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## War, conflict, and the psychoanalytic turn

By Michael Roper

**S**OON AFTER being demobilised in early 1919, as he was waiting to go up to Oxford to begin a degree in history, Wilfred Bion wrote a memoir of his time as a tank commander during 1917-18, dedicated to his mother and father 'In place of letters I should have written!' He recalled the battle of Amiens six months earlier, and his feelings as he had tried to guide their noisy tanks into position, waiting for signs of German shelling: 'The strain had a very curious effect; I felt that all anxiety had become too much; I felt just like a small child that has had a tearful day and wants to be put to bed by its mother; I felt curiously eased by lying down on the bank by the side of the road, just as if I was lying peacefully in someone's arms.'<sup>1</sup>

Bion's memoir of 1919 presages many of the themes that would concern him half a century later as a psychoanalyst working with extreme emotional disturbances: the role of mothers in mediating the infant's anxieties, the ego of the schizophrenic patient whose splintered objects lodge themselves in the mind like shrapnel, and the analyst's struggle to sustain thinking when under attack. The First World War helped form Bion as an analyst, animating his insights half a century later into the mental landscapes of psychosis.<sup>2</sup>

The war was a formative personal experience for many of the founding figures of psychoanalysis. In Vienna, Sigmund and Anna Freud were confronted with the effects on civilian populations: Freud was anxious about his three serving sons, food was sometimes in short supply, Anna was working in a nursery for children orphaned by the war and, like her brother and nephew, contracted war-related TB, while Freud's beloved daughter Sophie was one of the two and a half million or so European victims of the influenza epidemic of 1918-19.<sup>3</sup> Melanie Klein's first attempts at

child analysis coincided with the violent revolution in Hungary, her son Erich's play and day-dreams being filled with murdering soldiers and fathers returning from the front. Donald Winnicott (b. 1896), who trained at a military hospital in Cambridge and served in the Navy, described the knowledge of death as a defining feature of his generation.<sup>4</sup> The war not only touched those who were adults at the time, but children like John Bowlby (b. 1907), who was sent away to boarding school at the outbreak of the war and between the ages of seven and eleven barely saw his father, who was a surgeon-general in France.<sup>5</sup>

The disruption, deprivation and losses of the war formed part of the context in which psychoanalysis developed. It contributed to Freud's pessimism about human nature, as he realised how thin was the veneer of civilisation in advanced European societies. The appearance of shell-shock among trench soldiers both confirmed and challenged his thinking. On the one hand it seemed to demonstrate that hysterical symptoms, like the stuttering, tics and paralyses of traumatised soldiers, were psychological in origin. On the other, it led him to question his views about the sexual aetiology of neuroses, and of dreams as wish fulfilments. In his 1920 essay 'Beyond the Pleasure Principle' – based partly on observing the effects on his eighteen month old grandson of his son-in-

law's absence at war – Freud put forward the theory of the death instinct. 'The aim of all life is death,' he wrote, an idea which would greatly influence Melanie Klein as she developed her thinking about the infant's mental life.<sup>6</sup>

The extent to which shell-shock encouraged a psychoanalytic turn is much debated among historians. Many analysts had experience of treating shell-shock victims, among them Matthew Eder who ran a hospital for shell-shocked soldiers in Malta, Sándor Ferenczi in Budapest, and Max Eitingon and Karl Abraham in Berlin. The broader influence of psychoanalysis on medical and military understanding is harder to gauge. In the 1990s, Pat Barker's *Regeneration* trilogy brought to public attention the work of W.H.R. Rivers, who treated the war poets Siegfried Sassoon and Wilfred Owen during 1917 at Craiglockhart Hospital in Scotland. Among British military psychiatrists Rivers was undoubtedly the most deeply engaged with Freud, but aspects of Freudian thinking can be seen in other military psychiatrists as well, among them Grafton Elliot Smith and the psychologist Tom Pear at Maghull hospital, Thomas Salmond, and the American John MacCurdy.<sup>7</sup>

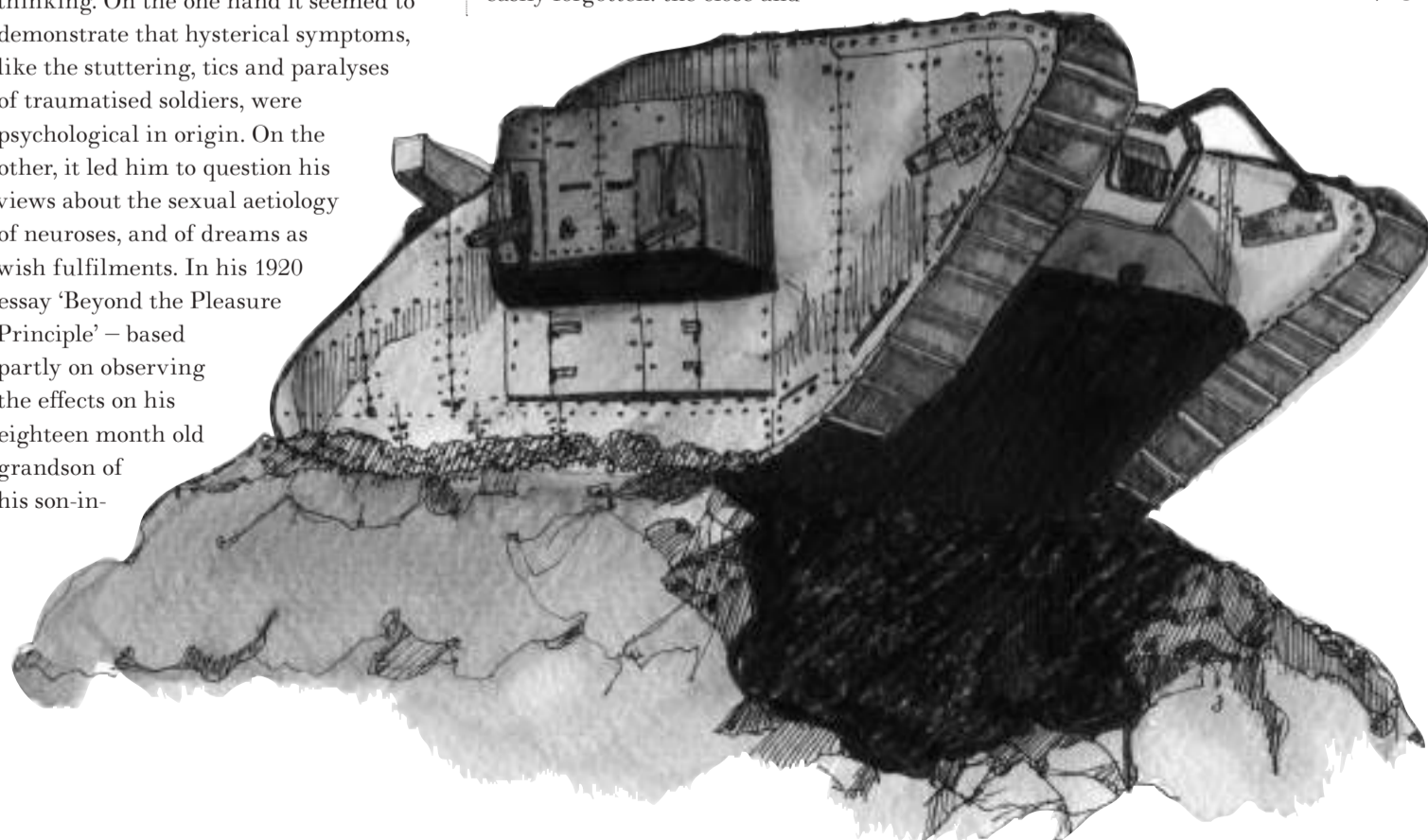
At the end of the war Freud's followers engaged in spirited debates with some of these military psychiatrists, downplaying their emphasis on the external shock which had brought soldiers into casualty clearing stations, and defending the infantile origins of shell-shock.<sup>8</sup> These disagreements would rumble on through the following century, most recently in the debates about PTSD. Then as now, the profound shift in lay thinking that psychoanalysis helped to bring about is easily forgotten: the close and

complex relation of physical maladies to states of mind, whether the shaking and paralysis of the shell-shocked soldier, or the rashes, fatigue and flashbacks of the Gulf War or Afghanistan veteran.

**'The disruption and losses of the war formed part of the context in which psychoanalysis developed.'**

The First World War stimulated broader public debate about Freudian thinking in Britain. Freud's ideas formed part of the context of what some have termed a 'sexual revolution' during the interwar years, as, following the translations of his work, sex became a topic of discussion among the intelligentsia. But it was arguably Thanatos as much as Eros that pre-occupied contemporaries. The scale of war losses is hard for us to imagine, with total casualties of around 37 million, and families across Europe in mourning or supporting men with serious war wounds. In such a climate context it is perhaps unsurprising that Freud's ideas about the relation between mourning and melancholia, and Melanie Klein's thinking about manic reactions to loss, should have taken hold. In what the historian Richard Overy has called the 'morbid age', psychoanalysis also had much to say about the power of destructive urges, and increasingly so during the 1930s as attempts to secure peace faltered.

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## Editorial

# Understanding conflict

By Gary Fereday

**O**N THE 100TH anniversary of the start of the First World War it is appropriate that we pause and reflect on the issue of war and conflict, and the role that psychoanalysis can play in helping understand and come to terms with its impact.

That war has profound and lasting effects on those involved is well documented. Michael Roper's engaging article also points out that so many of our profession's founding figures drew their thinking from their personal experiences of conflict and war.

But conflict of course doesn't have to involve actual combat. Much of the last sixty years since the end of the Second World War has seen Western Europe in relative peace, yet simultaneously engaged in a tense standoff with the Soviet Union and military incursions around the rest of the globe. Daniel Pick's conversation with Janice Cormie picks up the theme of the Cold War, and it is encouraging that the Wellcome Trust has awarded substantial funding to further our understanding of the role of the psychological professions.

Completing this trio of articles on war and conflict is Desmond Biddulph's piece on identity, fear and conflict, further reminding us of the unique understanding our profession brings to the many facets of the human condition.

The other theme of this edition of *New Associations* is that of national development. Anne Jennings, who chairs the BPC's National Development Task Group, and Richard Mizen, a member of the Group, outline some of the key issues; other contributions provide a fascinating range of experiences of psychoanalytic life outside London.

## 'Our profession has not been averse to conflict.'

The BPC is now working towards a strategic conference in the autumn where we will outline a number of ideas and initiatives that our Task Groups have been developing. We hope they will help the profession to reflect on, and develop, the way we think about the way we train and provide clinical services. It's not going to be easy but the work of all the Groups looks extremely encouraging.

Sadly our profession has not been averse to conflict, with an unerring ability to split rather than discuss and even celebrate differences. The strategy conference will hopefully provide a platform for BPC member institutions to come together for the good of the profession as a whole and start to map out our strategic future ■

Gary Fereday is Chief Executive of the BPC.

## Conflict

Continued from previous page

Some of the First World War's legacies were more hidden, but profound nonetheless. After the war's end the attention of psychoanalysts quickly turned from the shell-shock victim, even although the effects of the war would stay with many of these victims forever, some being hospitalised for life. Instead, children came to dominate the psychoanalytic scene. As Freud remarked in 1925 in his foreword to a book on juvenile delinquency, 'children have become the main subject of psychoanalytic research and have thus replaced in importance the neurotics on whom its studies began.'<sup>9</sup>

The post-war turn to the child was partly driven by factors internal to the development of psychoanalysis, as Freud himself had never analysed a child, yet his theories had pin-pointed the child's mental world as the locus of problems in the adult. At the same time, the nightmares and phobias, enuresis, tremors and stutters of children reported by analysts in the 1920s and 1930s recapitulated the symptoms of the shell-shocked soldier. The child's world was pervaded by just the kinds of anxieties that parents had themselves suffered in the war, and continued to suffer from.

The war's hidden presence can be glimpsed in many spheres of inter-war life, for example in a letter written by a mother to the Kleinian analyst Susan Isaacs, asking for advice about how to deal with her son who had witnessed the aftermath of a motor accident. The traumatic scene she conjured, and its long-term emotional impact on the witnesses, surely applied as much to the parent living in the aftermath of the First World War as to the child: 'There are many children who have been in a bad motor smash and seen blood pouring out like water, or been present at a horrible accident. How can we erase from their minds these memories, so that they shall not brood over them? One does not always feel that because a child has ceased to speak of something he has necessarily forgotten it.' The 'sight of an injured person lying in a pool of blood', she continued, 'may cause a secret horror' to the onlooker that 'will remain with him always.'<sup>10</sup> The themes pursued by Klein in her famous analysis of Richard during the Second World War were familiar to analysts who had lived through the First World War and its aftermath, as they were to figures like Bion, Fairbairn, Rickman, J.R. Rees and others working as military psychiatrists during the Second World War.<sup>11</sup>

If on the one hand Klein and others are now seen as responding to a cultural climate of pessimism and absorption in the destructive capacities of human civilisation, on the other, the optimism of child analysts between the wars is

striking. Although she later modified her views, Klein felt that one of the main advantages of work with children was prophylactic: if, through techniques like the analysis of play, the powerful unconscious conflicts of children could be observed and treated, the result would not just be better-adjusted citizens, but societies that were less prone to enact destructive urges through war. Some of the legacies of the First World War for psychoanalysis are well known, but it can also be seen in developments such as Freud's concept of the death instinct, the growth of child analysis and the focus on the maternal relation, which are usually seen as internal to the history of psychoanalysis, or as legacies of the Second rather than the First World War ■

Michael Roper is a social and cultural historian of twentieth-century Britain whose research focuses on the psychological impact of the First World War. His books include *The Secret Battle. Emotional survival in the Great War* (Manchester, 2009). He is currently working on a history of 'generations between' in Britain, which investigates the legacies of the First World War among children of returned soldiers and in psychotherapeutic work with children in the 1920s and 1930s.

