

8 Reflections from the
Consulting Room During
Lockdown
Carol Leader

10 Starting a Parenting
Support Group During
Lockdown
Annie Pesskin

16 The Problem of
Whiteness
Helen Morgan

22 Manchester's
Psychoanalytic
History
Martin Gill

No child should go hungry

Vicky Lebeau

On 31 March 2020, two weeks into the national lockdown, Education Secretary Gavin Williamson outlined the Government's proposals for a food voucher scheme to counter the impact of school closures on children eligible for free school meals. 'No child should go hungry,' he insisted, 'as a result of the measures introduced to keep people at home, protect the NHS and save lives.'¹ At the beginning of the Covid emergency, it was an uncontroversial, even consoling, commitment. Nonetheless, it was a risky theme for a Conservative government (or governments) that, presiding over a 5,146% increase in the number of emergency food parcels distributed to families in need, had also been subject to at least two international investigations into the issue of food security, or lack of it, in the UK.² Following his fact-finding visit in

November 2018, Phillip Alston, the United Nations' Special Rapporteur on extreme poverty and human rights, delivered an excoriating Report to the UN Human Rights Council on 27 June 2019:

Although the United Kingdom is the world's fifth largest economy, one fifth of its population (14 million people) live in poverty, and 1.5 million of them experienced destitution in 2017. Policies of austerity introduced in 2010 continue largely unabated, despite the tragic social consequences. Close to 40 per cent of children are predicted to be living in poverty by 2021.³

No surprise that Alston's report drew the ire of Conservative Ministers, together with a series of denunciations that seemed only to reinforce his claim that the Government remains in a 'state

of denial' about the effects of its ongoing reforms to the welfare environment (Alston describes that environment as a digital version of the 19th century workhouse). Nonetheless, a spokeswoman for the Department of Work and Pensions conceded that there was no dispute with Alston's statistics;⁴ in fact, in May 2019, his conclusions were restated by Human Rights Watch's *Nothing Left in the Cupboards: Austerity, Welfare Cuts, and the Right to Food in the UK*, another attempt to document, and to counter, the



living impact of Government policies that ‘are either not addressing hunger, or worse, are exacerbating it.’⁵

What state of mind – or mind of state – is at stake here?⁶ On the one hand, what both Alston and HRW confront are the effects of a ‘ferocious onslaught’ (Stuart Hall’s phrasing), taking place since the 1970s, on the post-war social-democratic settlement – an onslaught that, cutting across established distinctions among Conservative, Liberal and Labour forms of political reason, has accelerated over the past decade.⁷ The mindset remains remarkably resistant: ‘hardworking families’ betrayed by those ‘sitting on benefits’ became the mantra of British neoliberalism for politicians on both Left and Right – recasting collective commitments to social justice and social security as nothing more than a greedy plundering of national resources by a so-called culture of dependency. On the other hand, as psychoanalysts addressing the topic of political and social states of mind have pointed out, that post-war consensus on the role of the social state is giving way to a neoliberal ideology driven to deny – more strongly, to attack – the realities of human vulnerability and need. Published at the height of the Blairite project in 2005, Andrew Cooper and Julian Lousada’s *Borderline Welfare* remains one of the most influential attempts to re-imagine a social

state with the capacity to contain the living facts of human dependence (from ‘cradle to grave’ in the classic formulation: you can’t birth or bury yourself).⁸ By 2016, the authors’ (albeit fragile) hope that such an intervention might be heard by politicians and policymakers appeared to have withered: ‘We think we no longer believe this.’⁹

‘job losses and cuts in working hours were slashing the incomes of those already living on the headline’

Over and over again, the questions emerge: How might change happen? How do you keep alive the hope that things might change? As a theory, and practice, engaged in the work of psychic change, such questions are at the heart of psychoanalysis. Wishes for, and formidable resistances to, change are familiar in the consulting room. So how might a psychoanalytic understanding of how change happens – on the couch, in the clinic – contribute to the psycho-political work of countering the social states of mind driving the politics and policies inflicting poverty on millions of people living (and dying) in the UK? In

response to that question, I want to explore the potential for an encounter between Marcus Rashford – the Manchester United and England footballer – and James Strachey; more precisely, between Rashford’s ‘Open Letter to all MPs in Parliament’ (#maketheUturn), posted to his Twitter account on 15 June 2020, and a few lines from Strachey’s classic ‘The Nature of the Therapeutic Action of Psycho-Analysis’ (IJPA, 1934).¹⁰ Rashford’s letter challenged the Government decision, announced on 4 June 2020, not to run the new food voucher scheme during the school summer holidays. In the face of cross-party opposition, and a threat of legal action by Sustain and the Good Law Project, the Government refused to budge: the voucher scheme was a response to the closure of schools during term time; children’s eligibility for free meals did not extend to the vacations; therefore, the voucher scheme would not run outside school term. The logic is impeccable, fully in line with policies generating massive food insecurity in the UK and with the wording of Williamson’s original statement: ‘No child should go hungry as a result of the measures introduced to keep people at home, protect the NHS and save lives.’ If children go hungry under other measures, it seems, then so be it.

Enter Marcus Rashford. As an Ambassador for FareShare since March 2020, Rashford

immediately grasped the implications of school closures for the millions of families that, as he puts it, ‘are existing on a knife edge’ – job losses and cuts in working hours were slashing the incomes of those already living on the headline:

As their stomachs grumble, I wonder if those 200,000 children will ever be proud enough of their country to pull on the England national team shirt one day and sing the national anthem from the stands. Ten years ago, I would have been one of those children, and you would never have heard my voice and seen my determination to become part of the solution.

On one level, there was nothing in Rashford’s letter that the Government had not heard before, including its statistical story of childhood and poverty: ‘In England today, 45% of children in black and minority ethnic groups are now in poverty. This is England in 2020.’ But the Government held out for just one day. Hours before it was expected to restate its refusal to extend the voucher scheme, Prime Minister Boris Johnson announced that he had thanked Rashford for his campaign and reversed the Government’s decision.

I don’t want to overstate Rashford’s achievement (the argument continues to run, with little to suggest a real change, as

distinct from a U-turn, in the Conservative approach to questions of social security). Nonetheless, something happens, something changes, however fragile, temporary, or cynical (Rashford's letter had more than 155k retweets). Rashford is that rare phenomenon: a Black man, with the lived experience of a working-class childhood, speaking in public to engage with the political architects of the hostile environments in which he grew up. 'I would have been one of those children': does the force of this statement reside in its potential to re-symbolise forms of being, feeling and knowing, from inside the structures of deprivation? In other words, is it not only what Rashford says but the place from which he says it – the subject position from which he speaks – that forces a political acknowledgement of the state's responsibility to feed hungry children?

It is in this context that Strachey's reflections on therapeutic action may become useable – in particular, this comment in his lengthy footnote on mutative interpretation:

the whole possibility of effecting mutative interpretations may depend upon this fact that in the analytic situation the giver of the interpretation and the object of the id-impulse are one and the same person.¹¹

Psychoanalytic understanding of change

has a long, and complex, history to which this brief article can do no justice at all. But what Strachey's thought brings into view here is the therapeutic value of a speech act via which the object (analyst) of an impulse (hate, love, fury, greed) revises, and returns, that impulse in a different form. A transference interpretation, in other words, inseparable from a unique relational mode and a very particular setting. Nonetheless, reading Strachey alongside Rashford creates a space to wonder about how far it matters that Rashford – the child he once was, the community he aims to represent – has been, and remains, the object of the state's aggression; of its commitments to the violence, and abandonment, of what Christopher Bollas describes as 'id' capitalism.¹² Mobilising the image of the hungry child as one with which he can identify, Rashford is speaking in a voice rarely empowered to frame itself on the political stage. But, in speaking back to that state, and its passions, is he also able to make something like a socially mutative interpretation? As both the giver of the interpretation and the object of the neoliberal id-impulse (to combine Strachey with Bollas for a moment), is he in a position to create a language with the capacity to carry a collective affect, even a collective sense of purpose? To mobilise that language against a political state of mind?

The questions are necessarily tentative, uncertain, but urgent. Alongside his carefully-evidenced description of the hostile environments suffered by millions of people in the UK, for example, Alston drew attention to what he describes as the Government's 'mentality'; punitive, mean-spirited, callous, that mentality, he insists, has 'brought the most misery and wrought the most harm to the fabric of British society'. Given the wealth of testimony to the material harms caused by neoliberal restructuring of the relation between citizen and state, this is a striking statement. In the face of its citizens' poverty and destitution, Alston reiterates, the 'Government has remained determinedly in a state of denial'; he was constantly reassured by Ministers that 'all is well and running according to plan'. But, as noted earlier, the Government does not refute Alston's facts; its denial bears rather on the meaning of those facts – facts that may include a political state of mind in denial about itself. A state of mind that, by the passage of power and policymaking, can be transformed into unliveable lives for millions of others.

Vicky Lebeau is Professor of English at the University of Sussex and a trainee member of the British Psychotherapy Foundation. She is currently completing Feeling Poor: Psychoanalysis and Class and a book on Fanon's Freud. She is a Founding Scholar of the British Psychoanalytic Council.

References

- 1 See www.gov.uk/government/news/voucher-scheme-launches-for-schools-providing-free-school-meals
- 2 That increase covers the period from 2009 to 18.
- 3 Available via: <https://undocs.org/pdf?symbol=en/A/HRC/41/39/Add.1> The Children's Society estimates 4 million children in poverty in the UK in 2020, with that number expected to rise to 5 million in 2021.
- 4 www.theguardian.com/society/2018/nov/20/un-poverty-expert-philip-alston-amber-rudd
- 5 Available via: www.hrw.org/sites/default/files/report_pdf/uk0519_web3.pdf. HRW make explicit that this is their first project on the human right to food, as part of the right to an adequate standard of living, in a rich and functioning democracy: 'Previous work by the organisation on the right to food has focused on countries facing famine, or acute food shortages, usually linked to the state's decision to withhold food from or obstruct access to food for some groups.'
- 6 I'm drawing on the work of David Bell ('Primitive Mind of State', *Psychoanalytic Psychotherapy* 1997: 10:1) and David Morgan, ed. *The Unconscious in Social and Political Life* (Phoenix, 2019).
- 7 Stuart Hall, 'The march of the neoliberals', *The Guardian* 21.9.2011
- 8 Andrew Cooper and Julian Lousada, *Borderline Welfare* (Karnac, 2005)
- 9 Cooper and Lousada, 'What's our state of mind?', *New Associations* 21
- 10 See www.theguardian.com/football/2020/jun/15/protect-the-vulnerable-marcus-rashfords-emotional-letter-to-mps
- 11 Strachey, *JPA* 1934, p. 156
- 12 Christopher Bollas, *Meaning and Melancholia* (Routledge, 2018), p.xxiv

New Associations is published by the British Psychoanalytic Council
Suite 7, 19-23 Wedmore Street, London N19 4RU
Tel. 020 7561 9240
www.bpc.org.uk
hello@bpc.org.uk

Three issues of *New Associations* are published each year, in the Spring, Summer and Autumn.

Subscriptions

UK annually (3 issues): £30. Overseas annually: £36

Advertising

To find out more about advertising in *New Associations*, contact Richard English:
richard.english@bpc.org.uk

Editor Helen Morgan

Co-Editor Richard English

Production Susan Rentoul

Illustrations Allen Fatimaharan

Printer Blackmore

Mailing house Menzies Distribution

Editorial Board:

Gabrielle Brown, Nini Fang, Harriet Gaze, Noreen Giffney, Johnathan Sunley and Candida Yates

Views expressed in *New Associations* under an author's byline are the views of the writer, not necessarily those of the BPC. Publication of views and endorsements does not constitute endorsement by the BPC.

