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Finding our voice

By Gary Fereday

THIS YEAR'S annual political party conference season provided us with the usual display of the leaders trying to rally the party faithful and reassure the electorate of their ability to lead. They did it in that strange language that pervades party conferences and increasingly politics at large. Andrew Rawnsley, chief political commentator of *The Observer*, quoted paragraphs from each of the three party leader's speeches. He asked readers to identify which leader said what, only then to reveal he had simply mixed up sentences from their different speeches. Rather mischievous, but it made a point. Real political ideas and vision appear increasingly absent in political discourse, replaced by this strange language. Contemporary politics seems reduced to attempting to reassure that the economy will be better managed, growth will return, and society improved by abstract concepts such as big societies or one nation politics.

Outside the rhetoric of the conference halls, individualism and consumerism are increasingly elevated above the importance of community and wellbeing. The emotional connections between people and communities seem to be diminishing. The poor increasingly marginalised and blamed for society's ills, while the wealthy, seeing their incomes increase to unimaginable levels, no longer feeling the need to be involved in the rest of society. In the 'middle' seem to be growing numbers of distressed individuals, worried about schools for their children, care in their old age and increasingly fearful of crime and social breakdown.

Public services have not been immune to individualism and consumerism, with a seemingly endless round of reorganisations combined with a target driven reductionist management approach. Psychotherapists across the NHS are in a state of considerable anxiety. Service reconfigurations and the continued drive towards more manualised approaches to therapy continue to threaten well established psychoanalytically informed services working with some of the most vulnerable in our society.

So what does psychoanalytically informed thinking make of these ills of contemporary society and the seeming inability of politicians to meaningfully address them? Why do politicians appear locked in this managerial language where growth and the economy are seen as the key to all of society's malaise, rather than speaking to what really makes us human? Psychoanalysis must find a coherent voice: a voice that policy makers might listen to and take seriously. It is not that we don't speak to some of these issues in our publications, but speaking 'about' contemporary developments is not quite the same as being involved 'in' them.

'Can psychoanalysis speak with a voice that policy makers might take seriously?'

It is rather shocking to hear psychoanalysis and psychotherapy talked about in disparaging terms as only helping the 'walking wounded' as if real mental distress and psychic pain is dealt with elsewhere. There is an urgent need to understand the dynamics that underpin these resilient misconception, even if, as it does, means looking critically at ourselves.

The Jimmy Saville scandal draws attention to not just how institutions look away from those issues that tarnish their reputations, but also how social attitudes can be predicated on turning a blind eye to what is known.

Our intention in the BPC is to both look for opportunities for development in practice and in policy, as well as attending to those parts organisational life that militate against them. Nigel Burns and Mary Pat Campbell (page 15) starkly remind us that, as a 'brand', psychoanalysis is tarnished. The profession is still all too often seen by others as one that can be self-absorbed, riven by factions, and not really facing the outside world. We need to address this. The BPC is responding to this challenge.

We are a relatively small organisation but have a clearly defined set of standards and values, and have a robust body of academic knowledge.

The BPC has nearly completed the review of its structures to provide a clearer distinction between the organisation's role of 'protecting the public' (necessary for CHRE accreditation) from our role of 'promoting the profession'. It is increasingly clear that we need to represent the profession's interests more clearly to politicians, commissioners, and policy makers, both regionally and nationally. There is some urgency here and we have therefore written our member institutions about the need to raise some additional income so that we are able to appoint to the role Policy and Public affairs Officer. We hope that such a central appointment will be supported and make an important addition to what the BPC can do for our MIs and registrants.

We have started planning next year's 'PP Now' conference. Working in collaboration with a number of key organisations the conference will be a major showcase for psychoanalytic work and thinking. We are also continuing our partnership with UKCP where we share considerable common ground. Registrants who work in the public sector will soon be asked to help us build better intelligence of the state of public sector psychotherapy so we can articulate more effectively the argument for psychoanalytically informed work.

Our member institutions are evolving. As we go to press three of our MIs are joining together. On page 10, Jenny Sprince outlines the work of our newest member, APPCIOS, and how it is leading on new ways of working in organisational settings, demonstrating creative ways of applying psychoanalytic thinking.

The profession has a lot to offer politicians and policy makers across the full range of political issues. Paul Hogget (page 12) takes on climate change, surely the biggest political challenge of all, examining why the world seems to be in denial and how the psychoanalysis can help to understand the situation. Meanwhile on page 5 Maxine Dennis uses psychoanalytic insights to examine how the NHS is becoming an increasingly paranoid and anxious system where there is little time to think.

These and the other articles in this edition of *New Associations* demonstrate just some of the many different ways that the profession can inform and play a more central role in policy making. We can help unlock politicians from their ever increasing managerial approach and help them speak to what really makes us all human ■

Gary Fereday is
Chief Executive
of the BPC



Mourning or melancholia?

By Eileen McGinley

Eileen McGinley reports on the debates that have been taking place recently surrounding the new DSM-5 categorisations for mourning, prolonged bereavement and depression

WHETHER A person is able to deal with facing loss in its many guises, either through the processes of mourning or through melancholic depressive solutions loss, has been at the centre of psychoanalytic thinking since Freud's groundbreaking work, 'Mourning and Melancholia'. Freud postulated that although there were different pre-conditions for whether the loss of a loved one was faced either by mourning or depression, it was still loss that was common to both. The loss could be of a loved person, but other losses could trigger bereavement, such as the loss of a job, a country, a long-held belief or ideal, or social status. Freud showed in his paper that the economics of the process of mourning and the acceptance of loss was an extremely painful and slow process, involving 'grave departures from the normal attitudes of life.' It was never immediate and was only achieved bit by bit, at great expense of time and cathectic energy. But he pointed out that it rarely occurs to us to regard it as a pathological condition, and that we rely on its being overcome after a certain lapse of time. Our attachment to and love for our good objects make it very painful to let them go.

Bereavement issues have become a focus for some of the controversy surrounding the launch of the American Psychiatric Association's (APA's) newest edition of the Diagnostic and Statistical Manual, DSM-5, due for publication in May 2013. As well as being criticised for including new diagnostic categories of mental disorders and for medicalising different behaviour that was not seen as the 'norm', it has been particularly heavily criticised for pathologising normal human reactions to grief and bereavement. In its first draft, the Mood Disorder Work Group of DSM-5 proposed to remove the bereavement exclusion criterion that had been included in the previous two DSMs, when considering the diagnostic symptoms of Major Depressive Disorder (MDD). It had also proposed the inclusion of a new disorder called Prolonged Grief Disorder, which stated that the symptoms and signs of bereavement could be considered as pathological if persisting for longer than two weeks.

Looking more closely at the controversy it has sparked, one can see the development of misconceptions and misunderstandings resulting from the polarisation between those who feared the dangers of the pathologising of the normal processes of bereavement, and those who feared the dangers of under-diagnosis and neglecting to treat an impairing depressive disorder. Some of these fears relate to the present standing of the DSM in psychiatry today, and the suspicions it arouses in many quarters. It is worth briefly considering its history.

'DSM-5 has been criticised for pathologising normal human reactions.'

The revision of APA's Diagnostic and Statistical Manual in 1980, under the chairmanship of Robert Spitzer, marked a watershed in the history of psychiatric practice. The new DSM-III adopted a research-led medical model based on descriptive psycho-pathology, and swung away from the previous bio-psycho-social model which had been influenced by psychoanalysis, psychology, sociology and biological knowledge. DSM-III shaped clinical diagnosis and psychiatric practice, both in the USA and globally, and the manual has become the major authority for the setting of research agendas and drug prescribing, and classifications for insurance reimbursements. Suspicions of the influence of the pharmaceutical companies on how research projects are conducted and the bias reporting of outcomes have led many to question the robustness of some of the research findings on which the DSM is based. At times it has come to have undue influence on what does or does not constitute a mental disorder, and in some areas on the medicalisation of clinical practice.

The removal of the bereavement exclusion criterion for Major Depressive Disorder was first introduced into DSM-III. It stated that someone who had experienced a recent bereavement was not eligible for a diagnosis of major depression. This was



to highlight that the grieving process had much in common with some of the symptoms of depression, and although painful and for a time debilitating, was the inevitable and necessary outcome of the normal, human process of mourning. It was included to counter-act the over-diagnosis of depression. The DSM-5 Task Force's proposal to remove the bereavement exclusion was met with outcry in the media and online, and polarized the argument by those who took the view that grief and bereavement as a 'natural' response to loss was under attack, arguing against its medicalisation and pathologising. For example, in February 2012 the *Lancet* editor wrote, 'Medicalising grief so that treatment is legitimized routinely with anti-depressants is not only dangerously simplistic but also flawed... Grief is not an illness: it is more usefully thought of as part of being human and a normal response to death of a loved one... For those who are grieving, doctors would do better to offer time, compassion, remembrance and empathy, than pills.'

The DSM-5's Work Group responded on their website by explaining that they were in agreement that the process of mourning, with its pain, grief and psychic preoccupations, was indeed not the same as major depression; but while they agreed that the vast majority of individuals exposed to grief and other misfortunes do not develop major depression, bereavement could trigger it in certain individuals. It was not their intention that someone who was grieving be automatically diagnosed with a Major Depressive Disorder, but rather that for the bereaved person who was also suffering from the symptoms of a major depressive episode could be monitored and assessed for appropriate treatment interventions. The Work Group

also argued, and I think cogently, that the loss of a loved one and the mourning it engendered was not the only stressor that triggered a major depression, and that there was no good scientific rationale for excluding one potential precipitating factor over another.

Going back to Freud's 'Mourning and Melancholia', in comparison to mourning, in depression he postulated that one of the issues which distinguished the two processes was that the ego was unable to separate itself from the lost object and instead, through splits in the ego, took the lost object into itself. A process of identification with the lost object occurred, famously described by him as 'the shadow of the object falls upon the ego', and the ego was damaged and depleted through psychotic processes of splitting and through identifications with the attributes of the lost object. Loss of the object in depression is felt as a loss of part of the ego itself, and thus too threatening to the integrity of the ego to abandon. The person feels stuck with the object, unable to separate. So much emotional energy becomes invested in the internal relationship with the 'dead' object, that the instinct for life and emotional investment with the outside world is suppressed. The depressed person feels delusionally hopeless, worthless, retarded, and impoverished, often with a harsh super-ego that encourages them to believe they are not deserving of any help. This delusional quality to their thinking may be difficult initially to recognise, as what they say may sound rational and congruent but lacking insight into their disordered way of thinking.

The DSM-5 work group seems to be grappling with the difficult clinical problem of how to distinguish between a

grieving process and those who develop a depressive disorder, often with psychotic features. Clinically, this may not be easy to distinguish, the severity of a bereavement at times making it seem pathological, and the delusional quality of a depressive disorder not correctly recognised, making it seem more rational and understandable in the face of a loss than it is.

In response to the public consultation the Mood Disorder Work Group have now changed the wording of their original proposals by adding a footnote to the DSM-5, highlighting the differences between normal mourning and depressive disorder, by correcting the erroneous implication that bereavement could only last for a certain specified period of time, and that the use of a checklist of diagnostic criteria by people without clinical training was not sufficient to make a clinical diagnosis.

A different issue is raised when one considers a bereavement process that does not seem to lead to a depressive disorder, but does not, as Freud had suggested, lead to the loss being resolved but instead results in a prolonged and debilitating form of bereavement. Persistent Complex Bereavement Related Disorder was included for further consideration, in section III of the DSM-5 (where conditions that require further research can be included) as a replacement for Prolonged Grief Disorder that was originally proposed for the DSM-5 and that caused so much controversy.

The arguments for this inclusion were that for some, rather than taking an eventual course towards some resolution of the loss, bereavement instead developed into a chronic debilitating form of grief, with symptoms that were distinct from those of major depression but were nevertheless very debilitating. They focus more on the persistence of symptoms and thoughts that are commonly prominent in the early stages of bereavement, but which take a hold in such a way as to prevent the return of previously achieved capacities. Also the stress of grief was seen to worsen pre-existing physical and mental disorders. The inclusion of this category was in recognition that abnormal grief reactions do occur that do not fit the diagnosis of major depression, and are not psychotic, yet which nevertheless cause severe debility and warrant clinical intervention.