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## Conflict

# The Cold War and the 'hidden persuaders'

Daniel Pick talks to NA about brainwashing and psychoanalysis.

**T**HESE ARE INDEED interesting times we live in. We have been witnesses to a persistent and shifting pattern of violence and war over the last two decades, many of which have their origins in previous major conflicts: residues of world wars and of the imperial ambitions of different nations, a return of the geopolitical repressed. Psychoanalysis is often deployed as a theoretical lens with which to examine these social eruptions. But what if psychoanalysis itself is part of the picture? Daniel Pick, professor of history at Birkbeck and practising psychoanalyst, has been awarded over £900,000 by the Wellcome Trust to establish a research team to investigate the role of the psychological professions in 'brainwashing' during the Cold War.

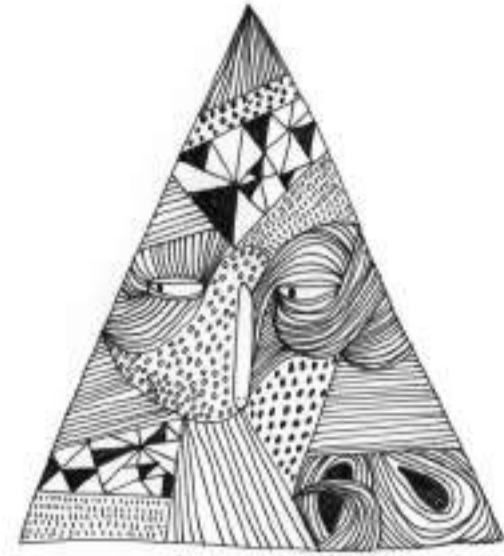
Pick's earlier academic work focused on the history of ideas in the nineteenth and early twentieth centuries, and his psychoanalytic training and practice have become intertwined in his studies of progressively later periods. The many publications in which he has marshalled these twin disciplines include *War Machine*, which looked at images of mass psychology and of technology in theories of war, and his book on psychoanalytic theorising about Hitler, Hess and others, *The Pursuit of the Nazi Mind*. His new project, titled 'Hidden Persuaders? Brainwashing, Culture, Clinical Knowledge and the Cold War Human Sciences c. 1950-1990', has been set up to look at how and why 'brainwashing' debates burst into public consciousness during the Cold War, and where such practices and cultural fears of 'hidden persuasion' led. It's an intriguing cultural phenomenon from both an historical and psychoanalytic point of view, again intertwined; as Pick says, 'Some of the more phantasmagoric ideas about brainwashing were freighted with Cold War rhetoric, whilst also giving expression to deeper dreads about complete psychical takeover.'

A notorious POW crisis during the early 1950s, involving 21 American GIs who refused to leave China at the end of the Korean War, exemplified and nurtured this dread. Pick explains: 'There was a great deal of psychiatric style discussion

of what was wrong with them: had they been traumatised, had they been brainwashed? In a way, one of the things that disturbed people was: could it be they'd actually freely and voluntarily chosen China over America? Could it be that there might be any rational reason to prefer to stay? Or did it have to be a symptom of an illness?

'It was a flashpoint because it was the early Cold War, with the fear of communist infiltration of society and of people's minds, of spies and saboteurs, reaching fever pitch. This was in some ways a carry-over from the Second World War fear of fascists embedded in American society as fifth columns, or one might say Trojan horses. Such fears morphed into a fear of communists, the Red Peril, or into conjoined images of totalitarian, brainwashed fanatics. This thread of fear had been temporarily sidelined by the rise of anti-fascism and anti-nazism, but was never far from the surface. It found expression in fiction and movies, and in a variety of theories about mind control. In the 1950s, the idea of totalitarianism became extremely prominent. In an increasingly shrill political atmosphere, brainwashing fears resonated with McCarthyite thinking in America. 'The POW crisis seems to be part of that story,' he continues. 'There was an extraordinary amount of attention placed on those men... what was their mental state, what had happened to them in captivity, what was their background, their earlier experiences in America, what techniques had the North Koreans and Chinese used in interrogation, or in forms of hidden persuasion.'

The speculation over this and other occurrences became 'the stuff of both the human sciences and of popular culture – movies such as *The Manchurian Candidate* in the early 1960s pick up that theme. And it remains very topical: what actually happens to people in captivity, what kinds of covert persuasion can transform people's thinking so that they change sides. There's currently a lot of ambiguity about this American POW who's just been released [Bowe Bergdahl] from Afghanistan. Was he a deserter? What was his mental state? This in a way takes up the theme of



*Homeland*, a miniseries which itself reprises the *Manchurian Candidate* story of a programmed assassin who's been planted back in America, whose mind has been twisted and so on. So it seems to be both an artefact of the Cold War story and a resonant theme now that interests people as well.' His project will revisit the literature that surrounded the POWs, and other episodes in the Cold War story, to tease out the theories that were constructed around them, how these theories were shaped by the culture and ideology of the time, and to map where such debates and fears led.

## 'Psychologists have been heavily involved in the "war on terror".'

Psychoanalysis was one of several frameworks available to those who wrote about mind control and brainwashing critically, considering the dangers of behavioural and psychological engineering and conditioning, in both the West and the East. No shortage of commentators warned of human sciences being co-opted for forms of social control, and of highly dangerous experimentation on human subjects, whether by political means on prisoners of war, or on captive populations subjected to messages and propaganda. Hollywood too had the power, in the West at the time, to shape people's thinking, as did advertising. The Cold War era was thus also the age of psychoanalysts and social theorists thinking about the impact of people's unconscious minds: the era of Madison Avenue, of books such as Vance Packard's *The Hidden Persuaders* (1957).

The flipside is the undeniable existence of clinicians who worked for the CIA and other intelligence organisations, who were co-opted into the intelligence world of interrogation, indoctrination, of formulating strategies for helping troops to be more resilient if held captive by the other side, of shaping campaigns for winning hearts and minds. 'The idea was, you need to harness the most sophisticated theories of mind, of groups, of individuals, of the unconscious as well as conscious thinking, to craft a modern strategy of persuasion. So you get analysts and other clinicians on both sides: the

whistleblowers and alarmists saying, "This is very dangerous, there's a risk to human freedom"; and you get others who actually get drawn into the Cold War as adjuncts of this sort of work.'

That work is still ongoing. Psychologists have been heavily involved in the so-called 'war on terror', at Guantanamo Bay, and debate continues around the policies of the American Psychological Association on detainee welfare and the role of psychologists in national security settings. Clinicians have escaped being struck off when they have been shown to be involved in advising on interrogation and forms of torture, techniques including waterboarding, sleep deprivation, sound, and solitary confinement. There exists now a literature on the CIA and the uses that were made of human scientists in the Cold War, and since. The CIA experimental project code-named MKUltra is a well-known example.

Pick's project, which involves doctoral and post-doctoral researchers, will work on connecting these instances across Britain, America, perhaps other parts of the western world, and the known actions of the Chinese and Soviet interrogators, propagandists and intelligence officers – instances both real and imagined. 'After all,' Pick notes, 'there are techniques that can be used to break people's will, so it's not like one's just talking about a set of fantasies that bears no relation to reality. On the other hand, many of the fears were overblown, exaggerated, even florid. So that whole area of what was done and what was imagined to be done is really interesting to explore.'

The 'Hidden Persuaders' project is funded for five years, and will involve a programme of visiting scholars, conferences, roundtables, publications, radio, a short film and a website. Perhaps its discussions and discoveries will prove as resonant for the history of psychoanalysis as it will be for our understanding of the historical period from which we are still, painfully and haltingly, emerging ■

*Daniel Pick is a practising analyst, a fellow of the British Psychoanalytical Society, and professor of history, Birkbeck College, University of London*

*Interview conducted by Janice Cormie, BPC Head of Services and Birkbeck student*



## Conflict

# Identity, fear and conflict

By Desmond Biddulph

**U**NITY At the very heart of all contemplative religions lies the transforming experience of oneness and unity, marked by an absence of internal conflict. No longer is 'good' pitted against 'bad', 'right' against 'wrong', 'should' against 'should not', Ego against Id, Superego against Id, Id against Superego and Ego. A state of serene unity exists with all that is, a harmony that includes both inside and outside, where the heart (all that is in consciousness) is 'open' to the comings and goings of all things. In developed traditions this state also includes the understanding and compassion that arises simultaneously with this state of heightened but serene awareness.

The capacity for human beings to attest to this state has been studied by psychologists from William James to Maslow and others since. The gradual familiarisation with this state and integration of it into everyday life is the rebirth, resurrection, individuation process, that focuses the energies of 'spiritual' practice. The approach to and cultivation of this state of course varies in form and syntax from culture to culture, and therefore religion to religion, and psychology to psychology.

Religion is by and large opposed to taking part in politics because to do so is seen as entering the world of opposites. To take a particular view as a position automatically creates its opposite; thus conflict is born. This idea, that the conflict of opposites is endlessly repetitive, recurrent and futile, is one which is reiterated by all mature religious traditions. The only position that religion takes is that the state of psychic unity is the best that human beings can possibly hope for, and the cultivation of this state is worthwhile and a paramount human endeavour.

## Conflict, fear and desire

There are two main sources of human conflict: fear and desire. This is of course a great simplification. It is possible to say that both fear and desire are themselves opposites and that would be true; desire is the antidote or defence against fear. The imago created by fear, by anxiety, becomes the desired object or action that will remove fear and anxiety. They arise simultaneously.

We need to look at processes after the state of unity, stability, harmony, have been disrupted. In the very simplest terms: I feel hunger, an 'image/desire' of a peanut butter sandwich mysteriously appears in the psyche. I go to the kitchen and make one and, full of warm expectation, am about to eat it. Perhaps I am interrupted just as I am about to bite into it and someone says, 'Why are you doing that? You are far too fat already' – it is possible, just conceivable, that anger might arise, or guilt or disappointment. How the psyche deals with this encapsulates the whole of psychological developmental theory. Frustration arises, followed by anger, disappointment, agitation, and even depression.

## Origin of fear

Anything that diminishes 'me' at this moment has the capacity to arouse anxiety and fear. In Buddhism this is defined as: being parted from what I like and those I love, having to endure what I do not like, not having what I want and need; this gives rise to the wish for pleasure in its myriad manifestations, the wish to be someone or something, and the desire for annihilation or oblivion.

Making this possible, facilitating it, is the 'sense of me' or that ever watchful instinctual response to being 'less than'. We talk about someone having a big 'ego' pejoratively, when what we mean is someone we might describe as narcissistic, or as primarily only concerned with their own wellbeing.

Fear arises when survival is threatened; also when the protective sense of self-preservation is set too high.

## Fear as a defence

From this state of mind it would appear that we are both special and of little consequence; special in the sense that all matter is an indispensable part of the whole, and is therefore special, but not special in the sense that this particular form in which I find myself is subject to change and is transient. However, as a transient human being things do matter to me very much. My attachments: those I love, my neighbourhood, my health, my job, my livelihood, my status, the way I perceive others to see and value me. All these in total are not only life itself but 'me', my identity.

This state of affairs, the attachment to these things, the identity with them, creates the boundary which if threatened gives rise to fear and anxiety. We do not, it seems, want to give anything up, neither for our own good, nor for the good of others.

The religious problem it seems to me is to get my importance and specialness into context and into perspective, as well as being able to do the same for others. It seems that after a while others' (both animate and inanimate) specialness is as important as mine, at least on a cognitive level. A great religious teacher, Ramana Maharshi, was once asked, 'And what of others?' He replied: 'There are no others.'

From this viewpoint fear can be reduced by the capacity to let go of attachments when necessary, and to see them as relative but not defining features of identity. Hand in hand with this goes the capacity to understand the nature of the threat to these psychological entities to which I am attached.

## 'The sense of "identity" arises when defending something we fear to lose.'

Recent decisions by world leaders have resulted in the most appalling loss of life, and continue to do so. This would indicate an exaggerated sense of threat on all levels, from geopolitical blindness relating to natural resources, to wars in the Middle East. Thus foreign intervention is justified on the grounds of 'defending national security', or 'national interests'. These rather bland blanket terms need to be looked at very carefully indeed.

## Identity

Conflict cannot be understood without the question of identity being examined at some depth.

The sense of 'identity' arises when defending something we fear to lose. Thus identity is a shifting psychological entity; now based on nationality, now on religion. From ethnicity to class it moves about, depending upon that which it seeks to defend. We are familiar with this in the analytic process (defences of the ego, early defences against fragmentation, etc.). The important thing to recognise is 'the thing that is threatened', not the identity issue. Only when this (what is threatened) is recognised can real understanding take place.

When my potential loss is considered more important than your potential loss, compromise breaks down.