© 2021 British Psychoanalytic Council. No part of this publication may be reproduced, stored or transmitted in any form or by any means without the prior permission of the publisher.

ISSN 2042-9096

Contribute to New Associations

We welcome your ideas for articles, reviews and letters to the Editor. In particular we are looking for reviews of cultural events, books and films with psychoanalytic interest. If you would like to propose a topic for a longer article (up to 2,000 words), please contact Helen Morgan at helen.morgan@bpc.org.uk.

Deadlines: Copy deadlines for *New Associations*:

Spring edition: 10 January

Summer edition: 20 May

Autumn edition: 01 September

Editorial

Editorial Summer 2021

Helen Morgan

Last year we sent out a call to recruit new members to the Editorial Board of *New Associations* and we were delighted to receive a number of excellent applications. From these we appointed Nini Fang, Harriet Gaze and Noreen Giffney. They join existing members: Gabrielle Brown, editor of 'On the Ground' section, Johnathan Sunley, Arts Reviews editor, Candida Yates a BPC Scholar, Richard English from the BPC staff team and myself. I am particularly pleased that, with Candida based in Bournemouth, Nini in Edinburgh and Noreen in Belfast, we now have a Board far more representative of the UK-wide BPC. The new Board has now met several times and it is already evident how much experience, creativity and energy the new members bring to the project.

Nini Fang is a lecturer in Counselling and Psychotherapy at the University of Edinburgh. Her work foregrounds lived experiences, examining how the

socio-political bears upon the personal-subjective. She works with creative, qualitative methodology in composing evocative accounts of the other and their lived domains. Her teaching pushes for a more politically sensitive curriculum that addresses social inequality in the consulting room. She is a Scholar of the BPC. She sits on the Executive Board for the Association for Psychosocial Studies (APS). She is also the Associate Director for the Centre of Creative-Relational Inquiry (UoE).

'The new Board has now met several times and it is already evident how much experience, creativity and energy the new members bring'

Harriet Gaze is a student at the Tavistock and Portman NHS foundation trust, studying intercultural psychodynamic psychotherapy. Before moving to the Tavistock, Harriet was training on the British Psychotherapy Foundation's psychoanalytic psychotherapy course.

As a disabled person, a wheelchair user, Harriet has a particular interest in disability as it affects patients and psychotherapists, both in the transference, the room and also in the wider environment. She is a member of the Tavistock's Disability and Long Term Health Conditions staff network and a coproduction panel member at the Social Care Institute for Excellence. By background, Harriet is a journalist, editor and BBC television producer, director and series producer.

Noreen Giffney is a psychoanalytic psychotherapist who completed her clinical training in the Department of Psychiatry, School of Medicine at Trinity College Dublin. She is the author of the book, *The Culture-Breast*

in *Psychoanalysis: Cultural Experiences and the Clinic* (Routledge 2021), and the author and/or editor of a number of articles and books on psychoanalysis, psychosocial studies, and critical theory. She originally trained as a medieval historian, after which she researched contemporary theories of gender and sexuality, before finding her way to psychoanalysis. She is particularly interested in what happens psychically when we engage with cultural objects (film, art, literature, music); psychosocial factors and their impact on the transference-countertransference dynamic in the consulting room; and the writings of Wilfred Bion. She lives in County Donegal in the Republic of Ireland and is employed as a Lecturer in Counselling at Ulster University, Belfast in Northern Ireland.

The new members of the Board will each be contributing an article about a specific aspect of their experience – especially as it has been affected by Covid – so readers can have a direct experience of some of their thinking and writing.

Suggestions for relevant articles are always welcome so please do contact me at helen.morgan@bpc.org.uk if you would be interested in submitting

an article. The role of members of the Editorial Board includes supporting and working with contributors to the magazine so we welcome proposals from those who have little experience of writing for publication as well as from those more familiar with the process. We also welcome new reviewers for the Arts Section so if you would be interested in sharing your thoughts about something in the culture that has made an impression on you then please do get in touch.

‘Suggestions for relevant articles are always welcome so please do contact me’

I wish everyone an enjoyable and restful summer break.

Helen Morgan

PSYCHOANALYTIC PSYCHOTHERAPY NOW ————— 2021

SEXUAL DIVERSITY AND PSYCHOANALYSIS: ACKNOWLEDGING THE PAST AND LOOKING TO THE FUTURE

Recognising the past and looking to the future with contemporary psychoanalytic thinking on sexual diversity which moves beyond heteronormative assumptions.

5-6 November 2021
British Library and online

Speakers: Dr Jack Drescher
Lord Michael Cashman
Prof Mary Hepworth

www.bpc.org.uk/ppnow2021
#PPNow2021



Covid

“Support is Key” – Therapeutic help for workers on the front line

Louise Woodhead

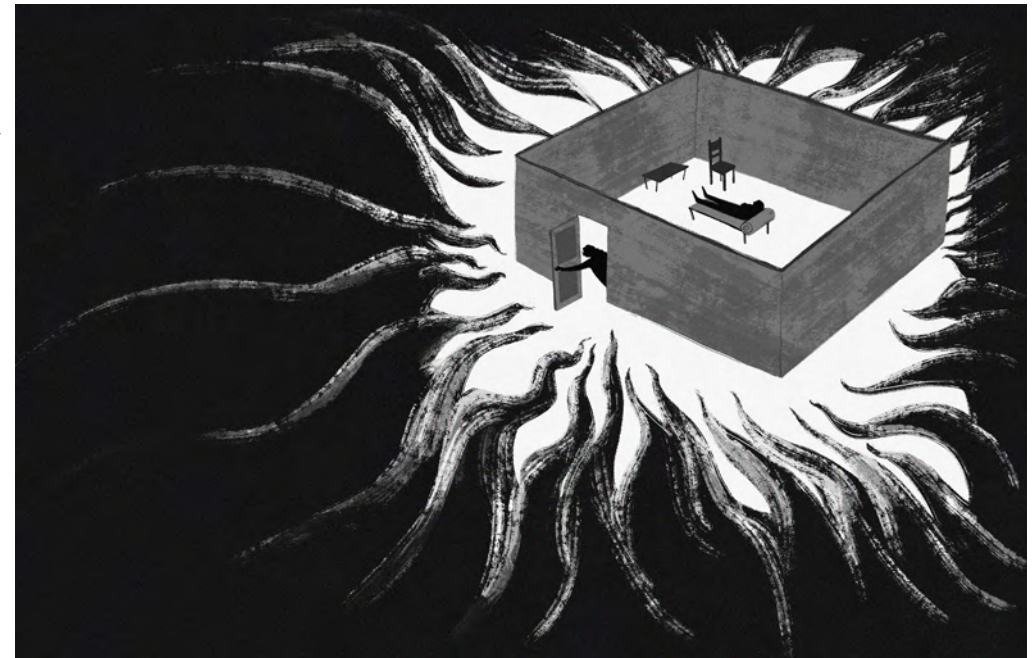
“Support is Key”, was launched in April 2020 in response to the Covid-19 Pandemic and shall continue until the end of 2021.

The British Psychotherapy Foundation's Clinical Services wanted to do something to help support Key Workers, those that we all depend upon at critical times, and we imagined that bpf members would feel the same. We were not mistaken and over 60 members responded to our initial enquiry for help which later increased to nearly 100 therapists. We asked members to donate up to six free sessions to key workers who had been affected by the pandemic. Initially the project was available to staff working for the NHS, fire, police, care and social services but this was eventually widened to include teachers and those working with the homeless.

We advertised the project via our bpf website, Twitter, Facebook as well as contacting organisations including RCN,

Royal College of Psychiatrists, Intensive Care Society, BMA, The Faculty of Intensive Care Medicine and St Mungo's. Although initially the uptake was slow, it soon became apparent that the advertising had made an impact and we were being contacted by key workers from all over the UK, from Aberdeen to Cardiff. The sessions were offered online which allowed us to allocate a therapist without having to consider matching location. We were being contacted by junior doctors, psychologists, social workers and nurses – and as the project progressed, we were approached by care staff, police officers, teachers and mental health staff.

From the outset it seemed crucial that clinical services provided a space and opportunity for those therapists providing the six sessions to meet together to share their experiences. As psychoanalytic psychotherapists we are used to providing ongoing open-ended psychotherapy, but



this project demanded skills that may be less familiar – although the majority of therapists offering sessions had had some experience of short-term work either in the NHS or a Third Sector setting. It was important that we did not add to any trauma experienced by the key worker, so

we were conscious that we were providing a supportive thoughtful space for key workers to use in a way that was most helpful to them. With this in mind, bpf therapists involved in this project have had the opportunity to meet together, via zoom, on a termly basis to discuss and

Continues on page 7

share experiences. Therapists were also encouraged to contact clinical services to give feedback as well as receiving help in signposting a key worker for further therapy or to local services in their area.

‘We asked members to donate up to six free sessions to key workers who had been affected by the pandemic’

At the time of writing, we have allocated over 200 key workers, many of whom had not considered accessing psychotherapy previously so were new to the experience of speaking to someone who is a highly trained, thoughtful and sensitive listener. Although some key workers were facing the trauma of being on the “front line”, losing patients to Covid-19, the majority were facing the psychological and existential issues related to the “lockdowns” and restrictions put in place to prevent the spread of the virus. What precipitated contact with this service for the majority of key workers was the experience of isolation, loss and loneliness; these experiences triggered or re-ignited the experience of previous

losses, trauma and childhood disturbance. As the usual distractions were unavailable, it exposed relationship difficulties that were exacerbated by enforced contact or separation. It was noticeable how few key workers mentioned Covid-19 but focused on issues that were much more related to the stress of childcare, family relationships, lack of the usual social networks, lack of support at work and the high expectations from managers. A sense of “moral injury”, was described by key workers. This is a term used in the NHS, originating in the Military, which highlights a feeling that one’s professionalism and sense of integrity is being affected by external demands and pressures which affect the ability to perform or offer the care that a key worker has been trained to provide. Commonly, key workers felt that they were falling short, experienced a sense of guilt and shame, as during the height of the Covid-19 pandemic they felt let down and abandoned to the catastrophic events and demands in their working life. Some felt a sense of survival guilt if the demands were not as intense as other colleagues faced, or a sense of failure if they had to go off sick leaving their colleagues to cope.

Therapists and patients alike had never experienced a global pandemic before. We were dealing with unprecedented times. This required a revolution in our therapeutic practice, the need to alter our

professional and social lives overnight, requiring huge levels of resilience and the necessity to adapt to the loss of our embodied work together in a safe space. Both patients and therapists experienced a fear of death, the possible loss of family and friends and social restrictions – in this context clinical services, with limited resources, attempted to provide a holding space for therapists involved in this project, so that they in turn could contain the anxieties and fears of key workers.

‘We received some moving and poignant feedback from therapists and patients’

We received some moving and poignant feedback from therapists and patients – we wanted to encourage feedback about receiving and offering this service so that we could learn and adapt the service as necessary. Key workers contacted us to say how grateful they were for an opportunity to have some “much needed time” to speak and “felt emotionally held”, others used the opportunity to share long-standing anxieties and access further help. Some wondered why we might offer this free service to them which exposed a sense of worthlessness and even suspicion

concerning our motives as they feared that employers might be informed of their contact with the project.

Therapists reported feeling that it was a “refreshing project” to be part of that encouraged the development of new networks within a large organisation and reported a feeling of a shared response to a sad, difficult and dislocating event.

I wish to thank Cathie – Clinical Services Administrator – for all her help, all bpf therapists who are so supportive of this project and our key workers!

Louise Woodhead initially trained as a registered general nurse before training as a mental health nurse, specialising in therapeutic community practice. As a general nurse she worked in an A&E department then moved to work in an intensive care unit. After her RMN training she worked in NHS and social services mental health settings – this experience encouraged her to embark upon a psychoanalytic training, first at the Guild of Psychotherapists and then at the LCP – later to become part of the bpf.

