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Stories we tell ourselves when faced by illness

Chris Vincent

It is mid-April and later today I will stand outside my house as a hearse containing the body of a friend who lived a few doors away passes, allowing all who knew him in the road to pay their last respects. This is, of course, an improvised substitute for a conventional funeral service now denied to us as we try to maintain social distancing etiquette. But I am flummoxed at the prospect. It may sound silly but I am troubled about what I should wear and how I should behave on the kerbside. Should I wear sombre clothes, should I applaud, bow my head, wave or raise a glass as he and I were wont to do on many happier occasions? What will my wife and neighbours do before the hearse reaches me and will I simply follow their example?

In what is to come in a few hours I will be anxious and very confused, having no precedent or narrative to follow in this very important moment when I desperately want to get it right for his widow and family and, I suppose, ultimately, for myself.

‘What will my wife and neighbours do before the hearse reaches me and will I simply follow their example?’

Were I to assume an observer’s hat I think I might describe my state of heightened anxiety, in which I have no script to help me navigate a social encounter, as constituting what the American sociologist, Arthur Frank, has called a chaos narrative. This type of narrative, in which there is no coherent story line, is one of three basic narrative types that he has described individuals adopting when faced by an illness (Frank, 2009). The other two are a restitution narrative and a quest narrative and all three of these narratives I find very

helpful in trying to make sense of how the coronavirus pandemic is affecting me and our public discourse.

The restitution narrative is one that most of us wish for ourselves when we are ill. It has the logical structure “Yesterday I was healthy, today I am sick, but tomorrow I’ll be healthy again” (2009, p. 77). Within this narrative, the body is largely viewed in mechanistic terms; it is something to be fixed, often by the assistance of medical interventions, the passage of time and a healthy mindset of wanting to get better. It is a body that can be fixed, anxiety about the illness is contained and there is a conviction that the sufferer will return to the pre-morbid state. There are, of course, exceptions to the smooth unfolding of this story – the course of treatment may not run smoothly – but it is one that most people want for themselves unless secondary gains are obtained from perpetuating a sick role.

It is clear that this restitutive hope is present in much of the social policy initiatives the Government has introduced, informed, as we are told repeatedly, by the advice of our public health doctors and, undoubtedly, it forms a large part of the expectations we all have for when the pandemic is over. We want to re-establish what we have lost and to maintain continuity with past life at macro, professional and micro levels of social life.

I want to see the economy come back into life, for my professional life to rebalance and to hug my close family as before.

Frank suggests that the chaos narrative and the quest narrative are adopted when threats of serious illness arise and involve two different ways of relating to the ill body (and, I am suggesting, our sick society). The chaos narrative is the opposite of the restitution narrative; there is no narrative order because, as is the case with my impending encounter at the kerbside, there is no clear-cut solution or way out; participants are locked at a point in time finding themselves going round and round in circles of doubt and, in doing so, conveying vulnerability, anxiety and impotence.

‘We want to re-establish what we have lost.’

My ‘chaotic’ dilemma is nothing compared to the problems in making sense of loss on a broader scale. As I write this piece I know that, in the UK alone, 11,000 people have died in hospital from the virus and this figure takes no account of those dying in care homes or elsewhere. I find it difficult to comprehend what that means for carers and families. Far less can I imagine what will happen in Third World countries as the pandemic spreads. I can be lost for

words and upset as I approach thinking about these matters.

Quest stories in Frank’s account arise when the ill person meets suffering head on and is required to find meaning in a life upended by a condition that might not be cured in the ways that the restitution narrative implies. I like the idea of a narrative being described as a quest. It implies that the story teller is moving forward and, little by little, trying to find meaning in new circumstances, free of the overwhelming anxiety typical of the chaos narrative and less dependent on the advice and interventions of the medical experts. In optimum conditions the individual mourns what cannot be held onto from the past and takes responsibility for adapting to new opportunities in a changed world.

Frank’s three narratives track on nicely to a time continuum. The restitution narrative seeks to maintain the past, the chaos narrative speaks to someone paralysed in the present and the quest narrative speaks to someone moving forward into a new if uncertain future.

What sort of narrative will the psychotherapy profession develop? I assume we don’t want our profession to use any of the narratives Frank describes in defensive ways (Vincent, 2019), which might happen if:

- There is a bid to hold on to practices

from pre-virus days and turn a blind eye to the potential benefits of new ways of working.

- We become paralysed by a corporate reluctance to think matters through and, faced by uncertainty, become marginalized by other more adaptive services.
- We embrace new technologies in delivering mental health services in ways that spurn the key values and practices on which the profession was built.

Rather, I suggest, we need to keep alive our collegial thinking even as the lockdown unfolds. This is unquestionably difficult but online video, audio links and email provide opportunities to promote and maintain professional dialogue. This seems to me to be the means by which we can creatively and authentically adapt to new circumstances.

And the proof? Writing this piece helped me think through what to wear and how to behave as the hearse passed. Thanks.

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New Associations is published by the British Psychoanalytic Council
Suite 7, 19-25 Wedmore Street, London N19 4RU
Tel. 020 7561 9240
www.bpc.org.uk mail@bpc.org.uk

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

Subscriptions

UK annually (3 issues): £10. Overseas annually: £16

Advertising

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

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ISSN 2042-9096

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

Deadlines: The next issue of *New Associations* will be published in Autumn 2020 and the deadline will be 1 September 2020.

Hope

Wait and See?

“Let’s Get it Done” “Let’s Move out of Neutral Towards...” (Boris Johnson, 12.12. 2019)

Julian Lousada

Who would have thought that just ten short weeks later the very idea of exuberantly getting “it done” sounds absurd, and the idea of moving out of neutral into forward gear, though longed for, seems far from reach? Just a few months ago there was a huge mandate for “getting it done”, for moving on; now the destination is manifestly less certain.

“This wait and see approach seems to have permeated all manner of institutions.”

The spread of the coronavirus is not an act of god or an ambush but a wholly anticipated event. Advice had been

given regarding necessary precautionary preparations. From January through mid-March it seemed as if there was a paralysis, a sort of infectious “wait and see” state of mind, when the evidence of what was to come was plain to see. The WHO first described the epidemic in China on 31st December. In the three weeks following 20th February, when the first case was reported in northern Italy, the numbers who died had risen to over 4,000. Despite the evidence and, crucially, the experience elsewhere, the UK strategy was uniquely to “Contain, Delay, Research and Mitigate”. The idea that containment was a possibility given the lack of ventilators and PPE was patently absurd as was the idea that it was possible to delay the rate of infection. This wait and see approach seems to have permeated all manner of institutions.

It now seems bizarre that the Health Secretary Matt Hancock could be so

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cavalier as to back the 250,000 people who attended the Cheltenham festival. He was under immense pressure from many quarters to do so, not least because his constituency included Newmarket! But I suggest that this state of mind was by no means the Government's alone. Three days before the start of the festival I discussed with colleagues the need to consider my own and my patients' safety moving from face-to-face to phone sessions. To cut a long and thoughtful discussion short, I found myself between two arguments, one that advised an immediate response to the anticipated threat and the other that was exemplified by "I am not ready yet: I think I shall wait and see."

In the psychoanalytic community the guidance to members concerning responses to the virus, though mostly good, was delivered in the same spirit of the Government – namely at the last moment with a leadership uncertain seemingly as to whether they had the authority to take up their role. Waiting is an active not a passive response to an impending threat; a response that elects not to take account of what is known. To act or to wait are not fixed in opposition to one another but reflect a restless effort to make sense of the threat. My argument for an immediate response could be described as agitated loneliness, a position characterised by the anticipation of death, or at the very least

a profoundly changed socio economic world. By contrast, what I am referring to as the "wait and see" state of mind, seemed informed by a dependency on a professional or political 'leader', not yet present, who would be able and, above all, willing to issue instructions and guidance concerning the need for precautionary action.

Another distinguishing feature is the attitude towards the future. In the first position the future is uncertain, insecure, and above all changed. In the second is the assumption that it is only a matter of time before there is a return to the normal and the familiar. On the one hand, an apocalyptic view that there was no time and, on the other, that time was on our side. The agitation between these two points of view obscured the truth that both were necessary for anticipatory planning, and that what was shared was the need for competent leadership that could be trusted with the known and the unknown, and had the capacity to know when to act.

There is a shared concern and preoccupation with the management of fear centring around a number of questions. Why is it humiliating to admit to fear? When is fear a shared, systemic, rather than an individual, response? Under what circumstance will 'my' fear be taken seriously? And when is it possible to admit

fear and recognise the need for protection and help?

'Why is it humiliating to admit to fear?'

Is there really any difference in the thinking that delayed advising racegoers not to attend and clinicians to work remotely? Much has been written recently about social responsibility but is it not the case that it was precisely the absence of social responsibility that led to the running of the festival and much the same could be said of professional clinical leadership.

In the media the language of "uncontrollable" pandemic, or "tsunami", strikes fear not just in the citizen but also in those whose task it is to know what to do in the face of the social trauma associated with the invasion of an "unseen enemy", attacking and exposing the weakness of the containers upon which we rely.

Perhaps it was the prospect of a breakdown of dependency that made "wait and see" seem like a safe bet – safer than being exposed to a sense of helplessness and agitation that might accompany engaging with the virus. The boundary between individual fear or trauma and social trauma is hard to draw but it is important not to merge the two.

Kai Erickson, the sociologist, distinguishes between individual and social trauma in the following way:-

"We understand that for the individual the traumatic experience is a blow to the psyche, a blow that breaks through the defences so suddenly with such brutal force that they cannot find a way to react to it effectively... By social trauma... I mean a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the suddenness normally associated with trauma but it is a form of shock all the same a gradual realisation that the community no longer exists as an effective source of support and an important part of the self has disappeared... We no longer exist as a connected pair or as linked cells in a larger communal body."

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Editorial

Hope is the Thing with Feathers

Helen Morgan

We chose the topic of 'Hope' for this edition back in the autumn of last year when we had not even heard of Covid-19. As Pandora opened her box and released illness, suffering and hardship into the world, it came to feel like a prescient choice. Along with the contributions on the topic, we decided to publish some additional articles that address the pandemic directly from different perspectives. They, like all the content of this edition including this editorial, were written in April and early May with the lockdown still very much in place, and goodness knows what things will be like by the time you read this. It's a challenge to put together a magazine when the whole world is in such a strange

and uncertain state for, with a lead-in time of about two months, it is impossible to be up to date. Nevertheless, we hope you find the articles of interest and that they stimulate further thought.

'... nature's bounty seems even more in evidence...'