The later developments in psychoanalytic object relations theories of psychic development, in particular the work of Klein, help us think why for some individuals the process of bereavement becomes debilitating and prolonged. Klein’s work showed that our ability to process losses depends in large part on the establishment of good objects in our inner world. The loss of external objects always awakens fears of the loss of good internal objects as well, and re-awaken earlier experiences of loss. The establishment of good internal objects is, first and foremost, achieved through introjections and identifications in early infancy and childhood, which help strengthen the

ego to weather the emotional storms of life. We are now more knowledgeable about how early deprivations and traumas in childhood detrimentally affect the development of the ego, the acquisition of cognitive capacities and affect regulation that have subsequent effects on the ability to face the emotional upheaval of bereavements. We now know that many factors, including inherited constitutional factors and the significance of the loss to the individual, need to be considered in assessing the individual’s psychological vulnerability to bereavement.

‘Object relations helps us think why for some bereavement becomes debilitating.’

For some individuals, bereavement triggers a process of such emotional upheaval it is difficult to overcome and bear, even with the help of family and friends. Because grief and bereavement are regarded as natural responses to loss, it can be difficult for the individual to admit they are struggling or in need of help to get through a process that many manage to get through without outside intervention. There is no morally correct way to mourn, and early deprivations and psychological vulnerabilities will make the process of bereavement more difficult

for some than for others, who could benefit from treatment interventions without needing to pathologise their experiences.

Although bereavement is a normal and natural response to loss, it is a major emotional upheaval in one’s life. To the person experiencing the bereavement, the grieving process, a natural response to loss, can feel very abnormal and, as Freud wrote, be experienced as a ‘grave departure from the normal attitude of life.’ For many, the grieving process eventually diminishes with the gradual acceptance of the loss and a return of interest in life, even though it is now altered. For some vulnerable individuals, the mourning process gets ‘stuck’, and not resolved, and they are debilitated by the grieving process itself. They may differ psychologically from those individuals who develop a major depressive disorder triggered by bereavement ■

Eileen McGinley is a psychoanalyst with the British Psychoanalytical Society, and was previously a Consultant Psychiatrist in Psychotherapy at the Maudsley Hospital. She co-edited a book with Arturo Varchevker, Enduring Loss: Mourning, Depression and Narcissism through the Life-Cycle, published by Karnac.

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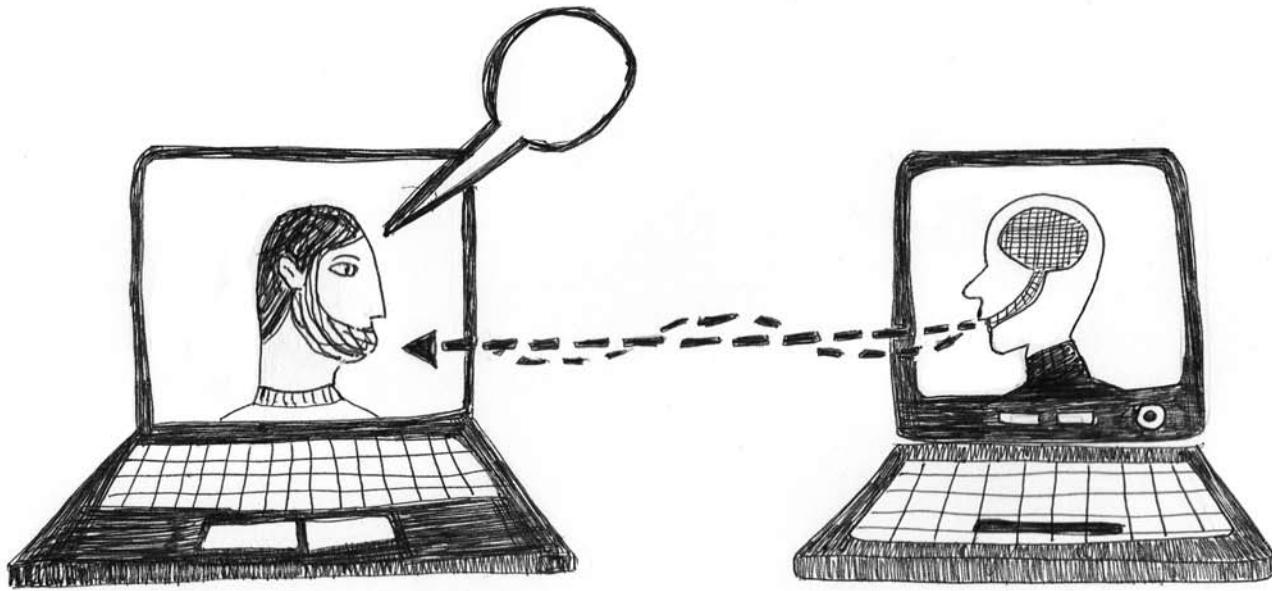
Save the date!



Going live

By Richard Graham

Social media technologies are here to stay, and therapists are increasingly finding ways to utilise this technology to reach new patients. Richard Graham explores both the advantages and difficulties involved in using social networking and providing 'Live Therapy'



ONE OF THE GREAT privileges of working in the Adolescent Department of the Tavistock and Portman over the last decade has been learning how new technologies were being used by young people. To understand their world and states of mind we realised it was essential to have some knowledge of digital space, instant messaging, and social media platforms such as Facebook. Further, in terms of psychological therapy, only CBT was represented, which was at odds with the wealth of knowledge psychoanalytic thinking has afforded us regarding identity, or group processes – both key aspects of digital life. An online presence was essential, yet competing with kittens on YouTube, or maintaining a largely unvisited Facebook page, seemed unproductive and out of step with the digital world. How, we wondered, could social networking could be used for serious matters?

In the summer of 2008, a trainee at the Tavistock informed us of a website that had established a truly supportive peer-to-peer community, called Big White Wall. Compared with the disinhibited, brutal behaviour seen elsewhere online, the culture of the community was both exploratory and facilitating. Members would report on their experiences of mental health problems and relate to those of others, additionally supporting any psychological therapy or treatment that the member was engaged in. Members of the community, however, did recognise the absence of professional knowledge and skills and requested additional clinical expertise from the staff supporting the site. It was at this point that the partnership with the Tavistock

commenced, and staff (known as Wall Guides) with therapeutic skills were recruited to add support to that from the members.

At this time, the mode of communication between members was what is described as 'asynchronous': a member creates content on the site and someone may or may not respond. If there is no response within a certain time frame, the Wall Guides post a response, but this can still create an uncomfortable void in which a member is left not knowing if they will receive a response. Usually this allows space for reflection, though some members, not unexpectedly, requested the possibly of direct contact with someone they knew was 'there'. Consequently, a 'synchronous' service was developed, Live Therapy, accessed through Big White Wall. This offers the possibilities of instant messaging and voice or video conferencing (akin to Skype) contact with a therapist in the here and now.

For the isolated individual with physical disability or multiple medical illnesses, Live Therapy offers a greater chance of being able to access some form of psychological therapy from home. For those with severe social anxieties and those who experience intense shame about their difficulties, the buffer of a screen used from home allows some work to occur, and, perhaps, the first steps to be taken towards face-to-face therapies. A young first-time mother, for example, who was terribly ashamed of thoughts of dropping or harming her infant was able to use Live Therapy at home, when it was unlikely she could have told her GP of them. Live Therapy also reduces inequalities created by living in remote

areas, distant from the concentration of services in urban settings, and can also be the only chance of therapy for those who live in communities or families that would not allow them to be 'seen' by a therapist.

So the need is there, but could a Skype-like platform be used to establish a high quality clinical contact with a capacity to promote change and development?

'Some therapists have a more engaging screen presence than others.'

At this point one is immediately confronted with the reality that simply migrating what works well offline to an online service is unlikely to succeed. The digital world has its own qualities, limits and risks. Using a video conferencing platform necessitates recognition that no matter how good the quality of picture or sound, some therapists have a more engaging screen presence than others. Understanding the technology helps – for instance, setting up a webcam well so half of one's head isn't cut off or the patient isn't addressing a silhouette. But the skills run way beyond this. The therapist must understand information governance and cyber security, to ensure the session is secure and confidentiality is maintained. Skype was not developed to be a secure platform for clinical work, and Big White Wall spent a great deal of time to establish a service that used the highest standards of security. Patients also need

to be informed of what to do in the event of a technology failure – their own, the therapist's, or the internet – and how to set up their equipment and to ensure that the setting of the session at home is in private. Consideration of the impact of the patient having therapy within their own home is part of the thinking, especially as a laptop can allow this to occur from a bedroom.

But there is also a strong possibility that the patient may be far more at ease in the world of 'Skype' than the therapist is. My own limited experience of a few clinical online contacts with young people who had to be away for prolonged periods was that they were far more at ease than I was. I felt deprived of the breadth of observations that are available when therapist and patient are in the same room, self-conscious as to how I could convey any understanding, and very uncertain as to how any comment was received. My impression was that the difference between offline and online contacts was far less for the young people than it was for me. I also found an online session more tiring, as much more work has to be undertaken by the therapist in order to be in contact with the patient, as the faculty of intuition has to work harder on less information. Paradoxically, the same situation may minimise the impact of certain 'particularities' of any therapist and allow an understanding of whom they seem to be talking to. There is also some evidence from the world of neuroscience that the active work of imagining what cannot be entirely perceived, promotes development (Professor Susan Greenfield, personal communication).

But it is early days in using the Live Therapy platform, and there is much to learn. Our suspicion is that it will reach new groups of individuals, the isolated, and those struggling with feelings of shame, but only more experience and research will confirm if that is so ■

Dr Richard Graham is a consultant psychiatrist at Big White Wall and the RAMP Initiative, and a child and adolescent psychiatrist at the Tavistock and Portman NHS Foundation Trust. Further advice on using new technologies can be found at www.facebook.com/rampguide www.bigwhitewall.com



Fighting for survival

By *Maxine Dennis*

Maxine Dennis reflects on how the NHS is becoming an increasingly paranoid and anxious system where there is little time to think

‘Discontent arises from knowledge of the possible, as contrasted with the actual.’
(from *In Place of Fear*, A. Bevan 1952)

IN 1948 ANEURIN BEVAN, the Minister who spearheaded the establishment of the NHS, maintained that it should be free at the point of delivery, accessible to all, and based on clinical need and not on the ability to pay. I came into the health service wanting to provide the kind of good quality accessible care he envisaged. However, the direction being taken by the current mental health services is creating an increasingly paranoid system where manic solutions are the order of the day, and I find myself harking back to yesteryear with nostalgia and an awareness that something else was possible.

Currently, patients and staff are affected by competition for services which, I think, are seen in terms of life and death proportions. The closing down of mental health services means that there is quite a fight for those that remain. Endemic within this fight is a fear of annihilation and the differentiation between ‘the haves’ and ‘the have nots’, this being frequently described as services being based on a postcode lottery.

I am put in mind of the book *The Hunger Games*, the first in a trilogy by Suzanne Collins (2008). For those who are not aware of the story I will provide a synopsis. In the ruins of a place once known as North America lies Panem, a shining city surrounded by twelve outlying districts. The ruling centre, Capitol, is a harsh and cruel place, which keeps the districts in line by forcing them to take part in an annual televised event where Capitol randomly selects one boy and one girl, between the ages of twelve and eighteen from each of the twelve districts, pitting them against each other in games of survival where they are forced to fight to the death. The victor wins for themselves and their families in their District, their continued existence along with food, fame and wealth. There is, I think, an analogy to be drawn between the fictional hunger

games and the deadly competition amongst patients for resources, the competition between staff – a dog eat dog culture where primitive modes of operating loom large.

Each year the G8 debate amongst the wealthy countries about how the capitalist system is maintained and what the wealthy countries will do for the poorer. This leaves the poorer countries and the masses to fight it out amongst themselves for scarce resources. We can take the wealthy states to equate to Capitol and the poorer countries to equate to the districts fighting it out amongst themselves for land, wealth, medication and so on.

‘Staff that remain within the health services may suffer survivors’ guilt.’

