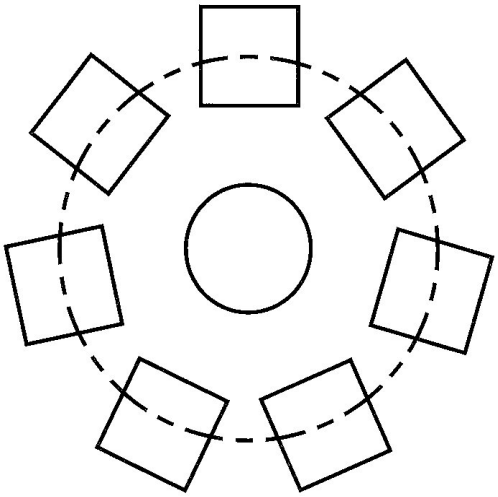
Group-Analytic Contexts

September 2011 **ISSUE NO 53**



International Newsletter of

THE GROUP-ANALYTIC SOCIETY

GAS MANAGEMENT COMMITTEE 2008

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Editorial

As usual in Contexts, we have in this issue some reports about Group-Analytic events in 2011. This time about Egatin study-days and the Foulkes conference and study-day. We also have personal and more theoretical articles, with reflections on persons and practices in psychotherapy, groups and society.

In a way, we have past, present and future, in the sense that we must understand and remember the past, to understand the present and to prepare for the future. To understand where we came from and where we want and could go.

This is the last issue that we have Gerda Winter as President. We would like to thank Gerda for all the hard, difficult and splendid work she has developed during the last six years, as President of GAS. It was a great pleasure to have had her and worked with her, as members of the management committee and members of GAS. Surely she and her work, has contributed to the promulgation and expansion of group-analysis and the reinforcement of the GAS matrix. So, thank you Gerda.

We would like also to welcome the new president.

Again, on the theme of saying goodbye, this issue is also the last one for Paula Carvalho as co-editor. This is a repeated leave taking, you will remember, so I just want to say thank you to all of you, very specially to Terry Birchmore. Good luck for the new co-editor and for Contexts.

Paula Carvalho

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President's Page

The symposium is over and hopefully it was a great inspiration and joy for the many who participated. This triannual event is indeed a great experience. My first ones were the ones in Oxford, then came Heidelberg, Copenhagen and so on until to-day and I remember them all with great pleasure. The package consisting of experiential,

theoretical and practice elements and an international participation is an unsurpassed combination, that has stood the test of time.

The Foulkes lecture in May "Constructing and Mentalizing the Matrix" was given by Sigmund Karterud, Norway who talked about the Matrix from the viewpoint of the concept of mentalization in relation to groups of borderline patients. His talk was supported by a substantial amount of research and with Peter Fonagy as a forceful respondent. It attracted many people and was as usual a good occasion to meet old friends and colleagues. The Study Day started with three papers given by Øyvind Urness, Norway, Erica Berman, UK and Anne Lindhardt, Denmark who all gave their individual reflections on the theme of the lecture as an inspiration for the rest of the day.

Next year´s Foulkes Lecture will be given by Farhad Dalal, UK on the 11th of May 2012, and the theme is to be announced.

This is my last "President´s Page" and I can look back on 6 years as President of our society. It has been a very rich time and sometimes something of a challenge. It has been and still is a very difficult period for Group Analysis and for all psychodynamic therapies with today´s demand for evidence. Research has not been and still is not in the centre of interest for Group Analysts even though something has changed. We have had the joint IGA/GAS research project, we are on our way to create a manual/guidelines and research among the psychodynamic therapies have begun to show significant results (Leichsenring et al 2006, 2008). It has, however, been a painful process to face the fact that the success and recognition we used to enjoy some years ago has faded and we have to fight for our existence. However I am optimistic. I am sure we will be back when we have mourned our losses and new energy will come to the fore. We may however need a revision and renewal of our theoretical thinking and practice to live up to the demands of the present day, but without losing our soul. In spite of all this our membership has been stable. We always wish for more members, but in the face of the present difficulties it is not so bad. And especially that a steadily bigger number of people are taking part in our events.