Since the start of the lockdown in March all therapists and counsellors have been finding ways to continue our clinical work within the rules of social distancing, and all have been on a steep learning curve to exploit technology and establish remote containing structures for our patients. At the time of writing we have no choice in the matter, but as



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the national conversation turns to the conundrum of how we come out of this state of confinement, I am aware of an anxiety about the moment when the restrictions are lifted and the decision becomes ours again. Recently a patient was wondering about the possibility of a future when she could physically return to my consulting room, and her fears that she might unwittingly bring the virus with her and infect me. Talk of fantasies of damage and destruction in the transference was somewhat desultory and, after a few moments of silence she said: 'This isn't supposed to be real, is it?' No, it isn't. The symbolic, the virtual and the real have become entangled – this hidden virus can literally take our breath away, and we may, indeed, catch our death.

This is all happening in a spring that seems especially lovely. Someone said that it's as if Nature has sent us all to our rooms to think about what we have done to the planet and we can't come out until we are sorry. Meanwhile she is taking over. As I write the weather outside is glorious and, without the noise and smog of usual city life, nature's bounty seems even more in evidence, even more clear and magnificent. The birds wake us from puzzling dreams and

delight us throughout the day. A strange juxtaposition of life and beauty and so much death.

I reread Max Porter's deeply moving book, *Grief is the Thing with Feathers*, written after the death of his wife. He was working on his manuscript, *Ted Hughes' Crow on the Couch: A Wild Analysis* at the time and the bird became a symbol for his journey through sorrow. Perhaps his crow (Corvid) might also find a relevance for the grief and anxiety of these Covid times.

But the title of Porter's book references Emily Dickinson's poem, '*Hope is the thing with feathers*', and another sort of bird:

'Hope is the thing with feathers that perches in the soul and sings the tune without the words and never stops – at all.'

I guess grief and hope must be kept linked together if we are to avoid the state of melancholia of which Freud warned us and establish a future that is cleaner, healthier, fairer and more compassionate than the past.

Helen Morgan, Editor, New Associations

Hope

Between Hope and Despair: Responses to Covid-19

Jennifer Davids

We have been catapulted into a crisis which few of us have experienced before – a global pandemic of fear, confusion and uncertainty which has upended our lives and deprived us of many familiar external structures and freedoms.

Covid-19 has been called the new unseen enemy. Its asymptomatic nature means the potentially deadly and unknown enemy is within. The Other is in us. This can stir up persecutory and paranoid anxieties and fantasies, with fears of being contaminated and contaminating. Objective anxiety blurs with subjective anxiety as we feel invaded both by the virus that lives off us and by our fantasies about it.

There is another source of invasion – the info-virus consisting of an excess

of information, misinformation and disinformation, sometimes useful, sometimes misleading, sometimes provocative. Things seem not to add up and important facts and truths hidden. Hearing that we don't have enough ventilators, PPE and tests contributes to our feeling that we have insufficient resources – our protective shield has been breached. Shutdown raises catastrophic anxieties as to whether normality will ever be restored. We fear for our jobs and some have lost their homes. Anxiety abounds.

Our previously facilitating environment has become hostile and life-threatening, and we are forced to think about the unthinkable – death. We confront the terrifying idea of losing our ability to breathe – a universal fear.

We face being overwhelmed by

disconnection from one another and uncertainty. Our links to the other are threatened by the need for self-isolation and quarantine, bringing loneliness and restlessness for some. We are also faced with our own destructiveness – the way animals, particularly bats and pangolins, have been maltreated, the way negative globalisation (Baumann) and freedom of travel accelerate the spread of serious disease, and our lack of economic investment in public health and social care.

Social or physical distancing is necessary, but the deprivation of intimacy goes against the grain at a time of threat. Interestingly, 6 feet is also associated with burial – 6 feet under. Whilst the tune ‘Happy Birthday to me’ suggested that we sing while we wash our hands, can remind us of our birth and a celebration of our life.

The partial UK lockdown stirs up feelings of agora- and claustrophobia. Some feel cocooned in the safe capsule of their own homes, externalising the dangers. Some, girded by their sense of omnipotence, ignore the guidelines, seeing themselves as beyond danger and adopting a kind of thick-skinned narcissism (Bateman, 1998), refusing to protect and take responsibility for their own and others’ wellbeing. There is a tendency for health professionals to be idealised while the police are seen as hateful disciplinarians.

‘The complex multiple facets of the pandemic crisis have become politicised and thinking is often polarised.’

The complex multiple facets of the pandemic crisis have become politicised and thinking is often polarised. Life is somehow counterposed with livelihood; the link between the two seems to have been lost by some. Yet we cannot work if we do not have our mental and physical health.

Interestingly the government’s initial emphasis was on ‘containment’, a term well known to us as clinicians. Yet the response was panic-buying, exposing an underlying fear of deprivation, even starvation. Anxieties were further raised by reports of overwhelmed supply chains and sight of empty supermarket shelves. Are we confronted with our fantasies of the empty and/or emptied-out breast? Have we regressed to survival of the fittest?

Many react with denial, displacement (e.g. concerns about toilet rolls as a way of defending against feeling shit-scared?) then negation, minimisation and then

becoming painfully aware of vulnerability and potential loss of others, as well as one’s own death anxiety.

And yet there is hope – a concept more difficult to describe and to hold onto. Crisis can bring out the best and the worst in people. Signs of solidarity and identification with the vulnerable in a shared sense of reality are emerging.

We can turn to our objects. Some grandparental figures like the Queen and Captain Tom Moore stand for continuity and wisdom, as well as perspective and

endurance through stormy times.

Can new good developments come out of this crisis? Is this a time which provides an opportunity for re-examination or reset? What will “the new normal” consist of? Lord Rabbi Sacks (2020) argues that the pandemic poses a question as to how we relate. He argues that the State-dominated culture of China privileges the “we” while in the West the emphasis is predominantly on the sense of “I”. He views the global crisis as an opportunity to rethink the ways we relate and operate, leading perhaps to our learning to occupy a position of



balance between the “we” and the extreme forms of individualism.

Elie Wiesel, a philosopher and author, who spent much of his adolescence in Buchenwald, advocates:

“No-one should suppress despair if despair is in you. I would say, you must enter it with open eyes, with help. This is maybe where you (psychoanalysts) come in. A desperate person needs help, needs a presence, and then what we do is show that there is hope together with despair. Hope and despair will then not negate one another. They will be part of the same experience and, with some grace, it is even possible to find hope inside despair.” (1990, p. 108)

‘New opportunities for inter-connectedness, solidarity and solitude are present together with an increased appreciation of Nature’

This tragic crisis, along with the inequality of socioeconomic status and the likelihood of a tsunami of child and adult mental health problems, brings the possibility of paradigm shifts. New opportunities for interconnectedness, solidarity and solitude are present together with an increased appreciation of Nature with the knowledge that our beloved planet is less polluted by airplane and car emissions. The birds still fly and sing. Perhaps there is still hope that we can stop the pace of climate change? Maybe Eros will be stronger than Thanatos?

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Hope

Hope as a Human Capacity

Stephen Crawford

During my psychotherapy training I remember supervisors talking of the psychotherapist having to “hold the hope” for the depressed or despairing patient. In his paper on the true and false self, Winnicott makes a brief comment about his work with a patient where he reports the patient as saying, “The only time I felt hope was when you told me that you could see no hope, and you continued with the analysis” (Winnicott, 1960, p.152). Winnicott also comments that the patient was someone “who had had much futile analysis on the basis of a False Self, cooperating vigorously with an analyst who thought that was his whole self” (Winnicott, 1960, p. 152). Winnicott seems to be saying that continuing with the analysis had in some way reached the patient’s true self, which had until that time been hidden behind a cooperative false self. Although there was

an apparent hopefulness in the patient’s “vigorous cooperation” in the analysis, Winnicott is suggesting that the hope was not grounded in health. This example also indicates how important the other person may be in instilling hope.

While Freud did not address the subject of hope directly in his writings, he did find some grounds for optimism in the growth and development of reason and its potential to exert control over the life of the drives (Freud, 1927, p.53). The subsequent psychoanalytic literature on hope is quite small, but there are a number of interesting contributions, some of which I will now draw on. In a review of hope and hopelessness, Akhtar writes about how hope can be defensive or pathological on the one hand, or well-founded, mature or adaptive (Akhtar, 2015). Hopefulness might be a matter of wishful thinking, or it might arise from being in touch with reality. Rycroft takes

the dictionary definition of hope as “desire combined with expectation”, and notes that it is concerned with the future (Rycroft, 1979, p.11). For him this explains why psychoanalysis has had little to say about it, being generally more concerned with an individual’s history and present.

Lear has described what he calls “radical hope”, where hope is “directed toward a future goodness that transcends the current ability to understand what it is” (Lear, 2006, p.103), and argues that the Native American Chief of the Crow Nation, Plenty Coups, whose life is at the heart of Lear’s book, demonstrated radical hope in response to the cultural devastation of his people and the destruction of their traditional way of life in the later part of the nineteenth century. For Lear, such radical hope is an ingredient of courage and far removed from wishful optimism.

Lear suggests that there is an “archaic prototype” of radical hope in infancy, when we, as babies, are born “longingly”, reaching out to “parental figures for emotional and nutritional sustenance”, even though we are unable to “understand what we are reaching out for” (Lear, 2006, p. 122). Rycroft too is clear that hope has sources which lie in the past (Rycroft, 1979), and drawing on Kleinian theory, others have seen maintaining hopefulness as linked to being in the depressive position (Akhtar, 2015, p.11). On the question

of how false or pathological hopes may be given up, the process of mourning is invoked and Weintrobe writes that hope “comes with accepting reality and mourning illusion” (Weintrobe, 2016, p.8).

Winnicott offered an original way of considering hope when he wrote: “Lack of hope is the basic feature of the deprived child” (Winnicott, 1956, p.309), and, in “the period of hope the child manifests an antisocial tendency” (Winnicott, 1956, p.309). Thus, for Winnicott, the emergence of antisocial behaviour in a child, such as stealing or destructiveness, can be a positive, if troublesome, development if it can be met and survived with understanding. Winnicott also seems to be suggesting here that children who are not deprived do feel hope, which fits with the connection already made between hope and the achievement of the depressive position. More specifically, Winnicott seems to regard hope as a feature of the true self, as suggested by the example of his patient described above, where the patient’s creative moment of understanding and feeling hope is seen as coming from the true self, with its capacity for creative originality (Winnicott, 1960, p.152).