Covid

‘LOCKED DOWN’: Reflections from the consulting room during the Covid-19 pandemic

Carol Leader

The early weeks of lockdown in March 2020 were met with considerable creativity and adaptation from most of my patients and myself. We were equally vulnerable in a life-threatening crisis and collaborated to keep connections going while remaining safe. If things managed to be ‘good enough’, well, that was good enough. And for many people who were not personally overwhelmed by the loss of loved ones, there was an immediate sense of relief at being let off the pressure of the daily habits of the working day. New energy was found in creating solutions to a pandemic that had made everyday life hazardous. And there were some unexpected bonuses of togetherness. “I can’t remember talking so much to my children and my wife. We are having some real conversations,” ‘Rahul’, a busy, normally preoccupied, executive told me. Susanna, a general manager reported, “I’m amazed how effective my teams can be without going into the office! We all

feel proud at the way we are coming up with new solutions, including supporting parents with their children. I don’t think we will ever go back to the daily grind in the same way.” I started to wonder if the catastrophe and grief that Covid-19 was visiting upon the planet might end up with a silver lining. Could this pandemic shock us into the rigour needed to address long-term but largely ignored warning signs of imbalance? Had we reached a critical stage where alternatives to greed, competition and global power struggles might emerge and even thrive? Had it finally got bad enough for what Jung names *enantiadromia* – a radical reversal of energy (Jung, 1960/1981)?

During all of this upheaval, it was good to discover that, with modern technology, the work of the analytic consulting room could continue more effectively than I had imagined. I started to question my prejudice against therapy online. Maybe unconscious processing did not need all of

those shibboleths that have been held onto with such certainty within the analytic profession.

Diminishing returns in the third lockdown

But as we emerge from the third lockdown, possibly because there is now hope through an effective vaccination programme, I find myself mourning the loss of months of the unique environment offered by the consulting room and face-to-face psychoanalytic work. Emotional outbursts, paranoia and violence are increasing as a result of over a year of being physically and psychologically ‘locked down’.

In my clinical work, with patients and supervisees alike, the psychotic aspects of mind have been leading to increasing pressure on the containment provided by non-psychotic functioning. The ‘beautiful method of psychoanalytic work’ (see Meltzer, 1988) has felt under strain with patients having to contain

their own analytic space that with the seductive distractions of mobile phones and computers right at hand and out of my sight. In moments of silence, I wonder if some patients are going deeper or answering a text that has just invaded our privacy. The dreaming process that I rely so much upon in my work, while retaining its underlying presence, is getting less time in the face of concrete enactments, waking phantasies and manic defences (Bion, 1962). The initial sense of ‘togetherness’ in the first lockdown last year feels more like ‘clinging on’ and retains less of a symbolic improvisational nature: our needs as social beings for sensory and physical closeness are asserting themselves. Some patients appear to be doing pretty well, but on the whole, there is less ‘jazz’ going on.

I feel at times a pressure to reassure and fill the analytic space with extra words as I attempt to reach a patient’s emotional stockpiling over miles of space, rather than simply across the room. I get an intuition, a

sniff, of the repetition compulsion lurking around in sessions, a growing sense of morbidity. Are we ever going to get out of this?

‘New energy was found in creating solutions to a pandemic that had made everyday life hazardous’

‘Rihanna’, a young mother, tells me she doesn’t want to leave her flat now, even when the sun is out. She has told her husband not to make encouraging comments in case bad things happen. She is disturbed by a phantasy of a madman hiding in her home who is going to abduct her young child. She seems to have lost a former confidence in herself and her mind and cannot make the mental and emotional leap into symbolic understanding concerning these fears. It’s all too much. Bursting into desperate tears she cries, ‘I’ve just had a powerful memory of walking up the green spiral staircase into your consulting room. It’s been so long! I miss coming to see you, but I am too scared to consider returning because I have a young child. Nothing feels safe anymore.’

‘Stephen’ tells me he has realised how close his fears are to the surface when his heart starts to race by my taking three, rather than two, rings to ‘pick up’. I hear his anxious voice as soon as we get connected, ‘Are you there? Are you there?’ Silence appears to have lost its benign, vibrating potential, becoming ominous to the embodied, vulnerable self. I talk to Stephen about how he seems to have replaced the loss of our twice-weekly meetings in person by throwing money at emergency face-to-face consultations with medical experts regarding his physical ailments. He gets the point but is not sure he is able to stop doing this.

‘Rachel’, who lives on her own and is working from home, tells me she has just slumped off the sofa onto the floor from her usual sitting position. ‘I just want a hug’, she groans. When we talk about her feeling that her deepest needs are just not being thought about, she confesses to spending hours playing computer games to distract herself rather than keeping up with her daily walks. I am struck by how quickly addictive defences, like a psychological virus, begin to infiltrate an initial caring response. There are many parallels between ‘facing the unknown’ in the form of this deadly virus and facing the inner ‘unknown’ of deep unconscious process.

‘Someone’s got to be to blame for all this’

The need to project unbearable pain, distress and terror into the other – a looking for someone to blame or point the finger at – is a common way of dissociating from core anxieties concerning isolation and survival fears of imminent annihilation and death.

‘I really hate my husband. I wanted to divorce him again this week!’, complains ‘Jane’. ‘Maria’ tearfully reveals that her husband unexpectedly hit their children for the first time. ‘Lucia’ recounts the horror of a row with her husband that ended in blows in front of their child and the police being called.

‘Someone’s got to be to blame for all this!’ Jason pronounces generally and forcefully to the universe.

Covid anxiety and the necessary and repeated lockdowns have made it harder to continue to translate emotional experience into a three-dimensional symbolic form that offers a wider containing view. For this requires us to sink into the unknown, into the pain of being human and living in a world where many are radically losing a sense of meaning and control. But it is only in attempting this journey that we may find, as Keats’ famous quote concerning negative capability suggests (Keats, 1899), our unique human imagination

and ingenuity lying somewhere in the pit of our fears. Upholding this aspect of emergence from lockdown is a crucial aspect of our future health.

Carol Leader is a training and supervising Jungian Analyst and Senior Psychoanalytic Psychotherapist with the British Psychotherapy Foundation. She worked extensively in theatre, TV and radio before re-training as a therapist twenty-five years ago. She is in full-time private practice, consults in business and for projects in the arts and writes, lectures and leads workshops and seminars for a number of professional trainings.

References

- 1 The patients discussed in this article are composite figures voicing material brought into the consulting room during lockdown. Actual names and circumstances have been changed to protect individuals.
- Bion, W.R. (1957). Differentiation of the Psychotic from the Non-Psychotic Personalities. *International Journal of Psycho-Analysis*, 38:266-275
- Jung, C.G. (1960/81) *Collected Works* 6. Pp 708-709
- Keats, J. (1899) *The Complete Poetical Works of John Keats* (Cambridge Edition Series) Boston, New York: Houghton, Mifflin & Co.
- Meltzer, D. (1988/2008) *The Apprehension of Beauty: the role of aesthetic conflict in development, art and violence* (with Meg Harris Williams). London: Karnac

Covid

Starting a Parenting Support Group during Lockdown

Annie Pesskin

During PP Now 2020, an adolescent psychiatrist/psychotherapist I know put her head in her hands and said, 'It is bleak as hell out there for young people.' It got me wondering. How could I use my psychoanalytic hat to help?

I hit upon the idea of writing to the Head of my kids' state secondary school to offer parents a support group. If I helped the parents, perhaps it might help the kids... From a pool of over 1,000 parents, 15 got in touch and eight joined the group. I enlisted the help of an experienced supervisor and began in January 2021 to meet the parents on zoom for 1.25 hours a week.

The parents varied in age (30 to 55), affluence (poverty line to middle-class comfort), ethnicity (British, European, Turkish, Bengali) and gender (only one dad among seven mums). Family households were varied – only children, single parents,

parents together, some with kids already at college, others still at primary school.

Here is a flavour of our discussions; I have arranged them according to theme.

Screens

My son (17) used to do fencing but that is out since lockdown and now, for school, he has a computer in his room. Is he talking to friends or playing games? How can I know if he is working or not? He won't come running with me because he says if anyone sees him, he will be embarrassed!

How can I stand up to my son (17) and make him stop gaming? He went crazy when I turned it off at 2.30am the other night but he has his A-levels this summer and he needs to work! I wish I could cut it off altogether, but then if I did he couldn't do his schoolwork... why can't society just ban these devices?

'Is he talking to friends or playing games? How can I know if he is working or not?'

Eating together

Mealtimes have become a warzone since lockdown in my family. My older son (16) simply cannot bear to be anywhere near his sister (12) and so me insisting on family meals makes him so grumpy. I wanted meals to be a time to connect as a family but it was so awful. I let that expectation go and it has helped. The other day he actually asked to go for a walk with me!

Homelife

How do you get your kids to pick up their dirty clothes? And bring them down to the washing machine?

My son will put the same clothes back on after a shower and doesn't care about smelling clean.

My husband seems to think there is a food fairy. He doesn't see the laundry. So I lost my shit with my kids about the washing up. I feel like I need to be cloned to do what is needed.

When it gets too much I go out for an hour and take a walk. If you don't, your life is just non-stop work.

Home/life crash

I work in the front room, my son is just next door and he often needs me mid-meeting. He had a monumental meltdown the other day. I just had to leave him to cry as I was presenting. I felt so bad. I am an employee and also the school bell to make sure he returns to his lessons after Break.

It is a struggle to re-integrate as a family when you just open a door rather than have

the journey home to recalibrate.

I am dreaming about emails coming in because I work from my bedroom!

My kids went for their HPV jab in school the other day. There was a teacher there with a clipboard and I wanted to hug him for taking an interest in my kid.

This pandemic makes me feel like there is no help and it is all on you.

Home schooling

Sometimes I see him laughing and he is supposed to be in a lesson. I don't want to say 'Don't laugh!' On the other hand, I suspect he is not listening to his teacher!

In the end you can only encourage them. You cannot force them. I have learnt a lot of lessons in patience I haven't wanted to learn from my son. Watch carefully, let him fail, then when he says he wants help, step in and support him.

Mental health

I was in A&E with my son (17, autistic) after he cut himself really badly at the weekend. It was awful. I took to my bed for three days and I feel a bit better now.

I heard this stat, how if you have been brought up normally you have a 9:1 chance you talk negatively and that has gone to 200:1 in lockdown. I find it really hard to catch negative thoughts, then an argument

erupts with my wife and I start behaving like a child and putting up a brick wall. It is so hard to notice in the moment.

When I was out working I felt like an adult. Now in lockdown I feel more like a child and my wife gets annoyed with me.

I find it really hard to make any space for myself, or for me and my husband to be together. The kids are somehow always around even if they are stuck to their screens.

I have to care less if the kitchen is a mess. I do 20-minute yoga class – it is me time and it makes all the difference.

‘When I was out working I felt like an adult. Now in lockdown I feel more like a child and my wife gets annoyed with me’

Special times

My son turned 18 last week! How do you celebrate in lockdown? He said, ‘Mum, let's get pizza!’

My husband got two days of work (he is a musician) for the first time in a year! We

celebrated by having a ready meal and lit sparklers!

I hated half term. I lost my shit with my kids and then said a curt ‘sorry’ but I feel so ashamed.

What they said on ending work with me

This group has been a chain of support holding me up in a very tricky time.

This group has been a wonderful source of help, support and parenting ideas as well as laughter.

Having a baseline of ‘normal’ for teenage behaviour has helped, as has modifying my expectations of both the kids and myself. It has helped me respond productively as opposed to reactively in stressful moments.

