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Ordinary differences, different states of mind

By Maxine Dennis

I GO TO GREET MY PATIENT and accompany her to my consulting room. This is our first meeting. As she meets me she starts to scream. 'You're black! You're black! I just knew you would be black.' Taken aback by the onslaught, and through the patient's bellowing, I clarify whether she is Miss Q, the person I was expecting. The patient replies, 'Well yes.' As if it was clearly obvious.

Somewhat discombobulated by my patient's reaction, I find myself momentarily reflecting back to the referral form and the assessment report, noting that they both referred to Miss Q's depression. 'Perhaps she is psychotic?' was my fleeting thought. In a bemused state I walk with her to my consulting room.

This fragment of a first meeting led to my association with the film *Crash* by Paul Haggis (2004). The film begins and ends with a car crash, both crashes provoking racist abuse from the drivers. An Hispanic policeman mocks the other driver's accent, a Korean woman, 'I blake too fast? Maybe you see over steering wheel you blake too.' The African American woman, who has herself been the target of racism in the film, says to an Hispanic man who has hit her car, 'Don't talk to me unless you speak American!' Both momentarily cannot separate the external collision with the internal collision that we all carry with us and cannot bear to acknowledge. Like Miss Q, we all may have a fleeting thought to try to manage our fear of difference, but when we feel anxious we sometimes lose control.

What was the nature of this first meeting, this opening scene, between the therapist and the patient, between oneself and various communities, when (racialized) difference is present?

Crash is set in Los Angeles and is a gripping and moving tale about the complexities of human conflict, bigotry and racism. In the opening scene a detective says, 'In any real city you walk, you brush past people. In LA nobody touches you. You are always behind this metal and glass. I think we miss touch so much that they crash into each other so we can feel something.' This idea links, I think, to Bion's view that projective identification becomes violent when there isn't a home for ordinary projections.

Haggis uses movement through doors to demarcate the movement from one scene to another but, for me, it signifies the interconnectedness between the characters. The film follows many characters from different backgrounds whose lives become interwoven in violent and dramatic ways. These either random or deliberate encounters are always provoked by a difficult emotional situation, ones quite separate from these 'collisions'. We are introduced to a Brentwood housewife and her District Attorney husband (both white), a Persian store owner, an African American

and an Hispanic police detective, a Mexican family, an African American television director and his wife (of mixed parentage), a middle-aged white racist American cop, and a rookie white liberal cop, two young African-American men (who talk about oppression, but are car-jackers playing out stereotypes), and a middle-aged Korean couple.

The film cleverly provokes its audience to think in stereotypes. For example, one is invited to see the policeman as a nice, young, liberal idealistic man who is trying to do the right thing all the way through the film. This lasts until the viewer is bitterly betrayed when the black hitchhiker he picks up reaches into his pocket for a Virgin Mary identical to the policeman's, and is shot by the policeman who suspects the hitchhiker is reaching for a gun. The police officer and his victim are more similar than they thought they were. They like the same country music and hold the same faith, for example, but the white policeman's racial prejudices made it impossible for him to believe or see it.

We are all this nice liberal character, rooting for nice liberal characters, until something happens and we then resort to various 'isms': black versus white, or Pakistani versus Indian, Scottish versus English and so on. Each country, community, or religious grouping has their solid justifications for the positions taken up, enshrined by history, law, religion and culture.

It is not easy to detect who possesses 'racist ways of being', because it is within all of us. As Davids (2011) writes, the 'internal racist' is possessed by everyone and becomes more active under certain conditions. What we think we know is fuelled by our internal state. Psychic retreats are especially active when 'crashes' take place and are extremely resistant to

change precisely because they provide a refuge from both paranoid and depressive anxieties.

This organised template governs relations with the object. No matter how hard they try, the victims cannot be ordinary human beings. Like a mafia gang, the internal racist promises protection in return for loyalty. During the paranoid schizoid phase, the infant's mind defends against psychotic anxieties by splitting. Exposure to the other by the third, the father, or others outside the family helps to ameliorate these anxieties and, over time, these psychotic anxieties are worked through and a more depressive position functioning becomes possible. However, 'As the ego grows and develops, this experience shrinks but is never totally obliterated' (Davids, 2011, p.64). During periods of anxiety and uncertainty, the experience resurfaces.

'We are all this nice liberal character, until something happens and we resort to "isms".'

This organisation can also come into play on a larger scale within cultures and communities. We have examples of this from more extreme fascist states of mind, from slavery, the holocaust, ethnic cleansing and more sanctioned ways which perpetuate discrimination by keeping people 'in their place'.

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Different states

continued from front page

When we crash or collide violently and are overwhelmed with feelings brought on by this collision, there is a struggle for survival internally when confronted with the anxiety generated by racialisation (i.e. the categorisation of races and the action of racism). It can violently intrude into one's mind in a powerful way. During the collision, one is filled with overwhelming anxieties which have a particular grip if one is endeavouring to work in the clinical setting or go about one's everyday business.

This empty category 'race' becomes extremely powerful. It is imbued with projections (Rustin, 1991), by the process of splitting (defence mechanism), and projective identification (unconsciously placing feelings into the other). Klein saw these as fundamental to the process of a paranoid-schizoid state of mind. (Binary splitting is developmentally essential as it creates order where otherwise there would be confusion. However, it is a primitive way of ordering experience. The journey towards fuller reality testing involves a recognition of whole objects and acceptance of attacks inflicted upon them. This is relevant to the police officer and his victim – both are 'whole' and complex and share many similar characteristics as differences. These aspects of humanity get obliterated when dichotomous splitting dominates.) These primitive defences are mobilised to protect the ego against an awareness of intense primitive need and anxiety. The steadfastness, excitement and anxiety around 'race' are held in place by a process of fetishisation and reification.

Therefore, the rapacious greed exemplified by colonialisation is unconsciously disowned and projected onto/into the others, who are viewed as

potential thieves. The schizoid mechanism is at play as the black is portrayed as dirty, smelly, lazy, violent, dishonest, stupid, oversexed and helpless. There are many stereotypes: mugger, rapist, or beggar; an object to be pitied. Perhaps there was a wish by the patient, Miss Q, in her anxious state, to make the therapist an object of pity and put her in her place. And perhaps it extends to our training, with our educational policies keeping both 'black' and 'white' therapists in their places, supporting minimal change or movement by a lack of interrogation of this in an integrated way.

In *Passing* by Nella Larson, originally written in 1929 and republished in 2007, the author refers to 'light skinned' black Americans passing as 'white'. Such individuals experienced a constant fear of being 'found out', and lived life on a knife edge. We have an opportunity today to explore what aspects are excluded as part of trainings and of clinical work. Is there a continued eradication of parts of history, colonisation, slavery and its complexity? As Fanon (1986) points out, it is the purveyors of language who create history.

'The predominant state of mind now is flight.'

The terms 'black' and 'white' can be seen symbolically to represent those who can be seen as 'haves' and the 'have nots'; those who are 'legitimate', and those 'who are not'. Those who are 'human', and those who are 'primitive'. While 'race' has no biological or anthropological validity, and does not exist, it has been used historically to justify domination and to

create a hierarchy between people. This inevitably has internal implications.

In speaking about the differences, there can be an assumption that 'white people' are the dominant culture and black people are different in relation to that. White people can identify as themselves, while a black person is firstly identified by his/her colour, and only secondly as an individual. Being black becomes an integral and explanatory part of one's identity.

In *Crash*, the African American film director and his wife of mixed parentage are stopped by the police and the wife is sexually assaulted by the policeman.¹ The policeman's actions sexualise her and castrate her husband; he feels impotent to do anything for fear of being shot and is left feeling ashamed, humiliated and denigrated.

Here the white man puts a black man (and woman) in 'their place'. Such colonial object relations (Lowe, 2008) can be found in many aspects of society, such as attacks on masculinity for some boys who are black /mixed parentage, deaths in custody, 'race crimes', the misuse of stop and search. The list is endless and may leave us feeling helpless. A concrete solution to the breakdown in the capacity to think is in the form of the body camera. This becomes the third eye; it provides a solution to managing the more primitive states of mind and relating.

Bion (1952) reminds us how psychotic anxiety and primitive defences pervade group life. Hinshelwood highlights how Bion developed his basic assumptions thinking to include how group members can be reduced to a single function for the group, for example the scapegoat for the group (Hinshelwood 2016). These processes will intensify in large groups. Thus, given the complexity of large groups and some of what I have outlined thus far, it is perhaps not surprising that functioning becomes extremely tenuous in large organisations. Collisions and crashes constantly occur between departments and individuals, between management and workers, between customers and staff, and everyone is so busy struggling with the aftermath that things never get further forward.

Reflect for a moment about your own history. Can you even begin to think about the nature of our internal landscape? Who puts whom in their place? Whose history is known and seen as valid in our institutions? What are some of the complexities around training, working clinically, and being an ordinary citizen? Who is afforded legitimacy and does anyone feel it is rightfully his or hers?

Whilst there is recognition of these questions by many in our profession, and

in the wider world, they may still be anxiety provoking, no matter how much analysis one has had. If we are aware of these issues, why is change such a struggle? Is there an active turning away from these issues, turning a blind eye, but also a disavowal for fear of what change might mean? This often comes in the form of, 'Well what can I do? I am only one person', 'I have tried to look at these matters but there are so many things to look at', 'What about the other important areas?' It is as if something creative might not develop and enrich our ability to work in a transferable way. Instead, exploration seems to provide a ghettoisation of knowledge.

It's a fallacy to think that we just hate what is different, or that there is an ideal state which readily embraces difference. What we need to focus on is the internal blockages which keep the 'other' out. Trump's wall is a powerful image. It appeals to some and appals others with equal force, perhaps because it is an external reflection of the internal walls which are erected and continue to block our exploration of these issues.

George Eliot wrote in *Middlemarch*, 'If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrel's heartbeat, and we should die of that roar which lies on the other side of silence. As it is, the quickest of us walk about well wadded with stupidity.' This quote could also help us to reflect on the real struggle with the foggy, confusing place we can find ourselves in with these issues. How we may fear being overwhelmed if we let these things in as projections need to find a home to contain them. In order to explore it in a meaningful way the patient may have to, to borrow from W.H. Auden, leap before they look. And it is up to us to provide the container to allow them to do so.

I would just like to point to the complexity of any group membership. Within each group they will implicitly or explicitly perpetuate racisms and indifference. For example, in the film, the Koreans are constantly called Chinese and the Persian family are called Arabs and linked with suicide bombers. Such misrepresentation become everyday parlance.

Racism at its extreme has life and death consequences such as ethnic cleansing, war, discrimination and hatred. It would reduce so much anxiety to have an explanation for the phenomenon, a cogent argument, and in that argument provide the hope that one could reach a position where eradication of this way of relating would be possible. But this is a

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Conference Special

The centre and the margins: whose problem is it anyway?

By Helen Morgan

THERE ARE POWERFUL and frightening forces rooted in the paranoid-schizoid state of mind sweeping through our societies, and the struggle to hold a more depressive position in response can look weak and ineffective. Yet, as we abhor the forces of projection and splitting that are currently rife, it becomes even more imperative that we pay careful attention where we might be engaged in similar, albeit milder and subtler, dynamics. These extreme right racist and misogynist groups whose voices have been increasingly legitimised of late can, in themselves, provide a container for our own projective and splitting processes and allow us to avoid addressing internal prejudices. But first we need to see we have a problem.

Colour Blindness

Joel Kovel states:

...the world is neither black nor white, but hued. A lightly-hued people – aided perhaps by fantasies derived from their skin color – came to dominate the entire world, and in the process defined themselves as white. The process that generated this white power also generated the fear and dread of the black. (Kovel 1988, p. 95)

Looking back at my childhood and early adulthood, my whiteness and the implications of my country's history as a major colonial power and a leading player in the slave trade had little conscious impact on my definition of self and identity. Whereas I doubt that any black child growing up in this country could fail to be aware of her or his blackness, it seems that my whiteness was invisible. I didn't see it. If anyone had asked me to describe who I was I would probably not have included it on the list. The package of white privilege which had been handed down to me through the generations included a blindness, a taking for granted. I was, and still am, permitted by society to deny or ignore the power dynamics that Kovel describes.

It's a blindness that also pervades this profession. Often when it is suggested that we might work to better understand the dynamics of racism in ourselves and between ourselves and our patients, the overriding response is a remarkable and deafening silence. Not everywhere, of course, and things are very slowly improving, but it is striking how often one meets responses such as: 'We treat everyone the same. We are not racist.' 'Our concern is the inner world so colour and external world phenomena such as racism are not our problem.' 'There is nothing to attend to.' 'There is no problem.'

Those trying to persuade training committees to ensure matters of diversity are considered all through the curriculum and not merely in a few isolated seminars on the subject, or encourage colleagues to attend post-qualification events focussing on racism, often point to the unrepresentative nature of the profession which clearly fails to reflect the diversity within society. Whilst this fact is important, it places the benefits of attending to the matter outside of ourselves into the profession generally and becomes a matter of duty – which is deadening – rather than one of curiosity. This failure to attend to a very visible, yet apparently hidden dynamic indicates that there is a blinded, unconscious aspect of ourselves individually and collectively. I would suggest, therefore, that there is a very real problem and it is a white one.

A white problem

Farhad Dalal describes his experience as a black therapist in supervision. He says:

I was speaking about the theme of colour when my clinical supervisor (white) said that he was not usually aware of the person's 'race' or colour in a session; it was not a significant issue for him. This surprised me as I am often conscious in groups, and in one to one situations, of my colour in relation to others. (Dalal, 2002, p.219)

By stating that he was not usually aware of a person's 'race' Dalal's supervisor was implying that there was nothing significant of which to be aware. By raising the issue Dalal could be seen as presenting indications of an internal problem and the intimations of a paranoid state.

Dalal offers an alternative understanding of this difference in perspective. He writes:

The white, by virtue of their colour, is in the mainstream and near the centre, whilst the black is marginalized and nearer the edge. The closer one is to the edge, with the resultant danger of going over, the more one is aware of the circumstances that put one there – colour. Meanwhile, those at the centre have a vested interest (often unconscious) in maintaining the status quo by blanking out the colour dynamic altogether: if it does not exist in the first place then it cannot be

changed. Thus, the difference between the feelings elicited in me and my supervisor are not just because of our asocial histories, but to do with where we are located in the field of power relations.

This image of the centre and the margins is helpful when thinking about power relations that dominate society and where one is located within them. We don't have single identities but are members of different groups simultaneously – groups that are defined by class, gender, sexuality, ethnicity, disability, religion, culture, language etc. Each of these categories expresses a power dynamic within the social order which defines the centre and its margins in relation to that category. Depending which is foregrounded at any moment, we may find ourselves

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Conference Special

License to hate: racist states of mind

By Narendra Keval

'What, Freud effectively asks, could be more political than fantasy when it determines the fate of entire communities, nations, and even continents?'
(Lane 1998, p.7)



THE EVENTS leading up to and following the Brexit referendum have given license for some to impose a malignant form of othering on those who are racially or culturally different. The crude racist graffiti on the walls of Black and Asian neighbourhoods in the '70s found new ground as we witnessed familiar etchings of hatred towards other communities. This was tragically witnessed in the recent murder of a Polish man in Essex, attacked by a gang of white men who heard him having a conversation on his mobile phone in his mother tongue. In Yorkshire, the MP Jo Cox was murdered by a man obsessed with an idea of 'Britain First' and a fascination for an ideology of white supremacy.

The portrayal of the immigrant as an unwelcome stranger who causes psychic and social mayhem to an idealised landscape and social order is not new. Enoch Powell used this narrative in his provocative 'rivers of blood' speech, almost 40 years ago (Powell, 1968). Since the Brexit vote there has been a staggering increase in race hate crimes in Britain. It also emboldened over 100 MEPs, who sit in the European Parliament on the far right and nationalist spectrum, to use the cacophony of crises from mass migration and terrorism for political capital, to create what some have called 'fortress Europe'. President-elect Donald Trump threw American politics into turmoil with his crude and divisive campaign that used racist phantasies to create a climate of anxiety and fear which extended to attacks on women and sexual minority groups. His policy of 'extreme vetting' advocated a 'total and complete shutdown of Muslims entering the United States' and the depiction of Mexican migrants as drug smugglers, murderers and rapists.

The use of spatial metaphors and imagery in political discourse that portrays building walls, fortresses, borders or fences is no accident. In the face of anxieties

and fears, the racist imagination seeks out idealised spaces in the mind that become racialized and enacted, offering tempting retreats in which loyalty towards an imagined sense of community, tribal group, belief system or an abstraction takes precedence over the capacity for reason and empathy. These idealised spaces may picture a certain time, place and customs, free of unwelcome intrusions and frustration. The past is perceived in a nostalgic gaze that has become stuck in the belief that it was somehow better, more peaceful, and calmer, when there was no mixing of cultures and no need to acknowledge 'other people'.

While racist populist movements use phantasies that dehumanise others in terms such as diseases, insects or vermin that are felt to threaten and destroy the national body politic, what is also being alluded to in this phantasy of others as parasites is that their needs and desires are going to invade and rob the body of the nation, manifest in paranoid anxieties about economic and emotional resources being depleted or robbed by foreigners. It conveys racism's preoccupation that concretely equates (Segal, 1957) the body of the ethnic other with psyche and nationhood (Reicher & Hopkins, 2001) – an equation that is clearly evident on the international stage, where geographical spaces and boundaries arouse such primitive passions (Said, 2003).

I was struck by how this narrative took a most dramatic and disturbing form in Trump's presidential campaign where one compelling phantasy took centre stage. American nationhood became concretely equated with an idealised notion of a white female body that had to be protected from foreign rapists, apparently giving political license to build a grand chastity belt to make it 'an impenetrable, physical, tall, powerful, beautiful southern border wall.' The flipside of this idealisation is evident in his degrading views about women, such as his

insinuations about menstruation towards a Fox news journalist who challenged him in one of the live debates, and being caught on audiotape saying he could do anything he liked, 'grabbing women by the pussy'.