Longstanding colleagues with wisdom, skill and integrity are leaving, being pensioned off or made redundant and replaced by younger, leaner managers who are expected to provide new ideas, show that they and their team are ‘fit for purpose’ and able to generate the next big profitable idea. Staff teams are told to take on more work, in less time. The time to think is almost obsolete, perhaps because this would give space to realise that one is being sucked into false states of omnipotence and omniscience at best foolhardy and at worse dangerous and out of touch. Are managers and their teams really given the space to develop new ideas? Or are they being constrained within such narrow bands where creative thinking is thwarted?

Observing as a past manager of a primary care service in South West London that was working well, the advent of the IAPT juggernaut meant the survival of such a service necessitated the corruption of this system and a transition to a new arrangement for service provision. The aim was to provide a service to a large proportion of patients primarily by less skilled staff. This shift was something that concerned qualified staff, GPs and many patients. Replacing the mental health service with less skilled staff has a cost, not just a financial one, but also the loss of much needed containers of anxiety. Perhaps the hope of those who are closing services

is that the capacity for questioning will disappear.

Whilst some may feel the computerised therapy, CBT, has a place for some patients, it is of serious concern to assume that we should prescribe one treatment for all patients as if therapy were like a medication. Even with medication the doctor does not give the same drug to patients regardless of their presentation – it is tailored to the individual by the doctor. Yet with psychotherapy an increasing assumption is that we should prescribe a particular type of therapy to the masses.

Many psychotherapy departments have been closed down or substantially reduced. The much-needed day hospitals have become recovery centres with emphasis on patient throughput; crisis houses, instead of being staffed by skilled nurses, are being replaced by support workers. The present emphasis is on short-term therapy as opposed to ongoing therapy. There is a denial of the reality that some mental health problems are chronic conditions akin to, for example, diabetes, which are not ‘curable’ but require ongoing management. In addition, the evidence base for the importance of longer-term treatment programmes as beneficial in the treatment of conditions like personality disorders is being ignored.

The staff that remain within the health services may suffer survivors’ guilt in that they have missed the immediate round of cuts (savings!) but like the ‘sword of Damocles’, the concern is who is next. Increasingly the question asked by many is ‘when are you retiring?’ I think the sadistic wishes are increasingly thinly disguised; what is projected is the pervasive sense of anxiety about who is next. This anxiety has an impact for the clinician’s functioning and their capacity to contain patients’ anxiety.

Competition in any system should not be avoided, competition and rivalry is part of the human condition. However, mindless and destructive competition – the ‘hunger games’ mentality – needs to be recognised. Even more worrying with the struggle for limited resources, mental health is pitted against physical health care as if, for example, cancer can be compared with schizophrenia. Whilst there is a need to show effectiveness of mental health services, perhaps this should not be to the exclusion of the experience of the clinician.

‘Mindless and destructive competition needs to be recognised.’

During this time of change we should be concerned about what legacy, what indelible footprints we are leaving behind. Is it one where integrity, thinking and creativity are possible, or one where paranoia and mania have a stranglehold on services? There are of course no easy answers, nor am I looking back with rose-tinted glasses. However, there is the knowledge of what was possible as contrasted with what is actually happening ■

Maxine Dennis is currently a Consultant Clinical Psychologist and Psychotherapist based at the Tavistock Clinic and has been involved in primary, secondary and tertiary care services, both as a clinician and manager
Mdennis @tavi-port.nhs.uk

The views here are person and do not necessarily reflect my employing institution



Learning from Experience: fifty years on

By Chris Mawson

Chris Mawson revisits Wilfred Bion's classic text and examines which ideas have retained their freshness, and which have become blunted through being 'understood' too well

ALTHOUGH *Experiences in Groups* was the most popular of Bion's books, *Learning from Experience* is the most clinically concise and influential of his 24 published works. Its 50th anniversary is a good occasion on which to revisit it, to assess its significance, and to appreciate its distinctive qualities, beginning with its basic design. It is a short work designed to be read straight through without halting at any parts which are at first obscure. Reading it in this way can produce experiences which reproduce something of the essential character of the concepts being discussed. Bion stated his aim as being 'to give some idea of the world that is revealed by the attempt to understand our understanding.'

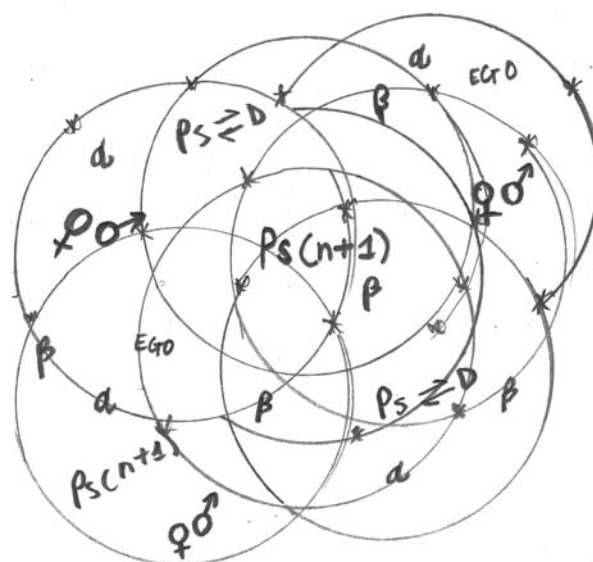
Bion's project was to make the emotions that permeate the abstract formulations of psychoanalytical theories come alive for the reader. In this work he begins with some notes on how he intends to make use of particular terms; a comment about how the book has been designed to be read, and a characteristic remark about the use of models known to be inadequate, but to be made use of until something better can be found. Next, he introduces a coordinated set of abstractions – later to be matched with some clinical observations – to 'catch the drift' of mental processes underlying thinking and disorders of thought.

Bion's recommendation to read without excessive strain, and to forego back-tracking, and checking that one has understood each sentence or paragraph as one goes, is hard to do, in much the same way as evenly-suspended attention is difficult in practice, but in reading it this way something is enabled that could not have been gained otherwise, and which could not have been anticipated beforehand. It frequently is not appreciated that Bion also intended that the book should be read and then forgotten – allowed to rest in the background only to be stirred by events experienced in the immediate moment: here and now – as Freud too intended psychoanalytic theory to function.

Readers can find themselves experiencing – often some time afterwards – a coming together of preconceptions (states of expectation) and sense-impressions appropriate to them, to form conceptions. This is a process Bion calls realization. David Bell has described this process: 'a hazy preconception which has lingered in the mind finds its realisation in a clinical experience... One does not get far with Bion, one might say, by wrinkling one's brow and trying very hard.'

'Bion intended that the book should be read and then forgotten, only to be stirred by events.'

Has *Learning From Experience* stood the test of time? Is it still relevant today? Bion felt that his aim in writing the book would have been met if readers were encouraged by it to take their thinking further, and in the intervening fifty years many have done so. The ideas in this book have contributed to the Kleinian development in this country, and have permeated the wider psychoanalytic culture. Indeed, it is hardly possible to attend a psychoanalytic conference these days without hearing the phrase 'Containment'. Bion preferred the less elegant *container-contained*, which he shortened to (♀ ♂). Those who have read the book will know that the container-contained model involves other interrelated concepts, such as $Ps \rightleftharpoons D$, Selected Fact, α and β elements, contact barrier, β screen – and Bion's expanded form of Klein's 1946 projective identification concept. This system of ideas has remained alive and relevant in 2012 amongst those clinicians who have incorporated the ideas into their basic technique. A sign of life in the ideas is the fact they can be developed further and not remain static. Ron Britton, for example, has taken the operation of $Ps \rightleftharpoons D$ further, in his idea of the post-depressive Ps position [$Ps(n+1)$]:



In order to hold fast to any sense of security whilst in the position I have called $Ps(n+1)$ a belief in probability is necessary: you could call it faith. Faith in what you might ask? I think it is faith that an answer exists that will sooner or later be found. In physics it is a belief in science; in psychoanalysis it is a belief in psychoanalysis; fundamentally it is a belief that continued inquiry leads towards it and that things ultimately make sense though that sense is unknown.

Britton's expansion of Bion's $Ps \rightleftharpoons D$ opens up a valuable area of exploration into the tolerance of probability in mental life. Few practising analysts have followed Bion into mathematizing aspects of psychoanalysis, and Britton is an exception – both understanding Bion's attempts, and making some successful attempts of his own.

Another example of the concepts from this book being taken further is Britton and John Steiner's work on distinguishing between Selected Facts and Over-valued ideas. This is an important contribution because it alerts us to the way in which the latter may resemble and substitute for the former, because there is a similarity between the emergence of an underlying pattern from a selected

fact and the 'crystallisation of delusional certainty from an overvalued idea'. Britton and Steiner described the serious risks to the patient of imposing on them an overvalued idea hardened into an interpretation. Edna O'Shaughnessy in her paper 'Relating to the Superego' has described how the consequences of such an imposition can lead to the analysis deteriorating into a relationship between two mad superegos, or one in which the analyst may actually be looking down or crushing the patient's ego. One important development of Bion's use of the Selected Fact concept, and of Britton and Steiner's application of it to the formation of interpretations, is the attention which nowadays is given to following up – in the moment-by-moment progression of the analytic session – the subtle consequences of the analyst's interventions, strongly represented in the work of Betty Joseph.

The modern version of projective identification is Bion's expanded one, bringing it closer to his earlier explanation for countertransference and Klein's emphasis on transference of Total Situations. The status given by Bion in this book to the domain of K (getting to know) has been influential, and it links intimately with Klein's emphasis on the drive towards curiosity. Especially useful in analyzing those suffering conditions



in which a terrifying superego is prominent, is the description in this book of what later came to be called the Ego-Destructive Superego. Bion refers to this powerfully damaging, ego-destructive structure in the following chilling, and instantly recognizable terms:

It is a super-ego that has hardly any of the characteristics of the super-ego as understood in psychoanalysis: it is ‘super’ ego. It is an envious assertion of moral superiority without any morals. In short it is the resultant of an envious stripping or denudation of all good... The process of denudation continues till — ♂ — ♀ represent hardly more than an empty superiority-inferiority that in turn degenerates to nullity.

In so far as its resemblance to the super-ego is concerned — (♀ ♂) shows itself as a superior object asserting its superiority by finding fault with everything. The most important characteristic is its hatred of any new development in the personality as if the new development were a rival to be destroyed. The emergence therefore of any tendency to search for the truth, to establish contact with reality and in short to be scientific in no matter how rudimentary a fashion is met by destructive attacks on the tendency and the reassertion of the ‘moral’ superiority. This implies an assertion of what in sophisticated terms would

be called a moral law and a moral system as superior to scientific law and a scientific system.

The clinical significance of this insight is of the greatest importance for the daily practice of psychoanalysis and psychoanalytic psychotherapy. At another level it also holds implications for considering group and political life, including the relationships between psychotherapists in our psychoanalytic societies and organisations.

Bion’s central preoccupation in this book on the distinction between measures intended to evade reality and measures designed to modify it, relates to the question of what makes mental pain more or less bearable. Bion was to state in his Tavistock Lectures that the problem with analysts is that they too often seem more interested in psychoanalysis than in mental pain. Bion felt that the analyst’s capacity to bear pain, helplessness and confusion, before any understanding was possible, was a necessary part of the job of being an analyst — much more important than sounding like one.

Related to this, and one of the most important contributions to theory and analytic technique, is Bion’s discussion in this book of the dire consequences for mental development of the infant’s experience of an object felt to refuse entry to its projected distress. (It is one of the factors that may be instrumental in the

formation of an ego-hating superego.) Such an object is liable to be experienced as wishing unalleviated distress upon the infant, which at some level can be felt as a desire for the infant to suffer, or even to die. Nowadays, we can make use of this work in trying to trace the consequences for the patient of our failures to really take in the impact of what they are saying and doing to us, and to be willing to explore with them what they feel we are intending when we speak, or do not.

Which concepts in the book have fallen by the wayside? Bion’s Grid, reproduced at the end of the book, is used by some analysts to explore their clinical work but it is fair to say that after Bion’s own disowning of it and his invitation to clinicians to form their own structures for ‘mental exercise’, the Grid idea has not really produced new shoots. In Rio de Janeiro in 1974 he said,

The Grid is a feeble attempt to produce an instrument — not a theory. I think it is good enough to know how bad it is, how unsuitable for the task for which I have made it... for me it is a waste of time because it doesn’t really correspond with the facts I am likely to meet.