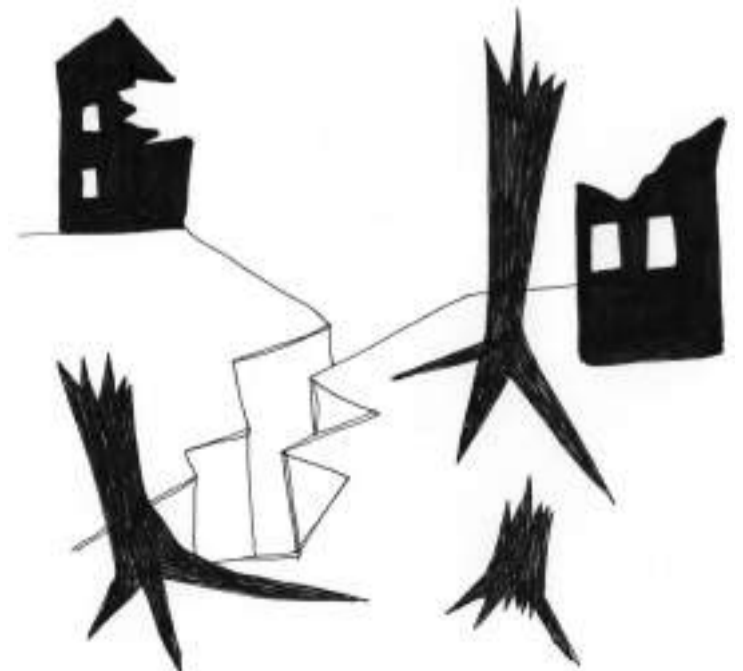
Many disputes are over natural resources: land, livelihood, and ultimately survival. In countries with few resources, identity is clustered around customs and regulations around the limited resources necessary for survival. Thus deserts give rise to the strictest rules regarding theft of resources – adultery and so on – as these threaten society. In lands of plenty this shifts to another paradigm, often to intellectual ideas of identity that conceal the threat to survival.

## The dialectical process

The capacity for the dialectical process, both in its classical mode and a psychological one, in which it is possible to argue from opposing points of view to reach towards a consensus of view – not truth, but a consensus of situation – needs a suspension of personal interest to reach this position.

In some religious systems this exercise is part of religious training: to argue from one point of view and then from the other. In this way compassion for the other is achieved. There appear to have been a breakdown in this process in the west. Can our culture cope with pluralism? Does it have the tools to cope with opposing cultural viewpoints and deeply held beliefs? Recent history would suggest that it does not. Religion can help to understand the world as a virtual reality or construct in which we are caught up, and to see through this to achieve clarity. All human beings need the same things; the world can easily provide them. The most dangerous threat to the world and the survival of human beings is the state of mind that fails to understand the internal roots and mechanisms of conflict and identity, and projects them outwards, where it attempts to deal with them ■

*Desmond Biddulph is a medical member of SAP in private practice, President of the Buddhist Society, and student of Zen Buddhism in the Rinzai tradition since 1972. He is editor of The Middle Way and an author.*



## National Development

# Putting us on the map

By Anne Jennings

*This section showcases some examples of lively innovation as well as struggle across the country to put psychoanalytic training and clinical services on the map beyond the capital. What is possible when we 'push the envelope' to bring training and clinical services to a much wider demographic?*

**F**ROM A POOL of some 1,500 BPC registrants, over a thousand of us are located in London and the South East. This leaves a mere 450 or so registrants spread across the remaining parts of the UK (with only nine in Wales, and 14 in Northern Ireland!). Clearly, there is serious work to be done in addressing this uneven spread of psychoanalytic resource if we wish to see a healthy growth of clinical and training provision on a national scale.

The National Development task group, one of several that the BPC recently set up to help it to develop its strategy on a number of contemporary themes and concerns, is 'non political'. It comprises registrants from across all training levels and associations, in different parts of the country, whose common interest and desire is to help the BPC fulfil its strategic aim to 'develop a realistic plan to establish the BPC as a truly national organisation rooted in the nations and regions of the UK'. As the work progresses, it is becoming clearer that the member institutes (MIs) themselves have a key role to play in taking forward a national agenda.

To date, the task group has come up with a range of practical ideas to enable the BPC to help provide support and networking for psychoanalytic psychotherapists across the country. One, the recently distributed National Development Survey, is attempting to collect 'real data' from registrants to help the BPC map what is out there and to identify the gaps in provision. (Follow the link at the end of this article to contribute to the survey.) The group has also been thinking more laterally about the possibilities for the BPC to develop its strategy for the regions by supporting new shoots of growth in all corners of the UK and in exploring ideas to build an infrastructure to support a number of levels and forms of psychoanalytic training across a variety of pathways.

One such training innovation is described by Richard Mizen in his lead article about the possibilities for developing a national container for trainings that would offer

access in a variety of ways, including links with Improving Access to Psychological Therapies (IAPT) and local universities, as well as the psychoanalytic and Jungian analytic traditional training organisations. The successful establishment of the training in the South West came about through the pursuit of a vision and the will to cooperate with colleagues outside of the BPC and across all sectors to make it happen. It is a strikingly pragmatic and progressive approach to a very familiar set of difficulties and roadblocks all too often encountered in attempts to make something work away from what Susie Godsil refers to in her piece as the 'superego shadow of the centre'. There will doubtlessly be furrowed brows at the thought of university-based trainings and attempts to measure competencies, but one thing that many of us face daily in the current culture of NHS work is the challenge to be imaginative in our thinking about how to market our wares and stay a going concern.

Widening access to training nationally and appealing to the next generation as well as all sections of the community will require us to re-evaluate our current routes to training, and to consider much closer links with public sector bodies such as IAPT and NICE (National Institute for Health and Care Excellence) in order to be able to continue to make our particular contribution within mental health services more broadly. Richard refers to the interdependency of training and clinical services, and indeed we may be heading for an era which sees our MIs as far more service-led than training-driven, and in that sense becoming much more responsive to the wider geographical and demographic needs of the general public.

On the side of heartrending struggle, Jane Polden gives a vivid account of her experience of an unsuccessful attempt to get training off the ground in East Anglia, sharing her own perception of why this project floundered. Again, we find a recurrence of the debate around the different perceptions of the value of 3x and 2x trainings and anxieties about a dilution of intensity. Interestingly, Richard Mizen tells us that following on from the success



of the strides that five committed individual registrants were able to make when 'egos did not get in the way!' Support from the central structures is cited by Marion Lindsey as critical to the progress and the success of the psychodynamic training initiative in the North West. She emphasises the need to be able to push forward with training 'without' the involvement of an MI where there are none on the ground.

of their 2x trainings, there is now an appetite for higher frequency training brought on by enabling access to trainings of different intensities. Perhaps there is the notion of 'integration' on the one hand and 'hotchpotch' on the other. Working out who is best placed to do what within which MIs, or indeed combination of MIs, with respect to rolling out trainings where there aren't people on the ground to instigate these would give the BPC a crucial brokering role to play.

## 'We may be heading for an era which sees our MIs as far more service-led.'

One thread which seems to link all of these inspiring pieces together is the sense that 'local conditions and traditions' can conspire to bring much influence to bear in both positive but sometimes in less constructive ways. Therefore, it could be argued that different strategies will be needed for different regions, and that one size or shape of container will not fit all. Wales may need an introductory course such as the successful Tavistock D58, while Norwich might have enough resource locally to run a twice weekly training. The BPAS were able to introduce a northern cohort, as described by Susie Godsil, because the organisation exists to host this, in the shape of the Northern School of Child and Adolescent Psychotherapy (NSCAP), itself an affiliate institution of the BPC, and enough training analysts locally.

The idea of increasing flexibility with regard to training therapist and supervisor criteria in order to allow intensive trainings to expand beyond London is already the subject of heated debate, and one that this task group is very tuned into. Indeed, there are very different problems for an area with no critical mass of BPC practitioners, compared with one where there is sufficient potential from a centrifugal force on the ground to make something happen. Jan McGregor Hepburn talks

Collaboration with UKCP and BACP members to develop analytic and psychodynamic 'hubs' in areas where there are only a scattered few therapists may be one way forward in nurturing a psychoanalytic culture, and providing those first steps towards a 'training escalator' that might help create a psychoanalytic workforce versatile enough to meet a range of clinical need. Louise Tew describes one such hub: the Welsh Psychoanalytic Association, which was founded by a very small group of therapists to help develop just such a culture within which they could support one another through their practice as therapists, as well as promoting the profession itself by meeting with health and social care colleagues 'hungry for a psychoanalytic way of thinking'.

A familiar tug of war is so often felt between those wishing to uphold standards, and those fighting to keep up a necessary momentum with regard to the inevitable changes that the whole analytic community must embrace in order to ensure its continuing survival and relevance in current times. This is likely to be an internal struggle for all of us, and it would be easy to simply talk of traditionalists and progressives as two separate camps rather than as perhaps a familiar internal struggle between the push and pull of both positions that we all face.

This feature on national growth should be of interest to all of us. Regional expansion of good quality psychoanalytic clinical services and trainings well suited for work with high complexity and severity of symptoms is not only important for the regions themselves, but for the continuing regeneration of the psychoanalytic profession ■

Participate in the National Development Survey at <https://www.surveymonkey.com/s/National-Development>

Due to space restrictions we were not able to print the full versions of all the vignettes, which are available on the BPC website in the members' area.



## National Development

# Reflections on regional development

By Richard Mizen

**H**ISTORICALLY, the development of psychoanalytic training and psychoanalytic professional organisations in the UK has been mostly confined to London and a few other metropolitan centres. Undertaking analytic training has therefore necessitated living in or within easy travelling distance of one of the big cities. Only a very few very determined and hardy souls have either wanted or been in a position to expend the time and money needed to complete a course at long distance. High quality analytic work in the provinces has been primarily dependent upon people trained centrally who have then chosen to move to more peripheral regions.

The last twenty years or so has seen some change, however. During this period some regional organisations acting as training bodies or professional associations have been formed. Some of these are satellites of existing MIs; others have become MIs in their own right. Away from these new centres BPC therapists may be geographically scattered and reliant upon informal groupings, often with like-minded therapists who have completed substantial trainings, but registered with other bodies such as the UKCP or the BACP; in some areas there may be lone practitioners, or none.

It is a trend, however, that has been gathering pace over time, and this can be seen reflected in the way that the BPC, since its inception as the BCP, has slowly grown from seven MIs in 1995 to the current 15. The BPC now registers people practising in a range of broadly speaking psychoanalytic and analytically informed treatment approaches. There is a good chance that this trend will continue and this is to be welcomed but, having said this, inevitably perhaps, this development has been patchy and piecemeal. This then raises the need to ask questions about how to ensure the availability of psychoanalytically informed treatments nationally, and the professional support and training which might be needed to underpin this, a task which the National Development task group has been addressing.

One model is for existing MIs to create regional groups in places where a number of their members have settled, thereby allowing them to support each other, develop referral networks, establish CPD programmes and – given sufficient energy and interest – start satellite training programmes of one kind or another. The need for training is often the essential catalyst which brings people together to form viable professional organisations. But a critical mass of suitably qualified members is an essential precondition, and if a requirement is that they all come from one MI, that is often hard or even impossible to achieve. An obvious answer is collaboration between practitioners who have trained at a variety of MIs, although for this to be successful suspicion, rivalry and mutual misunderstanding may need to be overcome. The collaborative model is the one that I, with colleagues from different MIs, have developed over the last few years in the South West of England.

## **‘The need for training is often the catalyst which brings people together.’**

Readers will be familiar with the rise of a public sector culture which, whilst giving an increased prominence to psychological therapies, privileges an ‘evidence-based’ approach that has narrow definitions of what constitutes evidence, efficacy and successful treatment ‘outcomes’. Whatever one’s views on this, the net result of IAPT and the NICE-based commissioning framework has been to leave analytic practitioners ill-prepared and disadvantaged in many ways.

In relation to this, the BPC has made valiant efforts to confront the issue of the efficacy of analytic therapies, length of treatment, and the nature and cost of analytic training. My concern here however is the specific question of availability of analytic therapists. To make an obvious point: even if analytic therapy is deemed by commissioners to be the treatment of choice for a particular person with a particular condition – Borderline Personality Disorder or

complex depression for example – if there is no suitably trained analytic therapist available in that patient’s location, no therapy is going to happen.

What then is to be done? Many analytic practitioners who have moved into the regions, while often older and experienced, are often also in semi-retirement. They may have earlier worked within the public sector or with an original training in one of the mental health professions, but are less likely to be involved in current front-line provision of mental health services either as therapists or within an existing professional mental health discipline.

This means that younger people who are, or might become, interested in analytically informed work lack opportunities to learn about this in their daily work in the NHS or social services. Sadly, a decrease in numbers of analytically interested, informed and trained people who are psychologists, psychiatrists, social workers, and work in the public mental health service has led to a concomitant decline in candidates for training with this kind of background or an existing professional qualification in the mental health disciplines. This in turn reduces the exposure of the next generation of mental health professionals to analytic ideas and methods, so that we are currently in a vicious circle which, if not redressed, will leave our profession increasingly peripheral and marginalised (Stepansky 2009).

So whilst analytic institutions have continued to pay lip-service to contributing to mainstream clinical culture, in reality in large part this engagement has drifted away. Despite good evidence in favour of both the effectiveness and efficacy of analytic based treatments, analysts and analytical psychotherapists have been slow, if not actively hostile, to engaging with research as typically defined by NICE or, more significantly, to generating models of research more appropriate to an analytic ethos.