Building walls has allowed fundamental anxieties to do with the attacks on one's body to be exploited for political purposes to expunge 'foreign bodies', pollutants or difference (Auestad, 2016) to the other side of the wall. Mining the divisions of us and them in this way is aimed at cleansing the body and psyche of an imagined contamination by foreigners that is experienced viscerally, but it has a further aim – to create a heightened sense of moral superiority over others that disguises a nexus of hate and disinformation that misrepresents reality. For example, Powell's rhetoric of 'purity' and 'homogeneity' conveniently ignored class and regional conflicts within Britain itself, and the fact that immigration policy had actively encouraged migrants from abroad to live and work in the UK to make up for the shortage of labour, particularly in the service sector.

'A heightened sense of moral superiority disguises hate and disinformation.'

Trump's campaign exploited sections of the dispossessed American population living in heart-breaking social and economic landscapes, by offering absolute certainties to what some have called 'a forgotten people'. These are people who are hurting from years of hopelessness and desolation from poverty as forces of globalisation have hit hard on local industries in an increasingly disunited states of America. In Marion County, the poorest in West Virginia, one of many

relying on the coal and steel industry, four times as many babies are born with an addiction to drugs than the national average. One resident commented, 'it brings tears to my eyes, no way out, there is nowhere for them to go, there's no jobs, if they took coal mining away, we're done.' In Eastern Kentucky, where more than a third of people live in poverty, similar comments emerge: '*they* made us feel we are unimportant, *they* took the farming away, *they* took the tobacco away, took the coal mines away, basically *they* took everybody away.'

Similar narratives have emerged in the British context. One report described the cathedral city of Peterborough as under siege, where migration is held to be responsible for putting pressure on public services and local resentment about the *changing character* of the ancient English settlement. In one popular street, a traditional English baker's shop finally closed after 136 years. The blame is placed firmly at the door of the new Polish delicatessen two doors down. One resident commented, 'Three generations that ran this shop for over 100 years – it's gone too far, country's gone too far, this country is never going to be the same again. We can only hope that we can put a stop to it.' A Sheffield resident said, 'We've lost the steel works, coal, everything is gone, everything is going,' while another stated with absolute certainty that foreigners were taking all the jobs.

In racism, social grievances (e.g. anti-establishment feeling, alienation, unemployment, loss of local industry and community, immigration) often become the battlegrounds, but what is at stake is the sense of self. One report in the aftermath of the Brexit result showed a woman raising her fists in triumph, saying, 'Just glad we are going to be out – this is our England, our England'; while another showed an elderly man sobbing, looking grief-stricken, saying, 'I have got

my country back, what I’ve got I want to keep,’ conveying that a deep wound in his sense of self and identity could be healed through an idealised object called ‘our country’ that would put things right.

What is striking in listening to these moral panics of recent times is that often their arrogant, bullying and hysterical quality can easily provoke a wish to shut down our own capacity to think and overlook the sense of bewilderment and powerlessness, and profound feelings of loss, that are being alluded to in the longing for ‘what once was and is no longer’ – a universal theme. Racist events, wherever we may encounter them, have a narrative that contain core themes which I refer to as a ‘racist scene’ (Keval, 2016) that is saturated with different layers of meanings, in which phantasies and feelings that belong to another unconscious scene (Cohen, 1993, p.12) involve a narrative of an imaginary love lost whose structure contains elements of symbolic loss, bewilderment, a sense of powerlessness and betrayal coupled with feelings of shame and humiliation. This toxic amalgam fuels a grievance and wish for revenge that is perhaps portrayed in the manic omnipotent slogan ‘make America great again’, and the lament ‘it’s going to be America first, America first, America, America America first.’

‘Trump’s campaign mobilised some of the oldest prejudices and repackaged them.’

Gadd’s sociological analyses (2010) touch on these themes when he suggests that racist hatred is a function of a complex melding of hidden injuries and hurts arising from traumatic ruptures of relationships in an individual’s past with those of class-based injustices (e.g. unemployment through industrial decline leading to loss of community/ income/pride/potency, etc.), resulting in a profound sense of loss. Rejections, shame and humiliations in one domain of experience both reinforce and are reinforced by those in another. My view is that these are not solely class based but aim to protect what some see as core values across different economic and social class groupings. For example, some sections of the American middle class see their core values of guns, god and love of country under assault from those deemed foreign.

These multi-layered losses can culminate in grievances and hatreds that coalesce and find expression in a predatory, socially sanctioned, and opportunistic structure in racism, which serves to bind the emotional turmoil that is locked into melancholic responses. This formulation and others that situate racist hatred within the turmoil of socio-cultural melancholia

(Gilroy, 2006a) point to layers of losses that Freud speaks to in his classic work ‘Mourning and Melancholia (1917) :

‘Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one’s country, liberty, an ideal and so on.’ (pp. 243)

‘In analyses it often becomes evident that first one and then another memory is activated, and that the laments which always sound the same and are wearisome in their monotony nevertheless take their rise each time in some different unconscious source.’ (pp. 256)

Some of these deeper sources of laments in racism are what I understand to be part of the complex and potentially toxic melding of narcissistic injuries derived from both the personal and social-political realms of experience. The arrival or presence of the stranger or foreigner is not only felt to be a symbolic loss, representing a loved person such as community, country, or nationhood that was inflicted; it is also imbued with the central feeling of being psychically robbed or depleted, leaving in its wake profound feelings of helplessness or powerlessness. The notion that one has got one’s country back implies it was a phantasy object that was taken or stolen, to which one was entitled. This grievance is further fuelled by an outrage that a couple represented by notions of a nation state, authority or establishment (‘they’) allowed this to happen in the first place. In this sense a perceived influx of strangers who were allowed to contaminate an idealised relationship is felt to be a betrayal for which revenge is sought. How the hurt has translated into a toxic grudge, using the ballot box as an anger management tool, is evident in how often we witness the effortless slide from a poverty of circumstance to a poverty of thinking, manifest in the degradation of language as a precursor to a degradation of virtues.

I want to suggest that failures in the container of government/establishment that can ordinarily culminate in legitimate protest and wish for change, has in the context of Brexit and the American election become corrupted by the use of racist phantasies, amongst other factors. This type of coupling has given free rein to a type of murderousness that corrupts legitimate outrage and turns it into destructive mayhem, which aims to circumvent the grief and mourning from the profound feelings of loss that some of the narratives above have indicated. Trump’s campaign mobilised some of the oldest prejudices and repackaged them in the service of revenge that has been percolating in the depths of the American psyche, decades in the making. One social commentator suggested that it almost doesn’t matter what Donald Trump does in government, people who voted for him have been emotionally gratified by smashing the establishment of both the Democratic and Republican parties as a pure expression of frustration and anger.

Listening to some of the narratives of those most affected, living and working in the ‘rust belt’ of America, suggests that the racist narrative appears to have also tapped into a punctured potency of the dispossessed White American male. Perhaps the anger and bitterness towards the establishment is for cuddling up with the forces of globalisation, sharing the same bed with strangers, foreign economic powers that put pressure on thriving local industries to relocate and find cheaper foreign labour abroad to keep down production costs, leading to domestic job losses, homelessness, hopelessness and despair. This betrayal is palpable in the lament that what was ‘Made in America’ has been robbed and can only be restored by the omnipotent narrative ‘make America great again’; but this narrative, that otherwise could be experienced as a healthy sense of pride, has another opportunistic and sinister motive that emerged in Trump’s campaign.

This attempted to discredit the authority of President Obama by questioning his origins of birth, which aimed to put a claim that a Black president was after all not fit for purpose, i.e. not made in America. Having to stomach a Black president, let alone a couple, in the White house may be one of the factors that have awakened a nascent racism that was always below the surface, and may explain why overt racism has increased in America since his presidency. It seems to have called upon a narrative that most thought had been consigned to the history shelf of classic western movies and comic books.

Trump seems to be the modern incarnation of the all-American hero, the cowboy who wants to be rid of Muslims, migrants and what he calls Mexican ‘hombres’. This is where xenophobia and racism intertwine with economics to create a human Molotov cocktail where the statue of Liberty is in danger of being replaced by some of our baser instincts and a wall.

This rather grim picture about the human vulnerabilities that seek a sense of identity and security at any cost is captured in the

following comments, made by a Michigan employee of a motor manufacturer taken over by a French company:

‘I was quite liberal for many years and I have shocked myself at how fast I went towards the right. I have really surprised myself... economic anxiety and concern about immigration drove me towards Trump’ ■

This is a shorter version of a paper titled ‘In the face of Unreason : Engaging with Racist States of Mind ’, given at the BPC ‘ Between Mind and Culture’ Conference on November 19th 2016.

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Centre and margins

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sometimes occupying the centre of the dynamic and sometimes the margins. In just one evening with friends the discussion may move from class – where I would be located at the centre – to gender where I am closer to the margins and then to ‘race’ where I slide firmly back into the centre again.

My experience of those times when I am positioned more at the margins – such as when the subject under discussion is gender and sexism – is that it is from here that one has a much clearer view of the fact that a power dynamic exists and the form it takes. However, when someone describes the view from the edge, those at the centre often experience puzzlement and a sense of being unfairly accused, defensive and hostile.

Dalal continues:

What the marginalized groups are then forced to do, as a strategic necessity, is to use the same weapon, and assert a new essentialism at the margins... The point about being at the margins is that the centre finds it hard to hear, partly because of psychological distance, and partly because what is being said is inconvenient. And so the marginalized are forced to shout until hoarse, and can end up sounding shrill... The power of ideology is such that the ‘whiteness’ as organizing principle is unconscious. In other words the white ensign at the centre is invisible, and it is only the black ensign at the margins that is able to be seen. Thus those at the centre feel themselves to be innocent, unfairly assaulted from without.

The Jungian analyst James Hillman in his paper *Notes on White Supremacy* talks of the projection of the white shadow on to the black population. The very nature of white and its equation with light, bright and innocent means it cannot include the dark within it. He suggests that ‘*whiteness does not admit shadow, that its supremacy rejects distinctions and perceives any tincture as dullness, stain, dirt or obscurity*’ (Hillman, 1986, p.40). White, therefore, casts its own white shadow and casts it on to the black.

It was when I moved to London in my thirties to work in adult mental health and began working with black clients and colleagues that I was faced with my whiteness and its meaning for me as an individual. I was fortunate in that I was greatly helped along the way particularly by black colleagues who generously tolerated my clumsy explorations. My first job in London was in a Therapeutic Community, and I recall one particular team meeting where we were discussing a client who I referred to as ‘half-caste’. After the meeting a black colleague talked with me about the term, its history, its current implications and, therefore, what it might feel like for someone to be described as such. I was shaken by the fact that I had been so unaware, not only of how my words and actions might be harmful to others, but of my own identity as a white woman. And I was curious.

‘There is a very real problem and it is a white one.’

If my colleague had just got cross, all I would have learnt was that this was not an acceptable term for some reason and, in order not to expose anything possibly shameful in myself or be accused of racism, I would strike it off the list and replace it with something more acceptable which would be arbitrated by some unknown others. I suppose this is what the phrase ‘Political Correctness’ is meant to refer to, but the term is frequently used defensively by those at the centre as a way of refusing to listen to and think about what those in the margins might be saying, and it serves to whitewash any challenge to the status quo.

And, after all, why *should* those at the centre bother? Why *should* we think about these matters? What’s in it for us but a loss of privilege and a load of angst? For it’s not an easy subject to bother about. The superego swiftly dominates alongside a fear of getting it wrong, saying the wrong

thing and exposing something nasty about ourselves. I suggest a much more selfish starting point whereby we choose to explore these hidden facets of ourselves, not because we should but because, hard as it is, it can reveal important aspects of our internal worlds and we become less blind, less deaf, less dumb.

‘What’s in it for us but a loss of privilege and a load of angst?’

All of the psychoanalytic theories concerning the internal dynamics of racism include processes of projection and splitting. Isn’t the idea of analysis that we try to notice instances when we do this and explore the dynamics behind them and thus free ourselves from perpetual enactment? Fakhry Davids writes of the ‘Internal Racist’ which works like the ‘mafia in the mind’, promising freedom from anxiety for the price of absolute loyalty. Paul Hoggett speaks of the ‘squatting rights’ of the ‘internal coloniser’. To notice and then to challenge and confront such internal dictatorship has the ring of freedom to my ears.

As practitioners working in a diverse culture such as Britain today, such internal work is essential if we are to be helpful to our clients who have a different ethnicity from ourselves. But it is also important in our work with those of the same ethnic background. Black colleagues tell me that when they work with patients of the same ethnicity the issue will arise in the work because racism is so ubiquitous and both therapist and patient will have been on the receiving end of racism in their lives. But I suspect that when a white therapist is working with a white patient an unconscious collusion often becomes established of joint blindness and deafness to any racist thought emerging in the mind. Thus the internal racist remains unanalysed and unconscious and we miss a valuable opportunity for exploration of internal dynamics and greater freedom within the psyche.

My education is not the responsibility of black colleagues, and responses such as that in the example I gave should not be relied on. I cannot expect others to hold up a mirror so I can see my whiteness. Whilst racist thoughts arise in us all, *white* racism is a *white* problem and it is we who have to do the work to address it. It’s not easy, as the opportunities for denial are plentiful. It requires careful vigilance to notice the small racist thoughts that arise unbidden in the mind. Like the wave of anxiety that occurs when walking towards a group of black men in the street. Or the raw reaction when standing behind a woman in full burka in the supermarket queue. These thoughts arise and are swiftly banished almost without notice so that we may speedily return to a benign sense of self. But the price of that banishment is the loss of an opportunity to explore the thought, its origins in the mind, and thus to reach through to the anxiety that lies behind it.

This is a tough subject which always raises anxiety and sensitivity, and we need to be attentive and respectful with ourselves and with each other. The fear of exposure and shame can freeze our curiosity about each other and about ourselves and prevents us from having ordinary conversations about the external and internal divides caused by racism. However, if we can manage it, an honest exploration of such divides has considerable potential benefit for our patients, but also for each other and for ourselves ■

Helen Morgan is a Jungian Analyst and Chair of the BPC.

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Conference Special

'Is it because I am different?'

By Annie Pesskin

IF I COULD HAVE articulated why I signed up to the BPC Mind and Culture conference, I might have said I was curious to learn a bit more about how people are shaped by the culture in which they grow; how social, political, historical and economic pressures interweave in the individual, at both a conscious and an unconscious level, to help explain how societies change. Moreover, what specific aspects of this absorbing cluster of ideas are particularly resonant for the practice of psychoanalysis? Might it help me, for example, to understand why our profession is so overwhelmingly white, and middle class, and female, and why this matters? What is it about psychoanalysis as a culture which seems to make being 'different' such a problem, as the high attrition rates for black and ethnic minority (BME) trainees attest? Can we use the microcosm of our little world to understand the macro challenges that all diverse societies face to ensure talented BME individuals can fulfill their potential? Given that the papers presented at the conference make up the bulk of this *New Associations* issue, I have decided to use this platform to describe what impact the day had on me and what my understanding of these issues is now, post-conference.

Maxine Dennis (who, incidentally, is the only black female analyst I know) began the day by reminding us that although 'race' is an empty category in scientific

terms, it has a powerful hold on us psychologically, and she referenced the 2004 Paul Haggis film *Crash*. 'Crashes' can be encounters where individuals who may not share obvious affinities (race, creed, class for example) have the opportunity to discover something about themselves, and each other, if both parties can suspend their mutual judging long enough to discover common ground. But an encounter is also a 'crash' when one or both parties treat each other according to existing unconscious stereotypes. When this happens, potential 'meetings' become 'crashes'; at best they reinforce unhelpful stereotyping and can be humiliating. At worst they are deadly (as in *Crash*).

The conference, from the first moment that Maxine Dennis spoke, had sound problems. Lapel mics would have helped, let's put it that way. Many people at the back struggled to hear what the speakers were saying and in the later group session, their feelings of anger were expressed. Those who couldn't hear properly were sore about it, understandably. They knew this 'thing' was going on and that they couldn't participate properly. Put simply, they felt excluded. Put more than two people in a room together and one or more will quickly perceive themselves to be, or actually are being, excluded. We are extremely sensitive to it, and for good reason, because social exclusion is how all mammals bring each other into line. Mammalian brains' pain receptors for

social exclusion (i.e. separation distress) operate using the same neurotransmitters as physical pain because both grief and physical pain can be treated with opiates. The point is this: everyone hates feeling excluded, as the earliest Oedipal feelings attest. Mammals have evolved into over 5,000 species and have colonized the entire globe by relying on each other. So feeling excluded triggers fear (of social isolation) which all mammals defend against by feeling rage. And, as Yoda (and his drooping ears) tells us in *Star Wars I – The Phantom Menace*, 'Fear is the path to the dark side. Fear leads to anger, anger leads to hate, hate leads to suffering.' The key question is this: when we feel excluded, what do we do? Well, we blame others because it is someone else's fault, after all. In this case, the attendees who couldn't hear properly blamed the conference organisers. But the BPC hadn't expected the conference to be very popular and had chosen a smaller venue with less sophisticated sound equipment. So the sound was bad. But in the process of blaming others, another emotional current flows not out but inwards and we start to ask ourselves what we did or what we are that got us excluded... we start to ask, 'Is it because I am different?'

In the wake of Brexit and Trump, as racist and nationalist voices amplify across the Western world, this conference helped me to understand this new political status quo as a reaction to feelings of social exclusion, an idea I had flirted with in articles I had read but felt like I really got to grips with at the conference. Siri Hustvedt, American author and a fellow champion of neuropsychology, wrote in response to the Trump election that we now live in an age of the 'politics of humiliation'. I think she means that Trump has been elected by a lot of people who believe he is prepared to say what has hitherto been 'unsayable' by a Liberal Establishment who haven't analysed society's ills through the lens of racist rhetoric (funny that, given the Democrat president was mixed race!). What she means, I think, is that according to the politics of humiliation, Mexicans are rapists and Muslims are terrorists and Rust Belt America's problems will be solved by expunging the contaminants... it all sounds rather uncannily like Hitler's speeches to his countrymen suffering the deep economic pains of late 1920s, doesn't it? Except it was Jews and Gypsies who were to blame then. It is scary to think that all it would take to convert Trump's presidency into a genocidal mania is a vigorous national media campaign to define all Muslims and Mexicans as some form of insect – 'flea', 'cockroach', 'lice' – i.e. vermin requiring 'elimination', and before they know it, America could be following Rwanda down the road to horror.

