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## Landscapes of Change

Marchelle Farrell

I was raised in a garden. My earliest memories are of my grandmother's garden, with whom my parents and I lived until I was about eight years old in Trinidad and Tobago where I was born. I remember the space as being one where I felt safe, cosy in the ixora hedge in which I had my den for making potions, and also free, climbing trees and picking mangoes. The garden lay on a cul-de-sac which opened out onto an area of open grassland dotted with wide-spreading, ancient samaan trees that we called the savannah. This whole landscape of my earliest childhood was held by the deeply folded backdrop of the verdant hills and valleys of Trinidad's Northern range rising to meet the sky.

### “My earliest memories are of my grandmother's garden”

I did not realise how I was imprinted to this place until I left it. Even then, for a long time after I thought no more deeply about that sense of a loss of place than the general idea of missing home. On my return, I linked the sigh of relief that seemed to issue from my very bones when I first glimpsed those emerald green hills crashing against turquoise seas as the plane dropped beneath the clouds, to the people I would soon see on disembarking. I had not considered how my relationship with the external place itself might have shaped my inner landscape.

In the course of training to be a psychotherapist, I have spent many hours considering relationships of all kinds. The relationships between parts of self, between self and others in the past as well as the present, between the patient and myself in the transference and countertransference, and even on occasion the relationship between the patient and a much-loved animal. However, one relationship that received almost no attention was that of the relationship to place.

In retrospect this forgetting seems a madness. We know the importance of place in terms of the therapeutic frame. In the psychoanalytically-grounded psychodynamic tradition in which I was schooled, close attention was paid to the set-up of the space in which the therapy was held, its sense of safety and

security. I experienced firsthand through a relocation of our department to a new hospital building how a change of place could profoundly disturb the therapeutic relationships existing within it.

### “We know the importance of place in terms of the therapeutic frame”

When a life move and career break caused me to leave hospital confines, only to find myself confined by a pandemic to my new, first garden, I found myself contemplating my relationship with place in a newly meaningful way. It was all that I had. We had uprooted from one life that we had known well for a long time, but that was no longer serving us – balancing busy, dual-medical careers with early parenthood in a bustling city – to something new. We had found ourselves in a new community shortly before all contact with it was cut off by lockdown. I contemplated my garden in the deep isolation in which I found myself and was comforted, but also surprised and intrigued by how familiar a sense there was in my English country garden, and how much it evoked the tropical gardens of my childhood. I was curious about what might link these two seemingly unconnected places.

The move to a garden in the countryside was prompted by a fact about relationship with place that I had learned many years prior in my psychiatric training. It had stunned me at the time, and made me wonder whether our power as psychiatrists and mental health professionals perhaps lay more in the realm of social advocacy than individual treatments. But in the frenetic pace of work and ongoing subspecialty training in the NHS, it had been quickly overcome and had sunk to the back of my mind. Until I had children of my own and the memory of it took prominence once again.

I had learned that the risk of developing schizophrenia as a Black British Caribbean person was nine times that of a White British counterpart. As a Black Caribbean immigrant to the UK, my risk of developing a psychotic illness was slightly increased above the White British baseline, the hypothesis being that this might be due to the stresses of migration and adaptation to a new culture. However,



for my children, born English but of Black Caribbean heritage, the risk was ninefold compared to their White British classmates, and also to the children of old classmates of mine who had remained in Trinidad. It was heightened by living in cities. A genetic explanation had been excluded in the research – this enormous excess of risk of psychosis seemed to be due to a relationship with place. It was maddening for Black Caribbean British-born people to be in relationship with England.

### “It was maddening for Black Caribbean British-born people to be in relationship with England”

The profound implications of relationship with place on our psyche should not be a surprise to us. We already have much evidence from within our own field, and well beyond, that reminds us how deeply affected we are by the places that we inhabit. To begin with, we have known for a long time that for the vast majority of psychiatric conditions, the factors that most impact outcome are not individual genetics, or individual behaviours, but rather socioeconomic and environmental factors. Our relationship to the external landscapes in which we exist more strongly shape vulnerability to illness, the presentation and severity of disease, and prognosis and eventual outcome than interior factors.

Understanding why this is the case requires remembering that we are human animals, deeply reliant on our environment for survival, and therefore closely attuned to it. It also asks us to realise that we are much less separate from our environments than many of

us have been taught to believe. The ‘I’ with which we regard ourselves is not singular. Each of us is an ecosystem, host to trillions of other organisms: bacteria, archaea, fungi, viruses, phages, parasites and others as yet unnamed. These microbiomes, as they are collectively known, live on us and within us, coming from the surfaces we brush against and the foods we eat, populating our skin and our guts. They help us maintain healthy immune systems, healthy boundaries, and healthy digestive systems so that, as the science is increasingly showing, without a healthy microbiome we become very ill.

The science of quantum physics also reminds us of how indistinct the boundaries are between our environments and ourselves. We are, at our most elemental, a collection of atoms bound together a bit more tightly than the sea of atoms in which we are constantly swimming. We breathe in, and the oxygen and other molecules in the air around us eventually become incorporated into our tissues; we eat, and the molecules in our food come to form the fabric of our being. The individual ‘I’ is built of the many millions of sources of these atoms. The fascinating phenomenon of quantum entanglement, where two atoms that have once been physically connected, if then separated by a great distance, will continue to influence each other’s quantum states or behaviours, disturbs the notion of us as separate, autonomous beings. Where are the other atoms that may have once been entangled with the ones that build our cells, and what else might be influencing their behaviour, that has absolutely nothing to do with what we might wish to see as our autonomous choices?

**“I began to realise that listening to understand the garden’s needs felt akin to the deep listening of the therapy room”**

It may feel as though we have journeyed far from the garden to the realm of the esoteric, but all of this evidence of our interconnectivity with the place we inhabit grows within the garden itself. And there are already many ways within the analytic thinking that is our home ground in which we are challenged to look beyond the idea of the separate psychic self, and to consider ourselves as profoundly integrated with our surroundings. From the earliest days of the development of analytic ideas, Jung brought us the concept of the collective unconscious. Foulkes in group analysis presents to us the group as the whole object, and us as ‘the individual’ being a mere fragment of that whole, so that the idea of the entity of our individual, separate selves is almost a delusion.

We rely on unspoken and unconscious communication in making sense of the dynamics at play in the human relationships on which we focus in our work. We already know that only a tiny proportion – less than ten percent – of human communication takes the form of spoken words. In the process of coming into close relationship with the garden, as an amateur gardener trying to make sense of the space, I began to realise that listening to understand the garden’s needs felt akin to the deep listening of the therapy room. When I was disturbed by the events of that pandemic year and took my incoherent, beta-elemental emotional turmoil out into the garden, links were made and clear thoughts began to emerge as I was held in the space. I realised that the garden was carrying out a role akin to alpha function. As the space held and shaped my body, the place was holding and moulding my mind.

Knowing all of this, why do we tend to spend so little time and attention considering the relationship with place in our work? Perhaps it is the same disconnection from reality that renders living in the UK so psychosis-inducing to the children of Black Caribbean immigrants. One of the basic assumptions on which the colonial project was built was an imagined, and false, hierarchy

of worthiness, with the figure of the White Man at the top, and everyone and everything else below, subject to his domination. This social construction enabled and justified the cruel exploitation of people and land alike. And just as language, culture, interpersonal attachments, and the spiritual practices that help to make meaning and bring hope in dark times were stripped from the people as they were torn from their lands in the colonies, so too was any sense and spirit of place extracted from the land itself, as it was subjected to the extractive and damaging intensive agricultural practices honed on colonial plantations.

**“I am raising my children in a garden. One with beautiful wisteria and redolent rose, a typical ‘English’ country garden full of plants imported along colonial trade routes”**

But they were not the first home ground for these traumas. Despite the narrative that would uphold Britain as noble and pure, its countryside in particular the seat of these virtues, with all that was violent and vile projected out into the dark colonies so that home could be protected from its pollution, these injuries had first been experienced here. The enclosure of land, people stripped of their relationship to place and displaced into cities where they were exploited as a low-paid labour force, extractive and intensive land management practices, happened in parallel and as a precursor to the exportation of the colonial project. But for this sense of Britishness there has been a mass repression, a collective denial akin to madness. To begin to consider our relationship with this place, and its

meaning in shaping our lives, would mean reckoning with the painful truth of that history.

I am raising my children in a garden. One with beautiful wisteria and redolent rose, a typical ‘English’ country garden full of plants imported along colonial trade routes, the same ones that carried some ancestors of mine to the island of my birth. The garden opens out into a field, that is then held by the backdrop of a wood rising on the folds and ridges of the valley to meet the sky. I watch my children play in this space, and it clear that within it they feel safe, and free. They are imprinted onto this place, but they will not know it until they one day come to leave it. But I hope that they will know the truth on which their reality is constructed, and the depth of their relationship with this place and the meaning that holds. And I hope that their truthful understanding of this place will offer, in the way that truthful understanding often does, some protection from madness.

*Marchelle Farrell is a medical psychotherapist, and keen gardener, born in Trinidad and Tobago, but becoming hardy in her Somerset garden. Her book, Uprooting, which won the Nan Shepherd Prize for nature writing, is published by Canongate.*



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#### Contribute to New Associations

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

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## Editorial

# The Need for ‘Doubts and Loves’

**Helen Morgan**

I write this in early October, barely a week or so after the horrific attacks on Israel by Hamas. It has been days of assault and reprisal and news from both Israel and Gaza is flooded with anger, agony and destruction. I have no idea how things will be when this edition appears in print, but currently it is hard to scrape any crumbs of hope or comfort from the situation. It's hard not to despair.