The idea of *Reverie*¹ — with its connections to dream-thoughts — is still discussed occasionally, but has not received much attention in comparison with other aspects of the container-contained model. It goes beyond the Freud’s recommendations concerning the state of attention required for analytic work, and involves the role of love and dream-work. But these, so far, have not been substantially developed by others.

‘*Learning from Experience* reminds us of real patients, real experiences.’

On the negative side, it is true that in some places the ideas have become acceptable only through slicing them away from their connection to those formulations of Klein that underpin them (of envy and phantasy in particular). This can lead to both misunderstanding and misuse, and a similar reduction of their usefulness has come from the tendency in some quarters to split Bion’s contributions from those of his colleagues, Hanna Segal and Herbert Rosenfeld in particular. Many of their clinical and theoretical contributions have a direct bearing on Bion’s ideas. Thirdly there has been the tendency to *reify* Bion’s concepts. He gave many warnings in his work about this, but it remains a problem. He did not intend his readers to believe that there actually were ‘things’ in the world corresponding with his theoretical abstractions. A fourth obstacle to the continued development of Bion’s ideas is that we ‘know’ them. James Grotstein, with some generosity, has

shared such a moment from his analysis with Bion:

During another moment in analysis, he gave me a series of interpretations which, unusually, caused me to say, ‘I think I follow you.’ His reply to that was an ironic, ‘Yes, I was afraid of that!’

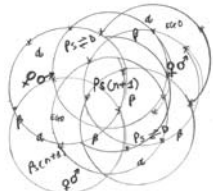
A fifth set of problems affecting the fate of Bion’s concepts has arisen through idealisation of Bion and mystification of his work. As well as his formidable intellect, Bion’s own mode of exposition in later writings may have contributed something to this, especially his way of writing about the relations between mystics and the official establishments surrounding them, but it is also true that sometimes the most effective way to destroy or to limit the growth-potential of ideas is to idealise them. As Bion put it, ‘Even apparent friendliness is deadly... his epitaph might be: “He was loaded with honours and sank without a trace.”’

Learning from Experience has not sunk without a trace, although some of the later work may be in the process of doing so. Fifty years on this brilliant, but more to the point, *useful* book, manages — even when highly abstract — to remind us of real patients, real experiences. It continues to provide ideas which, after having been forgotten, themselves function as the kinds of Selected Facts discussed by Bion in *Learning from Experience*, elements which — to quote Bion’s eldest daughter, Parthenope, ‘the thinking individual recognizes as unexpectedly harmonizing all the other scattered facts — it is one of them, but it allows the thinker to “see” the meaning which had previously not been visible.’

In his introduction Bion wrote, ‘If the reader is tempted to go further the object of the book is achieved.’ I hope that the readers of this brief article will be tempted to revisit the book, and to go further too ■

Chris Mawson is a Training and Supervising analyst of the British Psychoanalytical Society and works in private practice. He is currently editing the Complete Works of Bion for Karnac Books. He is also the editor of Bion Today’(2010), in the New Library of Psychoanalysis Series, Routledge.

1. In *Learning from Experience* Bion makes clear that it is an expression of the mother’s willing attentive love for her child, and is a response to the child’s need for loving understanding.



Interview

The Freuds and I

By *Chloe Diski*

Victor Ross is reputedly now the only person alive who remembers Freud's 70th birthday party. He tells Chloe Diski about his family's complicated attachment to the Freuds and his own memories of them

THE FREUD FAMILY shaped Victor Ross's life long before he was conceived. His father, Valentin, attended Freud's lectures while studying law in Vienna, and around that time he fell in love with his cousin, a free thinking girl from Berlin. Before asking her to be his wife, Valentin decided to first pen a letter to Freud asking for his view on cousins marrying. Although the original is lost, Ross remembers that Freud simply wrote, 'If you don't mind the characteristics common to both parents being reinforced, then go ahead.'

They married, and had four children. Tragically, two sons died young of dysentery in 1918, and later, when Ross was seven, his much cherished older sister also died. Ross, the youngest, was the survivor and he remains a survivor to this day, being one of the few people living who has memories of the Freuds and that generation of analysts.

When Ross tells the story of his life, his father's influence recedes significantly. Valentin didn't enjoy law, and his practice was not a success. It was Ross's mother, Eva Rosenfeld, and particularly his mother's relationship with Anna Freud and the Freud household, that takes precedence. And it is that story which Ross would repeat over and over again. At least, that was the impression I got when I asked for an interview. 'But I've already said it before! Everybody knows my story,' he exclaimed. Still willing to recount it again.

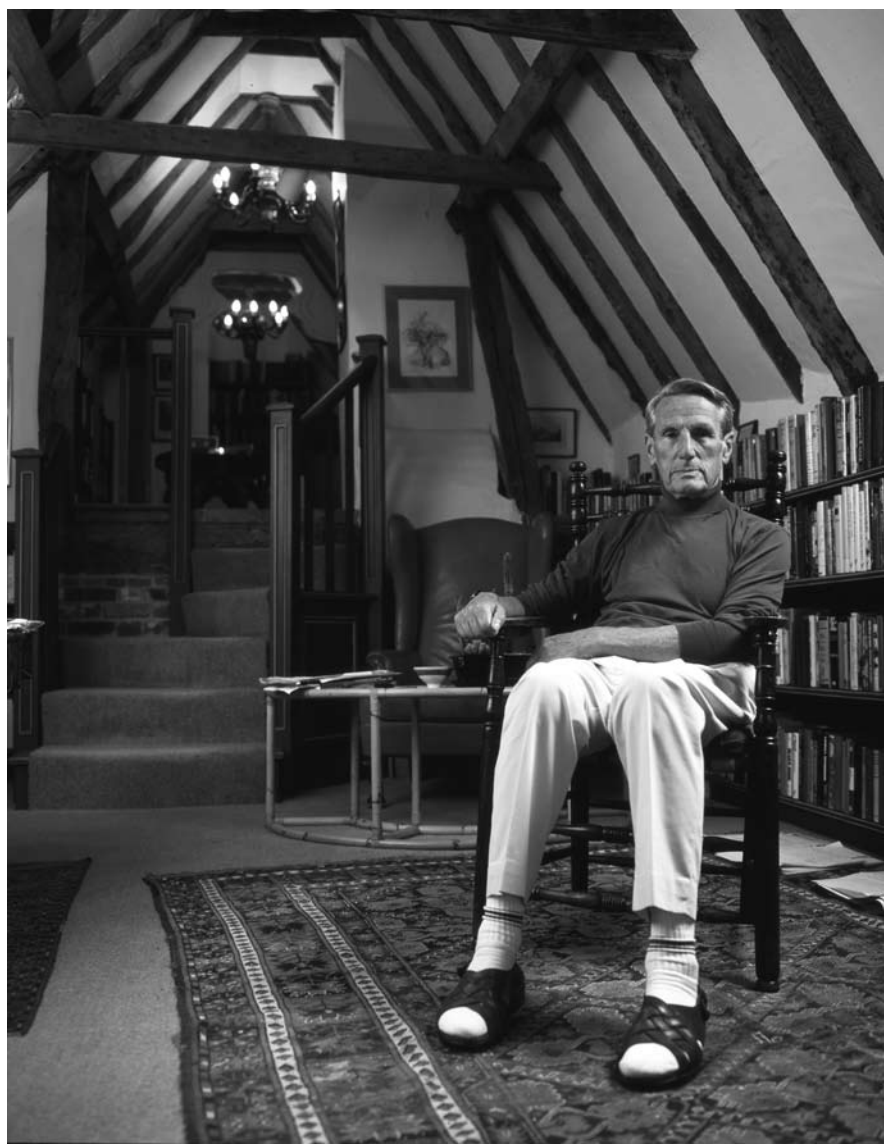
Ross is now 93 and lives alone and independently in a smart North London mansion flat. He was never an analyst himself, although as a young man he had a 'good Freudian analysis' and claims to be 'a very good advertisement for analysis, if you knew me before and after.' Ross's first love was acting; however, when that didn't come to much he then tried writing popular music and performing stand-up comedy, ending up feeling 'second rate' at all of them. Ross was not the type to be content in a second-rate position, and eventually – after the analysis – became an editor, rising to Chairman of the

UK *Reader's Digest* during the cold war years, a position in which he wielded considerable influence. Ross surrounded himself with what he calls 'the elite', but is quick to point out his own lack of distinction. 'I am personally without any interest at all, but as a witness I am almost unique.'

Anna Freud was introduced to Ross's mother, Eva, in 1924 through a mutual friend, the analyst Siegfried Bernfeld, who was looking to place a girl who was in difficulty. Eva welcomed the girl into their family home in Vienna, and soon Anna and Eva were almost inseparable. 'My mother was very robustly heterosexual,' Ross explains, 'but there was a romantic attachment between the two women. They almost had a crush on each other.' Their infatuation was clear from the many letters sent between them, including one from Anna to Eva in 1929 in which she writes, 'You are I and I am you and any part of me that you can use you must always take, because you have a right to it.' This feeling seemed to run both ways. A year after their introduction Eva expressed her own attachment by stringing thirty presents on a silver cord through three rooms of the Freuds' house, one for each of the birthdays Eva had missed before their friendship began.

'Vienna was like a tropical flower blooming, yet with the promise of decay already apparent.'

Ross, who was just a child when his mother and Anna Freud became close, is now aware that he lived through extraordinary times. He describes Vienna in those days as 'a hotbed of intellectual revolution. It was like a tropical flower blooming and yet with the promise of decay already apparent. All the emphasis on sex was not confined to psychoanalysis. Freud formulated what was already in the air.' It soon becomes apparent that most of Ross's recollections contain boasts and



Victor Ross

self-deprecation, seamlessly following each other. So his description of the Viennese heyday concludes, 'I couldn't pick up on all that at such a young age. But then I was particularly shallow and uninterested and insensitive.'

In fact, he seems determined to convey this image of himself as an apathetic young boy. When he was nine, Anna Freud and her friend Dorothy Burlingham built an independent school in Eva's back garden. Ross remembers the atmosphere of the school being 'really very weird' as most of the twenty children who attended were in analysis with Anna Freud. 'It made it a bit incestuous, as they talked amongst each other about the analysis. They were all in analysis with the exception of me.' When I ask if he remembers anything more, Ross replies in the negative, adding, 'But I was unobservant, I was shallow, callow.' Did he feel left out, being the only unanalysed student? 'No. I always managed to avoid pretty well everything. There was no pressure and I didn't resist it. I was thinking my own thoughts in a different world. Perhaps they thought I didn't need it. Anyway, I think my father had doubts about the school. It also documented his failure as a provider, as my mother had to work from seven in the morning to eight at night, and he had a practice that took just two hours a day. That was not an ideal family situation.'

The Freud's home at Berggasse 19, it seems, was closer to that ideal. Ross describes it as 'a very quiet bourgeois, upper middle class apartment.' He was 'just Eva's child' and Freud paid little

attention to him; 'he had a regal way and patted me on my head.' Mostly, Ross remembers that 'the professor was rarely seen; he disappeared into his consulting room. His wife was an unscientific type who provided visitors with cake and coffee. It was much more of a family home than one would perhaps have expected.' So Berggasse 19 was a calm and homely place for Ross, but also offered glamour. 'This great man had the most extraordinary people visiting, from Salvador Dali to Oskar Kokoschka, Max Reinhardt.' Ross's eyes light up when he talks about the people he met there. 'You name them I knew them. That's what makes me interesting, that's why people come to me.' He says this in a very matter of fact way, and goes on to list other people he knew later in life, like John Gielgud and Laurence Olivier, whom he met through his wife, an actress and sister of the Hollywood actress Lilli Palmer.