Genocide is the most serious form of social exclusion, but social exclusion of a slower, more turgid kind *has* come to large swathes of America's industrial heartland. No longer is Made in America the label; Made in China has replaced it, and this has eviscerated scores of

American towns and cities, just like it has done here in the UK where the policy of de-industrialisation, especially in the north-east, Wales and the north-west where Brexit votes stacked up, left millions of people dependent on state subsidies and humiliated by their lot. Here psychoanalysis has something to add to the debate, as I learnt at the conference. For as we all know, splitting and projection are powerful mechanisms, and because social exclusion is such an aversive experience, there is profound relief to be found when the pain can be split off by a former Welsh miner, let us say, who has seen his once-proud community wither and die, or be 'invaded' by immigrants. He can project his fear, anger and suffering into said immigrants, both those on his high street and those standing at the border and living in the erstwhile 'Jungle' (note the unconscious slide in our discourse from humans living in a shanty town to animals living in a jungle), who are conveniently seen to be holding out their (rather than the Welsh miner's) begging bowls. And then he is free to hate them, which provides much-needed relief, temporarily anyway, for his own suffering. Are you seeing Nigel Farage standing the other side of a wall behind which is a straggling line of ragged black and brown people in the Brexit poster yet? I am...

In the marvellous nature documentary, *The March of the Penguins*, the sonorous voice of Morgan Freeman narrates the daunting task of the male emperor penguin whose job is to incubate an egg beneath his feet through the months of an Antarctic winter. As 120mph winds whip their colony, the penguins at the outermost edges slowly waddle towards the centre, their single, precious egg always carefully kept warm under them, while those at the centre are slowly pushed out to the edge. This ingenious solution – a thermodynamic flow – ensures no individual penguin freezes to death in the -50°C temperatures. All share in the unpleasant business of spending time at the edge of the colony before returning back to its warmer heart. Perhaps it was the black and white colour of the penguins that brought this memory to my consciousness, after I attended Paul Kassman and Carine Minne's break-out session about their work with BME men now serving decades of time for gang-related offences in a high-security prison in the UK.

Paul Kassman is a mixed-race youth worker turned policy-maker who has spent decades working with BME youth in London's inner city boroughs. In the 1990s, as knife and gun crime began to mow down many of his clients, he grew increasingly disenchanted with government funding for gang-related prevention programmes which seemed to him were underpinned by painful racist stereotyping ('get them DJing') or sport ('black men run fast'). He spent many

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Conference Special

Identity and culture

By Anna Motz

Reflections on the workshop with M. Fakhry Davids.

MFAKHRY DAVIDS' session was described as 'a space in which we can consider how the experience of being a first or second generation immigrant affects one's cultural identity.' The session attracted much attention, and offered participants the opportunity to reflect on and discuss not only Islamophobia, through the use of Davids' clinical vignette, but also how one's own issues of cultural identity and history could impact on one's work.

The content of the workshop was rich, thought-provoking and, at times, unsettling. Davids presented a case of a young Muslim man, whom he called Ahmed, a second generation immigrant of Pakistani origin, whose parents had had an arranged marriage. He was the eldest of four children, in his early twenties, and the only son, working as a teacher in a local mosque. Davids had seen him on two occasions but Ahmed had not returned thereafter, leaving him with intense concern and curiosity about this patient, and his future.

The young man had attended school in the UK where he and his siblings were subjected to racist bullying. In his late

teens, incensed by the treatment of Muslims in Bosnia, he had travelled to Afghanistan with the hope of fighting alongside Chechen forces, imagining he would be trained militarily to fight the Russian army. Although he made the journey from Pakistan to Afghanistan, when he discovered the full nature of the training, which was bomb-making, and realised the extent of the violence he would be required to participate in, he returned to the UK. A few years later, after the attacks on 9/11 and the resultant 'War on Terror', he became terrified that he would be rounded up for having spent this time in Afghanistan and Pakistan, as all young men who had travelled there were subjected to such scrutiny. In a state of terror, he was unable to eat or sleep, feeling quite persecuted by this anxiety, and had sought out Davids.

When he met him he would not reveal his real name, address or phone number, and told him he lived in fear of being arrested and taken away for his past involvement with a terrorist organisation; he was struggling to hold down his job.

The conference discussion that followed was filled with excitement and curiosity as participants asked Davids about

his thinking, and the feelings he was left with after Ahmed's unexpected disappearance after the second meeting. Davids described how he had wondered, 'has he been rounded up?' for his affiliation to the terrorist organisation, as the patient himself feared. Davids' worry for this young man's survival alternated with a hope that he was safe and had, in fact, gained enough from the two sessions to feel sustained and helped. Significantly he was aware of the real suspicion about young Muslim men, particularly those who had travelled to Pakistan and Afghanistan, and felt 'his presenting anxiety was thus probably more realistic rather than primarily stemming from within.'

'Davids' worry for this young man's survival alternated with hope he was safe.'

The group wondered about the meaning of Ahmed's absence and whether the consultation had been enough to sustain him. Participants felt that the therapeutic encounter with an analyst who understood this young man, who could hear his pain and both relate it to external realities of race and discrimination, and link it to his internal Oedipal struggles, might have been enough to help him regain his capacity to think, and to bear his anxiety.

I was interested in how the symbolic aspects of 'journey' from adolescence to adulthood had needed concrete expression in Ahmed's actual journey to Afghanistan. The anger that his parents could not allow themselves to feel against others, in their first generation struggle to assimilate, seemed to have been passed down to this second generation son to feel, revealing this intergenerational transmission of trauma.

'home', and how he was still entrenched in an Oedipal battle with his father, whom he described as living a liminal life as a taxi driver, traversing London and allegedly in contact with its seedy side.

Ahmed imagined he could hear arguments between his parents and described his father as moving into dangerous and ghettoized areas, suspecting him too of participating in disreputable activities. His mother, meanwhile, though mainly powerful in the home in her role as devout Muslim wife, was, Davids noted, 'impressive' in being able to move between worlds as she attended English classes and made important links with the teachers at the children's school. She represented a loving and engaged presence in Ahmed's life and perhaps also a way of being 'at home' in this world of dislocation and isolation, helping her children to become integrated and successful as citizens; while his father represented a more underground and subversive movement, where women are bought and sold. The young patient was caught in the middle of these two poles, his parents in conflict and his own allegiances switching between them.

Davids explained that Ahmed's parents could not allow their children to speak of any racist discrimination at school, and urged them to remain resolute in their determination to succeed and assimilate. Participants noted that the patient's feelings of protest were forced underground, and he had to suppress his feelings of rage and hatred.

In a key moment, Davids interpreted to the patient his rage at his father, and specifically how the Russian forces, whose brutality in Chechnya had catalysed his wish to go and fight, 'stood for his Godless father'; Ahmed accepted this interpretation after some initial reluctance, and told him this must be why he had wanted psychological help, admitting that he had been aware of this wish for some time.

Davids described how much calmer the patient became afterwards and how the interpretation seemed to settle him, as he had articulated how an internal battle was played out externally. He did not dismiss the racist abuse of Ahmed in his early years as insignificant, nor did he pathologise his wish to protect European Muslims, but used the tools of psychoanalysis to make powerful links between external and internal struggles. The intensity of the case material, its life or death quality and sense of immediacy, was beautifully captured both in Davids' re-telling of the case, and in the participants' passionate engagement with the material. The interplay between internal unconscious conflicts and dramatic external battles placed Davids in a crucial role in relation to this patient; addressing dangers in the patient's internal world that fuelled his destructive wishes, that had to be hidden away from his parents, as he had told them he has gone to Pakistan to teach, rather than to



Ahmed sought to enact some form of retaliation and protection for other Muslims facing persecution, only to find he was required to make bombs, a level of destructiveness against innocent civilians he had not anticipated. He then returned to the UK, with its imperfections, and faced his divided allegiances. Davids eloquently described how this young man was torn between these versions of

Afghanistan to fight. In contrast, Davids seems to have offered him something truthful and hitherto unknown about his underlying motivations.

One of the most moving aspects of the presentation was Davids’ description of how the patient sought him out, that he was recommended as ‘a good brother’. This revealed his hope and sense of trust in Davids. Though there was an ambiguity here too about the nature of this fraternal tie – is it simply skin deep – to do with the assumption or knowledge of a shared ‘racial identity’, or one based on a feeling and faith that Davids was symbolically a brother, a family member who could understand and relate to his pain and struggle, and offer him a form of resolution that was non-violent, potent and thoughtful? I understood the encounter to be a meeting of minds, in that this terrified young man found in Davids a ‘brother’ who understood him, and could contain his rage in a way that allowed it expression without destruction; one hoped that he may even have showed him a way to live peacefully with himself and others.

Aspects of the dynamic administration of the event that may seem incidental at first glance, upon reflection assume greater significance in terms of unconscious factors related to themes of migration, identity and the problems of marginalisation and exclusion. The most striking aspect of this workshop, apparent even before it began, was that it was significantly over-subscribed, so much so that there were not enough chairs in the room for delegates even before the session was due to start. There were at least ten people without seats, determined to stay, leaning against the walls or sitting on tables. More arrived. When asked whether everyone present had actually signed up to be there, an uncomfortable silence followed, but no one volunteered to leave.

This first breakout session of the conference clearly stirred up some anxiety, alongside excitement. The process of finding too many of us in the room was a tense one, and it began to feel like an event in a group relations conference, without the direction of designated Consultants. It was noted that it would be possible to get a list of those who had signed up to the workshop, but the offer was not taken up. It seemed that such a process of cross-referencing would harshly divide the group into the ‘haves’ and the ‘have-nots’.

It was clear that people did not want to check their participation against a register, and would rather rely on personal integrity to decide. But no-one left, in what seemed to be a powerful message of individual wish and entitlement; either ‘we were here first and will not accommodate newcomers’, or ‘we really want to be here, so are staying, regardless of whether or not we registered.’ Davids offered to accommodate this unanticipated interest by suggesting that more chairs

be brought in, enabling everyone to stay. It was striking how this was enacted, a crisis demanding swift resolution; it appeared on the one hand to be a rational, polite response to oversubscription, and on the other, a somewhat tense and silent negotiation, resulting in a situation of total inclusion, but with a cost.

The issue of limited resources in relation to need and desire was clearly revealed in this uncertain beginning, and there was a real though unarticulated sense of ‘legitimate’ and ‘illegal’ participants, evoking the notion of legal and illegal immigrants. In the desperate wish to stay the reality of limits (of time and space) was denied. The implicit threat of deportation was palpable. On reflection this clearly appeared to mirror something of the process of migration and need – everyone wanting to be in this room and not able to stand the pain of leaving, Davids unexpectedly having to decide how best to proceed, clearly not wanting to turn anyone away, but aware that the size of the membership would inevitably have an impact on the intimacy and format of the workshop.

The difficulties of retaining a voice, and sense of identity, in the context of a much larger group, seemed to be played out in the evident hunger to speak and be heard, when there was such limited time to do so. It was clear that feelings of intense anxiety and aggression were present in the participant body.

While we may never know what ultimately became of Davids’ patient, the content and experience of the workshop went some way to elucidating something of the pain of difference, and the wish to stand out and be heard. The means by which this wish can be fulfilled vary: some are violent, some symbolic; Davids elucidated the struggle to find a way to resolve inner conflicts while retaining awareness of brutal external realities, including discrimination against Others on grounds of cultural, religious or racial identity.

Both the workshop and the conference as a whole left me with a sense of renewed urgency and inspiration, furthering the hope of bringing issues of culture, identity and ethnicity to the fore within psychoanalytic work, and using these discussions to influence how we work and think, with the ultimate aim of modifying racist forces in wider society as well as in ourselves ■

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Because I am different?

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years searching for a psychodynamically-minded clinician with whom to develop and deliver a properly useful intervention. Wisely, he teamed up with Dr Carine Minne, a psychiatrist and psychoanalyst with decades of experience treating violent and sexually perverse patients at Broadmoor and the Portman Clinic. She has the psychoanalytic language to help these men understand how the early deficits they have suffered (poverty, parental mental health problems, domestic violence, drug and alcohol abuse etc.) predispose them to have inner worlds in which the violent (gang-sanctioned) behaviour is generated.

But alone she would be unsuccessful in reaching them, for the simple reason that these men would immediately, and correctly, identify her as slap-bang in the middle of the warmest part of the penguin huddle (white, middle-class, rich) and make a stereotyped assumption that she has nothing of value to say to them – they who have grown up on the meanest streets where the social winds blow coldest. But that doesn’t happen because the other half of the quasi-parental couple before them is Paul; a man who grew up feeling those Antarctic blasts too (as a young boy walking down Upper Street in the 1970s, his mother would be shouted at for being a ‘nigger lover’, and at his Highbury school white boys supporting the BNP from the Essex Road estates fought pitched battles against the BME kids from Hackney and Stoke Newington). He has used his brilliant brain to develop a way of sharing his insights about how a dangerous identity gap lurks at the heart of BME masculinity in the UK. He, unlike Carine, knows what ‘light colour pressure’ means to these men, and how the terms of ‘whuppin” and ‘violation’ echo down the generations from the days of slavery, and he can bridge the gap. His thesis, put simply, is that gang-related violence has oodles to do with being BME in our inner cities because it is a way to belong when you live in a wider society that doesn’t apparently want you.

The problem, as he sees it, is that what you do not understand you are condemned to repeat. If you can name something, you can study it and scrutinize it – in short you can think about it. Isn’t this what we all do for a living, after all? Aren’t we there to help people develop a language for thinking their unthought knowns? His programme with Carine, called *Changing the Game*, is doing this at two levels of unconscious functioning by giving these men a language to get hold of the unthought knowns that have conditioned them to behave in violent and unhealthy ways towards others. This is a population often labelled ‘hard to reach’; a laughable term which places the blame not on the designers of the interventions on offer (where it actually belongs) but on those already feeling the Antarctic blast

at society’s edge. *Changing the Game* got 100% attendance figures, now has a waiting list, and the effects on their attendees were so significant that gang-related violence fell steeply outside the gaol in the territories ‘belonging’ to the gang bosses on the inside. Today, of the 3,500 gang members in London, 90% are BME and yet, in the 2013 Home Office report entitled *Ending Gang Violence*, there wasn’t a *single* reference to race or ethnicity. Why the deafening silence?

This question brings me back to the penguins and to something Helen Morgan said in the morning session. She said it took her a long time to see that her whiteness was invisible to her and that she even had a white privilege! If you can’t see something, of course you take it for granted. The truth is that the closer you are to the edge, the more you are aware of what puts you there (the wrong accent, the wrong skin colour, a bad education, the wrong postcode). Meanwhile, if you are warm in the centre you unconsciously want to keep it that way, so you deny there is a centre or an edge, using platitudes like ‘We are all the same,’ or ‘I’m colour blind, that’s me.’ Those at the edge shout to be heard and end up sounding shrill. This flares the unconscious guilt of those at the centre, so they become even deafer, at best using political correctness as lip service, and at worst, mocking it altogether. As she put it, ‘whiteness casts a shadow’, and its weight falls onto those who can bear it least – those at the edge.

Now, isn’t it our job as analysts to notice and challenge internal dictatorships so we become less deaf, dumb and blind? It should not be those at the margins who must educate those at the centre: we must attend to our racist thoughts, explore their origins and find the anxiety behind them. Only by acknowledging our part in those freezing to death at the edges can we begin to ensure, as the penguins do, that our society’s thermodynamics operate for the benefit of all. Incidentally, mathematicians have modeled the way the emperor penguins shuffle in their huddle and have concluded it is in a manner we might call ‘little and often’. When just one penguin moves a single step, the entire huddle of thousands of penguins must move to accommodate that step in order to keep themselves close to each other and therefore warmer. One penguin shuffling just two inches to the left starts a wave and when this meets another wave in the huddle (started by another penguin) the two waves merge, rather than passing one another. Penguins keep moving. So must we ■

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Editorial

A voice needed more than ever

By Gary Fereday

AROUND THE WORLD, we are witnessing the rise of the cult of the 'strong leader', with Donald Trump, Vladimir Putin, Recep Erdoğan and others appearing to espouse disdain for liberal democratic institutions, diversity of opinion, culture and people.

In the UK we witnessed the denigration of experts in the Brexit debate, with public sector professionals and academics undermined by a political discourse looking to silence alternative views, and the prominent advocate for Britain leaving the UK, Michael Gove MP, stating on television that that we've 'had enough of experts'.

Politics and civic society feels more confrontational, less understanding and less inclusive, with the expression of racist and sexist views seemingly legitimised on both sides of the Atlantic.

In the Brexit debate this seemed to hit a low point when the then UKIP leader, Nigel Farage, unveiled a poster that depicted Syrian refugees escaping one of the most horrific wars in living memory. His shameless use of vulnerable and dispossessed people to bolster the Brexit vote plumbing new depths; using the fear of difference, of the 'other' in ways it hasn't for some decades to bolster political campaigning.

This edition of *New Associations* focuses on the issues of racism and of difference, featuring the BPC's Mind and Culture conference held last November. They are issues that the BPC has been determined to pursue, and are fortunate to have an active advisory committee examining ethnicity culture and racism – chaired by Maxine Dennis, whose article 'Ordinary Differences, Different States of Mind' is the lead article. In her article, Maxine uses the film *Crash* to explore these issues of fear of difference and what happens when our internal worlds collide.