Winnicott’s focus is on the lack of hope in the deprived child, although he also recognises that being deprived is traumatic (Winnicott, 1956, p.309), and subsequent writers, such as Hopper and Akhtar, have considered lack of hope in relation

to trauma: “Individuals who insistently and constantly declare themselves to be hopeless turn out to be harbouring (however secretly) manic expectations of total reversal of their childhood trauma” (Akhtar, 2015, p.13).

So, in psychoanalytic theory, hope is linked to development and seen as a quality that can be blocked or facilitated depending on the experience of the child. Rycroft sees a social dimension to this, writing that “hope is not simply an individual quality which some people have and others lack but a social, cultural quality, which is engendered within a social, historical matrix and transmitted from one generation to another” (Rycroft, 1979, pp.18-19). For me, borrowing from Winnicott’s use of the word “capacity” in his formulation of the “capacity for concern” (Winnicott, 1963), hope can also be seen as a human capacity which can be developed during childhood and the whole of life. Akhtar describes it in a similar way when he writes that “it is the collective economy of good internal objects that regulates the capacity for optimism in life” (Akhtar, 2015, p.18). Lear’s account of radical hope, as exemplified in his account of the life of Plenty Coups, also fits well with the idea of hope as capacity.

I imagine that we can all recognise that our own capacity for hope can feel challenged by circumstances in the world, like the

current coronavirus pandemic, and in this context Akhtar suggests that “it is the fierce preservation and celebration of goodness which already exists in the world... that strengthen our hope and make our hopelessness bearable” (Akhtar, 2015, p.18). From her perspective as a writer and activist, Solnit makes a similar point, saying that “though hope is about the future, grounds for hope lie in the records and recollections of the past” (Solnit, 2016). Thinking of Plenty Coups, and his leading the Crow Nation into a new and unknown future, both taking and helping to create an opportunity, reminded me of O’Neil’s point about the importance of opportunity in the development and maintenance of the capacity for hope. She suggests that lack of opportunity to realise hopes renders a person hopeless and also helpless (O’Neil, 2015, p.214). This also takes me back to Winnicott’s work on the antisocial tendency, where the deprived child is finding an opportunity to show hopefulness, and if this can be met with understanding, new growth is possible. More generally, psychotherapy can provide an opportunity to work through and mourn unrealistic hopes and develop the capacity for hopefulness.

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Hope

Karen Izod

Sound 1.

And if you were to ask me about hope then I might remember calling out in the night,
and you, probably lying on your good ear,
your deaf one like a satellite in some orbit
where the only sound is a chord stringing
out from the Big Bang, reverberating in an emptiness that even so, might register
as a mother turns her head on the pillow,
as the earth shifts and light finds space in a February sky,
big enough for a grace-note, or the stirrings of a soul.

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Hope

The Limitations of Hope: And a Note on Social Metaphors

Ivan Ward

“I have an advertisement floating about in my head which I consider the boldest and most successful piece of American publicity: ‘Why live, if you can be buried for ten dollars?’” (Freud letter to Marie Bonaparte, Aug 13 1937)

You may remember the situation. Nine miners were trapped in a narrow passage that was flooding with freezing water. The first problem was locating their whereabouts – an almost impossible task in itself. Then there was the problem of drilling through hundreds of feet of rock. On the first day, tapping was heard on a probe, but after a short time there were no more signs of life. Then the drill head broke in the first rescue shaft and they had to start all over again. Scientists and engineers were predicting high-pressure

explosions, poison gas leaks and collapsing tunnels. The rescuers kept drilling.

This was the Quecreek Mine rescue that took place in Somerset County, Pennsylvania, in July 2002, and it highlighted for me a difference between European and American culture around questions of ‘hope’ and the attitude to ‘fate’. What came across on the news was a sense of urgency and singlemindedness predicated on a belief in eventual success. Without retreating into illusions, there was yet a remarkable degree of optimism. As a CNN special report tracked it:

“Late last night in this corner of rugged southwest Pennsylvania, it was easier to hope for a miracle; today, with the rain and the broken drill bit, it’s more difficult. To avoid thinking about dead miners,

people are talking about air pockets and the mysterious contours of an underground mine. They're engineering hope, figuring out a way that this story could still have a happy ending." (Jeff Goodell, Special to CNN.com)

And so it proved to be.

Watching the drama unfold on television I was reminded of another disaster two years earlier, which had a very different outcome. During the Kursk submarine tragedy I had a quite different intuition about the attitude of the rescuers. From the opening scenes, when military secrecy took precedence over concern for the trapped submariners, through the refusal of Putin to break off his summer holiday, to the belated request for help and the inevitable tragic outcome, there was a sense that everyone was just going through the motions. What is the point of hope when you know there is no hope? And who is to say that this was not a realistic response?

These instances seemed to indicate a contrast between American optimism and European pessimism, and a different cultural attitude to 'fate'.

You don't have to look far to find historical reasons for this psycho-cultural difference. European life has been an endless succession of traumas for thousands of years. Plague, famine and war have swept

the continent with frightening regularity. Dominated by deadly forces beyond his control, the common man existed in a perpetual state of uncertainty. At any moment plans for the future could be dashed against the rocks of history, or tossed aside by the implacable forces of nature.

In his quirky little paper 'Dreams in Folklore', jointly written with the folklorist Ernst Oppenheim, Freud puts forward the suggestion that marriage, in the stories discussed, may be symbolised by a lottery. You never know who you will end up with and what life will result. The idea that 'life is a lottery' is a subliminal metaphor that lies deep in the European mind and forms a kind of template for an outlook on the world.

'The idea that 'life is a lottery' is a subliminal metaphor that lies deep in the European mind.'

Given the collective history, we can see the reason why.

The idea that 'life is a race' may occupy an equivalent place in the American

psyche. Cultural metaphors may arise from historical traumas, collective dreams or defensive manoeuvres designed to avoid an unpleasant truth. The metaphors function as a protective barrier between the subject and his awareness of social reality. When sedimented into everyday life, they may be likened to unconscious suppositions or preconceptions, or even 'fundamental fantasies' framing the sense of reality that constrains, and partly motivates, our behaviour. Were we to explore further, we would expect to find that these metaphors derive their powerful effects from the fact that they are rooted in infantile experience.

When Freud discovers, through the analysis of a dream, that he is unconsciously rejoicing in his friend's death, he relates it to the infantile scenario of overcoming an adversary, and the triumphant acknowledgement, in his dream, that he had won the race of life (Freud, 1900). In this instance, wish and social metaphor seem to support and co-determine each other in a psycho-social symbiosis, and if what we wish for is related to our 'hopes', one can see how hope may also be conditioned by a collective unconscious fantasy. We do not usually wish for our best friend's death, nor do we consciously hope for it. Nevertheless, an unconscious narcissistic hope may sustain us and govern our engagement to the outside world, with precisely this ideational content.

'We do not usually wish for our best friend's death, nor do we consciously hope for it.'

But the Russian example may be different again, neither winning a race nor entering a lottery. The Russian proverb 'To live a life is not like crossing a field' expresses a different emotional attitude. Life is 'not a walk in the park' – in fact the implication seems to be that there is something almost impossible about it. Expressed only as a negative quality, it is liable to undermine the capacity for 'hope' altogether, and a low value placed on individual lives (one's own or other people's) may be an inevitable consequence. One does not imagine that the defenders of Stalingrad or Leningrad were optimistic of eventual victory. Yet historian Antony Beevor says: 'I don't think any Western army – be it British, French, or American – would ever have survived at Stalingrad or have held on to the west bank of the Volga there – unlike the Red Army, which did.' (O'Connor, 2018) Rather than optimism or hopes for eventual victory, one suspects a fatalistic acceptance that led to a dogged determination to endure, coupled with what Beevor called 'an astonishing level of self-sacrifice', while in similar circumstances American optimism may

have crumbled and left nothing in its place.

If these metaphors govern, to a certain extent, an orientation to the world and to 'fate' in Europe and America, what of that anomalously placed island nation, the UK? Although the metaphor of a 'lottery' still carries illocutionary force in many cultural domains, it may be that a different kind of unconscious metaphor is operating in the socio-political realm. Shakespeare's description of England as a 'fortress built by nature for herself/Against infection and the hand of war' points to a semantic landscape in which 'life is a battle' against invasion or being taken over or 'swamped'. Whether the sense of being 'embattled' has any relevance to current political affiliations (the attitude to Brexit is the most obvious reference point) and what 'hope' might mean in this context, I will leave others to contemplate.

Ivan Ward is the Head of Learning at the Freud Museum London

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Nothing right

John Woods

'Go away', says the child not looking so well.

'No, wait, don't leave, no, not here.

I don't want anything or to be anywhere.'

'--Nothing is right, little girl, when you are ill.'

And why always do I mistake the path,

Buy a book I will not read,

Choose food I do not need,

Ignoring the aftermath?

Saying the wrong thing came so easily,

The possibility to offend,

Not placate, but buck the trend,

Getting to a place I did not fancy

I never wanted to pay my dues,

Or do other people's work,

Better to make life a silly joke,

Throwing up cards just to amuse.

But no longer unnoticed, I took to the air,

Fleeing a threatening fate.

Too high, burning up, near Heaven's gate,

Was going out in a glorious flare.

So now, am finding a corner of quiet,

To quell the child's confusion

Allowing the words their consolation

Stealthily surprising me at night.

John Woods is a member of BPF and BPC and works at the Tavistock & Portman NHS Trust, London.

Hope

The Lure of Unrealistic Hope

Sanchia Barlow

Peter often spoke about writing a bestseller. The vision extended to include a cliff-top home overlooking the sea.

Exhausted from his City job and burdened by debts, he retired on his sixtieth birthday. He and his wife Kate moved to Cornwall in a state of high excitement. With relief they foresaw his novel paying off the loans and the freedom of a rural life.

After a few intoxicating weeks by the sea, Peter set to work on a first draft. A few months later, he hit the buffers. He found the isolation of writing harder than expected and his increasing debts brought crippling insomnia. A literary friend read the first chapter and suggested Peter attend a writing course to learn the essentials. Kate was bored and missed her friends from London. Their dream was in tatters.

This contemporary myth is instantly recognisable. Chronic unhappiness gives

Continues on page 13

way to an imagined solution which holds out a compelling fantasy of rescue and fulfilment. The protagonists forge ahead, oblivious to potential pitfalls, convinced their choices are hope-full when in reality they are hope-less. Neither recognises their decisions are based on the lure of unrealistic hope.

Unrealistic hope is a common defence which can have devastating consequences. It is a version of hope based on an unconscious denial of unwelcome reality, combined with faulty assumptions and convictions. It can lead to life-changing poor decisions, such as investment in a doomed project or choosing an incompatible partner. It consists of listening selectively, ignoring critical information and waving away the red flags, adopting blinkers or blindness to avoid seeing and considering the fuller picture.