Another thing I would like to mention is the good relationship that has been established with the IGA, London. I think we are very clear in our minds as to what belongs to whom, to differentiate between the tasks of the two organisations. The IGA is a training organisation and its activities are mostly national and GAS is a scientific Society and its activities are mostly International events. And then there are areas of common interest, where we have been working very well together, which I hope will continue in the future.

Group Analysis has been a very important part of my professional life and has had a long lasting influence on how I think about all sorts of relationships and groups. I am very grateful that I found this home and I can look back on a fund of good memories of people I have met and places I have been to. I especially want to thank my colleagues of the Management Committee, former and present members. Their ideas, enthusiasm, support and trust have meant a lot and without which I wouldn´t have been able to do my job. A special thank to our administrator Julia Porturas-Forrest, who is the one who keeps it all together and to the membership who by their interest and participation will carry Group Analysis into the future.

And finally by all my heart I wish the new President luck.

Gerda Winther
President, GAS

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Be a Contexts Writer!

Contexts welcomes contributions from members on a variety of topics:

- Have you run or attended a group-analytic workshop?
- Are you involved in a group-analytic project that others might want to learn about?
- Would you like to share your ideas or professional concerns with a wide range of colleagues?

If so, send us an article for publication by post, e-mail, or fax. Articles submitted for publication should be between 500 and 2,500 words long, or between one and five pages.

Writing for Contexts is an ideal opportunity to begin your professional writing career with something that is informal, even witty or funny, a short piece that is a report of an event, a report about practice, a review of a book or film, or stray thoughts that you have managed to capture on paper. Give it a go!

The deadline for each issue of Contexts is about three months before the publication of a specific issue. The deadline for publication in the June issue, for example, will therefore be early March.

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Mrs Michaela Maoz	Student Member	Israel
Dr. Sarah Kalai	Full Member	Israel
Ms Julie Bargh	Full Member	London, UK
Ms Mary Spreng-Courtney	Full Member	Switzerland
Mr Uri Levin	Student Member	Israel
Mrs Deborah Howard	Student Member	Bristol, UK
Dr Ido Peleg	Full Member	Israel
Mr Eugene Clerkin	Full Member	London, UK
Mrs Smadar Ashuach	Full Member	Israel
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Mrs Charlotte Snoxall	Associate Member	Cambridge, UK
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Annual Foulkes Lecture and Study day a personal reflection.

I always look forward to the annual Foulkes lectures; it's always good to see familiar faces there each year and is often a chance to catch up with people I haven't seen for some time. This year the topic had particular relevance for me as for the last two years I have been working in a NHS personality disorder service, the model we use is Mentalization Based Therapy for treating patients with Borderline Personality Disorder. I must say that I was very "humbled" by Professor Sigmund Karteruds lecture; he gave us an insight into his work over many years with people suffering with personality disorders. Sigmund was open and honest about his struggles with his work and his disappointments with using group analytic psychotherapy with this population, after adapting his work from seeing people in group psychotherapy, then using combined group psychotherapy and individual psychotherapy, and still not getting the results that he had hoped for. He had the courage to enquire with patients who had dropped out or left treatment as to why this might be. Rather than just pathologising them and "blaming" the patients he looked at his own technique, this I felt showed a lot of humility. He also took us briefly in to aspects of mentalizing in groups, which is lacking in the literature provided by Bateman and Fongay.

This was very interesting for me as I had trained as group analytic psychotherapist, and then started to work in the MBT service, what he spoke about in regard to the psychotherapist being more active and intervening quicker is a feature of the groups I work in, as is the turn taking that he described, though with the latter I sometimes felt uncomfortable with, as if it is somehow "wrong". Though with the latter I have intentionally "directed" or encouraged this in the groups, it seems to be a way that these groups "work", which may be the MBT model influencing the therapy groups, or the population that we work with, or maybe a combination of both. I did also wonder about free association, or free floating discussion as I got the impression from Sigmund that he thought this might not be helpful for this population of patients, this is something I have been wrestling with for some time, which for some reason I find hard to "let go" of, and this indeed might be more about me and my professional identity then about the patients. Levine when referring to the work of Bion and free association says "If one can stand to be in sufficient contact with reality, especially painful reality, if one is able in Bions terms to suffer ones experience, then free association may be part of the process of mentalization and true thought". (Levine in Bion today, P210/211)". Sigmund's lecture had given me hope that work with this population is possible if one is open and willing to adapt ones technique, he did also leave me wondering about some of my own patients who had left groups that I had facilitated, wondering I suppose if I had done them a dis-service. It was heartening to see improvements from his clinical work when using MBT, and also to hear that he can remain objective and critical of the model at the same time. I found Peter Fonagys response very appreciative of Sigmund, putting his work into context and taking us back in history to the work and writings of Freud, as well as using humour to engage us in aspects of some of the theory behind MBT.