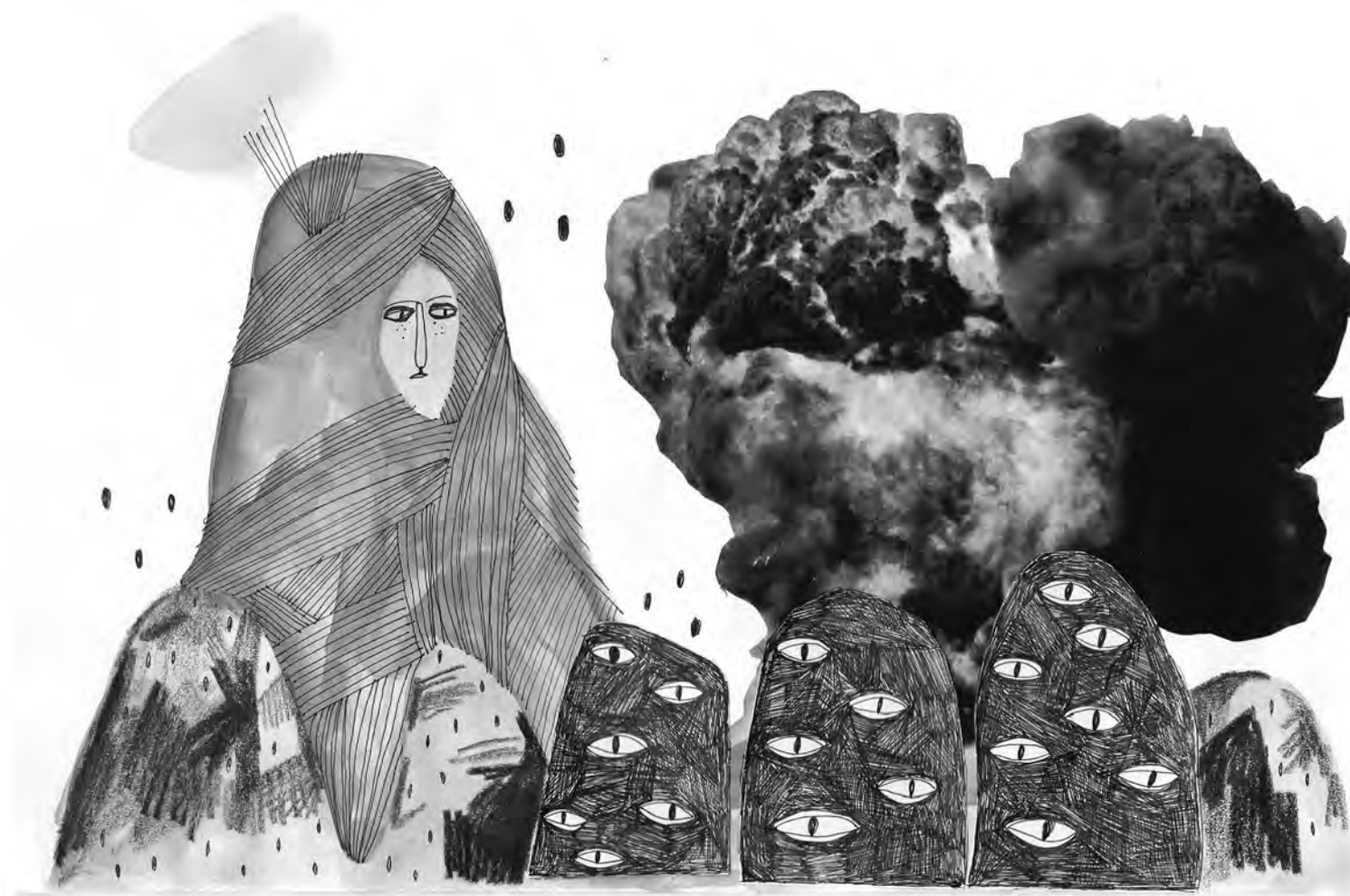
'Our profession has much to offer to help the outside world think about racism.'

Other conference speakers have contributed thought provoking articles to explore this complex issue from different perspectives. It is an issue that our psychoanalytic profession must continue to consider. We are all aware of just how predominantly white and middle class we are. Yes, our trainings are expensive and maybe that does exclude some people, but surely it is not the only reason. The BPC, through the advisory committee, is exploring these reasons and is developing ways of moving forward. The conference, and the articles in this special *New Associations*, challenge us to reflect and think about those differences, and how there may be an internal racist in everyone.

But let's not forget that our profession has much to offer to help the outside world think about racism and fear of the other. As the President of America continues to talk of building his wall, and the Government here prepares to trigger article 50 to start our exit from the European Union, our voice and expertise are needed more than ever.

That's why our flagship conference Psychoanalytic Psychotherapy NOW 2017 will explore how psychoanalytic thinking can support policy makers in maintaining the health of our democratic institutions, to help develop services that respond effectively to real need, and push back against the rise of the authoritarian state with its language of fear and of difference. The conference will bring psychoanalysts and psychotherapists together with policy makers and academics to consider these contemporary psychosocial issues, exploring the significance of understanding relationships and our inner worlds to build a more inclusive and fulfilling society. I look forward to the debate and hope to see you there ■

Gary Fereday is Chief Executive of the British Psychoanalytic Council.



Conference Special

We need to talk about culture

By Marina Christoforidou and Elke Mund-Amos

This article is a shortened version of one published in New Associations in 2014, under the same title. It was the direct, and first, result of the BPC task group on Ethnicity, Culture, and Racism – a result grown out of the joint effort to work, and think, together about how we are all affected by racism. This work has continued over several years and led to the recent conference 'Between Mind and Culture'.

It seemed to make sense to republish the paper in the context of this conference because the issues that were raised two years ago are still alive now. They need to continue to be raised – and hopefully addressed honestly, effectively and creatively.

WHAT WE ARE trying to do with this paper is to reflect on the trainees' experience in the context of Ethnicity, Culture, and Racism. Of course, we cannot and do not want to attempt to speak for everyone. However, by being honest with ourselves individually, we hope to invite others to take part in this conversation. Winnicott's suggestion that *there is no such thing as an infant* made us think how the trainees' experience necessarily includes the role of training organisations and the relationship between the two. The importance of training institutions in helping the *infant-trainee* to learn from the training *experience* in order to eventually and successfully become separated needs to come to the forefront. The answer to a successful training-developing experience lies in what has been internalised in the process. With this paper, we therefore want to provoke, to make suggestions, and to raise questions rather than necessarily answering them.

The trainee and the training

It has been commonly agreed that the analytic/psychotherapeutic community is not a diverse community. It appears almost untouched by the mixture of culture and diversity existing in the external world. When opening the doors of different psychotherapeutic training institutions, we step out of a racially diverse society into one that is predominately white. Looking closer, it gets worse: professional hierarchy seems to reflect the 'privilege' of skin colour. This means that diversity exists within the institutions, but mainly on the periphery of the core profession, i.e. in administrative roles. This is a strong conscious and unconscious message,

possibly indicating the physical and mental space that exists for the co-presence of cultural differences. Whilst everybody seems to be well aware of this, efforts to make the profession more diverse have not been effective.

'Training institutions often pathologise students when confronted with their external realities.'

What, then, does it really mean to be trained in a community where sameness is the norm? What message does it send to the white applicant and what message does it send to the black applicant? When confronting the issue of ethnicity and racism one typical reaction is to turn to the (prospective) black applicant/trainee as if they, like an oracle, could provide the answer themselves. It is something that regularly happens in seminars and can leave the black trainee feeling singled out, rarefied and extremely isolated. This also happened in the task group discussion. It took some time – and pain – to realise that with our need to turn to the experience of the black trainee, or to the black supervisor, we are unconsciously enacting racism whilst consciously rejecting it (Straker, 2008). We are, in fact, locating the problem, i.e. racism, in *'the other'*, and in doing so we deny/disavow our own participation in it, even further: we deny the reality of our own culture.

The cultural experience of being white is one of sharing a history that has promoted

and thrived on organised racism and has made us to this day beneficiaries of racial exclusion (Straker, 2008). However, even if we might object to it, we are, through being white, a part of it. It is painful to think, and painful to write about – and therefore tempting to avoid or even deny it altogether. A psychotic state is one that denies reality – and we are denying the reality of our own culture and its implications.

This then seemed to us to be a good starting point for psychotherapy training: to reflect on how our cultural history has influenced our being in this world here and now; to make conscious what cultural fantasies, conflicts and projections we have imbibed – and how that impacts our relationship with other cultures. This could for example be incorporated as a question in the application process. One of the main catalysts for change is to make unconscious processes conscious. This is one of the reasons why we as trainees are requested to take a look at ourselves in the training therapy/analysis. If this has any validity at all, then training institutions could surely benefit from the same self-reflective practice, if they, too, are serious about change. The commitment of an organisation to keep thinking and unpacking its own culture and history is ultimately a commitment to truth (Symington, 1986). For the trainee it would be a containing and encouraging experience to see that the quest for truth is taken seriously by the organisation and modelled, e.g. in regular self-reflective practice meetings. A big ask, one might think, but there is a lot to gain.

Personal aspects of psychotherapy training

A recurrent complaint during trainings and training interviews is that members of the training institutions often pathologise students when confronted with their external realities and their conflicts experienced within the training. We find this is a highly problematic response. It may suggest that the training institution perceives external reality as an attack that needs defending against. It appears as if training institutions forcefully and impulsively hand the problems back to the student and *pathologise* him/her – as a consequence an uncomfortable reality gets disavowed rather than thought about. A defensive stance, like pathologising, is literally maddening because the external reality remains untested, gets dismissed. The 'institution-as-mother' is unwilling to take in and digest but instead projects back into the student. What follows is anxiety (Bion, 1962) – and, very often, complete avoidance of the subject. Like any psychically unmetabolised trauma, the conflict remains active and waiting for reprise – for the student, for the organisation and for its service users.

How can the external reality of the trainee be kept in mind as much as the internal reality? It is important to (re) consider the boundaries and roles within training institutions and value the importance of the need for them to be kept well defined and refined. As a result, the role of the training analyst, supervisor and tutor needs to be differentiated and the boundaries accepted and adhered to. This would mean that the analysis of the trainee takes place mainly in the



Continues overleaf

Culture

continued from previous page

consulting room with his chosen analyst/therapist, and when a meeting with a tutor, seminar leader or supervisor occurs, it should give the sense of a human being meeting another human being, without this meeting becoming another *informal analysis* of the trainee.

Further thoughts

According to Winnicott, the infant during its development would need to acquire a capacity of object-use by letting go the immature object-relating approach. We are suggesting that most training environments facilitate how to relate to, but not how to use, culturally different objects. Using an object entails some sort of *messiness*, where the outcome of this engagement is not certain. This uncertainty seems to be intolerable and the need for control becomes paramount. However, what we are talking about is change, and change is a threat to the *status quo* and to the identity of the – predominately white – institutions.

When writing this paper we were struck by the fact that individual/personal vignettes and encounters involving the co-exploration of blackness and whiteness during the training experience were entirely absent. The absence itself conveys painful messages of exclusion, fear, and omnipotence. To initiate an honest and productive conversation, all parties should be included and invited. But such a discussion also carries the risk that charged ideas, cathected objects and protective unconscious phantasies will be challenged.

When the conversations are kept in separate rooms, inevitably blackness and whiteness would be also kept separated. These type of conversations are felt to be like a ‘ping-pong’ game, as if it is impossible for a third to be created and thus to entertain the birth of another space unknown to both sides – what Britton calls ‘*the other room*’ (1998). We suggest that we need to unpack what it means that Whiteness has been (tacitly) accepted as the norm – the reference point – when Blackness seems to be defined as Non-whiteness. It is about time to understand where we are coming from, challenge our beliefs, own our feelings, and take the risk to separate and co-create ‘*the other room*’ ■

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Elke Mund-Amos is a psychodynamic psychotherapist in private practice.

Different states

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category fallacy and I don’t feel that such eradication would be possible, given the human condition.

In a very simplified way, the earliest experience of difference is the movement from a secure place in the womb, into the cold, bright, intimidating and foreign external world. The experience of the ‘other’ and negotiating new experiences is initially facilitated through the help of primary care givers.

Drawing on Bion’s theory of mental functioning, ‘Individuals must protect themselves from the onslaught (too muchness) of a pure experience ... and must either... turn away from knowing and acknowledging it – or develop a means of bearing it. Intrinsic to achieving the capacity to bear experience is the development of mental functions and a mental apparatus (alpha function; ... the apparatus for thinking thoughts; the apparatus for dreaming dreams) designed to metabolise, process and organise inchoate sense impressions (beta elements), transform them (via alpha function)... into mental activity and create structure within the mind by separating conscious from unconscious thoughts.

‘...The object will help the infant, child, (our patients) to deal with the “too muchness” of their particular experience and re-presents in a transformed and bearable way... When the process fails then we cannot metabolise and represent (feel pain or bear one’s experience), think with, or learn from (Bion, 1962) the raw data beta elements of our experience’ (Levine 2011, pp. 189-190).

The capacity to take in new information promotes the process of getting to know new things as well as gaining a greater understanding of oneself in relation to new things. There may be a tolerance of, perhaps even curiosity about, the other. However, the capacity to think in the face of anxiety remains a struggle throughout our lives. The unwanted, ‘negative’ parts of ourselves are split off from the ‘good’ experiences in order to preserve them as such. The negative feelings are projected into an object, mother/world, which thus becomes bad. This then preserves what is inside as good.

The disowned parts of the self are projected into ‘the other’, who becomes identified as hostile and dangerous, and subsequently introjected as such. The negative feelings that are disowned and projected, such as greed, envy, rage, hatred and fear. If that state predominates in an individual, one is, perhaps, less likely to tolerate difference.

An awareness of what one has and does not have can be negotiated when in healthier, depressive functioning, so that reflecting, reasoning and thinking is possible. This breaks down in more paranoid schizoid states – the more primitive state of mind. ‘As no analyst can go further than his own complexes and internal resistances permit’ (Freud 1910, p145), if we are to help our patients through this process we need first to attend to our own projections onto ‘the other’ and cultural groups; our own prejudices and racism.

But this re-examination and reworking requires engagement without being too colour conscious, colour-blind or over-identified, which is not an easy task. It also means that as with other areas of analytic thinking, this is part of an ongoing area, an organic rather than

static process. We are well aware that anti-racist training is debunked, thought futile: we can’t purge ourselves, nor is psychic self-flagellation the answer. I have not gone into the detail of the work with Miss Q. However, in this work we discovered how she needed my blackness to be the issue stopping her from merging with the perfect other. What took time to examine were her own feelings of inferiority, how small and insignificant she had felt, unworthy of her own name and how these feelings were projected into me ■

Maxine Dennis is Consultant Clinical Psychologist and Psychotherapist at the Tavistock and Portman NHS Trust, and chair of the BPC task group on Ethnicity, Culture, and Racism.

Note

1. Davids , M.F. (2011) Also utilises this film in his analysis of institutional racism p. 207

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Conference Special

Ordinary differences

By Marina Christoforidou

IT IS SUNDAY following the conference and we are left with a few weeks to submit our thoughts for the next edition of *New Associations*. I am excited and overwhelmed by the ideas discussed. Observing people's devotion to the subject was uplifting, but also a gloomy reminder of the work entailed for any noticeable change to occur. There are strong resistances pulling us back to the certainties, the known and the comfort of a mono-identity. I have consciously selected the prefix 'mono' for at least two reasons. Initially to make a subtle statement of my Greek roots, but also to introduce the implicit urge for an identity that excludes conflicts and contradictions. An Anxiety- free existence defined by one identity, one mind, one status.

In a conference with such a theme, Trump and Brexit received additional attention from both presenters and the audience. What was even more interesting was the assumption that none of the participants had voted for Trump, or for Brexit. So whilst all these thought-provoking conversations were happening something else was also lurking in the unconscious mind of the group; the group's 'internal racism'. 'Racism' toward the others who have made a different choice and have voted for Trump or for Brexit. Hence, the use of the term 'racism' is not limited to the racial difference solely in relation to skin colour, but to any other differences between humans that create societal cleavages. Fakhry Davids explained during his workshop how the word *racism* is borrowed to describe the general phenomenon of prejudice towards difference and otherness, and this is how I am intending to use the term in this brief article.

Davids argues that *internal racism* is a normal structure recruited to defend the infant's mind against psychotic anxiety. He refers to the psychotic anxiety dominating and splitting the infant's mind during the paranoid-schizoid position, and how this overwhelming experience hopefully gets worked through during the depressive position. He adds, though, an additional piece of information by introducing the importance of the other in the child developmental milieu, in the form of the father's presence, but

also via the experience of the stranger's anxiety when the child is exposed to adults outside the nuclear family. As Davids poignantly states in his book: 'As the Ego grows and develops, this experience shrinks but is never totally obliterated' (pp. 64). He continues by saying how this structure becomes reactive during times of immense anxiety and uncertainty.

At the conference, it was fascinating to gradually notice that a need of sameness prevailed, the one of the alike political ideology and liberal set of beliefs. Yet, we were a group of people getting together to eagerly think about difference. But still it felt as if we could only throw ourselves into this mind-field as far as we could secure an aspect of sameness. The different skin colour and accents did not matter anymore because we had something else to unite us all and comfort our anxiety: our presumed common liberal identity.

Trump had intruded in the group's minds and forced us to think the unthinkable, the existence of people who actually want a different world to us. It reminded us of the existence of people who appear shockingly keen to build a wall to protect their mono-identity. I suggest here that these people had also to bear our own projections. The projections of the part of our minds that we did not want to think about. I refer here to the projection of our *internal racism* toward them in order to secure our mono-identity, the one of the elite. While I write this I become even more mindful of my own binary thinking and the difficulty of avoiding the 'us-them' mindset. I will carry on though with this trail of thought for the sake of my argument, and I will allow my own *internal racism* to reveal itself. I argue here that our own racism was being projected onto the Trump and Brexit voters and this allowed us to exist in an idealized/pseudo-reality where such matters were being assumed as resolved. We are forcefully returned back a part of us that we refuted owning. The social split allowed us to comfortably sustain this mono-identity by interacting with minds similar to ours.

A line from a recent film regarding Pablo Neruda's life comes to mind. The scene

takes place in the midst of an extravagant gathering at Neruda's house. A cleaner who was also a party member asked Neruda, rather emphatically, what will happen when the party comes to power, will people become equal as him or her. Neruda appears thrown by the question and stays silent for a short while. I think he is really fighting with his own mind to either bluntly tell the truth or sustain the lie. He chooses to lie and responds that they will all become equal like him. The balance is restored and she hysterically raises her glass and drinks to the revolution. The cleaner's simple question is profoundly deep, is a reprehension of Neruda's bombastic lifestyle. Neruda, on one hand, is the advocate of equality whilst his lifestyle conflicts with his political aspirations. He is passionate to campaign for equality and redistribution as long as he maintains his position of power and privilege.