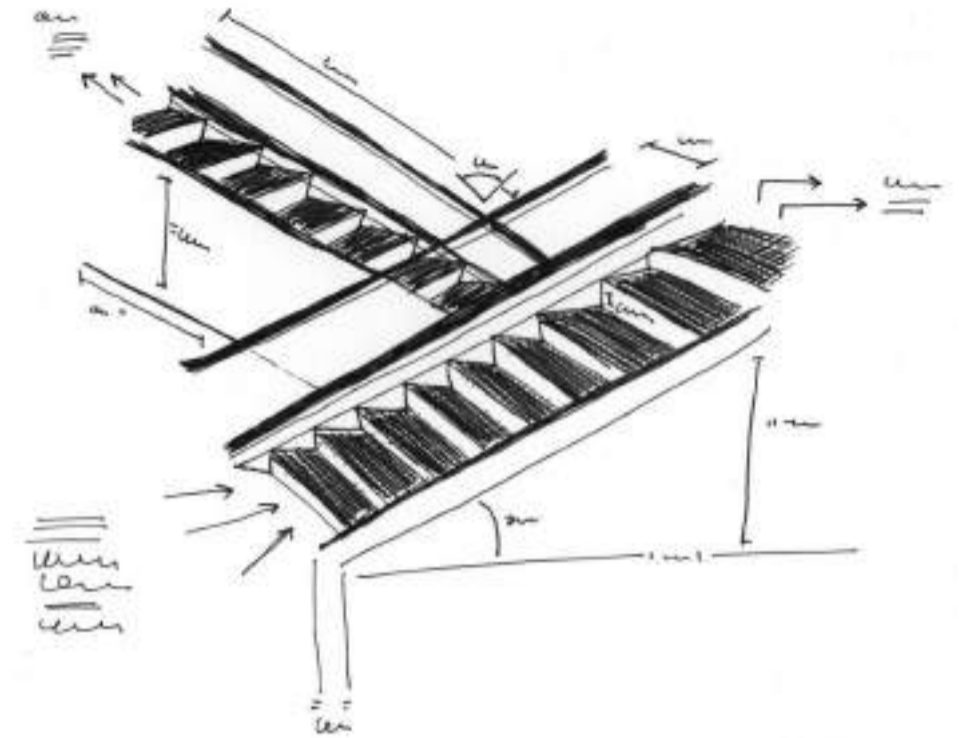
All this provides the backdrop to developments in the South West, where a number of practitioners in and around Exeter decided in 2000 to develop psychoanalytically oriented training

and clinical services especially focussed on mental health professionals. This began with an MSc in Psychological Therapies in the Psychology department at the University of Exeter, which had a psychodynamic stream, linked to local clinical services and local clinical imperatives, but also research and integrative modules shared with psychological practitioners in other modalities. The majority of the students, then and now, work within the mental health services. Whilst some were content to complete the MSc and use the clinical and research experiences that it gave them to develop an analytically informed perspective to their existing professional discipline, others made clear that they wanted to train clinically at greater depth. This led to the establishment of a four year psychoanalytically-informed psychotherapy training leading to professional registration. Twice a week for both trainees and patients was seen as the appropriate frequency, given the exigencies of geography and availability of suitable training therapists, teachers and supervisors at that time.

Around this time the BPC also changed its policy and introduced a psychodynamic registration category. We were able to draw then on the support of the then BAP (now part of BPF) and enable our students, upon graduation, to become BPC registrants. Currently we are developing a 3x psychoanalytic psychotherapy option, and an Adult Psychotherapist conversion training for ACP-trained child psychotherapists. In this way we hope to develop our own training/practice ‘escalator’, offering clinical training with various degrees of depth and intensity.

Building upon our local academic and mental health service institution affiliations, as well as BPC links and support, we have aimed to develop our own particular culture, providing psychoanalytically informed treatments within the public services, as well as in the third sector and private practice.

Since 2009 we have also built upon the research as well as the clinical elements in the MSc, to create a part-time PhD-standard research doctorate programme (Doctor of Clinical Practice) programme



in collaboration with the BPF. This comes in two variants: as an option for our 'home-grown' four-year clinical trainees, who thereby achieve an academic as well as a professional qualification, and a 'distance learning' option for qualified psychotherapists who participate nationally and internationally.

We have aimed to structure our programmes in ways that make it easier for prospective candidates to balance the demands of developing a career and earning a living, with the inherent financial and time constraints, and their domestic lives. This is particularly important for the younger people whom the profession so badly needs. In common with other training modalities, we have found that employers are more likely to support our trainees, both financially and in terms of time, if the programme can be linked with the patterns and demands of their employment.

Although perhaps hazardous, cooperation and collaboration with non-analytic institutions does not necessarily mean damaging the heart of the analytic contribution. Indeed, attention to outward pressures and treating with them in a thoughtful and respectful way helps ensure that these essential elements of analytic work can survive and thrive.

Needless to say, this stance has not been without difficulties, not least from within the profession, where there has been suspicion and hostility from some practitioners, objecting in principle to the establishment of less intensive trainings.

### **'If there is no suitably trained analytic therapist, no therapy is going to happen.'**

A further point concerns the limitations of our present organisational culture. I have at times heard this characterised as a 'guild structure' or even a cottage industry. Certainly the self-employed status and privately organised training of most psychoanalytic psychotherapists sits ill, say compared with that of other kinds of psychological therapists and their training for practice in the public services. Having said this there is much to be said for a system which can remain both independent and independently minded in its training for clinical practice.

This is something that we have had to address in developing our clinical and research training programmes in a

university setting. I have in mind here the ways in which education, training and research in an academic context are inevitably subject to the kinds of constraints and disciplines that arise from the university's agenda as an academic institution. This has the potential of course to be at odds with analytic approaches, values and ways of thinking, but also as a rich source of cross-fertilising influences and checks upon any tendency to become too inward-looking and self-referential.

But there are actually many precedents across a range of disciplines which address this conflict. Of course conflicts of culture and aims arise, and sometimes even conflicts of interest. But my experience is that these matters are mostly balanced by the ways in which external, independent professional organisations and regulatory bodies have an important role to play in the development and organisation of university research and clinical programmes, and the university takes the views of such bodies very seriously. It may, however, be that the time has come to reform our culture to one which is more collegiate in structure, where the various MIs are effectively treated as colleges operating beneath the regulatory framework of the regulators (BPC) and the regulatory authority which provide

umbrella oversight, checks and balances.

I suppose the final point to be made concerns what for us is emerging, a *de facto* training escalator system. This allows people who may never work as independently practising psychoanalytic psychotherapists to gain clinical experience and theoretical understanding which they can use in an existing mental health discipline. For some people this may be the beginning of a deeper clinical interest, and a wish to train professionally and perhaps practise as a qualified practitioner in a variety of clinical contexts; others may later wish to develop the depth and intensity at which they work; others still may become interested in undertaking research of various kinds. Our programmes have been developed to accommodate these possibilities and to link them. Our hope is that they play a part in ensuring that psychoanalytically informed practice remains a lively work in progress with the capacity to be both innovative and countercultural, but also retains its place in the mainstream of mental health practice ■

#### **Reference**

Stepansky, P. (2009), *Psychoanalysis at the Margins* (New York. Other Press)

## **Not so grim up north**

*By Susie Godsil*

In Leeds there has been a steadily growing community since the mid 1970s, when psychoanalyst Ronald Markillie took up a psychiatric post here and began to offer clinical seminars to mental health professionals. Together with Harry Guntrip, he started a post-graduate diploma in psychotherapy at the University of Leeds which, over the following twenty years, introduced many of us to psychoanalytic theory and clinical approaches; inspiring several to go to London and train as psychoanalytic psychotherapists and psychoanalysts, and a few to come back (Vic Sedlak, Graham Ingham) and help the community develop further. Being able to have your training analysis locally makes travelling for other aspects of training much more possible. In this way, over time, local resources of trained and experienced psychotherapists and psychoanalysts grew and made it more possible for a wider range of people to feel able to train.

The Newcastle-based training NEATPP (now NEAPP) started in 1995 – the first BPC-accredited training outside London – and offered a more practical route to training, in terms of travel time, than the route south. Psychoanalysts and psychotherapists from Leeds and York were part of the training committee so it felt very much a whole NE region

venture, and a particular strength may well have been the mixture of training experiences represented on the training committee – BPAS, the Tavistock Clinic, the London Centre for Psychotherapy, the BAP, the Scottish Institute. It took me many years to realise that many of my London colleagues had never sat down and worked with colleagues from other London training bodies. This was before the BPC made such working together a central task.

### **'There may be some advantages to being further away from the centre.'**

Another aspect of the growth of the culture up here and development of enough people interested to train were the good CPD links with London bodies, which were much appreciated locally; but the clinicians who were willing to venture north also commented on the liveliness of the group discussions, and wondered whether there was a freedom to think away from the super-ego shadow of the London institutions. There may be some advantages to being further away from the centre.

These links have continued to help developments. The original post-graduate diploma folded, along with many other university psychotherapy courses in 1999, partly due to changes in the University and also because it had grown into rather an unwieldy four-year Masters, constantly being rewritten to meet the changing requirements for registration in the years preceding the UKCP/BPC split. It was replaced by making a very fruitful link with the Tavistock and Portman NHS Foundation Trust and starting to offer their Foundation Course in Psychodynamic Psychotherapy (D58), and then the BPC-accredited Intercultural Psychotherapy Course (D59), both of which have been and continue to be financially supported by the Workforce Directorate of the Yorks and Humber SHA / now the LETB, which has been enormously helpful.

These courses have served as complete unto themselves but a proportion of students have gone on to train in Newcastle or London. This could only be possible because by now we had enough trained people locally to offer teaching, supervision and training therapy or analysis. This had been made possible not only by the setting up of NEAPP but also by the BPAS-sponsored training and then their New Entry Scheme, devised to address the difficulties of regional

candidates. The next exciting step is the first northern cohort to undertake the BPAS training starting this October, based at the Northern School of Child and Adolescent Psychotherapy in Leeds.

Of course it's not all marvellous, but we are alive and kicking despite the terrible cuts and attacks on thinking in the NHS, and having these creative collaborations strengthens community and aids determination to survive and value what we have to offer ■



## National Development

**The training that wasn't***By Jane Polden*

The area of East Anglia in which I have lived and maintained a psychoanalytic practice for over twenty years is two to three hours from London and fairly rural, with a few urban concentrations including Norwich itself. While nowadays I appreciate being part of a BPC peer supervision group which meets regularly in Norwich, psychoanalytic psychotherapists in my area have always been very thin on the ground. Our local mental health trust, stretched and underfunded and facing ever more savage cutbacks, struggles to be able to address psychiatric need in the area, never mind the level of unmet psychotherapeutic need. And there is not a great deal else, other than a handful of underfunded counselling charities and integrative therapists.

I therefore enjoy a lot of interesting work and a consistently full practice, but within the context of little local psychoanalytic culture. I also often feel besieged by people in urgent need of psychotherapy, with few places to which to refer them. The absence of psychoanalytic psychotherapists has never been due to a lack of interest or enthusiasm, nor any dearth of potential work. It is because for those who live here it has been very difficult to access psychoanalytic training, either locally or elsewhere.

Then, about ten years ago, the number of people practising in the area grew to the point that it seemed we might be in a position to do something about it.

We formed an organisation and conceived a new training with university and clinical elements. We felt a university setting would provide intellectual rigour and credibility, give us parity with other professional trainings, and also enable us to be more visible and accessible to the wider community, and more integrated within it. With active and constructive support from Professors Karl Figlio and Bob Hinshelwood at the Centre for Psychoanalytic Studies at Essex University, we devised a plan for a training with conceptual and theoretical elements to be taught through the CPS, followed by a clinical Part 2 leading on to supervised work with training patients, to be taught by practising clinicians. It was exciting, and started to become real. Over the next couple of years, we formed a committee structure, put on a number of well received CPD events, and started to promote the course, to a great deal of local interest.

At the same time, there were difficulties from the beginning, and in the end these proved overwhelming. Almost at the point of starting to receive applications, we had to make the painful decision to give up.

So near and yet so far. Why did we fail? There were two main reasons:

1. Lack of central support from any of the London trainings meant that everything had to be done on the ground from scratch without a supporting infrastructure, and all resources had to be generated locally by those of us who were committed to making the training real. This involved an enormous amount of unpaid work, and the assumption of ever increasing unpaid responsibilities – legal, financial, professional and prospectively clinical. We had known this would be demanding but perhaps not quite how crushingly demanding – in the end, impossible to combine with a full private practice and other professional commitments and any sort of personal and family life.

2. Differences within the regional psychoanalytic community. We registered initially with UKCP due to the greater appeal and accessibility of a training requiring a minimum of twice weekly training therapy. It seemed to be the only practicable way forward, due to the lack of local training therapists and supervisors who could have offered higher frequency work, and thus seemed an obvious decision. We made it in the expectation that over time higher frequency work and new training opportunities would evolve organically through the internal logic of psychoanalytic thinking – I had some personal confidence in this as it had always happened within my own practice.

We had no idea, however, how controversial our decision would be in some quarters, to the extent that a small but significant number of psychoanalytic clinicians in the area were actively unsupportive of our efforts. Perhaps this was partly because the schism between UKCP and BPC was still quite recent and had stirred up many anxieties about identity and belonging – whatever the reason, it created difficulties that became eventually insuperable. The choice had been, realistically, between a minimum twice weekly training or nothing. We ended up with nothing.

And so the situation has remained. But I have been encouraged by recent developments in the BPC and my own organisation, the BPF, and also by developments on the ground, such as in Exeter, which have shown that it is possible to develop innovative trainings with university and also NHS IAPT links, and with a less exclusive approach. Perhaps, I hope, the times are changing ■

**The unofficial BPC guide to setting up new trainings and MIs: the 5/5 system***By Jan McGregor Hepburn*

1. You really need five people who will commit, who have experience and expertise in training, and who are BPC psychoanalytic/Jungian analytic registrants.
2. You need to respect each other's differences and support each other in public *whatever you think* in private.
3. All must leave egos at the door.
4. Remember you only need be two steps ahead when you are taking seminars.
5. Don't all travel in the same car.