His position at *Reader's Digest* also brought him into contact with politicians. He knew Ronald Regan, Norman Tebbit, Margaret Thatcher (for whom he wrote the odd speech). When Ross went through the photos for this interview he rejected the one of him next to President Clinton at the White House because, he said, 'I'm more of a Regan man.' He describes how all the Viennese immigrants were 'brainwashed into being Democrats' because they didn't have the choice. Ross too was one of the 'brainwashed' until he had a political 'epiphany' in his fifties, which turned him from the left, to the right. 'That generation, they didn't think hard enough. I made the step out of it, to the great disapproval of my father and

everyone. I was really the only one of my lot who became a right-winger. I knew Friedrich von Hayek, I knew Milton Friedman.’ Ross maintains he never about talked politics with his mother or with the Freuds. Although it seems a certain kind of internal and emotional politics was being played out between his mother and Anna Freud.

Eva eventually felt supplanted in Anna’s affections by Dorothy Burlingham, and went from being cherished to, later in life, being treated with a certain aloofness. Ross noticed this started after Anna’s suggestion that Eva be analysed by her father. Eva saw Freud for a ‘bitty’ analysis of roughly seventy sessions, including the odd one on the many holidays the Rosenfelds and Freuds took together. ‘All things that were not supposed to be done, were done,’ Ross explains. ‘He was breaking his own rules.’

Eva was an unusual patient because she didn’t pay for the analysis – more rule breaking, Ross reminds me. She described her new passionate attachment to a Freud – *the* Freud this time – in an unpublished memoir, which Ross still has in his possession. Eva wanted it to be published, but Ross – son, and professional editor – didn’t think the writing was good enough. At the age of thirty-seven Eva was, she wrote in the memoir, ‘to find a “father” again, twenty-two years after my own father’s death.’ She felt it was like going to a birthday party, certain of revelations to come, and writes in her diary of one session in which she looked up at the candelabra from the couch and noticed that one of its six arms was a bit different. Freud interpreted that she was saying that out of his six children, Anna stood out for her. Eva insisted that there was actually a defect in the candelabra and so Freud got up, examined it, and said, ‘you are right that one is different, but still what you are saying is that Anna has a different relationship to me from all the other five.’ The interpretation could have fitted Freud just as well as Eva.

Eventually, Eva started thinking of becoming an analyst herself, and Ross believes that was when the women’s relationship really started to strain. Her

ambition was taken to be ‘a little bit presumptuous’. The analysis helped Eva to separate from Valentin. She went with her son to Berlin, leaving Valentin to take up residence in the now redundant school building. In 1936 when the Nazis’ policies became more brutal she moved to London, and it was while trying to establish her practice that she made the next step, which Ross identifies as ‘the final act of apostasy’. Eva became interested in Melanie Klein’s ideas, and began an analysis with her. At the time Eva sent a letter to Freud asking for a few more sessions, a ‘refresher’. In his reply, Freud writes, ‘You put me in the painful position of having to deny you the fulfilment of a wish... you know that four weeks’ analysis with me would achieve nothing... You know my attitude to the teachings of Melanie Klein. I too believe that she has discovered something new, but I do not know whether it means as much as she thinks, and I am sure that it grants no right to put theory and technique on a new basis.’

‘Anna was capable of warmth, but she was also capable of being very cold.’

Eva’s thoughts were on creating a middle school, hoping to find a bridge between the Kleinans and the Freudians, but she never felt sufficiently supported by the psychoanalytic establishment (significantly by Anna, or Freud, or Klein) to publish and develop her ideas. The only thing she said to her son about her analysis with Melanie Klein was that her teachers always had high hopes for her, which she somehow disappointed. Ross looks up at me, expressing my own thoughts at that moment. ‘She too, was somebody who did not overestimate her merits.’

Eva, still feeling part of the Freud family, continued to ‘woo’ them, and her emotional acuteness and deep interest in people kept her practising until the end of

her life in the 1970s. Ross is keen to point out that his mother’s style was different from her contemporaries. ‘Most early analysts were medical men with a broad vision of life, and when they fell into the clutches of psychoanalysis they narrowed their focus. My mother widened her vision with the help of analysis.’

After his mother’s death, Ross became closer to Anna Freud. They often sat over tea in Maresfield Gardens sharing memories of their life in Vienna. ‘This late blooming friendship may have been a kind of restitution for her treatment of my mother. I knew she was my mother’s great love. There was more than warmth, almost heat. Yes, Anna was capable of warmth, but she was also capable of being very cold. She felt her power and her role in her father’s life, which was overwhelming.’ Asked whether he noticed Anna resenting that role, he says, ‘At some level she may have, I think Freud was worried at one time that she didn’t marry because she had married him, so to speak. But I really think her devotion was total and unreserved. I didn’t sit inside in Anna, but I have a good eye.’

Ross felt his mother’s drive to educate and look after those in need as a burden, because he was never ethically motivated. When I ask what he is motivated by, he smiles. ‘By performing. I always wanted to be the cleverest, the most efficient, the most acute, and always outshine everyone around me.’ Ross managed this, he explains, by discovering early on that the way to shine was to surround himself with stars. ‘I drove the coach, but I had the best horses. I always felt in the end my cleverness consisted in knowing what I could get from them. I am quite calculating.’ I reply that in order to be calculating you have to be able to read and understand people, a similar characteristic to that of his mother. Ross brushes this off with his self-deprecation. ‘It wasn’t very difficult to know if you discussed acting with Noel Coward, whom I was particularly fond of, then you are going to find out something interesting.’

As I leave Victor Ross, and even as I write this article, it seems that Ross, along



Victor Ross at about 11 years of age (c.1930)



Eva in Grundlsee

with his mother, still tussle for their own space and identity with the Freuds, even now. Should the article be about Ross, or the Freud ‘elite’ he has known? The aim to do both, it seems, obscures Ross, but also utilises his strong urge to ‘drive the horses’ by telling the tale of The Freuds, or at least, his version of it ■

Chloe Diski is a writer and editor, and trainee psychotherapist.



Eva, Racker, Omi, Mädi, and Victor in Vienna about 1924



Ross with former Prime Minister James Callaghan

News

Introducing APPCIOS

APPCIOS (the Association for Psychodynamic Practice and Counselling in Organisational Settings) co-founder, Jenny Sprince, explains the thinking behind the BPC's newest Member Institution

The therapeutic community movement, group relations and psychodynamic organisational consultancy share a long and respectable psychoanalytic history, going back to Bion and beyond. Many people first encountered psychoanalytic ideas through these applications. Some went on to train as psychotherapists, but many stayed working in their own professions, deepening their understanding through individual therapy and supervision, taking brief courses, attending lectures, never going through a formal psychoanalytic training, but building up a formidable expertise. They used this expertise to make sense of the unconscious forces that operate for and through individuals within organisational settings – as a powerful clinical tool in its own right. Their expertise has gone without name or formal clinical recognition, but they have often had considerable impact on their places of work.

I discovered this when, as a young child psychotherapist, I was first employed as external consultant to a therapeutic community for very disturbed adolescents. The director knew all about psychoanalytic thinking. He shared my excitement in understanding how powerfully the relationships between himself and his senior management team were echoed in the quality of what went on between staff and children, and influenced the mindset of the community as a whole. I found that working together with him to understand the phantasies that swept through the adult and children's groups were not unlike watching children in therapy, playing with toys in a sand tray to show what they think is going on between mummy and daddy.

Since then I have consulted to a variety of staff groups working with young people: social services, children's homes, fostering and adoption agencies, schools, secure units and psychiatric wards. In some settings dynamic groups were supplemented by work discussion groups and seminars in psychoanalytic theory, in which all the staff participated. One director used to refer to our groups as an 'internal plumbing system': we were detoxifying projections, feelings and phantasies, processing them, and returning them as clear thinking to irrigate and fertilise the organisation's day-to-day life and development.

When they are working well, such environments operate like one large consulting room. So, for example, when thirteen-year-old Freddie thumped a lady on the kitchen staff, and then told his keyworker: 'You're my type of guy: love 'em and leave 'em, that's your style!', it initiated many weeks of painful discussion about gender issues throughout the residential children's unit: what men project into women, what women project into men. Within weeks, the staff's development was matched by a growth of sophistication in the children's groups. The girls began to notice how they sometimes used their sexuality to provoke the boys to violence, and the boys began to talk about the impact of domestic abuse on their own feelings about masculinity.

Through the development of APPCIOS I have discovered a range of like-minded colleagues from different professional backgrounds and settings, who have worked on their own to create thinking and empathic staff groups. A nurse told me about helping staff in residential units for old people to understand their responses to dementia: to make sense of 'silly behaviour', so as to be able to make emotional contact with patients they had previously found intolerable. A senior teacher at a boarding school for children with behavioural difficulties described what happened when a group of children absconded: 'The staff all wanted to punish them, but I got them to sit and think about whether the children believed anyone here genuinely wanted to have them back. That made a real difference; one teacher told me how a child she talked to afterwards was crying because his mum hadn't even rung the school to check out whether he'd been found.'

APPCIOS members come from many different backgrounds and have accumulated their learning in many ways. It has powers of APEL (Accreditation of Prior and Experiential Learning), and can offer accreditation to individuals who have acquired their expertise through a variety of organisational and psychoanalytic experiential learning. But our membership also includes a number of established BPC psychotherapists who have worked to develop skills in organisational consultancy.

Increasingly, we are starting to look at the possibility of offering accreditation to tailored in-house trainings, designed by our members in collaboration with the heads of organisations where they are already providing consultation. Managers find it easier to release funds from a training budget when they can argue that their staff may gain a solid clinical qualification at the end of the process. And a training that is delivered at the workplace, in a form that respects and

accommodates the existing hierarchy, is cheaper and more effective. But it does need the full support of the people in charge.

Our first such training has been set up in a small private fostering agency. Work discussion seminars, provided by a BPC psychotherapist over several years, are being supplemented by dynamics groups, theoretical seminars and therapeutic supervision for the team-leaders. We also hope to set up research that will explore the impact of this training on the agency's capacity to support their foster carers to work successfully with the children placed with them.

I hope that many more people will consider joining us. If you are already offering consultations, perhaps you will be interested in thinking with us about whether they could be developed into similar in-house trainings ■

Jenny Sprince is a child psychotherapist and Chair of the APPCIOS Management Committee.
www.appcios.com, appcios@hotmail.com,
www.appcios.com/members/blog

Assured voluntary regulation update

The Council for Healthcare Regulatory Excellence (CHRE) Council meeting on 27 September approved the Assured Voluntary Registers standards, and expects to invite the first applications from 1 December. The BPC is currently preparing its application to be among the first registers to be accredited.

In the meantime, CHRE are continuing their transition to their new identity as the Professional Standards Authority for Health and Social Care, to be fully implemented from November. The draft standards can be viewed at www.chre.org.uk/satellite/102/ ■

Lords' debate on mental health

Lord Alderdice brought a question for debate to the House of Lords on 8 October, asking how the government propose to strengthen the provision of mental health services in the NHS.

In his speech, he referred to a briefing sent by Gary Fereday, Chief Executive of the BPC. He said, 'One of my anxieties is that I keep getting reports that that money is being substituted, and that some psychological therapy services are being closed down and IAPTs are being increased... We do not know whether it is adding to the services that are available.

'Places such as the Maudsley, St Thomas's, Forest House in Walthamstow and Camden Psychotherapy Unit have provided well trained and good services. It is not a matter of cost because, in some of these services, the therapists coming in are good, well trained and well supervised people who provide therapy for nothing or for very small amounts of money. But it is easier for commissioners to commission one large organisation to provide one approach to therapy, rather than to pick up those who have very often provided all sorts of different approaches to therapy in the communities' ■

A.P.P

Association for
Psychoanalytic
Psychotherapy in the
National Health Service

**PSYCHOANALYTIC
PSYCHOTHERAPY:
Applications, Theory and
Research**

We are looking for an **Assistant Editor** for *PSYCHOANALYTIC PSYCHOTHERAPY* to start January 2013, to assist the Editor in Chief, Jessica Yakeley.

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

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

If you wish to discuss the post further, please contact the current Assistant Editor, Tom Pennybacker, at tpennybacker@tavi-port.nhs.uk, or the Editor, Jessica Yakeley, at jyakeley@tavi-port.nhs.uk.

Job description and Person Specification available from the APP.

