in staff turnover at various levels has resulted in an influx of new workers and managers with no apparent interest in 'history' or local innovation, just a concern to hit the ground running and meet the targets. In addition, the government's intention to outsource and regionalise adoption work within third sector 'hubs' threatens to uproot and unravel her entire initiative. This is the problem of systematic 'dismemberment' of organisational systems and networks that previously provided relatively stable conditions in which therapeutic work at the 'coal face' – the link between damaged pasts, current reparative interventions, and hopeful futures – could be made and sustained.

Fugitive welfare?

In summary, if the original idea of borderline welfare we tried to capture was about a state of oscillation in a health and welfare project, pulled by a range of forces towards deep and intimate engagements on the one hand, and away from these on the other, then we now think the predominant state of mind is one of *flight*, characterised by:

- A retreat in the whole system from the principle of universal, state sponsored, compassionate care for the vulnerable and disenfranchised.

- A flight in the whole system from the principle of equality of need in the face of 'social suffering'.

- A flight in the workforce from any sense of confidence in the reparative and relational roots of their vocational and career choices – people's 'true' professional selves are in hiding, conserved mostly as a lost aspiration, sustained and nurtured in a few public sector enclaves, or revived in new and emergent sites in the 'third sector'.

- A retreat from conditions that sustain organisational and professional memory, and thus the possibility of 're-membering' ourselves.

The difficulty the fugitive faces is in mounting any effective resistance to the forces of acculturation and conformity. This is an experience many of us are encountering, but it is not a clear experience because the question that comes to mind is whether the fugitive state of mind is a description of our exclusion or whether it's a description of our flight from the complexity of where we find ourselves. Put another way, are we fugitives *in welfare* or *from welfare*? If that was not confusing enough, how do we manage ourselves when we find ourselves both *in* and *in flight from…*?

For those of us who were brought up and decided to work in the public domain it is very hard to imagine any other form of resistance other than the recovery of what we knew and believed in. Clearly we cannot abandon the public domain, but perhaps, and uncomfortably, this may for the time being at least not be the site of resistance or the site of new ideas.

One of the ambitions of a fugitive is to find another place, not an idealised place, but a place where some prospect of hope can be found. Paradoxically one of our weaknesses might be in the difficulty of no longer being able to rely on our privileged locations in places like the Tavistock, in psychoanalysis, in the security of our professional identities, all of which face a challenge. Perhaps we need to explore the degree to which we were caught in the grip of a complacent defence in which we idealised our standards and thinking, our NICE if you like, in the belief that our privilege is such that we will and should survive regardless of what is happening around us. Rather on the late side have we had to face that what once protected us is now at risk and concerned with other things.

'The predominant state of mind now is flight.'

One of us was very taken by a Professor of Nursing talking at the recent Wounded Healer conference, describing her research into nursing careers. She described a process of how the idealism that prompted choosing a nursing career necessarily but painfully becomes compromised by experience at work; however, what she noticed was a transition from compromised idealism to crushed idealism in her trainees that was most difficult to prepare for.

There is no one model or culture of 'meaningful welfare'. The propensity to generate creative variety in social life is a mark of what it is to be human. Our question is whether we have entered a genuine and real period of dehumanised welfare – 'anti-social welfare' as one participant in the seminar characterised it. If there seems to be something inhuman about the contemporary culture of welfare and mental health, it is in part because of the suffocating influence of market rationalities which at worst are a kind of perversion of enlightenment universalist principles. The struggle we face is how to first of all understand well what is happening to us, for us, and in ourselves; but second, how we can mobilise hope and political will in the search for new forms of meaningful welfare engagement. We are in a damaged state, but in the here and now our task is to rediscover reparative drive in pursuit of a different and more decent future ∎

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Society

Money matters

By Anca Carrington

EVEN IN TODAY'S almost cashless and increasingly digital and contactless world of exchange, money remains a defining component of human experience. Whether present in material form or not, it operates as the placeholder of a third position, opening up the possibility of desire and the promise of satisfaction. What can become easily overlooked is that the promise is more important than the satisfaction.

The psychoanalytic literature has, now and again, approached the subject of money, primarily with a view to elucidating the place it occupies in the economy of the clinic. In this respect, considerations around the setting up and payment or non-payment of fees have prevailed (e.g. Krueger, 1996).

The alternative line of exploration I propose (Carrington, 2014, 2016) is that which seeks a psychoanalytic understanding of money in ordinary life, rather than as an element of pathology.

Freud (1908, 1917) approached this topic with a degree of hesitation, and some argue that this was because his own relationship to money was largely difficult and unresolved (Warner, 1989). On the few occasions that he considered the place of money in the psyche, Freud did it within a developmental framework, famously linking it to the anal stage and proposing the well-known equation *money = faeces*. For Freud, money begins its life in connection to relatively early bodily concerns, later superseded by the more challenging preoccupations of Oedipal considerations.

My main thesis is that it is particularly on this Oedipal level that money takes its well rooted place in the psyche, as it becomes a vehicle for navigating triangular configurations. It does this by offering the buyer, with each transaction, a way of eliminating the third (say, a hat seller), and gaining direct access to the desired object (say, a new hat). This manoeuvre also suits the seller, who can use the money to link into to their own triangular configuration, and to cut the tie between another third (say, a bookseller), and a book he or she may desire. The move from barter to a monetary economy is not simply a collective development that benefits society, but a kind of personal liberation, a readily available solution to a difficulty about one's position in the world that never quite gets resolved.

I argue that money offers a promise, because one triangle is never enough, neither are one hat or one book. The satisfaction is always fleeting, and then desire continues on its journey, towards the next thing, the one that, as each of one wishes, *will* offer that elusive lasting satisfaction. 'Currency' is a word that does not just refer to money, but to a flowing movement, too.

A devoted follower and daring disciple of Freud's, Jacques Lacan (e.g. 1994), was the one to clarify the rather troubling connection between desire and the death drive, between the prohibition that the Oedipus complex offers and the more disturbing impossibility that lurks beyond the pursuit of satisfaction in pleasure, that is what operates beyond the pleasure principle. Satisfaction is not just forbidden, kept out of reach, under the veil of unwritten yet powerful rules, but rather impossible, other than in the terrifying lack of tension that death may bring.

'Money becomes a vehicle for navigating triangular configurations.'

In that sense, money is best placed to keep the flow of movement going, from one wish to another, from this promise to the next. It fails each time, as the thing that we are all looking for is never quite the one we manage to find. This is very important, as it keeps the search going. The next hat is bound to fit better, the next book could well be the one that answers all the questions. And so, we continue our search for that something that seems difficult to reach but remains impossible. What really matters is not what is missing, but the fact that something is missing, that a gap is there such that movement and therefore life become and remain possible. A bit like in the number slide puzzle which can never be complete, but which would not work without a missing piece.

Money works because it fails, and we need its failure as a silent guide in our continued search for a satisfying path that remains on the side of life ∎

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Postscript: Brexit and the disruption of phantasy

The recent referendum vote in favour of the UK ending its membership of the European Union, after 43 years, has created a great deal of emotional disruption, as something about it suddenly became represented in very personal and painful ways. I encountered this response almost universally, among friends, patients, in social media contexts, and the more traditional media channels.
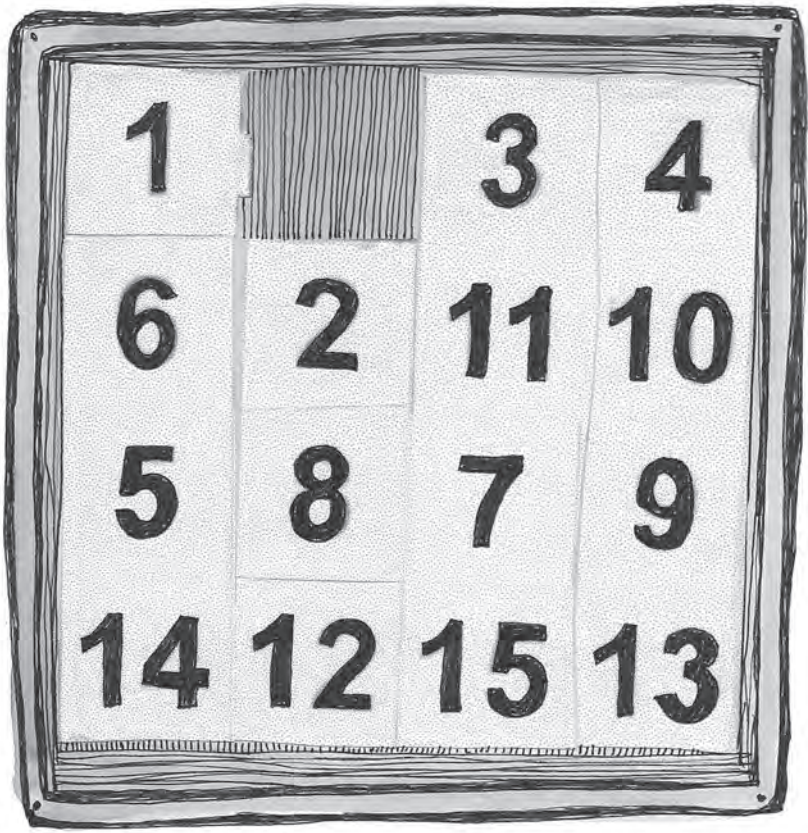
Having spent close to a quarter of my life studying and working on matters related to the economics of the European Union, I feel inspired to reflect on this response. For the same reason, perhaps, I feel more curious than emotional about the impact of this event on the individual psyche.

A bit of background. The European Union of today started life soon after the second world war, as a condition of the Marshall Plan, bringing together the management of the coal and steel resources, such that no more weapons could be made and turned on each other, as the reconstruction work got under way (The European Coal and Steel Community established in 1951 by the Treaty of Rome).

The version joined by the UK in 1973 was one where the gains from free trade were openly pursued, and where 'in was better than out', but not necessarily a first choice. Indeed, soon after joining, the UK held a referendum about the continuation of this membership. The UK navigated this second best scenario by being both in and out, that is to say in, but with exceptions, special terms and footnotes. One notable exception was not taking part in EU's most poignant development, the introduction of the single currency (Carrington, 2003). While guided by carefully designed economic criteria, this move remained purely political, as in the run up to the introduction to the euro the so-called convergence criteria were strictly met by only one country, the smallest of all: Luxembourg.

The options of in and out were, and remain, of a second best kind. Neither is free of consequences, which could be translated into costs and benefits, some

Continues overleaf

Brexit

other liberal policies, as Kerry O'Brien found in a recent study (O'Brien et al., 2013). A state of mind in which fear is prominent often gives rise to more suspicion and less likelihood of caring for others. Perhaps this links with the Brexit-related arguments of Kaufman, writing recently for the Fabian Society (Anon, n.d.). He showed how Brexiters were also more likely to be supporters of capital punishment, and also more likely to want to harshly punish those who commit sex crimes. Kaufman argues that there is a 'close relationship between feeling fearful of change, desiring certainty, and calling for harsh penalties for criminals and discipline for children. These are people who want a more stable, ordered world. By contrast, those who seek change and novelty are willing to embrace immigration and the EU.'

What much research is suggesting is that when people are suspicious, fearful and things are going badly, they tend to have more activation in areas of the brain such as the insula, central to disgust and fear, and less activation in brain areas to do with empathy, curiosity, trust or openness to novelty.

I am not arguing that 'it is our brains what did it', quite the opposite. Our brains are profoundly sculpted by and responsive to our experiences. Research about the brain and trauma, abuse or stress (Schore, 2009; Perry, 2002; Bluhm et al., 2009; LeDoux, 1998) has shown how when our threat systems are engaged, when we sense danger, then the bodily and brain areas central to social engagement (Porges, 2011; Ogden, 2006) are turned off. This is basic survival. However, the brain areas that are dominant in fear, anxiety, threat or anger in fact work against those that are central to cooperation, empathy or caring for others, and they can rather give rise to much more small-mindeness and conservatism. I suspect this is the explanation for many of the findings which suggest that just when you might think people might be protesting, and wanting to join together to fight for a better world, in fact they often become more conservative, more suspicious and less politically active.

However there is hope. As Christopher Boehme found (Boehm, 2012), while we too easily fear the other and in fear we also become more conservative, we also have an evolved legacy to fight for justice and not to let injustice be tolerated. He showed many examples of autocratic, greedy or unfair leaders in our hunter-gatherer past being overthrown, and the roots of this lie in cooperative joint action, banding together to fight for a belief. This is what we see in all social movements, from Occupy to major revolutions, and maybe that is what we need to galvanise in this moment. A sadness for me is that in the campaigning Project Fear ruled both sides' arguments, with Remain spreading

fear about economic ruin and the like, devices bound to stir up conservative fear responses. Unfortunately too few were standing up and fighting for how we are better together, for what we gain from immigration, multiculturalism, and being part of a greater whole which can, whatever its weakness, fight for a better and safer world ∎

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Money matters

easier to articulate than others. Remaining would have involved being included in a changing organisation, in which the usual UK position of selective exception would become harder and harder to negotiate and to sustain, as the European Union continues to move into unknown territory, as it is confronted by new challenges, both internal and global. Leaving involves another kind of uncertainty.

The choice presented was not between change and the absence of change, but between two kinds of change. The referendum provided a brusque reminder that the world we live in is ultimately uncertain, and brought to the fore a sense of feeling unprepared and bereft.

It may well be that the EU, the one without the UK, will change in such a way that it would make it desirable to the UK again, but also change in a way that would not have been possible without this disruption.

'Leave or remain, each offered the illusion that change can be avoided.'

While a member, the UK occupied a rather hysterical position, where the desire of the other was to be sustained while its satisfaction frustrated. With the decision to leave, the UK is moving more towards a more obsessionally neurotic position, where there is (in phantasy) no other whose demands to be impinged upon by, a potentially destructive vision of self-sufficiency.

The world as we knew it until the 24th of June was the foundation of a rather stable phantasy. Now both the UK and the EU are searching for a new target for their resentment. Internally, this seems to take the form of intergenerational or locational war: the young blaming the old for their vote, London blaming the north. In the

EU, the enemy, danger and target is the idea of further members leaving, the so called risk of contagion.

The outcome of this vote constituted an action on a scale that disrupted established phantasies, as it raised the question of one's position (individually, as a voter, collectively, as a country), made one's position something that can be questioned.

Leave or remain, each offered the illusion that change can be avoided. But the difficult truth is that change remains inescapable, and that the future is uncertain.

Messages are addressed, reproaches, pleas and threats are made in turn: to the phantastic Other that provides or allows for freedom, the horrible Other that robs or deprives, the cruel Other who prohibits. An overheard conversation sums this all up: 'I woke up thinking that nothing would change, and now everything has changed.'

We know, clinically, that a new phantasy cannot be created overnight, that it takes time to find a way that makes being in the world into a stable and rewarding construction, and that it is dangerous to expose abruptly the impossibilities that remain, threatening and impassable, behind the phantasy. What deserves attention is the function that the arrangement lost through this vote offered, so as to learn something about its configuration and place.

One of the first visible impacts was on the £ exchange rate, as the British pound became the rejected currency, pushed away, as it suddenly became perceived as an invalid avenue to lasting satisfaction. The territory is difficult and the journey disrupting. Change is trouble, but change is also the flow of life ∎

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Society

The shadow of the Facebook

By Brent Thompson

AT TIMES I HAVE thought 'What would Freud's opinion be of Facebook?' 'What would he think of the internet?', 'What would the implications be for his Metapsychological works?' The psychodynamics of Facebook usage and other social networking services (SNS) are undoubtedly complex and beyond the scope of this article to assess in full. I do think that psychoanalytic theories have a lot to say about, and contribute to our understanding of recent technological changes and the digitalisation of our lives.

Over 1 billion, or 1 in 6 of our total population, use Facebook, making it the most successful SNS to date. It has had unprecedented success and is a global phenomenon. Facebook is a free SNS that allows you to create an account whereby you can make 'friends', upload photos and videos, and make comments to 'friends' on your 'feed' and see other comments, photo and video that 'friends' have posted. A hallmark feature of Facebook is the 'Like' button, whereby you can 'Like' other things people have shared, or they can 'Like' things that you have shared.

Psychological research has not ignored the implications of internet usage, and has brought our attention to a link between Facebook and depression. Morrison and Gore (2010), who conducted a study investigating Internet Addiction (IA) with a large sample, found that those higher in IA or those who used Facebook more frequently were significantly more likely to report high levels of depressive symptoms. The causal effects of this were yet to be determined; however could we say that Facebook usage causes depression? In addition to this was an association between individuals deemed higher in narcissism and lower self-esteem with greater online activity (Mehdizadeh, 2009). A concerning conclusion which could be drawn from these papers is that people higher in narcissism and lower in self-esteem will use Facebook more and will report higher levels of depressive symptoms.

In his Mourning and Melancholia paper, Freud (1917) was concerned with explaining a pathological disposition to loss to that of healthy mourning, namely melancholia. Melancholia, which we would now call depression, was described by Freud as having similar characteristics to mourning except by which the loss was unconsciously characterised by idealisation and self-reproaching hatred. Freud distinguished the Melancholic from the Mourner, in that the Melancholic may be able to recognise whom they have lost but not what they have lost, whereas the Mourner can recognise both. Reasons for this according to Freud were due to splitting of the ego, whereby the ego unconsciously identifies with the 'abandoning' lost object, giving rise to the famous quote, 'The shadow of the object fell upon the ego.' Through the process of regression, a narcissistic identification replaces object-cathexis so that the love-relation has no need to be given up and the lost love object has been incorporated under the regressive pull to the oral cannibalistic phase of development (an economically advantageous position).

'Facebook may act as an externalisation of a narcissistic retreat.'

Through difficulties in the conflict generated by ambivalence, hate towards the object becomes turned upon the self, and further splits in the ego fuel what Freud described at the time as a critical agent (Superego), and we can see the self-reproaches, and love is attributed to significant others or the world. With the melancholic, the ego becomes impoverished, whereas with the mourner, the world has become impoverished. Freud goes on in his paper to give a brief account of mania, stating that the content of mania is no different from that of melancholia. However in a manic state, triumph is characteristic over the lost object, through a dismissal of it.

I would put forward that to say Facebook usage causes depression is not reflective of the complex psychodynamics at play, and that more consideration needs to be paid to Facebook's unique contribution of providing a matrix for a propensity or hypercathexis through its particular configuration for the pre-existing dynamics of depression to unfold.

Individuals psychically predisposed to the narcissistic basis of depression will inherently project their inner world into the Facebook matrix. Facebook may act as an externalisation of a narcissistic retreat, through regression according to Freud – via a pseudo or illusionary form of object-relating. In other words, I share my thought/photo with you, but you are not there; instead it is the unconscious representation of you that is there, or rather a lost object. This is then met with another unique configuration of this matrix – the Like button. The Like button may in turn further the processes of splitting already present in the ego and lead to further depletions in the individual's mind through projecting 'good/loving' or 'idealised' aspects onto Facebook. This may take the form of viewing the other's post in the distorted idealised fashion in which they may be perceived by the person, and in turn may lead to idealising distortions in the person's own communications, leaving the ego only with the 'bad/hated' aspects to unconsciously identify with, and to paraphrase Freud's famous quote, The Shadow of the Facebook has fallen upon the object. However, we don't always hear about the positive aspects of people on Facebook, either from themselves or from others, so what becomes of idealisation in this case? Quite often we can see and hear others saying negative things about themselves which I would put forward may be a different form of the same unconscious process of idealisation. This may represent a simple inversion of the idealisation; perhaps one could say being ideally worse than the other. This may suggest to us other aspects of theory need to be called in, such as masochism, in understanding this inversion more fully.

Arguably, another facet of this unique matrix is that of object permanence. Naturally in life we make and break relationships with others as time passes, some stay some go, therefore mourning is an advantageous and adaptive process for us to engage. But Facebook provides an omnipotent quality over loss, whereby we can always be 'Friends' online, and also even a manic quality to triumphing over mourning itself – dismissing it, or as Freud put it, having no need for the object to be given up; sure I can always look them up on Facebook.

Unfortunately it is beyond the scope of this article to include the clinical examples which inspired the link in my mind between Freud's theory and Facebook, and of course I have not given due attention to other theoretical explanations of the psychological complexity of Facebook usage such as borderline processes and issues with intimacy and isolation. But I do hope this article has sparked your own thoughts regarding internet and SNS usage. In summary I have put forward that it is not Facebook per se that causes depression, but rather that it provides a unique matrix which may heighten the propensity of pre-existing psychodynamics that lead to occurrence of depression, but that also this may also act as a warning for all of us with regards to the depressed aspects of self, and to maybe err on the side of caution when using Facebook, or the Shadow of the Facebook may fall upon on us too.

I hope you 👍 my article ∎

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The interpretive laboratory

By Bob Hinshelwood

Clinical practice as psychoanalytic research.[1]

PETER FONAGY ONCE called the psychoanalytic setting the 'interpretive laboratory'. In fact, he warned against it as unacceptably unreliable. That was a brave criticism for a psychoanalyst to make, but it is more easy and common for those who are not psychoanalysts and want to discredit psychoanalysis.

Nevertheless criticisms should always be listened to, and certainly those that challenge clinical research. Quite a time ago, Henry Ezriel made a spirited defence of the psychoanalytic session as an experimental setting. He did so in a paper in 1956 at a meeting to celebrate the centenary of Freud's birth. Here I want to indicate the way our clinical research is criticised and how we should defend it. The psychoanalytic setting has been the fount of nearly all knowledge for the psychoanalytically based therapies that claim insight into the unconscious as therapeutic. It is the 'laboratory' from which Freud produced his discoveries though he also used dreams, jokes, everyday slips etc., for support of his view that the unconscious and its contents are active determinants of peoples' lives, experiences and behaviour.

He did not publish his major case histories because they were successes necessarily, but because they pointed to some new discovery. Dora forced Freud to elaborate his ideas about the transference, and introduce the notion of a negative form of transference; the Wolfman prompted Freud to postulate the trauma of the primal scene. You cannot get more vital discoveries for the theory and practice of psychoanalysis then those. So, if we agree with the critics of our knowledge-production in the clinic, we would have to agree that everything we depend on daily is suspect and therefore it might be ethically dubious to use it in practice.

I want to draw attention here to some valid responses to the criticisms to clinical research, although this is not at all to decry extra-clinical research, or the support from other disciplines of psychology, biology and neuroscience. For a proper investigation, we should always keep an open mind to weaknesses and flaws that are irredeemable, so that we should all give up and learn a new trade. Criticism has not in fact been lethal so far, and it is worth rehearsing the criticisms and the debates as often and as widely as possible.
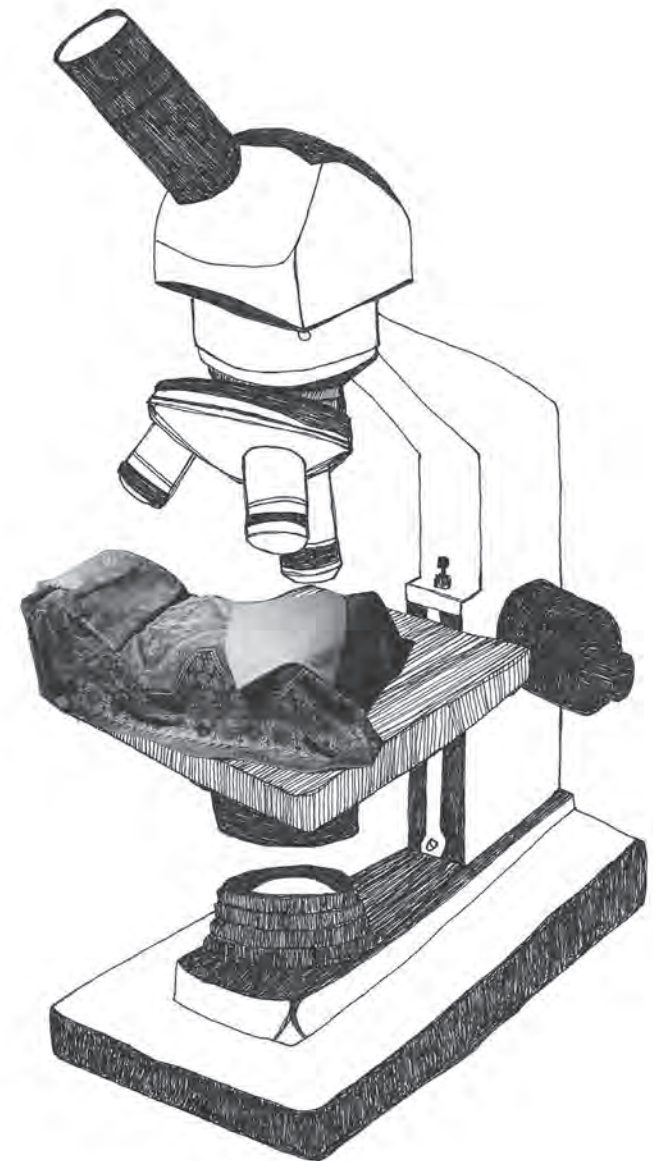
So first, what are the important criticisms which we should investigate?