This advice is the distillation of over twenty years working in the North of England Association of Psychoanalytic Psychotherapy where we have set up trainings and developed an organisation. It was at first very frightening, but it also has been the most tremendous fun and greatly satisfying. We have now over twenty graduates, many of whom contribute to the profession nationally, and all of whom we are proud to have as colleagues. The graduates now run the organisation, increasingly contribute to the teaching, and work on the training committee.

There are, of course, pitfalls. You get very close to your colleagues, and sometimes you might know more about each other than is comfortable. You discover there is no one to take seminars in a topic but you, and you feel unequal to the task. You have always to mind your boundaries whilst of necessity meeting patients and supervisees in the training, and you have

to learn to manage these, otherwise the training won't happen. Twenty years down the line you will be able to redraw your boundaries to the place you prefer them to be. Plus of course most of it is unpaid, unsung, and unsocial hours.

Why do it? Enlightened self interest, mainly. There won't be a thriving psychoanalytic culture around you to support your work, give you work, and enable you to develop unless you take part in establishing one. But also, we believe in the benefits of this way of thinking and of being. We are privileged to have done the training we have, and to have had the help we received. We don't like to proselytise, but perhaps we should... we can do something to make the world a better place in our small corner by making insights more widely available.

Also, struggling with issues with like-minded colleagues is very affirming. As we understand process (and have agreed to leave egos at the door), difficult situations can be worked through and a better way forward can be found. You might start a meeting with very negative feelings towards someone, and become aware that this is entirely mutual; but generally working together in the way that we know how means that by the end of the discussion we may be bloodied but we are unbowed, because we feel differently about each other and have understood something about the dynamic at work. I learned this in NEAPP, and it has stood me in very good stead working as BPC Registrar ■

**Working in South Wales***By Louise Tew*

I qualified as a psychoanalytic psychotherapist at the end of 2006 and have since established a private practice in my home town in South Wales. I viewed this as a late-in-life career to pursue after taking early retirement from teaching in higher education. To this end, it has only been my intention to practise part-time. This, however, contributed to my focusing on private work instead of within the NHS, where I have an earlier history of working as a nurse. I add this because my psychotherapy training with the CPP emphasised work in both public and private contexts, a dual focus that I valued. It is also my experience that whilst I was helped to find an NHS training patient by a local psychoanalytic psychotherapist, and a supportive psychiatrist, paid openings here for NHS psychoanalytic psychotherapists to work with adults are almost non-existent. We lack a public sector profile for psychoanalytic

psychotherapy in South Wales, but this is not to say that there are not 'pockets' of psychoanalytically informed practice.

The opening that I did find arrived on a plate. I inherited a place within a previously negotiated contract with a local higher education institution. This was to provide counselling (six sessions with the possibility of up to an additional four for some needier clients) for all staff (educators, clerical, catering, domestic etc.). This has proved immensely enjoyable in many ways. Those who seek our help are almost always highly motivated, some (a small minority) need and want longer term help, and we involve another therapist to meet once (paid for by the institution) with those clients who may wish to move to private work with the same therapist they have been seeing for their six sessions. This aims to ensure that there is no sense of



institutional or personal pressure and that clients are aware of all the options, including being referred to someone else if they prefer. Some of my longer term clients have come via this route. The other benefit of working in this service is the collegiality of like-minded professional input (currently one other psychoanalytic psychotherapist who co-ordinates the service and a CAT trained colleague who practices in a psychodynamic way). Associate members of the team are CBT trained practitioners, and this we find essential for those people who do not wish to commit to, or cannot bear, an inquiring approach.

Similarly trained colleagues are not so easy to find in Wales, as whilst there are many Integrative and CBT therapists, there are too few of

us with a psychoanalytic training. However, we have established the Welsh Psychoanalytic Association ([www.welshpsychoanalyticassociation.co.uk](http://www.welshpsychoanalyticassociation.co.uk)) as a small, informal network of clinicians who practise as psychoanalytic psychotherapists or as psychoanalytically informed therapists. We meet in Cardiff about six times a year and peer case-discussion forms half our meeting time. An important aim is to hold one annual Saturday morning conference for interested practitioners in the health/educational/social work professions. The first was held in 2013. We hope to increase the frequency of these and to rotate the location. Contrasting perhaps with public policy disinterest, we find practitioners in health and social care 'hungry' for a psychoanalytic way of thinking ■

## Developing training in the North West

By Marion Lindsay

The North West of England encompasses a large geographical area including the cities of Manchester and Liverpool, as well as Cheshire, Cumbria and Lancashire. Currently there are 18 BPC registrants in the North West, of which ten are in Manchester.

There was a psychodynamic psychotherapy training in the North West which ran from 1989 to 2008, training UKCP registered psychoanalytic psychotherapists, qualified to practise twice a week. This was run by the North West Institute for Dynamic Psychotherapy (NWIDP). There have been fruitful links between UKCP members and BPC members throughout this time, with BPC members offering psychotherapies, training therapies, and supervision. Members of both groups have also collaborated in training, CPD initiatives, and professional forums over the years.

In its later years the NWIDP training began to struggle due to changes in the NHS and historical funding problems, and in 2013 a painful decision was made to close. Concerned with succession issues, NWIDP had attempted to find ways to provide access for prospective trainees and patients to psychoanalytic psychotherapy. In this context NWIDP made contact with the UKCP and BPC to seek support to develop a different training, and to consider professional development issues in the region. NWIDP became the first affiliate institution of the BPC, and at this early stage the BPC recognised the existing skills within the North West, and showed an enthusiasm to work flexibly with local psychoanalytic psychotherapists to work towards establishing a containing structure within which training could be developed and delivered.

The D58 training forms Part 1 of the Qualifying Course in Psychodynamic Psychotherapy accredited by the BPC. It is an important escalator for psychoanalytic

psychotherapy training, leading as it can to the D59 training which forms Part 2 of the Qualifying Course, or straight to further training in intensive work on BPC psychoanalytic section trainings in the North such as NEAPP in Newcastle, or the Institute of Psychoanalysis's new Northern training starting in Leeds. The D58 therefore provides a solid foundation that can potentially lead to growth and sustainability for the profession in the North.

Those of us invested in establishing training in the North West were interested in this possibility as there was an existing course structure, professional recognition, and an infrastructure linked to the Tavistock and Portman NHS Foundation Trust. It is important to stress that this initiative relied upon existing relationships between BPC and UKCP registered PP therapists, and the BPC Registrar. This wider group was committed to addressing the need for a development plan for the training and provision of psychoanalytic psychotherapy in the North West, and was not preoccupied by an allegiance with training MIs or inhibited by the lack of a local BPC MI.

The D58 Manchester begins with its first intake of students in September 2014. There has been encouraging local interest from people working in existing mental health services (especially IAPT services) in applying.

The BPC has a vital role in enabling and supporting such initiatives, by providing the necessary leadership, and brokering the various interests. This initiative raises issues for BPC MIs and the wider BPC membership to address, in order to enable joint working towards the development of trainings which are regionally accessible. The BPC also has an important national role to find ways to ensure that there is equitable access for patients to psychodynamic and psychoanalytic psychotherapy across the UK ■

## Letters

### Contemporary prejudice within the profession of psychotherapy

Why, from time to time, do we hear of people who deny the Holocaust? Why is it that they deny this specific episode in history, and not something else, for argument's sake? Is it merely a manifestation of pernicious anti-Semitism, or plain madness, or both? It may well involve these things. But I don't believe that these factors alone provide an exhaustive explanation of why the Holocaust in particular is so frequently denied.

When people say, 'Such and such is comparable to the genocide of the Jews by the Germans,' are they attempting to underline the seriousness of the former, or does it, more or less consciously, serve the function of trivialising the latter? I believe that the Holocaust happens to be appropriated so often, either for the sake of outright denial, or for the sake of dubious comparisons, quite simply because it is the worst and most unthinkable atrocity to have taken place in modern history. It is all the more painful to acknowledge and contemplate given its recent occurrence, and given that there are still survivors to tell the tale. It is not just about anti-Semitism; it is a form of psychological denial like any other.

Religion can make it hard to think from time to time, at least in the psychoanalytic sense. It took me a long time to consider that Holocaust denial might not just be to do with anti-Semitism, for example.

That is a rather innocuous example of how religion can influence our thinking.

And yet, I have become aware of something that I find alarming. I have become aware of discussions, formal, official discussions that have taken place in a certain psychoanalytic institution. Discussions which I would have thought would not belong in psychotherapy training institutions of any kind. Discussions which, if not providing conclusive, categorical evidence of prejudice, at the very least raise important questions about why they have taken place at all, within the premises of a psychotherapy institution. If these statements sound provocative, inflammatory or discomfiting, I would simply point out that we are in the business of acknowledging uncomfortable truths, and then trying to understand them to some extent.

It does strike me as ironic that psychoanalysis and psychotherapy were founded, and largely (in the early years of its conception) sustained, by Jews, and yet the meeting that took place a few weeks ago can still happen. When Freud interpreted Jung's defection in Oedipal terms, in terms of hatred and killing off 'the father', it may well have been the case

that he was suffering from terrible blows to his narcissism and felt intolerant to any views differing whatsoever from his own at the time. Nonetheless, perhaps there is something of this hatred and killing off of the psychoanalytic father that still rings true today.

But, more than this, there is something about all this which (for myself at least) smacks of 'biting the hand which feeds.' Our body of psychoanalytic theory and technique which exists today has evolved over time from Freud's original discoveries and conceptions. Our professions, our jobs, would not exist if not for this. Melanie Klein (1955) was astute in her observation that the infant envies (and attacks) not only the breast that withholds and keeps its goodness to itself, but also the good, giving breast which is envied for its talent, creativity and even its capacity to give.

I also wonder about the relevance of the Arab-Israeli conflict to our psychotherapy institutions (as logic alone is not particularly helpful on this point). That word 'conflict' seems important, as preoccupation with the Arab-Israeli conflict could be hypothesized as a form of externalisation of all sorts of internal and external conflict which is difficult to bear and contain, even the conflict within a training institution intrinsically, or between different theoretical orientations. It seems hardly irrelevant that this meeting has taken place at a time when we are all worried about our survival as a profession.

It is with some regret that I have felt a need to write this, but I think it warrants being acknowledged and thought about ■

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Child and Adolescent Psychotherapist  
(in specialist training)

## The Arts

# How deep is your love?

By Sara Collins

Sara Collins explores how the artists' engagement with deep layers of affect in the plot and the music of *Rusalka* is a powerful tool of communicating emotional meaning.

**R**USALKA is the title of an opera by Dvorak, based on a fairy tale combining themes from 'The Little Mermaid' by Hans Christian Andersen, 'Undine' by Friedrich de la Motte Fouqué, and other works. The opera was recently performed at the Metropolitan Opera in New York with Renee Fleming in the title role of Rusalka, in command of her art, as she sang the famous 'Song to the moon'.

Rusalka is a nymph who lives with her father and sisters in a timeless mythical lake. They lead eternal but soulless lives in the waters; coming out at night to dance by the light of the moon. There is a remote and isolated world of magical powers, but without sun or love. The opera opens with Rusalka's moving plea to her father to let her become human. She has seen a prince who came by the lake and has fallen in love with him. She desperately longs for the human experience of love.

Her father warns her of the grave perils of this wish and explains the sacrifices she would have to make in order to achieve the transformation into a person. She would lose her voice, the gift of eternity, and the company of her sisters. Rusalka ignores the dangers, and overcome by yearnings to experience human emotions and walk in the sun, she undergoes the transformation of becoming a mortal creature, so she can be with the prince. In doing so she crosses a point of no return. She is seen as a transgressor of a supreme boundary.

After becoming human Rusalka finds herself in the prince's palace, but she is unable to talk. Still, she believes in the power of love to overcome all impediments. However, not having been prepared for life with humans she is ill equipped to relate to the prince. He is mystified by her muteness and awkwardness of manner, begs her to talk, and finally considers her cold. She makes desperate speechless attempts to convince the prince of her deep love. But it is not enough. She is betrayed and must therefore immediately return to the lake where she is banned from her sisters'

company. As was the pre-condition for her transformation, she now has the awful fate of having to lure the prince she loves to his death. The prince comes to seek Rusalka by the lake and begs for a kiss that will be the fatal last one. The couple unconsciously collude in their mutual destruction. They see death as preferable to not being together. The prince dies. Rusalka, alone and ostracised for her transgression, sinks into the depths of the lake where she will live in eternal limbo.

In a letter to Martha Bernays, Freud (1882) wrote: 'Oh, the myth-forming power of mankind!' (written in parenthesis). This comment points to his unswerving interest in fables and fairy tales, brought to light in his case studies and other works. Two myths, Oedipus and Narcissus, have become woven into the very fabric of psychoanalytic language. Freud (1913) noted the prevalence of fairy tales in the mental life of children, and how dreams and associations often included elements of legends and fables. He observed that for some patients, the recollection of fairy tales replaces memories of their own childhood. Thus the mythical story can function as a screen memory. Such patients would produce more distant, obscure associations in the form of a parable in an attempt to protect themselves from the traumatic impact of the original memory and its affect.