It has an irresistible and compulsive quality, distinguishing it from realistic hope which is tempered by balanced judgements. Fuelled by unconscious wishes and fears, it restricts awareness and thought, impeding healthy self-protection. It may be driven by the repetition compulsion, where a solution to trauma is unconsciously pursued: ‘...a thing which has not been understood inevitably reappears; like an un-laid ghost, it cannot rest until the mystery has been solved and the spell broken’¹. Unhappy patterns rooted in childhood are repeated, until self-analysis enables the spell to be

broken. It may feature in the maintenance of neglectful or abusive relationships, functioning as a false belief in change and reinforcing a sadomasochistic collusion.

Why was Peter so thoroughly seduced by the seeming promise of an escape from his predicament? His childhood was characterised by severe financial hardship and a punitive requirement to conform. He believed this upbringing was a blessing, pushing him to work hard and faithfully obey his employer’s rules, bringing him professional success. He failed to see that persisting in a job that prevented self-expression, while spending far beyond his means, repeated distressing aspects of his early life. With his bestseller fantasy he sought to painlessly solve his difficulties.

The underlying cause of his longstanding behaviours remained unaddressed. Confronting this would involve painful recognition of early deprivation and neglect, and its continuation via his adult choices.

‘Unrealistic hope is a defence against mourning’

Unrealistic hope is a defence against mourning, an attempt to avoid the intense emotions and thoughts related to loss, privation and that which remains unattainable. Grandiosity and

omnipotence operate to create comforting or exciting aspirations which, due to faulty foundations, cannot realistically be achieved. The attempt to avoid ‘old’ pain creates ‘new’ pain.

Reality is the only emotionally safe place to be, yet we may actively resist it. Fantasies and happy endings are alluring, providing an escape from suffering and responsibility. It may take the collapse of life choices to expose the unintended self-deception. Such crises may lead individuals to psychotherapy and the opportunity to perceive the full reality and work through inner conflicts. Ambitions then have the best possible chance of success.

Unrealistic hope plays out not only in personal relationships, but influences the political landscape and social responses. The consequences of such a pervasive phenomenon are extensive. If policy decisions are based on wishful thinking and inaccurate predictions, problems remain unsolved or exacerbated. Voters may sign up to persuasive notions presented as remedies, demonstrating what is known as ‘desirability bias’; the tendency to see what we wish to see. In this state of mind, unwelcome facts are denied and alternative opinions dismissed. Politicians can exploit voters’ hopes and fears, promising impractical improvements and offering a panacea to societal pain and grief.

The Trump administration systematically rubbished the science behind climate change and swathes of society ignored the evidence because they did not want to face the implications for their lifestyles. Ideological blinkers or self-interest support cognitive states which are biased and resist revision even when new evidence is available. Some dismissed the perils of climate breakdown; others minimised the danger of Covid-19 before the infection rate exploded. Unpleasant truths are discarded in favour of comforting falsehoods. People succumb to the reassuring idealisation of a policy or leader just as they deny the disturbing reality of early environmental failure and its ongoing impact.

Human beings’ ability to dream, to see and reach beyond the available evidence may be central to acts of courage, innovation and progress. But there is a high personal and public cost to fruitless expenditure on unrealistic choices. It may take a commitment to vigilance and caution to distinguish between bold ambition and unrealistic hope.

We must be careful what we wish for.

Sanchia Barlow is Consultant Psychotherapist, Oxford Health Foundation Trust, and has a private practice in Oxford.

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Hope

Bion's Raft

Nicola Abel-Hirsch

“A party of some five people were survivors from a shipwreck. The rest had died of starvation or had been swept overboard from the remnants of the raft. They experienced no fear whatsoever – but became terrified when they thought a ship was coming near. The possibility of rescue, and the even greater possibility that their presence would not be noticed on the surface of the ocean, led them to be terrified. Previously the terror had been sunk, so to speak, in the overwhelming depths of depression and despair.” (Italian Seminars, *CWB* IX, p. 119).

Five people on a raft see a ship. Their hope of rescue (and the greater possibility their presence will be unnoticed) brings their previously buried terror to the surface. Psychoanalyst Wilfred Bion uses this image (a terrible contemporary reality for migrant people) to make the point that the analyst needs to be able to hear the sound of the terror which indicates the position

of a person beginning to hope that they might be rescued.

Bion knew directly about the terror of hope from his experiences in the First World War. After long surviving in despair, he receives an unexpected granting of leave. The place he has to wait is being bombed. He is used to being bombed, but now has the hope of the relief of leave. He tells the story somewhat humorously, but is murderously angry with the driver he is waiting for. (War Memoirs, *CWB* III, pp.156–157).

‘Hope is not ‘cure’. It is both more real and less certain.’

Hope is not ‘cure’. It is both more real and less certain. Working with patients in the 1950s, Bion says he began to realise that wanting to ‘cure’ a psychological problem muddled the water with one’s own desire to be a ‘curer’. Bion comments wryly that we can build a veritable Titanic out of cures. “As we all know, the Titanic was unsinkable, it was the latest thing – but it hit up against a fact, and that sank it.”

In his earlier groupwork Bion had used the term ‘hope’ to mean something more like his later use of ‘cure’. As many readers will know, through his observation of groups Bion came to the view that there

were three identifiable configurations that operate under the surface of the working group. He called them basic assumption Dependency (baD), basic assumption Pairing (baP) and basic assumption Fight/Flight (baF). When basic assumption Pairing is operating the atmosphere is one of ‘hope’.

What do the underlying basic assumptions do? They cause us to feel certain that we know what to do – who to depend on – who is with us and who against us – what will solve our problems. The inherent failure of each basic assumption to deliver a solution causes us to move backwards and forwards between the three. By contrast the people on the raft cannot be certain that the ship will see them.

As I write this piece in mid-March, with the virus at the door of the UK, I am more aware of being but one member of a species than my narcissism usually allows for. Hanging onto the reality of the uncertainty of the situation makes it hopeful, not in the sense of an assured survival, but in that of continuing to be psychically alive (terrifying as it could become) rather than stockpiling certainty.

Nicola Abel-Hirsch is the author of Bion 365 Quotes (2019) and a training analyst BPAS

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Hope

Karen Izod

Sound 2.

Would you call that hope, that sound?

Shushed as a voice in a library

it carries through still air, finds recesses

in the cross-hatches of memory,

hovers over annotations to the everyday.

And if that is the sound, then it annoys,

interrupts, forces me out of my chair

to throw a bit of caution in the wind,

to say, give me a bit of slack round here,

we all know these are trying times.

HOPE

Religious Hope – a Powerful Defence or an Aid to Meaning?

Ron Bushyager

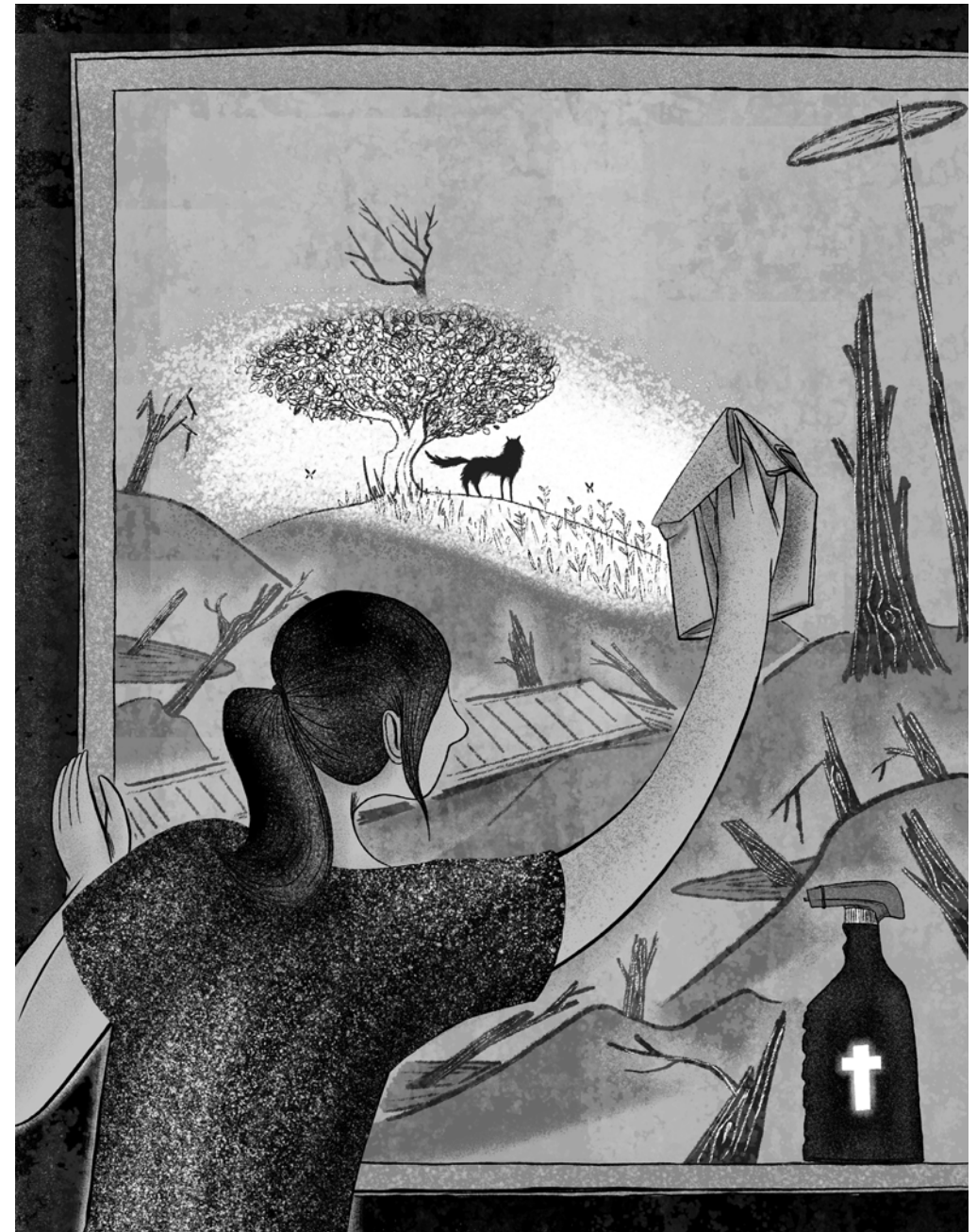
‘H-O-P-E’. As I entered the church for the Christmas carol service these four letters hung from the grand vaulted ceiling. Hope, said the Vicar, was coming into the world. I am submitting this article a few days before Easter, when hope will again be the message. Christianity is a merchant of hope. And what is on offer, for the Christian believer, is a priceless collection of hope-filled promises. These include:

Hope in having a purpose and a life worth living, hope in a better way to relate to others, hope in a repaired relationship with nature, hope that existential longings can be satisfied, hope in a just society, hope in eternal life, hope in an end to personal guilt and shame, hope that we might commune with a power beyond ourselves, hope in belonging and acceptance.