Leaving aside the *ad hominem* slights on Freud's character and honesty, there are three criticisms that are most telling. First, all psychoanalytic treatments are unique so we cannot create samples that allow an adequate generalisation. Second, though there are few cases, they produced large amounts of material over the course of a treatment, and thus give limitless possibilities for selecting just the right material to prove whatever you want to prove. And the third criticism is the subjective bias of any clinical researcher who has to use his own experience as the instrument for understanding his patients' experiences.

I would like to put forward the beginnings of a debate that will handle all these criticisms, so that in the best traditions of criticism, we will be provoked to improve the rigour of our observations, data and research analyses.

1. Psychoanalytic research as unique single case studies

In 1919, the physicist Arthur Eddington went to India to observe a solar eclipse. It was three years after Einstein published his general theory of relativity which predicted that a ray of light would appear to bend when passing close to the sun's gravitational field. Because of the sun's brightness, stars whose light passes close to the sun can only be seen and located during an eclipse. In fact Eddington did see a displacement of the stars' positions when close to the sun, and thus confirmed the prediction arising from Einstein's theory.

This is a single case experiment. It was enough to give a confirmatory nod to the theory of relativity. In a very different mode, it only required one Columbus in 1492 to sail over the horizon and find landfall on San Salvador Island in the Bahamas. That one occurrence established that land existed beyond the western horizon. The logic of both these discoveries is the single case study design. In natural science the single case study works. It relies on a rather precise yes/no question. Either light rays are bent or they are not. There is no in between. Either there is land beyond the western horizon or there is not.

> **'The psychoanalytic setting is the "laboratory" from which Freud produced his discoveries.'**

There is no reason why such critical questions should not occur in psychology and in psychoanalysis. In my book, *Research on the Couch* (2013), I showed that it is possible to look at historical debates in the literature in these terms, and find similar crucial cases which can decide a much more general point of contention (see pages 112-114 of the book, on nervous tic). I have also given an example of a comparative study of repression and splitting (2008[2]) in which the design used a critical question with two mutually exclusive answers (I called it a 'binary' question). With that question I could then investigate whether 'repression' and 'splitting' were used by different schools of psychoanalysis to refer to the same phenomenon, or whether they were used to describe actually different occurrences.

The point is that it is potentially possible to decide quite general questions with a single case, both in natural science and in psychoanalysis. It is not always necessary to have large samples, and a control sample. This is partly because the psychoanalytic setting is so precisely designed and managed, rather like a laboratory experiment. And that, in turn, means that it is more practical to isolate the single experimental variable, than in most psychology experiments.

2. How to select data

Traditionally Freud selected his data from the free associations and dreams of his patients in a fairly liberal manner. He gathered common themes, or sometimes contrasting themes when two clashing associations came together (contiguously), or he played inventively with puns, and so on. He tried to see narratives in acting-out, and biological impulses in wishes. Unfortunately, his inventiveness in processing his data has given an implicit license to use data in any way convenient – with the risk of conveniently selecting the finding you prefer to find. Typically the criticism is that a favoured theory becomes a yardstick for selecting data which are then used to support the favoured theory. It was a criticism used by Popper in his condemnation of psychoanalysis as a pseudo-science. The imperative therefore is to ensure that selection of pieces of data is as unbiased as possible, and can be argued for *independently of the theories being evidenced.*

In my view it is once again possible to take this criticism seriously and both refute it, and in the process pinpoint elements of clinical practice which can be made more rigorous. In my book on research mentioned above[5], I revisited the literature around 1950 which reclaimed countertransference as a valuable instrument. Later the literature included a degree of caution in the face of the wild use of countertransference. To clarify, I quote from Paula Heimann's second paper, in 1960:

> I have had occasion to see that my paper [Heimann 1950] also caused some misunderstandings… [some analysts] referring to my paper for justification, uncritically, based their interpretation on their feelings. They said in reply to any query 'my countertransference', and seemed disinclined to check their interpretations against the actual data of the analytic situation (Heimann 1960, [1989] p.153).

Implicitly Heimann instructs the analyst to check his countertransference. Equally it could be read as measuring the material selected from the actual associations against the countertransference. Or in other words we might quite explicitly follow a technique which matches both material and countertransference against each other. This process of comparing I have called 'triangulation', a term taken from surveying where a position is located more accurately when observed from two points of view simultaneously. If the associations, or a dream, form, shall we say, a narrative, then that narrative can be compared with the implicit (or unconscious) narrative played out in the transference-countertransference relationship.

This is a quite rigorous selective requirement and deliberately removes the alternative possibility of measuring the material (or the countertransference) against a favoured theory. This triangulating condition is not an easy one to apply in actual practice during the pressures and pace of an ongoing session. No-one of course has claimed that psychoanalytic work is ever going to be easy. And the skills recommended here can be developed, and the best psychoanalytic work does seem to respect that condition.

3. Indicators and false positives

The field of psychoanalytic research is the field of subjective experience. Whereas the field can be investigated with objective methods and objective instruments, it is characteristic of therapeutic work that we use a subjective *instrument* – the mind of the psychoanalyst – to display and collect the data.

In fact, the design of this subjective researching, in line with natural science, involves a cause-effect chain of events, and this resembles exactly an experiment in the physical sciences. The conditions

after a specific intervention are compared with those before, in order to show the effect caused by the intervention. In therapy, we expect to make a difference in the condition of the patient with our interpretive interventions. The symptoms and the patient's relationships are expected to change as an effect of the work of interpretation. Ezriel, mentioned above, asserted reasonably: 'only such forces as exist at a certain time can have effects at that time' (Ezriel 1956. p. 35)[4]. Hence we must expect some direct effect of the insights an interpretation gives. Again there is an involved description of this to be given which can be found elsewhere (in Ezriel's paper). The gist is that the psychoanalytic understanding of the unconscious recognises that anxiety provoking and traumatising experiences are held outside of consciousness by one or other (or combination of) defence mechanism. This pattern of anxiety-defence manifests itself in the immediate present, the here-and-now, in the form of the relationships set up in the therapeutic session.

'We use a subjective instrument – the mind of the psychoanalyst.'

Ezriel then described how the relationship a patient constructs is aimed unconsciously to avoid some other anxiety-provoking contact with the psychoanalyst. The constructed relationship he called the 'required' relationship, and it is intended precisely to avoid an 'avoided relationship'; the latter is unconsciously felt to provoke some disaster or catastrophe. Ezriel gave an example of a man, at a time in his youth when he had been rebellious, whose father had died; strikingly in the therapeutic setting the patient set up a particularly compliant and un-rebellious relationship. The compliance was *required* in order to *avoid* rebellion and a catastrophic outcome – i.e. the death of the analyst that was unconsciously expected to result from rebellion.

Ezriel said that interpretation of that narrative will give an insight, and a more robust willingness to face the rebellion and catastrophe. That increased willingness will take the form of a move towards the avoided relationship. Ezriel's example was of his patient who had been complaining about the Government, but after the interpretation of his rebelliousness began talking of his complaints about the Tavistock Clinic (where Ezriel worked) – his aggression had become significantly closer to the analyst (and thus less terror of the unconscious catastrophe). So, in the session a prediction can be made of a change after a correct interpretation towards material more flavoured with the avoided relationship than before the interpretation.

This paradigm gives the psychoanalyst a very precise method of making a prediction of what sort of change counts as a confirmation of the interpretation (and of the theory on which the interpretation is based). Equally it gives a precise indication of what change is *not* indicative of a correct interpretation. It is possible then to identify false positive indications. Not all changes mean that an interpretation has had the correct therapeutic leverage. Changes can occur after an interpretation simply from the analyst's tone of voice, from the fact he has shown an interest, from the patient's fear of criticism, and so on. There is therefore a considerable power in this model's ability to produce significant results, i.e indications of the value of the interpretation and its therapeutic effects.

Conclusions

In perhaps a rather condensed form, I have tried to show that psychoanalytic clinical work can form the basis for our subjective research, which can compare with other scientific research. I have also conveyed that our methods are not above criticism, but that psychoanalytic knowledge.is not invalidated. Rather criticism serves to help us to refine our basic research ∎

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Notes

1. In this short article, wherever I use the term 'psychoanalysis' the reader should understand I include psychoanalysis and psychoanalytic psychotherapy, and all forms of therapy that respect the ideas of a dynamic unconscious.
2. Hinshelwood, R.D. (2008) Repression and splitting: towards a method of conceptual comparison. *International Journal of Psychoanalysis*: 89: 503-521.
3. Hinshelwood, R.D. (2013) *Research on the Couch: Single Case Studies, Subjectivity and Psychoanalytic knowledge.* London: Routledge.
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Innovations and development in psychoanalysis

By Peter Fonagy

The role of evidence for psychodynamic work

IN 2012, A DEBATE was held at the Institute of Psychiatry with the title 'Wake Up to the Unconscious.' The topic: 'This house believes that psychoanalysis has a valuable place in modern mental health services.' The proponents of the motion were Alessandra Lemma and I, opposing Sir Lewis Wolpert and Professor Paul Salkovskis. Salkovsksis and Wolpert were unequivocal:

'…we propose that it is no longer defensible to continue ideas whose time has come and gone and which have been succeeded by more appropriate ones in an area as important as health care. It would not be tolerated in cardiology or oncology; why should it be in mental health? In evolutionary terms, psychoanalysis can be regarded as a metaphorical appendix; vestigial and unfortunately of no continuing value.' (Salkovskis & Wolpert, 2012, p.1)

In defence, Lemma and I argued that psychoanalysis points to key psychological phenomena – limitations of consciousness, defences, resistances to treatment, transference and countertransference. If effective psychological treatment is to be offered, we cannot do without such basic truths – 'if psychoanalysis is thrown out, these aspects of mind will have to be rediscovered – just like Greco-Roman culture was rediscovered after the Dark Ages.' (Fonagy & Lemma, 2012, p. 2)

The debate was the best attended of any Maudsley debate in the 12-year history of that series. The organisers turned away as many people at least as filled the 350-seat Wolfson Theatre. The votes at the end? There were 31 abstentions, 38 believing that psychoanalysis had no valuable place in mental health services, and 260 affirming its centrality.

How can we reconcile the popularity of a set of ideas with the very real criticisms that it faces? As someone who has been involved in this field for over 35 years, I continue to be surprised by the co-existence of the inspired thinking of psychoanalysts with the institutional neglect by psychoanalytic organisations of scientific activity that might ensure the long-term survival of our treasured insights into the human mind.

Of course the canons of scientific acceptability are as culture-bound as all human pursuits. Late 20th and early 21st century culture has prioritised randomised control trials (RCTs) as the gold standard of clinical research. It is easy to forget that this is a recent development. The first RCT was performed just after World War Two by Austin Bradford Hill to provide an unbiased test of the usefulness streptomycin in tuberculosis. Because the approach of randomly assigning patients to placebos or active drugs is quite cumbersome and expensive, this new British invention was hardly used for some decades – not until the epidemic of stillbirths and phocomelia caused by the massive uninformed prescription of thalidomide to pregnant women, which led to the mandating of RCTs by the US Food and Drug Administration in 1970. Very many RCTs followed in pharmacotherapy and soon in psychotherapy, some small, some large, some well-designed, some shockingly unscientific.

Psychoanalytic psychotherapy was late to the game of extending RCT methodology to psychosocial interventions. There was no theoretical or practical reason that justified this. Psychoanalysts probably felt reluctant to submit their patients to trial protocols that felt emotionally and ethically incommensurate with their treatment approach. Although we are beginning to become active in this field – there are perhaps more than 180 trials of psychoanalytic treatment in the literature – the number of trials of psychoanalytic psychotherapy probably amount to less than 5% of the total number of trials for CBT. There is however a welcome and steady increase of tests of psychoanalytic treatment, helpfully summarised in influential journals such as the *Lancet* and *World Psychiatry*. The bottom line? Compared to controls, psychoanalytic therapy tends to be effective for depression, some anxiety disorders, eating disorders and somatic disorders. There is less evidence to support its application for post-traumatic stress disorder, obsessive-compulsive disorder, bulimia nervosa, or drug dependence. The strongest evidence is for relatively long-term psychoanalytic treatment of personality disorders (particularly borderline personality disorder).
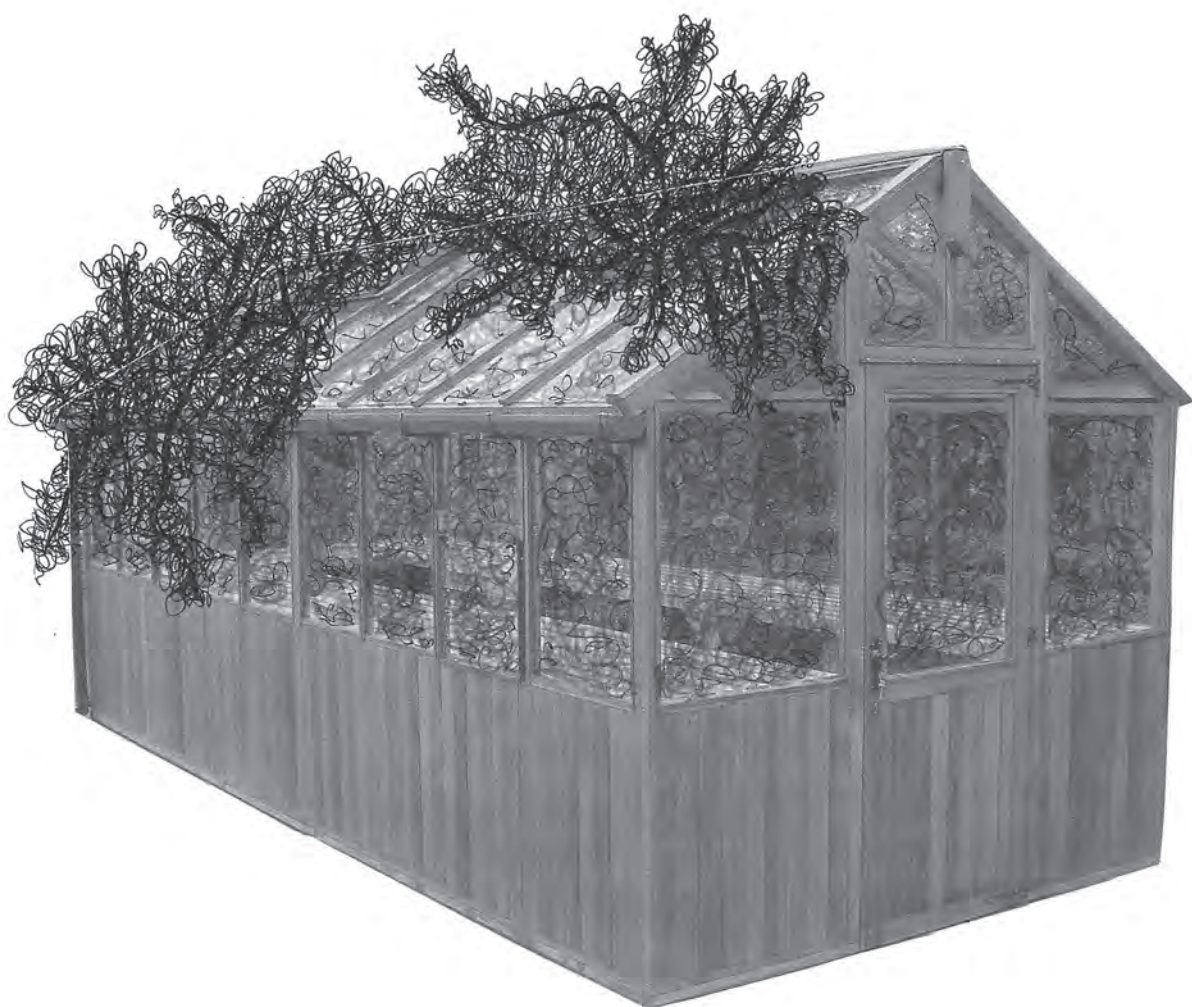
'There is a welcome increase of tests of psychoanalytic treatment.'

But just as we are joining this project there is every indication that scientific culture is ready to move on. (Readers could with profit consult a recent article by Brothwell et al (Bothwell, Greene, Podolsky, & Jones, 2016).) There is general disappointment with RCTs in relation to their fundamental purpose – freeing clinical evaluation of bias. RCTs tend to be funded and carried out by treatment developers, especially pharmaceutical companies. In a review of SSRIs for adolescents with depression we showed that published studies were far more likely to show favourable outcomes to this medication than unpublished ones (Whittington et al., 2004). Elevated risk of suicidal ideation was hidden in unpublished papers. Analogously, in the psychotherapy literature, the outcome of RCTs is well predicted simply from knowing the therapeutic orientation of the first author of the publication.

Many have also criticised RCTs for only showing whether a treatment can work in principle, giving little information about likely effectiveness in particular clinical settings. RCTS are cumbersome; by the time the results have appeared, the field has moved on. RCTs should produce generalizable, widely applicable clinical knowledge: in reality evaluations are confounded by economic, political and cultural considerations. Less than 4% of NIMH's budget for CBT is spent on psychoanalytic therapies. (Those distributing research money have explicit or implicit views about the value of tests of psychoanalytic therapy.)

Most importantly, RCTs speak to the expected outcomes of the average patient in a particular diagnostic category. But both the categorisation of the disorders and the meaningfulness of an average are brought into question by the rising prominence of genetics and precision medicine.

But notwithstanding profound limitations, RCTs are necessary above all to assure ourselves that what we are doing is worthwhile. Until a well-designed RCT, generations of surgeons and oncologists recommended radical mastectomies to women who would have been equally well treated by far less invasive lumpectomies. There are many similar examples. For psychoanalysis the issue of RCTs is less about proving our worth

to funders but rather to assure ourselves that the treatments we are undertaking achieve the goals that we have set and that the outcomes justify investment (in terms of energy and opportunity costs to the patient, as well as finance).

I do not accept the riposte that patients can judge for themselves. This is exactly what they are unable to do. None of us can compare our outcomes to an alternative life scenario. Nor do I accept that we, as therapists, can observe benefit to our patients in routine clinical practice. I think unconscious doubts about our own value significantly contribute to our reluctance to undertake scientific investigations. The recent Tavistock Adult Depression Study (Taylor et al., 2012) may illustrate the intrinsic limitations of our knowledge as clinicians. In this RCT, patients with treatment resistant depression were randomised to psychoanalytic psychotherapy or control treatment. Although psychoanalytically treated patients improved, they were no better off than those who were managed in primary care with a combination of medication and other psychotherapies. It was not until 18 months after the end of treatment that differences favouring the psychoanalytic approach emerged. Without a trial, the clinician would not have been aware of this difference. It was the continued relative wellness of those randomised to psychoanalytic therapy that generated the difference.

'It will give us confidence that what we are doing is of value.'

We are about to analyse the results of our trial of dynamic interpersonal therapy (DIT). As with the TADS trial, we have endeavoured to undertake the long-term follow-up because we suspect that it is the way individuals with psychoanalytic psychotherapy cope with life, its tribulations and trials, that is most likely to reveal the benefit of an approach that is not focussed on symptoms but rather on an individual's conceptualisation of their life, their relationships to others, their capacity to tolerate affect, to feel more emotionally alive, to understand themselves and others in nuanced ways, to live life with greater freedom and flexibility, to clarify their reasons for living, their values, ambitions and expectations for life.

In summary, we need the unbiased examination of long-term outcomes which RCTs are able to provide. In the short term this will also ensure that we meet the minimum criteria for publicly funded treatments. But it will also give all of us confidence that what we are doing is of value. In the long run I am sceptical about RCTs. They show treatments to be reasonably effective for certain conditions, but they cannot assure the suitability of

a particular individual for a particular treatment. We require new person-oriented methodologies for identifying what works for whom. This is in no sense discouraging; it calls on us to redouble our efforts to use all the tools that science can offer. If the field is to advance, we have to do more than talk about the global effectiveness of a heterogeneous category of approaches offered to a heterogeneous group of patients. There is much that we can achieve by building on what we already know and we can learn much more by 'playful' experimentation, partly driven by advances in bioscience, new disciplines like computational psychiatry, the exploration of Big Data, digital interventions and just more systematic application of methods already in use (outcomes monitoring and measuring early treatment responses). We are at the beginning of a road. And it is an exciting journey ahead ∎

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Theory and practice today: Research

Research: the current debates

By Ann Scott and Jessica Yakeley

LAST YEAR, under the auspices of its Advisory Group on Research and the Evidence Base, the BPC surveyed its member institutions on the complex topic of research teaching. The aim was to find out what the Member Institutes (MIs) were offering their trainees in this area, and what their views of research in relation to clinical work might be. The survey tells us that most MIs now include research teaching in their curricula, but that there is considerable variation in the provision.

The BPC's 10-part seminar series, *Research: The Current Debates*, which runs from this October to June 2017, complements the work of the MIs in the research arena by providing an opportunity to showcase and engage with the differing approaches to research in psychoanalysis and psychoanalytic and psychodynamic psychotherapy. By means of linked presentations, this innovative series aims to identify and debate the range of approaches that are now being taken in what, as the survey shows, can still be a contested arena. We are delighted that leading researchers in the field will be presenting their own work, and their reflections and perspectives on current debates.
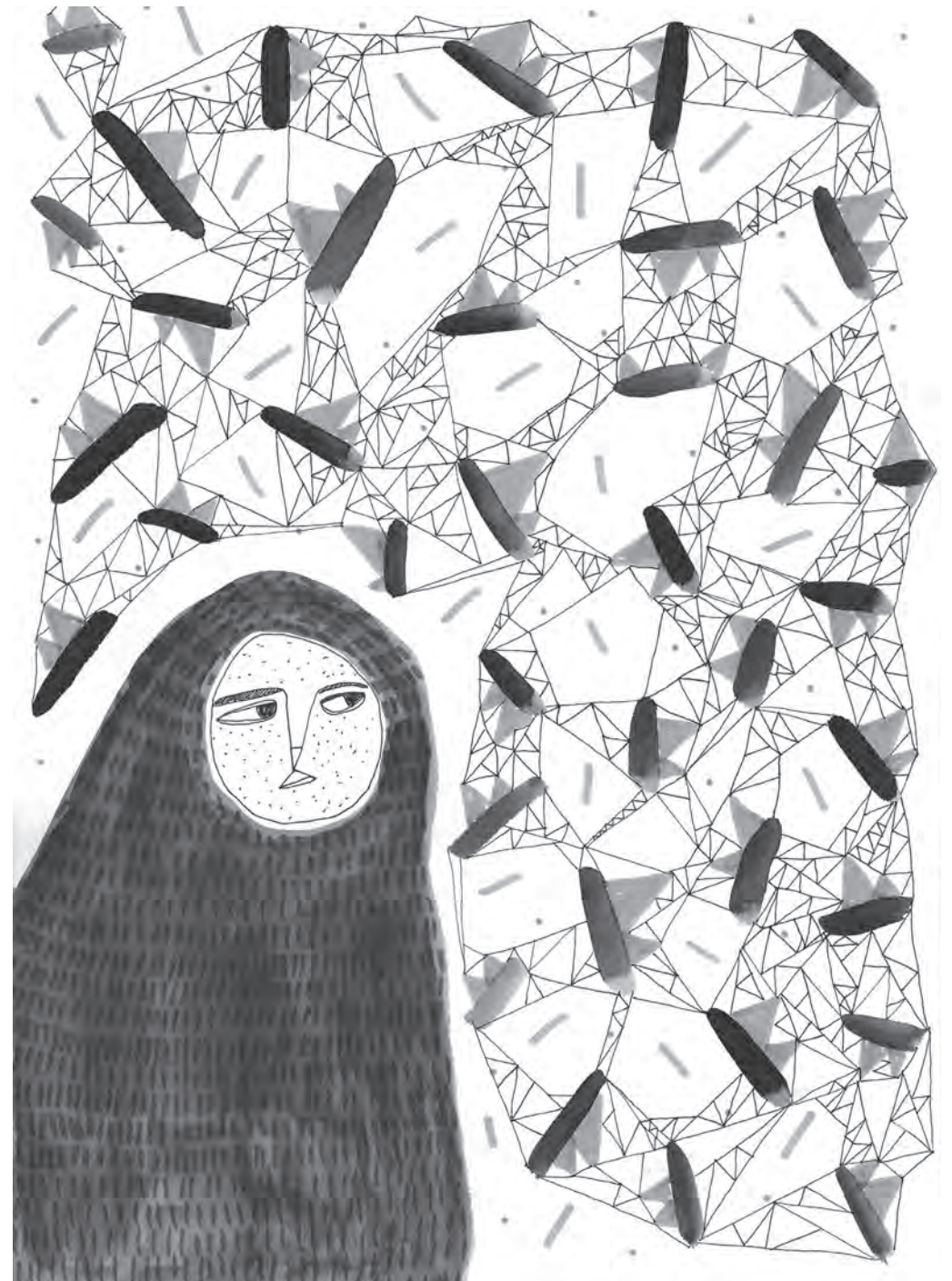
Looking more closely at the survey, what are we learning? The amount of time given to research varies widely, and the format is variable also – in one organisation trainees have to undertake a small piece of research; in another, the view is that graduates should be able to 'read, understand… and use' the results of research studies, but not necessarily carry out research; in another there is collaborative working with a university department to develop research teaching; in yet another there is no teaching as such but an encouragement to 'link with international bodies doing research.' There is also wide variation in the length of time over which research teaching has been offered – ranging from the last 25 years to the last two. In the main, seminars are compulsory but not formally assessed. In some cases, research teaching was introduced to accompany the development of a professional doctorate. In one institution the students expressed an interest and there was a proposal from the seminar leader; in another the Training Committee took the initiative. In general the range of topics is wide and varies according to the institution. Teaching on the evidence base is varied: some MIs reported that it was 'not explicitly' or 'not directly' taught, although it does seem to be covered in the majority of cases.