'Our own racism was being projected onto the Trump and Brexit voters.'

This is the symbolism of the exchange between Neruda and the party member. Neruda was faced with the reality test of his ideas. Neruda came up short with answers and his response was a psychotic, idealized and hedonistic version of the reality, a defence to maintain his mono-identity and a denial of his internal incongruence. I argue that Trumpism and Brexit is a reality test of our own hedonistic/idealized version of reality. A challenge to our mono-identity. As Dalal says in one of his papers, 'in speaking, I, of necessity, negate something of the Other. The response of the Other in some way negates the negation, and my response negates that, and so on' (2008, pp15). Inevitably, the moment one speaks about one's difference the other's experience is negated.

This is the painful realisation I am sharing with you. I am left thinking that we were attempting to talk and manage ordinary differences, but our *internal racism* resurfaced by forging and corrupting the task in favour of maintaining the sameness of the group. I wonder if we 'need' a world where differences won't exist, and thus we will not be called to attend to them, in a world that we will be able to control via sameness. *Internal racism* is so pervasive that the group became oblivious of its dark powerful forces. The group became victim of the same predicament that it was trying to attend to; when by attempting to address ordinary cultural differences it was inevitably negating someone else's differences, i.e. political ones.

I want to first and foremost call out my own *internal racism* and unconscious urge for a mono-identity. On this matter,

it consists of the view that all women are aspiring to the same female prototypes. I assumed that all women aspired to a world where equal pay, the right for maternity leave, work opportunities will be non-negotiable. A world where a common goal is the fight against the objectification of women. Trump's election forcefully reminded me that actually women have different visions and aspirations to mine.

My free associations led me to the thought of a captured bird that, when finally set free after a life of captivity, returns to his cage. One can think of this as an identification with the aggressor but, unfortunately, the matter is incomprehensibly perplexed. I believe when this thought was entertained my *internal racism* cleverly took over by resorting to intellectualization by immediately placing me in a position of intellectual superiority. It disguises the underlying view that if they really knew what I knew they would think and behave like me. We will be the same. Still this might be the outcome, but it excludes the other as a living, dimensional subject and instead transforms it into a flat, lifeless object. Here is a useful note to add: the conference was orchestrated by an advisory group consisting mainly of women dedicating their free time. Still these women (us) invited male speakers to talk about the matter. We, as women, bought the flowers from our own budget because we wanted the room to look good. It is important here to let you draw your own conclusions.

I understand Trump's win not as a return of the *repressed* but as the return of the *projected*. It is possibly an urgent call for all of us to return to the couch and continue the work with our own unconscious instead of being exclusively preoccupied with 'the others'. An analogy coming to mind is one of the world being a patient demanding to be 'cured' without taking the full therapeutic journey.

An authentic therapy (if there is one, I wonder) is one that allows the patient to discover its own mind and not become the therapist's clone. Maybe the world is acting out because the therapist (leaders, elites) has lost touch with the reality of the work that needs to happen before any real 'therapeutic' change happens, and in addition requests the world (patient) to engage in the relation by leaving aside any negative therapeutic transference ■

Conference Special

Between black and white

By Adam Danquah

A conference experience observed.

THE WORLD WAS already saddled with President-elect Trump by the time the BPC conference, *Between mind and culture: ordinary differences*, came around. Having been looking forward to it for a while, it now felt anticlimactic; like listening to philosopher and world citizen Kwame Anthony Appiah's final Reith lecture on identity, suddenly indulgent or even impotent with attacks on difference at such a pitch. Or at least that was one of my anxieties going down, wanting to find out whether the psychoanalytic approach mattered regarding issues of difference and inclusivity – and now in the midst of, in response to, such political tumult.

I am (for want of a better designation) a mixed-race psychotherapist in training, close to qualifying from the Tavistock's D59 Inter-cultural psychotherapy course, delivered at the Northern School of Child and Adolescent Psychotherapy in Leeds. As a Londoner, going back down is always moving for me. But as an adopted Mancunian, training in Leeds, I felt a little like I was on a fact-finding mission from the North. With my first introduction, I found myself leading with, even labouring, this 'Northerness', and slightly later I was struck by the irony of being a black Londoner going to London to find out what 'they' (those London psychotherapists) had to say about working with blackness. Perhaps I'd been primed by a discussion with my organising tutor, in which we discussed the continuing – what sometimes felt like – looks askance to the regions and our own envious eyeing of London's psychotherapeutic riches. The us-and-theming had truly begun! I was the only trainee able to make it down, and, it occurred to me, I just happened to be black. I met a psychotherapist, qualified from the same training, who had also made the journey down. She acknowledged my observation, but reminded me about the cost, the time, and the fact it was a Saturday. She also

took my point that she happened to be of colour, too. I labour this point perhaps because I suspect my initial, preconscious thoughts would have been that this was somehow fitting, a conference for 'us', and wonder whether you, the reader, would have seen it that way, too.

The day started with Salman Akhtar's warm and wide-sweeping consideration of the immigrant's experience and how psychoanalytic insights might help us to deal with difference beyond and within our borders. In Helen Morgan's ensuing discussion, as is so often the case in psychoanalysis, I was re-reminded how long and hard is the work that is called for. In talking honestly about her own professional encounters with difference and bearing the painful realisation of her white privilege, I thought Helen made a convincing case for the gains in sticking with it. A useful idea that came up around this discussion was using whatever we have – in Helen's case, her womanhood – to view the centre (in this case, 'whiteness') 'from the margins', as identified by Dalal (1998).

I was reminded of the cohort of psychologists I am responsible for training, who, on the face of it, are all white women. In a session on diversity, I was told that one of their boyfriends had said, 'Oh, my God: you're all like literally the same person!' This was laughed off at first, but it didn't take much holding to help them voice, to a point, the pain and rage associated with such a devastating, albeit unwitting, assault on their identities. I wonder how we make the space in training safe enough for such feelings to be contained and worked with productively. In the previous example, I thought the male dismissal of female identity was interesting. At the conference we had the chance, among so many other things, to consider the intimate connection between gender and ethnicity, misogyny and racism. In response to Trump's wall, one delegate offered the ingenious association to a

chastity belt, protecting US women from violating, Mexican men. Trump's victory is a terrible blow to women, and the association captured for me a seeming resurgent repositioning of women as acquisitions or commodities. Although it wasn't said, I presumed the shared assumption was of white women, and associated to Fanon's (1952/2008) thoughts on the unconscious affirmation for black men in such acquisition: 'Between these white breasts that my wandering hands fondle, white civilization and worthiness become mine' (p. 45). I found myself wondering if the women of colour present were alive to the implication buried in the association – that worse than commodities, they are rendered inferior goods, and whether the conference could take such strains.

'Anger was apparent in a lot of the discussion.'

A highlight for me was participating in Fakhry David's workshop, 'Identity and Culture: Psychoanalysis and race-based transference/countertransference'. I had read his book on internal racism some years ago and been profoundly affected by the clarity and feeling in his thesis on the racist organisation of object relations in all of us. He gave our myriad questions and associations in response to his case presentation sincere and helpful consideration; I was left in no doubt (anxious as I'd been on the way in) as to the value of meeting one's heroes and how 'hands on' someone's making their thinking available can be.

Fakhry Davids concluded with the need for those of us in the profession to get our hands dirty with the work of taking this thinking beyond the consulting room into a public realm in which it doesn't appear to have much traction. Something of the scale of this

task was brought home to me in reading his paper, *The impact of Islamophobia*, in preparation for the session, during which I felt anxious at how subversive it seemed in the current climate. Indeed I felt self-conscious on the train on the way down with ... *Islamophobia* on my laptop and *Internal racism* beside it on the table. What would the two white male Manchester City fans sat opposite me make of all of this I wondered, the irony not lost on me, but anxious all the same. As well as my awareness of a narrowing political discourse, there was in this perhaps my shame at a certain kind of exposure. In discussion with trainees and trainers at other MIs, we wondered how much this factor played a part in inhibiting black candidates during training more generally.

The conference was largely well organised, though there were blips; the sound system in particular left a lot to be desired and caused much consternation. I was impressed with the often strident irritation with which delegates made it clear they just could not hear. You're speaking as if you're in the consulting room! as it was put by one. But as another noted, we might be thankful for the poor quality audio for enabling the expression of anger at the conference. Anger was apparent in a lot of the discussion I was part of – black and mixed-race anger, as I saw it, especially. It was uncomfortably apparent at times, but bearable and true, making me wonder how much I and we had ever gotten hold of this during my own training, particularly the taught part. Frank Lowe's and Onel Brooks' 'thinking space' constituted the heart of the conference, showing that space could be made for expressing, sharing and reflecting on these feelings in a way that is not persecutory but – as another delegate put it – doesn't let anyone off the hook. This was so much better than an experience I'd had at another conference where we were informed this work was a 'white burden'. But then if so, why had I flopped down straight afterwards,



exhausted, having not (that time) said a word? This event showed us continually that this is work for all of us; it's just that – as Maxine Dennis put it – some of us feel it more than others. Regarding the frustration with the sound, I realised that it was often the older delegates who had most trouble hearing. We didn't talk explicitly about age, but I thought the atmosphere was at times heavy with the grief, envy and guilt of passing on this unresolved challenge to my generation – and younger – of psychotherapists. It suggested to me the complicated inheritance of the second-generation immigrant, the working through his father couldn't do in a hostile climate, that Akhtar and Davids in their different ways had illustrated so movingly.

To close, Narendra Keval took us back into the fine grain of the dynamics of racial transference, which brought us back to the foundational work in the consulting room, which is a battle far from won in terms of our theoretical tools and willingness to work with the primitive anxieties generated in this crucible, let alone the societal conflagration that surrounds it.

There was so much in this day, at times I felt full up and often awed, but thought had obviously been given to making space too, and my feeling at the end was of having been fed well and thereby

energized. Gains made in liberal society in recent years are under threat and, helped by one delegate's reference to Tony Benn, it was brought home to me that progress is not linear, but rather that the battle has to be fought 'over and over again'. As well as the sobering realisation of the travails ahead I alluded to earlier, I felt able to connect this with Maxine Dennis' reference to Freud's clinical discovery of remembering, repeating and working through – the sustaining clinical reality of our professional lives.

I was sad to leave, because for the first time in a long time, I found space to really think with a number of people about what's going on. I found that these issues matter to the analytic community. One delegate said pointedly that he would be in the real world come Monday. I think his challenge was whether, beyond talking to one another, we could make this thinking more available and useful to those at the margins and perhaps even the centre of society.

Rather than conveying blackness back up north, I feel the conference helped me, and many of us, to engage with our whiteness. Perhaps this is one of the things we've failed to get hold of as an analytic community, and more widely within society. Teasing it out and adding it to the mix of ethnicities, rather than

allowing it to remain the default, would mean more of us could do the heavy lifting of culturally concerned work. The gains are richness of heritage, self and connectedness. The very dear cost is the pain of joining the fray. That of course is to ignore entirely the economic disparities undergirding difference, division and envy. Not mentioned in any significant way during the conference, perhaps this is a reality that could be taken up as the conversation continues.

But to conclude, I felt I connected with and would like to remain connected with interested, inspiring people in an ordinary way. This was an important discovery for me, given how fraught this area can be. I found it very open and caught myself thinking I would have to come down more often, to reconnect and recharge this feeling. Caught? There's nothing wrong with that, but thinking back to my Northern mission, I wonder if there's a continuing strain of Brexit-like stereotyping in my invocation of a rich, London elite. Do we not have the people, the will and the resources to do such things locally, too? ■

Adam Danquah is a Clinical Psychologist and Psychodynamic Psychotherapist.

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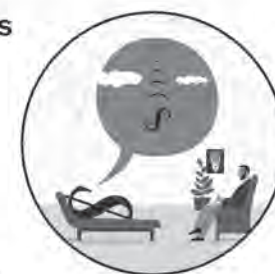
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Analysis in Practice

The art of ageing

By Chris Wilson

Using literature to guide formulation of challenging processes in older adult psychotherapy, and working with older people who idealise self-reliance.

THE CHALLENGES for psychologists working with narcissistic processes in older age were outlined in Noel Hess' seminal work, often described in shorthand as the 'King Lear Paper' (1987). Hess provides an invaluable lens through which older age psychologists/ psychotherapists can formulate and practise, drawing on clinically relevant themes within Shakespeare's *King Lear*. I find the paper helpful for making analytic concepts associated with ageing tangible, especially for application to therapy and for direct and indirect consultation. I always look forward to discussing the paper with trainee psychologists who join our service on placement, and I enjoy sharing the integration of their placement

experiences with the poetry of the paper. Sharing with others is also an opportunity for me to reconnect with the paper on a regular basis, as connection with the unrelenting loss of *King Lear*, as in the deep emotional investment in challenging pieces of clinical work, can be hard to sustain without reprieve.

I have found myself reflecting again on the abject tragedy that is the ending of *King Lear*, and have wondered whether there are other literary tools that complement existing thought around narcissistic and omnipotent processes in old age psychotherapy. Halldór Laxness' *Independent People* explores the folly of omnipotence, as its directly translated title 'Self-Standing Folk' attests. The book

also offers the reader hope for meaningful change. Laxness forecasts the epic internal storm we fear can arise before the delusion that we may ever be wholly self-reliant is cast aside. *Independent People*, with its principled and mulish protagonist Bjartur, sits beside Lear as my literary compass for working as an older people's psychologist. Laxness tackles omnipotence and narcissism in one fundamentally different way: there remains room at the end for Bjartur to reflect, grow and even repair. For this reason I find the novel a helpful reminder of the opportunity for change 'at the end', even when one is positioned within their interpersonal narratives as intransigent and destructive. This paper considers the relevance of such themes for clients who may fear the vulnerability of needing others, within older age mental health practice.

Independent People: linking themes with clinical work

Omnipotence

Independent People follows the life of Bjartur of Summerhouses, whose worldview is made quite clear from the start: 'Independence is the most important thing in life. I say for my part that a man lives in vain, until he is independent. *People who aren't independent aren't people.*' Having been released from 18 years' service to the Fjell King, Bjartur sets up a croft on land known to be haunted. The story takes us into the dour interpersonal world of our protagonist and his family, and whilst the reader is often reminded of, and perhaps tantalised by, Bjartur's poetic creativity and his capacity for care, we follow the brutal consequences of his notion of independence, and his late attempt at reparation.

Bjartur's omnipotence is set against a curious supernatural plot which reaches back to the times of the Icelandic Sagas. Bjartur builds his croft in Winterhouses, a site haunted by an ancient Celt, Kollumkilli, and Gunvar, a former resident of the site. According to legend, Gunvar made an evil pact with Kollumkilli and practised Satanic infanticidal and cannibalistic acts. At her execution Gunvar cursed those who dared to live on her hallowed land, and Bjartur is not deterred by this. The disregard for the supernatural, which may to the then atheist Laxness represent the power of nature and fragility of human life, shows our protagonist tempting the fury of the elements. This fits with the theme of omnipotence, as Bjartur, in general, denies the power of forces greater than he is and ultimately suffers great losses as a result. Interestingly, Bjartur renames his croft Summerhouses, as if forces of nature can change by his sheer will alone.

To appease Gunvar's ghost it is believed customary to pay her a stone when passing her cairn. Bjartur denies Gunvar a stone from him or from his first wife Rósa, provocatively calling the ghoul 'an old bitch.' Rósa begs him to let her lay a stone on the cairn, but he refuses, arguing that

as independent people they owe nothing to no-one.

The intra/interpersonal costs of omnipotence

Bjartur's need to be 'an independent man' comes at a cost of great austerity and human life, as epitomised by his relationship with Rósa, who dies alone after childbirth in the context of malnutrition and isolation. In the preceding months she frequently asks for meat and milk and pleads to not be left alone in the croft. Bjartur responds to her request for fresh foods (as an alternative to their 'mouldy' daily salt fish) with the statement, 'independence is better than meat.' And strikingly, later in the novel he loses a son to the elements, having driven the message that he sees no reason why it is said that children should need dry clothes.

Despite his 'independence', he is not so good at self-care either. He denies himself much needed nutrition, as when Rósa catches an eel, a nutritious rarity, and he declines it with disgust. And when he sees her add a generous block of sugar to her porridge, he is horrified. He is appalled by her healthy appetite, as if the notion of care and comfort, or meeting needs at all, is greedy and repulsive. He also risks exposure and hypothermia chasing a reindeer through a glacial river, in thick snow, far from any shelter. This dissonance between his near death and the failure to protect his son seem to represent a powerful and functional denial of vulnerability and incapability.

'Presenting to old age services can be experienced as frightening and humiliating.'

Relationship to help-seeking Hegemony can be defined as the idealisation of self-reliance (e.g. Courtney, 2000), and can serve as a defence against uncertainty, vulnerability and the shame of neediness. For those who have been forced to live a life denying the need for others, presenting to old age services for health and social care can be experienced as frightening and humiliating. Such individuals can find themselves confirming their template for understanding the world, as their humiliation and anger are projected into staff, rendering those who try to help feeling useless and uncaring. Hence, care relationships can break down, or can operate in punitive ways. Therapeutic work therefore can be a gruelling and painful process for both client and professional, and reflection on transference material is crucial for the dyad to survive and grow. Those who attempt to help Bjartur are initially rejected. This is similar to Lear's rejection of Cordelia – one of his few true allies who dare to name his narcissism, which, however painful, could have had a curative



impact if his internal resources were able to tolerate it.

When Rósa dies, her baby, Bjartur’s step-daughter Ásta Sóllilja, nearly dies at birth also, surviving defiantly under the warmth of his dog. Our protagonist does seek help from the Fjell King’s wife (‘The Poetess’), though this is clearly a difficult process for him. After a long journey to their home, Bjartur wastes a lot of time, speaks in his usual egregious way, and risks insulting his hosts before disclosing his need for help. Once he does explain that his wife has died, and that there is a baby alone in his croft, a midwife is sent immediately.