In this edition, Glen Gossling's moving interview with Isca Wittenberg is timely and powerful. Celebrating her one hundredth birthday, she recalls events that led to her escaping Nazi Germany to this country in 1939 and her subsequent career. She expresses her concerns about the current rhetoric regarding refugees. Today, the fact that cruelties similar to those she experienced as a child are echoing across the world over 80 years later is grim. It's hard not to despair.

**“it is that urgent need for a sense of home that we perhaps forget in our psychoanalytic thinking”**

Central to the war that is raging in Gaza and Israel is the problem of land and of place, and it is that urgent need for a sense of home and for belonging that perhaps we forget – or just take for granted – in our psychoanalytic thinking. And whilst it might appear that our opening articles on gardens and gardening may seem irrelevant in these times of war, I suggest there is something profoundly important being expressed in each of them – for they are each offering far more than the whimsical, declaring as they do the garden's potential to provide containment, repair, reparation and hope.

Marchelle Farrell, whilst reminding us of the West's colonial history and its consequences, also refers to the physicality of her garden as ‘carrying out a role akin to alpha function’. Carolyn Bates points out that ‘in any garden we find countless invitations to “try again”’. And Jennie Hogan acknowledges that, at the heart of gardening, even on a window ledge,

is ‘the requirement to accept loss and disappointment.’ Perhaps at these moments of intense suffering about which we can do little, the tending of our gardens, of our window boxes, is vital.

At the end of September the Editorial Board met in person for an ‘away day’ to discuss together where we are with *New Associations* and to consider future developments. *New Associations* has as its central brief ‘the application of psychoanalytic thinking to the social, cultural and political world, rather than just to the consulting room.’ Such a focus differs from that of the magazines of other similar organisations as well as from our professional journals, and means we can offer a unique contribution to wider thinking about our world today.

We are aware that, whilst we include the occasional article on subjects relating to the consulting room such as managing retirement, working online, etc., these matters tend to form a small part of the focus of the magazine as a whole. We believe that this needs to continue if we are to remain true to our overarching brief. However, we also recognise that this means there is an important aspect of support which the BPC is not providing for clinicians which some registrants would like to have available to them.

In conversation with the BPC management, it has been agreed that such a function lies within the brief of the monthly e-Newsletter that goes out to all registrants. Work is going on now to develop a regular column along these lines in the e-Newsletter which we hope readers will find interesting. This helpful development allows the aims of *New Associations* to be kept clear and distinct in focusing on the social, cultural and political world.

Psychoanalytic thinking, with its emphasis on the depressive position, the holding of opposites, the need for containment and thought, has much to offer the problems of our troubled world. In *New Associations*, we aim to offer a high standard of writing about the issues that affect us all, bringing different, thoughtful perspectives to complex matters with the hope that we may build common ground where there might be the possibility of new thinking.

And yet this is becoming increasingly difficult. So many issues today end in

polarised positions where it seems so very hard to hold conflicting thoughts and stay in a thinking space between these oppositions. Our endeavour is to continue to provide such a space where different perspectives can be held and considered. Inevitably, this means that we occasionally receive articles that provoke fierce disagreement and sometimes anger and upset. Such controversial pieces – some of which make arguments that we ourselves disagree with – are thought about long and hard. Usually, as long as they comply with the standards of any article we agree to publish, we include them. We are aware that the recent contribution in the Summer 2023 edition by Marco Chiesa, which questions Covid vaccinations, is such an example. The piece itself is a response to the article in the Spring 23 edition by Andrea Sabbadini. Both hold very different positions. Both provoked responses from the readership which we acknowledge and take seriously.

**“So many issues today end in polarised positions where it seems so very hard to hold conflicting thoughts”**

We believe we need a forum for reactions to articles to be included without individuals having to write a full piece. To this end we will be introducing an occasional Letters Section where responses that offer a helpful contribution to a discussion may be published. We welcome positive comments as well as points of disagreement.

A recent edition of *The Moral Maze* on Radio 4 entitled ‘How should we think about our enemies’ discussed the ethical questions and concerns regarding what is happening in the Middle East. One of the panel quoted from a poem by the Israeli poet Yehuda Amichai. The poem is a powerful comment on how sites of polarisation and righteousness kill the garden's potential for growth. The poet suggests that if we can hold back our certainties and allow our ‘doubts and loves’ to creep in we may hear whispers of hope above the sirens of conviction.

## The Place Where We Are Right

by Yehuda Amichai

From the place where we are right  
Flowers will never grow  
In the spring.

The place where we are right  
Is hard and trampled  
Like a yard.

But doubts and loves  
Dig up the world  
Like a mole, a plow.  
And a whisper will be heard in the place  
Where the ruined  
House once stood.

## New Associations

Currently on the monthly e-newsletter is a survey canvassing your views on *New Associations* and the editorial board would be very grateful if you could take a few moments to fill it in. We really need to know your thoughts about the magazine if we are to make it as lively and as relevant as we can. We cannot please everyone but we very much welcome your views. Otherwise, we are working in a vacuum.

We also welcome ideas for contributions. If you are new to writing but have an idea for an article please do get in touch. Our board is brimming with expert editors who are more than willing to work with you to develop an article for publication if the subject fits the remit of the magazine. Please contact [helen.morgan@bpc.org.uk](mailto:helen.morgan@bpc.org.uk).

We are very sorry that Deborah Wright has had to step down from the Board for the moment. We very much hope she will be rejoining us again in the future, but in the meantime I would like to thank her for all she has contributed to the development of *New Associations*. Her energy and enthusiasm as a Board member as well as her work with authors has been greatly appreciated.

## CORRECTION:

The editorial board of *New Associations* sincerely apologises for the misspelling of author Katya Orrell's name in the summer issue this year. The error, regretfully, was published in the print versions of the issue but has been resolved within all digital copies.

## Gardens

# How Does Your Garden Grow?

Jennie Hogan



**W**hen COVID hit in early spring 2020, gardens and outdoor spaces took on a new value and many found refuge in them. Those of us without gardens struggled. Now the pandemic is over, yet the renewed power of the natural world has not waned; in fact plants have become fashionable. For instance, one in three people in Britain bought a houseplant in 2021; three million Italians took up gardening during lockdown; the BBC's *Gardeners' World* programme reached its highest viewing figures in a decade. I confess to watching it as the pandemic prevailed.

**“one in three people in Britain bought a houseplant in 2021”**

I moved house during lockdown and for the first time had outdoor space – a modest terrace. I began to grow plants from seed, something that was entirely new to me, and I quickly became engrossed. My study turned into a nursery as day by day I nurtured, observed and waited for something to happen. Before leaving for my consulting room in the cold, dark mornings I checked to see how my seedlings were growing. I gasped with wonder when a tiny green bud had pushed its way out of the soil overnight. In the evenings I returned to the seed trays to find that more seedlings had

appeared and others gained height and strength. I continue to grow plants from seed and regularly marvel at the sheer strangeness of them, each one being unique, each having its particular needs in order to germinate. Some seeds sprout with little time and attention, others are slow and unpredictable.

**“Watching plants grow from seed feels magical”**

Watching plants grow from seed feels magical; observing these miniature movements rarely fails to provoke childlike wonder. Moreover, like a child I am learning through failing. Over and again I am confronted with the truth that I do not have control, though when I ruin a seedling through impatience, over-eagerness, or heavy-handedness it is frustrating. I have destroyed something. Like a mother who cannot understand why her baby is crying, I regularly fail to understand why they haven't grown or developed despite my watchfulness.

Perhaps, being a novice gardener, I am over-sensitive to their fragility. I may over identify with their vulnerability. Transplanting seedlings, pricking them out, potting them on – a whole new lexicon I am learning – is the art of enabling, containing and emancipating. It has not been difficult to make connections with the consulting room. Could these seedlings be patients and the bed of fertile soil a couch?

British psychiatrist and psychotherapist Sue Stuart-Smith's book *The Well Gardened Mind: Rediscovering Nature in the Modern World* (2020) innovatively and accessibly explores the relationship between mental health and gardening. She suggests that, 'when we sow a seed we plant a narrative of future possibility' (p.65). Sowing seeds epitomises hope. It is unsurprising that horticultural therapy and eco therapy are thriving. Gardening projects are growing for people experiencing PTSD or recovering from illness, for young people excluded from school, and for prison offenders. Each is given a patch of land to cultivate and nurture. Exposed to the elements and seasonal shifts, vulnerable people are given the freedom to dig deep, not only into the soil, but also into their internal worlds.

Few things change in my consulting room but my plants grow and die. Their minute shifts fascinate me. There is little doubt that having living green objects in the consulting room has a positive impact on work with patients, consciously or not. As with my patients, I am responsible for their growth, I observe changes, and have to make preparations for breaks. Being surrounded by plants in my low-lit, white-walled room in central London, I and those who enter it are connected to the organic world beyond.

There is conspicuously little literature about gardening and gardens in psychoanalytic writing. Perhaps this oversight has arisen because psychoanalysis was generated in urban settings and is largely practised in cities. In addition, could it be that the focus on patients' unconscious worlds overshadows awareness of the natural world?

The myth of the Garden of Eden has a lot to answer for. For instance, John Steiner views Eden as a defensive refuge from reality (2020). This unchanging imaginary paradise symbolises a perfect illusion where the baby has full possession of the Mother and lacks nothing. However, gardening is by no means paradise. Good enough Mother Nature offers the *illusion* of control whilst inevitably disillusioning us to the reality of dependence, frustrations, and growth through loss. Similarly, at the heart of gardening, even on a window ledge, is the requirement to accept loss and disappointment. The weather is an uncontrollable force which excludes

the phantasy of human omnipotence; waiting must be endured denying instant gratification; fading and death is abundant and unavoidable. Mourning, therefore, is equally as important as nurturing new life. For each gardener the reality of death is inevitable, spring will come but it can by no means be owned.