'Most institutes include research teaching, but there is considerable variation.'

Perhaps most revealing are some of the comments MIs made about trainees' or colleagues' attitudes towards research, showing a movement from detachment or mistrust to a keener engagement: 'Some admit to having enjoyed it despite themselves and want to do more'; 'Initially there was a somewhat negative reaction but when trainees and colleagues became aware of what research and the findings can demonstrate in relation to clinical work there was a more positive attitude'; 'when introduced there was… a sense of having to endure something. But the culture has changed now and there is much more interest from trainees.'

When asked specifically about *resistance* to the development of a research culture, responses were mixed. One organisation said: 'I see no resistance, other than an awareness of the difficulties due to the nature of the work'; another: 'No, a number of members are involved in research through other (generally NHS) institutions'. Others were candid about the more difficult dynamics on the ground:

'There was perhaps some tension about this – particularly [in relation] to more quantitative research when we became more psychoanalytically identified, but this has lessened'; 'There has been some resistance from staff because research has not been part of their own training experience and it is an area they are not familiar with.'

The BPC's series aims, then, to contribute to a greater familiarity with the principles of research in our field, and to stimulate interest in the contribution that well designed research can make to clinical practice. The seminars range widely – of course, not exhaustively – across neuropsychoanalysis, psychosis, child and adolescent psychotherapy, the single-case study, attachment, the comparability of different analytic models, the nature of a randomised controlled trial, and outcome and effectiveness studies.

To take each seminar in turn:

Seminar 1: Ann Scott and Jessica Yakeley. We start with an introductory evening in which the co-organisers of the series, with the BPC, will speak to the series' aims and offer an overview of our areas of debate, beginning a conversation with our audience which we hope will be sustained throughout the series. The introductory seminar will also identify questions and themes to be posed to our subsequent speakers. (Event date: 21 October 2016)

Seminar 2: Neuropsychoanalysis. Mark Solms (BPAS) is Chair of Neuropsychology at the University of Cape Town and co-founder of the interdisciplinary International Neuropsychoanalysis Society. He will give a presentation on neuroscience and neuropsychoanalysis that will set out the current state of research on the relationship between mind and brain, consciousness and the unconscious, and their implications for analytic practice. (Event date: 4 November 2016)

Seminar 3: Psychosis. Brian Martindale (BPAS) is past chair of the International Society for Psychological and Social Approaches to Psychosis and worked in the NHS for 40 years as a consultant psychiatrist in psychotherapy and latterly as the psychiatrist to an early intervention in psychosis service. In his presentation, 'Psychoanalysis, Therapy and Psychosis – Research Perspectives', he summarises psychoanalytic research into psychosis and asks whether psychoanalysis is losing its foothold even more within the field of psychosis than in other mental health disorders. (Event date: 25 November 2016)

Seminar 4: Children and Young People – The Evidence Base. Nick Midgley is a child and adolescent psychotherapist based at the Anna Freud Centre, London, and academic course director for the professional doctorate in child and adolescent psychotherapy at the Psychoanalysis Unit, UCL. His

presentation, 'The challenge of developing the evidence-base for psychoanalytic therapy with children and young people', is based on his experience working on a large-scale randomised controlled trial of psychoanalytic psychotherapy (the IMPACT study). (Event date: 2 December 2016)

Seminar 5: The Single-Case Study. Bob Hinshelwood (BPAS), Emeritus Professor at the Centre for Psychoanalytic Studies at the University of Essex, looks at 'Case study research and conceptual research'. Basing his presentation on his widely noted *Research on the Couch: Single-Case Studies, Subjectivity and Psychoanalytic Knowledge* (2013), he defends Freud's claim that clinical material constitutes research data while acknowledging the criticisms of single-case studies and the problems of researching human subjectivity and personal experience. (Event date: 20 January 2017)

Seminar 6: Attachment. Jean Knox is Associate Professor at the University of Exeter and a Senior Member and Training Therapist of the British Psychotherapy Foundation and former Editor-in-Chief of the *Journal of Analytical Psychology*. In 'Neuroscience and attachment', she will explore the interpersonal processes that underpin early relational trauma and how this contributes to adult psychopathology, as well as discussing the neuroscience that underpins two forms of empathy in the therapeutic relationship. (Event date: 24 February 2017)

Seminar 7: The Comparability of Analytic Models. David Tuckett (BPAS) is Professor and Director of the Centre for the Study of Decision-Making at UCL. He set up the European Psychoanalytic Federation's Working Party on Comparative Clinical Methods and, as Editor of the *International Journal of Psychoanalysis* in the 1990s, hosted the Journal's seminal debate on clinical facts. In his presentation, he returns to these core debates, asking how we know when what is happening between two people should be called psychoanalysis. (Event date: 3 March 2017)

Seminar 8: The RCT and Psychoanalysis. David Taylor (BPAS) is a Visiting Professor at the Psychoanalysis Unit, UCL, and was clinical director of the Tavistock Adult Depression Study (TADS). Of his presentation, 'High Stakes: Random Allocation Controlled Trials of Psychoanalytic Treatments', he writes: 'Properly designed, Randomized Controlled Trials are a wager. They involve placing a bet.' He will discuss the rationale of TADS in this light, and examine by what means RCTs can or cannot offer evidence of the effectiveness of psychoanalytic therapies, and evidence for or against the ideas and theories that underpin them. (Event date: 28 April 2017)

Seminar 9: Outcome and Effectiveness Studies. Mary Target (BPAS), Professor of Psychoanalysis at UCL, and Professional Director of the Anna Freud Centre from 2003 to 2013, has a longstanding research involvement in processes and outcomes of psychotherapies for children, adults and couples. She has developed and evaluated short and medium-term therapeutic modalities in public mental health services. In 'Outcome and effectiveness of psychoanalytic psychotherapy', she brings these different strands together. (Event date: 12 May 2017)

Seminar 10: Reviewing Where We Are At. Our last meeting is with **Peter Fonagy** (BPAS), Freud Memorial Professor of Psychoanalysis and Head of the Research Department of Clinical, Educational and Health Psychology at UCL. His clinical and research interests centre on issues of early attachment relationships, social cognition, borderline personality disorder and violence. He is well known for an innovative research-based dynamic therapeutic approach, Mentalization-Based Treatment. His presentation will summarise the work of the series and consider where our research future lies, and will engage the audience in a closing discussion. (Event date: 9 June 2017)

By bringing clinicians together – whether qualified or in training – we hope that the series will have enhanced the development of research awareness and research understanding in the profession, while giving an opportunity to engage and debate with pre-eminent figures in the field. We look forward to your participation in this exciting initiative ■

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La Traviata: morality, Freud, and female masochism

By Sara Collins

The real La Traviata

BASED ON THE TRUE story of Rose Alphonsine Plessis, a French country girl turned courtesan, Verdi's opera *La Traviata* charts the short life and turbulent emotional arc of a 19th century woman. In continental Europe, this was a time when some young women were serial mistresses of powerful men who provided them with shelter, luxuries and a shadowy place in society. In the Parisian *demi-monde* of the 19th century this was quite the norm. But English life was steeped in hypocrisy typical of the Victorian age, as was the case in Freud's Vienna.

We know of the beautiful Rose Alphonsine that she suffered a neglectful, abusive childhood. A few years after the death of her mother, her father sold her, aged 13, to a seventy-year-old wealthy bachelor who kept her for a year. Then she was sent away to fend for herself. If this sounds Dickensian, it was. She arrived in Paris aged 16, alone. By then she had learned from her harsh early life what other girls in her position had known, that at the very least there was power in their beauty and youthful femininity, and that these were assets on which they could trade. Compliance to men already an established pattern in Miss Plessis' life, being paid for it in material comforts had an attractive twist. Submission and a phantasy of protection, it seemed, went hand in hand. She gave up working in a dress shop for little money and refashioned herself as a courtesan, re-named Marie Duplessis. In her short life as a mistress she knew a string of influential figures in the European art world, including the young Alexandre Dumas. She died of consumption aged 23, alone. After her death, Dickens is said to have been present at the public auctioning of her belongings, where he took notes.

Life transforms into art

This short and tragic life, a disturbing and disturbed individual tale, held a mirror to an age of crushing moral duplicity. A poignant narrative, shot through with threads of glamour, this was an irresistible story that had to be communicated. It was as well a plot about how beauty, femininity and sheer survival instincts assert themselves. This, in a way, is also what art does. Novelists, composers and choreographers have repeatedly fictionalised the biographical facts of Miss Plessis. By means of aesthetic forms they re-shaped its raw ugliness to make the underlying truths palatable. But it started with an artist who was himself part of the intricate narrative.

Alexandre Dumas the younger's novel, *The Lady of the Camellias*, was a thinly veiled account of his liaison with Marie Duplessis. His book was quickly turned into a stage play. A while later, the Italian composer Giuseppe Verdi came upon the story while visiting Montmartre Cemetery in Paris, where Marie Duplessis was buried. His inspiration came from the inscription on the tombstone, which he read it in the company of his fellow musician and mistress, soprano Josepina Straponi. Immediately he set about putting the intriguing yarn to music.

The work was entitled *La Traviata*, 'the fallen woman' in Italian. Marie Duplessis became Violetta Valery, and now this opera is said to be the most performed opera of all time. Here too was a case of art echoing life; in this instance it was that of the composer's private affairs. Verdi met Josepina after the death of his wife and two children in a short space of time. A celebrated prima donna, Josepina

was of humble beginnings and had had illegitimate children from different lovers. She first fell in love with Verdi's work, then she fell in love with him. He withstood the moral indignations levelled at his liaison with Josepina and became particularly irritated by hypocrisy. Thus he peopled his operas with anti-heroes and outcasts, and what better a complex outsider than a fallen woman, whose transgressions are sexual. But, unlike the lone castaway, a high class prostitute acts in a couple. Her indiscretions can be accomplished only with the intimate complicity of another person.

The 'fallen woman'

La Traviata, 'the fallen woman', echoes the Biblical notion of the 'fall from Eden', a metaphor for loss of innocence and moral failure. The 'fallen woman' is a particular notion too. In both cases the woman, being feeble in the ethical sense, is tasked with receiving the projections of moral weakness. In European Christian culture it takes its place through the story of Mary Magdalena. Interestingly, her very name implies a high place, not the reverse. The word 'Magdalena' derives from the Aramaic 'Magdala', Aramaic being the spoken language at the time of Christ. The Hebrew equivalent would be 'Migdal', meaning an elevated space, a tower. So her very name is an allusion to a higher status, from which she had first fallen, then been reinstated through a specific encounter that saved her.

What Mary Magdalene's character achieved by means of theology, her namesake, Marie Duplessis, many centuries later, achieved through art. In her case it was a transformation through insight and understanding, rather than moral judgement, realised by means of artistic expression. Following its premiere in La Fenice in Venice, the London performance of *La Traviata* took place in 1856, less than 10 years after the 'true life' courtesan died. It caused a great stir when first put on the London stage, but it was the London performance that gave it worldwide acclaim. However, at the time there was indignation. Reviewers dubbed it 'a show of harlotry upon the London stage', voicing the very hypocrisy that Verdi was exposing in his art. Aspects of Victorian life, steeped as it was in duplicity, were shown in the theatre, and the people flocked to see it. There, they were shown some truths that could not otherwise be told.

Morality in Freud's time

Freud was born in the same year that *La Traviata* was first performed in London. During his time Austrian society could suitably be described as Victorian. While England's duplicitous moral standards

were constantly caricatured and sent up, the Viennese bourgeoisie were serious about theirs. There were rigorous attempts to regulate the sexual behaviour of women and children, such as suppressing masturbation. Aware of the dangers of syphilis, they associated it with the promiscuity of women. Freud understood this toxic mix of conflicted morality, repression and sexuality. Whilst Freud's theories were aimed at the universal, transcending specificity of time and place, it would be interesting to link his social background to his thinking.

'Verdi peopled his operas with anti-heroes and outcasts.'

Perhaps it was because of that specific social backdrop that Freud's ideas felt as radical as they did to the Europeans of his time. When in 1905 'Three Essays on Sexuality' was published, what seemed perverse and unthinkable became normative developmental processes. For example, component instincts governed early stages, and appeared as perverse aspects in neurosis. The sexual drive was the crucial element in early psychic life, but it was repressed. Disowned erotic desire lead to conflict, especially to a clash with guilt associated with morality, and symptomatology ensued. Thus Freud (1910) argued for the liberalisation of education, and for the diminution of the power of the superego. In fact, he described talking to patients and telling them, in so many words, to accept the rejected wish, and to not feel as guilty as they did. And, indeed, in his Fifth lecture Freud (1910) equates the necessity to satisfy sexual needs to that of a horse having to eat oats in order to carry out its work.

The Oedipus complex was the arena in which infantile sexuality determined the content of repressed memories and desires, that of the child's inexorable sexual wish for the parent of the opposite sex. Hence his/her rivalrous aggression toward the parent of the same sex. This too was deemed outrageous.

In a later phase of his thinking, guided by new theoretical discoveries and evidence gathered from his case studies, Freud's theories progressed. When *Civilization and its Discontents* was published in 1930 Freud developed the second topology, the structural theory of the mind, in which the superego became a clearly delineated agency.

In this seminal publication, Freud placed the origins of the superego in human civilisation. It is aggression (linked to the Oedipus complex) that the superego controls, but it also employs aggression in the service of control. Hostility breeds violence and vice versa. Thus the human being is an unhappy animal. That is so, not only because sexuality is unconscious and repressed, but also because unfulfilled Oedipal wishes are at the very core of its state of evolution, and are vital to its civility.

Oedipal triangles in *La Traviata*

Three main characters occupy this opera: Violetta the courtesan, Alfredo, the man with whom she falls in love, and his father Germont. It takes place in the French *demi-monde*. Unlike London or Vienna, in Paris at the time the mistress and her patron were part of the fabric of bohemian society. Frequented by writers and painters, these French women provided a link between art and transgression.

The opera opens with a party scene in a 19th century Paris salon, and Violetta is in a state manic gaiety. She hides her chronic illness from the guests and in the famous 'drinking song', she celebrates partying and fleeting pleasures. Idealizing her state of so-called freedom, Violetta denounces love, of which, she says, she knows nothing. This musing on life as 'free' is interrupted by Alfredo's pursuit of a different take on matters, in a moving duet/discourse on love and frivolity. Because Alfredo has fallen in love with Violetta. He persists in telling/singing to her his version of things, namely, that life is essentially all about love. And he wins her over. Now she allows herself to experience love for the first time in her life, she leaves her 'glamorous' lifestyle behind, and the couple establish a household in a quiet rural part of France.

Then enters Germont, Alfredo's father. His task, essentially, is to break up the couple. His reason is a moral one: Alfredo's sinful life with Violetta, a union not blessed by the church, will bring ruin on his family's name. It will spoil the marriage prospects of his chaste daughter, Alfredo's sister. Violetta resists for a while, imploring that it is only with Alfredo she ever found love, but then she relents under the parental moral pressure. She promises to leave Alfredo, who, about to be deserted, is left out of the discussion.

Is this a simple case of 'the tart with a heart'? Not so. This, the second act of the opera, gives us a brilliant display of deep emotional change. In it the protagonist's internal psychic alteration is put under artistic examination. An unexpected shift takes place. It starts as a bitterly antagonistic dialogue/duet between Violetta and her lover's father; this argument represents two opposing sides of a conflict between love and social norm. But then it turns into a tenderly sad duet between a paternal figure and his daughter. Violetta comes down on the side of social decency, as voiced by the moralising father. She must suffer for her impropriety and accept the punishment, which is giving up her life with Alfredo, and she leaves her distraught lover. Here is where the Oedipal constellation dramatically alters. Whoever is part of the pair and who is kept out gets re-formed. It begins with the outsider being the father, who comes to interrupt the sexual couple. But when Violetta accepts the father's offer 'to cry on his shoulder' and suggests she is like a daughter to him, the pair becomes that of the (pseudo) union between father and daughter, and the lover, Alfredo, is left out.

When the father softens, acknowledging her plight, and displays tenderness towards her, in fact another seduction takes place to which she succumbs. This, and her response to guilt prompted by Germont, results in Violetta's decision. It is an expression of regression to a more infantile state, in which a fantasy of a dyadic union accompanied by seeming relief from culpability dominate. Her longing for parental love having overwhelmed her, Violetta succumbs to the powerful pre-Oedipal longings, which, given her appalling early life, is not surprising. Combined with the internal dynamics of masochism, in which unresolved guilt over aggression turns against herself, the balance is irrevocably tipped towards regression. She moves away from adult sexual love, and gives up the one good thing she has achieved – her life with Alfredo. The fate of Violetta, then, represents female capitulation to superego pressure, voiced by the father Germont, and her own anxiety about aggression. Crushed, she masochistically yields to the view of herself as the 'fallen woman' and re-enacts both the guilt and the punishment. The opera ends with Violetta's ultimate sacrifice. She dies of the illness she had battled all along, leaving the two men grieving.

'Here the Oedipal constellation dramatically alters.'

Freud and female masochism

While Freud's (1924) writing on 'feminine masochism' arguably was gender specific to men, and related to his views on the sexual development of boys, it can also be used as a paradigm for masochism in general. Steyn (2009) noted that the recourse to masochism in the clinical situation can be an escape from conflicts associated with the Oedipal situation in general, and a lapse into concerns with pre-Oedipal issues. At its core, masochism is aggressive sadism, an aspect of the ambivalence towards the mother, turned against the self as a result of anxiety and guilt. Therefore, seen in a broader sense, masochism is a regressive pull towards a more primitive level of integration, at which anxiety and guilt prevail.

In *La Traviata*, we can view Violetta in her initial merriment and idealisation of the lifestyle she calls 'free' (when it is anything but 'free') as a desperate manic attempt to 'big herself up' into a grown up independent woman. We can wonder whether she needs to insist on that, in order to avoid mental disintegration were she to get in touch with the psychic pain connected with the reality of her situation as a courtesan, and, importantly, with her childhood. Falling in love with Alfredo and the short spell of living with him, while severing ties with her previous life, is Violetta's one short-lived attempt at a mature relationship. But the arrival of the father Germont triggers the onset of pre-Oedipal conflicts featuring guilt that she is not equipped to deal with. She collapses under the pressure of paternal moralising beatings and no doubt much internal blame. And so she ends up inflicting pain on herself, yet again, dragging down Alfredo with her.

In Verdi's *La Traviata*, the emotional arc of the fictional Violetta in many respects echoes that of the real life Marie, whose life and death inspired the composer. However, it is through art that the story of these women is given center stage, so that their powerful inner drama, as well as their place and function in society, is seen and heard ∎

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Where does psychotherapy come from?

By Johnathan Sunley

A classic of European literature suggests some unexpected answers

WHAT WAS THERE before psychotherapy? Did the people we now refer to as clients or patients suffer without respite while waiting for our profession to be invented? Or did they have ways of thinking about and treating what distressed or disturbed them that were genuinely helpful – and to which we perhaps owe more than is sometimes acknowledged?

As *New Associations* comes of age with its twenty-first issue, and as the BPC continues to uphold the importance particularly of psychoanalytically-informed ideas and practice in an era of 'evidence-based medicine' that tends to view the past with condescension, this seems to me a good time to be asking such questions.

So consider the following. A man sits in prison fuming at his fate. Until recently he was a prominent public figure and a noted scholar too. But this is a period of great upheaval, a rival has denounced him, and he has been charged with treason. His life looks to be in ruins. Then a visitor appears in his cell who proceeds to engage him in a deeply-felt discussion about what he is going through. She doesn't bring with her the key to his freedom in a literal sense. But as they talk it becomes clear

that this is not what his happiness hinges on. His feeling of being imprisoned has other causes.

Readers may recognise this as a summary of *The Consolation of Philosophy*, a work written in Latin in the sixth century AD that became extraordinarily popular and influential across the Western world. Just in this country Alfred the Great, Chaucer and Elizabeth I all made translations of it, and such was the enthusiasm with which those in need turned to it for emotional and spiritual guidance, that it might well be regarded as the first self-help book. According to CS Lewis: 'It is historically certain that for more than a thousand years many minds, not contemptible, found it nourishing.'

What was it about the *Consolation* that made it so nourishing? And what relevance, if any, does that have to psychotherapists working today? We don't generally think of ourselves as offering our clients 'consolation', after all. That sounds too much like tea and sympathy – only without the tea. Psychic change is seldom what the people who come to us ask for. But it is usually what we believe is best for them.

Dictionary definitions of consolation reveal surprising depths to the term. 'Alleviation of sorrow or mental distress' is one of the meanings offered by the OED. Still more therapeutic-sounding is the last part of Dr Johnson's take on 'console': 'to comfort; to cheer; to free from the sense of misery.' Definitions like these draw on the literary genre of the *consolatio* that developed out of the speeches orators once gave at funerals to comfort mourners. In classical times much-prized contributions to this tradition were made by Cicero and Seneca, both of whom wrote from a Stoic perspective that set expressions of sympathy for the bereaved in a wider context of philosophical reflections on the universe and the human condition that emphasized the inevitability of suffering and death.

Several hundred years later, Boethius, the author of *The Consolation of Philosophy*, consciously based his work on their example. Like them he was no stranger to sudden reversals of fortune. Having held high office at the tail-end of the Roman Empire, and also been greatly admired for his learning, his life was turned upside-down when he fell under suspicion of disloyalty and was arrested. Awaiting trial in prison, he set about writing a book in the form of an imagined conversation between himself and a visitor who helps him to bear his experiences. In that sense, it is a fantasy – but one whose power derives from the reality of what Boethius was having to endure at the time. Someone reading the *Consolation* today I think will also be struck by the background against which it was written: a time of collapsing empires, large-scale migrations and conflict between different religious worldviews.

'We don't think of ourselves as offering "consolation".'

The name of the visitor is Lady Philosophy. To begin with she reproaches Boethius for distracting himself with the muses of poetry and for failing to recognise her. 'Then she drew nearer, and sat at the foot of my couch. She gazed on my face which was heavy with grief and bowed to the ground with sorrow.' This stirs something in the prisoner that enables Philosophy to diagnose what's wrong with him. It's serious, yes. But perhaps not in the way he'd thought. Her formulation is as follows: 'But his condition is not dangerous. He is suffering from loss of energy, a weakness common to duped minds. He has forgotten for the moment who he is, but he will soon remember once he has identified me first.'

If this marks the end of the period of assessment, then treatment – Philosophy explains to Boethius – will have two phases to it. She can see that right now he

is too aggrieved to hear interpretations that might under other circumstances be mutative. She will concentrate on building an alliance with him while respecting his defences. 'This welter of disturbed emotions weighs heavily upon you; grief, anger and melancholy are tearing you apart. So in your present state of mind, you are not as yet fit to face stronger remedies.' For roughly the first half of the book, Philosophy encourages Boethius to lead the exchanges they have, with the result that these keep returning to the figure blamed by him for his downfall, i.e. Fortune. After a while she notes how persecuted by this pitiless harridan he seems to be. But whoever imagined that Fortune was all-beneficent, Philosophy remarks. Isn't it part of her nature to give one moment and withhold the next?

Boethius acknowledges that it is so. He appears at this point in the text to be close to what we would term the depressive position. There is less evidence of paranoid anxiety on his part and a move towards whole-object relating. He also seems more appreciative of Philosophy herself. '"You are indeed the greatest comfort for weary spirits," I said. "What refreshment you have brought me with the depth of your judgements and the sweetness of your songs!"' To our ears this sounds perhaps a little *too* appreciative. With Fortune now viewed more realistically by Boethius, has Philosophy come to be idealised by him instead? Are there even the makings of an erotic transference here?

Philosophy decides that her patient is now ready for the stronger medicine she has talked about. After a solemn prayer to the 'Father of all things', she begins to explain to him where true happiness resides – namely in that unity of goodness and being that is identical with God. At first Boethius struggles to make sense of this. Perhaps he was expecting his expressions of devotion to Philosophy to be reciprocated in a more direct fashion and now feels rejected by her? If so then at least he is able to get in touch with the disappointment and anger prompted in him by her unswerving neutrality and to voice it. For an entire paragraph he rages against the person who in his eyes has now become cold and unfeeling. '"Are you making sport with me?" I asked. "You are weaving a labyrinth of arguments from which I cannot find my way out."' But Philosophy has seen and survived attacks like this before. Rather than retaliate by presenting Boethius with yet more proof of her superior wisdom, she offers a gentle reminder of what he and his wellbeing mean to her: 'Then Philosophy said: "This is no game we are playing; far from it."'