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

Please send your application to:

Janaki Hemaratne, APP, Suite 7, 19-23 Wedmore Street London N19 4RU
Tel: 020 7272 8681 Email: app-nhs@btconnect.com

Closing date 30th November 2012

Interviews will be mid-December 2012

Obituary

Bernard Ratigan
25 January 1945 - 29 September 2012

Dr Bernard Ratigan spent his psychoanalytic career making sure that people who were part of a minority group with a high level of need – those underrepresented in society who may



not usually receive psychoanalytic psychotherapy – were given a voice and support in the consultation room.

It was a cause that was very close to Bernard’s heart, since he was himself made to feel like a minority within the psychoanalytic community: when he applied to train as a psychoanalyst in the 1970s his application was refused, and he believed it was because of homosexuality which he was open about during the interview process. His passion for Freud and psychoanalysis remained strong, and the rejection stirred his determination to campaign to change the prejudicial undertones of many psychoanalytic ideas, and to transform the way both LGBT patients and psychotherapy practitioners were treated.

During his career as a psychotherapist Bernard achieved many of his goals. He was instrumental in the development of the South Trent Training, he established HIV psychotherapy within Nottingham GU services, and developed the Nottingham Gender Identity Clinic, which is now the largest in the UK outside London. In 2010 he received the BPC’s Outstanding Personal Leadership award, and two years later he played a key role in the BPC’s Psychoanalysis and Homosexuality conference, where he was pleased to see that psychoanalysts were finally openly reassessing their treatment of the LBPT community, and apologising for past mistakes, although he was also sorry it hadn’t happened sooner.

Following his retirement Bernard worked on his academic interests; the contested space between psychoanalysis, religious belief, the (homo-)sexualities and the arts.

Dominic Davies, friend and founder of Pink Therapy: ‘Bernard was a hugely inspirational supervisor. He taught me to speak with the authority of my own experience and the voices of my own community and tell it how it was. He wasn’t a man to suffer fools gladly and his Yorkshire directness meant he was direct and to the point!’

Malcolm Allen, Dean, Tavistock & Portman: ‘I got to know Bernard during my own attempt to grapple with the developmental arrest of psychoanalytic thinking around sexuality, and especially homosexuality, in the latter part of the 20th century. A fearless and creative thinker, he brought an exceptional clarity of vision to this and other problems. Above all, it was his capacity for friendship and life that I will treasure. Bernard’s life made the world a more humane as well as a more interesting place’ ■

Letters

Dear Sir/Madam,

The most talked about book this summer was *Fifty Shades of Grey* by E. L. James. It caught the zeitgeist of a world we perhaps fear is out of control, and has afforded an opportunity to think and talk about sex, what we like and what we don’t like, and about the differences between men and women and what turns them on. A young male writer rather beautifully expressed this in the *Times* when he described the limited appeal for men of this novel, which has no illustrations and long delays between the action sequences.

I found my thoughts returning to earlier in the year and the release of the film *A Dangerous Method*, adapted from a stage play by Christopher Hampton and directed by David Cronenberg. The film was perhaps one of the first opportunities for psychoanalytic ideas to reach a much larger audience than the mainly middle class one it tends to attract. The film captures the beginning of psychoanalysis, pioneers promoting ideas that must have seemed as strange as the discovery of new species. Sex is at the centre both of Freud’s ideas and of the film – the power of sexual desire (Jung/Spielrein), the impact on development when sexuality is repressed (Spielrein), the need to work through in analysis, and perhaps the sexual arena, childhood sexual wishes and fantasies.

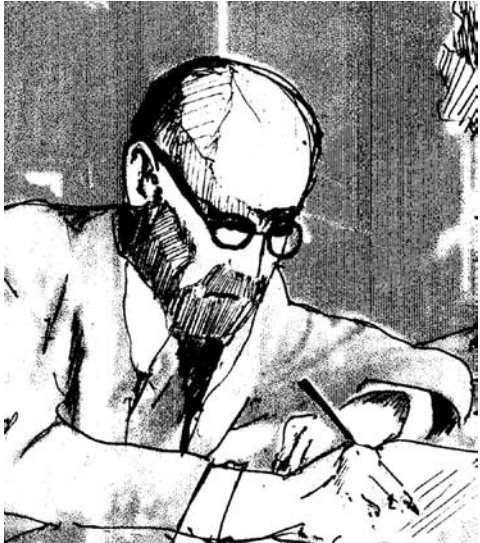
And yet it seems an opportunity was missed for us in the psychoanalytic world to really grapple with the messy business of sex and sexuality; instead a primness emerged in our language and manner of speaking about the film. Words like *sadomasochistic* seemed constantly called

upon to describe the mildest expressions of consensual dominance. At the event I attended to view and discuss the film (the fourth CAP conference) a very interesting discussion was had about the making of the film, about Cronenberg as a filmmaker, and about the post Jung/ Spielrein legacy for Jungian psychology. The audience of largely women, including me, did not question the use of *sadomasochistic* to discuss the spanking scenes, or raise questions about its use by Cronenberg to illustrate the working through of childhood sexual trauma.

Perhaps if we had been bolder we might have engaged the wider world in thinking about sex and sexuality, about what is pornographic at a time in history when access to hardcore pornography has never been more easy and we do not yet know the impact on these images on the younger generation – what their expectations of relationships and sex may be as a result. Also to explore what is healthy interest and curiosity and experimentation, and not to move so readily into filing behaviour we feel uncertain we should like under titles like *sadomasochistic* or *someone else does this, not me*.

Freud attracted some controversy over his sexual theories. He may have been disappointed by these events and that it has been left for *Fifty Shades of Grey* to pick up where *A Dangerous Method* fizzled out, and to evoke thought and debate about men and women and sex and what we do when we don’t have to discuss it publically ■

Michelle Golding, August 2012



Your letters

New Associations always welcomes letters from its readers. If you have thoughts you would like to share about the articles in this issue or more general comments about the profession, please send them to mail@psychoanalytic-council.org or post to Suite 7, 19-23 Wedmore Street, London, N19 4RU.



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Tel. 020 7561 9240
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www.psychoanalytic-council.org
mail@psychoanalytic-council.org

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leanne@psychoanalytic-council.org

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Deadlines: The next issue of *New Associations* will be published in March 2013. The deadline for article proposals is 21 December 2012. Contributions and letters to the Editor should reach us no later than 18 January 2013.

ISSN 2042-9096

Denying climate change

By Paul Hoggett

Paul Hoggett wonders why the world is in denial about increasing perils of climate change, and how psychoanalysis can help to understand the situation

WE SEEM TO BE sleepwalking towards disaster. Global temperatures have risen 0.8°C in the last century and are now set to rise well beyond 2°C by 2060, a figure universally regarded by scientists as the safe limit. The estimates provided by the Intergovernmental Panel on Climate Change, which have been derided by climate change sceptics as scaremongering, now look as if they will turn out to have been surprisingly conservative as the world warms faster than anyone anticipated. Only this summer sea ice in the Arctic Ocean retreated to a point that climate science had earlier thought would not be reached until 2030.

As the temperature gradient between Arctic and temperate regions diminishes, the Jet Stream slackens and our weather is thrown into chaos – unprecedented heatwaves and droughts in the American Midwest and eastern Europe, prolonged wet summers in the UK and north west Europe. The impact of bad weather on food prices was last felt just two years ago when the failure of the Russian wheat harvest provided the trigger for food riots from the Indian subcontinent to North Africa, the latter acting as a catalyst for the ‘Arab Spring’. So we can see the way in which climate chaos quickly transforms into social chaos and also the connection to a series of other predicaments – overpopulation, the depletion of natural resources, the destruction of bio-diversity, to name just a few.

And yet, faced with accumulating crises, international agreement on action to mitigate climate change seems further away than ever and, once we have them, none of us seem to be able to give up our energy intensive lifestyles. To repeat, we seem to be sleepwalking towards disaster. The last time this happened, when the USA and USSR threatened each other (and the rest of us) with mutually assured (nuclear) destruction (MAD), psychoanalysts spoke out (Segal 1987). This time the threat is greater because its nature makes it more difficult to respond to – it is distant rather than immediate, it will affect others first rather than ourselves, and the threat is not embodied in an obvious ‘other’ for we (in the West) are all implicated through our lifestyles.

How might psychoanalysis contribute to understanding the predicament we now face? Well this time, as before, some members of the psychoanalytic community, analysts and therapists, have begun working on this issue. One of the first fruits of this activity was realised this September with the publication of *Engaging with Climate Change: Psychoanalytic and Interdisciplinary Perspectives*, which develops an interdisciplinary dialogue involving analysts, therapists, climate scientists and social scientists. In this book and a number of other recent publications we can see how the psychoanalytic perspective contributes to several core questions. What has happened to our relation to nature to let such a crisis come to pass? What feelings does climate change arouse in us? How do we defend ourselves against these feelings, and how do these defences undermine our capacity to engage with this new reality?

With the exception of Harold Searles (1960, 1972) psychoanalysis has had little to say directly about the first question. For Searles, our relation to the non-human environment was a crucial factor in our development from birth onwards. Against the fetish of the independent self which has been central to Western individualism psychoanalysis has emphasized the interdependent self. But Searles argued we must go further to a transpersonal notion of self which locates the human being in a web of both human and non-human relations.

I think psychoanalysis approaches a more transpersonal perspective when it focuses on our relation to the nature within us, that is, our nature as physical beings and the frailty which accompanies this. This ‘fact of life’ is one we find very hard to accept and our flight from physical vulnerability and mortality seems to have much to do with our illusions of omnipotent control over nature and our search for (consumer) distractions.

Both for the individual self and for society the issue involves the acceptance of limits, and therefore the questioning of entitlement. And of course this means we are in the territory of depressive anxiety and ownership of responsibility for the damage we have done and will continue to do. Loss also makes its appearance. As

we see the Amazon destroyed or coral reefs die out one by one this feeling can become so powerful it can lead to despair. Emotional numbing is one response to such despair and some research on the experience of those living in damaged natural environments suggests that apathy, far from being a sign that people care very little, arises because they care too much. Of course another defence against depressive anxiety is the manic defence; we take flight from despair by throwing ourselves back into the state of mind that ship-wrecked us in the first place, joining the frenzied partying on the Titanic.

‘Climate chaos quickly transforms into social chaos.’

More worrying still is what might be called the pre-depressive response to climate change and other crises. Concern, guilt and despair are pre-empted by terror and fear for which fight, based on splitting and projection, is the natural response rather than flight. Nature is seen as something vengeful and hateful that must be tamed and controlled. As Clive Hamilton points out in his book, *Requiem for a Species*, some businessmen and scientists, having ignored or scorned climate science, are now saying that if there is a problem then business and technology can solve it through geoengineering solutions such as the creation of sulphur dioxide aerosols to deflect the sun’s radiation in the upper atmosphere. Such ‘solutions’ remind Hamilton of the verse ‘There was an old lady who swallowed a fly...’ Or we might think of a patient who, faced with the chaos that omnipotent control has wrought upon his life, lurches intoxicated towards the control buttons once more.

Another form of fight locates all the badness in the other – the Chinese and Indians, the Africans with their large families, the rich and complacent West, and so on. Instead of the much needed cooperation our situation requires, splits emerge between developed and developing countries, and between trading blocs and regions. Competition for scarce water resources already fuels conflicts in the Sudan, Mali, Israel and elsewhere. Boundaries soon become barriers which are anxiously patrolled to keep out the ‘losers’ as desertification and hunger results in mass migrations.

If this sounds gloomy then psychoanalysis also indicates how denial can be replaced by a growing capacity to face reality, and despair can change into hope. We also know how, in individuals and groups, powerful feelings can be contained thus lessening the need for destructive defences and conflict. Good work is getting done, not just by those involved in the *Engaging with Climate Change* volume but also by ecopsychologists and others. And here I would mention two other books published in 2012, *Vital Signs*, edited by Mary Jane Rust and Nick Totten, and *Psychoanalysis and Ecology at the Edge of Chaos* by Joseph Dodds. Finally, and also in 2012, the Climate Psychology Alliance (www.climatepsychologyalliance.org) has been launched which seeks to provide a forum for dialogue and collaboration between different psychological approaches, initiated by psychoanalytically-oriented practitioners ■

Paul Hoggett is a member of the Severnside Institute for Psychotherapy and Chair of the Climate Psychology Alliance. He has recently contributed a chapter to Engaging with Climate Change: Psychoanalytic and Interdisciplinary Perspectives, ed. Sally Weintrobe, part of Routledge’s The New Library of Psychoanalysis series.