**“at the heart of gardening, even on a window ledge, is the requirement to accept loss and disappointment”**

Nina Coltart observed that, 'in an ideal world, every psychotherapist would have a garden'. (1993). It is an encouragement to allow the beauty and potential of green spaces to tend to us. It is also a reminder that being outdoors is crucial.

Freud's garden in his London home became a refuge at the close of his life. Ernest Jones (1958) describes how Freud gazed at the garden from his sickbed amongst the flowers, which he loved. The garden was by no means Edenic, but rather a peaceful place helping him face the reality of death.

The garden need not be a flight from reality, but a place where growth of the mind coincides with the growth and death of plants.

*Jennie Hogan is a psychodynamic psychotherapist based in central London. She is an Anglican priest and author of This Is My Body: A story of sickness and health (Canterbury Press).*

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## Gardens

# Listening for the Crucial: Elements of Hope in the Tiny Beings

Carolyn Bates

Has my heart gone to sleep?  
Have the beehives of my dreams  
stopped working, the waterwheel  
of the mind run dry,  
scoops turning empty,  
only shadow inside?

No, my heart is not asleep.  
It is awake, wide awake.  
Not asleep, not dreaming—  
its eyes are opened wide  
watching distant signals, listening  
on the rim of vast silence.

Antonio Machado

Each morning I concoct the sugar mixture – like a ritual – measure, stir, watch the granules disappear into the solution, ponder whether I shall wear my bee suit... or not. A glance out the window and an assessment: how do the bees appear to be feeling today as they hover near the feeders? Quiet? Agitated? Impatient? No bee suit today. I go outside soon after dawn, glance up to see Venus, still shimmering in the eastern sky, reminding me of the grander scale of things. But as I begin to pour the clear liquid into the troughs, the bees light on the rim of the jar and call me back to the tinier scale of things. And as I watch them, I see how those two scales meet in the middle: No matter the ways in which we humans keep compromising their environs, no matter the shrinking habitats of flower-filled meadows, and ancient trees in which to build their hives, the bees are always determined.

**“How do we listen to the many nonverbal voices of nature? And what do we make of what we hear?”**

There may be nothing quite so calming as the whispered hum of bees at work, and nothing quite so concerning as the intensified buzzing that tells me of a collective excitement that could erupt into agitation in a microsecond. I have learned to listen to their winged speech. And so, they teach me – through the variations of their wingbeats – their own mood state. They tutor me in how best to monitor my own inner state when I am near them. Best always to be calm, and best always, as Machado’s contemplative words suggest, to be listening. It is in ‘listening on the rim of vast silence’ that we may find the best remedy for a barren mind ‘run dry’ by too many distractions. In communing with nature, the waterwheel once again begins to turn, its scoops filling with reflective waters, mind and soul once again energized by the currents.

**“There may be nothing quite so calming as the whispered hum of bees at work”**

In his paper, *Whispering at the edges: engaging ephemeral phenomena*, Jungian analyst Mark Winborn describes the ‘ephemeral’ as something ‘transitory, elusive, or difficult to capture and hold’; something that ‘is glimpsed out of the corner of one’s eye, often hidden behind some psychic veil.’ (2022, p. 365) So much of the ephemeral awaits in the space of one’s garden. How do we listen to the many nonverbal voices of nature? And what do we make of what we hear? When I glimpse *Argiope catenulate* – I call her Sally – sitting in the middle of her web, I lean in closer to watch and commune with her. And I wonder, is she proud of her beauty? Her weaving? Her patience in waiting for the fated moth or fly? She is the largest orb weaver spider to grace my garden in several years. From Sally,

I hear the whispered voice of patience in the face of increasingly shrinking resources, of tenacity and diligence to craft a web of ideas that might remedy the effects of continuous drought, months of baking heat, flash floods and sudden drops in temperatures – the extremes of nature that we find we must now adapt to. ‘Patience and diligence...and finding the best spots to weave your web,’ Sally whispers, by her mere presence. ‘And if it doesn’t work, try again.’

**“Soil, kept diverse and unpolluted, will yield rich harvests”**

In any garden we find countless invitations to ‘try again’. Whether our garden is urban rooftop, suburban backyard, rural countryside, whether it is predominantly flowered or bearing food for us, the gardener learns to listen to what the invertebrate world tells her about the health – or lack thereof – of the garden she tills. As I work the soil in the shade of the *Ruellia*, I am reminded of Sue Stuart-Smith’s insight, that ‘planting a bulb is like setting a little time bomb of hope in motion.’ (2020, p. 184) So I begin to consider the placement of hope and listen for the health of the soil in which I will nestle so many ‘little time bombs of hope’. Here, in the soil, where live those organisms so tiny that bees and spiders would seem gargantuan to them, I listen for what the strands of fungi tell me, whether root tendrils coo in the presence of beneficial nematodes or offer up a silent, desiccated outcry in the presence of parasitic ones. Here, in the soil, lie the greatest opportunities to hear the unvoiced ephemeral: the sweet scent of loam and the acrid odor of decay. Here, as the soil science of permaculture instructs us, lies the hope for our future: soil, made

healthy by the plethora of tiny creatures, will sequester carbon dioxide. Soil, kept diverse and unpolluted, will yield rich harvests. Soil, as author Kristin Ohlson reminds us, ‘will save us’. Throughout the foundation of the garden, it is to the soil I have learned to attune most closely. Here, in the soil, beneath the determined bees and the patient orb weaver, hope grows, with every bulb planted.

**“Here, in the soil, beneath the determined bees and the patient orb weaver, hope grows, with every bulb planted”**

Carolyn Bates is a Jungian analyst (I-RSJA, US) practicing in Austin, Texas. She currently serves as North American Editor for the *Journal of Analytical Psychology* and President of the *Texas Seminar of the I-RSJA*. She has long been a proponent of permaculture and, during the worst of the recent pandemic, took immense joy in looking back through history to best understand how to establish a Victory Garden in her backyard, an endeavor that brought both feelings of peace and deep satisfaction.

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As proofreader for *New Associations* and freelance editor in the field of psychoanalysis, I have significant experience in editing everything from magazine articles to books (*Dilys Daws, Quietly Subversive*) and papers for journals (*Journal of Child Psychotherapy/ Infant Observation*). I can help with:

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## Mental Health

# The Personality Disorder Shield

Dr Jay Watts

**T**he diagnosis of Borderline Personality Disorder (BPD) has long been a locus of contention in mental health care. The individuals bearing this label, three-quarters of whom are women, often find themselves navigating a labyrinth of stereotypes and stigma. Sometimes reduced to mere caricatures of hostility, manipulateness and attention-seeking behaviour, those labelled with BPD may be misperceived through the prism of their diagnosis, their lived experiences abridged into a highly gendered stereotype that bears all the negative optics that are characteristic of the ‘hysteric’, stripped of the surrealists’ transformative reimaginations.

The trauma and pain that overwhelmingly seed their distress become shrouded in the fog of clinical jargon. This veil encourages a systemic disregard for the experiences of sexual, physical, and emotional abuse and neglect that they have nearly always experienced, often intensified by social precarity and unrecognized neurodivergence. These painful encounters, in turn, mould defensive behaviours, which become entrenched and misunderstood as ‘personality traits’. Instead, these behaviours should be seen for what they truly are: desperate calls for help, echoing out from the deep shadows of trauma.

## The Stigma of BPD

In the mental health system, despite decades of anti-stigma campaigning, patients labelled as having BPD often face contempt and dislike that would be unacceptable elsewhere. According to the most recent version of the national mental health household survey, these individuals are more likely to be denied assistance than any other group, including those diagnosed with antisocial personality disorder. A plethora of evidence suggests that healthcare professionals perceive and interpret suffering differently once a BPD diagnosis has been given. For instance, the label of BPD is known to diminish the credibility that professionals assign to reports of suicidal ideation, despite strong evidence of a high suicide rate among this group. The rhetoric surrounding this issue, particularly the dismissive sentiment that ‘if you had wanted to die, you wouldn’t be here’, unfairly compares the patient to an idealised ambivalence-free notion of what suffering should look like.

At the heart of the problem is, perhaps, a deep ambivalence about the legitimacy of suffering when it manifests in ways that society finds confronting. If there is one thing common in borderline phenomenologies, it is this: a tendency to turn the mirror back at us, revealing our inadequacies not only as a caring system but a caring society. This produces a contradiction in reaction which gets thrown back onto and into patients at a time when society both wants to uncover and re-cover trauma’s existence.

In her seminal work *Trauma and Recovery*, Judith Herman underscores this issue: ‘The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma.’ This conflict is echoed in the discourse surrounding BPD, unmasking a striking paradox. On one hand, professionals acknowledge the need for a validating environment, which is universally accepted as the cornerstone of evidence-based treatments from mentalisation-based and transference-focused to dialectical behaviour therapy. On the other hand, professionals persist in employing a diagnostic label that has been persistently reported by survivors to be not only cruel but actively re-traumatising. It is unlikely ‘epistemic trust’ could ever develop in such conditions.

As Clare Shaw and Debra Shulkes (2012) put it: ‘Our diagnosis confirmed – and deepened – the most negative messages we had been given throughout our lives. It meant that it was our fault that services had not been able to help us. It meant that our experiences of childhood trauma and violence were overlooked as marginal details. It meant that we were not going to get better – there would always be something wrong with who we are.’

## The PD Shield

The unfortunate consequence in many cases is a phenomenon I have come to think of as the ‘Personality Disorder Shield.’ The ‘PD Shield’ metaphor represents a practice where mental health professionals utilize the notion of BPD as a protective barrier, effectively safeguarding themselves against the emotionally gruelling reality of their patients’ traumatic experiences. It’s important to emphasise that the ascription to ‘personality’ is somewhat arbitrary here. Interestingly, 85% of patients no longer meet criteria after ten years with few



relapsing, suggesting a natural course that should not only shepherd us away from notions of characterological problems but trouble Kernberg’s notion of ‘stable instability’.