This is not quite the end of the book but to my mind represents a turning-point in it that is also a turning-point in the prisoner's recovery. Although he continues to question Philosophy, sometimes sharply, from now on he seems to be concerned by his fate – historians think that after a few years in prison Boethius was probably

executed – but no longer consumed by it. His suffering acquires a universal significance it lacked before and which appears to make it more bearable.

It would be wrong to overdo the parallel between this and the kind of inner journey that might be made today by someone in therapy or analysis with a BPC-accredited practitioner. For one thing, the partly Christian but mainly Neoplatonist vision of reality that Philosophy stands for (and which was a far cry from the simpler Stoicism that many Romans of the time still leaned towards) is not one I think many BPC registrants would say they share. Surely psychoanalysis has left all that medieval metaphysics behind?

'Forgetting or being unaware of what has been lost keeps the mind stuck in a prison of its own making.'

Fifteen hundred years later, there are two features of Philosophy's way of working with her patient that I feel might nonetheless resonate with us based on our own practice. First is her emphasis on loss and mourning. These are central to the understanding she brings to Boethius' condition – even if, initially at least, he is adamant about wanting everything he has been unjustly separated from returned to him again. For Philosophy this is proof of the even greater loss he is suffering from and is in denial about, that is of his very identity or self. 'Forgetting who you are has made you confused', she says to him, 'and this is why you are upset at being both exiled and stripped of your possessions.' Now this is not quite how Freud puts it in 'Mourning and melancholia'. There it is the 'shadow of the object' that falls upon the ego, whereas here it seems to be almost the other way round. But for Boethius as much as for any contemporary object relations theorist, it is forgetting or being unaware of what has been lost that keeps the mind stuck in a prison of its own making.

How is remembering or increased awareness possible? This brings us to the second area of overlap that I see between psychoanalytically-informed psychotherapy and the relationship described in *The Consolation of Philosophy*. For all the ideas that circulate in it, Boethius' book is largely about the sometimes gratifying and frequently challenging relationship he finds himself having with Philosophy. It is this that leads to the psychic change the reader witnesses him undergoing – even if his actual circumstances remain the same. And it is for this reason that I would hesitate to call it a self-help book. To 'know thyself' is indeed possible, says Philosophy: but only through knowing and being known by another. In other

words, for the kind of sickness from which Boethius was suffering, what we nowadays refer to glibly as self-help is likely to be no help at all.

Even allowing that he comes to feel genuinely consoled by Philosophy, we might still balk at the notion that nowadays this is a task for psychotherapy. Maybe 'consolation' was once an integral part of our culture. To us it is more likely to sound insipid at best and insulting at worst. Consolation prizes don't go to winners, do they?

This raises the issue of success, and presumably not every attempt at consolation is successful. That can certainly be said of psychotherapy and psychoanalysis as well. But recognizing that might itself be regarded as a sign of health. This is a point that Bion makes in *Attention and Interpretation*, where he discusses what a patient can expect to receive from a psychoanalyst as opposed to a doctor. For Bion it's about knowing the truth, and here he quotes from a letter written by Dr Johnson that stresses the value of consolation – or rather of those forms of it that enable such knowledge. 'Whether to see life as it is, will give us much consolation, I know not; but the

consolation which is drawn from truth, if any there be, is solid and durable; that which may be derived from errour must be, like its original, fallacious and fugitive.' I suspect Boethius would have agreed ■

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Technology in the room

By Gillian Isaacs Russell

'MELISSA] mixed herself a mojito, added a sprig of mint, put on her sunglasses and headed outside to her friend's pool. Settling into a lounge chair, she tapped the Skype app on her phone. Hundreds of miles away, her face popped up on her therapist's computer monitor; he smiled back on her phone's screen… She took a sip of her cocktail. The session began' (Hoffman, 2011, p. ST1).

So begins Jan Hoffman's article, 'When your therapist is only a click away', on the front page of the Fashion and Style section of *The New York Times*.

Melissa goes on, 'I can have a Skype therapy session with my morning coffee or before a night on the town with the girls. I can take a break from shopping for a session. I took my doctor with me through three states this summer!'

As extreme as this sounds, it is not at all far from stories that I have been told in five years of ethnographic interviews with clinicians and patients for my book *Screen Relations: the Limits of Computer-Mediated Psychoanalysis and Psychotherapy* (Karnac, 2015).

Embodied shared experience is being sacrificed in both our personal and work lives for the economy and convenience of screen relations.

Screen relations are human interactions mediated through communications technology. The choice of screen relations based treatment, part of the techno-cultural tidal wave, is also accelerating. Many analysts are making claims for a functional equivalence between technologically mediated and co-present treatments. Some even opt to use mediation exclusively. Others, while not explicitly claiming a functional equivalence between the two, still practice as if there is no difference. This trend is, at best, premature: psychoanalysts/therapists are staking claims on the 'new digital frontier' before it has been mapped. If we add technology to the psychoanalytic mix – and we want to do it responsibly – we need to ask the people who have worked in communication studies, computer science, and technology, long before we enter the mediated scene, what impact this addition has on the intense nature of close relationships.

Does actual presence vs simulated/mediated presence, two different experiences and brain states, have significant clinical consequence for psychotherapeutic treatment? I believe they do.

Presence is not the same thing as emotional engagement, absorption or the degree of technological immersion. For researchers in informatics, presence is a core neuropsychological phenomenon: a sense of presence comes from an organism's capacity to locate itself in the external world according to the action it can do in it. For humans these actions specifically include the person's capacity to interact with an Other in a shared external environment. The sense of presence enables the nervous system to recognise that one is in an environment that is outside one's self and not just a product of one's inner world (i.e. being awake, not dreaming).

A blind patient told me: 'Despite the fact that I am unable to see my analyst even during live sessions, I feel a loss when we are not together. I was very interested to realise that, no, it's not just being able to "see" the person. There's something about being in the room with them. There's something not visual, and not necessarily auditory.'
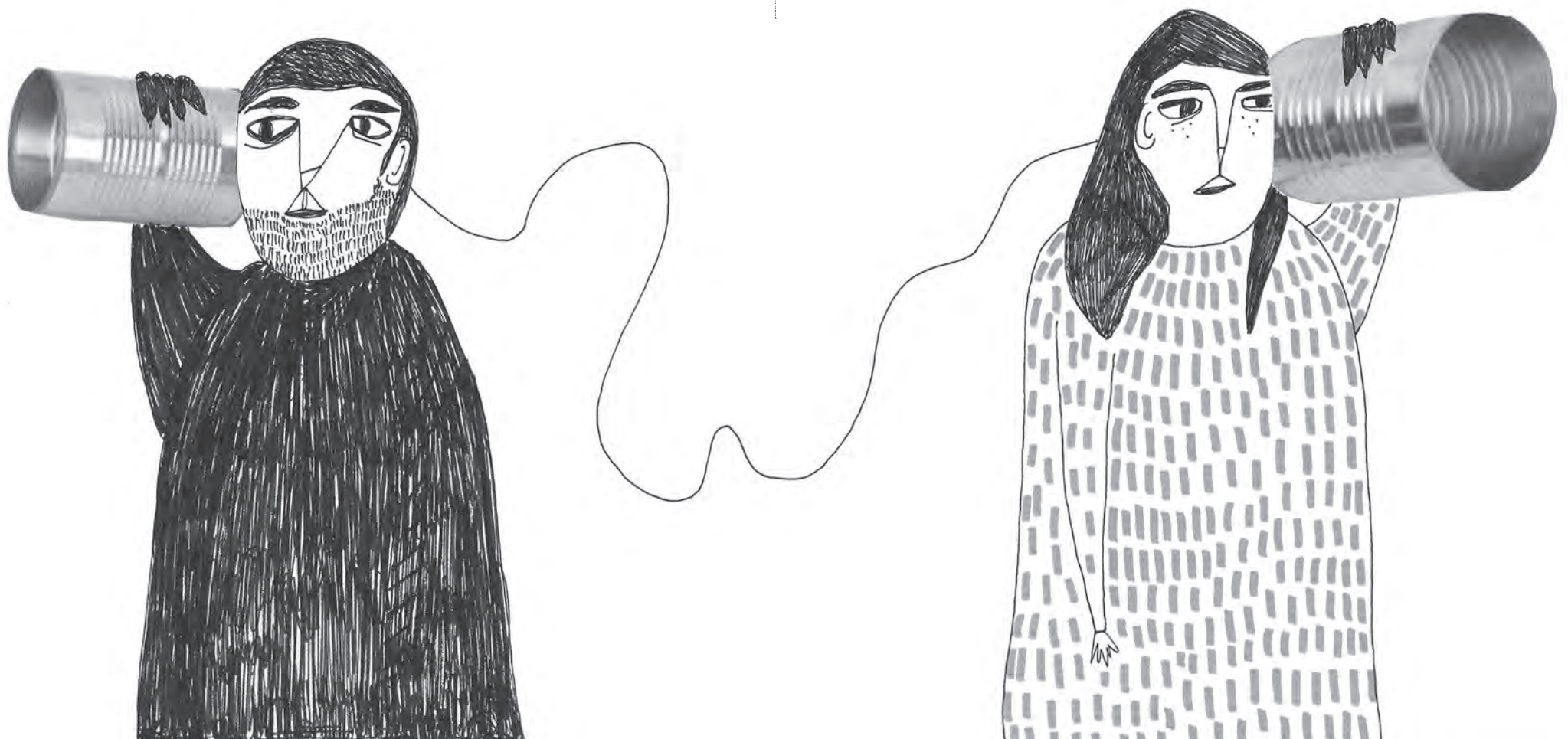
As with emotions, the ability to feel varying degrees of presence is essential to our survival. The basic experience of Presence evolves in humans to contribute to the development of the self, leading to the recognition of the Other as a separate self with its own goals and purposes: that is, an intentional self. This is the case both in the developing infant and in the adult as the sense of self and one's boundaries between self and other are continually being redefined throughout life.

My interest in technological mediation began in 2008 when I moved from the UK to a remote part of the United States. I was enthusiastic to use technology for treatment. I was hopeful that Skype would solve the dilemma of distance and separation, allowing me to transcend space and time. If I were not dependent on a physical consulting room or co-present colleagues then the only instruments I needed were myself and my computer.

But back in 2008 I sleepwalked into the use of technology for treatment, and since then, the vast majority of clinicians and patients I have interviewed confirm that they did too. We did not anticipate the fundamental clinical challenges posed by this type of work. So, as enthusiasm turned to disenchantment, I began to ask questions: Can a highly effective therapeutic process occur without physical co-presence? What happens when we reduce our therapeutic relationships to two dimensions bound by a screen?

'We did not anticipate the clinical challenges posed by this work.'

To answer these questions, since 2012 I have done hundreds of hours of interviews with clinicians and patients about their experiences with technologically mediated treatment. I've examined the technologies of mediated communication and how they affect our relationships and change how we practice. And I have found that eliminating being bodies together largely confines the therapeutic process to '*states of mind*' rather than '*states of being*'. It is only when one can dwell in a 'state of being' that one can take part in the therapeutic

process of conversing with oneself and the other (Parsons, 2014, p.125).

A patient said to me: 'When you share a physical space, there is always the potential to touch, even if you don't act out, whether that means kicking or kissing.' Winnicott wrote in his major paper, *The Use of An Object*: 'The object, if it is to be used, must necessarily be real in the sense of being part of shared reality (1969, p. 711).' The development of the capacity to use an object is part of the maturation of the individual in a good-enough facilitating environment. He states that the subject experiences the reality of the object, when the object is perceived as *outside of the subject's omnipotent control*, that the subject creates the object *in the sense of finding externality itself.*

In other words, to develop the patient must be enabled to perceive the analyst as someone who is a separate person, not just a receptacle of projected fantasies and expectations from the patient's internal world. This development happens through the subject's experience of destroying the object and the object *surviving* the destruction. The analyst keeps on living, keeps on thinking, does not retaliate or withdraw in the face of the patient's intense feelings and fantasies. Winnicott says that without the experience of maximum destructiveness (object not protected) the subject never places the analyst outside, and therefore can never do more than experience a kind of self-analysis, using the analyst as a projection of a part of the self (1969, p.714). When the analyst continues to survive despite the impact of the patient's love and hate, the patient discovers the limits of his/her omnipotence – and the analyst can be experienced as whole, separate, and available for interaction in a shared reality/environment. The companion piece to this development is that the patient him/herself also feels separate and whole, with a discrete inside and outside, situated in a shared reality.

Another patient who works both co-presently and with mediation told me: 'I always felt that if anyone knew me as I really am, they would be really shocked and probably abandon me. It has been crucial that I saw my analyst in person in order to work that out. Being on a screen was just not the same. I needed to see that he didn't flinch, wasn't afraid of me, or disgusted with me in person… that he didn't need the protection of Skype to be with me… and stay with me.'

In screen relations the patient can never truly test the analyst's capacity to survive the patient's intense feelings. The extent to which you can 'imagine' your impact on the analyst is limited when at some level you know you are acting in a simulation protected by distance and the concrete barrier of the screen. Bodies need to be together to test the analyst's capacity to survive. It cannot be done with two minds alone.

The characteristics of the sense of presence as defined by researchers in virtual reality dovetails with the psychoanalytic description of development of self. The experience of presence enables the beginning of a sense of separate self which depends on the ability to distinguish between what is 'me' and 'not-me', and inside and outside by enacting with the Other within a shared external world.

The experience of embodiment, both our own and that of the other, in a shared environment is central to our experience of being. Clearly, the experience of presence in a mediated environment is a function of the possibilities for interaction, in the same way that feeling present, 'being there', in the physical world is grounded in perception, action and the body. Presence affects how we behave, what we pay attention to, and how we understand and remember events.

Yet informatics researchers say that creating a sense of presence remains a major challenge with our present technology. For example, the embodied aspect of presence is filtered by the physical properties of the mediating technology. Depending on the quality of computer, speed of connection, volume of internet traffic, and the stability of a power source, technologically mediated communication software can vary wildly in the quality of audio and video service it provides, sometimes in the space of a few seconds. Audio/video mismatches, speed/pitch changes, timing misalignments, and delays have the potential of interrupting and attenuating the subtle nonverbal exchanges between people. In addition, our attention is not merely focused on the other, with whom we are communicating, but also on the mediating technology, compromising our capacity for reverie. A striking example of this is research showing that the mere presence of a mobile phone, turned off and laid on a table between two conversing subjects, lowers the quality of connection in their relationship, particularly their empathy (Misra, Cheng, Genevie, & Yuan, 2014).

'Bodies need to be together to test the analyst's capacity to survive.'

The ease of computer use, 'when your analyst is only a click away,' presents a dilemma: The speed and convenience of connection fails to reproduce something meaningful and useful that the effort of moving in space provides.
Not having the potential to move in space eliminates that experience of intentional interacting with others in a shared framework in space and time, the very experience upon which investigators across the board in human-computer interaction, cognitive and neuroscience, infant research, and psychoanalysis agree

that emerging selfhood depends.

Patients reported that the journey to and away from the consulting room is an important aid to remembering the session. Turning off the computer is not a journey. A patient said to me: '[Leaving a Skype session] with a click of a mouse is like having a Caesarean instead of a natural birth.' Analysts, too, reported unusual difficulties in remembering both the times and actual content of sessions when using technology for treatment. For example, people who never took notes in co-present sessions found themselves taking notes in mediated sessions.

The three scientists who won the 2014 Nobel prize in Physiology and Medicine suggest that navigation, knowing how to find one's way in physical space, is closely related to the way memories are created and stored (Moser & Moser, 2014). The same neural systems support both physical travel and the mental travel of memory. 'Place and memory are intimately related,' says University of Pennsylvania computational psychologist Michael J. Kahana. 'Space forms a powerful context in which our memories are encoded (Healy, 2014, par. 10).'

This may go some way to explain the uncharacteristic lapses of memory analysts have both about the times of sessions and the content within them and patients' difficulty internalising their sessions. If one is not moving in space one is not actually confirming these things in memory.

Neuroscience has had a paradigm shift from Cartesian mind-body dualism, with the body considered peripheral to our understanding of the mind. New research suggests that we think not just with our brains, but with our bodies. What goes on in the brain depends on what's going on in the body as a whole, and how that body is situated in its environment. The brain is now regarded as part of a broader system that critically involves perception and action as well.

Mediated interaction is missing subtle elements that are essential for intimate communication. Neuroscience provides clues to what might be missing. There is powerful scientific evidence that finely nuanced and implicit bodily interactions form the core of intersubjectivity (Schore, 2011; Beebe, 2005). This psychobiological

non verbal communication – and more than 60% of our communication is non verbal – is what happens between the lines. Psychic growth does not result solely from understanding which can be put into words.

What does this mean for technologically mediated relating? Psychoanalytic psychotherapy is a very particular kind of relating: it is not just an exchange of information or task-orientated. How can embodied non-verbal communication be carried digitally and comprehended on a two-dimensional screen? If there is no external person in a shared environment with whom to interact, can a patient come to understand a relationship with another in external reality?

Let me share with you some recent research: scientists doing further investigation based on the Nobel research on the neurons connected to navigation and memory found that those navigational neurons in the brain react differently to virtual reality than they do to real-world environments. Neurophysicists measured the neurons firing in a rat's brain as it maneuvered in an intensely immersive virtual environment and also in a real room that looked exactly like the virtual room. The scientists were shocked to find that the results from the virtual and real environments were entirely different, even though – significantly – the rats seemed to behave perfectly normally in both the virtual and real worlds. In the virtual world the rats' neurons fired completely randomly as if the they had no idea where the rat was, and although the neurons were highly active in the real-world environment, more than half those neurons shut down in virtual space (Wolpert, 2014).

A world of groups

By Marion Brown

GROUP ANALYSIS is perhaps better known as an analytical clinical intervention; however, it was born from a merging of analytic and psychosocial influences. At the root of group analysis is the belief that human beings are essentially social beings whose lives are inextricably linked with others in manifold ways. We start life in a group, a family, which sits within a society and culture, perhaps multiple cultures. We continue our lives alongside peers in nursery or playgroups, schools, universities, social groups, religious groups; the list could go on. Each of these groupings is likely to contain more intimate personal attachments and cultural influences, all of which impact on the developing individual's internal world, forming an internal group template (personal matrix) from which we make sense of the world around us and our position within it.

This unique understanding, the individual in the context of their family, the society, culture and the world to which they belong, holds the analytic and the psychosocial together as equally important parts of a whole. However, this is where we hit the first challenge. While many are comfortable in groups, many are not, and a considerable proportion would not be comfortable with the thought of such strong interdependence. This can make dialogue with those outside the field difficult, for although it can be recognised that society and culture impact on the individual and the individual can have an impact on society, it is harder to accept the level at which this happens and the extent to which it impacts.

Yet it is difficult to exist outside of a group. Even those who try to separate themselves from groups are inevitably influenced by them. Much internal conflict can be experienced by the individual who finds themselves at odds with their group/s, or ends up holding something on behalf of the group. It is not uncommon to discover that a troubled or disruptive family member is expressing something which belongs to the family as a whole but which has been disowned and projected into this individual, or that one part of a family is holding something for the rest. The same dynamic can take place in other groups, and this may be a familiar if unwanted role for the individual or subgroup who is left in this position.

We repeat interpersonal dynamics, but for some the resulting internal conflicts can develop into symptomatology or unconscious processes impacting heavily on relationships with others or on one's view of oneself. This can be problematic when patients are brought into groups or in getting teams to work together. People with difficult experiences of groups avoid groups; however if the disturbance originates in a group context, for instance the family or peers, then the resolution is within that group or a stranger group. If the problem is within the team, the resolution is within the team. This realisation can be a shocking one.

To make sense of this it may be important to look back at some of the factors which helped forge group analytic theory. S. H. Foulkes, the founder of Group Analysis, was influenced in the 1920s and early '30s by leading figures of the Frankfurt School, particularly by the holistic approach of neurologist Kirt Goldstein, and by the ideas of Max Wertheimer on Gestalt Psychology. Foulkes' most creative metaphor, that of the group as a network of communication rather like the neuronal network of the brain, was at least in part derived from Goldstein's work on neural functioning, which was based on the premise that the organism as a whole could influence the opening up of new neural pathways. Foulkes thought of the group as doing just this, of each individual as a nodal point in a social network who is not just touched by but is literally permeated by the group. The individuals in turn influence the dynamic matrix of the group, the group and the individual moving between foreground and background depending on the prevailing need. The group is more than the sum of its parts, more than the individuals who comprise it. This is why group analytic theory and practice focus on both the group as a whole and the individual, for each powerfully and inextricably influences the other. We are not just talking here of analytic groups, but of groups in general, of society and the social, of organisations, of culture, indeed any grouping where people share a common understanding or purpose.

The social unconscious is an important concept in group analysis, initially influenced by the work of sociologist Norbert Elias, in particular his thoughts on the importance of cultural and historical continuity in interpersonal interactions. The internal world of infants and children is impacted by cultural and historical factors through their immediate environment, their family or carers, who carry within them the values, norms and beliefs of the society and culture of which they form a part, or, conversely, from which they feel alienated. Intergenerational factors add to this; for instance second and third generational trauma can leave individuals or communities feeling alienated, isolated, disenfranchised and attacked.

'We start life in a group which sits within a society and culture.'

Communities, societies or cultures can alienate or reject those who for whatever reason do not appear to fit with the norm, or can massively project onto those who appear different, particularly at times of social unrest, social trauma or deprivation. Earl Hopper, a psychoanalyst, sociologist and group analyst, further expanded on Elias's thoughts on socio-genesis and psycho-genesis; the chain of cultural events that links us to our pasts, and of the probable reversals and breakdowns inherent within this process, by advancing a model of social regression in the face of massive trauma. While trauma at an individual level can overwhelm the psyche, traumata in groups can break down the social structure, causing groups of people to act in ways that at other times may be out of character.

Vamik Volkan speaks of 'chosen trauma', whereby a historical fact can begin to define the group and its boundaries. Members impacted by a traumatic event whose memories of it are similar become part of a group; those who experience it or remember it differently are perceived to be outside of the group or may be expelled by the group. Volkan emphasises the importance of historical trauma in the perpetuation of inter-group conflict and this can be seen in large groups such as nations or ethnic groups, whereby the historical trauma re-emerges and is re-experienced despite being dormant for perhaps an extensive time period. An example would be Northern Ireland where historical trauma re-erupted in the 'Troubles', leading to massive splitting, projection and multiple projective identifications which became re-enacted on the 'enemy'. These writers take us well into the psychosocial, bringing a group analytic understanding to situations of social unrest and warfare.

Group analytic thinking is about the complexity of conscious and unconscious processes which occur simply by being a person alongside of others. What is internalised or disowned and projected, what people activate in each other and in themselves, how this is played out in the inter-relational, social and cultural levels and at an intra-personal level. How and why it can become pathological. This is why group analytic thinking has such a broad range of application. Group analysis in its applied form is practised widely, in

prisons, approved premises, therapeutic communities, schools, universities and colleges, with teams and organisations, in businesses. Some of our members work with refugees and victims of torture. Our trainings have attracted students who use an in-depth understanding of group analytic process to understand the dynamics of orchestras, dance groups, art groups.

Group analytic thinking has a lot to offer to society, and we are bringing it into the public arena through developments such as *café psychologique*, film nights, join the debate evenings. There are a multitude of workshops and courses across the country, many of which are open to the public. The Institute of Group Analysis (IGA) has been developing collaborations with other organisations through its bespoke training and consultation service tIGA, and within other forums. More recently the IGA and APS (Association of Psychosocial Studies) held the first of two workshops to share psychosocial thinking.

All of this feels important as we need dialogue to engage with others, be they patients, professionals, organisations, teams or at a societal and cultural level, if

we are going to actively engage and make sense of what we see around us. Yet it remains a small proportion of what needs to be done to disseminate group analytic thinking into public awareness and public policy ∎

Marion Brown, M.Inst.G.A., is Chair of the Institute of Group Analysis Board of Trustees.

Technology in the room

Different dynamic brain states can yield moments of experientially similar conscious experience (the rats appeared to behave perfectly normally) but with completely different consequences (neurons fired randomly and shut down). When conducting relationships requires embodiment, involves implicit communication, and a sense of presence, can we assume that screen relations based treatment (especially on a non-immersive two-dimensional screen) is effective, because, as with the rats, it sometimes *appears* to be so?

Professor Sherry Turkle, clinical psychologist and director of the Massachusetts Institute of Technology Initiative on Technology and Self, recently asked me: 'How is it that psychoanalysts, the "experts of empathy", can routinely use this [treatment modality]?' What makes therapists who have had years of training and experience about the requirements for effective therapeutic process jettison what they know and normally do?

Todd Essig describes 'simulation entrapment' as 'the unwilled loss of distinctions between the simulation and that which is being simulated (Essig, 2012, p. 1177).' One enacts inside the simulation and expects consequences for one's actions that are exactly the same as in the real world environment. One forgets that the simulation has limits and that there will inevitably be losses. As we have seen, the consequences for acting in a simulation are neurologically very different than acting in a real world environment. As Nicholas Carr, author of *The Glass Cage*, writes: '"A map is not the territory it represents," the Polish philosopher Alfred Korzybski famously remarked, and a virtual rendering is not the territory it represents either. When we enter the glass cage, we're required to shed much of our body. That doesn't free us; it emaciates us' (p. 220).