We see this process with Young Ingi also, who offers him the payment of fresh fowl for allowing him to hunt at Summerhouses. Bjartur takes great offence at the gesture, and thus causes great offence himself. Eventually, after a labyrinth of unnecessary hostility, he is given the game and he in turn gives it to his malnourished wife. One suspects he does not eat it himself. This scenario struck me as familiar with certain experiences within older adult clinical work. The group are youngsters, and they identify that life must be hard for Bjartur and Rósa. They point out that Rósa should have better food. This reminds me of the potential narcissistic injury ‘young’ (or almost exclusively younger) mental health professionals can cause by the very notion of offering help to older clients who idealise self-reliance. The idea that someone in an envied position (by virtue of youth and presumed independence) could provide useful support can be very challenging, because it brings the pain of this dissonance into consciousness, or, if already conscious, into an all too revealing fluorescent strip-light.

We see a further example of this for Bjartur. Later in the book he travels to ask for work due to dire financial circumstances caused by his inability to accept the advice of another. This represents a massive shift for him and reflects his desperation. We can liken this to a client attending mental health services after a long life operating within hegemonic ideals of self-reliance. Bjartur asks for a job after a deluge of fuzzwords and hostility, thus sabotaging his attempt at gaining support. He is also angered by genuine compassion shared about the loss of his son, and seems narcissistically defended against this. Firstly he assumes Ingi is referring to the death of his lambs rather than his son, and second he retaliates by describing his sheep as stronger than anyone else’s.

Such themes are often relevant in old age psychotherapy, as the ageing process can forcibly remove an idealisation of omnipotence. Clients who feel humiliated by the notion of need and vulnerability often criticise the strength of our goods, like Bjartur does above, and this may be in subtle or overt ways. After struggling to complete a cognitive assessment a client once asked me whether I was qualified

yet, and whether I’d learnt anything from them, before proceeding to make negative personal comments. On the more covert end was a client who attended at least 30 minutes late for most sessions over a protracted period. Each time I was left feeling used and even humiliated, but also sad and disappointed. On arriving, my client would often complain about the uselessness of Transport for London and the NHS, and would ask impossible questions in the last minute of the session such as ‘so what should I do to get better?’ Both examples were interpreted in context and suggested a struggle with feelings of humiliation which abounded in their personal lives. If the process of the second example was verbalised it may sound something like: ‘I need help, but in asking for it you have exposed my vulnerability. Now I’m humiliated and am very angry with you about that.’ Like Bjartur, my client was in desperate need of help, but their experience of being in need was so infused with humiliation that they projected their neediness and fallibility into those around them. Consequently, caring interpersonal relationships would break down and isolation would ensue. In the therapy I was left feeling hopeless and incompetent – a projection of their unbearable feelings, and of course a product of the real ineffectiveness that ensued; and I experienced simultaneous wishes to discharge and offer more frequent sessions – a reflection of their dilemma of being in need whilst fearing humiliation of being vulnerable.

I came across a startling example of one’s defence against a sense of humiliation. A gentleman, who was described in his referral as ‘belligerent’, attended for neuropsychological assessment. As I introduced myself he told me to ‘shut up’, and that I, like most others, could benefit from his advice, and not the other way around. His wife told my colleague that he had recently shrunk an article of clothing in the wash by mistake, and despite it halving in size, he continued to wear it claiming it had not changed shape whatsoever. It transpired that his difficulties were functional and not organic in nature. This process is outlined in *Independent People*, in that Bjartur is unable to hear advice, however obvious the need, as it undermines his need for self-reliance. This results, directly and indirectly, in the isolation, misfortune, morbidity and in some cases death, of those dear to him.

Dependence as debasement
For those with Bjartur’s worldview – ‘*people who aren’t independent aren’t people*’ – accessing care can render one humiliated, or even, at worst, feeling dehumanised. Regrettably this is a widely held discourse concerning vulnerability and ageing, and is often evident in relation to dementia care. As extreme as Bjartur’s words are, the evidence of such thought is seen in the frequent objectification of people with dementia as those without needs, choices or a self. Person Centred Care can still seem like an aspiration rather than a legitimate necessity, and the

notion of an enduring self within a more dependent state is not an established part of social common sense.

Ageist discourses concerning those who are not cognitively impaired can shape a similar ‘reality’. Society tends to homogenise the elderly, and consider them ‘other’. When life dictates that we must transition into the role of ‘other’, through ageing, ill health, poverty or disability, it can be hard to renounce such prevailing discourses, particularly when they have served a function in earlier life. For Bjartur, it would seem functional to malign need and dependency. We know little of Bjartur’s early life and so it is difficult to offer a cogent psychological formulation, though it would not seem like his childhood was an ideal arena for the development of a safe sense of need and vulnerability. Bjartur occasionally refers to his mother, who was afflicted with ‘nervous illness’ and raised him on cod liver oil. It is also curious that his period of servitude was 18 years, a potential metaphor for childhood. In projecting the neediness into others (such as the disgust at his pregnant wife’s hunger), Bjartur can maintain ‘otherness’ from the threat of neediness, in a manner comparable to how we see the process in wider sociocultural sense.

‘The ageing process can forcibly remove an idealisation of omnipotence.’

Another of Laxness’ omnipotent devices is that people do not tend to ail and die of old age. The young die, but the old do not, at least not naturally. Like a hospital without a morgue, there is an interesting denial of the near inevitability of morbidity associated with age. At the end of the novel, on hearing Ásta Sóllilja cough, the very elderly grandmother states, ‘isn’t it funny how everyone manages to die except me.’ This humorous statement does seem to capture the theme of omnipotence within the narrative, and reminds me of common defences against the vulnerability associated with age.

Some years ago my former colleague and I led an older adult teaching session for health care workers. We asked delegates to draw ‘successful ageing’ on flipchart paper within their groups. Interestingly, each group drew images of superhuman elderly people, such as ‘super gran’ complete with parachute, rather than an image of ‘good enough’ ageing with reasonable adjustments to age-related change. The task was not intended to be an experiment of sorts, but the outcome was useful in demonstrating how omnipotent defences are rife, and such processes can position older people as failing to remain impervious to loss and need. In order to feel safe with ageing, we tend to deny it happens.

Reparation
Movement for older people operating within a narcissistic relational structure can be incredibly painful for the reasons outlined above. *Independent People* is bleak, certainly, yet it does leave room for Bjartur to make right some of his barbarism. Towards the end he rescues his stepdaughter and step granddaughter from the dire situation he had helped create for them. In my view, the vehicle for change has clinical relevance. Bjartur’s defensive network is undermined by his ultimate desperation, which within a receptive social context allows him to enter a state of humility. By accepting help in the form of bread from his son’s socialist comrades, Bjartur’s notion of self-reliance is dismantled. The act forces him to accept that others are required to ensure his survival; he now lives within a community, not alone as an endangered ‘independent person’. Interestingly, the bread is stolen. For me, this chimes with therapy as it parallels how uncomfortable his sense of need is; Laxness is perhaps saying that as a default anything offered by another feels contraband to Bjartur. The dismantling of his omnipotence seems to enable a need to connect to Ásta, and for him to see that he was wrong to banish her. Other minds with different thoughts are no longer frightening, but necessary and potentially curative.

Bjartur then finds Ásta in terrible conditions, and takes her home, along with her daughter Björt. Sadly, Ásta would seem ravaged with consumption, and her forthcoming death is suggested. Though like in older adult work, the fact that death may be near is not as important as the timelessness that comes with reparation and true connection. Bjartur’s acknowledgement of his own errors, or at least of his own limitations in the world, is demonstrated concretely in the act of leaving Summerhouses at the very end of the novel. In effect, he removes himself and those he cares for away from the very symbol of his destructive independence. Laxness then invites us to meet a new side to Bjartur, one we always knew was there beneath the brutality: a man who may work towards accepting a ‘good-enough’ kind of independence that enables reciprocal care and connection without humiliation. Instead of brutally negotiating the fear of enslavement by the ‘captor’ internal object (projected into the Fjell King and others), he is able to lean towards a state of mind where another object (perhaps the ‘Poetess’) prevails and permits connection. He can tolerate his own poetry, and the creative potential of others: now he can bear the words that he could not quite tolerate earlier: ‘when a man has a flower in his life...’

With the client described above, we very gently, and over two years, worked on their need for idealised self-reliance. As a child they had shielded family members from physical harm, and independence

Continues on page 21

Analysis in Practice

Superhumans and non-humans

By Poul Rohleder

Our trouble with disabled bodies.

AS I WRITE THIS the Paralympic games in Rio have come to an end. We have celebrated the achievements of the athletes, and the various triumphs of the Paralympians were shared on social media. While the Paralympics were on, I made my way around London, and saw the advertisements about the Paralympics – ‘the superhumans return,’ it said. Superhumans.

With the Paralympics, and in so many other instances, we are invited to marvel at the achievements, against all odds, of people with disabilities. How amazing that they can do what they do, when they suffer the tragedy of disability. Of course, they are achievements, and the passion, dedication and determined hard work are to be admired and celebrated. Yet, what we are invited to do, is to be inspired by their stories of overcoming hardship. There is a process of idealization that takes place – the ‘superhumans’ as heroes.

Disability and ‘Inspiration porn’

The late disability activist and comedian, Stella Young, coined the phrase ‘inspiration porn’ to refer to the use of people with disabilities as inspiration for the non-disabled. Stella makes reference to a series of adverts depicting people with disabilities doing some activity, with the phrase ‘*the only disability in life is a bad attitude*.’ If you do a quick Google search of images with this phrase, you will come across different ones. One depicted the then Paralympian Oscar Pistorius (before his conviction for murder) mentoring a young disabled girl. What is the problem with this ‘inspiration porn’? Stella, and other disability studies authors, argue that there is an objectification that takes the place of people with disabilities; we (the non-disabled) use them to make ourselves feel better that we are not ‘like them’; we gratify our own narcissistic needs and omnipotent fantasies that we are more fortunate. These images are meant to

inspire us, to make us feel better. If they can do it, so can I. The realities for most people with disabilities are far removed from those depicted in these inspirational representations. As one young man on YouTube recently posted, ‘every day is Paralympics’, as he depicted the obstacles he had to overcome on a day to day basis – public buildings that were inaccessible to him, as a wheelchair user; objects and gadgets that were designed with the non-disabled body in mind. Typically, the representations used depict the acceptable faces of disability: the athletic Paralympian; the happy, smiley young person with Down’s Syndrome. The ‘ugly’ face of disability is never shown.

‘The realities for most people with disabilities are far removed from those depicted.’

Under the thin surface of idealization lies the denigration of people with disabilities. This was exemplified during the Paralympics with the controversy around Vogue Brazil’s campaign ads for the Paralympics. It featured a man and a woman, both young, good-looking, ‘sexy’ individuals in sport attire. Both were amputees; the man had one prosthetic leg, the woman had only one arm. The controversy was that the images were created by merging the images of non-disabled models, with the bodies of two Paralympians who are amputees. Thus the actual body of the person with disability was erased, and replaced with the ‘sexy’ ones. The campaign was condemned by disability activists for excluding the actual bodies of the people with disabilities.

The above example also exemplifies how people with disabilities are often regarded as asexual or as having diminished sexual needs (Rohleder & Swartz, 2012). This may further dehumanise many people

with disabilities as undesirable and ‘undateable’, and ultimately unable to have a sexual life. This is partly reflected in the recent movie, *Me Before You*. I will give a very brief synopsis of the movie, including the ending (which is necessary for this discussion, so do not read on if you do not want this to spoil any plans you have to see the movie). The film depicts the story of a wealthy young man called Will, paralysed as a result of a spinal cord injury suffered in an accident, and his carer, a young woman called Louisa. The movie depicts the developing romance between Will and Louisa, and the growing intimacy between them. However, the romance is ultimately never realised, as Will, bitter and angry with the tragedy of his disability, cannot see a life for himself, and arranges to commit assisted suicide, leaving some wealth to a heartbroken Louisa. The film, although popular, received some criticism for conveying a troubling message about disability and disabled sexuality, as something to be pitied and that there is little hope of a fulfilling intimate life. As one reader commented on an online article about the film: ‘What is [it] saying? Wheelchair users might as well go and kill themselves?’ (cited in Pritchard, 2016, para 8).

What is our trouble with disabled bodies? Psychoanalytic theories have provided a valuable contribution to disability studies, and a psychosocial understanding of disability. Writers such as Deborah Marks (1999) and Brian Watermeyer (2012) have drawn on psychoanalytic theory not only to understand the internalized experience of disability, but, more importantly, the intersubjective experience between the non-disabled and the person with disability.

People with disabilities as ‘dustbins of disavowal’

Throughout history we have numerous examples of the ways in which disabled bodies have been denigrated. They have been exhibited as ‘freaks’ and ‘monsters’ (for example the Elephant Man). There have been attempts to eradicate disability through eugenics, and then there have been practices of euthanasia and even the systematic murder of people with disabilities by the Nazis. In contemporary UK society, such denigration can be seen in the attacks on disability allowances, with some people with disabilities seen as feckless and lazy and having a ‘bad attitude’ (and should be at work), and those with severe disabilities seen as charity cases.

People with disabilities have come to represent all that is monstrous and to be feared about human physical vulnerability. The academic and disability activist Tom Shakespeare argues that there is a process of denial or disavowal on the part of non-disabled people about their own physical vulnerability and mortality, which then gets projected on to people with disabilities who become ‘dustbins for this disavowal’ and come to represent these

aspects (Shakespeare, 1994). By regarding people with disabilities as damaged, defective, dysfunctional and dependent, we reassure ourselves that we are not like that. However, in this paranoid-schizoid position, our disavowals are not entirely successful as the unwanted projections come back to haunt us. Our interactions with disabled bodies then become troubling because they remind us of our own unwanted physical vulnerabilities and mortalities. This is reflected in the idealization of the ‘heroes’ who have overcome an acquired disability. We have a closer identification with their ‘normal’ body that has been damaged (as opposed to someone with a congenital disability), and we can try and manage our own anxieties about this through idealization. The reality is that most, if not all, of us will experience disability during our life time, as a result of illness, ageing, or accident. We need to identify with the heroes who can overcome what is in store for us too.

Ultimately, this is about our relationship to our own bodies, and being able to tolerate the ambivalences around our own (ab)normalities. We constantly compare other bodies to the ‘normal’ body – the disabled body to the normal body, the twisted body to the normal body, the fat, the thin, the tall, the short, the ugly, the old, the scarred, damaged, misshapen body to the ‘normal’ body. In the end the ‘normal’ body only exists in our imagination. Garland-Thomson (2009) refers to this as the ‘phantom figure of the ‘normate’’, the unblemished, perfect ‘normal’ body that only exists in the public imagination. It only exists in our fantasy ■

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Review

Sarah Nettleton, *The Metapsychology of Christopher Bollas*

Routledge, 2016
Review by Annie Pesskin

In her introduction to this slim and masterful volume, Sarah Nettleton remarks, ‘The map is no substitute for the journey.’ While this is patently true, few can have pored over a map and not found it a satisfactory experience in itself. So did I on reading this book.

A professional piano accompanist by first career, and now a BPF-trained psychoanalyst, Nettleton was first supervised by American psychoanalyst Christopher Bollas and then became his editor. Arguably, since she has now taught Bollas’ metapsychology across three continents for the best part of a decade, there is no one better placed to introduce the creative and fulfilling domain of Christopher Bollas’ psychoanalytic thinking. This cogent, dense and eminently sensitive account of his key concepts stretches across three decades and twelve books, from *The Shadow of the Object* (1987) to *When The Sun Bursts* (2015).

What a map offers which the journey cannot is a bird’s eye view. This has a particular utility if, like me, you have been happily entranced by particular notions of Bollas’, for instance his ‘evocative objects’ or ‘unthought known’, but have not read enough to fit his many original concepts together as a whole. What Nettleton reveals, I think, is that they do indeed form a coherent metapsychology of Bollas’ own, and that familiarity with it can enrich and inspire your own practice.

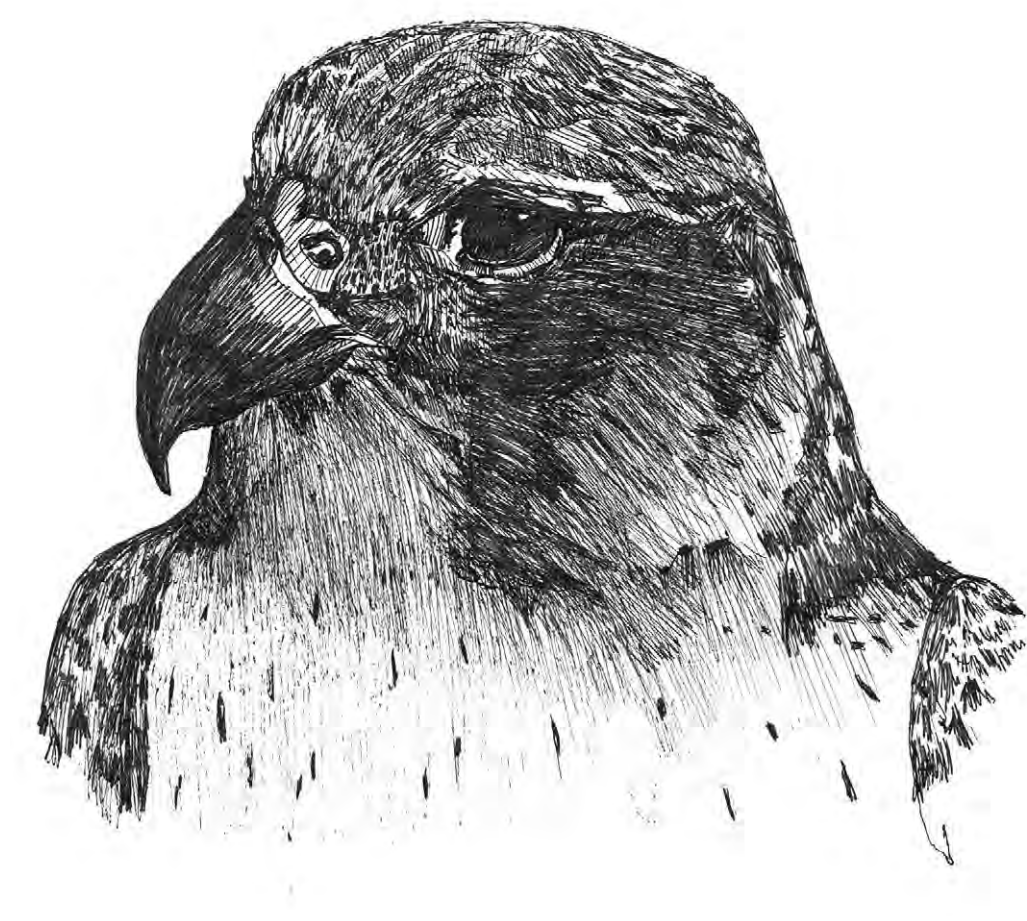
What I particularly appreciated reading about is how Bollas places creativity at the heart of what we do. He elaborates Freud’s insight of the Structural Model (that the unconscious is not just the place where repressed ideas exist but is itself the agency of repression too, paving the way for understanding intrapsychic conflict) by exploring in more detail just what goes on in the unconscious. He sees it, as many artists have before him, as a wellspring of creativity, ‘a dense intelligence’ which is always and forever at work below our conscious awareness. It is a function capable of extraordinary creations – puns, dreams, imagery – which can be understood by the *Freudian pair* (patient and analyst together) to reveal hitherto hidden aspects of the patient. Here we are on well-trodden ground.