‘Hope in having a purpose and a life worth living.’

Of course, these hopes represent defences against the everyday sufferings of life and speak to the fundamentally disjointed nature at the centre of the human condition. Nonetheless, the Christian faith (and other faiths) can aid religious observers in the deepening of their relationships towards themselves, and their communities. Even for the most sincere of Christians, there is generally an awareness that ‘they see through the mirror darkly’ and cannot fully embrace the Christian promises of hope in this temporal life. The reality principle still functions, unavoidably, in religious settings.

I have spent the last 30 years closely



Continues on page 16

identified with the Christian church, particularly Anglicanism. As I trained first as a psychodynamic counsellor and established myself in private practice, and now as a psychoanalytic psychotherapy trainee, I have been interested in how these two disciplines of psychotherapy and Christian practice compare in their search for truth and meaning. Whereas Freud was polemical against Christianity in his writings, he also kept as a friend the Lutheran pastor, Oskar Pfister. Pfister became a prominent Swiss analyst, and stayed loyal to Freud for the whole of his career. Describing the relationship, Anna Freud calls Pfister 'at all times a most welcome guest' in their family home.

So it is in the spirit of this relationship that I consider psychotherapy and faith.

Religious hope is found in a few sources for the believer. Principally, the hope begins with an external object who first lovingly creates, then repairs. This object is not 'ideal' in a psychoanalytic sense, because it frustrates as much as it brings redemption. For the Christian, Jesus is the messiah who confounds critics and followers alike. Jesus moved from omnipotence to become ordinary. He tolerated suffering, exposed hypocrisy, and encouraged his followers continually to test their motivations and look within. Profoundly individuated, he spent his entire ministry being misjudged and misunderstood, and this didn't dissuade

him. Theologians may call Jesus 'ideal' but the experience of actually aligning oneself with such a figure produces little in the way of triumph or superiority, and no great salvation from the vicissitudes of life.

Religious hope for the Christian observer is first based around Jesus, and an acceptance of God's 'grace' at the point of personal failure (this is initiated through the death of Jesus on the cross, which could be perceived as a form of theological oedipal resolution involving both love and judgement between Father and Son). The believer is set on a path of growing in maturity, again centred upon the example of Jesus. They are also given the church, designed to be a secure and rewarding environment that enables a common developmental journey. Of course, all of this goes terrifically wrong at varying degrees, but often it is beautiful. The church has a history, sacred texts and liturgical services. These practices may at times be used defensively, but when handled with maturity and sensitivity the church can provide a powerful facilitating environment for rich exploration and the freedom to make developmental links.

Anytime an external object takes the role of saviour, the super-ego rubs its hands with glee. Christians can encounter a sense of moral failure – reproaches against both 'Jesus' and their own ego-ideal. It

can be harder for religious patients to accept the ego as the real seat of decision-making authority. It means conceiving of a God who endorses phenomenological learning over strict observance to a set of commandments. Further, if the patient believes that God created humankind with the intention that we might fundamentally enjoy the experience of living and relating, then guilt can more easily be borne.

'Anytime an external object takes the role of saviour, the super-ego rubs its hands with glee.'

Both the unconscious and ideas about God are multivalent and mysterious. Attempting to derive meaning at the precipice of the unknown is common ground for both psychotherapy and religion. The process is conceptualised, articulated and managed in divergent ways. Analytic process is grounded in rigour and communicated within a rigid frame. It does not over-promise, and provides a host of opportunities to challenge, question and make way for revelations and insights from the unconscious. Religious thinking is different. It is generally less scrutinised,

and also less bounded. Believers can more readily deny anxieties, or find enshrined spaces for collusion and psychic retreat. Nonetheless the epistemophilic impulse still functions, and religious observers do know authentic learning from defensive entrenchment. Religious traditions have their scholars and contemplative schools that actively promote real thinking. From Augustine to Kierkegaard, ideas almost indistinguishable from psychoanalytic insight surge through Christian religious explorations.

The religious observer cannot receive in the pew what they discover on the couch. However, I find that when religious hope is brought into the light of psychoanalytic enquiry, neither is destroyed. There is a rich tradition within many religious frameworks that can assist the patient in their psychoanalytic learning about themselves. Religious hope can be defensive and deny the working through of anxieties, phantasies and trauma, but it can also be an important container and a unique support in the task of creating meaning and developing associations.

Ron Bushyager is a psychodynamic counsellor in private practice in Holborn, London. He is training in psychoanalytic psychotherapy at the British Psychotherapy Foundation. Ron also conducts assessments for those seeking ordination in the Church of England.

Review

The Tree Method of Unofficial Psychoanalytic Diplomacy

Vamik Volkan

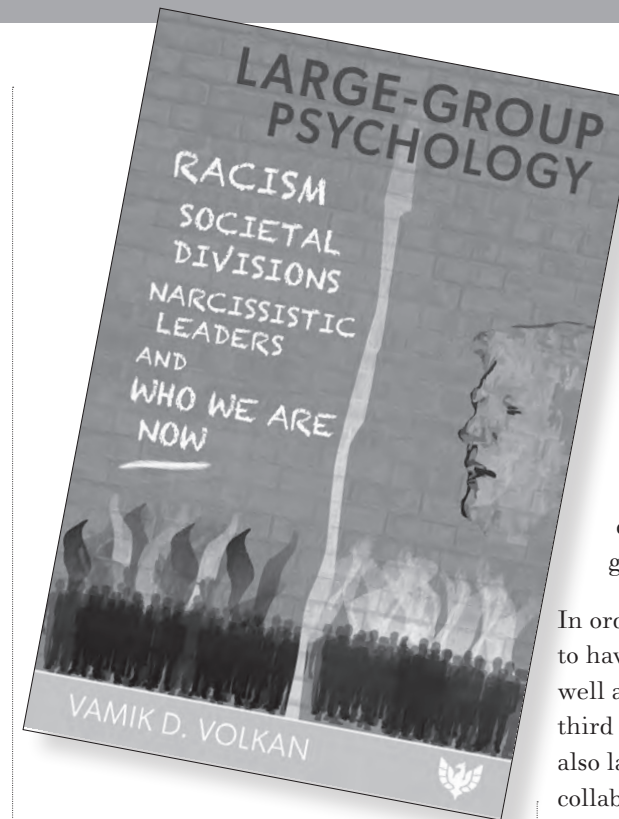
Vamik Volkan's work will be known to many BPC members. Since 1977, he has worked on interventions in conflict situations in many countries, including Bosnia and Croatia, Colombia, Cyprus, Estonia, Georgia, Israel/Palestine, Kuwait, Lithuania, Malaysia and Turkey. In 2008, he founded the International Dialogue Initiative. Professor Volkan is a former President of the American College of Psychoanalysts, and a supervising analyst at the Washington Psychoanalytic Institute.

My colleagues and I at the University of Virginia evolved a method of "unofficial diplomacy" and called it the "Tree Model", the name reflecting the years-long slow process involved, that grows like a tree and develops many branches. It is the only psychoanalytically informed,

interdisciplinary methodology for finding peaceful co-existence between enemy groups, and it has three basic phases:

- (1) psychopolitical diagnosis of the situation between the enemy groups
- (2) psychopolitical dialogues between the groups
- (3) collaborative political/societal actions and governmental and societal institutions that grow out of the dialogue process.

The first phase includes the facilitating team's in-depth psychoanalytically informed interviews with a wide range of members of the large groups involved. This leads to an understanding of the main conscious and unconscious dynamics of the situation that needs to be addressed. Sometimes understanding unconscious



shared processes in a large group requires months or even years.

The psychopolitical dialogues are between influential representatives of the opposing large groups, and take place in a series of four-day meetings over several years. Resistances against changing "pathological" ways of protecting large-group identity are brought to the

surface, fantasized threats to large-group identity are interpreted and separated from realistic dangers, and the enemy group's psychic reality is understood. The facilitators do not offer advice or their own strategies for conflict resolution, but they utilize ideas stemming from psychoanalytic technique in conducting the psychopolitical dialogues. Eventually more realistic communications between the enemy groups take place.

In order for the newly gained insights to have an impact on policy makers, as well as on the populace at large, the final, third phase of the Tree Model, which also lasts for some years, requires the collaborative development of concrete actions, programmes and institutions approved directly or indirectly by central governments and regional authorities.

In one example, the CSMHI facilitating team spent nearly seven years applying a Tree Model methodology in Estonia. When Estonia became a nation state in 1991, one third of its population was a Russian or non-Estonian Russian speaker. Along with border disputes, there were potentially dangerous problems between Estonians, Russians and Russian speakers. During

the second phase of the intervention, some parliamentarians and well-known scholars from Estonia and Russia, plus the leaders of Russians and Russian speakers living in Estonia, were involved in a series of unofficial diplomatic dialogues. At the beginning of this dialogue series some Estonian participants would react with silent rage due to their perceptions of what the Russians had done to them. The facilitating team understood that living under the “other” for a long time had robbed them of the ability to be openly assertive in front of their common enemy. On the other hand, the facilitating team noted how Russians were humiliated by having lost their “empire” and having to now dialogue with their former subjects. As far as the representatives of the Russians and the Russian speakers were concerned, they had ceased being the “bosses” and had begun the shameful and difficult process of being accepted as citizens in a new country.

‘The facilitating team helped the negotiators from the opposing camps slowly listen and hear one another.’

The facilitating team helped the negotiators from the opposing camps slowly listen and hear one another. During the latter part of this unofficial dialogue series, negotiators spontaneously created imaginary toys and began playing with them. Their toys were an elephant and a rabbit. One day at a meeting Arnold Rüütel, who was the last Chairman of the Supreme Soviet of the Republic of Estonia before it became independent, turned to the leading Russian delegate Yuri Vovchok, then a member of Russia’s State Duma, and said: “You Russians are an elephant. You have a huge federation. We Estonians are a rabbit. We have a small country. If a rabbit becomes friendly with an elephant, it will not be careful around the elephant. It will face more danger because the elephant, even though it may not be aggressive, may step on it.” Then another Estonian noted that Russians living in Estonia were like elephant eggs in the rabbit’s nest – at any moment they might hatch and squash the rabbit and its home. Referring to the Russians’ perception that they had done much good for Estonia when Estonia was a part of the Soviet Empire, Vovchok replied: “All along I used to think that Estonians were ungrateful people. Now I understand that is not the case. You are telling me that Estonians are careful, not ungrateful. I can easily accept this. Let’s see how an elephant and a rabbit can remain side by

side without either of them getting hurt or humiliated.”