Scholars of automation refer to the substitution myth: whenever you automate any activity you simply substitute the discreet technological activity for the human activity. However, a labour-saving device doesn't just provide a substitute for some isolated component of a job or other activity. It alters the character of the entire process. Just as rats' neural processes are altered by virtual reality, in psychotherapy, when communication is automated by computers, it seems that the entire process may radically change in ways we don't yet fully understand. Two minds together are, only half the story. Bodies cannot be left out of the equation, although it does interest me that human beings persist in wishing to do so. If we are going to use technology for treatment we can't sleepwalk into it: we need to have our eyes wide open.

While making therapeutic treatment available via mediation to those who have no other option is certainly better than nothing, it shouldn't be offered with the understanding that it is the same thing as co-present treatment (and this has implications for such things as obtaining informed consent and how we set our fees).

We can't justify modeling to our patients that our bodies are just incidental. Neither can we allow them to think that the path to authentically being alive can travel along cables and be confined to two-dimensional screens. At some point, they need to test the analyst's capacity to bear the impact of their love and their hate in the flesh and not protected by the barrier of a screen. The truth of these experiences needs to be lived, not simulated ∎

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How to publicise the most private profession

By the Future Strategy Working Group

FEW PROFESSIONS demand more privacy and more protection from the outside world than psychoanalysis. Only by providing a confidential, sequestered atmosphere in our consulting rooms will patients or clients dare to articulate their most terrifying fears and anxieties, their most troubling thoughts and memories, and their most shameful wishes and desires. Perhaps for this very reason the American poet Hilda Doolittle, who had undergone analysis with Sigmund Freud in Vienna during the 1930s, wrote that Freud's 'old-fashioned horsehair sofa' had, in its time, 'heard more secrets than the confession box of any popular Roman Catholic father-confessor in his heyday' (H.D. [Hilda Doolittle], 1945, p. 79).

Although psychoanalytical practitioners have become very adept at keeping our patients' confessions private, we often apply that very same sense of protectiveness and silence to all aspects of our working lives, and consequently, we fail to speak with the general public as fully as we might, often to our detriment. Not only have we demonstrated considerable reluctance to engage with the public but, also, we have missed many opportunities to collaborate with journalists, authors, radio and television producers, and with other media experts who might assist us in making our work better known to a wider audience.

Owing to the fact that most Britons still cannot differentiate between a psychotherapist and a psychiatrist, and that many still believe that we lack any evidence at all for the efficacy of the talking therapies, the education of the public remains of vital importance to the growth and survival of the psychoanalytical community.

Since the inception of psychoanalysis, clinical practitioners have struggled with the question of whether one should collaborate with the media at all. Indeed, Sigmund Freud harboured grave reservations about the merits of granting interviews to newspaper reporters for fear of being misquoted or misrepresented, and often with good reason. For instance,

in 1921 the American journalist Hans von Kaltenborn published an article in the *Brooklyn Daily Eagle* about his visit to Freud's office on Vienna's Berggasse and reported, quite slanderously, that the father of psychoanalysis kept some thirty or forty patients queuing up in his waiting-room at any one time! (Hale, 1995). In consequence, Freud became increasingly wary of any attempts at popularisation through the press.

'We have missed opportunities to collaborate in making our work better known.'

Thus, our long-standing reluctance to work creatively and enthusiastically with the media and with the public at large may stem, at least in part, from our historical allegiance to Freud's sometimes quite justified hesitations and suspicions.

But over the decades, a tiny band of colleagues had risked collaboration with filmmakers, most notably Karl Abraham and Hanns Sachs. These early Berlin-based Freudians consulted to the famous Austrian filmmaker Georg Wilhelm Pabst, who directed a serious, feature-length movie about the new Freudian psychology, entitled *Geheimnisse einer Seele* – known in English as *Secrets of a Soul* – which

débuted in 1926 to great acclaim, and which brought new audiences to psychoanalysis (Chodorkoff and Baxter, 1974; Ries, 1995). Nevertheless, in spite of the success of the film, both Abraham and Sachs risked grave disapprobation for having dared to work for Pabst without Freud's benediction.

Donald Winnicott, of course, made huge strides as a pioneer of media psychology by delivering a significant number of radio transmissions for the British Broadcasting Corporation between the late-1930s and the 1960s, and even appeared on television – perhaps the first British psychoanalyst ever to do so. Winnicott also produced a book for lay people, *The Child, the Family, and the Outside World* (1964), published by Penguin Books, which became one of the first best-selling books in the entire field of psychology. In spite of these achievements, however, Winnicott had to endure quite a lot of resistance from some conservative colleagues for having dared speak about psychoanalysis in such large public arenas.

But in spite of these bold forays, very few members of our community have collaborated with the press, and those

who have worked with the media have often done so as lone agents. Many psychoanalytical colleagues who have had the opportunity to comment on radio or to write for a newspaper have failed to complete such assignments, perhaps in part due to a fear of being envied by colleagues or due to an anxiety about being regarded as narcissistic or exhibitionistic in some way.

Fortunately, the tide has begun to turn due, in large measure, to the powerful need to publicise our professional work in a ferociously competitive field.

The psychological 'marketplace' has become more crowded than ever before, with a vast army of different professional groups ranging from cognitive-behavioural therapists, to life coaches, to massage therapists, to spiritual healers, all offering treatment for people in distress. We know that members of the public still struggle to understand the differences between psychologists and psychiatrists and, also, between psychotherapists and counsellors, let alone whether one should consult a Freudian psychoanalyst or a Jungian analytical psychologist, or an object relations psychotherapist, or an attachment-based psychotherapist.

Amid the confusion generated by these split and splintered groupings, it would be naïve to assume that our position within the growing marketplace remains safe and secure, in spite of having flourished for more than a century. As an ageing profession which specialises in offering slow, steady, open-ended depth psychological work in an increasingly manic, technologised society, registrants of the British Psychoanalytic Council cannot rest on our laurels; and we all know of prospective patients who have chosen to have monthly sessions with a life coach rather than weekly, let alone *daily*, sessions with one of our practitioners.

Several years ago, the Council of the BPC created a Future Strategy Working Group (FSWG), currently chaired by Susanna Abse, which meets monthly. Gary Fereday, the Chief Executive of the BPC, attends regularly, along with seven registrants from a variety of BPC member institutions. In recent months, the FSWG has focused intensely on brainstorming about the possibilities of enhancing the BPC's media and public relations strategy by creating plans for a variety of exciting, outward-facing projects, including the development of a pool of experts from within the membership body who would be willing to speak to journalists, radio and television producers, and filmmakers, offering timely responses to immediate, newsworthy queries as well as consultation to longer-term projects. The BPC also plans to launch a publications programme as well as a series of events targeted specifically for members of the general public to advertise some of the most impressive, outward-reaching clinical services initiated and facilitated by our registrants.

We recognise that working with the media demands tremendous thoughtfulness, supreme diplomacy and, at all times, an adherence to our vital ethical principles (e.g., Dinwiddie, 2015). For instance, many colleagues might harbour a reluctance to become involved in media-related activities for fear that their patients would be distressed at seeing their psychotherapist or psychoanalyst on a public platform. Should this prove to be the case, practitioners would have the opportunity to work with patients in sessions about the thoughts and fantasies that might emerge. Our experience of speaking to experienced contributors to the field of media psychology suggests that patients often derive great comfort from knowing that their therapist or analyst has the capacity to speak clearly, compassionately, and sanely, in spite of being under pressure of making a live radio or television broadcast.

And yet, in spite of the challenge of communicating about our work to a larger audience, and the anxiety that this often engenders, we already have a number of registrants within the BPC who have undertaken such work quite successfully over a long period of time; hence, it would be a waste of our resources if we failed to enlist the cooperation

and good will of these colleagues in the promotion of our profession. To cite but one example, Susie Orbach recently received many highly favourable reviews in the press for her five-part radio series *In Therapy*, broadcast on BBC Radio 4. These programmes feature Dr Orbach in simulated, unscripted psychotherapy sessions with professional actors, which provide the public with a rich sense of the thoughtful and moving way in which a clinician can listen and understand and speak. The series proved so popular with audiences that the BBC has commissioned Dr Orbach to provide ten more episodes, which will be broadcast in late 2016.

The details of our proposals will be circulated in more detail in due course, and will serve as a complement to the already important and impressive work undertaken by BPC staff members. In the meantime, with the blessing of Helen Morgan, our Chair, and Gary Fereday, our Chief Executive, we wish to alert members to the BPC's increasing interest in, and concern for, liaising with the general public and with the media so that our work in this arena will soon reach the same high standards of impact as our work in the fields of professional registration, public policy, regulation of training standards, and maintenance of ethical codes.

Unless we prioritise public engagement more fully than ever before, we run the risk of being occluded by newer professional organisations which have already embraced technology, social media, and publicity very enthusiastically, unencumbered by the inhibitions of their professional ancestors. Without responsible, but also potent and effective, public relations strategies, we will become both marginalised and vulnerable and we will lose not only potential trainees for our institutions but, also, any clinical referrals for our own practices.

The need to engage vigorously must no longer be regarded as an option but, rather, as an obligation ∎

Signed: *Susanna Abse, Nigel Burch, Brett Kahr, Harvey Taylor, Daniel Weir, Serena Willmott*
On behalf of the
Future Strategy Working Group.

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Letters

Dear *New Associations*,

Lene Auestad's article 'The social unconscious and the herd' (*New Associations*, Issue 20, Spring 2016), based on the idea of a social unconscious operating in right-wing populist movements, seems hampered by its own disavowal, idealisation and projection – as it half predicts it would be by stating 'psychoanalytically informed theorists… are not necessarily in a better position than anyone else to spot dehumanising practices of which they are part.' I am concerned that the article's apparent cultural relativism ultimately fails to promote tolerance by being too accommodating of the intolerance found in minority communities. Auestad seems to stand for the confused, seemingly unlimited tolerance of left-wing multiculturalism; the internal contradictions of which are now more sharply defined than ever by the migration crisis and Europe's rapidly changing demographics. Much of the rise of right-wing populism is rooted in precisely this disavowal of very real concerns about Islam in particular – concerns which may be permeated with unconscious fears and phantasies, as all mental life is, but are real nonetheless. Specifically, much as Auestad casts the 'other' of Islam as benign, and reductively psychologises to dismiss as 'dark' and of the 'herd' any concerns regarding it, such concerns are not without substance and are not at odds with classical liberalism.

The multiculturalist failure to take such real concerns seriously has been capitalised on by the unsavoury right, and much could be retrieved for the rational political middle-ground by looking squarely at what the left will not. The reality beyond the populist right's undoubted projections onto the approximately 1.5 million tragically displaced or migrating people entering Europe in 2015 is that, according to EU Vice President Frans Timmermans, approximately 60% were not Syrians fleeing their civil war. For the Syrians among them, neighbouring countries such as Turkey were places of safety where asylum could have been claimed had the economic opportunities and generous welfare provision of northern Europe not beckoned from across dangerous waters. Furthermore, there is the not inconsiderable issue of opinions in the Muslim world (e.g. Pew Research Centre's *The World's Muslims: Religion, Politics and Society*, 2013): terrorists have the sympathy of a significant minority numbering millions and attitudes towards fundamental liberties, separation of state and religion, gender equality and sexual minorities are predominantly contrary to

Europe's Enlightenment-rooted values. It is onto such realities that projected fears and phantasies are hung – and the Jews of France, suffering from a surge in anti-Semitism largely issuing from France's Muslim population, know these realities well enough to have begun leaving the continent en masse.

These facts are currently taboo in the West's academies – the Gramscian element of which has long indulged the utopian and ultimately self-destructive fantasy of bringing down the West. This erosion of Western culture is not, however, ushering in a socialist paradise for the marginalised, it is catalysing the aggressive dominance of Islamism and other fascistic ideologies. As evidenced by Auestad's article, psychoanalysis has affiliations with this misguided tendency in our academies, but being in the business of exploring what is taboo and aware of the dangers of disavowal, it might be mindful of Karl Popper's paradox of tolerance:

> Unlimited tolerance must lead to the disappearance of tolerance. If we extend unlimited tolerance even to those who are intolerant, if we are not prepared to defend a tolerant society against the onslaught of the intolerant, then the tolerant will be destroyed, and tolerance with them. (Popper, 1945, *The Open Society and its Enemies*)

Psychoanalytically informed voice needs to be given to the uncomfortable, inconvenient truth of ascendant, radical Islam's scripturally sanctioned theocratic violence and intolerance; augmenting critiques by moderate, reformist Muslims such as Maajid Nawaz and Raheel Raza, in addition to those offered by the likes of Douglas Murray, Sam Harris and Melanie Phillips. If psychoanalysis limits its engagement on this issue to entirely appropriate empathic identification with displaced people and the 'othering' they suffer, while disavowing anything which challenges the dogmatic multiculturalism typically attached to such good will, then, paraphrasing Auden's *September 1, 1939*, the clever hopes of such political correctness will expire as the unspoken, uncomfortable truths here outlined are given uglier voice by others ∎

Yours sincerely,
Adrian Smith

Adrian Smith is a PhD student in Psychoanalytic Studies at University College London.

Culture

Tension at the border, emotional freedom and the creative process

By Tomasz Fortuna

I found that I could say things with color and shapes that I couldn't say any other way – things I had no words for.'

Georgia O'Keeffe (1926)

HOW DOES ONE portray in words an emotional experience, a sense of freedom, or the creative process, which by their very nature are non-verbal?

Georgia O'Keeffe's quote immediately confronts us with the difficult and at times the impossible task of finding words, verbalising, and symbolising our emotional experience. Yet, in our minds, there is a range of representations of different degrees of concreteness or experiences which are only stored, such as beta agglomerations, which still are in search for their meaning.

The question of creativity is closely related to the understanding of human psychic life, its richness, complexity and mystery. As practising clinicians know well, analysis without creativity would not do; in turn, psychoanalytic understanding sheds light on the nature of art itself.

Richard Wollheim (1998) reminds us about the importance of applying the best knowledge of the human mind and the human psychology we have, and he considered psychoanalysis a key tool. Not without humour, he remarked that 'many art historians, in their scholarly work, make do with a psychology that, if they tried to live their lives by it, would leave them at the end of an ordinary day without lovers, friends, or any insight into how this came about.' His sharp comment makes the link between artistic creativity and the complexity of our psychic life very palpable.
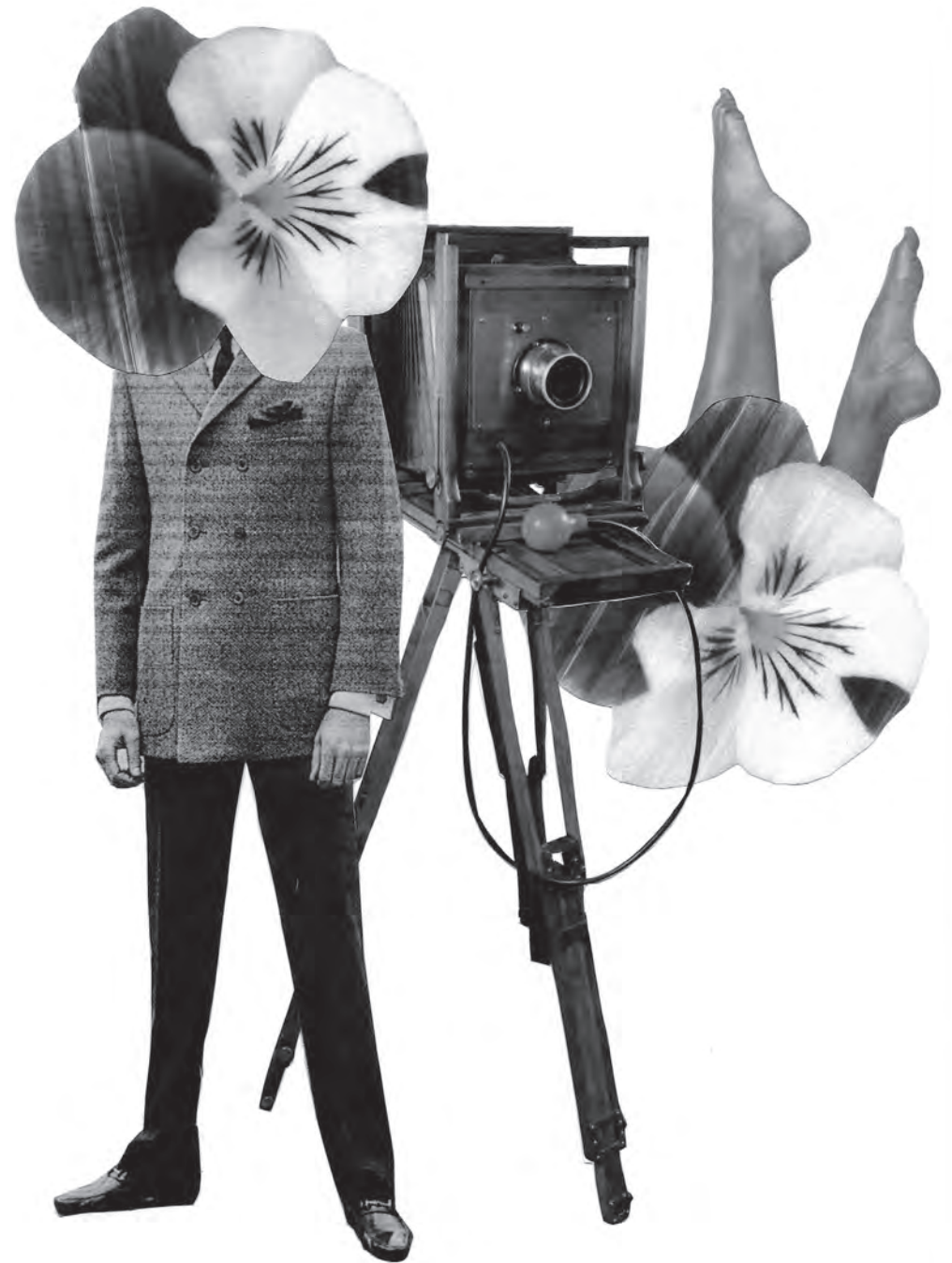
As art critic John Berger writes: 'Each evening we see the sun set. We know that the earth is turning away from it. Yet the knowledge, the explanation, never quite fits the sight' (Berger 1972). This dissonance has its reflection in our inner life, through the way we position ourselves in regard to the external world and our internal landscape. It is a version of the Copernican revolution and its psychological consequences, where the unconscious mind becomes the centre of gravity (Laplanche 1999).

Berger adds that the way we see our surroundings is influenced by our knowledge and our beliefs. Thus this relationship, as we know, works the other way too. Not only does what we see determine our thinking, but our unconscious beliefs and phantasies in the world of our internal objects colour the way we perceive.

Although Berger largely focuses on the cognitive as well as historical and cultural aspects of seeing, he also touches on the emotional sphere when commenting on falling in love. One can see the experience of perfection and completeness as emerging from the point of contact between our actual experience with the beloved person, our previous relationships and attachments, and relevant unconscious phantasies and expectations. In the analytic encounter the totality of transference, with the projective and introjective processes, colours the way we relate, and the way members of the analytic couple experience themselves and each other.

The complexity of seeing is reflected in the ambiguity of our language. To see, to perceive, also means to understand and to have a particular attitude towards people, situations, places and ideas. One of the dimensions of emotional freedom is the extent to which we can bear, tolerate and engage with what we see. Despite the fact that the filtering of what we observe occurs on different levels, the role of emotional experience is especially curious. The way in which we recognise and accept some elements as well as reject, forget and repress others depends on the impression made by a particular perception and the conflicts that are activated.

The intrigue portrayed in Antonioni's film *Blow-up* (1966) can be interpreted as a metaphor for discovering something unexpected or even something that we do not want to know about. A young photographer suspects that, in the surreptitiously taken photographs of a couple encountered in the park, he has uncovered evidence of an attempted murder. The photographer finds the discovery simultaneously shocking and exciting; convinced that his presence must have saved somebody's life, he shares the news with his agent. Perhaps the photographer is attempting to protect himself from the disturbing recognition that the murderer has succeeded. Only later does he consciously notice on the prints the presence of a man's body. The reality of the murder has been confirmed; however, the negatives are stolen during a break-in into his studio and the body disappears from the park. Only one blurry and grainy print remains, as if a faded reminder that something did happen and that something was seen to have happened, and that it is he who has the knowledge of what has happened.

The emotional dimension of the predicament can be illustrated by hypothesising about the photographer's unconscious phantasies and desires that played a central role in his experience. What if he had had murderous wishes to eliminate from his life an older, powerful man and to seduce a mature woman? The reality of which he has become a witness is then a kind of fulfilment of this internal scenario. Might he not only have hated but also loved and admired an older man in his own life? One can imagine the resulting sense of terror and guilt. Although all these events occur in reality and concern strangers, for the photographer, his internal drama is painful and palpable, because the internal reality is no less significant than the external one. On the one hand, this is an Oedipal scenario, and on the other, we are dealing with much more primitive experiences and phantasies. The sense of helplessness and danger seems to be constantly present in the background.

The ways of dealing with this kind of experience raise another question. For the film's main character, the blurring of the image and the evidence, as well as the emergence of doubts that serve the need to forget and disavow his knowledge of the murder, become the solution. The final scene of the film seems to confirm this: the photographer encounters a group of mime artists and joins them in a pretend tennis match. In this scene, the awareness and sense of reality seem to fade away. It is no longer clear whether what seemed to have happened did occur in reality, or whether it had been a game of make-believe. In addition, the woman disappears, which allows the photographer to forget about his desires towards her.

Bion (1957) confronts us with the difficulty in tolerating knowledge and insight in his paper, where Oedipus' arrogance turned out to be catastrophic, as he pursues the uncovering of the truth

regardless of the costs and consequences. Oedipus pays for his actions with blindness and exile, which symbolise departure from knowledge. The blindness and the exile provide him with a shelter, a peculiar kind of oasis born out of a version of events, which lifted the weight of responsibility opening the way to psychic retreat (Steiner 1990). The falsehood of this version of events is due to the obliteration of the complexity of this situation with its actual implications.

Writing about how we come to terms with the fact that we are both the observers and the observed, Berger (1972) underlines an important issue that has been a subject of psychoanalytic examination. Ronald Britton explains (1999): 'If the link between the parents perceived in love and hate can be tolerated in a child's mind, it provides the child with a prototype for an object relationship of a third kind in which he or she is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage being observed. This provides us with a capacity for seeing ourselves in interaction with others and for entertaining another point of view while retaining our own – for observing ourselves while being ourselves.'

Looking at this issue from a different angle, Jean Laplanche (1997) developed in his work the question of the origins of the unconscious mind, as initiated by the enigmatic messages representing the adult sexual unconscious which one becomes a recipient of in early life. Following Laplanche, I think that it is the continuous movement between different axes, between Ptolemaic and Copernican points of view. By its very nature, our mind is egocentric but at the same time decentred through experience of the unconscious, in terms of an internal otherness of the unconscious mind as well as the otherness and strangeness of another person. According to Laplanche, there not only takes place a phantasy about the existence of another person contrasted with the objective presence of another, but also a communication coming from this other person that provides one with a sense of being different as well as with the sense that there does exist someone or something outside oneself.

I am interested in two aspects of this situation: the continuous movement between the egocentric, Ptolemaic, and the Copernican points of view (the latter with centres of gravity outside the self) with experience of this movement, and the communication, a message that comes from the other person. Looking from this perspective one could say that through his or her work, the artist unconsciously sends a message. In this way, the artist lures their audience, while the spectator recognises echoes of a communication received in his or her childhood from someone historically significant. The process of locating, projecting, own experiences and expectations onto the object of art seems crucial and it became

in part an aspect of Wollheim's (1993) model of correspondence, where the link between the emotional experience and the artistic creativity is established. He emphasises the importance of the artist's intentions in this process and, I would add, the artist's unconscious motivations. It represents the wish to communicate an experience and give it a form, as well as a wish to repair one's own internal world and an attempt at psychic growth.

I think in similar terms about the dynamic movement and interaction between the paranoid-schizoid and depressive positions, as well as Thomas H. Ogden's autistic-contiguous position (1989). The complexity of experience in each of these positions or states of mind not only enriches the created art object but also opens up a possibility for the development of new original attributes and forms. The autistic-contiguous mode of experience, with its sensory dominated nature, adds yet another dimension to the experience of the other, a rudimentary sense of boundedness that leads to the more complex experience of otherness in conjunction with the transmission between the child's and the adult's unconscious minds.

Hanna Segal (Quinodoz 2007) draws our attention to the existence of a kind of conflict between positions which leads to creative tension. According to Segal, the artist creates a specifically intimate world which reflects internal experiences and negotiates conflicts, expressing them symbolically through a concrete form of art. Segal adds that it is the form of artistic expression that depends on the elements relevant to experience in the paranoid-schizoid position.