Reviews

Pauline L. Hodson
The Business of Therapy: How to Succeed in Private Practice
OUP, 2012

The date is Thursday, 7th July, 2005. The time is early morning. Mrs X, a psychotherapist, finds herself waiting in her consulting room. Her patient is quite late in arriving. Eventually, the young woman bursts in, explaining that someone had just detonated a bomb on the London Underground. The patient named a particular tube station, and at that moment, the psychotherapist’s heart sank, as she realised that her grown son uses that same tube station every single morning. What on earth should the psychotherapist do in the middle of both a private psychotherapy session and, simultaneously, a terrifying national emergency? Should she continue the session, or should she excuse herself and run to telephone her son?

Mrs Y, also a psychotherapist, could hear that an intruder had broken through the gate of her home with a crowbar, whilst mid-session with a patient. What should she do? Ought she to persevere with the session and perhaps endanger both herself and her patient, or should she ring the police immediately?

Thomas H. Ogden
Creative Readings: Essays on Seminal Analytic Works
Routledge, 2012

Freud was pessimistic about how psychoanalysis was going to survive transplantation into the New World. Jung, too, was sceptical, writing to Freud, ‘So far these people simply haven’t a notion of what we’re at.’ But the American public eventually came to embrace psychoanalysis, and now the writings of prominent American analysts such as Thomas Ogden and Harold Searles offer an interesting and valuable compliment to the British school. Their writings are not widely taught here, which is in my view a great deficit, and this book would be a good place to start for anyone interested in the influence of object relations outside British psychoanalysis.

Ogden’s approach is often like that of a poet, in that he is as interested in the spaces between the words as the text itself. In this way he looks at several papers, adding profound insights that include his own theories, seeing in them the seeds of current psychoanalytic thinking. For example, he demonstrates how the beginnings of object relations theory are contained in Freud’s thinking in ‘Mourning and Melancholia’, and he not only explicates and clarifies

Both of these chilling vignettes, each completely true, can be found in the pages of Pauline Hodson’s new book, *The Business of Therapy: How to Succeed in Private Practice*, probably the best of the many tomes yet written on this topic. Fortunately, not all of the stories reported herein involve terrorism and robbery. Often, Mrs Hodson helps the reader to think about the more ordinary, more simple dilemmas of everyday practice, covering such topics as furnishing the consulting room, handling noisy neighbours, managing extra-therapeutic contact, charging for missed sessions, maintaining a website, writing a professional will, and so much more.

Experienced mental health professionals might imagine that this book would be of value only to students or to newly qualified clinicians; but, in fact, Hodson’s text has much to teach even the most seasoned of practitioners. Not only does she consider virtually every ‘management’ issue that one might imagine, but she brings an artistic quality to her discussion of the consulting room, and even offers thoughts on what one should or should not have in the bathroom, and on how one should manage one’s inevitably untidy stack of paperwork!

Fairbairn’s thinking, but develops his idea that the formation of the internal object world is always, in part, a response to trauma. Ogden demonstrates all this creatively with his own clinical work.

In one chapter he argues Susan Isaacs’s ‘The Nature and Function of Phantasy’ makes one of the most important contributions to the development of a radically revised psychoanalytic theory of thinking. And in his chapter on Bion – who is probably, with Winnicott, the most seminal influence on Ogden’s thinking – he acknowledges how difficult Bion is, and suggests that much of the confusion derives from the fact that Bion’s writing actually comprises two periods of work involving very different conceptions of psychoanalysis. I’ve always felt this to be true, but I have never had this feeling put into words.

When he comes to Harold Searles, Ogden explores not only what Searles thinks, but the way he thinks and how he works with patients. He states that ‘Searles’s work provides clinical shape and vitality for Bion’s often abstract theoretical constructions... At the same time, Bion’s work provides a broader theoretical context for Searles’s work.’ I always felt there was a connection between these two great analytic thinkers and appreciate Ogden for making this connection.

To her great credit, Mrs Hodson shares her own views on the minutiae of daily work with great generosity, but she never preaches. Furthermore, unlike authors of previous works on the management of a psychotherapy practice, Hodson has interviewed a large number of colleagues, and she offers their viewpoints as well on a host of topics such as moving offices, taking a sabbatical, managing illness, and preparing for retirement and death.

Graciously introduced by Dr Susie Orbach, who has described this book as ‘a gift to our field’, Hodson communicates her dedication and devotion to psychoanalytical work. One senses Hodson to be a colleague with a warm heart and a fine mind – a powerful combination. I recommend this book, without reservation, as a deeply engrossing contribution to our literature that will be of value to neophytes and near-retirees alike.

If you want to know what happened to Mrs X, the psychotherapist whose son had travelled on the tube on 7/7, or if you want to know what Mrs Y did when an intruder broke through her gate mid-session, you will have to buy the book ■

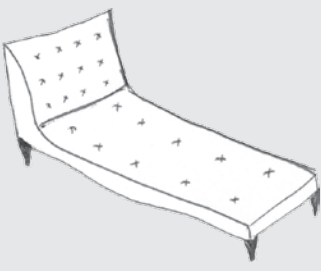
Brett Kahr

He approaches Winnicott by emphasising that an awareness of the way the language works in his writings significantly enhances what can be learned from reading them. He feels that Winnicott should be read aloud, line by line, like a poem. Either that, or ‘a piece of non-fiction literature in which the meeting of reader and writing generates an imaginative experience in the medium of language.’

The chapter on Winnicott helped me understand why I have found him so difficult at times to read and has, like the rest of the book, encouraged me to go back to these papers and read them anew, enlightened by Ogden’s insights. The book is a fascinating journey through some of the most important contributions in the history of psychoanalysis, providing new ways of seeing familiar papers and linking apparently disparate writers – like Bion and Searles. The angle that Ogden brings is always refreshing and profound ■

David Morgan

New Associations, New Listings



Have you a couch or any psychotherapy books you want to sell? Are you looking for consulting rooms, or have one you would like to rent out?

From the next issue *New Associations* will be accepting classified advertisements. Prices start at £20 for 40 words. Please contact Leanne Stelmaszczyk for more details on 020 7561 9240 or email leanne@psychoanalytic-council.org

B

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Contact: clericalofficer@thesap.org.uk, 020 7435 7696

8 November 2012
KEEPING SCHTUM – A SECRET HISTORY OF JEWS AND FOOTBALL
Speaker: Anthony Clavane
Freud Museum, 20 Maresfield Gardens, London NW3
Contact: eventsandmedia@freud.org.uk, 020 7435 2002

9 November 2012
NOVELIST GILLIAN SLOVO IN CONVERSATION WITH VALERIE SINASON
Barbican Centre, London EC2Y
www.connectingconversations.org

10 November 2012
THE LABYRINTH OF ADDICTION
Speaker: Mary Addenbrooke
Friends Meeting House, 91-93 Hartington Grove, Cambridge CB1
Contact: clericalofficer@thesap.org.uk, 020 7435 7696

10 November 2012
IT'S TIME WE TALKED ABOUT MONEY
Speakers: Jan Wiener, Sophia Grene
BAP, 37 Mapesbury Road, London NW2
Contact: wendyjcartwright@gmail.com

10 November 2012
THE REVOLUTIONARY UNCONSCIOUS
Speakers: Sanja Bahun, Miomir Milovanovic, Shahidha Bari
University of Essex, Colchester Campus
Contact: cpseo@essex.ac.uk

10 November 2012
TRAUMA AND DISSOCIATION
Speaker: Valerie Sinason
Friends Meeting House, 173 Euston Road, London NW1
Contact: Office@agip.org.uk

10 November 2012
UNIMAGINABLE STORMS: CONTINUING TO THINK PSYCHODYNAMICALLY ABOUT PSYCHOSIS IN THE NHS
A tribute to the late Dr Murray Jackson
Speakers include David Bell, Marcus Evans, Brian Martindale, Beatrice Stevens, Ben Thomas, Gary Winship
Institute of Psychiatry King's College London, De Crespigny Park, London SE5
Contact: admin@ispsuk.org 0845 166 4168

10 November 2012
MEDIA ETHICS AND EMOTIONAL WELLBEING
Speakers: Evan Harris, Tim Gardam, Sally Weintrobe, Susanna Rustin, Dan Chambers, David Aaronovitch, John Ellis, Laverne Antrobus, Lisa Appignanesi, Richard McKerrow, Brett Kahr
Anna Freud Centre, London NW3
www.freud.org.uk/events/74910/media-ethics-and-emotional-wellbeing/

13 November 2012
KNOWLEDGE AND ITS PRETENDERS
Speaker: David Bell
B36 Birkbeck, Malet Street, London WC1
Contact: j.eisner@bbk.ac.uk

16 November 2012
SHADOW LIVES: THE IMPACT ON WIVES AND FAMILIES ON THE WAR ON TERROR
Speaker: Victoria Brittain
Institute of Psychoanalysis, 112a Shirland Road, London W9
Contact: 0207 563 5017, marjory.goodall@iopa.org.uk

16-17 November 2012
ORGANIZATIONAL AND SOCIAL DYNAMICS
Speakers: Alessandra Lemma, Wendy Holloway
Ambassadors Hotel, 12 Upper Woburn Place, London WC1H
Contact: 020 7736 3844, conf@opus.org.uk

17 November 2012
OEDIPUS AT PLAY
Speaker: Ken Robinson
Avenue House, 17 East End Rd, London N3
Contact: 07534422117, info@squiggle-foundation.org

17 November 2012
SCREENING: SHOCK HEAD SOUL
Speakers: Simon Pummell (tbc), Helen Taylor Robinson, Morton Schatzman
Institute of Psychoanalysis, 112a Shirland Road, London W9
Contact: ann.glynn@iopa.org.uk 020 7563 50

17 November 2012
A DANGEROUS METHOD – SABINA SPIELREIN
Speakers: Ronald Britton, Coline Covington
Friends Meeting House, 43 St. Giles, Oxford, OX1
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21 November 2012
MENTAL HEALTH SPECIALISTS AND INTERFAITH RELATIONSHIPS: The unholy union between religion and therapy in contemporary Israel
Chadwick Lecture Theatre, UCL London
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22 November 2012
HUMANS AND OTHER ANIMALS: THE PARADOX OF PLAY
Speakers: Aubrey Manning, Graham Music, Richard Holloway
Royal Society of Edinburgh 22-26 George Street, Edinburgh
www.sihr.org.uk/EventsWorkshops.html

22 November 2012
ART AND THE BIRTH COMPLEX
Speaker: JoAnn Culbert-Koehn
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24 November 2012
THE MATERNAL LINEAGE
Speakers: Paola Mariotti, Estela Welldon
LCP, 32 Leighton Road, London NW5
Contact: 020 7482 2002/2282

25 November 2012
THE SINGING DETECTIVE
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Contact: www.beyondthecouch.org.uk

28 November 2012
MEMOIR
Speakers: Gillian Slovo, Jackie Kay
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29-30 November 2012
PSYCHOLOGICAL THERAPIES IN THE NHS
Mermaid Conference Centre, London EC4
Contact: www.newsavoypartnership.org

DECEMBER

1 December 2012
CULTURAL COMPLEX AND OTHERNESS
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7-9 December 2012
UNCONSCIOUS PHANTASY TODAY
Speakers: David Bell, Michael Brearley, Catalina Bronstein, David Tuckett, Chris Mawson, Claire Cripwell, Dana Birksted Breen, David Millar, David Taylor, Edna O'Shaughnessy, Jane Milton
UCL, Gower Street, London WC1E
Contact: sabina.hussain@ucl.ac.uk

8 December 2012
COMPLEX TRAUMA
Speakers: Jo Stubley, Polly Rossdale, Jane Cheshire, Mike Richards
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13 December 2012
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19 January 2013
SELF, IDENTITY & UNCERTAINTY: LOOKING IN AND LOOKING OUT
Speakers: Lesley Caldwell, Peter Wilson. Marilyn Mathew
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Contact: admin@bap-psychotherapy.org