But what Bollas does with this idea is original and arresting, for in his writing he goes right back to the start of life to develop ideas about subjectivity; he explores *how* the creative unconscious forms our internal worlds. In his 1993

book, *Being a Character*, he argues that our mind first grows through clustered experiences of interconnected impressions, feelings and phantasies which he terms *psychic genera*. The entire scaffold of these genera makes up a psychic fingerprint unique to us which he calls our *idiom*. If a baby finds sustenance and belief in its idiom through attuned care-giving, the world can become grist to the developing child’s idiom-mill if all goes well. To continue my mill metaphor, Bollas might say that the grain of corn is an *aesthetic moment*, a moment where inner and outer reality suddenly cohere, an ‘aha’ moment which is as various and as unique to the individual as a snowflake is to a bank of snow. Famous literary examples might be Proust’s madeleine, or those luminous lines from Wordsworth’s *Prelude*, ‘There are in our existence/ Spots of time which with distinct pre-eminence/Retain a fructifying virtue.’

The point is that we all know what they are when we come across them and in our own analysis, if it was worth its salt, we should have experienced a fair few. My mother, herself a psychoanalyst, likes to call them ‘clunk click’ moments, when something you say seems to resonate very deeply with the patient in a way which they feel leaves them forever different from the person they were before the interpretation. To Bollas, these are moments where we have caught and hooked an *unthought known*, turned what was idiom (form) into content (an interpretation), enabling something unconscious to become conscious. These moments are inherently creative, because they emerge from the activity of our creative unconscious, but also because they make us feel so alive. Bollas’ fascinating concept is this: that what is known cannot be thought – until we come into analysis, that is, and only then can tiny fragments of the whole foundational knowledge of one’s self (one’s idiom) be thought and known. But these fragments matter because they enable choice about what to do when powerful, familiar and painful feelings flood the mind; they permit choice to fulfill one’s destiny rather than repeat the original trauma.

Bollas is interested, I think, in performing a very difficult task – as Nettleton puts it, ‘to give us ways to think about what it is like inside our head.’ So often in analytic writing, the patient is objectified as ‘a hysteric’, ‘a borderline’, ‘a narcissist’, and the analyst can be the omniscient one who ‘sees’ their pathology (and may occasionally even put them right). Of course there is a place for this kind of writing and it can be very useful. But Bollas does something more interesting I think. He explodes the concept of the ‘self’, enriching the conceptual toolbox of subjectivity by arguing the ‘self’ contains ‘the highest degree of the unthought’.



The self is both a unity and an infinite network – a bit like the universe. In the Introduction to his book, *The Shadow of the Object* (1987), he writes, ‘The concept of self should refer to points of view from which and through we sense, feel, observe and reflect on distinct and separate experiences in our being.’ He captures the central dilemma many patients can present with – that of not ‘having a self’, arguing movingly, I think, that the self is an ‘awareness of our individual aesthetic intelligence providing us with a place to be internally and whose lack can be terrifying.’

‘Bollas explodes the concept of the “self”, enriching the conceptual toolbox of subjectivity.’

As I read this book and allowed the richness of his conceptual thinking to flow over me, I noticed I enjoyed sitting with my patients that little bit more. If we surrender ourselves to reverie while the patient free associates, we give the patient what they lacked as a baby and infant – someone who will receive their idiom and intimately engage with it. There is a line of his I found particularly pertinent to this, and characteristically wry: ‘The analyst who can allow himself to be lost in the process may not win prizes for conceptual clarity but he will be of profound use to the patient.’

Nettleton’s book is divided into twelve well-written chapters which ably scaffold the key ideas in Bollas’ oeuvre, each one consecutively adding more flesh to the bones. The front of each chapter lists the key papers she discusses so that you

can use any single chapter as a diving board into the works themselves. The final section is a very useful Appendix in which the author defines Bollas’ many neologisms such as ‘ghostline personality’, ‘normotic illness’, ‘evocative objects’, and then offers a paragraph summary for each of his books.

Psychoanalysis is life-changing. Those who effect this change in others are a strange breed of witches and wizards who roam our own unconscious and those of our patients, taming and naming the monsters we find. We are trained in the arts of ‘finding, binding, mending, unsealing and revealing’, to quote Ursula Le Guin in *The Wizard of Earthsea*. Reading Nettleton’s book enabled me to feel several very satisfying ‘clunk-click’ moments and to take those insights into the consulting room. If this isn’t a definition of why we engage in CPD, I don’t know what is ■

Preview

Psychoanalysis, the NHS, and Mental Health Work Today

Karnac, 2017

Edited by Alison Vaspe

This March will see the publication of a timely and significant book illustrating the distinctive contribution psychoanalytic thinking brings to our mental health services. *Psychoanalysis, the NHS, and Mental Health Work Today* (Karnac, March 2017, part of their Psychoanalytic Ideas Series, edited by James Rose, former Chair of the BPC) features contributions from psychoanalysts, psychotherapists, organisational consultants, consultant psychiatrists, and a leading practitioner in the field of primary care.

Between them, they address a wide range of contemporary issues, including the complexity of work with traumatised individuals, including refugees; the wide-ranging psychoanalytic contribution to child and adolescent services; the impact on commissioning of a market culture skewed towards targets and quick wins; and the working conditions that can cause staff to neglect and abuse their patients, and/or become ill themselves.

Leanne Stelmaszczyk caught up with the contributing editor, Alison Vaspe, to find out what motivated the contributors to pull together such a publication and what the aims of its release might mean for the profession.

Leanne Stelmaszczyk: How did the book come about?

Alison Vaspe: I have worked therapeutically for many years with NHS staff experiencing psychological problems, most recently and most extensively as part of an in-house, psychoanalytically informed service in a mental health NHS Foundation Trust. Working so closely with the whole range of these staff – clinical and non-clinical managers; psychiatrists, nurses, and healthcare assistants; administrative and ancillary workers – brought home to me the importance of the emotional and psychological relationships, both intra- and inter-psychic, which keep the whole system working.

There was something very interesting to me about the quick response nearly all of these staff had to my psychoanalytic way of working with them. It was much easier to communicate on this level (including those you might have thought would be averse to a psychoanalytic approach) than I had found to be the case when working with general medical staff. Psychoanalytic thinking seemed to speak to the culture of these staff, even if many seemed to know nothing about it.

There seemed room for a book that could illustrate the distinctive psychoanalytic

understanding required if the NHS is to continue to tackle the complex psychological problems that face our society. I hope to interest mental health workers across the board, not just the converted, so to speak, who are well aware of the potential of psychoanalytic treatment and of the various ways in which psychoanalytic thinking contributes to mental health work, in the form of supervision, reflective practice groups, Balint groups, organisational and managerial consultancy, and in thinking about the wider system, in a socio-economic context.

LS: What were the motivations for such an in-depth publication?

AV: Given the range of contributions, it seemed important to give the authors space, so that they could do justice to what was inevitably a selective approach of chapters covering these different aspects. When you have just one chapter on, for example, psychotherapy with adults, one on psychotherapy in Child and Adolescent Mental Health services, one by an organisational consultant, one by a Reflective Practice Group leader, and so on – well, it seemed to me that each one needed to be in-depth.

LS: How close do you think we are to realising Freud's vision, which you quote in your introduction, of psychotherapy for all that need it?

AV: In 1918, Freud spoke in Budapest of his vision of psychoanalytic clinics that would be available to all, regardless of ability to pay. Thirty years later, after he moved to London but sadly too late for him to witness its beginnings, the NHS was established, with the Tavistock Clinic and the Cassel Hospital both in it from the start. With outreach from these centres to other areas, including GPs, social workers, probation officers, and in education, his vision was partially realised. It was certainly shared by psychoanalysts such as Bion, who in 1961, reflecting on his work in a military hospital, described how '[S]ociety, like the individual, may not want to deal with its distresses by psychological means until driven to do so by a realization that some at least of these distresses are psychological in origin... further insight may be needed before whole-hearted backing can be obtained for those who attempt in this way to deal with deep-seated springs of national morale' (Bion 1961, p. 22).

LS: If we understand that one in four will suffer from an episode of psychological illness at some point in their lives, what do you think are some of the barriers to society meeting the challenge of addressing that level of need?

AV: It is a challenge – and probably the main barrier is our difficulty in

understanding, and/or wanting to understand, the complexity of the human mind, our vulnerability and need for 'mature dependency', as Winnicott put it. We have a social tendency to think of psychological problems in medical terms. Which of us has not had a patient telling us they wish they could suffer a broken arm or leg, rather than face the struggle to explain their need to take time off work for depression or anxiety? There is a shame attached to these conditions, which connote weakness – not to mention the shibboleth of madness. Hinshelwood put it very effectively when he identified the fear of madness as being akin to the fear of death: a fear of death of the mind, which goes back to our very earliest experiences.

'We have a social tendency to think of psychological problems in medical terms.'

LS: How can we today work on overcoming the pitfalls of what your Crichton-Miller quote (referencing the monocular vision of physicians on the one hand and psychotherapists on the other) speaks to? Is there a way of promoting or instituting better integrated services, as opposed to just paying lip-service to society's accepted notion of the medicalised institute? Is this indeed still an issue, or is society at large slowly waking up to the idea of psychological specialism as independent from medicine?

AV: The NHS Forward View for mental health does address this question, in the vision of 'No health without mental health' and 'Parity of Esteem' between the two services. However, the reality of improving physical health among those suffering from mental ill-health – and, actually, vice versa, though there was little or no space in this book to address the relationship between physical illness or injury and the psychological suffering that frequently ensues – is not as easy as it may sound. One of the dedicatees of this book, the late Siobhan O'Connor, addresses both the importance and the difficulty, without a therapeutic relationship, of managing the physical health of women patients in a Psychiatric Intensive Care Unit. The context is her struggle to understand why levels of violence in women-only units seemed to be higher than in all-male or mixed units (reflecting her experience of another Government policy, of segregating the sexes). She provides a fascinating account of how she came to understand this, drawing on her own training and her private practice as a psychoanalyst.

LS: Why do you think it's been so hard to promote and grow the psychoanalytic endeavour? Does it speak to the disavowal (as a psychical defence?) of society to address or face our own mental vulnerabilities?

AV: That is a complex question. I don't disagree with your interpretation, but I think it is also important to note that as a society, for whatever reason, we seem to be obsessed with a need to break down complex issues into quantifiable units.

This issue is dealt with in the book by means of an interview with a key figure in the field of General Practice, Dr Clare Gerada MBE, by Marilyn Miller, a psychoanalytic psychotherapist with experience of senior management. The main theme of the chapter is 'General Practice, Mental Health, and Stress'. They refer to the very damaging effects on staff of an organisational system that is characterised by, as Miller puts it, 'a superficial culture, driven by market principles, and littered confusingly with archaic throwbacks, odd juxtapositions, and linguistic gimmicks.' There is a lack of fit between this culture and the core psychoanalytic principles, involving the importance of emotional linking in the activity of thinking, of emotional and psychological containment, and of course the importance of unconscious forms of communication, that do not correlate to the concrete, rationalising tendencies of politicians and managers, who need to demonstrate value for money. As Judy Shuttleworth and her fellow authors point out in their chapter about mental health services for children, adolescents, and their parents, existing research methods can reflect and validate the disciplines from which they originated – whether from psychology or from medicine. Psychoanalytic practitioners have been suspicious of means of demonstrating effectiveness that are intrinsically suited to other forms of clinical reality. Ground is now being gained, however, as can be seen from the useful Overview of the evidence base on the BPC website.

One gap in the book, which I regret, is in the area of what research is being done in other fields – psychoanalytic supervision, consultancy, reflective practice groups, and so on. However, in this context I want to mention a very positive development, which is making real inroads into the quality of psychiatric input in mental health services. The Royal College of Psychiatrists' 'Learning from the Cradle to the Grave: the Psychotherapeutic Development of Doctors from the Beginning to the End of their Career in Medicine and Psychiatry' (James Johnston, RCP OP 102, 2017) initiative gives grounds for hope in what can seem a very dispiriting scene.

My experience of working in the NHS has informed my private practice, just as my psychoanalytic training informed my work with NHS staff. Without this experience, I would be much the poorer. Psychoanalytic practitioners are working so hard to ensure unconscious life is thought about in the public sector. Their work benefits us all. I believe psychoanalytic work will continue, but as Siobhan O'Connor's chapter in the book makes so clear, understanding very ill patients contributes

to our understanding of those who may be less floridly unwell, and who can manage to see us privately.

General Practice, Mental Health, and Stress: Extract from a dialogue

New Associations is delighted to publish in this edition a sample from the interview with Dr Clare Gerada MBE. In this very condensed extract, Marilyn Miller asks Dr Gerada, who was chair of the RCGP 2010-2015, about her experience of senior management, of working in general practice today, the motivations to do so and the general stressors experienced, and whether GPs can still think about their patients in terms of human relationships in today’s global economy.

Marilyn Miller: Clare, please introduce yourself?

Clare Gerada: I have worked in and around the NHS since I was 14 – first as pharmacy assistant, then as receptionist in my dad’s practice and, after qualifying, as psychiatrist and, over many years now, GP.

MM: What would you say are the main stressors in general practice today?

CG: The problems in general practice are not new – since the dawn of the NHS, GPs have borne the brunt of seemingly unlimited work coupled with limited funding. But this has become acute in recent years, as various reports show, and GPs are leaving the profession and recruitment is falling.

Stress is the main reason. The key emotional driver is fear: in the consulting room, professional grapevines, local networks, and in the dreams and nightmares of policy-makers as they introduce yet more NHS change.

When the *Francis Report* (2013) looked at the behaviour of abuse at Mid Staffordshire hospital, they found a culture of fear. Now, fear is everywhere – of making an error due to intense fatigue, of failing a CQC (Care Quality Commission) inspection, or of a complaint and being referred to the Regulator.

Fear unfortunately drives fear, it is a persecutory spiral, and as we work harder, see more patients, work longer hours, the risks increase. Reductions in funding and staffing mean you cannot provide the same quality of services, so there is also fear of losing one’s professionalism. GPs can become rather like the battered wife: absorbing the voices of their critics, trying harder to please – staying later, working harder, trying to create small miracles. I find psychoanalytic ideas helpful here because they deepen my understanding of this fear as being not only about a GP’s personal and professional survival, but operating at a societal level too. There is a deeper feeling, held widely, that our fear of sickness and death is no longer contained by the shared idea of the NHS as a safety net that is, and will always be, there when we need it.

I love what I do, more than I can explain, but I go home now, and I feel sad that I cannot do the job I love in the way I want to do it any more. So grief is another stressor.

MM: Given these individual and shared survival fears, what do we know about the motivations of doctors that choose general practice?

CG: The vocation of general practice is still driven by a wish to serve others. My GP father was an immigrant who came to the UK in the 1960s to help the NHS, which, like other public services, has always been propped up by waves of immigrants. He taught me what makes a good doctor – kind, caring, a good listener. Also that you have to be part of your community and that medicine is a vocation. He would take me on home visits where I witnessed poverty and inequalities first-hand. Overcrowded homes; shoeless and ragged children. I wanted to help!

MM: So is there still a good-enough fit between those motivations for career choice and the tasks of GPs in the ‘new NHS’?

CG: Since the internal market came in in the ‘90s, we have developed this increasingly industrial model of health care, driven by targets, costs, and productivity. In this model, patients can be turned into objects, we hear them referred to as ‘aliquots of health care’, or ‘care bundles’. Not only does this language dehumanise patients, GPs too can appear to be reduced to factory workers. But, saying this, the basic art of caring and wish to care will never change.

MM: Given the increasingly global market of healthcare developed over the last 25 years, policy makers are now asking whether we can still afford to think in terms of human relationships, human stories, within NHS general practice, if it is to remain free at the point of delivery as it is very costly to the nation. How do you see that question?

CG: What a question; it makes me sad even to think of it. What remains of the NHS was created as the embers of the Second World War died down. There was a spirit of rebuilding, creating a better world which belonged to all of us funded through progressive taxation. Those socialist ideals (fair, progressive, value for money) fitted into our British belief system committed to the greatest good of the greatest number.

As David Himmelstein, the founder of Health Maintenance Organisations, said, healthcare is like blood: it is too intimate, too precious, and too easily corruptible to be left to the market. That idea is so important – and like a mantra, I keep repeating it ■

Contributors to Psychoanalysis, the NHS, and Mental Health Work Today are: Julia Britton, Tim Dartington, Clare Gerada, Richard Ingram, Amanda Keenan, Marilyn Miller, Turlough Mills, Carine Minne, Siobhan O’Connor, Christopher Scanlon, Judy Shuttleworth, Wilhelm Skogstad, Mike Smith, Joanne Stubley, and Kyriakos Thomaidis-Zades.

Art of ageing

continued from page 17

was equated with escape from terror. They were able to consider their reactions to others when offered help, and see their role in sabotaging help and relationships due to humiliation.