The moment of all of these elements coming together – for example when the photographer decides to release the shutter – is fascinating. What is it that has motivated the artist and provoked him into action? And what is it that has given him the certainty that this is the moment, angle, and frame?

In one of his early photo books entitled *A Hunter*, the Japanese photographer Daido Moriyama published a set of photographs, some of which had been taken from the window of a moving car. His photographs have no captions; the book can be seen as a record of the author's experience. It is an extreme example of an intimate relationship with the moment and the place of the photograph being taken. His blurry, high contrast, black-and-white street photographs, with the raindrops and the light trapped in these images, allow us to see through Moriyama's eyes, as if following the photographer around. The creative intimacy of his photographs results from the artist's experience of the particular moment in the context of his internal world. It is not only his relationship to the place but also to the people appearing in the frame as if by 'chance', and to the entire ambiance of the surroundings. The photograph is a creation of the moment, driven by an

impulse. Shots repeated later, although perhaps technically better, do not tend to have the same mood and aesthetic depth, as if they had no soul. To my mind, the described moment is the point of contact with the unconscious; it has the quality of dreaming and a reverie. It is the moment of truth.

In his recommendations for analysts at work, Wilfred Bion felt that repetitive elements such as routine associations, memories of previous sessions or the desire to cure the patient in analysis do not really help; instead, they become obstacles and lead to the creation of a distance from the actual emotional experience shared with the patient in a consulting room. Bion calls the negative capability a state in which we are able to allow an experience and tolerate it, even though we may not know how to interpret it; or else, we find it surprising or frightening, and we are as yet not able to describe it in words. It is the capacity to carry on without the assumption that it is our task to have to find urgently some way of describing what is going on.

'The spectator recognises echoes of a communication received in chidhood.'

Thus, there is a freedom from something, for example from anxiety, and freedom to grow, create and associate in a free way, which allows us to discover new meanings and dive into new experiences, as yet unintelligible, instead of juggling the old ones with which we are already familiar. A question arises whether one can watch and experience art without prior expectations or preconceptions, as for instance in the case of the Cuban-American artist Ana Mendieta, restraining oneself from the compulsive rush to allocate her a place. Jane Blocker (1999) writes: 'Ana Mendieta's ashes are buried in my hometown. Such is my relationship to her. She moved there before I did, and, although we lived there at the same time, she moved away again before I had ever heard of her.'

Despite this, her art had made a significant impact on Blocker, who wrote a book contemplating Mendieta's work. The author states that the period when performance art was blossoming led many art critics and merchants to despair. Here, the action of the artist and the response of the audience created a unique experience that was not replicable in exactly the same way and which was certainly impossible to sell.

Mendieta's art comprises sculptures, photographs and recordings of the artist's performances; the essence of it is, however, that her art is this kind of emotional experience. The history of Mendieta's

escape from Cuba, her mysterious death and the character of her art do not lend themselves to simple classification. Blocker says that she found herself 'in the contradictory position of wanting to save her [Mendieta] both through history and from history.' To pin Mendieta's work down and allocate her 'place' would already be an enactment in relation to the artist's personal history, which would dismiss her continuous search for expressions and meaning. And further (Blocker 1999): 'I was reminded of this dilemma when I first saw, at Galerie Lelong in New York, one of the drawings that Mendieta did directly on leaves. … The leaf, brown and dried, was inscribed with an abstract drawing of a female figure whose curving spine was formed by the leaf's central vein. … Holding the box in my hands, I was struck by the thought that I could quite easily crush the leaf to dust, an act that I could never perform but the thought of which haunted me. To destroy the leaf seemed to me an act of inconceivable brutality, as though it meant physically harming another person.'

This is a description of a powerful, emotionally moving experience that almost demands to be acted on. And there, this is an example of the capacity to receive those powerful emotions. The sense of lightness, fragility and beauty is confronted by a brutal, destructive force and a wish to annihilate. It is not an unusual reaction to Mendieta's art. I found the recent retrospective exhibition of her works moving in a very similar way. She draws the spectator in and unsettles his inner calm. It is, however, worthwhile resisting the temptation of overhasty classification in return for an unsettling and creative, thought-provoking experience. At the end of my visit to the exhibition, however, it struck me that, although I knew very few facts about Mendieta's life, various pieces were starting to come together. I felt a sense of intimacy with this forever-exploring adolescent's feeling at a loss as well as with the incredible strength of one who had to leave her homeland on her own, at the same time trying to face up to the culture she had grown up with and to her identity as an artist and a woman.

I have attempted to demonstrate my interpretation of some of the processes present during both the creation of art and during its reception. I have also considered elements that seem essential in a free creative act. These are, for example, aspects of psychological functioning such as fluidity in communication with the unconscious and a capacity for dreaming and reverie. The art acts as a kind of symbolic container in which internal conflicts can be expressed while the creative process can be used as a reparative process in our inner world. The creative act can provide the potential for emotional development through engagement with the external world, with individuals in this world and with

Engagement, not estrangement

By David Fanthorpe

AS A STRONG supporter of the psychoanalytic and psychotherapeutic profession, on the one hand, and as someone who has spent a lot of his life with or around politicians, many of them on the political right, on the other, reading recent editions of *New Associations* has been at times a rather painful experience. 'Modern politics,' writes Philip Stokoe, 'is distorted by a shared unconscious belief'; politicians, he continues, 'become overwhelmed with persecutory anxiety and… preoccupied with defending against this assault, e.g. blocking freedom of information, human rights etc., and becoming more dictatorial in their departments.' Politicians on the right of the spectrum are especially taken to task: 'Since Thatcher,' says Graham Music, 'this [belief we are born selfish] has become a dominant strand in neoliberal ideology.' Stokoe delivers the *coup de grace*: 'The electorate voted to remove from the coalition the single presence that made thinking in government a possibility: the Lib Dems.'

It's not my purpose in this article to try to put the political record straight, still less to seek to persuade readers of *New Associations* that they should learn to love the Conservative party. But I do want to stand up for politicians in government, and I also want to suggest to the profession that if it wants to achieve the objective of becoming socially engaged, an aspiration set out by the Chair in another recent article for this publication, then it should also strive to be perhaps a little more sympathetic towards those in government, and above all to understand what motivates them and the constraints under which they work.

Now, I am necessarily arguing from a lay perspective. I'm in no position to tackle the psychoanalytic insights of the contributors to this journal. What I will try to do, in the context of some of the critiques advanced in these pages, is to offer a lay view on the pressures, motivations and mindsets of our political leaders.

I think a good place to start is Stokoe's analysis of the dynamics within groups surrounding leaders, and between the group and the external world. Much of this rings true. I think we all recognise this phenomenon; I have certainly seen it in action. It is a danger for all leaders, and the more powerful they are, the greater the danger. Whether we are talking about Mrs Thatcher's increasing isolation in Number Ten by the end of her premiership, or Mr Blair's preference for 'sofa government', powerful leaders increasingly surround themselves with sycophants. All that is true.[1] But we do politicians a disservice if we go on from that to imagine that, even within the tent, there is no room for debate, dissent or second thoughts.

'Each government department has its own dynamic.'

There are two main reasons for this, both to do with the workings of British government. First, there is the departmental system of government. Each department has its own dynamic, its own interests and institutional memory. Some departments are decidedly more equal than others, and the Treasury is the most equal of all, but even the Treasury does not always get its own way. Government is an exercise in holding together competing interests.

The second is the existence of an impartial civil service. Many government policies start out life as a departmental options paper; some may have been gathering dust in a drawer for years before their time arrives. But at least at some stage each will have been subject to a rational analysis. Now of course officials become adept at divining their political masters' wishes, but the point is that most policies have been through a pretty rigorous vetting process before they get anywhere near parliamentary scrutiny. Then they go through it all again.

It is, admittedly, a weakness of our system that governments, especially those with a healthy majority in the Commons, can do pretty much what they like, within the law; our constitution lacks the built-in checks and balances of its American offspring. But we do need to remember that we live in an 'elective dictatorship',

and we cannot reasonably blame politicians both for refusing to listen to what others have to say and (the other persistent charge against them) pandering to the electorate to win the next election.

Although we all like to personalise politics, the truth about policymaking is much less exciting. Even the poll tax, arguably the most egregious domestic policymaking disaster of the past thirty years, wasn't, in my view, the result of a personal ideological crusade on the part of Mrs Thatcher (though she was eager to replace the rating system). It didn't fail because the prime minister refused to listen to dissentient voices (and there were some powerful ones, even in government, including Chancellor Lawson). In fact, one of the worst aspects of the implementation of the poll tax, the decision to abandon the initial policy of phasing in the new tax in favour of a 'one fell swoop' approach, was owed – unbelievably – to a vote to that effect in the Conservative party conference. Unsurprisingly, this was the first and last time that a conference decision was allowed to affect government policy.
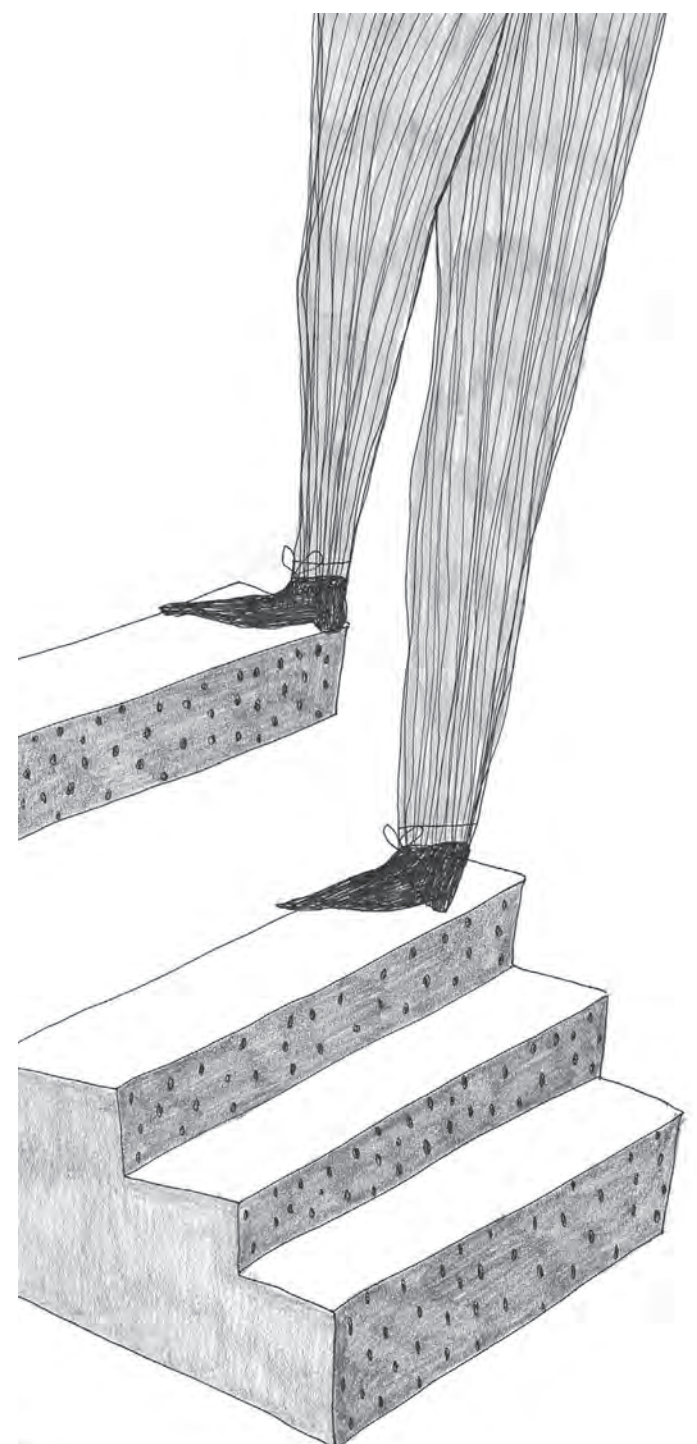
So, I would argue that a policy disaster usually associated personally with a political leader and ascribed to her 'stubbornness' and 'refusal to face facts', is actually a case study of something rather different – accident, cock-up, misguided intentions, perhaps skewed political priorities, but not evidence of pathological inability to hear an opposing point of view or to change course in the face of disaster (even when, as in this case, the disaster befell the government itself).[2]

I agree with Stokoe that we get the leaders we deserve, but unlike him, I think, I believe that we largely create our leaders in our imaginations. We then judge all their actions through the prism of the kind of leader we have decided they should be; and we ascribe pretty much all the actions of their government to them personally. Above all, we credit all politicians with far more power than they actually have. I suspect we do this because it makes life simpler for us; perhaps it's the only thing that makes it bearable at times – the belief that the omnipotent 'they' are responsible when things go wrong.

Part of our belief about the mindsets of politicians is that they are excessively 'ideological', that is, driven by a set of first principles

which lead to specific policies and to which they adhere whatever the evidence to the contrary. In fact, political ideologies play a small part in British politics. No one could seriously contend, I think, that either fascism or Marxism has played any significant role in British politics. All three main parties in the UK often struggle to define what their underlying beliefs actually are, especially the Conservatives, who for quite long periods of their history have been clear what they have been against, but have been less clear what they actually stand *for*. Labour used of course to be a socialist party, but formally ditched it as its ideology with Tony Blair's 'Clause IV moment'. Although briefly back in vogue, no one seriously imagines that it will fight the next election on some kind of explicitly socialist manifesto.

In fact, the UK's (still essentially) two-party politics, underpinned by the electoral system, has not led to two ideologically-based traditions but instead to the emergence of two 'internal coalitions', one of the left and one of the right. Changes of government usually come about because of voters' judgment on the competence, or otherwise, of the incumbent, and only very rarely express any strong yearning for a particular style or ethos of government (1945 is perhaps the obvious exception). So I think we should be instinctively wary of

explanations (or critiques) of government policy which are founded on an ideological analysis. More often than not the ascription of ideology to an opponent tells us more about the ascriber than the ascribed.

In fact, the two main parties in British politics have had long periods since 1945 when they have occupied strikingly similar policy territory, and the obvious 'turning-points' of electoral history — 1964, and especially 1979 and 1997 — have often masked the fact that there was little change in the overall direction of government policy (especially economic policy). For example, the UK embarked on essentially monetarist, deflationary policies in 1976, at the behest of the IMF, not in 1979[5]. The reason why the Conservatives struggled after 1997 was that New Labour was camped on their territory, and they made the mistake of searching for 'clear blue water' to put between them and the government.

'The profession has choices: to engage in debate, or to shout from the sidelines.'

Many readers of *New Associations* will no doubt not accept this analysis. But there is one final reason why I believe BPC registrants should strive even harder to find it in themselves if not to like, at least not to feel so antagonistic towards, and to understand, our political leaders generally and the current government in particular. And that's because by understanding them better, and — if I may say so — less judgmentally, you are far more likely to have a successful dialogue with them.

I know that the BPC executive team understands this, which is why they are effective representatives of the profession. But if the profession more widely could adopt this attitude, it might just help to get its views across. Of course, if you really do feel that the government is hell-bent on destroying the NHS for ideological purposes of its own (though I'm not quite sure what those could be), then it might be difficult to sit down to have a constructive discussion.

If you want genuinely to engage with government, whoever you are, you have to be able to put yourselves in their position; and it helps, on the whole, to treat them as if they are people who are actually trying to do their best, to act rationally and to do a very difficult job. If you completely reject them and everything they stand for, you can hardly complain if you don't get much of a hearing. It will be even more challenging if you dismiss right-of-centre policymakers who do support the value of psychotherapy, or other talking therapies, as seeking only to bolster 'neoliberal individualism'.

I do believe that there is a glimmer of an opening for psychotherapy and psychoanalysis as part of the overall healthcare armoury of the 21st century. If even a Conservative prime minister can espouse a 'happiness index' and — more seriously — MPs of all parties can share their own experiences of mental ill-health, we might just be at the beginning of an exciting development in genuinely holistic healthcare.

The profession has choices: to engage in debate, or to shout from the sidelines; to deal with the world as it is, or as you want it to be. I hope for the sake of the profession, and for society — and yes, there is such a thing as society[4] — that the choice is engagement, not estrangement ∎

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Notes

1. For a good discussion of group-think in British government, see King & Crewe, *The Blunders of our Governments*, chapter 17 (Oneworld, 2013).
2. For an excellent in-depth study of the genesis of the poll tax, see *Failure in British Government: the Politics of the Poll Tax* (Butler, Adonis & Travers), OUP, 1994
3. Or possibly, according to Denis Healey, who should have known, 1975. See Beckett, *When the Lights Went Out: Britain in the Seventies*, p.322-3 (Faber & Faber, 2009)
4. As the full quote, in context, demonstrates. 'There is no such thing as society. There is [a] living tapestry of men and women and people and the beauty of that tapestry and the quality of our lives will depend upon how much each of us is prepared to take responsibility for ourselves and each of us prepared to turn round and help by our own efforts those who are unfortunate.' (Transcript of an interview with *Woman's Own* in 1987, extracted from http://www.margaretthatcher.org/document/106689.)

Tension at the border

the techniques and materials that the artist chooses. Not without significance here is the capacity for the 'third position', referred to earlier, and for self-observation. What also matters is the potential for movement, or in other words, for not remaining permanently in one place. In my view, it is precisely this dynamic movement that is pivotal for freedom while creativity involves the capacity to express the tension between the described states, which through work and emotional engagement lead to the creation of an art object. Referring to movement, I do not mean an escape from emotional experiences, but rather a creative dialectical interplay between various states of mind; a continuous shifting of the centre of gravity of our experience. The developmental aspect of art involves emotional development and the negotiation of internal conflicts through establishing their representations as well as finding new forms of expression, whilst simultaneously engaging the viewer in this process. There however is the threat of a tyrannical phantasy that one is required to always be in touch with one's feelings, which is yet another version of foreclosure and obliteration of meaning, a version of non-dreaming.

When Ogden (2016) writes about the unique language and rhythm which develop in every analysis, he recognises some native aspect to the personality,

something characteristic and close to its deepest nature and the nature of the relationship in analysis. I think a similar process is reflected in works of art and takes active form in our reception of art and its creative power ∎

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Home is where we start from

By Angela Joyce

DONALD WINNICOTT needs little introduction in psychoanalytic circles. However, in this special edition of *New Associations*, focusing as it is on the interface between psychoanalysis and society, the broader implications of his work are salient. After all, it is perhaps Winnicott, second only to Freud, who stands as the most influential analyst in the culture at large beyond our institutes and consulting rooms. This claim could easily be contended: what about the influence of Jacques Lacan on literary theory, or Erich Fromm and the Frankfurt School? Winnicott's influence was not on the academy and was not primarily intellectual; and it is the aim of this article to make the case that it is precisely for these reasons that he comes in second only to Freud.

Winnicott was on the cusp of the first and second generation of British analysts, and his unique contributions range far beyond psychoanalysis to the care of children in medicine, social services, residential care and ordinary home life, as well as to British cultural life more broadly. In addition to being a pioneering psychoanalyst (and the first male child psychoanalyst to be qualified in Britain), Winnicott was also a child psychiatrist and paediatrician (he was awarded the James Spence Gold Medal for Paediatrics in 1968). These aspects of his professional life mutually informed his unique and revolutionary approach to understanding the psychological troubles affecting people of all ages.

One of Winnicott's major contributions was to highlight the lifelong task of managing the relationship between the inner world and external reality – with obvious social ramifications. He appreciated that the coherence of the inner world of fantasy and external reality depended upon the quality of the real relationships the baby has with his or her caregivers at the beginning of life, particularly with the mother. These caregivers (all being 'good-enough') gradually adapt their responses to the baby so that the fantasy expectations – the 'illusion/creations' – of the infant encounter and find external reality and become, over time, capable of managing that unpredictable and at times frustrating reality. Such insights, largely originating in his extensive clinical experiences and his work with children displaced during the evacuation from London during World War Two, are now being confirmed by neuroscientific research and are practically taken for granted when it comes to social policy: without good-enough parenting, becoming a well-adjusted member of society is an uphill struggle indeed. This task of adjustment is all the more pressing in our internet era, when young people especially are bombarded with false promises of instant gratification and lured into virtual worlds of fantasy, with the resulting potential for real-time anti-social behaviour. Parents, carers and children certainly have their work cut out for them nowadays and no doubt Winnicott, were he still with us, would have been a measured, sagely voice facilitating passage through such dangerous waters.

'Parents, carers and children have their work cut out for them nowadays.'

Winnicott worked with an enormous range of people and organisations within and outside the mainstream psychoanalytic community. He was involved with giving talks to and teaching teachers, social workers, doctors and residential workers amongst others; he taught generations of social workers and teachers at the London School of Economics and the Institute of Education; and he contributed to the government investigations into state provision for children (The Curtis Committee, 1946).

Perhaps most famously though, he worked to promote more humane childcare in the post-war years through his numerous BBC radio talks (from 1943-62 he gave over 50 broadcasts): the series *The child, the family and the outside world* and *The ordinary devoted mother and her baby* were also published and remain in print selling large numbers even today, 70 years later. Along with Benjamin Spock and John Bowlby, Winnicott ushered in our society's more liberal, child-centred parenting. As expressed in the title of his best selling collection of essays, *Home is where we start from*, Winnicott saw our early family life as the generative root not only of adult personality, but of the nature of society as a whole. His work to promote a more empathic style of parenting, in the modest way which characterised this impressive man, has thus had a more sustained and beneficial impact on the world than many of the more bombastic and theory-driven manifestos for social change characterising the 20th century.
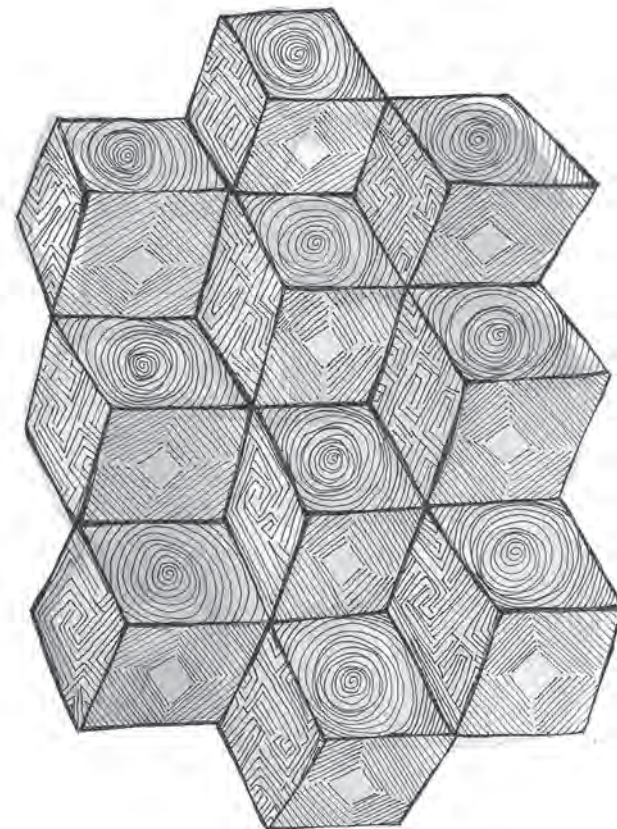
Winnicott has been accused of being a conservative by those for whom the term is practically derogatory: his emphasis on the mother-infant relationship seen as normative and a post-war push to get the traditional family firmly back in place. If putting children at the centre of the agenda about family life is conservative, then he would rightly be regarded as such; but his conservatism is not one of fear, pessimism or original sin: it is a humane, Burkean conservatism which sees society as a family, an organic unity which it would therefore be misplaced to artificially engineer with an aggressive ideological programme. This stripe of conservatism has permeated British society so extensively that it even encompassed the political reforms of the 19th century and the Trade Union movement of the 20th – it is perhaps, therefore, less 'conservatism' and more the essence of the British political tradition. Until very recently, change has come to British society step by step, a piece at a time without any utopian dreams in mind. This might be seen to echo Winnicott's observation that the infant is best served by being gradually let down by their good-enough mother – the 'world in small doses' – so reality can slowly be encountered and played with, rather than controlled by the demands of infantile omnipotent fantasy, its pathology an outcome of having really been let down. It takes only a brief look at political history to see that utopian dreams have hard landings, just as fantasising can have those overly prone to it come crashing down.

The strength of Winnicott's ideas thus lie in their grounded quality and in their relevance to a life worth living, a life of creativity and feeling real. They make sense as much to a psychoanalyst as they do to an ordinary devoted mother. In this way, after Freud, Winnicott has touched more lives than any other figure in psychoanalysis. Largely unacknowledged by the general public, although his name would be familiar to many, his perspectives have permeated the culture, appearing, for instance, in reference to artist Grayson Perry's teddy bear, Alan Measles, who helped him through a lonely and troubled childhood (see article written by Grayson's wife, Philippa Perry, *The Independent*, Monday 29 September 2014).