The PD Shield serves dual purposes: it functions as a defence mechanism for the practitioner while simultaneously deflecting attention away from the traumatic origins of the patients’ suffering. This protective mechanism is further fortified by the appropriation of psychoanalytic constructs such as splitting, projection, and projective identification which are taught in short modules or CPD courses to skill up non-psychoanalytically oriented colleagues. The analytic community has, perhaps, overlooked how these core principles can be misused in inexperienced hands and/or within unsafe systems contributing to the perpetuation of the PD Shield.

The patient becomes an unwilling recipient for the projections of the clinician, who may be struggling to metabolize the emotional material presented to them unaware of the mutuality of primitive defences. Instead of acknowledging this struggle, it becomes more convenient to reject this material, psychoanalytic constructs giving them a language to thrust it back at the

patient in the form of blame or hostility. This dynamic acts as a safeguard for the professional ego, which is often already fragile in a climate where burnout is rampant, and which holds some rather peculiar ideas, such as the notion that authority figures should be presumed by patients to be benevolent – a dubious idea given most of our patients’ life histories.

Whilst in an ideal world colleagues and supervisors would intercept such enactment, this oversight is frequently lacking in healthcare settings. This void is felt acutely in the wake of the closure of therapeutic communities like the Henderson, which openly recognized the need for supportive networks to ‘hold the holders’ such that a truly good-enough relational experience is available to be internalised, setting up kinder object relations and a more weather-proof psychic skin.

## Backstage Borderline Talk

In the absence of such thinking environments, ‘backstage borderline talk’— contemptuous, dismissive, and doubting discussions about patients’ narratives— becomes a common practice in multi-disciplinary teams, sometimes even serving to glue together fractured teams struggling with record demand and



## Mental Health

undertrained in dealing with the kind of trauma that is so insistent it tries to get inside us like it or not. This dynamic, so evident in recent *Dispatches* and *Horizon* programmes about the crises on our acute wards, not only diminishes patients' testimonies but also propagates an environment of 'epistemic mistrust'. This skepticism towards the knowledge and intentions of others sidelines the patient's narrative, encouraging an over-reliance on the diagnostic narrative constructed by professionals and skewering the compassionate curiosity so central to not only our humanity and capacity to 'mentalise' (Fonagy & Luyten, 2009) but the unfolding of the inner world.

When narratives are policed in this manner, junior staff and newcomers can find themselves inadvertently ensnared, turning genuine, empathetic interactions with patients into mere markers of 'splitting'. While splitting is an invaluable concept, its misapplication may steer teams towards a rigid stance, neglecting a patient's inherent right to connect with or trust some professionals more than others. This is especially concerning for trauma-affected patients, who frequently oscillate between hypomentalisation and hypermentalisation. Their heightened vigilance in discerning safety or threats from those around them equips them to be acutely aware of nuanced cues, signifying which professionals can genuinely support them. When this adaptive mechanism is misconstrued as divisiveness, patients often bear the brunt, sometimes becoming the targets of retaliatory behaviours from narcissistically injured professionals.

Such countertransference dynamics within various settings — from general mental health to GP surgeries, homeless shelters, family courts, and beyond — induce a detrimental cycle. Patients' desperate attempts to communicate their anguish are met with dismissal or rejection, inciting an outcry of anger and despair which in turn reinforces clinicians' defensiveness. This mutual aggravation can devastate any chance of a meaningful therapeutic relationship, instigating a vicious cycle of misunderstanding and invalidation often ending in an abrupt termination. This can manifest in an unexpected transfer or discharge from services, repeating the emotional neglect and abandonment so often experienced in early life, or a 'passage to the act' such as a suicide attempt.

### The Fallibility of Care Systems

Just as we struggle to keep trauma in mind despite the swell of conscious knowledge since the 1980s, when at one point it was thought that there were only 486 children on the abuse register, so too do we struggle to confront the uncomfortable fact that our caring systems — whether psychiatric or general healthcare — are not infallible. Not only

that, but they are sometimes capable of perpetrating harm on those they are entrusted to help, and while the idea of 'bad apples' makes us feel safe, the kind of systemic failures we see so clearly in the Francis Report into Mid-Staffordshire NHS Foundation Trust and in so many other public inquiries prove otherwise.

All too often these reports focus on scandals in women's healthcare, from our maternity wards to vaginal mesh surgery, because women are, frankly, easier to hystericalize. As BPD is the psychiatric realisation of this trope, this effect is heightened and just too dangerous to have around staff who are likely to predominantly remain undertrained and under supported. Instead, we need to adopt an overtly affirmative language that shores up the professional ego by emphasizing expected responses of consideration, care, and curiosity.

Firstly, this requires discarding the label of 'personality disorder'. Secondly, it involves refraining from engaging in backstage borderline talk. Lastly, it calls for a transformation in the transmission of psychoanalytic concepts, with a greater emphasis on intersubjective neurobiology and the ubiquitous presence of primitive defences when under duress — both for staff and patients. Only in this way can we stop expelling all that we don't like onto one group, acknowledging that those who are psychically flailing can sometimes be difficult to be with, but recognizing how our own deficiencies and those of the systems we operate in contribute to their struggles.

### Changing the Story

Fortunately, scientific considerations support such a paradigm shift. BPD has the poorest reliability and validity in psychiatry, with 256 possible symptom combinations and high comorbidity with other personality disorders, stress, and affective problems, which undermines its scientific credibility (Watts, 2019). In fact, it was slated to be removed from the latest iteration of the psychiatric manual, ICD-11, until a last-minute U-turn fuelled by concerns about health insurance claims in the United States.

Interestingly, this decision sparked intense debate within the ICD taskforce board, leading to the formation of a sub-group to address the 'borderline problem' and prevent a complete split. This echoes the historical discussions during the first DSM taskforce to consider BPD in the 1970s. Initially, all taskforce members viewed BPD as an insult to the new scientific focus that would culminate in DSM-III in 1980. However, pressure from psychoanalysts at that time ultimately led to its inclusion at the last moment. This decision has been a source of regret for the chair, Robert Spitzer, ever since, as has been the fact that much of the time was spent discussing BPD. It is extraordinary that two taskforces, almost forty years

apart, encountered similar struggles before a sudden U-turn. This highlights the significance of our ongoing difficulties in addressing predominantly female suffering that manifests in ways that challenge our understanding. Nonetheless, change is afoot.

The term BPD has become highly contentious within the NHS driven by decades of survivor activism. The Royal College of Psychiatrists, NHS England, and the NIHR-funded Mental Health Policy Unit are all reassessing their approaches and language. A recent consensus paper in the UK, signed by major mainstream organizations, unequivocally called for the elimination of the BPD diagnosis due to the deep-seated disdain and contempt associated with it.

At their core, each person carries with them a fundamental plea: 'Can you see me? Can you hear me? Can you tolerate me?' Too often, our healthcare systems answer this plea with a 'No.' Transforming this 'No' into a 'Yes' demands that we foster a new, kinder language — one grounded in empathy, validation, and understanding. Only when we can show we can tolerate and empathise with profound distress can we expect someone serially let down to begin to internalise that for themselves. This moment, in the history of BPD, has the potential to be

a pivotal turning point, moving beyond the repetition compulsions that have prevented change to something more humane, putting down our PD shield and meeting intense emotions with compassion and care.

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## Mental Health

# Making Sense of The Madness:

**A podcast about what's going on and what's going wrong with mental health provision in the UK today**

**Merryn Jones and Rob Thorman**

**I**n 2020, the service I ran for people with personality disorders at the Maudsley Hospital in south-east London was informed that it was being cut. I had spent my life working in the NHS and other public services, starting off as a social worker, training as a psychotherapist in the NHS and eventually becoming a clinical service lead at the Maudsley. Yet as I was approaching my retirement, I felt like the tides were turning against relational therapies at an alarming rate; the in-vogue treatments are now more manualised, shorter-term therapies that claim to be just as effective but much cheaper. I felt disillusioned and deeply frustrated that mine and others' experiences and wider knowledge were being discounted.

My family were well aware of my frustrations, including my son-in-law, Rob, who is a screenwriter and lecturer. Rob suggested that we make a podcast that could help turn my experiences into a coherent story of what is going on – and what is going wrong – with mental health in the UK today. Perhaps this would help me and others to 'make sense of the madness'.

**“I've been keen to emphasise that no one treatment or therapy is better than the others”**

Three years later and our passion project has become an eight-episode limited audio series featuring incredible contributions from a range of professionals and patients. Throughout the process, I've been keen to emphasise that no one treatment or therapy is better than the others but rather, that we need a range of therapies situated in a wider understanding of the way the world impacts on our emotional health. Rob's 'layman' perspective has helped us ensure that the podcast can be accessed by audiences with no prior knowledge of the world of mental health but nonetheless goes deep enough to be of value to experts and professionals working within the field.

In our first episode, Rob interviews me to understand what the service I ran offered,

why it is that people with personality disorders are often challenging for other services to treat and why the loss of my therapeutic community service is indicative of wider patterns within mental health in the UK today.

Our pilot serves as a springboard for us to explore mental health services both more widely but also in greater depth. Through conversation with Rex Haigh and Vanessa Jones, we explore the differences between psychiatry, psychology and psychotherapy and trace the decades-old conflict between these approaches for resources within the NHS. We hear about the history of therapeutic communities – where they came from and how they have had to adapt within the current climate, leaving some to wonder if they can still be regarded as therapeutic communities at all.