*Rusalka* unfolds themes of longings for the experience of love in the context of sexual awakening in a timeless adolescence that the legend represents. It is timeless in the sense that this 'awakening' happens to an ageless nymph, and so it could be telling of a state of mind that can be invoked at any stage in life. For Rusalka the specific moment of awakening comes when she sees the prince by the water. This seeing is an act of linking an external perception with her internal emotional state. Though it heralds new developments for the future and the opening of a new, unfamiliar world, for Rusalka it also causes painful dilemmas, as this separation in its particular context portends a catastrophic loss of everything she knows. Her father represents an internal parental object,

experienced as restrictive and with prescriptive views of his child's future. For her, what it takes to 'move away from home' is nothing short of a complete transformation, the crossing of worlds and an acquisition of a new identity. She takes courage and strength from her longings for human emotions she only glimpsed when she saw the prince. Hers is a passion for the warmth of feelings.

The symbolic implications of the contrast between emotionless living in dark waters by the moon, and that of walking by the sun on land, are not difficult to see. It is equivalent to love and engagement with the object, including possibilities for loss, when mortality, if nothing else, will claim the protagonists on the one hand, and the presumed safety of magical, eternal sameness, strictly cut off from affect, on the other. It is an allegory too about how growing up and maturing can be experienced not as a natural transformation, but rather as a transgression into the forbidden, and the burst of sexuality is seen as a threat to the parent.

## 'Does Rusalka's pursuit represent a transgression of boundaries?'

Dilemmas of separation and individuation alongside sexual maturation and 'coming of age' have been widely discussed, including the idealisation of the love object, 'falling in love' and its pitfalls. Rusalka has no understanding of how to relate in a 'human' way, and her fantasy that her deep love will overcome all ends in grief. Laufer (1966) has written on 'Object loss and mourning during adolescence'. This opera dramatically highlights all of these themes, through artistic expression. As the mythical story unfolds there is a question: Is Rusalka's wish to follow what she glimpses in the world of humans, embodied in the love of the prince, a psychical development; or does this pursuit represent a transgression of boundaries making the tragic end therefore unavoidable? The answer depends on whose point of view the question represents. Seen from the father's point of view, and that of the community of her sisters, she is charting a perilous territory. Put another way: Is her father the parent who can't let go of his child, or is he genuinely employing his wisdom in an attempt to protect her from catastrophe (and there is a glaring absence of the mother in the story)?

In the Met's production the story retains this moral ambiguity till the tragic end. Rusalka's foray into the most coveted of human emotions ends in disaster for both her and her prince. But she has had the experience her sister nymphs could not dare to know. The modern audience's sympathies, it seems, lie with Rusalka's project of transformation, for she represents the universal pursuit of love.

The principal emotions in this opera are those of yearnings and loss, devotion to love and the sad reconciliation to the limitations of its power. Fleming as Rusalka employs her great vocal skills and nuanced resonances to express a contemplative, somewhat introspective mood of longing and pleading. Her facial expressions and body movements accentuate this dramatic emotional state, as she performs 'Song to the moon':

Moon, high and deep in the sky  
Your light sees far...  
stand still a while  
and tell me where is my dear...  
For at least momentarily  
let him recall of dreaming of me.  
Illuminate him far away...  
may the memory awaken him!  
Moonlight, don't disappear, disappear!

A different way of looking at *Rusalka* is as an allegorical representation of an emergence from psychic retreat (Steiner, 1996). The lakeside under the cold moon being the habitat of the tale's mythical creatures is constantly juxtaposed with walking in the sun and being in a couple (marrying the prince). Living in the depths of dark waters could be seen as a metaphor for the retreat from reality, whilst the attempt by Rusalka to become human and know emotions of connectedness represents a struggle to emerge from a state of retreat. Steiner maintains that an experience of separateness is necessary for this emergence to take place. This involves mourning, a process originally explored in Freud's (1917) 'Mourning and Melancholia'. Could it be that Rusalka fails in her effort to transform from a





detached nymph into a human capable of relationships because she has failed to mourn? Was the transition too hasty?

Psychic retreats are linked with grievance and the unconscious wish for vengeance in the context of unresolved oedipal conflicts. This analytic view would cast Rusalka in a wholly different light. She is not the innocent young daughter on a quest of self discovery and the pursuit of love. Rather, she nurses grievances and exacts revenge. She deserts her father (and sisters) giving vent to vengeful resentments in the context of oedipal hurt. Since the father is not going to make her his sole love object she will take up the antithesis of everything he upholds, reject his world, and marry a human.

In the 2012 production at the Royal Opera House Covent Garden, Rusalka was portrayed as a prostitute working in a sordid brothel, in direct rebellion against her repressive upbringing. A number of patrons walked out and boos were heard at the curtain call. Some critics were outraged. Rather like Rusalka's father, they were protective of her image, the one they cherished. Thus they enacted the father's protestations against his daughter's misguided intentions. Audiences, it would seem, prefer the classical interpretation of the immature and ill-equipped Rusalka, whose yearnings for love and brave transformations for the sake of it are thwarted, partly by her own restraint, and partly by the poignant limitations of the power of love.

But this public violent objection to the production of a much altered Rusalka interpretation, of a one who is far removed from innocence, could also be seen differently. It was as if, in this performance, the undercurrents of her oedipal hurt and rage were projected from the stage to the audience who, unwittingly, accepted this projection, were identified with it, and enacted Rusalka's own primal dissent ■

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## Review

### ***Nymphomaniac: Vol. I and II*** **Artificial Eye 2013 Rated BBFC: 18**

#### Reviewed by David Morgan

Charlotte Gainsbourg, Stellan Skarsgård, Shia LaBeouf, Christian Slater, Stacy Martin  
Director: Lars von Trier

Whenever films try to deal with issues that might seem to us to be the domain of psychoanalysis, they risk, in my experience, being pretentious or superficial. It is to be welcomed therefore that Andrea Sabbadini at the BPAS has done so much to bring the traditions of serious film and psychoanalysis together, to show us how interconnected and mutually enhancing the two disciplines can be. Joan Thompson is also developing a regular film and psychoanalysis event at the BPA.

On watching these two films, I am absurdly reminded of *Fatal Attraction*, which did for male promiscuity what *Jaws* (based on Ibsen's *Enemy of the People*) did for swimming. *Nymphomaniac I and II* tries to do something similar for compulsive sexuality and impotence. Last year's *Shame* charted similar but more sophisticated waters, with its male protagonist celebrating or suffering a joyless compulsive sexuality. In von Trier's film it's female experience that is documented, or more accurately, a fantasy of female sexuality, shot through the lens of a male director.

It begins with Jo, a self-diagnosed nymphomaniac, pursuing sex in all its forms as an antidote to dysfunction, a search for the lost chord by this anorgasmic young woman. We learn that Jo hasn't experienced an orgasm since a mystical vision she had aged 12, during which she climaxed spontaneously outdoors, accompanied by apparitions of the Whore of Babylon and Messalina, a notoriously promiscuous Roman empress. These two are helpfully identified for us by the relentlessly learned Seligmann, her erstwhile father confessor, who digresses for some time on Eastern and Western understandings of religiosity and gives us his intellectual discursive notes and elucidation on a wide range of subjects. For Jo her obsession is with the phallus, and intellectual display is Seligmann's. A more ordinary confessor might have asked her how, after such fantastic and extraordinary sexual liaisons, could any ordinary earthly human intercourse compete.

Seligmann is a pseudo-therapist figure, a father figure, presumably a version of von Trier, whose responses to Jo's dream-like sexual stories are limited to spurious analogies to fly-fishing, Bach and mathematics, polyphony and nymphomania; he reassures her about his objectivity whilst listening

to these stories, saying, 'I'm a Virgin, I'm innocent.' As we know, celibacy or repression is not a guarantor of anything like innocence, indeed quite the opposite applies. There seems little happiness or joy in any of Jo's accounts of her sad encounters (which are depicted gratuitously and fully for us, the other audience), so sado-masochism begins to dominate, to fill the holes, as ordinary 'vanilla' sex fails to deliver. At times the films are unwittingly hilarious in that they seem to chart the repressed phantasies and rather naive childlike preoccupations of the director's mind.

Both protagonists portray a terror of sexual relationships and employ various defences against intimacy – one-night stands, sado-masochism and exhibitionism in Jo's case, and intellectualisation and voyeurism in Seligmann's.

### **'As we know, celibacy or repression is not a guarantor of anything like innocence.'**

They both carefully avoid connection that could make too much awareness of the self or of the other imminent. This is reminiscent of the Core Complex in all its forms, as exhaustively detailed by the late Mervyn Glasser and his colleagues at the Portman Clinic. The themes are also reminiscent of Lars von Trier's previous film, *Melancholia*, with its destruction of the couple and bogus bourgeois respectability in the face of the apocalypse. Other images from this far superior film reappear throughout these new films, perhaps as a joke for the true aficionado: the spoons for example, this time not inserted into the no good boyo father's (brilliantly played in *Melancholia* by John Hurt) breast pocket, but somewhere else.

Jo predictably journeys from masochistic submission to becoming the dominant partner. It all ends, as these things inevitably do, with death, ending with closing credits, and a heavenly rendition of the song made famous by Jimi Hendrix, 'Hey Joe', a hymnal about a jilted lover killing his cheating partner. Thus von Trier charts the sad story that leads from an absence of depth and intimacy to its cheap substitute, the sexualisation of pain, and thence to its ultimate apotheosis, death.

If you have viewed *Melancholia* then you will know that in this film Lars von Trier sensitively portrays depression, death-instinct and apocalyptic thinking. It's a film about endings, and for him it is the depressive who is best prepared

for the inevitable, to which life is merely a defence. It's like Eeyore ruling the Hundred Acre Wood; there is no Tigger, Pooh or Piglet, just a relentless pursuit of negation and triumph.

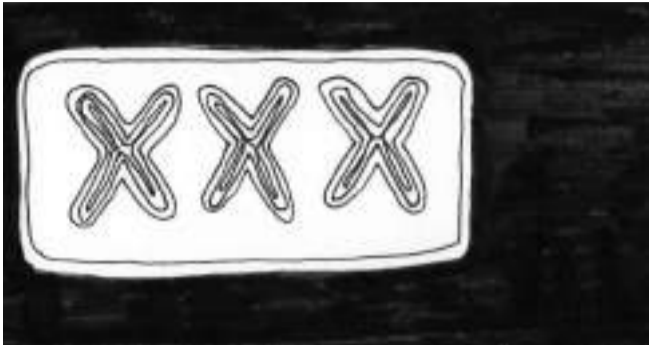
In *Nymphomaniac I and II* he tries to do the same thing with sexual perversion as he did for catatonic depression. In a way he achieves it, but at the same time, as with many serious attempts to portray perversion as an antidote to life's paradox, it looks ridiculous, tragic and comic, as compared to a deep loving involvement that clearly evades both protagonists, and, one feels, quite probably the director.

Jo tells her erotic stories to Seligmann, the older man who has taken her to his apartment after finding her abandoned and beaten in an alley. We do not know if these stories are real or phantasies in the nature of Scheherazade's 1001 nights. They are interspersed with memories of her childhood, the divorce of her parents, and her beloved father's death. There are scenes where her father shares his love of trees and nature with her. They are erotic and suggest an intense relationship. In the end we see him incontinent and dying. The young Jo, in response, appears to seek solace through erotic encounters in the hospital. We are led to believe that her use of sex is some sort of anti-depressant deployed to effect a transformation in her love for her father, who she has crucially lost and can never re-find, into degrading and unsatisfying multiple sexual involvements without attachment or, it seems, a great deal of pleasure. She is a woman behaving like the male sex-addict character in *Shame*. She has become dependent on her anti-depressant sex and needs more of the same to negate the losses.

There has always been to my mind a thin line between art and pornography. This was brought home to me when I had a short-term post working for the British Board of Film Classification. I did not think then nor do I now that I believe in censorship, but I was at that time asked to answer an impossible question that was 'to assess whether a film could incite viewers to enact sexual or violent scenes that they saw portrayed in mainstream films on the screen.' This of course was an impossible task and it was somewhat arrogant of me, a rather normative young analyst, to try pretentiously to answer, but it was at the core of the BBFC's deliberations about a film's suitability for public consumption.

At the time I could only answer the question by relating it to the late and great Arthur Hyatt-Williams' view of the mind as a digestive system that could in some people process quite rich and inflammatory food, whilst in others it might have to be evacuated through acting out. In other words it would depend on the state of mind of who watched what. (Though who hasn't driven slightly faster after a James Bond movie?)

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One example was the infamous rape scene in *Straw Dogs* which had been censored in the past. There was subsequently a strong lobby from the distributors for it to be reinstated for a video release. It was a disturbing scene that left me feeling uncomfortable and hung around in my mind for some time. I felt that it could in a concrete way appear to condone rape in someone unable to process the brutal sexualised material. How innocent these considerations feel now on viewing *Nymphomaniac I and II* with their continual shots of erect and flaccid penises and close-ups of penetration, oral sex and beating.

As Seligmann feeds Jo cake and tea and fly-fishing analogies and unedifying interpretations of her behaviour, she feeds him her sexual history as a self-diagnosed nymphomaniac 'sinner' ever since she was a child. The films are in ten chapters, each of which details a different period in Jo's sexual experience. In the first she is mostly played by a young actor, and the vignettes range from the mildly transgressive through to multiple sexual encounters with fleeting tenderness and considerable sadness.