‘Estonians were angry since the elephant in the past had stepped on the rabbit’

Symbolic effigies of large-group identities were created, and play continued.

Estonians were angry since the elephant in the past had stepped on the rabbit. Now, should the elephant take care and watch out for the rabbit as it takes steps? Or, should the rabbit keep the necessary distance from the elephant in order to protect itself and also take responsibility for a peaceful co-existence? Laughter replaced anxious and angry feelings, and both parties understood that a rabbit does not need to love an elephant and be too close to it, and that they can be friendly with a necessary distance between them. Russians “re-humanized” Estonians as careful people rather than people seeking ways to humiliate their former rulers, and Estonians appreciated that people with past and present empires are simply proud and sensitive about being powerful and do not need to use their power to smash others. This development was a turning-point in Estonian-Russian relations.

Within three years of the psychopolitical dialogues between Estonians and Russians, we were able to build model coexistence projects in two villages where the population is half Estonian and half Russian. We also created a model to promote integration among Estonian and Russian schoolchildren, and influenced the language examination required for Russians to become Estonian citizens. Two persons from our Estonia team ran for the presidency of Estonia, with Arnold Rüütel becoming President from 2001 to 2006.

A fuller description of the Tree Method can be found in Vamik Volkan’s latest book, *Large-Group Psychology: Racism, Societal Divisions and Who We Are Now* (Phoenix, 2020).

This article is based on material from an online interview with Professor Volkan being conducted by Professor Barry Richards of Bournemouth University, the rest of which will be published at a later date.

Diversity

Sexuality and Gender – where are we now?

The work of the BPC Advisory Group on Sexual and Gender Diversity.

Juliet Newbigin and Leezah Hertzmann

Since the passing of the Act of Parliament in England that decriminalised “homosexual acts between two men over 21 years old in private” in 1967, matched in 1981 in Scotland, and in 1982 in Northern Ireland, attitudes to sexual diversity in the UK have undergone a transformation. In 2005, it became possible to legally change gender, and sexual orientation and gender identity became characteristics protected by the Equality Act of 2010. In spite of the backlash represented by the passing of Clause 28 in 1988 by the Thatcher government during the AIDS crisis, preventing the “promotion” of homosexuality in schools, British society

in general has become increasingly friendly towards LGB men and women, and more recently towards those who are transgender, transsexual or queer.

‘... attitudes to sexual diversity in the UK have undergone a transformation’

However, the culture of psychoanalysis and analytic therapies has been slower to catch up. In the US, the APsA at first voted to oppose the removal of homosexuality as

orientation is evidence of disturbance of the mind or in development”.

Up to that point the principal psychoanalytic organisations in the UK viewed sexual interest in same sex partners as a perversion to be explored in therapy or analysis for its origins in an individual’s early history, and treated in the hope of a conversion to heterosexuality. Although Freud had retained some agnosticism towards homosexuality, being an admirer of talented homosexual figures in the past such as Plato and Leonardo da Vinci, he had described same-sex attraction as “a certain arrest of sexual development” (1935/51). But when Freud’s followers promoted psychoanalysis as a respectable discipline that could gain public acceptance, they downplayed the centrality of sexuality. In the UK, Susan Budd (2001), in her paper “No Sex Please, We’re British”, has argued that psychoanalysis, now including many women analysts and paediatricians such as Winnicott, developed an approach that foregrounded early object relations, which shifted the focus to child-rearing and mothering.

Despite more nuanced contributions from analytic theoreticians in the UK such as Edward Glover and William Gillespie, trainees were taught to see homosexuality as a perversion. Propositions that the



a diagnostic category from the DSM 3 in 1973, and took until 1991 to issue its first Position Statement officially recognising that a same-sex sexual orientation did not in itself constitute a psychological illness. Here in the UK it was only in 2010 that Malcolm Allen of the BPC convened the working party that drew up the UK’s own Position Statement, which finally declared in 2011 that “the British Psychoanalytic Council...does not accept that a homosexual

aetiology of homosexual attraction could be located in defences against anxieties about sexual potency, or even worse, against an unstable sense of reality, went unquestioned, and informed psychoanalytic practice. Stereotypical assumptions were made about the character of individuals who chose partners of the same sex. In making an assessment of a potential candidate, it was considered reassuring to discover that someone attracted to members of their own sex appeared to be in a settled relationship. But the suspicion was that such a relationship would break down, sexual attraction fail and instability reassert itself, because of assumptions that such an individual had a limited capacity to form stable relationships. It was unquestioningly accepted that a person suffering from such pathology would not be suitable for analytic training. This policy was not explicitly formulated as an automatic disqualification on the basis of sexual orientation. It was always justified as based on a thorough consideration of the applicant's suitability in terms of their psychological development and maturity. But because homosexuality was construed as evidence of serious pathology, rejection was a foregone conclusion.

The Position Statement on Homosexuality, issued by the BPC in 2011, was intended to draw a line under this era. When Gary Fereday and Helen Morgan, of the

BPC, subsequently asked one of us (JN) to convene a group to draw up proposals to put to the BPC Council on ways to make the profession more LGB-friendly, it became possible to bring together a number of people who were personally concerned and committed to changing the anti-homosexual culture of the senior organisations of the BPC. This group presented their suggestions to the Council in 2013, and has continued to meet since then. During that time, it has extended its remit to consider the attitudes of the profession to transgender, transsexual and queer people, groups who continue to present a theoretical challenge to psychoanalytic thinking.

‘The members of the Advisory Group on Sexual and Gender Diversity... have been active in the member organisations of the BPC.’

The members of the Advisory Group on Sexual and Gender Diversity, as it now

calls itself, have been active in the member organisations of the BPC, running courses, organising reading groups and offering workshops to organisations that wish to reflect on their practice in working with patients from the LGBTQ community. Along with staff from the BPC, some of the group were involved in drawing up the Memorandum of Understanding on Conversion Therapy for LGBT people, which was signed by all the organisations that register psychotherapists and counsellors, and many other bodies representing different sections of the NHS.

In July 2019, members of the group contributed to a book, *Sexuality and Gender Now: Moving Beyond Heteronormativity*, edited by ourselves (LH and JN) and published in the Tavistock Clinic Series, that presents a collective critique of the heteronormative aspects of psychoanalysis today. The book contains chapters by members of the Advisory Group and by contributors from the US who are working in a similar way, and also contains a section on therapy with patients questioning their gender, including a chapter by Bernadette Wren from the Tavistock GIDS service, and another by a trans-man on his therapeutic journey towards a desire to transition. The book has recently received some excellent reviews in psychoanalytic journals.

The Advisory Group exists to promote

change in the culture of British psychoanalytic therapy, to move towards a place where LGBTQ therapists can take their place comfortably among their colleagues without fear of stigmatisation, and to promote awareness among all psychoanalysts and psychotherapists of the impact of our heteronormative culture and of conscious and unconscious homophobia. Obviously there is still much to accomplish before that is possible. But as our society becomes increasingly tolerant of sexual and gender diversity, we can hope that gradually our profession will come to embody this acceptance in the way that it approaches people whose gender and sexuality may not align with the heteronormative binary.

Juliet Newbiggin is a senior Psychoanalytic Psychotherapy member of the British Psychotherapy Foundation.

Leezah Hertzmann is Psychoanalytic Psychotherapist and Course Lead at the Tavistock and Portman NHS Foundation Trust.

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Prisons

Psychoanalysis Engaging Prisons

Nick Benefield and Jessica Yakely

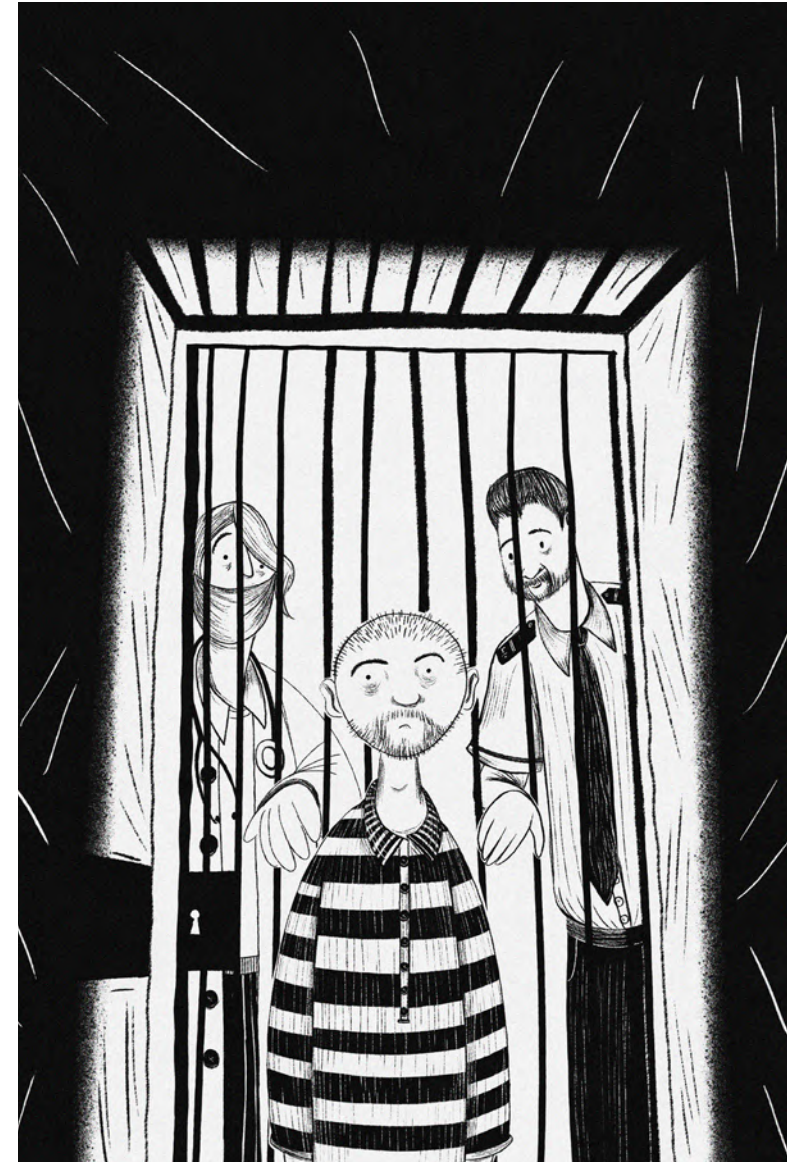
Historically, specialist areas of mental health, social work, prison and probation services have trained and developed staff to establish and deliver management and treatment models based on psychodynamic models. There is an increasing demand for reflective practice, supervision and case consultation services to support staff, but from the 1980s onwards these ideas and services, rooted in psychoanalytic thinking, have gradually succumbed to the focus on more evidence-based interventions and the steady growth of market-driven models of commissioning. Political commitment to a policy of austerity to maintain public services has also led to a narrower, more industrial, approach to service design, commissioning and delivery. Whilst specialist psychotherapy and therapeutic communities have held on, it has until recently seemed that the decline in the

provision of psychoanalytically informed public services would continue. Moreover, services designed and developed to provide interventions that offer whole person and whole system environments are lacking.