24 January 2013
MARTIN PARR IN CONVERSATION WITH SUSIE GODSIL
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26 January 2013
JUNG'S PERSPECTIVE ON ADDICTION
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FEBRUARY

3 February 2013
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Contact: mayra.angulo@wpf.org.uk

9 February 2013
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Contact: 020 7482 2002/2282

9 February 2013
ME THOUGHT I HEARD A VOICE
Speaker: Marica Rytovaara
Friends Meeting House, 91-93 Hartington Grove, Cambridge CB1
Contact: clericalofficer@thesap.org.uk, 020 7435 7696

16 February 2013
EROS, ECSTASY AND THE OTHER
Leader: Brid Greally
WPF, 23 Magdalen Street, London SE1
Contact: mayra.angulo@wpf.org.uk

23 February 2013
SEXUAL DIFFERENCE WITHIN THE CONSULTING ROOM: WORKING WITH LGBT COMMUNITIES
Leader: David Richards
WPF, 23 Magdalen Street, London SE1
Contact: mayra.angulo@wpf.org.uk

23 February 2013
BRUTAL TYRANTS – BRUTAL SERVANTS: STRUGGLES WITH PERVERSION
Speaker: Malcolm Rushton
SAP, 1 Daleham Gardens, London NW3
Contact: clericalofficer@thesap.org.uk, 020 7435 7696

MARCH

2 March 2013
FACING MATERNAL ABUSE
Speaker: Anna Motz
Friends Meeting House, 43 St. Giles, Oxford OX1
Contact: clericalofficer@thesap.org.uk, 020 7435 7696

15 March 2013
BECKETT TO BION
Speakers: Laura Salisbury, Chris Mawson
The Institute of Psychoanalysis, 112a Shirland Road, London W9
Contact: marjorygoodall@iopa.org.uk, 020 7563 5016

15 March 2013
PSYCHODYNAMIC INTERPERSONAL THERAPY (PIT)
Speakers include: Russell Meares, Michael Barkham, Frank Margison, Gillian Hardy, Else Guthrie
Manchester Conference Centre
Contact: wendy.clarke@manchester.ac.uk

Opinion

Blue Skies or dinosaurs: the future of psychoanalysis

By Nigel Burch and Mary Pat Campbell

Nigel Burch and Mary Pat Campbell consider some practical ways to engage with society more effectively and to change the public's negative perception of psychoanalysis

TO THE VAST majority of society psychoanalysis is irrelevant. This sad fact was highlighted in Lord Layard's book *Happiness: Lessons from a New Science* (2005), when he dismissed psychoanalysis as 'backwards-looking' in just a couple of lines on page 8. The book was a lay version of his report to the Brown government, which led it to set up the CBT-focused IAPT programme.

The current generation, it seems, wants help that provides a quick fix, not what they sometimes term 'navel gazing'. Psychoanalyst David Tuckett experienced this cynicism when consulting a former *Guardian* leader writer to obtain advice on helping to promote his book, *Minding the Markets*. The advice was simply, 'whatever you do don't mention psychoanalysis!'

If our profession is to survive, other than as an anachronistic rump, it has to be seen to be making a meaningful contribution to society. We have no 'God given' right to survive, and we will only survive if we can examine ourselves and make real changes.

We need to be less of an inward looking profession and give more time to understand how we are seen. Our tendency to arrogance is well recognised, but if our starting point is to see the field of talking therapies as a power struggle, we are going to find it difficult to work with all the other talking therapy modalities. And work with them we must. The BPC is a small organisation with limited resources, having fewer than 1,600 members compared with UKCP's 7,000, and the BACP, which has in excess of 37,000.

The Way Forward: Psychoanalysis and Society

Changing the way society sees us is a long-term project, and requires a radical change of attitude on our part. The BPC

has to find common ground with UKCP and BACP, to realise we all have a place in the catalogue of 'talking cures', and that we need to work together. There are already moves in this direction, but the BPC must go further by working with them to provide a coherent understanding of the various 'talking cures' and the ways in which they can help relieve mental distress. This would then enable the BPC, UKCP and BACP to bring together press and public relations efforts to promote the benefits of what they all have to offer.

There are a number of new initiatives within the profession currently, some of them written about in *New Associations*, issue 9. One of these is the innovative service commissioned by City and Hackney PCT which involves collaboration with GPs with a radical and exciting shift in the provision of psychological treatment within primary care.

Another innovative service is one managed by the NW London based Brent IAPT service. A group of counsellors already working in the borough's GP surgeries provide psychodynamic therapy to patients on site in GP surgeries in Brent, receiving their referrals from

the IAPT service. Counselling hours paid for by the PCT have recently been considerably increased. Now that IAPT is up and running, it is becoming clearer that while they are providing an increase in access to psychological therapies, they do not have the expertise necessary to provide psychological therapies which reach the patient at greater depth. This is provided by DIT (Dynamic Interpersonal Therapy) and short-term psychodynamic counselling. The majority of the Brent group of counsellors are psychoanalytically or psychodynamically trained and are not too proud to call themselves counsellors. Regular group supervision is seen as vital to their complex work and is built in and paid for by the PCT. In our opinion, there needs to be a register of such new initiatives on the BPC website, to provide a database of contacts and to enable a cross-fertilization of experience and ideas.

'We will only survive if we can examine ourselves and make real changes.'

The NHS is recruiting 1200 health visitors and nurses in London alone for the Family/Nurse Partnerships proposed in the report. Should we not be working with the Royal College of Nursing to see if we could play a part in supporting this difficult work they will be taking on? Should we not also be working with research departments in universities to develop psychoanalytically based interventions to support this work?

There is something else we need to do. Psychoanalytic clinical work helps a considerable number of people whom we see as patients. But a vastly greater number of people could be helped if our understandings could change the way society is governed and the way people think. Two examples of psychoanalytic thinkers and writers who are doing this now are David Tuckett (as above) and in

the book *Engaging with Climate Change: Psychoanalytic and Interdisciplinary Perspectives*, edited by Sally Weintrobe. We need, through the BPC and through use of the media, to support the efforts of writers like these.

The BPC should also aim to create a political 'think tank' to enable our understandings to add to the many others that influence the decisions of those who govern us? Or possibly they need to explore whether existing think tanks, such as The Institute of Public Policy Research or The Kings Fund, would include a psychoanalytic viewpoint in their thinking.

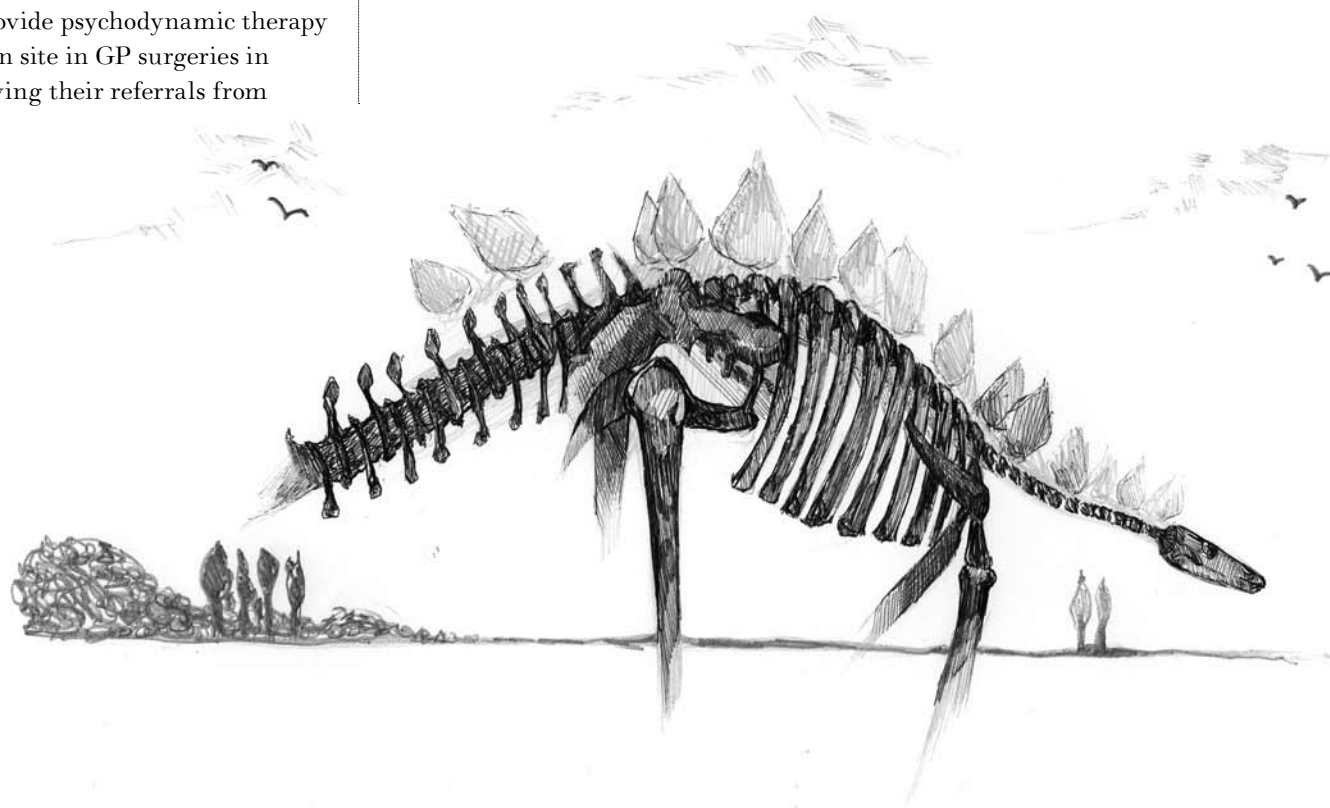
Blue Skies

If the field of talking cures was a business – and the BPC's Chair Julian Lousada has pointed to the need for us to become entrepreneurs (*New Associations*, issue 9) – the sensible way to structure and run it would be to amalgamate the separate bodies that represent us. We would then need to develop a marketing strategy to promote our products in the market. We would also have to develop our products, through better links between research and the business in which we are engaged, to fulfil the demands of the market. This is similar to what happens in the industrial world: psychoanalysis could be thought of as 'pure science', which then has to be applied to develop products that are of use to society.

Can we have both? The continually evolving academic and clinical work traditionally practiced by psychological practitioners in the psychoanalytic and other modalities, together with a way of providing a service that people want and which makes sense to them. What a worthwhile business that would be ■

Mary Pat Campbell is a psychoanalytic psychotherapist working at The Camden Psychotherapy Unit, Brent LAPT Counselling Service, and in private practice in London.

Nigel Burch is a psychoanalytic psychotherapist in private practice.





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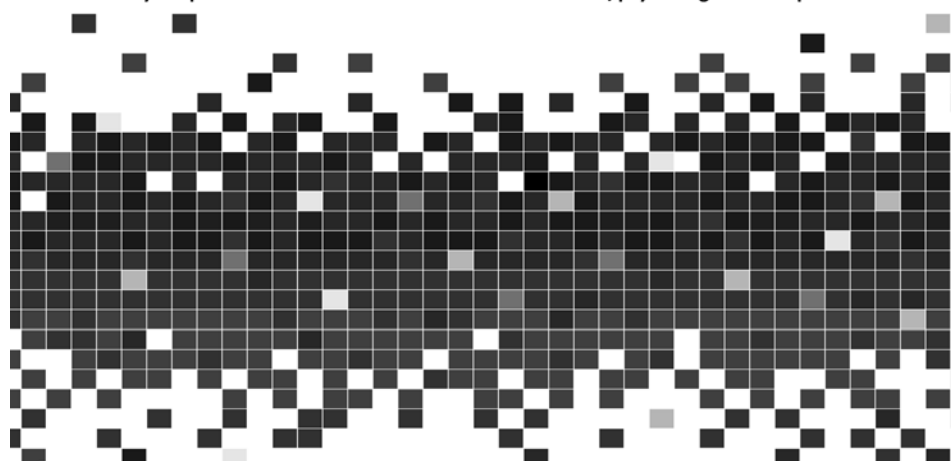
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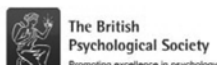
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