After watching the film I discovered that there was a great deal of 'real sex' in the film and that this was left to the porn doubles who take the place of the actors. So the viewer, I realised, is invited to participate like Seligmann in something voyeuristic and pornographic. This crosses boundaries, and the audience is not, unless they read the interviews with the main actors, in the know. The actor playing young Jo states, whilst acknowledging her concern about what her parents might think when they see it, 'It [porn] is a totally different industry. The porn stars finish the job off for you.'

The director makes the audience aware of the sadness that drives Jo to pursue her sexual obsessions. And when Jo's beloved father is dying the film is remarkably affecting, showing von Trier's ability to manipulate the tone of his films and still remain coherent: here he is completely un-ironic, completely serious, employing no sly wink, only a finely channelled fury at fate, and perhaps God, for the unbelievable injustice and indignity of death. There are only two subjects in life after all, but it's impressive to find a film called *Nymphomaniac* that makes such an excellent segment out of the one and a bit of a cock-up with the other.

The seedy bedroom where the film unfolds between Jo's Scheherazade

character and her emperor seems to highlight the impoverishment of this story-telling couple. Seligmann's enthusiastic relating of every story Jo tells, no matter how outré, to some aspect of fly-fishing, or classic literature, or geometry, or Bach, knots and rock-climbing, is rather

silly. I felt this was a pretentious effort to lend some depth to the goings-on.

The real questions, such as what are Jo's motivation in telling him her stories, are never spelled out. Is she trying to shock him? To confess her sins? To impress him? Or merely to repay his kindness with the only part of herself that she seems to believe has any real value? We're never sure, but, as is the through line in all of the segments, when it comes to her relations with men, it is Jo who is resolutely in control, owning her story and the telling of it, much as she owns her body and the using of it for pleasure.

### **'A stark portrayal of a person on the edge using sexuality to avoid the void.'**

This is also what makes this von Trier film superficially appear to be feminist when in the past he has been described as a notorious misogynist. Is he now delivering a feminist message? His first-person perspective on a feisty sexual female character's psyche is new, and like *Shame* is a stark portrayal of a person on the edge using sexuality to avoid the void. But to my mind I think these themes have been explored more profoundly by his Scandinavian predecessor Ingmar Bergman, whose interest in the darker aspects of sexuality in women and children are dealt with in classics like *Persona*, *Wild Strawberries* and *Fanny and Alexander*.

In the end, the films are probably an attempt to shock; they really don't say anything concrete or new about female sexuality. It didn't surprise me that the director had started his career in pornography. There's always the feeling of being manipulated, waiting for the next confrontation with something shocking, without any real depth behind it. Is the real message that von Trier is basically exhibitionistically shocking us in the way Jo relentlessly tries to do to Seligmann? Unlike Seligmann I found the revelations boring, but the references to Bach, crass as they were, made me go back to the Brandenburg concertos ■

*Wild Strawberries* (1957); *Persona* (1966); *Straw Dogs* (1971); *Fanny and Alexander* (1982); *Melancholia* (2011); *Shame* (2011)

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## News

### **BPC and UKCP respond to Labour consultation on Health and Care**

The political parties are now drawing up their pre-General Election dividing lines on policy. Together with the UKCP, we have released a response to Labour's consultation on Health and Care.

Labour's report focuses on integrated services, prevention and, above all, on empowering people to play a central role in the planning of their own care. Our joint response sets out some of the key policy asks we think urgently need to be introduced.

Our recommendations include:

1. Commitment from Labour to lead a review into what psychological therapies work for whom, to lead to psychological therapy appropriate for all people with mental health problems on the NHS
2. Commitment from Labour to work with NHS England and Clinical Commissioning Groups to ensure that people accessing psychological therapies on the NHS are able to have an informed choice about their treatment type, therapist and where and when they access their appointment
3. Commitment from Labour to integrate psychological therapies provision across primary care.

We will also co-hosting a roundtable event at the Labour Party Conference with UKCP.

### **Report on the impact of body image during pregnancy and after birth**

The Department for Culture, Media and Sport and The Government Equalities Office have released a report co-authored by Susie Orbach and Holli Rubin. *Two for the price of one* looks at the variety of health and psychological effects that body image can have on pregnant women and new mothers, and shows how body image problems can be unconsciously transmitted from mother to child.

As is widely known, we are in the middle of a rising epidemic of eating problems. Much attention has been paid to visible problems such as obesity. Less attention, however, has been paid to the intergenerational transmission of eating problems and the psychological impact of eating and body difficulties. Mothers who are preoccupied with eating and body image problems can inadvertently behave in ways that shape bonding and attachment patterns in damaging ways. At present, midwives and health visitors receive little training on this subject and are under significant resource and time constraints to take on new challenges. However, psychoanalysts, neuroscientists, infant researchers and public health professionals all agree that conception to age 2 is a vitally important time in

human development. *Two for the price of one* makes the case for midwives and health visitors to routinely talk to mothers about these issues and receives strong government backing.

### **Politicians visit Primary Care Psychotherapy Consultation Service**

In recent months, we've been delighted to facilitate a series of visits by parliamentarians to the Primary Care Psychotherapy Consultation Service, or PCPCS.

Set up and designed by GPs, the PCPCS delivers a clinical and consultation service to GPs and their patients in the London boroughs of Hackney and the City. The service provides primary care interventions, including psychoanalytically informed modalities, for a range of patients with chronic complex mental health needs.

So far, the PCPCS has been visited by Diane Abbott MP, Baroness Armstrong, Meg Munn MP and Meg Hillier MP. The parliamentarians have met members of the multi-disciplinary team and have learned about the success of the service. Clearly impressed, they've promised to relay details to their colleagues.

At a time when people with complex mental health needs often fall into the gaps in current NHS service provision, the PCPCS presents a thriving service model, which with careful thought could be replicated in an intelligent manner across the country. The service takes on 40-50 patient referrals a month, saves the NHS approximately £463 per patient from reduced health service use, and leads to improvements in mental health for 75% of its patients and significant recovery for 55% of its patients ■



# Breaking up is hard to do

By Amita Sehgal

**J**O AND PHIL were in their late twenties. They had married within a year of getting together. Two years into the marriage, Phil wanted a baby but Jo wasn't ready yet. They each had high-flying careers and Jo wanted to develop hers more before starting a family. Seven years later Phil, who was unhappy in the marriage, suggested the couple separate. Hoping to change his mind, Jo became pregnant with their child. Shortly after the birth Jo discovered Phil had conducted an affair throughout the her pregnancy. On ending the affair Phil had asked Jo for a divorce. Very quickly, the couple became locked in a battle about caring for their child: Jo supervised and time-limited Phil's contact with their infant and Phil enlisted the legal system to enforce contact rights. Given the young age of the child and the intractable position that both parents had adopted in relation to each other, the couple's lawyers suggested they seek help.

Jo and Phil came to me via this referral route. Sitting in the room with a couple who arrive in such a warlike state frequently reminds me of the quote: 'War is not too strong a metaphor to apply to the experiences of some who divorce... and there are social pressures to treat partners as adversaries once marriage ends' (Clulow & Vincent, 1987, p. 1).

Divorce is the legal process that brings a marriage to an end. It is separate from considerations about money, property or arrangements about children. Discussions about these matters constitute the terms of a divorce and have tended to take place in four main ways: mediation; the collaborative law process; solicitor-to-solicitor negotiations; and court settlements. Jo and Phil's case is one of two types of cases that generally come before family courts, namely 'private' law proceedings, which involve disputes over residence and contact with children. The other category is 'public' law proceedings where the local authority has intervened, in cases of child neglect, to make the child the subject of care proceedings.

Following the publication of the Family Justice Review (2011), chaired by David Norgrove, the government has unified the family court system, a measure that took effect in April 2014. The system is now accessed through a non-litigious first point of contact – the mediation, information and assessment meeting (MIAM) – intended to accelerate the process, reduce litigation, increase the use of mediation and civilise the divorce process, reducing costs in the process;

following a spending review. Since April the government has withdrawn legal aid from litigants in private law proceedings except in exceptional circumstances. The impact of this on many lower income families entrenched in high conflict divorces needs to be considered, as increasing numbers of couples will not be able to employ solicitors and barristers to help them manage disputes stemming from relationship breakdown. Many of their predicaments will be displaced increasingly into mediation and other out-of-court settings.

The family justice system performs an important role in resolving disputes that arise out of emotional responses to family restructuring, potentially securing outcomes that are just and protective of the welfare of vulnerable family members, especially children (Murch, 2012). A study conducted by the Tavistock Centre for Couple Relationships (TCCR) in the 1980s found that the difficulty experienced by one or both partners in accepting that their marriage had ended was expressed in child contact and residence disputes (Clulow & Vincent, 1987). The study identified some significant behavioral patterns in the ways couples divorce – shotgun divorces, nominal divorces and long lease divorces – supporting what we already know, that the way people feel about what is happening to them becomes central to shaping their lives during the divorce process.

So how can psychoanalytic couple psychotherapy help in cases of separation and divorce? Is it possible to work therapeutically with couples locked in a high conflict divorce?

Avi Shmueli is Head of the Divorce and Separation Consultation Service (DSCS) at TCCR. Shmueli proposes an innovative way of conceptualising high conflict divorce by affording primacy to the importance of unconscious phantasy in shaping how external events are subjectively perceived and influence behaviour. He points out how easily therapists working with couples in high conflict divorces can forget that the two people now locked in an embittered battle were once lovers. He illustrates how high conflict arises from each partner's inability to accept their marriage has failed to fulfill the unconscious hopes that underpinned their initial attraction to each other, and highlights the importance in enabling high conflict couples to mourn these losses appropriately so they may move on with their lives (Shmueli, 2012).



Christopher Vincent (2012) offers invaluable insights into the psychodynamics of high conflict couples. Partners are in the process of losing a significant attachment figure in their lives, and this inevitably has a significant impact on their emotional state and their ability to manage change. Understanding the significance of attachment for how couples manage divorce has been translated by the TCCR into its mentalizing service, 'Parenting Together', and a recently awarded contract from the DWP means that TCCR will be working with CAF/CASS to reduce parental conflict over children in divorce cases.

An important practical aspect of working psychoanalytically with high conflict divorce couples is to remember that it may not be possible to apply the more 'standard' aspects of psychoanalytic couple psychotherapy. For instance, psychoanalytic couple psychotherapy may not be what is needed at this time as the couple are, after all, divorcing. The work here needs to be centered on gaining a joint understanding of how couple dynamics have been relied upon by each partner to maintain emotional equilibrium in the past and of how, without that relationship, each partner can be helped to find a new equilibrium in the future.

Additionally, couples or individuals are generally referred for therapy by their legal representatives, or in some cases by the courts themselves, at a time when they are under tremendous pressures resulting from ongoing external tensions as well as internal emotional conflict. Therefore, long-term therapy is not often sought or welcomed, and most often the persons referred will be more concerned with what is happening in their external worlds rather than be drawn towards becoming interested in their internal, unconscious processes. Couple therapists need to be mindful of this aspect of the work whilst simultaneously adhering to the boundaries of the session, i.e. in arranging and conducting sessions, as 'the structure of the session then offers a metaphorical lens through which to view the couple in particular circumstances' (Shmueli, 2012; p.152).

The other aspect of working with high conflict divorces is that generally one partner attends, or if the couple wishes to be seen then they are often seen individually rather than together. 'Here,' Shmueli says, 'the task of the psychoanalytically-oriented couple therapist is to keep the couple's relationship in mind alongside

maintaining the view that the couple's statements are also symbolic descriptions of their own internal worlds. This helps us maintain the very important distinction between the concrete couple in the process of divorcing, and the internal psychological couple present within each of the respective partners.'

Couple psychotherapists know that to help partners separate amicably they will require help containing their internal object relationships, which over time have become lodged in and unconsciously enacted with their partner. In other words, partners are helped to separate by withdrawing their unconscious projections located in each other.