The treatment of the moment is undeniably Cognitive Behavioural Therapy – a psychology-based treatment that is prescribed far and wide across our NHS. Yet when we speak to Farhad Dalal, he gives us compelling evidence as to how CBT's 'colonisation' of mental health is based on 'corrupt' science and as such, cannot be seen to be as effective as its statistics proclaim it to be. Dick Blackwell helps us understand this within a wider political framework: CBT's success, he argues, says much more about managerialism within our NHS and the rise of neoliberalism in our society more widely.

As a counter to the over-promotion of increasingly reductionist therapies we show how we have to place people in contexts so that we can begin to link how deprivation, racism, sexism and other prejudices impact on our mental health. We talk to Sophie Jones, a psychotherapist working in a male prison and to Sophie Butler, a clinical psychiatrist working in A&E. Through our conversations with them, we explore the challenges of treating people in crisis, and how common environmental patterns in both prisoners and patients suggest the need for therapeutic solutions that take account of these societal structures. For example, if you are black and live in a predominantly white area your mental health will be worse than if you are in a mixed or black



area. We speak to Professor James Nazroo from Manchester University about his research into how mental health and race intersect and explore his contention that the UK needs an actively anti-racist health policy.

In our final episodes, we do a deep dive into therapy: What is it? Does it actually work? And why has it lost out on the recent fight for resources? We speak to a range of psychotherapists who give us a fascinating insight into the potential benefits of their different specialities: family therapists, couples therapists, psychodrama therapists, art therapists and more. It's an inspiring look at what an alternative model of treatment could look like.

**“In our final episodes, we do a deep dive into therapy”**

Ultimately, we argue that for people in emotional distress, it is so important to know that they are part of something wider and not just suffering from an internal pathological disorder. The danger of this latter approach is that if you do not feel better after a manualised short course of therapy, then you are in danger of being labelled as 'treatment resistant' and 'the problem'. To us this is the antithesis of therapeutic help.

Our belief is in the power of relationships. We are all born into a group and through our relationships, we either flounder or flourish. Without relationships we can feel lost in a sea of other individuals who do not understand how they connect or what the universal ties are that bind them.

Human existence is inevitably difficult at times and can lead to many different

challenges. In fact, the vast majority of us have imperfect pasts, and the consequences of these imperfections need to be made sense of if we are to lead fulfilling lives. But unless we have a wider understanding and perspective on emotional lives, we are reducing human experience to something that really does not capture the nuanced and complex experiences of us all. Instead, we believe we should be helping people develop agency and self-responsibility through curiosity, validation and challenge. Through the journey of going inside ourselves, yet always with an understanding as to how the external and internal are connected, we can start to make sense of our own madness and move forward with confidence, self-knowledge and a clearer understanding of the world and our place in it.

Indeed, through the journey of creating this podcast with Rob, I've found a community of informed, like-minded professionals who share my feelings, have validated my frustrations, widened my perspective and ultimately, have helped me to feel hopeful again and believe that change is possible. I hope that if you listen to the podcast, you'll feel the same.

*Making Sense of The Madness* is available to listen to on Spotify and all major podcast platforms.

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## Psychoanalysis and Racism

# Host Cultures and their Influence on Psychoanalytic Values

Martin Kemp

**W**e have been holding conferences discussing psychotherapy and racism for the last 25 years. Younger people engage with enthusiasm, but I sense frustration amongst speakers and older audience members alike. There is a sense that we are going round in circles.

Factors inhibiting change might include defences against shame and guilt, fear of change, the comforts of privilege, and the social make-up of our profession. It has been persuasively argued that psychoanalysis's 'internalist' biases and exclusionary 'universalism' shield the profession from the lived reality of non-white communities, thwarting the progressive aspirations of (most?) psychotherapists. Perhaps there is a lack of clarity, or consensus, about what we hope to achieve.

## “There is a sense that we are going round in circles”

Those who have taken up the task of 'decolonising psychotherapy' – Dalal, Frosh, Brickman, Morgan and others – locate the origins of our problems with race in Freud's writings.

Freud pondered the relationship between psychoanalysis and its cultural environment as Europe faced a chilling assault on Enlightenment precepts, but while its authoritarian control of the Global South was broadly uncontested. When he argued that the scientific outlook, rigorously adhered to, would protect psychoanalysis's disinterested pursuit of the truth, he was mindful only of the home-grown threat to objectivity and rationality. To give credence to religious or political doctrines, he wrote, 'would be to lay open the paths that lead to psychosis, whether to individual or group psychosis' (Freud 1933 p160). The 'prohibition against thought' they required would radiate out to create inhibitions across all spheres of life, constituting 'a danger for the future of mankind' (ibid 171-2).

Freud overlooked the unscientific common-sense assumptions that found expression within his work. Addressing this in terms of *content* does not protect us against repeating the same *procedural* mistakes. Here we might need to take a more robust interest in hegemonic, though often contested, notions that can



constrain large group consciousness and the capacity to think. Taking up Lynn Layton's exploration of those 'normative unconscious processes' (Layton, 2020) that operate in today's world could help in this regard.

Freud's faith in 'the progressive strengthening of the scientific spirit' (p179) may be problematic in another sense. We might recall the psychiatric textbooks cited by Fanon, or the confusion around the climate crisis produced by industry-funded 'research', to evidence the deleterious influence that vested interests exercise over societal thinking. At one point, Freud himself conceded that 'science' could not objectively serve the needs of a radically unequal society. While dismissive of Marxism as a political strategy and theory of history, he acknowledged that its strength lay 'in its sagacious indication of the decisive influence that economic circumstances of men have upon their intellectual, ethical and artistic attitudes' (p178).

What this suggests is that one cannot examine the internal, and regard the 'external' as a neutral given. Yet rather than integrate this insight, Freud casually dismissed it and moved on.

I wonder if taking this up continues to be a challenge too far for the psychoanalytic community.

We might perceive a tension around this by looking at the impressive anti-racist statement issued by the IPA in 2021. It named 'anti-Black, anti-Asian, anti-indigenous, anti-Semitic, and all other forms of racism and State-inflicted violence'. It reaffirmed 'its condemnation of all unlawful and inhumane forms of discrimination', encouraged 'reflecting on' and 'speaking out' against such 'painful realities', and committed itself to 'support and encourage' such action.

But what will this mean in practice? How will it be applied? We do not need statements that reassure us of our progressive credentials, while we avoidantly look away from sites of profound harm. Initial signs are not encouraging. Psychoanalytic institutions have responded readily to the crises in Ukraine and Iran, but not to other equally devastating locations of racial injustice. It is perhaps significant, too, that the IPA Statement makes no mention of Islamophobia.

With the 'clash of civilisations' narrative that emerged as successor to the Cold War, the denigration of Muslims and Arabs has become the focal point of Western racism, mobilised to justify military interventions, settler colonialism and regime change across the Middle East. Scapegoating Muslims has become a primary tool of social control within metropolitan societies themselves. (Muslims are, of course, also subject to persecution in Myanmar, China and India.)

Perhaps we screen ourselves off from this currently *functional* racism when we refer to this as a 'postcolonial' era, helping us to select which injustices to be exercised about, and which to ignore. It seems possible that we focus our efforts on the legacy of racisms that were functional in earlier periods of history.

Our commitment to unimpaired self-reflection perhaps sits uneasily with an aversion to controversy, a reluctance to challenge contemporary abuses of power, even where these have catastrophic consequences for mental health. Arguably, we are successors to a discipline that lacks the moral clarity and critical depth necessary to fulfil the aspirations expressed in our ethical declarations and anti-racist statements.

These reflections have emerged from some personal engagement in anti-racist

work within the profession. Clearly, they open up more problems than they solve. My suggestion is that the self-knowledge we so value stands in opposition to the neutrality that is often posited as a psychoanalytic virtue – that it is in activity that we can appreciate experientially the impact of power on thought, on one's own thinking and that of the groups to which one belongs.

I wonder if the next generation of psychotherapists might express their belief in our shared responsibility for one another by attending more directly to situations where racist structures and practices, and other social abuses producing profound psychic distress and damage, are being reproduced contemporaneously. This is a huge challenge. I suspect these situations will multiply in number and intensity going forward, in circumstances where the risks involved in speaking truth to power may also intensify.

*Martin Kemp, works in private practice in London. The issues raised here are explored further in 'What would Freud have made of it? Notes on a 'normal pathological organisation' in contemporary psychoanalysis', a paper co-authored with Eliana Pinto and published in the International Journal of Applied Psychoanalysis (2023), currently on free access. He is a member of the UK-Palestine Mental Health Network.*

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## Fake News

# Fake News: The Role of Suggestion in a Fast World

David Morgan

“I wrote 1984 as a warning, not a guidebook!” – George Orwell

**F**akery, propaganda, and downright lies have been features of human communication forever. We can all turn a blind eye to the painful or disturbing, but the powerful and deranged have always had the drive to proclaim untruths as a means to manipulate others.

There are currently more mediums than ever before through which fakery can proliferate and be promulgated. Before we had the internet and social media, lies had to be printed and distributed to be read and digested. We trusted our newspapers, the BBC, but now we have a multitude of news outlets, tweets, FaceTime, even the dark web.

Traditional investigative journalism and cutting-edge documentaries have given way to speed-of-light gossip and regurgitation from anonymous keyboard warriors, and many of our political class have made use of this opportunity. Trump conversed with his nation via Twitter (now X), churning out tweet fragments laden with insinuation, incitement, grievance and promise with uncharacteristic diligence. It gave him the keys to The White House!

In the UK, as we have discovered, Boris Johnson departed from established truths with near impunity. He claimed whatever he needed to in the moment, facilitated by the knowledge that any single claim will swim instantaneously into a multitude of channels. Tweeting then becomes the new oratory.