After a while they were able to acknowledge their sense of vulnerability in the context of reduced mobility, in a way that felt less humiliating, as demonstrated in both qualitative shifts and improved punctuality. They also accepted an onward referral to have support with practical tasks within the house, something they had declined previously despite living in extremely poor conditions with limited physical recourse to improve matters.

As with Bjartur, change is likely to be nuanced and slow, and necessarily so. An expectation for rapid change in itself can humiliate both client and clinician and render work ineffective. To enable safe connection with someone who struggles to tolerate their need of others, a robust and reflective buffer of flexibility, time and clinical sophistication is required. Both client and therapist need to find a shared humility.

Summary

Laxness’s *Independent People* is an epic tale of hardship and self-reliance, clearly foregrounded in the oral tradition of the Icelandic sagas. Laxness suffuses hardship with poetry, and enables Bjartur

to develop in a subtle yet fundamental intra-psychic and inter-personal sense as the novel closes. For these reasons I have attempted to draw attention to the book as a further literary resource for working positively with older adults who idealise self-reliance.

Only a skeletal plot outline has been provided, and I have omitted many enlightening devices and themes that warrant psychoanalytic exploration and appreciation. Further, Laxness and his own psychology have been neglected in this article, aside from his projections that have sculpted Bjartur. In order to justify the space required to explore Laxness further, this is reserved for a separate article currently in preparation ■

Chris Wilson is a clinical psychologist and psychoanalytic psychotherapist working for the NHS and in private practice. Chris’ clinical specialisms include dementia and later life.

References

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Hess, N. (1987). King Lear and some anxieties of old age. *British Journal of Medical Psychology*, 60, 209-15.
Laxness, H. (1945). *Independent People* (translated).

Diary

All event details (unless an alternative event link has been listed) can be found on the BPC's website: www.bpc.org.uk/events-calendar

MARCH

10 March 2017
MONEY AND THERAPY – ISSUES FOR THERAPISTS
Tavistock Relationships, London

10 – 12 March 2017
INTRODUCTORY WEEKEND IN GROUP ANALYSIS
IGA, London
www.groupanalysis.org/Training/IntroductoryWeekendinGroupAnalysis

11 March 2017
TRANSGENDER, GENDER AND PSYCHOANALYSIS
The SITE for Psychoanalysis in collaboration with the Freud Museum, London

13 March 2017
THE MIND BODY CONUNDRUM: PSYCHOSOMATICS
ORTUS Learning and Events Centre, London

17 March 2017
NEUROBIOLOGY AND SEXUAL DESIRE MADE EASY
Tavistock Relationships, London

18-20 March 2017
EPF CONFERENCE
¿Authority?
Berlin, Germany
www.epf-fep.eu/eng/page/berlin-2016

23 March 2017
MIGRATION AND LOSS – A THINKING SPACE SPECIAL
London

24 March 2017
JOIN-THE-DEBATE@IGA: SHAKE OFF THE WINTER BLUES (MUSIC THERAPY)
IGA, London
www.groupanalysis.org/WorkshopsandEvents/JointheDebate@IGA

24 March 2017
PINK THERAPY CONFERENCE
Resource for London

25 March 2017
ARTS CONFERENCE: OTHELLO
Bristol
www.sipsychotherapy.org/news-and-events

25 March 2017
THE FUTURE OF JUNGIAN ANALYSIS: STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS (“SWOT”)
London
www.thesap.org.uk/events/sap-annual-lecture-2017

25 March 2017
SIBLING AMBIVALENCE – LOVE, HATE AND RIVALRY
WPF Therapy, London

25 March 2017
CAN I REALLY DO THIS? WHAT ARE RULES OF PSYCHOTHERAPY AND ARE THEY NEGOTIABLE?
London
www.confer.uk.com/rules.html

31 March 2017
PSYCHOANALYSIS AND POLITICS: ANXIOUS ENCOUNTERS AND FORCES OF FEAR
Paris Psychoanalytic Society Spring Symposium, Paris

APRIL

2 April 2017
THE THEORY OF EVERYTHING: FILM SCREENING AND DISCUSSION
Institute of Contemporary Arts, London

8 April 2017
SECRETS OF THE SOUL: DIALOGUES ON MIND, ART AND PSYCHOANALYSIS
University College London
www.ucl.ac.uk/psychoanalysis/events

21 April 2017
USING MINDFULNESS TECHNIQUES FOR CLIENTS WITH SEXUAL PROBLEMS
Tavistock Relationships, London

22 April 2017
PSYCHOTHERAPY IS A CULTURAL ISSUE
The influence of Susie Orbach’s work
London
www.confer.uk.com/orbach.html

20-23 April 2017
JOURNAL OF ANALYTICAL PSYCHOLOGY CONFERENCE
Dissociation: Trauma and the Self
New York, USA
www.japjungianconferences.com

25 April 2017
THE POLITICAL SELF: UNDERSTANDING THE SOCIAL AND PSYCHOLOGICAL CONTEXT FOR MENTAL ILLNESS
Institute of Psychoanalysis, London

MAY

2 May 2017
WHERE ARE THE ADULTS?
A psychoanalytic view about the dangers of anxiety and the collapse of thinking
Institute of Psychoanalysis, London

4-7 May 2017
BIPOLAR DISORDERS: ADVANCES AROUND THE GLOBE
Washington DC, USA

4-6 May 2017
ASIAN OEDIPUS
IPA Asia-Pacific Conference, Taipei
www.ipa.world

5 May 2017
BORDERLINE STATES OF MIND AND DESTRUCTIVE FEELINGS: A DIAGNOSIS FOR OUR TIMES?
IGA, London
www.groupanalysis.org/WorkshopsandEvents

6 May 2017
CREATIVE INTERACTION BETWEEN ANALYST AND PATIENT
Led by Neville Symington
London
www.confer.uk.com/symington.html

9 May 2017
EVERYTHING IS POSSIBLE AND ANYTHING IS PERMITTED: PSYCHOANALYTIC REFLECTIONS ON THE WORK OF HANNA ARENDT
Institute of Psychoanalysis, London

12-13 May 2017
FREUD/TIFFANY AND ‘THE BEST POSSIBLE SCHOOL’
Freud Museum, London

12 May 2017
ATTACHMENT AND TRAUMA: RESILIENCE OF THE MIND AND BODY’
QEII Centre, London

12 May 2017
“‘T AIN’T WHAT YOU DO, IT’S THE WAY THAT YOU DO IT”:
Developing the therapist’s capacity for attunement, empathy and being ‘in the moment’.
Tavistock Relationships, London

12-13 May 2017
FREUD/TIFFANY AND ‘THE BEST POSSIBLE SCHOOL’
Freud Museum, London

13 May 2017
DEVELOPING SUPERVISION SKILLS’
British Psychotherapy Foundation, London

15 May 2017
GOOD GRIEF TRAINING
Finchley, London

16 May 2017
CLIMATE CHANGE IN A CULTURE OF UNCARE
Institute of Psychoanalysis, London

19 May 2017
WHEN SEX HURTS
Tavistock Relationships, London

20 May 2017
EXPLORING THE MEANING AND MANAGEMENT OF ‘OPEN AND POLYAMOROUS RELATIONSHIPS’
WPF Therapy, London

20 May 2017
CLINICAL CONFERENCE: FEAR
Bristol
www.sipsychotherapy.org/news-and-events

20 May 2017
PSYCHIC CHANGE IN PSYCHOANALYSIS: WHAT DOES IT MEAN AND HOW DOES IT HAPPEN?
Royal College of Physicians, London

23 May 2017
FEMINISM TODAY
Institute of Psychoanalysis, London

25 May 2017
IARPP CONFERENCE
International Association for Relational Psychoanalysis and Psychotherapy
Australia

25 May 2017
EMBEDDING A PARTNERSHIP APPROACH TO SUICIDE PREVENTION: EARLY INTERVENTION AND SUSTAINED POSTVENTION
London

30 May 2017
DEMOCRACY’S FREUDIAN SLIP
Institute of Psychoanalysis, London

JUNE

2 June 2017
JOIN-THE-DEBATE@IGA: AS A YOUNG GIRL OF THIRTEEN – SIMONE LAGRANGE REMEMBERS AUSCHWITZ (DOCUMENTARY)
IGA, London
www.groupanalysis.org/WorkshopsandEvents/JointheDebate@IGA

3 June 2017
THERAPY WITH ELDERS: CHALLENGES OF AGEING
WPF Therapy, London

6 June 2017
PSYCHOANALYSIS AND THE TOTALITARIAN STATE OF MIND
Institute of Psychoanalysis, London

10 June 2017
SEX AND THE PSYCHE: THE TRAUMATIC ORIGINS OF SEXUAL FANTASIES
Tavistock Relationships, London

13 June 2017
ON THE USES OF FICTION IN PERSONAL AND POLITICAL LIFE
Institute of Psychoanalysis, London

20 June 2017
FEAR OF STRANGERS: WHOSE HOME IS IT?
Institute of Psychoanalysis, London

24 June 2017
MEN IN CRISIS? MASCULINITIES AS STRAIGHTJACKETS
WPF Therapy, London

FURTHER AHEAD

13-15 July 2017
INTERNATIONAL NEUROPSYCHOANALYSIS SOCIETY CONGRESS
London
<https://npsa-association.org>

25-29 July 2017
50TH IPA CONGRESS: INTIMACY
Buenos Aires, Argentina
www.ipa.world

3-4 November 2017
BPC’S BIENNIAL CONFERENCE, PSYCHOANALYTIC PSYCHOTHERAPY NOW 2017
London

News

This is a busy time for the BPC, as we plan our policy and public affairs work for the year. The BPC is also involved in a number of ongoing policy matters, working to support and promote psychoanalytic work and values:

Surveying the profession

Following the statement of intent on collaborative working we signed with the UKCP and the BACP in 2015, we continue to press forward with a number of pieces of work. The first of these is a joint survey of all our registrants on the state of psychotherapy and counselling provision. This will include practitioners working with children and young people. We envisage that this will be finalised and sent out within the next few months. We received 10,000 highly informative responses to the joint BPC/UKCP survey in 2014. The response to this new survey should be greater and will be very useful in leveraging influence with political decision makers and influencers.

We are also researching the policies of private health insurance companies in relation to providing psychoanalytic and psychodynamic treatments. We are liaising with a number of providers and are also in touch with the EFPP about this: psychoanalytic and psychodynamic treatments are more commonly provided by health insurance companies in some European countries.

Conversion therapy

The BPC also played an instrumental role in pulling together a statement which makes it unequivocally clear that Conversion Therapy is unacceptable. This was supported and signed by other UK healthcare organisations, by LGBT charity Stonewall, and by NHS Scotland and the Scottish Government. Mindful of the pro-Conversion Therapy lobby in the USA, this statement was released in solidarity with colleague organisations in the USA. The statement received a lot of attention and has been welcomed by organisations in the USA, who will shortly be promoting it to the US press.

Providing for complex needs

We are currently drafting a political strategy for the Talking Therapies Task Force, chaired by Dr Sue Mizen (BPC registrant and Chair of the Royal College of Psychiatrists’ Medical Psychotherapy Faculty) and the BPC’s Chief Executive, Gary Fereday, the Vice-Chair. The Task Force is exploring putting together a national model for psychotherapeutic provision for people with more complex psychological problems who are not able to access suitable support via the IAPT programme. A number of meetings with key politicians have already taken place, including with Norman Lamb MP. Our ambition is to meet with all key politicians and health influencers in the next six months.

European links

The BPC is scoping out a project with colleagues from the European Federation for Psychoanalytic Psychotherapy in the Public Sector (EFPP) to comprehensively understand what political and media-related activity is being undertaken for the psychoanalytic profession in countries across Europe. The BPC is keen to ensure, where possible, that our psychoanalytic neighbours work closely with us on promoting the profession. The EFPP has members in 27 countries and this project would require assistance from members in each of these countries.

PSYCHOANALYTIC
PSYCHOTHERAPY
NOW 2017

With the rise of the ‘strong leader’, politics seems more confrontational, less understanding and less inclusive. Expression of racist and sexist views seem to be increasingly legitimised.

PP NOW 2017 will explore how psychoanalytic thinking can support policy makers to maintain the health of our democratic institutions, help develop services that respond effectively to real need, and push back against the rise of the authoritarian state.

The conference brings psychoanalysts and psychotherapists together with policy makers and academics to consider how we can respond to these contemporary psychosocial issues.

The Inner World and Rebuilding the State We’re In

Developing a psychoanalytic discourse that can contribute to the renewal of our democracy in challenging times

Friday 3 November
Evening public lecture

Internationally renowned American psychoanalyst, author, feminist and political activist

Jessica Benjamin

brings a psychoanalytic perspective on the troubles of our time.

Venue:
Imperial College London

Information and booking:
www.bpc.org.uk

Hosted by the
British Psychoanalytic Council

Saturday 4 November
Psychoanalytic Psychotherapy NOW

Keynote speaker:

Daniel Pick Psychoanalyst and historian, Fellow of the British Psychoanalytical Society and Professor of History at Birkbeck College, University of London.

Confirmed speakers and session chairs include
Susanna Abse, Nick Benefield, Jessica Benjamin, Paul Burstow, Andrew Cooper, Nick Crane, Paul Hogget, Sara Khan, Julia Mikardo, Carey Oppenheim, Andrew Samuels, Sharon Shoesmith, John Simmonds





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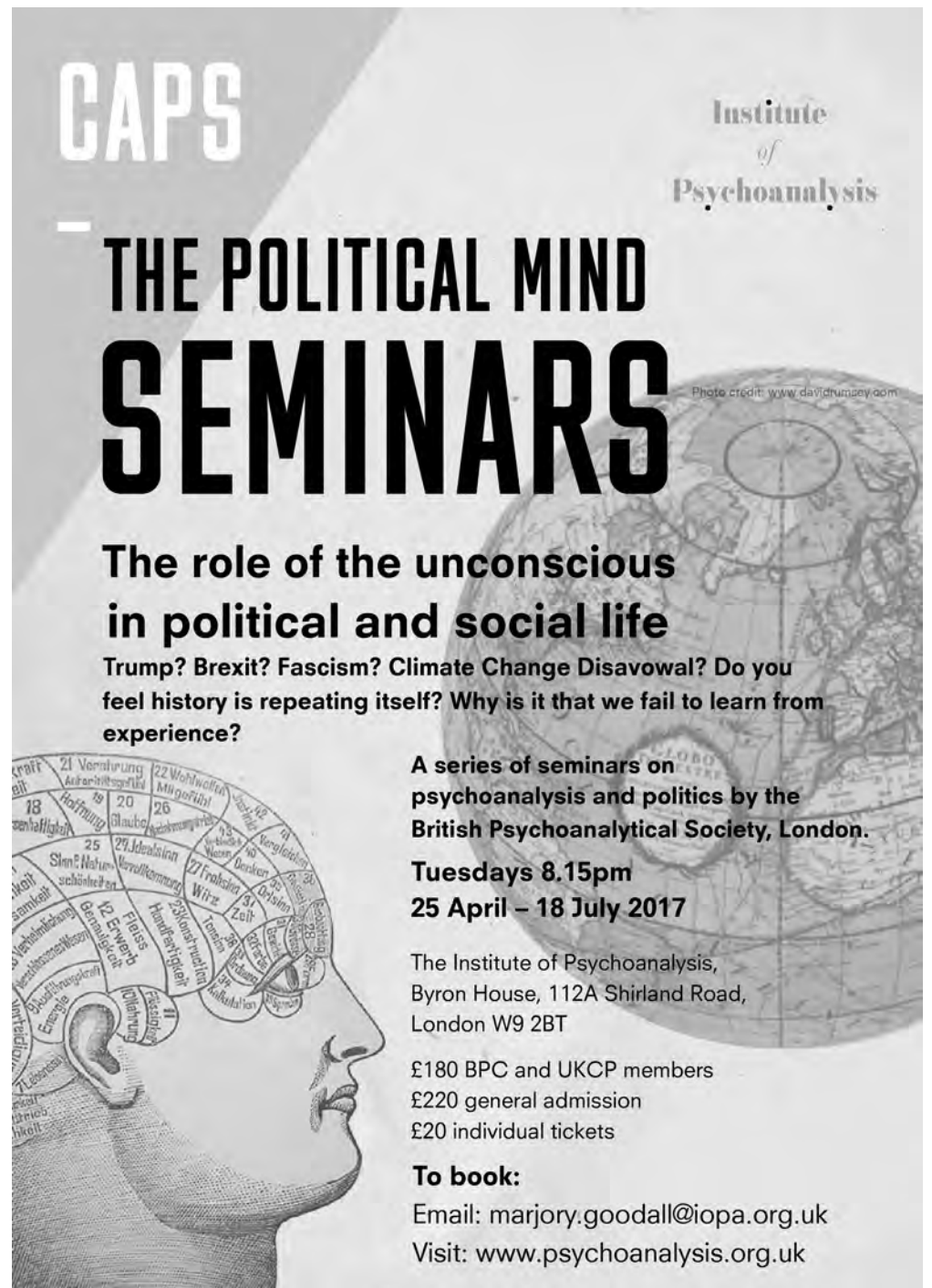
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A series of seminars on psychoanalysis and politics by the British Psychoanalytical Society, London.

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Visit: www.psychoanalysis.org.uk

Friday 3 November
Evening public lecture
Internationally renowned American psychoanalyst, author, feminist and political activist
Jessica Benjamin brings a psychoanalytic perspective on the troubles of our time.

Saturday 4 November
Conference: The Inner World and Rebuilding the State We're In
Developing a psychoanalytic discourse that can contribute to the renewal of our democracy in challenging times

PSYCHOANALYTIC PSYCHOTHERAPY NOW 2017

With the rise of the 'strong leader', politics seems more confrontational, less understanding and less inclusive. Expression of racist and sexist views seem to be increasingly legitimised. The conference brings psychoanalysts and psychotherapists together with policy makers and academics to consider how we can respond to these contemporary psychosocial issues.

Information and booking:
www.bpc.org.uk

Hosted by the
British Psychoanalytic Council

Venue:
Imperial College
London



ABERDEEN · BRIGHTON · EDINBURGH · LONDON · MANCHESTER · MIDLANDS · NORTH EAST
OXFORD · TURVEY (BEDS) · YORK

IGA
The Institute of Group Analysis

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