In 2011, an agreement between the Department of Health and the Ministry of Justice to develop service pathways for high-risk offenders led to the establishment of the Offender Personality Disorder (OPD) Programme. This policy initiative has designed and developed services in prison and community probation settings based on the importance of creating psychologically informed environments. Relational practice was to be at the heart of the services provided and would support staff and offenders to engage in relational work.

These new services have had a significant impact on the management and progression of offenders during

sentence and in stepdown into the community. The specific success of these Psychologically Informed and Planned Environments (PIPEs), in both prison and community probation services, led to the then Director General of HM Prison and Probation Service (HMPPS), Michael Spurr, describing his support for these developments as being “one of the policy initiatives he was most proud of in this years in the service”. His support was such that he attended the BPC PP NOW Conference in 2017 to describe the psychosocial



Continues on page 22

pressures on criminal justice services and to emphasise the importance of such biopsychosocially informed work to the stability and hope of a system under great pressure.

Following this conference, a group of us from the BPC, the Portman Clinic and the OPD Programme met to consider how this call for closer collaboration between health and criminal justice services could be further developed. The first priority was to ensure that the training and support for staff working in the OPD pathway could be strengthened and that psychoanalytically informed ideas be made more sustainable as part of the education and supervision of staff.

A small Working Group involving HMPPS and NHS staff from a range of agencies and services working psychoanalytically with offenders was established. The initial task was to articulate the psychoanalytic and group analytic principles which underpin the relational and attachment framework of the OPD pathway to ensure that they are explicit and not eroded over time. The statement of principles we formulated is as follows:

'The creation of relational environments in criminal justice settings is based on a model of human development that emphasises the centrality of early and ongoing life experience and emotional development. Physical, psychological, social and cultural

factors are complex and dynamic forces that operate at both conscious and unconscious levels and give meaning to developmental progress, social behaviour and interpersonal relationships. These core concepts are informed by psychoanalytic and group analytic approaches.

These approaches recognise that:

- *many psychological processes occur outside of conscious awareness and are not always rational or under our control*
- *behaviour – offending behaviour, challenging behaviour, behaviour in teams, etc. – may represent meaningful communications requiring conscious understanding*
- *psychological defence mechanisms develop to protect the individual from emotional pain and anxiety in childhood, persist into adult life and may be helpful or unhelpful*
- *intense and troubling feelings will inevitably be stirred up for those working in the criminal justice system by the task, by colleagues, or by particular service users*
- *such feelings may lead to irrational attitudes and detrimental behaviour in offenders, staff and institutions. Unless acknowledged, reflected upon and worked with, these dynamics tend to recur, causing threats to safety and sometimes breakdown within the system.*

A psychoanalytically informed, relational approach, at both the strategic and operational level, improves the effectiveness of the treatment, management and care of offenders, reduces risk and supports the resilience of staff and organisations at all levels.'

Following a series of meetings with relevant professionals throughout the criminal justice system where these principles were presented and agreed, a working conference was held with key professionals working in the Offender Personality Disorder (OPD) Programme and other forensic settings to discuss the application of psychoanalytic and relational approaches within prisons and more widely in the criminal justice, health and social care systems.

'... the general atmosphere was one of excitement, enthusiasm and hope.'

The conference was held at Friends House in January 2020 and was attended by approximately 50 participants. Apart from short presentations on 'OPD and a vision of a relational paradigm' by Nick Benefield and 'The narrative of the place

of psychoanalytic principles' by Jessica Yakeley at the start of the day and a final plenary, the day was spent in workshops which focused on key areas covering research and evidence; strategy, leadership and partnership; practice guidance and service specification; and training and skills development. Participants signed up to working across these four areas and each work group is now developing a programme of work for 2020/21.

The current Covid-19 situation has delayed some of this planned work but the work of the four task groups is now being done through Zoom discussions with the expectation that the project will have more developed plans in place by the summer.

Throughout the day there was much engaged, constructive and innovative discussion involving people from across the criminal justice system – many of whom expressed feelings of isolation and a hunger for connection with people who think in similar ways. The opportunity to come together and debate these important ideas was much welcomed and the general atmosphere was one of excitement, enthusiasm and hope.

Nick Benefield is an Adviser on the NHS/ HMPPS OPD Programme.

Jessica Yakeley is a Psychoanalyst, Consultant Psychiatrist and Director of the Portman Clinic.

Review

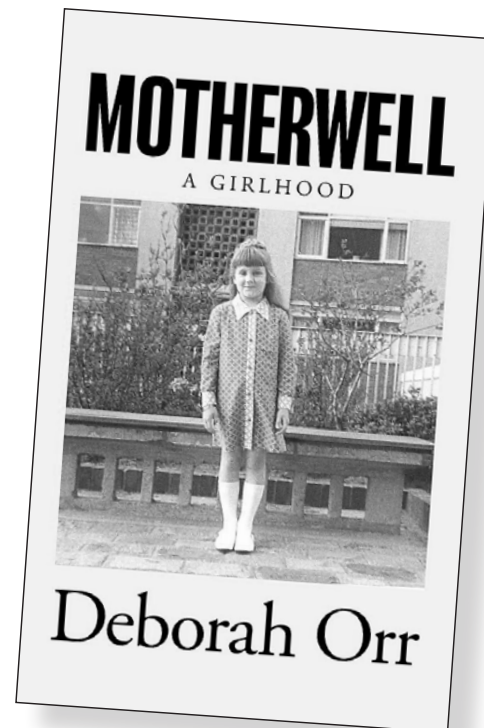
A Good Enough Childhood?

Rebecca Davies is moved and unsettled by a powerful memoir

Rebecca Davies

Motherwell is Deborah Orr's autobiography. It was published earlier this year following Orr's premature death – she was in her early fifties – towards the end of 2019. Orr was an award-winning journalist, most famous as the first female editor of *The Guardian's* Weekend section (a position she took when she was only 30). Her marriage to Will Self is alluded to, as is her own experience of being mother to their two sons.

The grim irony of the pun in the title of this book captures Orr's brilliant portrait of the whole environment (in the Winnicottian sense) of her upbringing. *Motherwell* is about the coal and steel town in which she grew up and the mother



who “hadn’t mothered well at all”. “Is memoir therapy? Or is it vengeance?”, she asks startlingly at one point. This is a question best answered by reading the book yourself.

When I began *Motherwell* I was charmed by the nostalgic photograph on the cover of Orr herself aged about ten years old. The 1960s housing estate, the crimplene dress and the knee-high socks are images of a past I know. However, as I made my way through Orr’s largely chronological account of her childhood I found this to be a dark and difficult read. It is, I hasten to add, complex and nuanced and also at times very funny. I loved it but it unsettled me.

‘People and places from the 1960s to the 1980s are explored with razor-sharp insight and humanity.’

People and places from the 1960s to the 1980s are explored with razor-sharp insight and humanity. This is not a tedious recounting of events long gone. Orr is alive

to the symbolic and chapter titles such as “The Bureau”, “The Silver Cigarette Case” and “The Dope Box” are illustrative of the way she conveys her troubled relationship with her parents. The objects have socio-cultural and personal significance and like metaphors in a therapy session they serve to deepen the reader’s understanding of Orr and her attachments.

You know from the start that Orr has psychological insight. She describes her understanding of narcissism at length, as well as co-dependence and dissociation. Orr is a woman who has gained a lot from a good analysis and she puts this experience to great use as a writer. Her warmth and humour are her strengths and also her best defences; she weighs in heavily with bathos just when you least expect it. For example, a detailed description of home is interrupted by this gem: “But in the flat on Thistle Street, when I was little, insight into psycho-sexually fucked-up co-dependent parental behaviour lay years ahead of me.” That said, I found the tender details of her parents’ marriage and her early years with her mother extremely moving. She is generous to them and you could say she had a happy childhood in many respects.

I am reluctant to spoil the book for you

by giving away too much about it. The second half is mostly about Orr's time at university, her career and her relationships. The chapters that deal with her parents' lives and the period up to when she began school are lighter, littered with amusing cultural references that make up the fabric of her childhood: Ladybird books, chip-pan fires, post-war modernism and *Watch with Mother*. But the angry tone of Orr's voice is never far from the surface.

Her father's prejudices and his impotence both as a husband and employee are filtered through Orr's idealisation of him. The grief she is barely able to articulate for what she never had of her father is a

quieter voice in the book. Her mother was the gatekeeper: "Agency over her man was a woman's Great Prize. She didn't want to share it with any other female, even a daughter." Social injustice and the "cult of femininity" of the post-war decades supply a political framework for Orr's portrait of her parents, but for me it always feels most powerful when it is personal.

As an adolescent girl in the pre-MeToo era, life is stifling and abusive. Expectations are limited to the home, while sex and careers are denigrated. From puberty onwards Orr writes about her efforts to separate while struggling to belong. "My parents were the gaolers that I loved", she tells us. As she

puts a physical distance between herself and Motherwell, she suffers the most. She struggles with her parents' toxic projections and her own tyrannical internal world. I found these chapters the most deeply affecting. Her parents' cruelty is profound and Orr's consequent shame is terrible.

'It is... complex and nuanced and also at times very funny. I loved it but it unsettled me.'

I will let Orr have the last word because her gift of wisdom has been hard-earned and she says it best. "There's no baddie in this story, not really. The baddie is trauma ... human fear, passed down in its doleful paralysis from generation to generation."

Rebecca Davies is a psychodynamic psychotherapist in private practice.