The ‘fake news’ that some sections of our media offer is more often driven by profit margins than by a wish to communicate truth or thought. An economy of sleaze peddles simplistic certainties to alleviate deeper anxieties often caused by mass inequality. Fake news is a commodified symptom of our current social malaise, providing superficial and endless options that become exhausting and overwhelm the capacity to think. We can go from one theory to another, unable to process anything before another idea arrives.

It is us who are then dispossessed of Truth, our need for serious thought emptied out. This we may welcome, like the courtiers in the story of the emperor’s new clothes who know he is naked but collude with the fake news that he is clothed to maintain their comfortable positions. But lies have the power to create their own reality, free of uncertainty. ‘It relieves us of our uncertainty if we just believe,’ as Josh Cohen puts it, and the unpleasant consequences of telling the truth dissolve in the comforting illusions being offered.

The lurch to the right we are seeing in many countries, fed often by a mendacious manipulation of truth, is occurring in the face of the huge uncertainties that face us. When the truth is unbearable and complex we seek solace in the simplicity of fake news. Fake news offers lies in order to forge an alternate reality impervious to doubt or contradiction. Political leaders who lie most persistently are commonly known as ‘strongmen’. In driving truth from public discourse, they can eliminate their opponents’ most potent weapon. Totalitarian regimes abolish truth and replace it with whatever reality the regime chooses to impose.

**“When the truth is unbearable and complex we seek solace in the simplicity of fake news”**

There is a reciprocal relationship with their audience who swallow their projections and avoid their own anxieties in the process. I would say many politicians like Trump are aware that they are empty of any real substance and any adult capacity to think, so they rely on projecting this emptiness into others, seeing others in their own image. It is the other who is thoughtless and has to be resisted, not their own resistance to insight and their own incapacity to think.

Propaganda becomes a method of inducing a series of temporary psychoses, often starting with depression and passing,

via paranoia, to a state of manic bliss. This latter bliss explains why propaganda may be received favourably – it provides a curative effect if it finds the ‘propagandee’ depressed and then leaves him in a state of enthusiasm. There is a capacity to maintain omnipotent belief systems that plaster over huge internal insecurity. This psychic muscle, conscious or unconscious, evacuates anything that might make one aware of emotional insight into the minds of others.

A patient of mine, a journalist, went from serious journalism to the gutter press and became excited by his capacity to plant stories which he knew had little veracity. Over time he became depressed, developing the belief that there was gentle music emanating from radiators in his workplace. It seemed to me that the music of this man’s soul had been externalized into a warm but inhuman place. In his analysis, he at first brought his paranoid fear of exposure, perceiving me as intent on exposing his story in an unscrupulous way. As it transpired, what he feared was his own internal reportage on his loss of a serious, thoughtful, creative aspect of himself. Slowly he developed insight into the falseness of what he was doing. He became his own whistle-blower.<sup>1</sup>

Phil Stokoe’s *Political Minds* talk, *Where Have All Adults Gone?* (2016), is helpful here. ‘Under the pressure of anxiety, we tend to move immediately into a black-and-white state of mind and are attracted to people who espouse simplistic ideas. We are attracted to black and white characters. Their medium is entertainment, not thought. This state of mind is aimed at obviating thinking, in the same way as the borderline squeezes out emotion.’

How do we get back from the stultification offered by fake news and its handmaid, fundamentalist thinking, and move to adult thought?

Stokoe again: ‘The capacity to think is an achievement that not all of us manage. In other words, it is not something natural to



human beings but it is a consequence of normal development. Discovering how to think and particularly discovering how to recover the capacity to think are the signs of maturity.’

In common parlance, one would say that three-dimensionality is difficult. If you want someone to behave thoughtfully toward themselves and others, you have to give them the experience of being thought about. This may at least arm them to think for themselves rather than succumbing to the lure of false news and fakes. The impact of huge anxiety tends to move all of us into a fundamentalist state of mind in which certainty is admired and desired above everything. We must resist this with everything we have, while recognizing that we are all capable of being seduced by simplistic answers.

As psychoanalysts, we believe in narrative truth and the capacity to put experiences into words that risk truth and confront the fear of three-dimensionality. This requires real courage.

David Morgan is a psychoanalyst, consultant psychotherapist and a Fellow of the BPAS and the BPA. He is Chair of ‘The Political Mind Seminars’. He co-wrote ‘Lectures on Violence, Perversion and Delinquency’ with Stan Ruzsyczynski, and was editor of ‘The Unconscious in Social and Political Life’ (Phoenix, 2019) and ‘A Deeper Cut: Further Explorations of the Unconscious in Social and Political Life’ (Phoenix, 2020). He also is co-editor of ‘Free Association and The Public Sphere’.

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## Interview

# Isca Wittenberg: 'My Story is One of Beginnings and Endings'

Glenn Gossling



**T**his year Isca Wittenberg, the noted child psychotherapist and former Vice-Chairman of the Tavistock Clinic, celebrated her hundredth birthday. Although it was a time for celebration, it was also a time for concern. As she said, when interviewed at her home in Golders Green, 'I am very concerned with the way leaders are becoming more bullying and turning again against liberal values. My son is actively supporting refugees from Ukraine. I was a refugee myself and it worries me that human rights for refugees, and particularly child refugees, might be eroded.'

Describing her own life, she continues, 'My story is one of beginnings and endings. My father was a Rabbi and one of the liberal Jewish intelligentsia. I grew up in quite a cosmopolitan home, often hosting notable philosophers and thinkers.'

'But when I was nine, Hitler came to power and everything changed. All Jewish books were burned. Jewish people lost their jobs. Jewish children were excluded from schools. My best friend was a Christian girl who lived in the flat upstairs. They had to leave because they were not allowed to live in a Jewish home. They never spoke to us again. As a child I was profoundly disturbed by how people, friends, could change so much one day to the next.'

'Then after *Kristalnacht* things got much worse. They smashed windows of all Jewish businesses. My father was taken to the Dachau concentration camp. It was terrifying, but at that time the Germans only wanted to be rid of us. One of my father's students got a paper offering him

a job in Los Angeles and that was enough to get him out of the concentration camp. When my father came home, he was almost unrecognisable. He had been tortured. He had been forced to stand throughout the cold November nights in just a thin pyjama shirt and had contracted double pneumonia.'

'It was very difficult, because there were issues with our paperwork and for four months my father had to report to the SS every week. We never knew whether he would come home. It was dangerous for us to be on the streets, but finally we got to come to England.'

Isca and her family arrived in the UK as refugees in 1959. She was only allowed to bring 10 shillings and one small suitcase out of Germany.

'England was a new beginning. It was so different. I was shocked, though, that it seemed as if ordinary people didn't know what was going on in Germany. People thought the Germans were just "nice and efficient". The Jewish Refugee Committee came to see us and asked us what we wanted to do.'

**"I still wanted to know how people could change from being a friend to being an enemy one day to the next"**

They found Isca a position and she trained as a nurse. 'I had quite a career as a nurse, looking after babies and young children in what were called "wartime nurseries". We provided childcare while mothers went to work in the factories to support the war effort.'

'I still wanted to know how people could change from being a friend to being an enemy one day to the next. So, after World War II I joined the Tavistock Clinic to train as a child psychotherapist.' The Tavistock Clinic had been founded in 1920 to provide civilians with pioneering treatments developed while working with shell-shocked soldiers during World War I

and had just become part of the NHS.

'This was another beginning. I joined the Children's Department and took the Infant Observation course provided by Esther Bick. Nowadays, her approach to Infant Observation has a world-wide influence. As part of my training, I attended one of Anna Freud's seminars. I was very impressed by her intellectual understanding, but I couldn't understand how she thought that babies didn't have a relationship with their mothers until they were six-months old.'

Anna Freud, her father Sigmund and a significant number of European analysts had also escaped the Nazis just before the start of the war and moved to London. This created a problem as they disagreed with Melanie Klein and her approach, of which the British Psycho-Analytic Society had been very supportive. There were also other voices dissenting with the Freudian position. At the Tavistock Clinic, Ian and Jane Sutie, who were close followers of Sandor Ferenczi, argued that 'there is such a thing as a mother', that an infant's love for the mother was *the* primal emotion and hate was 'not an independent instinct but... a development or intensification of separation-anxiety'.

As Isca explained, 'The Tavistock approach had far more emphasis on the social environment. The relationship with the mother, from birth, was seen as much more important. John Bowlby went on to develop Attachment Theory at the Tavistock Clinic. This is now internationally recognised as central to how the relationship between children and parents is understood.'

**"Isca's concerns have both a depth and resonance as we consider the moment we are living through now"**

'One of the most important developments was that one of Bowlby's close colleagues, James Robertson, made the film *A Two-Year-Old Goes to Hospital*. The film showed how children, when separated from their intimate relationships, were

seriously hurt and changed. The evidence of the film was resisted at first. People didn't want to accept it, but in the end it fundamentally changed how we treat children in the NHS. Nowadays mothers and fathers are allowed to be with their child in hospital at almost any time.'

Isca was at the Tavistock Clinic for 25 years and continued to work with children, becoming the Head of the Adolescent Department.

'We applied the learning of Infant Observation to older children, to help families understand the changing nature of their relationships. Infant Observation is a very thorough training that can be used in many ways, from looking at how a child behaves when they first enter a nursery to how old people at care homes experience communication. Many problems are based in earliest childhood, and understanding younger children is vitally important.'