It is for greater acknowledgement of Winnicott that the Institute of Psychoanalysis and the Winnicott Trust will shortly be presenting English Heritage with a bid for a Blue Plaque for Winnicott's 87 Chester Square residence. As Chair of the Winnicott Trust I have been working on the central bid; and British Psychoanalytical Society President Nick Temple, ex-President Michael Brearley, Christopher Bollas and IPA President Stefano Bolognini will be submitting supporting statements in the hope that what many consider to be Britain's greatest psychoanalyst will be more widely appreciated ∎

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Review

Bryony Gordon, *Mad Girl: A Happy Life With a Mixed-Up Mind* (Headline 2016)

Review by James du Cann

Aficionados of television comedy may recall a sketch from the BBC's *A Bit of Fry and Laurie* in which Stephen Fry, dressed up as a lady of a certain age, addresses the camera as if replying to an unseen pavement interviewer. Fry interrupts his own sentence with the words: 'Oh Christ, I've left the iron on!', before scuttling off screen to a soundtrack of canned laughter. Just such a preoccupation led the journalist and columnist Bryony Gordon to take her own iron to work in a handbag, preferable as this was to spending hours checking that it was switched off.

Mad Girl is Gordon's story of her struggles with mental illness from childhood to motherhood, set against her rise up the Fleet Street career ladder. Her Obsessive Compulsive Disorder revealed itself in a remarkable way. At the age of twelve, she woke from a dream in which she had a terminal disease and thereafter became convinced she was dying of AIDS. So began a pattern of breakdowns, depression, anxiety, addiction, panic attacks and eating disorders lasting until her mid-thirties. As she calls it, an 'endless cycle of self-loathing and despair.'

The candour of this thought provoking book is its forte – the word 'honest' appears four times in its first six lines – the degree of self-disclosure utterly unsparing. Meares (2001) refers to this in relation to OCD as an impediment 'of the boundary between inner and outer worlds.' Sadness and humour walk arm in arm in the story, not always to the greatest effect, as it is when the two separate that the prose is at its most powerful. One wonders whether the author felt the need to cradle this sadness in a humorous tone to make herself more palatable to her unknown readers. Stylistically, this can grate somewhat. Throwaway words like 'nutso' and 'bonkers' sit uncomfortably next to more considered phrases such as 'linguistic parsimony'. Nevertheless, Gordon can be terribly funny. She tells us about arriving in China with Joan Rivers who started looking for its 'Great Mall'. She casts herself as a permanent fish out of water which gives her a detached observer's eye to events, never more insightful than when she finds the disappointments of own body easier to accept while witnessing the amount of synthetic body components on show at a Hollywood party. She can also break the reader's heart, telling us that as a child she longed to hold her mother's hand but feared she would infect it with a poisonous touch.

Gordon invites us to be ringside at every part of her life to the extent that we become voyeur participants, peeking through our fingers. This raises questions about the merits of self-disclosure and the appeal of apparent 'madness' to those looking on. The title and the cartoonish cover of the book, showing the author facing outwards with an open mouth and startled face, beckons us into her internal world through the very mouth that will address us directly throughout the book. The fact that there are no other photographs in the book to act as a juxtaposition to the portrayal of the author as 'mad' leaves no room for confusion. We are supposed to believe our subject is 'mad' and therefore interesting. After all, she tells us that she comes from a family of journalists 'where all personal humiliation can be used for the greater good and mined for a few hundred words,' and inhabits a world in which self-destructive behaviour is rewarded with a column, while her editor calls her stress-related alopecia 'a story' and so it naturally follows that it must be written about. It is no surprise when the author tells us at the end of the book that in spite of her wholehearted dance around the confessional pole, it was a difficult experience to write the book and her OCD symptoms reappeared. Little wonder she can come across as an unwilling contestant caught up in a larger journalistic game that does not have her best interests at heart.

There are two other areas in which the book serves as a useful, if not edifying, commentary. Firstly, Gordon comes into contact with medical professionals and therapists from time to time. Almost all of these meetings prove uncomfortable reading as they show very poor practice, leaving the patient confused and humiliated. Although Gordon admits that she wishes she had stuck to a particular course of therapy, the tragedy is that she felt obliged to suffer in silence for so long and that silence was not helped by the poor care she received. Clearly, twenty years is far too long to find the appropriate care for a disorder such as OCD. Secondly, Gordon reveals that she is frequently subject to sexist comments about her appearance after her articles appear in print. Although she bats this away with typical humour, it reflects critically on the way in which female journalists are in the firing line of mostly male comment from behind the anonymous computer screen.

As a psychodynamic psychotherapist, it is hard to read the book without looking for 'clues' as to the aetiology of Gordon's OCD. In this way, the book is a psychodynamic detective's treasure trove, but it is perhaps best left to every reader to find their own way into this material, from the endless self-deprecation to a maternal figure who looms large, invested with the power of moral arbiter, whose words to her daughter are laden with meaning far beyond their apparent simplicity. The book might also make the psychodynamic community pause and consider its thinking about OCD. Esman (2001) traces the way in which contributions from biological psychiatry and behavioural psychology have marginalised psychodynamic thinking in relation to the treatment of OCD. Gabbard (2001) too points to the increasing tendency within psychiatry to consider the biologically based aetiology of OCD. The latest research published by the *Lancet* in June 2016 suggests that a range of interventions is effective in the management of OCD symptoms, specifically a combination of psychotherapeutic (mostly exposure and response prevention techniques) and psychopharmalogical methodology. Where does this leave psychodynamic thinking?

'The candour of this book is its forte.'

Leib (2001) contends that a purely psychodynamic approach has serious limitations in this area but that it can add much to a combination of modalities, including more standard techniques such as the aforementioned exposure and response prevention. My own experience in the field supports this. Like others, I have introduced a longer session time to facilitate this approach and it has been a seamless process, not impinging at all on the depth of the psychodynamic work. If we accept that OCD symptoms are rich in unconscious meaning, an understanding of this fact can be most helpful to a patient in the implementation of behavioural therapeutic interventions. Furthermore, as OCD fluctuates, an understanding of its unconscious triggers can assist in the management of symptoms. One last point is to stress the importance of the assessment process before embarking on psychodynamic work as a part of a combined modality approach with an OCD patient. As ever, it is the assessment task to establish whether a working alliance can be established with the particular patient in the light of what might be cripplingly severe symptoms. After all, what use might a florid interpretation into unconscious processes be to a patient whose only thought is that they might be about to crash our table lamp into our skull?
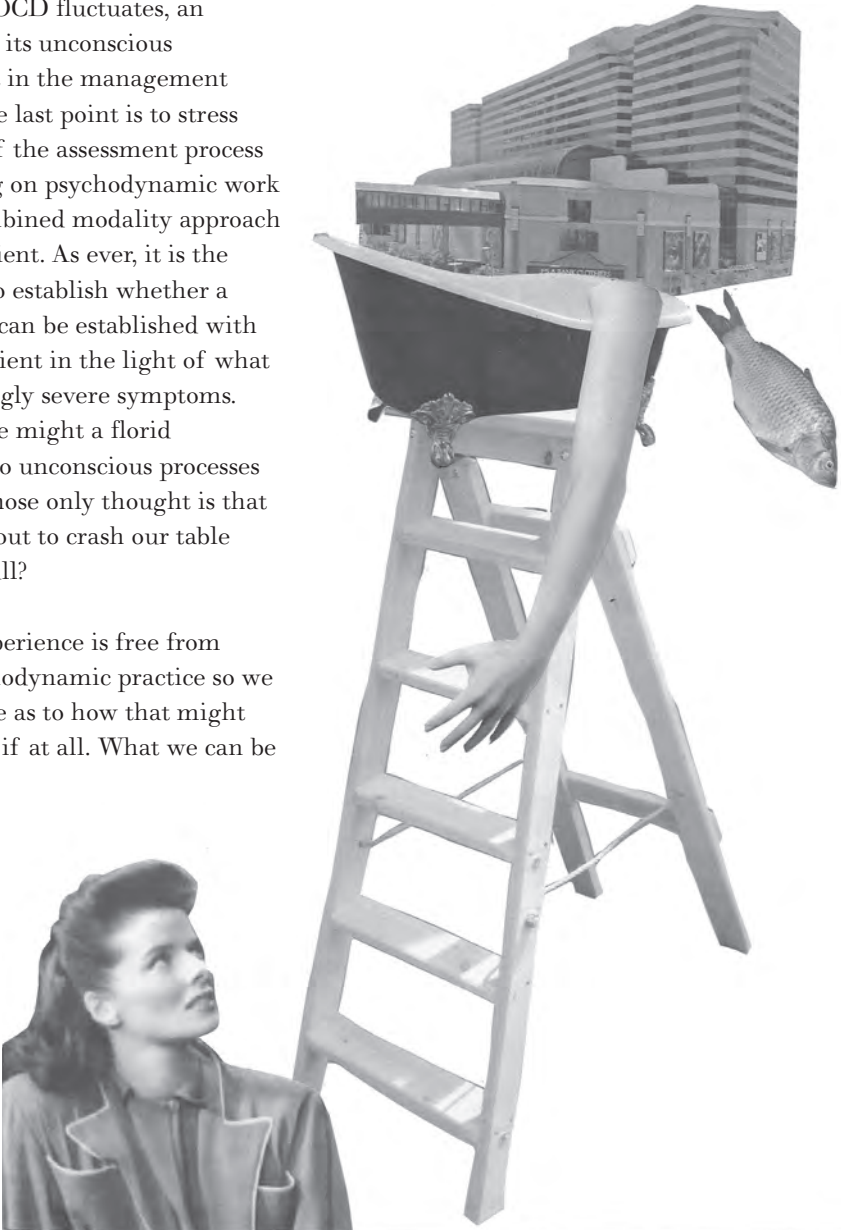
Gordon's own experience is free from exposure to psychodynamic practice so we can only speculate as to how that might have assisted her, if at all. What we can be more sure of is that her story is a valuable part of a growing canon of work including authors such as Matt Haigh and Stephen Grosz, whose books on mental health are reaching a wide audience. In July 2016, *Mad Girl* became a top ten selling book in the UK. We are all, patients and therapists alike, engaged in a process of battling stigma, and Gordon's courageous contribution to this is most welcome. These kinds of publications assuredly make it easier for sufferers to discuss their illnesses, bringing them to our doors to seek the help they need ∎

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'A prolonged period of uncertainty'

By Rebecca Davies

SATURDAY 25TH JUNE, 2016. 48 hours since the EU referendum and I hear on the radio an economic forecast for the UK in the wake of the country's vote to leave the EU. 'A prolonged period of uncertainty for the UK, with negative implications.'

I could now write at length about the psychological significance of an 'Out' vote and the impact of Brexit on our patients and our profession, but I won't. What I heard in that economic forecast put me in mind of the period of uncertainty in my first ten months in private practice. I qualified as a psychodynamic psychotherapist in September 2015. The implication in the quotation is that uncertainty in our environment breeds or feeds our negativity and that only certainty can make us feel better. Well, yes and no. It has been a time of uncertainty since I set up in private practice in central London but it has also been a time when something else – I struggle to know what if I'm honest – has emerged and is emerging still.

After graduation I held my certificate thinking, 'Yes, I am a qualified psychotherapist, it says so here!' but, to quote Shakespeare, 'We know what we are but not what we may be.' I have come to think over the past ten months that all I know for sure is that life as a working psychotherapist at present is full of unknowns. This is not a new idea yet it holds some certainty for me. I had a rigorous four-year training at WPF Therapy for which I am extremely grateful. The Post Graduate Diploma had strict requirements and assessment procedures for all academic and clinical work. Personal therapy, experiential groups, supervision, lectures, role-plays and presentations all contributed to the rigour necessary to maintain professional and ethical standards in the profession. These elements of the training became entrenched in me over the years of training and provided both an internal and external structure for my thinking. As many of us experienced, pleasures and pains were personal, clinical and

intellectual. Outside the institution the landscape looked very different. Where once I might have whined about being allocated a therapy room with dodgy air conditioning, now I had no room at all. Clients had been assessed and allocated to me, senior clinicians and supervisors were assigned to me and access to PEP web was free. One of my tutors once described the institution as like a 'brick mother' so the loss of her was going to have its ups and downs.

'Life as a working psychotherapist at present is full of unknowns.'
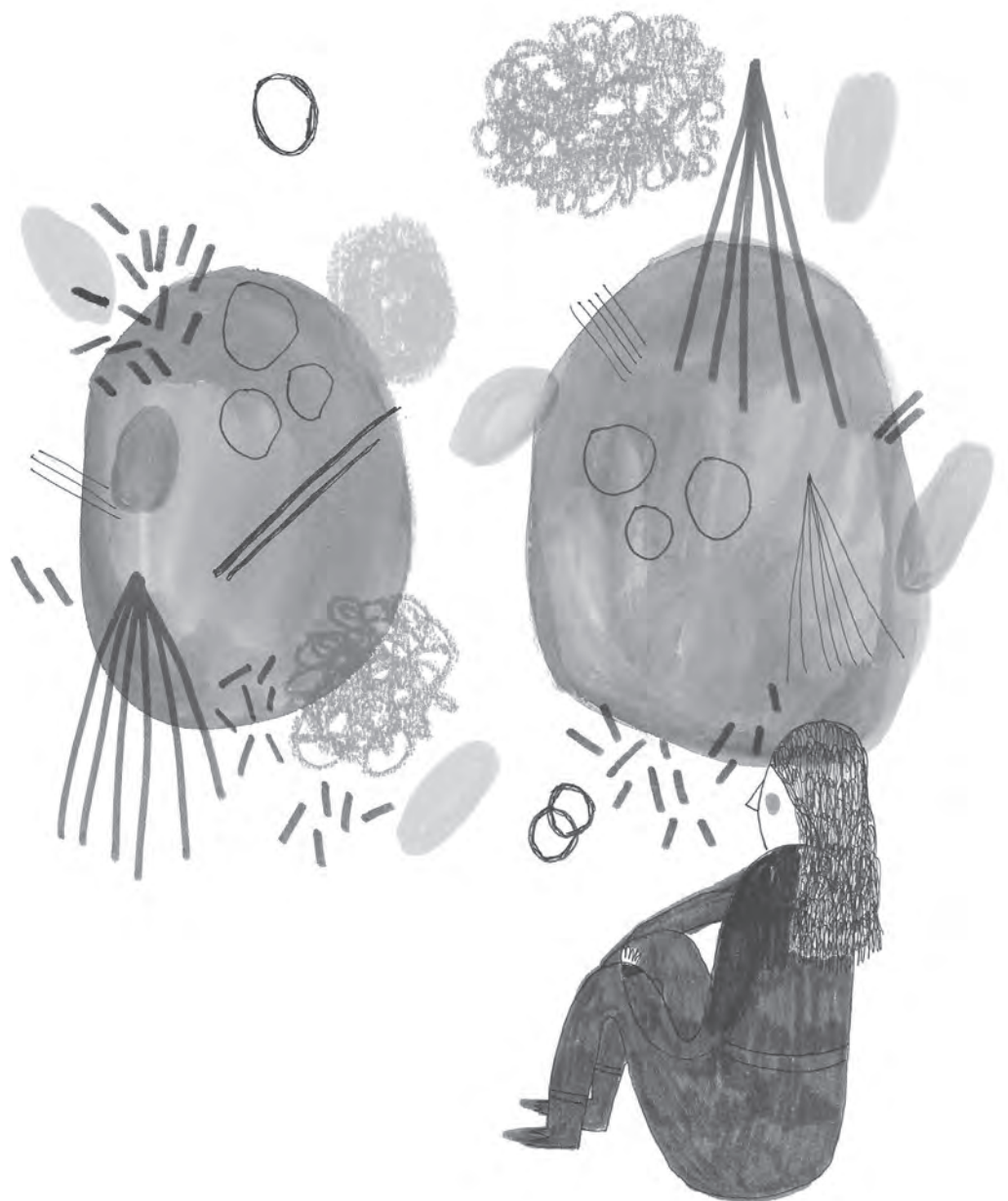
It feels important to say that the end of training was not all melancholy and un-worked through loss; a very large part of me bristled with excitement about the freedom and autonomy to come. I set out, literally, with a map of central London to consider, where next? No longer infantilised by the training, I remembered I was a grown-up with two careers behind me. Surely I just work with what I know? Oh, the irony. Setting up in private practice (the name of a course I went on and can highly recommend) had layers to it, very like Freud's topography of the mind. The conscious considerations were the concrete business decisions. Registering with professional bodies, having professional indemnity insurance, building a website, managing finances and making marketing decisions filled my time and mind for the first two to three months. However, when I found myself awake and anxious at 4.00am about font styles for the website I knew something else was probably going on beneath the surface. Emotions were stirring and my defences were being mobilised. Crucially I had clients transferring with me from the training institute; I had to find a home for them, for the therapeutic relationship. The analytic frame and setting was to be disrupted and I had to work with this clinically. I felt guilt, a huge sense of responsibility, but I was relieved too to be honest. Some of the structure and

character of my training was coming with me; my clinical work would deepen into new territory.

Nina Coltart wrote about what it feels like at the beginning of a therapist's working life and I have read and re-read parts of *How To Survive as a Psychotherapist* many times this year. It feels like the closest thing to a self-help manual for newly qualified psychotherapists that I have found. She captures the emotion and the experience with common sense and compassion for patients and therapists. She reminded me that, 'whatever the content of a period of severe anxiety, or complete bafflement, or feeling hopelessly inadequate in the face of another person's massive unhappiness, we do know that we have *chosen* to be where we are.' I felt this comment was helpful at lifting me out of too much narcissistic preoccupation with colour charts. (Enjoyable though it was.) Her chapter on 'Apparent Trivia' gave me solace as I made decisions about the set up and location of my consulting room, fees and invoicing, the use of a contract, communicating with patients outside the session, time given over to consultations, offering counselling and psychotherapy or just psychotherapy. I consulted with my peers and more experienced colleagues as well as friends who were self-employed and ran their own businesses. A big point of debate was what kind of online presence should I have? Some psychotherapists post on Twitter while some balk at having a

website. In making marketing decisions like our internet presence we are also advertising and modelling our therapy modality. But the truth is I want to earn a living and getting patients is important. I pay rent, I have other costs so I need clients (note the terminology change from patients). Commercial considerations in the early stages are inextricably linked to therapeutic ones. In the early years of my training we were expected to make initial contact with our patients solely via the postal service – imagine! Now psychotherapy competes alongside a wealth of 'feel better fast' services, sometimes on the same website. The point is a professional identity has many facets.

The practical considerations of being a working psychotherapist were thus endless and felt momentous. If I do not charge for consultations does that mean I cheapen the work? If I always charge for missed sessions am I too punitive? If I reply to initial patient enquiries on the same day do I come across as too anxious? Do I call myself a counsellor as well as a psychotherapist because I think I will get more enquiries? And a tricky question to answer was the one enquiring, 'What exactly *is* psychodynamic psychotherapy then?' All these questions were symptomatic of a much more fundamental set of ideas about my clinical work – what is my identity as a psychotherapist? What are my values? My theoretical underpinning? How *do* I work with patients? This is still

very much a work in progress; I haven't found clear answers to all these questions but in all the uncertainty something true(r) is emerging. Symington writes, 'psychoanalysis is not a thing; it is a complex reality,' and just like therapy itself, 'a new entity is forged: a new reality emerges.'

In my training I learnt about and from the psychoanalytic greats — Freud, Klein, Bion, Winnicott, Fairbairn — applying theory to practice and evaluating my clinical work in light of clinical examples was part of the learning process. But what did it mean now, in practice, to be, say, a 'Kleinian'? An 'Independent'? And how important was it? I always used to feel quite torn when I read papers for seminars. They contained so much impressive insight and clinical experience and the articulation of the therapeutic encounter in theory and practice was absorbing. Yet as a student the hierarchy of there being 'one who knows' and 'one who doesn't' is firmly in place in training and I think I am still the 'one who doesn't know' to a large extent. My supervisor said to me in the early weeks of private practice, 'We're colleagues now', but I'm still bringing him verbatims from time to time and hoping to get it 'right'. 'You'll start to feel a bit more certain about things in about five years' time,' an experienced colleague said to me recently. Cold comfort indeed.

But patients have come and my practice is growing. There are fluctuations but the work is there. And in this lies the answer I think, doing the job and gaining the experience. Coltart wrote, 'try to keep space in your mind free from the very prevalent "beginner's anxiety". It does gradually fade.' The idea of space is significant, I think, for what I have tried to establish in many ways since I graduated. When we work with our patients we create the space for symbolic thought and something new to emerge, we set that up and see what our patients do with it. In private practice I have found that quite lonely and overwhelming at times, due simply to the fact of having more patients than ever. In a way I've forgotten a lot of what I learnt in the training but I've retained a kind of mental toolkit of psychoanalytic headlines. I listen closely to my countertransference and I have come to believe Betty Joseph's idea of transference as the 'total situation'. I hear in all my patients' narratives

that environment can shape our psychic functioning and that the compulsion to repeat is pervasive. I am flexible with some patients but with others I am inclined not to offer replacement sessions when they 'can't make it'. Each of my patients needs a different psychotherapist from the next and the quandary is that I am all these psychotherapists. The sheer weight of their miseries and the projection at work can push and pull me in my seat. Ogden wrote about the dangers of 'stir(ring) up the depths of the unconscious mind.' He wrote that therapists in the early days misrecognise their anxiety about patients leaving, 'in fact the therapist is afraid that the patient will stay.' How unsettlingly true.

So I've reflected on the uncertainties a great deal, and where am I now? How can I reconcile the fragile, embryonic sense of a professional identity? In the 'space' Coltart wrote of, confidence is growing and I can say with certainty that I really like this job. The trajectory of the learning curve can sometimes feel brutal but I like its direction. Coltart wrote about 'survival with enjoyment' in the work and that says it for me. The 'push and pull' is dynamic and ultimately human. I believe psychotherapy and psychoanalysis can effect change for people. 'With a mental life that has been restored to health, you will be better armed against that unhappiness' (Freud). Returning to the EU referendum, many people feel unhappy and the future looks decidedly uncertain, but this is our 'complex reality' ∎

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Society

Migration and loss

By David Morgan

The Caterpillar and Alice looked at each other for some time in silence: at last the Caterpillar took the hookah out of its mouth, and addressed her in a languid, sleepy voice.

'Who are you?' said the Caterpillar.

This was not an encouraging opening for a conversation. Alice replied, rather shyly, 'I – I hardly know, sir, just at present – at least I know who I WAS when I got up this morning, but I think I must have been changed several times since then.'

Lewis Carroll, *Alice's Adventures in Wonderland*

WHO WE ARE depends upon the conflicts of love and hate shaped by feelings of knowing or not knowing the primary other and of feeling unknown or negatively known by the other. Wanting to learn more about one's self or others, epistemological knowledge is driven by feelings of love and hate towards the self and other.

Just as learning and change are impacted by issues of love and hate, what we know or find out about the self and other can generate greater degrees of love or hate. Thus, projective cycles of healthy learning, loving, and growth emerge. Or, in many cases of psychological disorder, a confining cycle of persecution, loss, and censored thought solidifies (Waska 2008).

To risk a change in how one lives life and how one relates to self and other is often balanced upon how loyal one is to the current familiar ways of living and whatever internal emotional bargains are in place.

For analytic treatment to be successful, the therapist must be constantly working to understand this and interpret this in terms of both defence and underlying anxiety. I would add that the analyst's own sense of self and security in their own certainties at these times, or *in* these times, is faced with moral, political and social uncertainty that must also be explored.

Psychoanalysts are still predominantly white middle class and live not far from Hampstead. I have been amused when colleagues living and working from houses worth several million pounds evince surprise at the intense envy of their patients, when an interpretation suggesting that the patient is anxious that the analyst's standard of living makes it hard for them to feel that the analyst could possibly understand what they are experiencing, might be called for!

Individuals, including or especially analysts, with a stable emotional anchor and a sense of self, can find it difficult to view others as separate and different, and recognise their own prejudice (Morgan 2012).

A person who has no sense of personal value, inner stability, or lasting internal identity, desperately searches for these elements in others.

The analyst can put their own sometimes limited vision into the mix. (See Onel Brooks, *New Associations* 12, Summer 2013.) As I have said to my patients, at times they are anxious that my theories, my sense of my own certainties and values, are more important to me than they are.

This quest for an open mind is in part based in a belief that others might serve as collateral to find the antidote to fundamental anxiety and mental distress, and projective identification becomes the singular vehicle in a desperate and aggressive hunt for reassurance of meaning and existence.

In such a chaotic and perilous state of mind, it can be impossible to view others as separate and unique. In these projective identification-based experiences of self inside the object, others become mere extensions of self, without personal meaning. They are sources of needed love that are always out of reach or are purposely denying their much needed supplies. These psychological experiences are characteristic of the paranoid-schizoid part-object world in which the focus is more on self survival and extremes of love and hate than the more object-related, flexible, depressive state of mind.

Countertransference is useful in becoming aware of certain restricted states of psychic experience and certain uncontained psychological processes that are created by projective dynamics. However, these particular projective identification mechanisms also provided a very rudimentary or primitive psychic shelter for the patient, from which they could function without completely collapsing into internal disintegration or paranoid defeat. This psychic shelter is experienced as the last refuge of inner security before severe despair, unstoppable fragmentation, unbearable loss, and emotional chaos.

My first experience of working with a former refugee analytically included in session after session, the repeated enquiry, or sometime cry: 'Who are you?' and 'What do you do?' 'Where do you live?.' My training warned me to be opaque but my gut wanted to answer and justify.