‘Having a baseline of “normal” for teenage behaviour has helped’

What I felt

Running a group was a steep learning curve having only trained to work with individuals. I sometimes fell into being advisory and my supervisor had to remind me to feel lonely. I, too, of course, was a parent facing similar difficulties – two teenage girls at home, home-schooling

colliding with commitments to patients with just a thin wall dividing the two! I wanted care myself! But I also need to be a safe container for their feelings! This was tricky at times. I am grateful to the kind firmness of Jenny Sprince (founder, APPCIOS) for her supervision.

So much of what Covid-19 has bestowed on us humans has meant grief, hardship and frustration. But it has also offered a chance for collective tending and befriending, reconnecting with our immediate locale and appreciation for nature. This group has felt like my small attempt to braid together common experiences of parenting during an extraordinary period. In offering a place to listen, parents heard their own laments refracted back to them and realized they were not alone in finding many things hard to bear. When very particular situations were elaborated, we also had a chance to show our respect for our many and varied differences.

My final takeaway is that it is beneficial to challenge yourself to use your psychoanalytic mind in different settings. I am glad I took the risk.

Annie Pesskin trained at the BPF. She blogs at www.pschoanalysisinotherstories.com.

On the ground

Missing People and the Search Within

Richard Curen

It is only a matter of time before another high-profile missing case catches our attention. The recent disappearance and murder of Sarah Everard highlighted several issues in the current zeitgeist. Judging by the amount of coverage there is of such cases in the news, as a society we seem to have a morbid preoccupation with missing people.

What is the basis of this fascination? I suggest that there are three main reasons. First, when someone goes missing we experience some of the deep fears and anxieties we imagine we might feel if someone we loved were to vanish. We fear not being able to find the other, which has archaic resonances. Secondly, it is a reminder that we too sometimes wish to disappear, even if only temporarily, to make someone notice our absence. Thirdly, there are specific profiles of a missing person that are much more likely to touch us and receive attention from police and

media. (I hope to address at another time issues of race and police responses to missing black people by contrasting the Sarah Everard, Richard Okoroghey, and Nicole Smallman and Bibaa Henry cases.)

‘when someone goes missing we experience some of the deep fears and anxieties we imagine we might feel if someone we loved were to vanish’

My focus here is the impact, consequences and trauma experienced by individuals when a loved one goes missing and never returns. The concept of ambiguous loss

was developed by Pauline Boss (2000), who writes of there being two kinds of such loss: the first being when a person is there physically but absent psychologically, for example with dementia or cancer but also when parents are emotionally unavailable; the second when a person is no longer physically there but remains psychologically present in the minds of those left behind. This is not like remembering grandparents and holding their legacy in mind, but when there is a possibility – however slim – that the person who is missing might still be alive.

Madeleine McCann immediately comes to mind as a symbol of loss without end for the traumatised parents. There



are of course thousands of other adults and children who go missing every day. According to the charity Missing People, where I work as clinical lead, of the 176,000 people who go missing each year, most are found or return within 24 hours. However, those who never return are often only partially grieved and therefore stay alive in limbo in the minds of those left behind.

Continues on page 13

The ambiguous nature of this kind of endless loss has been researched and beautifully described by Boss in many books and articles over a long career as an educator and family therapist. However, as far as I am aware, this concept has so far not received much psychoanalytic consideration. My article is an attempt at changing that.

‘As human beings we are profoundly affected by absences, voids, illogic, and irrationality’

As human beings we are profoundly affected by absences, voids, illogic, and irrationality, and this has been explored by psychoanalysts for many years and provides the backbone of the treatment we provide. Applying a psychoanalytic lens, I suspect that the person who goes missing is often moved to leave as a response to other hidden or obscured episodes of someone or something going missing in their lives or in the lives of their parents and grandparents. Consider, for example, a miscarried or stillborn child, who is not acknowledged or mourned, and whose missing status is projected into a living sibling. Or the lost

(or imagined) twin who did not survive in utero or at birth, who was unacknowledged and yet whose absence is felt like a persistent ghostly presence throughout a person's life.

‘Going missing is sometimes a repetition of a previously hidden or buried trauma that is held within the family or their community’

Going missing is sometimes a repetition of a previously hidden or buried trauma that is held within the family or their community. Feelings of unbearable anxiety and frustration are often due to secrets that can lead individuals to feel unwanted, unloved or unlovable, compelling some to disappear. So when an individual thinks about going missing this may be a repetition or re-enactment of an earlier ‘missing event’. This could be an unacknowledged relative who was removed by the family by being not spoken about. It might also be migration trauma linked to guilt about leaving people behind.

These experiences often manifest in enactments in the consulting room, for instance the patient whose appointment is forgotten, whose history is elusive or who lies waiting to be found. What these point to are unarticulated or unknowable losses that live on but which are impossible to work through unless or until someone – usually the person who goes missing – brings attention to a gap that stands for the missing knowledge.

Unlike the cases mentioned at the start, which all tragically ended in death, ambiguous loss describes an experience of loss without the possibility of closure. I have spoken to people whose loss was 30 or 40 years ago, yet they still describe a part of themselves as frozen in time, aching for the missing person to return, despite all the odds. The person lives on inside them and therefore letting go of the fantasy of reunion means the frozen part of them dies too.

What unconscious processes keep people hoping for an almost impossible return? The wish to keep a part of oneself alive and to remain hopeful can be linked to a pathological or defensive type of hope, because it keeps the person arrested in that frame of mind. There is also a more well-founded type of hope which can replace illusion, but it may involve holding conflicting thoughts concurrently. The hope for the return of the loved one is held

alongside imagining a life without that loved one in it.

For further thoughts on the matters raised I encourage readers to look at Boss's work and also that of Missing People. I also encourage them to try to apply some of these ideas to manifestations of loss and abandonment in their practices.

Richard Curen is a forensic psychodynamic psychotherapist, supervisor, reflective practice group facilitator and chair of the Forensic Psychotherapy Society. He is also Clinical Lead at the charity Missing People (www.missingpeople.org.uk).

References

Boss, P. (2000) *Ambiguous Loss: Learning to Live with Unresolved Grief*. Harvard: Harvard University Press.

Black Lives Matter

It's been a long, a long time coming: Further thoughts on 'Decolonising Psychotherapy'

Martin Kemp

George Floyd's murder precipitated a cultural shift that mobilised people across the social spectrum. A deep, shared anger engendered a refreshing sense of agency and purpose, opening the possibility of exploring highly sensitive and well-defended residues of Britain's colonial past. Rather than denial and manic reparation, there was reflection on what had lain unseen and which, acknowledged, will hopefully pave the way – in our sphere – towards a practice fit for our diverse society.

**'will hopefully
pave the way...
towards a practice
fit for our diverse
society'**

An existing literature, produced by mainly

black clinicians, provides an agenda for reform: attending to the dynamics of power, prejudice and privilege within our clinical interactions, in the selection of trainees, in training curricula and in theory construction.

If this engagement is to be sustained, I suggest that there are supplementary questions to consider. It feels important to me to address the disturbing fact that, on this issue of racial injustice, the source of immense psychic pain, we have not, collectively, stood shoulder to shoulder with those seeking remedial action. Instead, one could argue that we have constituted part of the inert conservative mass whose inattention to systemic abuse it has taken a global mass movement to rouse. I think this follows a pattern, in which our profession as a whole belatedly responds to the damage and distress to which marginalised groups have been subject, and whose critiques of mental health practice were often overlooked.

The reasons for this are no doubt manifold: I want to look at one aspect. I think that in large part the profession struggles to integrate the insights of psychoanalysis with the intuitions of other related disciplines, to its own detriment. The 'laboratory' of the consulting room has, without doubt, delivered momentous discoveries. But perhaps we typically picture the processes thus revealed as primary and causal, where often they are secondary and consequent. Attempts at addressing key social issues by psychoanalysts frequently resort to the use of paranoid schizoid mechanisms as an explanation of human affairs. I suggest this doesn't add much to our understanding, any more than a fixation on chemistry would tell us about the appalling fire at Grenfell Tower.

The assumption that our findings have universal application militates against a curiosity about social and cultural aspects

of the unconscious. The extent to which such factors determine the psychological make-up of both therapists and their clients has, until recently, been of marginal interest. I suggest that a theory resistant to viewing the individual mind as a product of cultural (and colonial) history will inevitably result in a practice that reinforces hegemonic assumptions that entrench privilege.

This view challenges the assertion that psychoanalysis is, or could be, 'neutral'. I see this idea as a defensive notion serving to disguise its opposite, a partisanship which distances us from the uncomfortable realities and consequences of social inequality. With our 'neutrality' protecting us against engagement in public controversy, a self-image as progressive and liberal might be more personal adornment than a reflection of our actual social contribution.

Continues on page 15

‘Clinical impartiality encourages the analyst to get to know how power relationships operate within the psyche’

Clinical impartiality encourages the analyst to get to know how power relationships operate within the psyche. Interpreting – simply describing – these relationships is taken to be, potentially, transformational. It is pure subversion. There must be a story behind the young discipline embracing the same concept to characterise its social outlook, where it acts like a prohibition on knowing about power and how it works.

How might this relate to our current concern with racism? We understand anti-black racism to have been the psychological means by which slavery and colonialism were rendered uncontroversial within white society. It made these horrendously destructive institutions uncontroversial. If we believe our problem with racism is limited to the psychic secretions of the past, however, we may avoid noticing

contemporary examples of societal dysfunction ongoingly responsible for significant trauma, or cumulative psychic damage.

Might a social and economic system that still struggles to regard people as anything other than dispensable units of production and consumption, and which is creating ever more intense inequalities and concentrations of power, be interacting with a social unconscious constructed on colonialist assumptions to generate new forms of ego-syntonic racism? How would we know if it were so?

In 2020 the Black Lives Matter movement carried everything in its path, even, one has to say, the psychoanalytic world. This has been hugely positive, yet it may at the same time reflect a habit of doing what is expected of us.

‘In 2020 the Black Lives Matter movement carried everything in its path, even, one has to say, the psychoanalytic world’

What will happen when the apparent consensus around this issue disappears? BLM’s understanding of contemporary racism, its solidarity with the struggles of other marginalised groups and indigenous peoples and attention to the central institutions of white power – the police, prisons, education, health etc – have provoked a backlash. As I write, the Report of the Commission on Race and Ethnic Disparities has been published, describing BLM as a response to grievances of the past, not present. Simultaneously, the government is pursuing a cruel and racialised policy towards asylum seekers, extending police powers to curb public protest, lengthening prison sentences (including to protect public symbols of imperial power), and wrapping itself in the Union Jack.

Where anti-racism becomes contentious, how will we respond?

The picture I have painted here is perhaps too stark. It is an attempt to identify some aspects of our professional thinking that may put obstacles in the way of looking at issues which, it seems to me, are important for mental health professionals to address. Nor am I saying anything new. The tensions I am describing have been explored in depth within a critical tradition stretching back to the earliest days of psychoanalysis, and which flourishes in

various groups and journals within the profession.

Central to this current of thought is acknowledgement of our positionality – in relation to structures of class, gender and race, past and present, domestic and colonial, that have multiple impacts on psychological health. It argues for a critical awareness of the dialectical relation between ‘social being’ and ‘social consciousness’, including the profession’s own social consciousness, as the way to protect psychoanalytic objectivity – its capacity to think independently in a society in which mainstream opinion is subject to management and manipulation. It also opens a door outward towards broader intellectual influences, and to the debates on racism and anti-racism, colonialism and neo-colonialism, taking place in disciplines other than our own.

Martin Kemp is a psychoanalyst working in private practice. He is a member of the UK-Palestine Mental Health Network.