It is this deep understanding of early relationships and their importance that leaves her so very concerned about the way governments are behaving – in particular the punitive treatment of refugee families both here and in the Ukraine. In terms of the unconscious processes of groups, Wilfred Bion identified three kinds of 'basic assumption' that lead groups to lose their ability to think and act effectively. One of these – fight or flight – leads to a preoccupation with not only an external enemy, but also 'the enemy within'. People, organisations, whole countries find themselves in the grip of powerful primal emotions such as anxiety, fear, anger and hatred. As someone who lived through one such period, Isca's concerns have both a depth and resonance as we consider the moment we are living through now.

*Glenn Gossling is a communications professional and freelance writer. He joined the Tavistock and Portman in 2018 and has been researching its history ever since. During his career he has won several national awards for his communications work and recently contributed a chapter to Surrealism and Psychoanalysis in Grace Pailthorpe's Life and Work (forthcoming Jan 2024, ed. Ed Alberto Stefana, Lee Ann Montanaro, Routledge).*

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## TV Review

# *The Patient: Murderous Rage on the Small Screen*

David Mann

**T**his 10-episode series portrays the nightmare situation of a therapist abducted by one of his patients. Steve Carell plays a recently bereaved Jewish psychotherapist, Alan Strauss. He takes on a new patient, Sam, played by Domhnall Gleeson. Both actors are excellent. The casting of Carell, well known from the American version of *The Office*, might set up an expectation of a comedy, but this series is not humorous. After just a few sessions Alan wakes up to find himself chained to a bed in the basement of a strange house. Sam tells Alan that he couldn't be honest in the consulting room; he really wants therapeutic help – the problem is, he is a serial killer. Alan says, 'I'm not your therapist anymore, I'm your prisoner,' but Sam has a ready reply: 'The chain is on your leg, not your mouth.'

**“After just a few sessions Alan wakes up to find himself chained to a bed in the basement of a strange house”**

After being abducted, Alan goes through various strategies from non-compliance to trying to establish a therapeutic bond with Sam. His only real skill is being a psychotherapist, while in fantasy, he toys with the idea of killing Sam, at times day-dreaming of the police bursting through the window on a rescue mission. Two other aspects of his fantasy life develop during his captivity: he begins to have dreams of being in Auschwitz; and he imagines therapy sessions with his own dead therapist.

Because he is worried for his life, Alan also begins reviewing his own past, especially his relationship with his son who became a strict orthodox Jew, aggravating existing family conflicts, especially with his recently deceased wife. His deliberations help him reassess what happened. One of the few benefits of Alan's incarceration is that he writes a letter to his children that helps them to begin to heal past family conflicts.

Alan tries to do therapy with Sam, partly to find ways to manipulate the situation so he can escape. Alan begins to look at

Sam's childhood, which includes a violent dad who hit him on any irrational pretext while his mother was unable to protect him. Sam's victims are not random, but people who had offended him. Alan interprets the victims both as being like Sam himself but also as an expression of Sam's murderous feeling towards his dad. Sam then recalls a real-life serial killer, Edmund Kemper, who killed young women until he killed his own mother – when he lost the desire to murder others. Sam then tries to strangle his dad but cannot go through with it. Alan also tries to explore Sam's relationship with his mother, with whom he is living. Alan even tries a bit of family therapy with them jointly.

Alan's therapeutic problem is he feels his own life is threatened. He told Sam early on that 'successful therapy requires a safe environment – not with fear'. It is not reassuring when Sam tells him, 'I've never killed somebody I like before'. Nonetheless, Alan does find a more compassionate side in Sam, who shows small signs of improved capacity to reflect and develop empathy. However, as we know in therapeutic practice, in order to get better sometimes the client feels worse. Sam brings his next victim to the basement. Alan tries to do therapy with them both but Sam cannot bear to hear details about his victim that make him seem more human, so impulsively strangles him in front of Alan. Later, Sam also kills his current boss who has offended him at work.

I watched the whole series with my grown-up family. Inevitably, I was asked what I might have done in that situation. Alan can certainly be faulted for a poor assessment: it appears he did not take a full early history; in these early sessions Sam sat wearing sunglasses (often an indication of paranoia) which should raise some concern in the therapist. Alan is a psychodynamic therapist and uses a lot of interpretations but he seldom makes any transference links between Sam's past and his actions with the therapist, which might have been helpful.

In my view, his biggest mistake was to make over-optimistic promises about therapeutic success, telling Sam, 'People can be helped if they make the choice to come to therapy.' The reality is that therapy is not a universal panacea and there is no guarantee that it will be helpful. In an effort to build a therapeutic



relationship, Alan offered more than he could deliver. Perhaps Alan was merely trying to offer hope in order to save his own skin. We don't know. I should also say that during the assessment, Alan was not to know that Sam was being deliberately deceptive, and from that point of view, the series exposes a risk faced by all therapists if the patient chooses to lie.

**“In my view, his biggest mistake was to make over-optimistic promises about therapeutic success”**

Alan is also very slow in telling Sam about his psychoanalytic formulation. Sam was heavily identified with his dad's violence: both were volatile, both demonstrated uncontrollable violence, though this was worse in Sam's case because he was so murderous. Sam treats his victims with the same intolerance his dad had showed him. Part of his murderous rage must also have been directed at the ever unprotective mother. Had Alan made these interpretative links earlier, would it have helped Sam better to understand and control himself? My own approach would have been to say them to Sam much earlier, but, and here is the problem, if Sam had found such interpretations too

troubling to hear I might quickly have been killed. Which is what I told my family.

**“With such dangerous psychopathology, all the identifications became contagious and perverse”**

In real life, Kemper lost his murderous rage after killing his mother. In *The Patient*, Sam could not kill his hated father but could contemplate killing the therapist he liked. With such dangerous psychopathology, all the identifications became contagious and perverse. In a final desperate attempt to escape, Alan identifies with Sam's murderous rage by threatening to cut the mother's throat. In a rare burst of insight – therapeutic success at a cost – Sam tells him, 'You're not the type.'

*The Patient* is available to stream on Disney+

David Mann is a psychoanalytic psychotherapist and supervisor in private practice in Tunbridge Wells and a member of the BPF. His book, *Psychotherapy: An Erotic Relationship*, was republished in 2021 in the Routledge Mental Health Classics Editions Series.



## Book Review

# *My Phantoms*: A Brilliant Portrayal of Family Dysfunction

Sally Warren

**M**y *Phantoms* by Gwendoline Riley is a brutal work of fiction: a rich but devastating portrait of a cold, unyielding mother-daughter relationship, which ends without resolution. Told mostly through dialogue, it conveys a lifetime of dysfunction in just five small acts; and concludes with the bitter truth that, for some, our parents will remain forever incurious, indifferent, painfully self-absorbed.

Bridget, the narrator, is a forty-something academic who lives with an older boyfriend, a psychoanalyst. Helen is her perpetually disappointed, impenetrable, divorced mother. In the opening pages, Bridget describes the horrors of her early childhood: the weekend access visits to her narcissistic father, Lee, who brags that George Harrison is his 'mate'. The nauseating Lee targets clever Bridget, casually bullying her by snatching her book and insulting it, or mimicking her reading with an Argos catalogue as a prop. Bridget endures the humiliations and endless intrusions until she reaches 16 and severs all contact.

**“In the opening pages, Bridget describes the horrors of her early childhood”**

But Riley is far more interested in 'Hen', who, even when Bridget is a small child, perceives her daughter's presence as a kind of affront. If Bridget asks her a question, her mother turns up the volume on the television. If Bridget watches her dancing to Fleetwood Mac in the kitchen, Hen scolds her for staring: 'What are you gawping at?' Bridget resorts to feeding her mother questions she knows she will enjoy answering in a teeth-grindingly painful attempt to make some sort of contact with her. 'Keep shoveling in the treats', Bridget says to herself. But she knows she can only go so far:

'If my questions were more than a feed, or if I pressed a point, then my mother quickly got upset. She used to clam up, as if she'd detected that she was being

duped, or being lured into a trap. "What's it to you?" she used to say, or, "Why are you so fascinated?" Sometimes she'd just put her arms over her head and stay still, as if, in the playground game, she understood that being a statue put her beyond reach.'

Bridget understands, early on, that the relationship with Hen is asymmetrical. She manages her sadness and disappointment by repeating the generational trauma, and in turn builds her own emotional fortress, replicating her mother's inability to reveal her authentic self. 'I didn't talk to her about anything that mattered to me,' Bridget tells us.

Once she escapes Hen, Bridget keeps contact to the barest minimum: 'we probably spoke once or twice a year', until they finally find mutual accommodation in an annual meeting on Hen's birthday. These excruciating meetings form most of the structure of the book and, while darkly comic, are tragic in their missteps. Bridget, shoveling in the treats, Hen colossally reticent.

There are few clues within the novel to explain Hen's inability to connect with anyone, to be even slightly curious about her daughter. When Bridget asks, as an adult, why her mother married the detestable Lee, Hen can only say, 'because that is what you did, Bridge'. Her sentences are banal, devoid of meaning, inviting no discussion.

We do get a diagnosis of sorts from Bridget's boyfriend, the psychoanalyst, after a single, excruciating meeting. 'I haven't come across anyone quite like that before,' he tells Bridget. 'It just quickly became obvious that she wasn't going to engage with anything that was actually being said. When she appeared to react, these weren't reactions at all, were they? But her performing what she thinks she is. Or what she has decided she is. So the performance was desperately committed but gratefully false.'

Riley, who grew up near Liverpool and studied English at Manchester Metropolitan University, had her first novel published 20 years ago when she was just 22. Since then, she has written five more, with limited commercial

success. However, her latest two works, *First Love* and *My Phantoms* were released in the US last year and have found a much wider audience.

Is the novel autobiographical? In an interview for *Vulture*, the American news website, Riley, unsurprisingly, gives nothing away. 'Evidently, they're not historical novels. But it's strange to me when someone who's never met me and doesn't know me confidently pronounces that,' she says. 'I'm not going to whinge about it. But people don't actually know anything about my life.' She laughs and adds, 'Until now.'