After all, the question that displaced people ask of the other: 'Who are you?' is a reasonable question for a patient to ask of one, the analyst, who at least appears to have a place, to be settled, to have a home, the comfort of a place to be, a job, food – and an analytic silence, which might denote apparent ingratitude for this paradise, difference or a sense of entitlement, is possibly provocative and certainly not enough as an answer.

Globally, in the face of the migrant in our midst, we are all driven to be silent; we are confused, we want to help, but we also feel a deep sense of threat when seeing the pictures of people trying to get onto lorries and trucks. They threaten our own feelings of security.

We are warned these people are interested in social security entitlements, but they come low on the list of priorities; for 'The survivors I have seen, such as a man tortured in Kurdistan who leaves his village on horseback, raises the cost of a passage to sanctuary, buys a place on a boat to Albania and, three months later, is invited to step out of a lorry on the A3 and make his way to a police station in Guildford…' (Berger)

Belonging and not belonging is very powerful; the analyst/therapist in his consulting room or in his suit, or analyst or consultant role, is felt to belong.

The question 'Who are you?' destabilises and communicates questions of identity, searches the mind of the analyst through projective identification as to whether he has the equipment, unlike the patient, to manage a sense of insecurity and homelessness – the destabilising experience of what Bion describes as 'catastrophic change' – or a failure of what Winnicott called 'continuity of being'. When working with people from these situations, it is necessary to be explored in this destabilised state. One way we manage this destabilisation is to shore ourselves up through our own use of projective identification. The fear of the other.

Yasmin Alibai-Brown says: 'There is now a caste system in this country, the wealthiest – the Brahmins – zoned off from everyone else, the upper classes with their millions, the middle classes anxious but relatively secure, the working poor, then the workless poor who are beginning to resent the next group, immigrants and other indigents, then finally, the homeless or illegal immigrants who are treated worse than animals.'

The latter two as outsider castes can be scapegoated conveniently to divert attention from other facts: 'Capital out of control needs a scapegoat.' In an era of footloose capitalism, stark inequality is consequent.

'In the face of the migrant in our midst, we are all driven to be silent.'

We analysts know this model well; the use of projective identification to evacuate knowingly or unknowingly into the other all we do not want to know in ourselves, including our knowledge of our own state's economic exploitation, our complacency, and relative ignorance of the many other countries these people come from. Unfortunately our culture has an ignoble history, and we ourselves in our consulting rooms meeting the other are redolent with that history.

John Berger in *A Seventh Man* states: 'The Western world, whether we like it or not, looks to migrants to perform the most menial tasks, our cleaners, the surgeon driving a mini cab, but their valiancy enables acceptance of this humiliating situation.'

Berger shows the catastrophic changes which the migrant faces, but also that they are not really so much on the margins of modern life, but are absolutely central to it, presenting a mode of living that pervades the countries of the West and yet is catastrophically excluded from much of its culture.

Freud, in *Civilisation and its Discontents*, says: Men are bound together in groups through the affectionate ties to each other and to the leader, and the suppression of their natural aggression. However, the suppressed aggression will always seek an outlet. 'It is always possible to bind a number of people in love as long as there are others left over to receive the manifestations of their aggressiveness' – the outsider may be different in only minor ways, but this will suffice.

I think I have been better able to appreciate how difficult it is for those managing in foreign environments to feel safe enough to do analytic work. I might not have any insight into how frightening it is to be in a foreign culture as I am relatively at home here. The importance with patients from other cultures is appreciating what it feels like to be in their shoes. As I have learned, it is only this appreciation that can begin to allow patients from different backgrounds to feel that they could be listened to by someone who may have the ability to stand aside, however much prejudice intervenes, from their own experience, and be put in touch with something new and unfamiliar.

The psychological impact of migration, leaving or entering a country and the internal experience, involves massive psychological struggles and catastrophic change. These tap into the deepest psychotic anxieties.

People emigrate because they have a realistic appreciation of the difficulties of where they are and an idealisation or longing for that which is foreign, different, not familiar, and offers hope.

Leaving one's origins results in psychological turbulence which can be so traumatic that it will trigger any latent psychopathology, but I also think the experiences I have heard would cause serious disturbance to any of us. (Even moving house brings up psychotic anxieties in many of us.)

Akhtar (2011) examines external and internal features of the experience of immigration and the challenges that an immigrant must deal with. The trauma of separating from a familiar geographical location; loss of personal possessions; the encounter with unfamiliar ways of living; and inability to find legal or gainful employment in the host country.

All of these involve learning to adjust and getting accustomed to the rules that govern external life in the new land.

Winnicott (1966) states that, in order to have an integrated sense of self, we need to have an experience of continuity of being. This term refers to a sense of consistency and internal security that we partially achieve through 'environmental validation' which is provided by the continuous interaction between the spatial, temporal, and social dimensions of life (Winnicott 1956). This means that, when what is reflected to us is unfamiliar, we lose a sense of ourselves.

A challenge to continuity is the conflict around unfamiliar surroundings, climate, food, landscapes and cultural difference. These catastrophic changes lead people to decide to hold on to concrete objects from their original cultures that are imbued with personal symbolic meaning that will help them keep a sense of sameness. This is why it doesn't work when we try to encourage too much assimilation, through the banning of religious dress. For the immigrant it's a way of retaining contact with the old regime. So this disruption in continuity leads to a sense of confusion and purposeless; a sense of worthlessness for being unable to contribute to the environment; the blocking of memories and feelings to avoid experiencing loss, uncertainty, fear and confusion; projection on to the new culture, of states of mind which the immigrant cannot tolerate; conflicts over remaining loyal to the original culture versus embracing new customs; a feeling of helplessness and inability to use internal and external resources which could facilitate the adjustment; a sense of isolation, embarrassment and alienation caused by language barriers; lack of social support or negative reactions on the part of the host country who may perceive the newcomer as an invader or rival; a fear of being annihilated by the new culture, expressed by a desire to adjust but also to remain the same; and a loss of familiar roles, accompanied by a feeling of 'not belonging' or 'fitting in'.

In order to bear in mind this sort of emotional experience, we can understand the defensive modes of organising and dealing with the temporary psychopathology of migration as follows. Denying the emotional experiences of migration and entertaining idealised, defensive fantasies of one day returning to one's homeland (the fantasy of return). Idealising the original culture and tenaciously clinging to it through recreating one's lost environment, nostalgically clinging to memories of the original culture, or association with compatriots only. Quickly engaging in a manic, pseudo-adjustment to the new country, taking up likings and habits that characterise the host culture. Degrading the original culture or keeping secrets about one's origin; and unrealistically devaluing the new culture.

A patient criticised me for being a white male. The fact, she said, that I was evidently Welsh did not in any way mean that I did not represent a section of British colonialist attitudes that had enslaved her country of origin. How could I, she said, hope to understand her experience when our experiences, both racial and gender-based, were so opposite. I said that I thought she was right to explore with me what sort of analyst I was and whether I had any equipment that could be used to understand her. It was possible that I did not – indeed she doubted any white man's capacity to truly understand. I said it remained to be seen whether she should continue her analysis or end it, because I might be a bigoted racist analyst. She seemed thoughtful about my apparent willingness to be thought about as such an unattractive figure.

She stayed in analytic therapy with me. It transpired that there was a great deal that I did not understand.

Unlike nuclear families, tribes allow diversification of investment, no foreclosure, more power balance, less competitiveness among siblings. Similar to an extended family, precisely what industrialisation has destroyed, and some psychopathology is a by-product of that.

The confusion. I have understood this struggle as akin to the power of nationalism in that when we are under threat, we often look for flags that we can stand under to protect our identity from fragmentation. Psychoanalytic theory can also be used this way when patients bring 'foreign' experiences into the consulting room – it functions as a form of protection to the analyst whose own normative experiences are put to the test. I think this has happened around sexuality and race. It is enormously important for the analyst to be discovered as someone who might be able to think about their own restricted experience without using psychoanalytic theory defensively as a psychic retreat.

This defensive retreat can include the reduction of ethnic beliefs to psychotic mechanisms, the issue of sexual difference to failures in oedipal development, or other forms of reductionism. However, at the same time as bearing all this in mind, it is also extremely important that the analyst, as well as having the ability to be open-minded, is not so open-minded that his brains fall out.

This is the difficult task, but maybe the only experience some of our patients have ever had of diverse thinking. A vital part of this process seems to be awareness of the initial impulses in the counter-transference to repudiate alien experiences as pathologies. This helps maintain our sense of equilibrium rather than giving the patient the experience of someone whose theories are more important than they are ∎

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Crucial here are those social processes that support denial of our nature and the splitting off of uncomfortable aspects of ourselves and locating them in others.

The migrant threatens us where it hurts, in the fear that there is not enough to go round, so global inequality lies at the heart of the anxiety that the other creates. The need to get others to carry this sense of superfluousness in a social Schadenfreude is then paramount.

Asylum seekers serve as a perfect projective object, and we dispose of our unwanted anxieties into them. Lumped together in a manner that combines superfluousness with racism. They become the barbarian at the gate. This is heightened and manipulated by ISIL and their avowed management of savagery (Reardon 2015).

In a first consultation to a hostel for homeless migrants (I have now done several over the years), there is no room for my large group with interpreters to meet. This has happened for several weeks.

The most difficult aspect of this work is a countertransference involving my own smug middle class feeling of 'being at home' that has led me to sometimes feel that what I offer is a bare support, to process identity loss, 'merely' involving my capacity to bear my advantages, in the face of their disadvantage, including my role guilt and debt in the exploitation of others so I can enjoy the life I live.

The people I see are almost always often excluded from mainstream therapy due to money, insecurity, language, fear of repatriation, and they often present having been driven to madness or some form of enactment, often in-patients, true asylum seekers, in an asylum.

I saw someone in prison to provide a court report who had been committed for not allowing the residents in his block of flats into the lift. It seemed obvious, at least to me, that this man was driven to distraction by his own precarious existence and was driven to communicate this feeling through powerful projection of homelessness into others. It was the other who was temporarily unhoused. 'Who are you?' And 'Where do you come from?'

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Diary

SEPTEMBER

Until 25 September 2016
MARK WALLINGER: SELF REFLECTION
Freud Museum, 20 Maresfield Gardens, London NW3
https://freud.org.uk/exhibitions/76519/self-reflection/

1 September 2016
THE ABUSED CHILD
Hotel Villa Pagoda, Via Capolungo, 15, 16167 Genova, Italy
https://www.ipa.world/IPA/en/news_and_events/Event_Display.aspx?EventKey=EV31

3 September 2016
PROJECTIONS: DAVID LYNCH'S BLURRED IDENTITY TRILOGY
Freud Museum, 20 Maresfield Gardens, London NW3
https://www.freud.org.uk/events/76373/projections-david-lynchs-blurred-identity-trilogy/

9 September 2016
FOMENTING POLITICAL VIOLENCE: PHANTASY, LANGUAGE, MEDIA, ACTION
Steffen Krueger, Karl Figlio, Barry Richards
Essex Business School, University of Essex, Colchester Campus
http://www.essex.ac.uk/events/event.aspx?e_id=10086

9 September 2016
THE IMPERSONAL GROUP: AN INTRODUCTION TO CONTEMPLATIVE GROUP DYNAMICS
IGA, 1 Daleham Gardens, London NW3
www.groupanalysis.org/WorkshopsandEvents/TheImpersonalGroupContemplativeGroupDynamics.aspx

10 September 2016
IN MEMORY OF HAROLD SEARLES: FACING CLIMATE
Institute of Psychoanalysis, 112A Shirland Road, London W9
www.climatepsychologyalliance.org/events/our-upcoming-events/169-searles-event

11 September 2016
JUNG & FILM 2016: BLACK CAT, WHITE CAT
Jewish Community Centre London, 351B Finchley Road, London NW3
www.confederation-an-psych.uk/event/black-cat-white-cat/

12 September 2016
SUSIE ORBACH IN CONVERSATION WITH FILMMAKERS CAROL MAVOR, SUSIE ORBACH, MEGAN POWELL
Freud Museum, 20 Maresfield Gardens, London NW3
https://www.freud.org.uk/events/76531/full-screening-and-discussion/

14 September 2016
WHOSE DEPRESSION IS IT ANYWAY?
Liz Hamlin, Kate Thompson
Tavistock Relationships, 70 Warren Street, London W1
www.tavistockrelationships.ac.uk/forthcoming-events/985-depression-projective-system

16 September 2016
FACE TO FACE WITH PSYCHOANALYSIS: SEX, DEATH AND THE UNCONSCIOUS
BPF, 37 Mapesbury Road, London NW2
www.britishpsychotherapyfoundation.org.uk/Events/A-Weekend-with-Psychoanalysis

17 September 2016
EUROPE IN DARK TIMES: SOME PSYCHODYNAMICS OF HATE AND PREJUDICE
Jonathan Sklar
The Pavillion Room, St Antony's College, 62 Woodstock Rd, Oxford OX2
www.britishpsychotherapyfoundation.org.uk/Events/Wessex-Sklar

17 September 2016
IDENTIFYING, UNDERSTANDING AND WORKING WITH PERSONALITY DISORDER
Philip Stokoe
Drake House, 44 St George's Rd, Wimbledon, London SW19
https://www.eventbrite.co.uk/e/identifying-understanding-and-working-with-personality-disorder-tickets-19885644498

23 September 2016
FREUD TODAY/FREUD TOMORROW
Freud Museum, 20 Maresfield Gardens, London NW3
https://www.freud.org.uk/events/76529/freud-todayfreud-tomorrow/

24 September 2016
JUNGIAN DREAM WORKSHOPS
BPF, 37 Mapesbury Road, London NW2
www.britishpsychotherapyfoundation.org.uk/Events/Jungian-Dream-Workshops-20152016

24 September 2016
MATURATION AND AGEING: AN EXPLORATION OF DEVELOPMENTAL PROCESSES IN LATER LIFE
Chair: Sandra Evans
St Pancras Hospital, 4 St Pancras Way, Kings Cross, London NW1
http://squiggle-foundation.org/events/6/maturation-ageing-an-exploration-of-developmental-processes-in-later-life/

24 September 2016
VIRTUAL PRISONERS: THE IMPACT OF INTERNET PORNOGRAPHY ON RELATIONSHIPS
John Woods
WPF Therapy, 23 Magdalen St, London SE1
http://wpf.org.uk/want-to-train/workshops-and-events-types/workshops/

OCTOBER

1 October 2016
THE WORK OF BION AND HIS CLINICAL RELEVANCE
www.britishpsychotherapyfoundation.org.uk/Events/The-Work-of-Winnicott-and-Bion

1 October 2016
WE NEED TO TALK ABOUT KEVIN
Don Butler
AGIP, 1 Fairbridge Rd, London N19
http://agip.org.uk/activities/cpd-events/cpd-event/9-we-need-to-talk-about-kevin-continuing-our-theme-of-trauma

8 October 2016
LIFE AND DEATH IN GROUP ANALYSIS, BION AND BEYOND
Michael Bell, Arturo Ezquerro, Bob Hinshelwood, Morris Nitsun
Tavistock, 120 Belsize Lane, London NW3
www.groupanalysis.org/WorkshopsandEvents/LIFEandDEATHinGROUPANALYSIS,BIONandBEYOND.aspx

8 October 2016
THE STRANGER IN OUR MIDST
Renos K. Papadopoulos, Fakhry Davids
Clayton Hotel, Cardiff
www.welshpsychoanalyticassociation.co.uk

8 October 2016
PSYCHIC REALITY: WHERE BELIEFS BECOME FACTS
Ilse Seglow Memorial Lecture
Ron Britton
St Thomas's Hospital, London SE1
www.britishpsychotherapyfoundation.org.uk/Events/Ilse-seglow

8 October 2016
WORKING WITH COUPLES
Haya Oakley
October Gallery, 24 Old Gloucester Street, London WC1
www.the-site.org.uk/events/workshop-working-with-couples/

15 October 2016
ENGLISH SPEAKING WEEKEND: METAPSYCHOLOGY IN THE CONSULTING ROOM
Royal Society of Medicine, 1 Wimpole Street, London W1
https://psychoanalysis.org.uk/civicrm/event/info?id=381

21 October 2016
RESEARCH: THE CURRENT DEBATES
Ann Scott, Jessica Yakeley
Institute of Psychoanalysis, 112A Shirland Road, London W9
https://www.bpc.org.uk/events-calendar/#event|introduction-to-the-series-and-to-research-in-the-field|2

22 October 2016
SHUTTING DOWN, SHUTTING OUT: INTERPLAY OF ATTACHMENT AND SEXUALITY
Gulya Diyarova
WPF Therapy, 23 Magdalen Street, London SE1
http://wpf.org.uk/want-to-train/workshops-and-events-types/workshops/

22 October 2016
MONEY MATTERS
Anca Carrington
WPF Therapy, 23 Magdalen Street, London SE1
http://wpf.org.uk/want-to-train/workshops-and-events-types/workshops/?goto=3295

26 October 2016
POLITICAL INDIFFERENCE: A RESPONSE OF RESISTANCE OR DENIAL?
Stephen Frosh
University of Essex, Colchester CO4
https://www.eventbrite.co.uk/e/political-indifference-a-response-of-resistance-or-denial-professor-stephen-frosh-birkbeck-tickets-25542961686

28 October 2016
WORKING WITH DANGEROUS MINDS AND VULNERABLE BODIES
Stanley Ruszczynski, Marcus Evans
Tavistock, 120 Belsize Lane, London NW3
https://tavistockandportman.nhs.uk/training/conferences-events/working-dangerous-minds-and-vulnerable-bodies/

NOVEMBER

1 November 2016
NEUROSCIENCE & NEUROPSYCHOANALYSIS
Mark Solms
Institute of Psychoanalysis, 112A Shirland Road, London W9
https://www.bpc.org.uk/events-cale

11 November 2016
SOCIOLOGY AND PSYCHOANALYSIS: THE UNFILLED PROMISE
Jessica Benjamin
Institute of Education, 20 Bedford Way, London WC1H
https://psychoanalysis.org.uk/civicrm/event/info?id=446&reset=1

19 November 2016
BETWEEN MIND AND CULTURE: ORDINARY DIFFERENCES
Salman Akhtar
Lift, 45 White Lion Street, London N1
https://www.bpc.org.uk/events-calendar/#event|between-mind-and-culture-ordinary-differences|1

20 November 2016
MEDITATION AND PSYCHOTHERAPY
Deirdre Dowling, Monica Lanyado, Rachel Melville Thomas, Helen Morgan
BPF, 37 Mapesbury Rd, London NW2
www.britishpsychotherapyfoundation.org.uk/Events/BPF-MPD

25 November 2016
NIETZSCHE, PSYCHOANALYSIS AND FEMINISM
Kingston University, KT1
www.kingston.ac.uk/events/item/2126/25-nov-2016-nietzsche-psychoanalysis-and-feminism/

25 November 2016
PSYCHOANALYSIS, THERAPY AND PSYCHOSIS
Brian Martindale
Institute of Psychoanalysis, 112A Shirland Road, London W9
https://www.bpc.org.uk/events-calendar/#event|psychoanalytic-psychotherapy-and-psychosis|2

Culture

Psychoanalysis is here to stay

By Gregorio Kohon

IN *THE TEMPEST*, anticipating his daughter's wedding to the Prince of Naples, Prospero has staged a short entertainment, with spirits taking the parts of Roman gods. At a certain point, he declares,

Our revels now are ended. These our
actors,
As I foretold you, were all spirits, and
Are melted into air, into thin air:
And like the baseless fabric of this
vision,
The cloud-capp'd tow'rs, the gorgeous
palaces,
The solemn temples, the great globe
itself,
Yea, all which it inherit, shall dissolve,
And, like this insubstantial pageant
faded,
Leave not a rack behind. We are such
stuff
As dreams are made on; and our little
life
Is rounded with a sleep.
The Tempest Act 4, scene 1, 148–158.

The performance, Prospero claims, is simply an illusion; 'all spirits' are bound, sooner or later, to melt into 'thin air'. The play is a metaphor for the world outside the theatre, equally fleeting; everything in that world will eventually crumble and 'dissolve'; time will inexorably pass, leaving not even a 'rack' behind. The performance is a play within Shakespeare's play; both are an illusion imbued in temporality, as is the world itself. People, we are told, are the 'stuff' dreams are 'made on'. Prospero's 'stuff' refers to the creation of an uncanny illusion, not to the object of our desires. The 'great globe itself' which is where we exist, work and love, is not ours to possess: in this scenario, the most familiar becomes utterly alien.

Works of literature and art open the possibility of experiencing multiple temporalities, both contradictory and uncanny – like the figures of a dream. Artistic creations, as indeed literary creations, are strange things, illusions, but so is science. Einstein's equation describing the curvature of time proved that indeed space curves. That's it: a 'simple' equation. But, as Carlo Rovellis explains to us laymen: '…here the magical richness of theory opens up into a phantasmagorical succession of predictions that resemble the delirious ravings of a madman, but which have all turned out to be true' (p. 7). Delirious, but true. Space is not the only thing that curves. We are told that time curves too. I do not understand it but I have to believe it: 'Einstein predicted that time passes more quickly hight up than below, nearer to the Earth. This was measured and turned out to be the case. If a man who has lived at sea level meets up with a twin who has lived in the mountains, he will find that his sibling is slightly older than him' (p. 8). This is but a glimpse of reality – similar and comparable to the psychic reality as revealed by psychoanalysis. Our dreams are made on this same stuff, and so are our aesthetic experiences.

A patient tells me, 'My father was in my dream last night; it was my father, and, yet, I'm quite certain that it could have also been my friend Rob: he had his long, curly hair, the same North London Jewish accent… I always thought of Rob as a very sadistic kind of a guy…' This is the stuff that dreams are *made on*: an illusion of a similarity that exists only through the differences between one person (the father) and another (the friend). This is a 'negative form of forgetting' (Hillis Mills, 1982), which becomes meaningful through a process of *après-coup*: the memory of the friend throws potential light on the forgetting of the father (see Perelberg, 2007; 2008). This is in between a remembering and a forgetting, something which defines the uncanny character of our dreams, the surreal sense of existence in which all human beings live.

The uncanny is not a feature of contemporary art alone (the main focus in my book: *Reflections on the Aesthetic Experience – The Uncanny and Psychoanalysis* (2016)); a similar use of space and time is present and experienced in all forms of art and literature. For example, looking at Vermeer's *Lady at the Virginals with a Gentleman*, we notice a number of unfamiliar things in the familiarity of the scene which inevitably produces a feeling of estrangement. There is a woman, her back turned to us, ostensibly having a lesson with her music teacher – all rather normal and mundane – and this is the usual interpretation of the painting. Everything seems chaste and understated. And yet, after the first few minutes of contemplating the picture, we cannot completely relax into this normalised version of the painting; unwittingly, we resist this 'normality'. What makes us feel uncomfortable? Why is the identity of the lady, for example, hidden? Who is she? There is more here than meets the eye; doubts about our initial perception start creeping in.

The painter used semi-precious stone, lapis lazuli, for colour; Vermeer had also painted an undercoat to achieve certain effects, a complete extravagance for the times! The simple beauty that we observe in the painting begins to convey something enigmatic and unsettling. There is a cello on the floor, in rather a strange position behind the woman. It is a music lesson, so why should there not be a cello on the floor? It makes sense. But the more I look, the less convinced I am; the effect is to make me curious and intrigued: I remain unsettled. The cello seems to represent something alien, as if it should not be there. In the mid-seventeenth century, the cello was taken as a symbol of harmony in a couple, specifically marital harmony but also sexual harmony. So, who is the man next to the woman? An innocent music teacher, as we initially thought? Is he a lover? Or her husband? Or, much more interestingly, is he a music teacher (the 'familiar') who is also her lover ('the alien', 'the intruder')? Have we found the reason why the identity of the woman has to be hidden? Here there is the 'in between': on the one hand, the cool and chaste beauty of the picture; on the other, the discomfort felt by the observer. This area of the in between becomes the playground where an imaginary passionate story of a clandestine love affair can be constructed and developed by the observer.

For a long time, the poet, Elizabeth Bishop wished that someone would compare her poems to the paintings of Vermeer, something finally done by the poet and critic, Randall Jarrell. In telling this story in his accomplished book on Bishop, Colm Tóibín describes the Dutch paintings as '…something made that is both real and filled with detail, but, in the play of light and shadow, in the placing of people and things, in the making of figures, it is also totally suggestive, without any of the suggestions being easy or obvious' (2015, p.23). Equally, the power of Bishop's poems come from somewhere in between 'what is said and what lies beneath…' (2015, p.23). Something real, and yet 'only' suggestive.

This is the world of poetry, a poetic world not created just by words but also by the silences, the emptiness and voids that exist within, and in between. A psychoanalytic world ∎

(Fragment from 'Some thoughts on the negative in the work of Eduardo Chillida', in *The Greening of Psychoanalysis*, eds. Rosine Perelberg and Gregorio Kohon, to be published by Karnac.)

Gregorio Kohon is a psychoanalyst – and after many years, still trying to learn how to dance the tango.

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