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Review

Paper as Dream Screen

Robert Snell reviews the “Picasso and Paper” exhibition at the Royal Academy

Robert Snell

This is a virtual review. Covid-19 closed the exhibition before I could get there; I have had to rely on the internet. But then, since Cézanne, few painters, Picasso least of all, have been under the illusion that representation is just a window on the world; it is always mediated, “virtual”. If this seems obvious today, it is above all thanks to what Picasso (with Braque) was doing with paper in the years before World War One.

“Violin”, made in 1912, is one of the exhibition’s key works. Consisting of wallpaper, wrapping paper and newspaper cut and pasted onto cardboard, it gives us an unmistakable violin. But it does more than just explode prevailing assumptions about how three dimensions might be evoked in two, and about the legitimate means for this. It is a quintessentially modern work. The inclusion of a piece of newspaper reminds us of the sheer



quantity of information (true even in 1912) to which we are exposed while we try to give shape to our experience. It also

points to what, second by second, we must filter out, such that only fragments survive, to reappear in dreams, perhaps (collage was

to become a favourite Surrealist device). “Martiale à Constantinople”, says the

Photo © David Parry/Royal Academy of Arts
© Succession Picasso/DACS 2020 Exhibition
organised by the Royal Academy of Arts, London
and the Cleveland Museum of Art in partnership
with the Musée National Picasso-Paris

newspaper. “17 novembre ... général Izzet ... Turcs voulaient continuer la guerre ... Incident e ... égrins à Saint-Jean-de-Medo”. It is fun trying to piece all this together, although what emerges is brutal: the fragments mostly refer to the First Balkan War, which had started in October 1912, and was a direct precursor to World War One. But Picasso’s focus is not on the current political situation (this is not yet “Guernica”). What he does, in his pursuit of new painterly and graphic possibilities, is bring home just how “unnatural” our ways of sharing experiences are, how distant from the experiences themselves, and how close to dream.

‘The inclusion of a piece of newspaper reminds us of the sheer quantity of information (true even in 1912) to which we are exposed while we try to give shape to our experience.’

“Violin” asks us to consider this, and it does

so playfully and wittily. It is an experience, not just a puzzle for historians (who was General Izzet? What happened at Saint-Jean-de-Medo...?), or an invitation to discover the dream’s encrypted “truth”. It asks us, in our approach to interpretation, to be not so much classical Freudians as post-Bionians. Picasso achieved in art what for Bion was an aim of psychoanalysis: to enlarge our margins of tolerance for ourselves as embodied dreamers, and our capacity for new experience in vivo.

Cubism also gave us a brand-new metaphor for ourselves: we are collages of representations and identifications out of which we somehow manage to piece together identities. But Picasso’s account of us is richer than this, more multi-dimensional and challenging: the exhibition’s wider population of haunting faces and irrepressibly alive bodies also pictures us as desiring beings, and force-fields of embodied drives. Not least the drive to look and find some form for what we see, to make our marks in whatever ways seem to be demanded, internally and externally.

A “neo-classical” pencil and charcoal self-portrait (1918) is a lucid and assertive “call to order” after the carnage of the war. The head of a horse, a sketch for “Guernica” in 1937, is a ferocious account of terrified animality, its rapid pencil lines not pristine as in 1918 but dragged angrily over each

other. In “Seated Woman (Dora)” of 1938 the physicality of Picasso’s involvement with his media – ink, gouache and coloured chalk – takes another, disturbing form: it is as if the paper surface were Dora’s skin, which he is ruthlessly trying to scratch into and under. The portrait of another of his great loves, “Head of a Woman (Jacqueline)” of 1962, a cut-out and folded paper sculpture drawn on with pencil, is both decisive and touched with tenderness; and who would have thought cut and folded cardboard, as in a series of small male and female figures of the 1960s, could embody so much celebratory sexuality?

‘who would have thought cut and folded cardboard... could embody so much celebratory sexuality?’

Are we left, in the end, merely with the familiar, priapic Picasso? A Minotaur, from the sequence of etchings known as the Vollard suite, might seem to suggest so, as he leans his great bull-head over the face of a sleeping woman. But Picasso will not allow us to settle so easily on a judgement. How does a work such as the large, rarely

seen “Femmes à leur toilette” (1937-8) position us? Made entirely from cut-out wallpaper, and commissioned as a tapestry design, is it an invitation into a sumptuous, personal dream harem? Or is there also a distancing effect, allowing more critical reflection, on woman as wallpaper perhaps, trapped in décor? Picasso’s famous way of depicting two profiles simultaneously is an opening to many kinds of duality; the exhibition would seem to offer all the ambiguity, the polysemy, of dream itself – and dreams, of course, call on us to elaborate, and own our elaborations for ourselves.

Robert Snell is an analytic therapist in private practice.



From the Chief Executive

Supporting you through the pandemic

Gary Fereday

As I write, we are over two months into the coronavirus pandemic and associated lockdown. It has been a difficult and anxious time for society, unparalleled arguably since the Second World War with levels of uncertainty and anxiety as to what the future might hold for us. Our world of psychoanalytic psychotherapy has been disturbed in a way we have never known before, with the strain of working online taking its toll. Even more difficult are the bereavements many have suffered of family members, friends, and neighbours; with clinicians also having to work with patients who have suffered similar losses. The emotional strain is mounting. It is within this context that this edition of *New Associations* considers the concept of hope, for

without hope we may find it impossible to work through the current situation.

The BPC continues to work to promote psychoanalytic work and psychoanalytic thinking. We are a relatively small organisation representing our community. Our strength is the sophistication of academic thinking, rigour of our trainings and excellence of clinical work. High standards and a commitment to psychoanalytic ways of working are what has always defined the BPC and it is these standards and commitment that give me hope for the future of our profession.

To support this the trustees and I are keen we invest in improvements in our operational capacity, with new staff to help us better support registrants, scholars and trainees. Alongside that, we are

investing in a completely new website to better support you in your work and enable the general public to understand who we are and what we do. The website may well be launched as you read this, and you should see that it has a completely new and sophisticated look to better reflect psychoanalytic work and thinking. The website will also have an improved listings section for registrant and scholar and an easy to use 'find a therapist' search function. The trainings provided by our member institutions will also be highlighted more clearly so we can help encourage more people to think about training.

Externally we have been working with partner organisations, including other professional bodies and the NHS, to think how best psychoanalytic psychotherapy

might help in the current crisis, and perhaps more importantly when the crisis subsides and the potential for PTSD rises. The effects of lockdown and the experience of NHS staff and care workers are, at this stage, unknown. We will represent you and your way of working in the debate about how to respond.

'We will be here to support you and continue to promote the benefits of psychoanalytic thinking and clinical work'

Clearly it is difficult to predict when we will be able to return to face-to-face work and some sense of normality may return. But we will be here to support you and continue to promote the benefits of psychoanalytic thinking and clinical work.

Gary Fereday
Chief Executive, BPC



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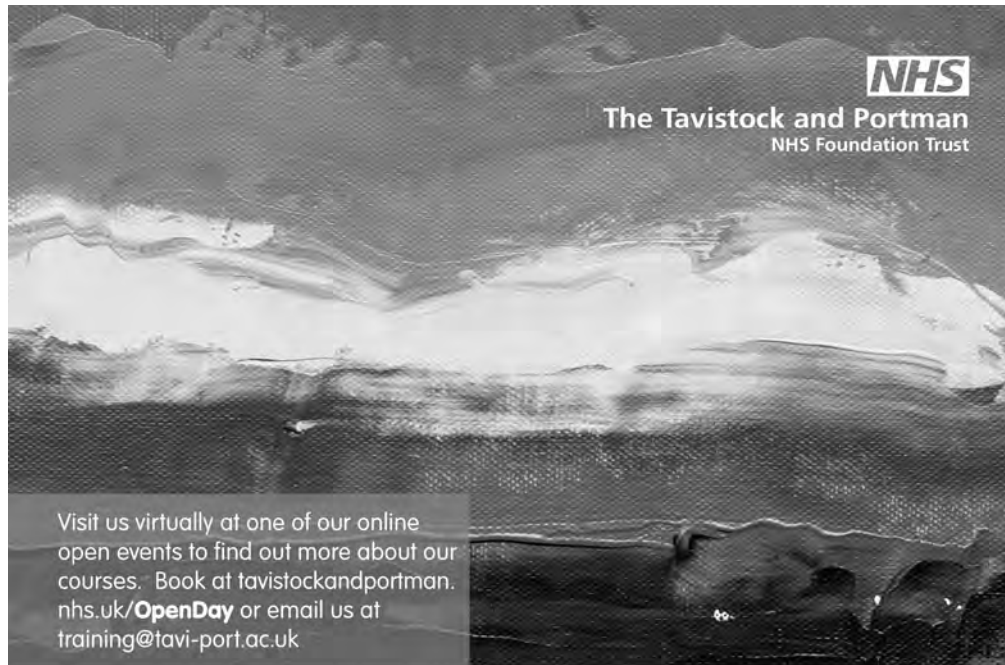
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This online summer school, which will be held using the Zoom teleconferencing app/web platform, is for psychoanalytically orientated psychotherapists working with individuals, children, families or groups who would like to learn more about the couple relationship, and the principles of psychoanalytic work with couples.

Two lectures each day will include: transference and countertransference in couple therapy; working with the sexual relationship; unconscious processes in the couple relationship; thinking about the couple in individual work.

There will also be two participant clinical presentations each day.

Dates: Monday 13 to Friday 17 July 2020.

Fee: £475.



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

The Impact of Addiction on the Couple

Addiction in one or both members of a couple can exacerbate problematic dynamics. This full-day course will explore the impact of alcohol and substance misuse on the couple relationship. The function of the substance in the relationship will be considered using psychodynamic principles, as will the couple's interaction and collusive patterns of relating.

Date and time: 4 July 2020, 10am-4pm.

Trainer: Liz Hamlin, Couple Psychoanalytic Psychotherapist. **Fee:** £98.

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Working with narcissism in the clinical context is multi-layered. Drawing on theories about narcissism and echoism, the day will feature a theoretical presentation, as well as confidential discussion of clinical material.

Date and time: 18 July 2020, 10am-4pm.

Trainer: Dr Jan McGregor Hepburn, BPC Registrar. **Fee:** £98.

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(Advanced standing available)

MA in Couple Psychoanalytic Psychotherapy

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Start date: September 2020.

Course length: 4 years (advanced standing min. 2 years).

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Counselling and Psychotherapy (advanced standing available)

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Start date: September 2020.

Course length: 3-4 years (advanced standing min. 2 years).

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Prices: Module 1 - How to Make the Transition to Working Online and Good Practice £40; Module 2 - Technology in the Therapeutic Frame: Getting it Right for our Clients £50; Module 3 - Reflections from Online Practice £45.

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