As a literary work, rather than a psychoanalytic study, *My Phantoms* is taut, brief and deceptively brilliant. There isn't an inventive plot as such; the novel is played out via dialogue so miserably dysfunctional it makes the reader want to look away. Riley is precise, misses nothing and her evocation of familial alienation is unforgettable.

**“Riley is precise, misses nothing and her evocation of familial alienation is unforgettable”**



What is so chilling for the reader is the novel's over-arching narrative: however hard she may try, Bridget will never know her mother, never penetrate the edifice, and so gives up. She resorts to the kind of inauthentic role-playing with Hen that her mother has used her entire life. Yet, tellingly, she does not sever contact with her as she did her father.

Inevitably, the reader wonders about Bridget's motivations in forensically re-examining this painful relationship. Why is she unable to let go? What is she searching for? If she was hoping to lay to rest her mother's phantom (*meaning: something apparent to sense but with no substantial existence*) she appears to have failed – because how can she mourn someone she never knew?

*My Phantoms* by Gwendoline Riley is published by Granta, £9.99.

Sally Warren is a psychoanalytic psychotherapist working in private practice. She trained at the British Psychotherapy Foundation after a first career in journalism.

## BPC Update

## WORLD MENTAL HEALTH DAY — 2023

On 10 October the the British Psychoanalytic Association marked World Mental Health Day by revisiting a few of New Associations' 'On the Ground' pieces written in the last few years. They spoke to past authors about psychoanalytic approaches in public services, outdoors and as a limited, free service.

To read the collection of interviews, reflections and insights from members of the psychoanalytic community, visit: [bit.ly/BPC-WMHD2023](https://bit.ly/BPC-WMHD2023)

World Mental Health Day is about raising awareness of mental health and driving positive change for everyone's mental health. To learn more about World Mental Health and The Mental Health Foundation.



**BRITISH/  
PSYCHOANALYTIC  
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## The BPC is looking for our next Chair of Ethics

Our Ethics Committee is made up of the chairs from all of the BPC's member institutions. We are currently reviewing the Terms of Reference for the Committee following key changes in the BPC complaints process and the recent public consultation on the standards of conduct, performance and ethics. This is therefore an exciting time to be joining the Committee as there is an opportunity to shape its future role.

The position would suit someone with an interest in ethical issues that arise in the course of clinical work. It would also involve playing a key role in advising and making recommendations to the BPC Board on the regulatory processes by which complaints about our registrants are considered.

The position would involve chairing our termly Ethics Committee meetings (usually held online) as well providing updates from the Committee to the Board of Trustees. The candidate would need to join the BPC Board, and we can discuss this further. If you'd like to know more about what this role would involve, or you are interested but unsure if you meet the criteria, please do get in touch with us for a discussion by emailing [hello@bpc.org.uk](mailto:hello@bpc.org.uk). We want to encourage applicants who may not feel they have enough experience, as they can be supported in this role by our staff team and the Board. This role can be flexible around other working commitments, and there is a small annual honorarium payment for the post holder.



### Introductory lectures: Jan – Jul 2024 Wednesday evening online

#### Key psychoanalytic concepts explored:

Freud, Klein,  
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[www.psychanalysis-bpa.org/training](http://www.psychanalysis-bpa.org/training)

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## Child Psychotherapy

# MINDinMIND: Capturing the Voices of Child Psychotherapists as a Legacy for Future Generations

Jane O'Rourke

**A**s a child, adolescent and family psychotherapist and former BBC Producer, when I founded MINDinMIND in 2020 my mission was to improve child and family mental health by interviewing leading clinicians. Since then, it has featured some of our most respected psychoanalytically informed psychotherapists and researchers. It has a growing audience around the world, drawn to its informal format and depth of discussion, and has led to us receiving the Association of Infant Mental Health's Founders Award this year for our contribution to the field. When I began training as a child psychotherapist at the Tavistock Clinic in London fourteen years ago, there was an illustrious group of revered (even slightly feared!) older child psychotherapists who were still very much a significant presence. They had trained with some of the pioneers of psychoanalytic theory, such as Anna Freud, Donald Winnicott, John Bowlby and Melanie Klein. This group – mostly women – had written countless papers and books, yet as a former BBC producer, I was curious that few of them had ever been properly interviewed.

**“I believe it is vitally important to capture and curate the thinking of luminaries like Dilys Daws”**

At Radio 4 where I had worked for over 15 years, including on programmes, such as *Woman's Hour* and *All In The Mind* with Professor Anthony Clare, it was an important part of my work to capture the most influential voices of the day. That experience, and my curiosity about these

founders in the field of child mental health, led me to embark on interviewing leaders in the field of child psychotherapy, starting with Dilys Daws. I had read her book, *Through the Night* (1996), when I was a severely sleep deprived new mum. However, it was not until I started training at the Tavistock that I realised just how important Dilys was to the field. There are few more inspiring people you could meet. In her interview with me she reflected on 50 years of ‘standing by a weighing scales’ in the same GP Practice, applying her finely tuned psychoanalytic training and judicious application of dry humour to observe what others might mistakenly see as a simple, mundane task. I believe it is vitally important to capture and curate the thinking of luminaries like Dilys Daws, so that later generations doing incredibly difficult work with traumatised children and parents can benefit from their wisdom in an accessible and more personal way.

When we are in a therapy room, hearing what to many without our training would be unbearable, it is, as Bion (1962) helped us see, our capacity to think that makes it possible. Bion used a digestive metaphor in his theory of containment, suggesting the need to digest and process raw emotion or ‘beta-elements’. In a similar way, to prepare for an interview I ‘digest’ hundreds of pages of clinical work and papers to help me understand my guests’ work, metabolising their material for our audience. I want to ensure that not only my interviewee’s most important clinical thinking is conveyed but also a sense of who they are, their unique attributes and the choices along the way that have shaped their practice and helped them stand out in their field.

We have a number of interviews on our website that I think are a must see for any therapist or therapist in training, including Gianna Polacco Williams explaining her concept of Double

Deprivation and why some children’s defences mean they can’t take in the help we have to offer; this is so important to know about. Jeanne Magagna offers her psychoanalytically informed perspectives on the factors that contribute to eating disorders. Graham Music riffs with other incredible greats in the field, Anne Alvarez and Jeremy Holmes, about his innovative way of working with traumatised children, drawing on psychoanalysis, neurobiology, and attachment theory. Arietta Slade sharing insights on reflective parenting and the clinical implications of attachment theory, and her special guest Tanika Eaves bringing the racial inequities in maternal-infant mental health to our attention have been other highlights.

**“We have a number of interviews on our website that I think are a must see for any therapist or therapist in training”**

What attendees say about what makes MINDinMIND so special, however, is the relationship and rapport we work so hard to build with our interviewees. This enables them to feel comfortable, allowing me to help ‘digest’ their work for the audience, but also to let me into their ‘thinking heart’ as Anne Alvarez calls it. This special experience was very much a part of our recent interview



MINDinMIND

with Alicia Lieberman. Her child-parent psychotherapy trainings are now taught all over the world. What felt important to me both as a clinician and a former journalist, however, was capturing not just her professional achievements but also giving our audience an insight into what makes her the therapist she is. It is no easy task encouraging an interviewee to feel comfortable sharing their more personal journey as a therapist in front of an audience of hundreds on Zoom. The care we took presenting Alicia’s legacy enabled her to share her compassion for, and understanding of, toddlers in such a moving way that had many of us blinking back a tear, not just writing notes!

**“It is no easy task encouraging an interviewee to feel comfortable sharing their more personal journey as a therapist in front of an audience of hundreds”**

## Child Psychotherapy

## MINDinMIND: Capturing the Voices of Child Psychotherapists as a Legacy for Future Generations *continued...*

MINDinMIND started at a time of unprecedented change, not only in how we were living but how we were working therapeutically. We officially launched in October 2020, six months into the pandemic. Interviewing in person became impossible, but Zoom has allowed us to collaborate with leading professionals around the world. Over 700 attendees from Iceland to Australia joined our recent symposium on childhood grief with the brilliantly astute psychoanalyst Corinne Masur and child psychotherapist, Louis Weinstock; their wisdom shining light on a dark and difficult subject for most of us. I hope that offering an insight into the depth of thinking and experience of our senior clinicians will help all of us working with children and their families with the process of 'containment', as we think about their traumatic experiences and difficult lives and, just as importantly, challenge our thinking.

As science and technology advance the frontiers of our knowledge about the human mind, it can be difficult to know, especially with the advent of Artificial Intelligence, what is important to take in. I think the wisdom of our leading clinicians and researchers with decades of experience working with children and families is now needed more than ever to guide us, and I am glad to be able to participate in this process.

**“Over 700 attendees from Iceland to Australia joined our recent symposium on childhood grief”**

But before I finish, I want to add a thought I had while chatting with the psychoanalyst Beatrice Beebe, who we will be interviewing on 28 February 2024. Many of you will know she captures micro-moments between mothers and babies on film, from which she can predict their attachment status. She asked me why I was doing MINDinMIND and I realised there was another factor, apart from my training. My mother died when I was just eight years old, I told Beatrice, and I have no video footage of her, and perhaps recording the faces and voices of these vitally important leaders in the field of child mental health is my way of helping to ensure they at least will have a legacy that people can see and hear.

For further information about MINDinMIND, visit [www.mindinmind.org.uk](http://www.mindinmind.org.uk)

*Jane O'Rourke is a psychodynamic child, adolescent and family psychotherapist. She leads a therapeutic team in a primary school and works for the NHS. She trained at the Tavistock Clinic. She was formerly an award-winning producer for the BBC, working in radio and television.*

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