Whiteness

The Problem of Whiteness

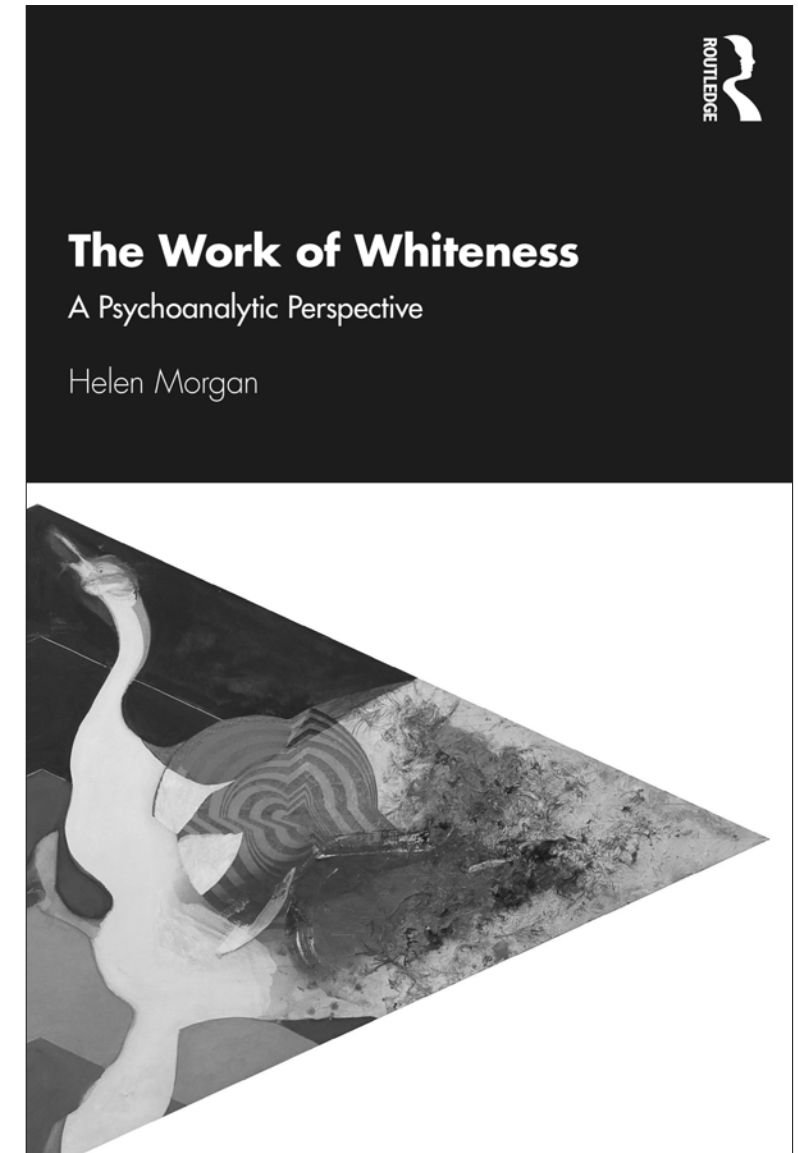
Helen Morgan

The concept of 'Whiteness' as applied to humans is full of paradox and contradiction. No human being, even the fairest amongst us, has skin that is actually 'white' just as the darkest is not 'black'. Yet this crude form of colour coding which is believed to have been devised to prevent solidarity between indentured Europeans and enslaved Africans on the plantations, is a deep, entrenched, social structure within which we all live. No one can be free from it. The statement 'I am not a racist' is meaningless in such a system.

One of the effects of this racist order within Western liberal societies is an assumption of whiteness as the default position of the human. Thus, we who are regarded as white may fail to notice how our colour affects our sense of identity and the ways we navigate the world and are navigated around by others, taking for

granted an entitlement to space, safety and freedom of movement. Whereas peoples of colour have largely come to accept that race is a social fact about us with personal and social implications over which we have limited agency, for whites, consideration of the implication of our racial identity is often a new experience. To maintain the illusion of autonomy and control of identity, we fail to see the system within which we are all caught, regarding instead any racist act as an individual aberration from which we then can dissociate ourselves.

Psychoanalytic understanding of how racism operates tend to focus on the dynamics of splitting, projection and introjection and thus reinforces this individualism that liberal white people prefer. Our propensity to isolate the 'inner' from the 'outer' de-couples the individual from their social world and limits our



understanding of suffering and trauma to the intra-psycho and the familial so that insufficient account is taken of the social context into which the baby arrives.

‘To maintain the illusion of autonomy and control of identity, we fail to see the system within which we are all caught’

Where the family is located in the intersecting systems of power relations surely must have significant impact on conscious and unconscious presumptions held within the family and thus on the development of the individual child. A revision of Winnicott’s concept of ‘the holding environment’ extends it well beyond the parental arms and recognises that the family is always contained within a collective of social, political and cultural expectations and demands. Not only is there no such thing as a baby, there is no such thing as a ‘nursing couple’ separate from their context.

There is now a substantial body of research establishing that children learn

about racial structures very early – as young as three. The process seems to be top-down whereby the child learns there are discriminating social dynamics that disadvantage those from some groups and privilege others. Only then do they learn what those groups are and who belongs to them.

When white children raise their queries about racial inequalities, many white adults become embarrassed, hush the child, ignore or distract them and resort to the short-cut of colour-blindness by insisting that everyone is the same and equal. Such an assertion is not only untrue and denies what the child observes and experiences, by focusing on the universality of humans the message is conveyed that it is the recognition of difference that is the cause of racism rather than the fact that the child has been born into a social system that discriminates against certain groups, which they need help to acknowledge, understand and respond to.

Thus, two conflicting realities have to exist side by side. Awareness of racist structures, white advantage and one’s own racist thoughts lie on one side of the divide, and the investment in being ‘good’ (ie not a racist) on the other. To manage this tension the defence of disavowal is brought into play.

Disavowal develops within the ego when

it is faced with two conflicting realities causing a vertical split. Unlike repression, the individual remains conscious of both sides of the split but will disavow either to meet internal desires and needs or minimise anxiety. In relation to race I have come to imagine this particular psychic structure as two vertical layers between which there is a gap, a silent, empty place devoid of symbols in which it is impossible to play or grieve.

This deadness is often in evidence when white liberals are asked to talk about race. People speak of an anxiety of ‘getting it wrong’ and unease and anxiety dominate. Such discomfort has implications for clinical work where white therapists may struggle to address the matter of racial identity and the impact of racism on the therapeutic relationship. The inclination is to ignore the issue and assume the transference dynamics are as colour-blind as we claim ourselves to be. It is becoming increasingly recognised that such an approach is at best ineffective and at worst damaging when a white therapist works with a person of colour, but there are also complex matters for consideration when both are white and the defence of disavowal concerning racism enters the consulting room.

The challenge to the therapist when faced with vertical forms of splitting is always considerable. The work of integration

requires movement both vertically to unconscious material and horizontally across the disavowed aspects. However, it is especially difficult when there is a split in the therapist that matches that of the patient. I suggest that within the white analytic pair such a match often occurs and important aspects of the patient’s internal dynamics and those of the transference in relation to racial identity may be missed.

The void at the centre of this form of disavowal allows no symbolisation, but play is possible on either side of the split so it is here where we can elaborate and explore the defences for both the patient and in ourselves. Our fear of shame and guilt make it hard to enter into the area of racism but by avoiding doing so an important aspect of our patients’ psychic life – as well as our own – is neglected and failed.

Helen Morgan is a Jungian Analyst and Fellow of the British Psychotherapy Foundation. Her book, The Work of Whiteness: A Psychoanalytic Perspective is published by Routledge, 2021.

On the ground

More than Mentors

Fiona Riley

"Sometimes talking to an adult about your worries or problems can help, but other times you might want to talk to someone who has more recently been in your shoes. That's what makes More than Mentors so great." [Mentee]

The plight of children and young adults needing help with their mental health has become increasingly evident in this pandemic. We have seen how important schools are not just for education, friendship, relationships and mental wellbeing but also for those kids where home is not a safe place.

There is a strong case to act early to support young people's mental health and enable them to thrive in the future. More than Mentors is an example of a programme that can have a significant impact on individuals and communities.

What is More than Mentors?

It is an innovative school and community project offering young people, aged 11-20, accredited training in peer mentoring with the opportunity to apply mentoring skills to support other young people with their

mental health.

The programme offers a preventative approach to mental health to:

- improve attendance and attainment at school;
- reduce early signs and symptoms of depression and anxiety;
- build emotional resilience and confidence;
- demonstrate benefits of volunteering, contributing to peers and the wider community.

Background

More than Mentors is run by a consortium of specialist partners and a grass roots organisation who work together to share expertise, robust governance and safeguarding procedures and support delivery of the project.

It is psychologically informed and clinically supervised, co-designed and co-delivered in the London Boroughs of Barking & Dagenham and Haringey.

Funded by the Education Service, Clinical Commissioning Groups and the Trailblazer Programme, it is delivered with psychology support from East London NHS Foundation Trust (Newham CAMHS). The Anna Freud Centre measure and evaluate the impact on young people's wellbeing, resilience and mental health. UCL undertake the ethics, quantitative research and clinical governance (Wolpert et al., 2019). Community Links, an East End Charity, delivers training and execution of the project. To date, More than Mentors has reached 1,195 participants (Barnes, 2019).



Mentors

Jason Turner, team leader for More than Mentors, explains that school staff select mentors who may also self-refer after a 'taster' session at school assembly. Peer mentors become a 'professional friend' through an accredited (NOCN Level 2) training. The aim is to build on the mentee's strengths and develop goals for their future.

Mentors' training covers competencies such as listening, not judging and accepting, reflecting, building, maintaining and ending relationships, raising concerns and safeguarding. Techniques are solution-focused and use a coaching model.

Mentors value the training opportunity: *'Everything that was taught in the training was applied. Like, naturally applied. It wasn't like, it had to be forced into the session. It was just natural – you don't even know when you're saying smart goals, you don't even know when you're actively listening. It just happens. Everything is natural'* (Mentor).

Mentors offer ten sessions. Forming an alliance, building a relationship and developing trust are important from the start.

Supervision for mentors is central to the programme, as sessions can bring up feelings and experiences of serious concern or risk. Keeping safe and recognising when and how concerns need to be escalated, with clear attention to confidentiality and safeguarding, form part of the training and supervision for mentors. Supervision is weekly with a trained youth worker and a mental health specialist, accompanied by a robust referral process if necessary.

Peer support for mentors is helpful for sharing ideas, advice and reflection. It can also validate feelings and build confidence in the role.

Mentees

Young people aged 8-17 are nominated by teachers, youth workers or pastoral teams, with parental consent. They are usually

experiencing issues with confidence, self-esteem, friendships, bullying, anxiety, depression and behavioural issues.

Mentor and mentee are matched through a facilitated session. Some may self-select based on shared experience or through various 'getting to know each other' exercises.

Confidentiality and a private space is vital to speaking openly with another young person, who may be close in age or have experienced similar challenges: *'I wouldn't have such a deep conversation with my family or teacher about sexuality or exam pressures.'* One young person said: *'it was like having a diary but in a human form and it helps.'*

Winnicott's concept of 'holding' resonates with More than Mentors' structuring of an environment conducive to the work, in which the consortium of organisations act as 'holding' bodies, the supervisors 'hold' the mentors and the mentors themselves 'hold' the mentees.

Mentors help mentees *'talk through an issue properly because [the mentee] didn't want to keep it hidden and had previously struggled to get the words out.'* Supervision then provides containment to allow the mentor to act as a 'container' for the mentee, in Bion's sense of putting feelings or experiences into words so they can be

contained to explore opportunities for change.

Implications of the Pandemic

Jason Turner acknowledged that school closures during the pandemic have forced reliance on each institution's resourcefulness and capacity to continue the programme. In the absence of face-to-face work, a major challenge has been lack of access to laptops, secure internet and confidential space.