Separation and divorce are deeply stressful life events. Interventions that take account of the affect regulating function of couple's behaviour provide an opportunity for separating and divorcing couples to be helped in managing their painful and often very complicated feelings associated with the process. In fact, high conflict divorce couples like Jo and Phil can be helped to separate out issues pertaining to problematic relating between the two of them, from their roles as child-focused parents. As Vincent puts it, 'The task... becomes one where we provide some therapeutic ways of helping them relinquish the fight and mediate their differences in the process of separating' ■

*Amita Sehgal, MA, PhD, is a psychoanalytic couple psychotherapist, a Visiting Clinician and Lecturer at TCCR, and Collaborative Practitioner registered with Resolution.*

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## Diary

## SEPTEMBER

## 12-14 September 2014

**THE NOTION OF THE SUBLIME IN CREATIVITY AND DESTRUCTION: A JOINT JUNG/LACAN CONFERENCE**

Lionel Bailly, Bernard Burgoyne, Ann Casement, Phil Goss  
St John's College Cambridge  
Contact: [bm.ashworth@tiscali.co.uk](mailto:bm.ashworth@tiscali.co.uk)

## 19 September 2014

**SIMON ARMITAGE IN CONVERSATION WITH EDWARD MARRIOT**

Resource for London, 365 Holloway Road, London N7  
[www.connectingconversations.org](http://www.connectingconversations.org)

## 19-21 September 2014

**HERE AND NOW THERE AND THEN: BPAS ENGLISH SPEAKING CENTENARY WEEKEND CONFERENCE**

Dana Birksted-Breen, Catalina Bronstein, Donald Campbell, Penelope Crick, Michael Feldman, Gregorio Kohon, Edna O'Shaughnessy, Rosine Jozef Perelberg, Priscilla Roth, Anne-Marie Sandler, Igenes Sodre, Nick Temple  
Institute of Psychoanalysis and Regents College, Regents Park, London  
[www.beyondthecouch.org.uk](http://www.beyondthecouch.org.uk)

## 20 September 2014

**'FEELING FOR' AND 'FEELING WITH': WMIP ANNUAL CONFERENCE**

Jean Knox  
Uffculme Centre, Queensbridge Road, Moseley, Birmingham B15  
[www.wmip.org/wmip\\_autumn\\_conference\\_2014.pdf](http://www.wmip.org/wmip_autumn_conference_2014.pdf)

## 20 September 2014

**FAMILY AND PSYCHE IN THE 21ST CENTURY**

Anouchka Grose, Susan Forster  
Wessex Arts Centre, Alton College, Hants GU34 2LZ  
[admin@altoncounselling.org.uk](mailto:admin@altoncounselling.org.uk) or  
Nickie Foscett, 01420 89207

## 20 September 2014

**MONEY MATTERS: OR DOES IT?**

Jan Wiener, Sophia Grene  
WPF Therapy, 23 Magdalen Street, London SE1 2EN  
Contact: Kathinka Reid, 020 7378 2054  
<http://wpf.org.uk/training/workshops-events.aspx>

## 27 September 2014

**BORDERLINE PERSONALITY DISORDER: THE PATIENT, THE THERAPIST AND THE THERAPY**

Duncan Kegerreis  
WPF Therapy, 23 Magdalen Street, London SE1 2EN  
<http://wpf.org.uk/training/workshops-events.aspx>

## 28 September 2014

**SHAKESPEARE ON THE SCREEN: AS YOU LIKE IT**

Margot Waddell, Juliet Stevenson  
ICA, The Mall, London SW1  
[www.beyondthecouch.org.uk](http://www.beyondthecouch.org.uk)

## OCTOBER

## 4 October 2014

**SEEING AND BEING SEEN: SHAME IN THE CLINICAL SITUATION**

John Steiner  
Armada House, Telephone Avenue, Bristol  
[www.sipsychotherapy.org](http://www.sipsychotherapy.org)

## 10 October 2014

**BRUNO SCHRECKER IN CONVERSATION WITH KATE BARROWS**

Folk House, 40 Park Street, Bristol  
[www.connectingconversations.org](http://www.connectingconversations.org)

## 11 October 2014

**BRIDGES OVER TROUBLED WATERS**

Joint BPC/APP event, Exeter University  
Deborah Abrahams, Penny Campling, Jeremy Holmes, Eugene Mullan, Richard Mizen, Sue Mizen, Jessica Yakeley  
Contact: Leanne, 020 7561 9240 or [leanne@psychoanalytic-council.org](mailto:leanne@psychoanalytic-council.org)

## 11 October 2014

**'SAME SEX BUT DIFFERENT?': TCCR AUTUMN CONFERENCE**

Mary Morgan, Paul Lynch, Joanna Ryan, Leezah Hertzmann, Damian McCann  
TCCR, 70 Warren Street, London W1  
<http://tccr.ac.uk/events/forthcoming-events>

## 17-18 October 2014

**PSYCHOANALYSIS AND PHILOSOPHY**

Speakers include David Bell, David Black, Louise Braddock, Morris N. Eagle, Katalin Farkas, Denis Flynn, Francis Grier, Edward Harcourt, Jim Hopkins, Michael Lacey, John Lawrence, Jonathan Lear, Edna O'Shaughnessy, Margaret Rustin, Bennett Simon, Mary Target  
Senate House, University of London, WC1  
Contact: [marjory.goodall@iopa.org.uk](mailto:marjory.goodall@iopa.org.uk)

## 18 October 2014

**BETRAYAL AND THE COUPLE: AFFAIRS, PORNOGRAPHY AND THE INTERNET**

Jenny Riddell  
WPF Therapy, 23 Magdalen Street, London SE1  
Contact: Jennifer Jones, 020 7378 2051

## 19 October 2014

**SHAKESPEARE ON THE SCREEN: THE MERCHANT OF VENICE**

Margot Waddell, Michael Pennington  
ICA, The Mall, London SW1  
[www.beyondthecouch.org.uk](http://www.beyondthecouch.org.uk)

## 24-26 October 2014

**WORKING WITH OTHERS: WHY?: BPF GROUP RELATIONS CONFERENCE**

Julian Lousada, Miranda Feuchtwang, Sally Griffin  
BPF, 37 Mapesbury Road, London NW2  
[www.britishpsychotherapyfoundation.org.uk](http://www.britishpsychotherapyfoundation.org.uk)

## NOVEMBER

## 14 November 2014

**PSYCHOANALYSIS AND ETHICS: BPC ANNUAL LECTURE**

David Bell, Edward Harcourt, Barbara Taylor  
Regent's College, London  
Contact: Leanne, 020 7561 9240 or [leanne@psychoanalytic-council.org](mailto:leanne@psychoanalytic-council.org)

## 20 November 2014

**ATTACHMENT, MEMORY LOSS AND AGEING**

Richard Bowlby, Angela Cotter, Susie Henley, Hazel Leventhal, Anastasia Patrikiou, Pam Schweitzer, Kate White, Sara Kestelman  
Institute for Child Health, 30 Guilford Street, London WC1N  
[carol.tobin@thebowlbycentre.org.uk](mailto:carol.tobin@thebowlbycentre.org.uk)

## 22 November 2014

**PSYCHOANALYSIS AND CREATIVITY**

BPC joint event with NEAPP  
Kenneth Wright, Christopher Wood, James Johnston, Sally Beeken, Merja Martindale  
Great North Museum, Hancock, Newcastle upon Tyne  
Contact: Leanne, 020 7561 9240 or [leanne@psychoanalytic-council.org](mailto:leanne@psychoanalytic-council.org)

## 22 November 2014

**WHISTLE-BLOWERS: POLITICAL AND PSYCHOLOGICAL PERSPECTIVES**

David Morgan, Gavin MacFadyen  
Danson Room, Trinity College, Oxford  
020 8452 9823 or [sandrap@bpf-psychotherapy.org.uk](mailto:sandrap@bpf-psychotherapy.org.uk)

## FORTHCOMING

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London  
Contact: Leanne, 020 7561 9240 or [leanne@psychoanalytic-council.org](mailto:leanne@psychoanalytic-council.org)

## 24 January 2015

**ABC OF PSYCHOTHERAPY: ASSESSMENT, BUSINESS AND CONSULTATION**

BPC / Harry Guntrip Foundation  
Penny Crick, Pauline Hodson  
NSCAP, Leeds  
Contact: Leanne, 020 7561 9240 or [leanne@psychoanalytic-council.org](mailto:leanne@psychoanalytic-council.org)

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## Obituary

# Harry Karnac: a memorial tribute

By Brett Kahr

ON 4 APRIL 2014, Harry Karnac died at the age of 94 years. Although he had never undertaken a psychological training and had never worked with patients, his name will be remembered long after most of ours have faded away. As the founder of one of the world's most unique bookshops, and as the progenitor of a publishing firm which produces nearly one hundred new psychotherapeutic titles each year, Harry Karnac's contribution as a disseminator of psychological culture remains unparalleled.

Born on 27 November 1919, Harry Karnac became a professional bookseller early in his career, and by 1950 he had opened a small, unprepossessing shop at 58 Gloucester Road, in London SW7. At first, Karnac sold ordinary books (gardening manuals, biographies, novels), but one memorable day, the psychoanalyst Clifford Scott suggested that the young bookseller might do well to stock a pamphlet written by his colleague Donald Winnicott. Harry Karnac knew virtually nothing about psychoanalysis, and although he regarded Dr Scott's suggestion with a certain amount of scepticism, he nevertheless ordered some copies of Winnicott's publication *The Ordinary Devoted Mother and Her Baby: Nine Broadcast Talks* (Autumn 1949). To Harry Karnac's great delight, the Winnicott pamphlet sold particularly well; and before long, Karnac began to sell other psychoanalytical titles too. Eventually, H. Karnac (Books) became the place for purchasing texts on psychoanalysis and psychotherapy, and it gradually became a haven for mental health practitioners not only from Great Britain but, also, from abroad. In

that bygone, pre-Amazon, pre-Internet era, Karnac Books served not only as an important meeting ground but also as a veritable research centre, keeping practitioners abreast of new publications.

## 'Karnac Books served also as a veritable research centre.'

Harry Karnac became increasingly immersed in the world of psychoanalysis; and as well as undergoing his own experience as a patient on the couch, Karnac developed a warm acquaintanceship with many leading figures in the field, most especially with Donald Winnicott. Often, Winnicott would pop into Karnac's bookshop on Saturday mornings, and the two men would chat for hours. I once asked Harry what sort of books Donald Winnicott purchased. Apparently, he rarely bought psychoanalytical books, preferring general biographies instead; indeed, each week, Winnicott would return to buy yet another slew of biographies. When Karnac asked Winnicott how he could plough through so many biographies so quickly, Winnicott laughed and confessed that he read only the first chapter of any biography – the one devoted to early childhood – explaining to Karnac that by the second chapter, he had lost interest!

In the 1970s, Karnac Books became a veritable 'Mecca' for clinical practitioners of every shape and variety, and the business continued to flourish. Eventually, Karnac launched his own very modest publication arm, which debuted in 1981,

quite appropriately, with the release of the British edition of *Boundary and Space: An Introduction to the Work of D.W. Winnicott*, written by Madeleine Davis and David Wallbridge.

I shall never forget my very first visit to Gloucester Road in either late 1982 or early 1983. A young student at the time, I had seen advertisements for Karnac Books in many different journals, and I could not wait to visit in person, eager to enrich my growing collection of psychological books. I walked into the shop, which, to my surprise, I found completely deserted, with not even a salesperson behind the till. As I scoured the many bays of shelves, I saw endless volumes on cookery, gardening, sports, literature, but nothing – absolutely nothing – on psychoanalysis. Concerned that I might have entered the wrong building in error, my eyes suddenly glanced towards the very back of the shop, and there, perched on a high shelf, occluded in darkness, I spied a bust of Sigmund Freud. I walked towards this plaster cast reproduction sculpture – undoubtedly the famous work by Oscar Nemon – and there, hanging from a railing beneath Freud's head, I saw an old, dusty, dark velvet curtain. With some timidity, I walked through the curtain, padded down a dimly lit, narrow, creaking staircase, and then, to my amazement, I entered a brightly lit basement room, full of nothing but books on psychoanalysis! Like a little child in a sweet shop, I felt as though I had stumbled upon Ali Baba's hidden cave, crammed with secret treasures. With literally no other customers in the shop, I soaked up the quiet atmosphere in this windowless, noiseless room with reverence, and began to scan the multi-coloured spines of the many titles which lined every bit of wall space.

Eventually, an elderly bespectacled man with white hair and a salt-and-pepper beard and moustache appeared, as if from nowhere, and introduced himself to me as the proprietor. When I told him that I had recently begun my postgraduate studies, Mr Karnac took a benevolent interest in my reading. I had already selected a few titles for purchase, and he objected to every one of them. I particularly remember that I had chosen a book about schizophrenia, as I had only just begun to work with psychotic patients. Harry ridiculed this work, written by a prominent American psychoanalyst, and he insisted that I should purchase instead David Malan's best-selling book on *Individual Psychotherapy and the Science of Psychodynamics*! Whether Harry took such an interventionist approach with all of his customers, I really cannot say, but I appreciated the tip.

Certainly, the friendly atmosphere at Gloucester Road, and later at Finchley Road, stoked many a bibliophile's passion, so much so that I have often remarked that Harry had unwittingly caused many of us to develop a new form of psychopathology, which I have dubbed,

affectionately, as 'Karnacitis' – a highly incurable condition!

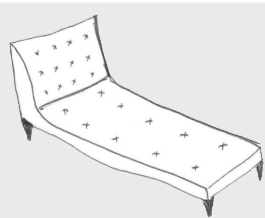
Whenever I came to visit the shop, Harry always greeted me cordially, ever happy to recommend his favourite new titles. And when, some years later, I embarked upon research for a biography of Donald Winnicott (which would eventually be published by Karnac Books, although I could not possibly have suspected this at the time), Harry helped me tremendously. Not only did he grant me a lengthy formal interview in which he shared his many reminiscences of Winnicott but, also, he gave me a pre-publication copy of his indispensable Winnicott bibliography which proved invaluable to my work; moreover, Harry even read a draft manuscript of the entire book, for which I shall remain deeply grateful. Thereafter, he never failed to share further recollections of Winnicott and his circle as they popped into his head. And over the years, I would frequently find a message on my answering machine: 'Brett, it's Harry Karnac. I've just remembered another story about Winnicott... Call me!' Of course, I did ring back straight away, and I must say that Harry – a great raconteur – never disappointed, always recalling something pertinent and enlightening.

After his retirement from Karnac Books in 1984, Harry produced comprehensive bibliographies of the writings of Donald Winnicott and Wilfred Bion, which included listings of many works inspired by these leading figures. And in his ninetieth year, Harry published a comparable text on the work of Melanie Klein and those who followed in her path. Clearly, Harry had used his old age well. Certainly, few other retirees would have had the capacity to remain so intellectually engaged and so fertile into their tenth decade of life!

A profession cannot thrive without its books. They represent the very lifeblood of progress. And the modern psychological profession owes its very pulse to the vision and to the bravery of Harry Karnac for having embraced an area of work once regarded with enormous suspicion. A very splendid man, with a big heart and an infectious sense of humour, Harry Karnac will be much missed ■

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

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