Evidence is emerging of additional presenting issues such as:

- Bereavement
- Domestic violence sometimes between child and parent
- Parental anxiety projected onto young people
- Financial pressure – unable to pay mobile, internet, heating and food bills
- Increase in parental unemployment
- Families becoming harder to reach or 'invisible'
- Pressure to close the gap on missed learning

In response, More than Mentors have offered on-line group wellbeing sessions

through which young people have felt 'held' by sharing and normalising some of their experiences, reporting that they feel 'less alone'.

The pandemic's extraordinary impact has highlighted the role and importance of the Community in raising children and young people. Additionally, the importance of schools and other local institutions in identifying the impact of deprivation in a child's/young person's life can no longer be ignored. Hopefully, after a decade of erosion since the financial crisis, this will be reversed and the benefits of innovative programmes like More than Mentors will be endorsed so that young people, whether a Mentor or a Mentee, can make an impact in their communities.

Fiona Riley is a Psychodynamic Psychotherapist registered with BPC, a group facilitator, coach and former Trustee of Community Links.

References:

- Barnes, N. (2019) *More than Mentors: Progress Report for CYP Mental Health Local Transformation Plan*. <https://www.lbbd.gov.uk/sites/default/files/attachments/More-than-Mentors-evaluation-summary.pdf> (downloaded 23/03/2021)
- Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., Munk, S. (2019) *THRIVE Framework for System Change*. London: CAMHS Press.

History

Freud's Lesbian Patient – 100 Years On

Maggie Murray

When Sidonie C decided to end her treatment with Freud after about 80 sessions and left his Vienna consulting room for the last time in the autumn of 1919, she was 19. She was dismissive of him and of psychoanalysis – and probably immediately afterwards walked round to see the older woman friend she was currently madly in love with.

Freud never saw her again. Five years later there was a public scandal when her 'older woman friend' was charged with murder and 'illicit sexual acts'. That woman, Baroness Leonie Puttkammer, was the 'cocotte' in Freud's 1920 case history, 'The Psychogenesis of a Case of Homosexuality in a Woman'. It presented a 19-year-old woman sent to him by her enraged father after she made a suicide attempt brought about during her 'infatuation' with an older, glamorous woman. This was the last

case that Freud wrote up and the only one where the analysand was not given a name or even a nickname. It is unlikely he knew how her life unfolded before and after the turmoil of WW2.

'In 1939 she was forced to escape Nazi Vienna by a circuitous route via the Trans-Siberian express to Cuba'

Like Freud, Sidonie was Jewish, although her rich and connected family did all they could to conceal this. In 1939 she was forced to escape Nazi Vienna by a circuitous route via the Trans-Siberian express to Cuba. She witnessed some of the important

events in the 20th century; returned to Austria in her 70s and lived there until she died aged 99. Throughout this time, she had passions for several women.

In 2000 Sidonie C's biography was published in Germany. It drew on scrupulous research and interviews she gave authors (Ines Rieder and Diana Voigt) towards the end of her life. They approached her because of their interest in the social history of modern Vienna – especially its illegal, sophisticated gay and lesbian culture. When they realised that Sidonie was Freud's 'homosexual woman', their research took a new turn.

In 2020 during 'Covid lockdown' the English translation was launched. Having read it, I returned to Freud's case history – published exactly 100 years earlier. Sidonie's account of her time with Freud occupies only a short part of the book, but I was struck by how her own words and



Sidonie C in fancy dress as Der Rosenkavalier, Prague, 1926

Credit: Sigmund-Freud-Privatstiftung (Private Archive) Vienna

experience tallied with Freud's written version. Reading them both stirred up thoughts and feelings in my mind about the contentious history that psychoanalysis and homosexuality have had over the century since Freud's paper.

The paper was written and published at a particular crossroad in time. One of the main reference sources on homosexuality then was still Krafft Ebbing's, 'Psychopathia Sexualis', in which homosexuality and lesbianism were considered deviant, perverse and on a level with bestiality and paedophilia. Four years later, in contrast, Virginia Woolf wrote her best-selling homage to Vita Sackville-West – the non-binary, gender fluid character, 'Orlando'.

Freud's somewhat liberal and humane attitude to both Sidonie and homosexuality in general is recognised. He did not believe that homosexuality was an illness and in the 1930s publicly supported a law to decriminalise it in Germany and Austria. It is easy to forget that lesbianism was a criminal offence at that time in Austria, if not in Britain. Even today homosexuality is punishable by law in over 70 countries; lesbianism in 45 – with fines, imprisonment, lashing and, in extreme cases, death.

In 1919 Freud was being asked by Sidonie's father to provide what we would now call

'conversion therapy' for his daughter. Freud characterised it as 'converting one variety of the genital organisation of sexuality into another'. He points out that to convert a homosexual person to a heterosexual person 'does not offer much more prospect of success than the reverse'. He 'refrained' from promising the parents any hope of their wishes being fulfilled. Indeed, he wrote that 'the girl was in no way ill, nor did she complain of her condition'. It was her parents and society who had a problem with her 'object choice'. Sidonie, in fact, is an example of why therapists can have difficulties working therapeutically with patients who are 'sent' for treatment. The British government (in 2021) is currently debating whether or not to introduce a legal ban on conversion therapy.

Freud's liberal views were often distorted and numerous prominent psychoanalysts pathologised homosexuality – insisting it was deviant rather than a normal human variation. The subject became inflammatory, especially in America. Eventually, in 1973 homosexuality was removed as a mental illness from the American Diagnostic and Statistical Manual, but there were still splits in psychoanalytic trainings round the world. They would not accept openly gay or lesbian candidates for training so there was a culture of 'Don't ask; Don't tell'. The British psychoanalytic community lagged

behind until there was a strong response to a visit to England by Charles Socarides, an American who directed much of his psychoanalytic practice to trying to change homosexual men into heterosexuals. The invitation by the Association for Psychoanalytic Psychotherapy in the NHS for him to speak in London in 1995 led to a public letter from well-known therapists condemning the invitation and to demonstrations outside his lecture venues.

Psychotherapy organisations brought out statements clarifying their views on homosexuality during the noughties. The British Psychoanalytic Council's version came out in 2011. Forced by legislation on equality (Equality Act 2010), many have now included issues around sexual and gender diversity (homosexuality, bisexuality, intersexuality and transgender) in their discussions, statements, trainings and clinical thinking. Queer theory and other thinking have led us to question often prejudiced beliefs. Are we bisexual psychically, as Freud thought, or are there three sorts of sexual humans as Plato thought? Could we be non-binary and gender fluid?

Sidonie was still alive when British psychotherapy institutions began to modify their stance on homosexuality. She had tried to have relationships with men, but never lost her need to attach to women – who were often much like her own mother.

According to her she never enjoyed sex with men or women. Her pleasure lay in the idealizing of beautiful women; in loving them. I find myself speculating whether more therapy or therapy with a woman (which Freud recommended) might have helped her with her sexual conflicts, core complex and suicidal tendencies. Freud called her shrewd. Maybe she left the treatment because she sensed that Freud was not giving her the time and attention she needed. Perhaps his attention was on other papers he was writing or even, unsettlingly, on another contentious analysis he was undertaking at about the same time – that of a second young woman with complex problems – his daughter Anna Freud and the 1919 paper that he wrote about her fantasies – 'A Child is being beaten'.

Maggie Murray is a psychoanalytic psychotherapist working in private practice and has a particular interest in identity and in creativity. She is a long-standing member of the BPC Advisory Group on Sexual, Gender and Relationship Diversity

References

- Ines Reider and Diana Voigt (2020) *The Story of Sidonie C. – Freud's case of Female Homosexuality* (Tr. Jill Hannum). Helena History Press, USA
- Freud, S. (1920) *The Psychogenesis of a Case of Homosexuality in a Woman*. SE 18, 145-72

Development

It's Grim Up North? Reflections on Manchester's Psychoanalytic History

Martin Gill

This isn't a definitive history of Manchester's psychoanalytic journey. It is more akin to a story which gives an account, partly personal, partly historical and partly professional. I will tell the story in two parts.

Firstly, a historical perspective

Freud visited Manchester twice, first in 1875 as an adolescent and again in 1908. On both occasions he visited his step-brothers who settled in Manchester to work in the growing textile trade. Peter Gay notes (of his first visit), 'his cordial reception in Manchester, and his impressions of England in general, made him wonder whether he might not settle there'.

'Freud visited Manchester twice, first in 1875 as an adolescent and again in 1908'

I first heard about Freud's visit to Manchester as a psychotherapist in training on the North-West Institute of Dynamic Psychotherapy psychotherapy training based in Manchester in the early 2000s. The NWIDP training was a UKCP training which was based firstly at Monsall Hospital in north Manchester then at Gaskell House Psychotherapy Service in central Manchester not far from where Freud's older brothers settled. NWIDP grew out of the North-West Psychotherapy Association which developed under the

aegis of the regional NHS organisation of that time, the North-West Regional Health Authority. Dr Bob Hobson having moved to Manchester from the Maudsley Hospital was a central figure. The RHA supported the growth of psychotherapy with services in Salford, Preston, Blackpool and north Manchester as well as at Gaskell House.

Prior to NWIDP being formed, a link between the IGA and Salford (the Wilton Unit at Prestwich Hospital) led to the foundation of Group Analysis North and the Diploma in Group Analysis. The IGA's introductory course was the first formal training (with an analytic orientation in Manchester since Balint's), and was another building block for NWIDP.

NWIDP wasn't the first psychoanalytical training in Manchester. Michael and Alice Balint emigrated to Manchester in 1939. They, along with Alfred Gross and



Otto and Salomea Isakower, all displaced analysts, formed a 'North of England' Training under the auspices of the British Psychoanalytical Society. The training was short-lived but lively with Esther Bick and Betty Joseph being amongst the small group of candidates and Marjorie Brierley, Ella Sharpe and Klein amongst the teaching staff.

Sadly NWIDP as an organisation closed around 2008, the psychotherapy training having ended a couple of years earlier

mainly due to the changing landscape of the NHS. Gaskell House Psychotherapy Service remains and currently hosts the Tavistock D58 Manchester, the only BPC training in adult psychodynamic psychotherapy available in the North-West (D58 is a foundation course and part 1 of a potential BPC training route). The closure of NWIDP effectively brought to a close the possibility of undertaking a psychoanalytically orientated psychotherapy training in Manchester (it was still possible to undertake training at a distance as a small number of people did with The Institute of Psychoanalysis (IOPA) regional training and The North of England Association of Psychoanalytic Psychotherapy (NEAPP)).

Where is Manchester now?

I recently spoke to a colleague who commented, 'Manchester has got the foundations in place'. This is a highly condensed comment, but one I agree with.

The aftermath of the closure of NWIDP has been a turbulent and creative time in Manchester. Looking back gives a clearer view of how the landscape has changed and adapted over the past decade or so. The BPC affiliation has proved to be an important part of the transition. This has led to some of the psychotherapists left homeless by the closure of NWIDP finding a home within the Tavistock

Society of Psychotherapists. Alongside this, discussions began with the BPC, the Tavistock and Portman NHS Trust and the Manchester group interested in establishing a new training. The discussions were supported by colleagues in Yorkshire – Leeds had established a D58 and D59 – the aim being to work towards establishing a D58 in Manchester. After much collaborative work which took place over several years, D58 Manchester began in 2013 with its first cohort of students. Some of this cohort have recently graduated from D59 in Leeds (D59 is part 2 of the BPC training route for registration as a psychodynamic psychotherapist). These psychotherapists – alongside their other work mainly in the NHS – are establishing practices and increasing resources available locally.

Taking place concurrently IOPA has established the Northern Training based in Leeds and accessible to Manchester which had its first intake in 2014. The Northern Training now has a second cohort with a third planned for 2022. Alongside these training developments colleagues from across the north of England have joined together, initially beginning to meet in 2018 at Gaskell House, and have now formed into a steering group representing the BPC, IOPA, NEAPP, NSCAP (The Northern School of Child and Adolescent Psychotherapy established in 2003 in Leeds

which has been responsible for training Child and Adolescent psychotherapists regionally) and the Tavistock & Portman NHS Trust, with a shared aim of supporting the further development of training in the North-West. The BPC is supporting the group – the North-West Psychoanalytic Partnership - by funding a website which will provide information on trainings and events in Manchester and the wider area.

'Manchester seems to have responded and adapted to the changing psychoanalytical landscape and now has new foundations in place'

In concluding my (his) story, and returning to my colleague's comment, Manchester seems to have responded and adapted to the changing psychoanalytical landscape and now has new foundations in place. Finally, I want to end by talking about another local collaboration, TPP – the

Trans-Pennine Partnership. A group of local psychoanalytic clinicians, child, adolescent, couple and adult, in partnership with NSCAP in Leeds began organising study events in Manchester and have put on a number of successful conferences and events. In keeping with the theme of foundations TPP is now moving towards charitable status as the Manchester Psychoanalytic Development Trust; the move reflects a wish to establish a firmer footing and the further laying of foundations in Manchester.

Martin Gill is a psychoanalyst in private practice in Manchester; Organising Tutor Tavistock D58 Manchester; Clinical Lead Six Degrees Social Enterprise (providing step 2 LAPT services in Salford).

Retirement

Saying Goodbye

Pauline Hodson

This is it, the final ten weeks of my long career as a couple psychotherapist. My retirement has been some time coming; I have talked about ending for the past 15 years. Yet as my 65th, 70th and 75th birthdays have come and gone, so too has my resolve to retire. It has been so difficult to say goodbye to my satisfying and rewarding professional life, let alone a regular income, but now the time has come.

I had two images in my mind as I wrestled with the retirement dilemma; the ancient therapist who is more dependent on her clients than they are on her and the vibrant therapist, still working and writing in her eighties. I can't bear the former image and probably couldn't rise to the latter.

Sometimes I can conjure up a gratifying image of the retired me, but just now I have to confess I do feel a little squeamish about the prospect. I have to allow for the void before I can know what it will take to fill it. Meanwhile as the end of my

career draws near, my thoughts turn to its beginning.

In 1986 I became a student at the Institute of Marital Studies (now Tavistock Relationships). I joyfully immersed myself in the training and, after four years, had internalised a much-respected institution. This served me in good stead for the rest of my busy working life.

Immediately after graduating I set up in private practice in Oxford and spent years travelling between Oxford and London. I sat on committees, gave papers and, with my co-therapist, ran groups for couples. With my colleague Sasha Brookes, I co-edited a book, *The Invisible Matrix* and went on to write, *The Business of Therapy – how to set up in private practice*.

I loved my profession and wanted to raise awareness of couple psychotherapy. While I chaired my professional society, the Society of Psychoanalytic Marital Psychotherapists, we ran two international conferences, and celebrated couple

psychotherapy with an evening of song and role play at the Royal Opera House's Linbury Studio theatre. Of course, many of my colleagues have contributed far more than I have to my profession and continue to do so, well past retirement age; but I can't write about retirement without pointing out just a little of what I am retiring from.

'I loved my profession and wanted to raise awareness of couple psychotherapy'

I have always loved the clinical work; I have never resented the early morning starts or that feeling of exhaustion after a long day's work. I have enjoyed the regularity and predictability of the week. As the years rolled by, I continued to match my vacation to the school holidays long

after I needed to, enjoying the rhythm that this brings to the year. By mid-July, I would long for my break and a well-earned rest and then, somewhere towards the end of August, begin to look forward to September and the beginning of my working year.

Work has been containing when my private life was difficult and has been endlessly interesting and satisfying. I have almost always felt deeply connected to my clients while working with them, but quite rightly, when their therapy has ended, so has the connection. However, I will always remember a handful of my clients and continue to think about them; people with whom I might have been friends under different circumstances.

As I contemplate retirement, I alternate between feeling excited and depressed. I have just started to see my few remaining clients in my consulting room, as it seems important to conclude our work face-to-face. To be released from the internet sessions of the Covid months is a joy. With my room providing a container for both me

Continues on page 25

and my clients, I find my energy returning; then a tiny doubt starts to appear – maybe I could go on a little longer?

My husband has not been pushing me to retire so ‘that we could go travelling’; that is not his thing. Although we enjoy life together, I will not be able to rely on Noel for entertainment or trips out as he is fully engaged on his own projects. Meanwhile, I can’t rely on my children needing me to be a hands-on grandmother either; two of my grandchildren are at university and a younger one has such a busy social life that I have to make an appointment to see him.

But I need to stop work now, before I am too old to be enthusiastic about putting my energy into other activities. I enjoy painting and now is a chance to do more, to take a few courses and turn my consulting room into an artist’s studio. I like the image. I like walking in all weathers and I shall enjoy being a lady who lunches.

Yet as my retirement date approaches, I feel increasingly sad. It isn’t only the end of work, it is the end of my professional self and although I left youth and even middle age behind some time ago, I feel that it is the end of ageless me, the me who, when asked, could say, ‘I am a psychotherapist and still work a few days a week’. I liked to be able to say that.

My professional life is a lot to give up, and

who will acknowledge my loss? There has been much work done about endings in my consulting room these past few months, but my clients are not and should not be concerned about me. I don’t have a group of fellow workers, so there will be no office leaving party. Close colleagues, friends and family who have been subject to my endless agonizing about retirement will acknowledge the big day I am sure, but when I say goodbye to my last client for the last time it will be a private affair, just as my work has been for the past 40 years.

‘The finishing line was, “So now I have moved in more ways than one, I can’t go back I must go on”’

When my daughter was eleven, she wrote a poem which was all about loss. The finishing line was, ‘So now I have moved in more ways than one, I can’t go back I must go on’. I couldn’t put it better myself.

Pauline Hodson is a psychoanalytic couple psychotherapist and an alumna of Tavistock Relationships. She has worked in private practice for over 35 years.

Beautiful consulting rooms in tranquil setting with potential to build psychotherapy practice

Serving Hastings, Battle, Bexhill and Rye, for clinicians wanting to build a psychotherapy practice, we have beautiful, peaceful consulting rooms in a semi-rural location. All rooms are soundproofed with full disabled access on the ground floor. Kitchen and outdoor decking available for therapists. There is significant demand for psychotherapy in this area, with few psychoanalytically trained practitioners. See www.hidesfarmtherapy.co.uk for more details or contact Paula Conway on 07960 460060 to discuss and arrange an informal visit.

Review

The Kindness of Strangers?

A prize-winning new collection of poems captures the painful mixed feelings of being in somebody else's home.

Smita Rajput Kamble

Articulating the unthinkable, thoughts that have been repressed or are too unbearable to put into words, has often been the task of poetry and experimental art-forms that evoke the very state of mind in the reader or viewer that they describe. This is Bhanu Kapil's terrain, 'literature that is not made from literature' as she herself has put it.

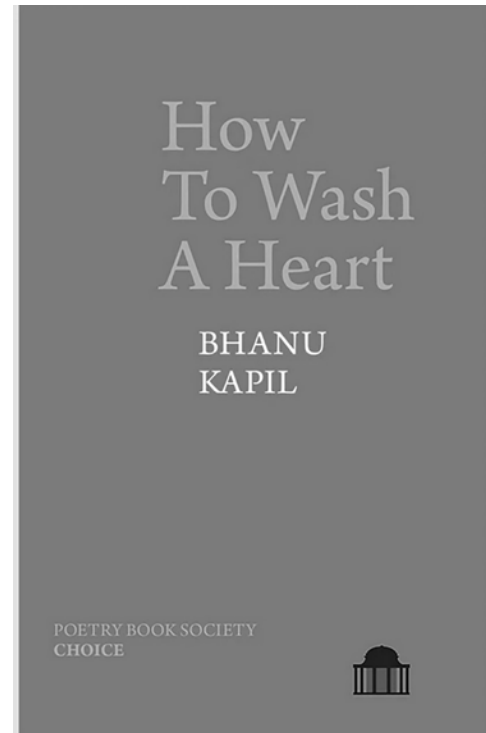
In an earlier collection, *Schizophrenia* (2011), Kapil explored the mental illness resulting from one of the biggest forced migrations in history, the Indian Partition, asking to what degree the schizophrenia found among the Indian and Pakistani diasporas might be attributed to the cleaving apart of their country. Instead of talking about this illness, she gave the

reader an experience of the condition itself.

Now, in *How to Wash a Heart* (2020), the winner of this year's prestigious TS Eliot Prize for poetry, Kapil presents the conflicting feelings stirred by acknowledging a sense of gratitude to one's host at the same time as being spiritually and culturally eroded – along with the sexual tension that accompanies these feelings. This book doesn't make for easy reading either. Take these lines,

*It's exhausting to be a guest
In somebody else's house
Forever.*

Or,



*My spiritual power was quickly depleted
by living with you.*

Like an intrusive mother

You cared for my needs

But also I never knew

*When you might open my door, leaving it
open*

When you left.

How to Wash A Heart offers a close-up



Bhanu Kapil, author of *How to Wash a Heart*

examination of hospitality, expressed through the story of a fictional relationship between an immigrant guest and their host. But it could apply to many relationships where power is unequal. In an interview with *The Guardian*, Kapil said that her inspiration for the book came from a photograph she saw in a newspaper, of a couple in California who had opened their home to a guest 'with a precarious visa status'. 'What caught my attention', she told her interviewer, 'was the tautness of the muscles around the mouths of these hosts. Perhaps they were simply nervous of being photographed. Nevertheless, the soft tissue contraction of those particular muscles are at odds (when visible) to a smile itself.' She continues, 'For me, this was also a way to write about the

discrepancy between being in spaces that, outwardly, present themselves as inclusive, open to outsiders or minority presences, but which, in the lived experience of inhabiting them, is excruciating.’

‘The continuous tension around how minorities feel in a “tolerant” inclusive society erupts in writing that captures the violence implicit in these relations’

Kapil is a British Indian writer who now lives in Colorado in the USA. Her own relocations must keep the experience fresh. The continuous tension around how minorities feel in a ‘tolerant’ inclusive society erupts in writing that captures the violence implicit in these relations. Kapil shows how love is conditional and the space between host and guest teeming with questions of what is and is not allowed, even down to the ways we eat: with hands or with knives and forks?

As therapists these poems might prompt us to think about how we adjust to the

expectations of our caregivers from the moment we are born. We might also reflect on what goes on in therapy for the client who comes to our consulting-room and seems to partake of our hospitality. Do we transform that space into something they can make their own as opposed to having to adapt to our way of doing things? Does it make it easier for clients not to feel grateful if they visit us in the more neutral space of a hospital or office rather than entering our homes? Then there are our experiences over the last year of working online. What has it been like for us to find ourselves in our clients’ homes?

To begin with in these poems, Kapil’s guest is all appreciation.

You made a space for me in your home, for my books and clothes, and I’ll

Never forget that.

But it isn’t long before more complex – and perhaps paranoid – feelings make their appearance.

What made you know something was over?

The milk in your eyes scared me.

In that moment I understood that you were a wolf capable of devouring my internal organs

if I exposed them to view.

I remember a young woman, a friend of a family member, who visited us for some

years. She occupied a corner of the sofa from where she darted wary looks at us. If we spoke, she jumped. This had us all on edge, choosing our words carefully and tiptoeing around. Something about the tautness of the muscles Kapil observed in the Californian couple’s faces felt familiar. We tauten our muscles when we face the unfamiliar and the repressed. If we school our faces and manner, the body finds a different way to betray us.

I also remember something said by a tutor early on in my training, how you know you’re home the moment you can close the door behind you and let out a sigh. All the defences that kept you somewhat rigid in the company of others break down and you can slump. Reading the poems in this collection had a similar effect on me. I could let out a sigh. Their author seems to validate the confusing mixed feelings we all have towards those who offer us a home, grateful and ungrateful at the same time.

Freud knew all about the power of poetry, writing on one occasion: ‘Everywhere I go I find a poet has been there before me.’ And Kapil knows about the power of the unconscious, how ‘accidents’ are often not what they seem.

My identity as a writer was precarious

During the time

I lived with you.

Once you locked me in an accident.

But is it the other who locks us in and to whom we must turn to let us out? Or are these things we do (to) ourselves? Accidentally.

Either way, reading Kapil’s poems can be liberating. She lifts some of the shame and repression around how we feel in the space of the other. This is relevant to the situation of migrants throughout the world. But it applies to all of us as we struggle to make space for others thinking how ‘inclusive’ and ‘hospitable’ we are being while wondering why our guests often seem so unappreciative of our efforts.

Smita Rajput Kamble is a psychoanalytic psychotherapist in private practice in London.

Review

The Old World Order

What can a classic novel about pre-modern Italy say to us and our profession today?

Jonathan Barham



Dear gentle 21st century analytic reader: if you are a little troubled and uneasy about life in the present age or are merely starved of a good read, then something interesting may be at hand for you. I refer to *The Betrothed* [*I promessi sposi*], a novel by Alessandro Manzoni published in 1842.

After a short ironic prologue, the story opens in 1628 in northern Italy on the day before the wedding of the young hero and heroine – lively and honest Renzo, sweet and virtuous Lucia. Their wedding day is doomed because Don Rodrigo, the local baron, wants Lucia for his own pleasure, and to win a bet with his even more unpleasant cousin Count Attilio. After being threatened by Don Rodrigo's henchmen, Don Abbondio, the local priest,

attempts to lie his way out of performing the ceremony, and thus is set in motion the events of this magnificent tale. Over the course of its several hundred pages, great and small themes are introduced and returned to with ease, elegance and understanding. Love, evil, vengeance, redemption, forgiveness, intermingle with scenes, characters and events from 17th century life so fresh and alive that they seem like a recent memory. Terrible events – injustice, war, famine and a plague – are described with heart-rending realism. The writing is by turns lyrical, comic, sombre and ironic and, from early on, it builds a head of steam that doesn't let the reader go.

'a significant contribution to the perennial debate between religious belief and belief in the power of the self and reason'

Manzoni was born in 1785 in northern Italy. His mother went to Paris to join the literary world there in 1792. She would have witnessed the Reign of Terror that engulfed the French Revolution between

1793 and 1794 (at its peak there were 1,400 executions over a seven-week period in Paris alone). She, and later her son, would also have engaged with the Enlightenment ideas that gave rise to these tumultuous years. But between the 1790s and 1810, Manzoni changed from being a free thinker and a supporter of the revolution to a firm and deep-rooted Catholic faith. *The Betrothed* was subsequently written between 1820 and 1842.

Manzoni's Catholicism is essential to *The Betrothed*. It produces two of its great figures, Fra Cristoforo and Cardinal Federico Borromeo, as well as the comical Don Abbondio and a much darker and more tragic figure, the Nun of Monza. Though they occupy a relatively small number of pages, their stories and personalities grip the reader, and their actions prove decisive at critical points. The major theme that all the book's characters grapple with is the contest between the forces of non-retaliation and redemption on the one hand and those of egotism and destructiveness on the other. It is from this perspective that *The Betrothed* can be seen as a uniquely Catholic response to the vengeful chaos of the Reign of Terror. The book sets out the alternatives to vengefulness instead.

The Betrothed, then, emerges out of the

battle between Enlightenment ideas of the perfectibility of mankind and religious notions of sinfulness in need of forgiveness and redemption. It constitutes a significant contribution to the perennial debate between religious belief and belief in the power of the self and reason.

Is this debate and the tension that accompanies it relevant to modern psychotherapy and to the analytic world? Our profession and expertise have their roots in the Enlightenment, in science and reason and the ideal of individual and emotional fulfilment. We attend to the 'internal' world as the road to self-understanding and growth through the two-person relationship of the analytic session. Modern psychotherapy tends to be politically aligned with liberal humanist ideas. It is suspicious of other collective belief systems which invest authority in an external deity and an institutional hierarchy. It sees these systems, with some justification, as being against certain key aspects of modern individual development. The psychotherapy movement as a whole is therefore instinctively on the side of what I have just termed the power of the self and reason.

The Betrothed offers a different vantage point to ponder. It presents a belief system based on the love of God, neighbour and enemy which until the time of the French Revolution was adhered to across Europe

– Christianity. That system now no longer exists in its old universally encompassing form. The book shows the kind of people that it was capable of producing, and how the establishment of what in Object Relations terms would be called a 'good object' at the heart of society might bear on everyone belonging to it. This was an object both venerated and continually renewed, and in *The Betrothed* we see how it is capable of offsetting our natural tendencies towards selfishness, barbarism and collective psychosis.

'The long and gradual decline in society of the Christian attitude of putting oneself to one side and of loving one's enemy might indeed result in unease'

Modern psychotherapy has developed its own narratives in response to the same need; for example, the Kleinian depressive position and the Oedipus complex. Successfully applied in our work, they bring about an internalisation in the individual of a forgiving object, capable of

not retaliating, of bearing with frustration and of working for the other. But, for all the benefits that our work offers both ourselves and our patients personally, it does not address the hole seemingly left in society – collective ways of how to treat other people, and how to deal with badness – that Christianity previously filled.

Does this hole really exist? Has it been filled by something else? Might such a void contribute to feelings of uneasiness in the present age? The long and gradual decline in society of the Christian attitude of putting oneself to one side and of loving one's enemy might indeed result in unease. Is it the case that rage, cruelty and unpredictable behaviour are consequently on the rise, less fettered by old values and conventions? There is plainly an increasingly vast gap between the cultural left and right. Here, mutual fear, incomprehension and hatred seem so easily to grow and spread. That makes the world a more dangerous place, and in turn adds to the erosion of the trust and shared values that could make it safer and more congenial. As well as being a great story, *The Betrothed* is an excellent description of what may have been lost, and food for thought as to the territory society finds itself in now.

Jonathan Barham is a psychoanalytic psychotherapist in private practice in west London.

Counselling and Psychotherapy Training Online and in London



TAVISTOCK
RELATIONSHIPS

Certificate in the Study of the Couple Relationship (Online via Zoom)

For qualified therapists and those working with individuals (adult and child) and families who want to explore and understand the couple relationship and its impact on their particular client base. The course is also for qualified therapists interested in working with couples and who want to understand more before undertaking further clinical training. This stimulating course looks at sex and sexuality, hate, aggression, and the myriad of unconscious processes such as unconscious phantasy and beliefs.

Course dates: Starts 9 October 2021. One Saturday per month (6 in total).
Fee: £1,200. **Venue:** Online via Zoom.

Practitioner Clinical Trainings Starting September 2021 (Advanced standing available)

Clinical Qualification in Couple Psychoanalytic Psychotherapy

Comprehensive training in psychoanalytic theory and techniques for couple work.

Duration: Full training 4 years. (Advanced standing – 2 years min.)

Venue: Hallam House, London W1W 6JL. **Fee:** £4,750 per year. (BPC accredited.)

Clinical Qualification: Psychodynamic Couple and Individual Counselling and Psychotherapy

Unique psychotherapy training that qualifies practitioners to work with both couples and individuals.

Duration: 3 years plus clinical reqs time. (Advanced standing – 2 years min.)

Venue: Blended learning experience at Hallam House, London W1W 6JL with online seminars. **Fee:** £5,500 per year. (BACP accredited.)

See website for details of Open Days and Open Evenings.

Online Self-Directed Study Courses

Topics include: Online Therapy, Psychoanalytic Thinking and Practice, Psychosexual Studies and Psychological Processes in Divorce.

For details see: <https://learninghub.tccr.ac.uk/shop/>

Diversity Bursaries – We are offering bursaries for Black, Asian and Minority Ethnic students across our trainings from foundation to clinical qualification. Please email or see website for details.

Forthcoming CPDs and Online Events

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

Julia Samuel In Conversation – This Too Shall Pass: Stories of Change – in the Time of Covid (FREE live online event)

In this early-evening event, based on her latest book, *This Too Shall Pass: Stories of Change, Crisis and Hopeful Beginnings*, Julia will talk about her clinical experiences with patients in which change has proved so demanding, from motherhood and work to decisions around leaving a partner, to marriage challenges after the trauma of Covid-19.

Date and time: 24 September 2021, 6pm–7pm. **Speaker:** Julia Samuel.

Venue: Online via Zoom. **Fee:** No fee but registration essential.

When Working with the Couple Works Best for the Individual: the Advantages and Limitations of Psychoanalytic Work with Couples

Little has been written about the differences between couple and individual psychotherapy and how these modalities impact on individual development. This workshop will examine and explore why some patients seem to do better in couple work and why some need an individual space.

Date and time: 8 October 2021, 10am–1pm. **Speaker:** Susanna Abse.

Venue: Hallam House, London W1W 6JL. **Fee:** £50.

Transformations in Love: Bion and Couple Therapy (Live online seminar)

Using Bion's love life to explore the relevance of his life-work to couple-work, this seminar applies his clinical thinking to the area of psychoanalytic psychotherapy with couples. Liberally illustrated with clinical material, the content will broach the difficult psychological terrain leading towards becoming O in and through love.

Date and time: 6 November 2021, 10am–1pm.

Speaker: Dr Judith Pickering. **Venue:** Online via Zoom. **Fee:** £40.

Online Conference – Divorce and Separation: Clinical Perspectives

In this four-hour online workshop, the approach that has been developed over many years at Tavistock Relationships will be explored. Presentations and discussion will be rich in clinical material.

Date and time: 27 November 2021, 10am–2pm.

Speakers: Dr Avi Shmueli, Professor Brett Kahr, Dr Damian McCann, Katherine Astill. **Venue:** Online via Zoom. **Fee:** £50.

Certificate in Psychosexual Studies (Online via Zoom)

As essential introduction to psychosexual practice and theory. Key aspects of Tavistock Relationships' psychosexual training are distilled into this short course. Open to counsellors, therapists, healthcare professionals, youth workers and others who wish to gain confidence and knowledge in discussing sexual issues with their clients.

Course dates: Starts 9 October 2021 and consists of 8 full-day Saturday workshops over two terms.

Fee: £1,950. **Venue:** Online via Zoom.

Diploma in Psychosexual Therapy

This two-year course is suitable for qualified therapists who wish to gain a professional qualification as a COSRT registered psychosexual therapist. The Tavistock Relationships course follows an integrated model using psychodynamic thinking, educational, and behavioural work in treating sexual problems in couples and individuals. It is designed to provide knowledge, skills and opportunities for clinical practice in this area and qualifies graduates to practise as psychosexual therapists in statutory and voluntary sectors as well as in private practice.

Course dates: Starts January 2022 and runs to October 2023 with tuition on 12 weekends (Saturday and Sunday) in Year 1, and 10 Saturdays in Year 2 – see website for full course dates.

Fee: £6,750 for 2 year course. **Venue:** Central London.

Online Summer School – Developing Skills in Couple Work (Delivery online via Zoom)

This course is open to those interested in learning more about couple relationships and about working with couples from a psychodynamic perspective. It will be useful to individual counsellors and individual, child, family and group psychotherapists, and to those in the helping professions, such as clinical psychologists, psychiatrists and social workers.

Dates: 6–10 September 2021, 10am–4.30pm. **Fee:** £475.

BOOK NOW:

Tel: 020 7380 8288

Email: training@TavistockRelationships.ac.uk <https://tavistockrelationships.ac.uk>