The following day, the study day we started with a further presentation about MBT and some of the concepts of MBT, this was then followed by a cautionary (fishy) tale from Eric Burman about the dangers of being "blinded" by science or maybe "mind blinded" by science. There did seem to be a change in mood from the previous evening. It felt at times as if group analysis might be under attack and had to be defended, rather than MBT being seen as an addition that can be used to help us all work with a certain population of patients. I wondered about possible struggles with professional identity, how we can be very attached to our theory, I thought about my own struggles with my own professional identity whilst working in a MBT service, as well as the patients struggles with identity and identity diffusion. It seemed at times that "advocates" of MBT could run the risk of being banished to Siberia. This did feel a bit disheartening and left me wondering about the survival of group analysis. Heading home after the study I wondered if there were some feelings of shame associated with recognising that in the past we might have done a disservice to some of our borderline patients, I wondered if this shame was difficult to sit with rather than the new technique of Mentalization Based Treatment that we had been thinking about.

References.

Levine, H (2011). The consolation which is drawn from Truth: the analysis of a patient unable to suffer experience, in Bion today (2011) Chris Mawson (ed). Routledge London.

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Group Analytic Psychotherapist
UKCP REG

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Foulkes Weekend: Group Analysis, MBT, BPD and the borders of globalisation

"They Sentenced me to twenty years of boredom,

For trying to change the system from within."

Leonard Cohen

I think this workshop needs to be set in the context of those social forces by which we individuals are alleged, according to Group Analysis to be permeated.

The historical forces of political economy

There have been democratic movements to empower the common people since the time of the English revolution in the 17th century. But it was not until the 19th Century as capitalism were transforming the world that the industrial working class created by the industrial revolution developed its own organisations most notably the trade union movement. It was this movement's need for political representation that gave birth to the Labour party in the UK. It is worth remembering that in 1884, 40% of the male population was still disenfranchised. Not until 1918 was there full enfranchisement of the male population and not until 1928 was there full voting rights for women. We easily forget that the rights and freedoms we now take for granted were not bestowed on us by nature, nor by paternalistically inclined rulers or leaders. They were hard won through long and bitter struggles by oppressed and disenfranchised people over hundreds of years. The State has never been a benevolent institution, but one representing the rich and powerful, defending their privileges and conceding power to democratic forces only as far as necessary. Whatever one might think of Lenin, his observation that the State functioned as the executive committee of the bourgeoisie, was significantly true.

After WWII a Labour government finally achieved a meaningful degree of power and (convinced they could prove Lenin wrong) set about realizing some of the aspirations of the working class movement that had created the party. One of these was universal health care. Finally, everyone could have the health care that in the past only the rich could afford. Twenty years on, there was a sort of peak of democracy. Unions had achieved a meaningful degree of power and influence in relation to capital and its managers, and students around the world had begun a protest movement that was to change the consciousness of a generation, succeed in curtailing the war in Vietnam, subsequently undermine apartheid in South Africa, and pave the way for the feminism and identity politics of the eighties and nineties.

The backlash began in Chile in 1973 with the overthrow of Allende and the introduction/imposition of the new neo-liberal economic model. Its results were ideal for the ruling elites. The rich got much richer. Those in the middle got a bit richer - they certainly did well enough to keep them onside. The poor got screwed. But who cared about them. Trade-unionists and leftists got assassinated, imprisoned or driven into exile. A few years later, the experiment was repeated in Argentina, accompanied by the same scenario of torture, death squads, and exile for the lucky ones.

And not long afterwards, Mrs Thatcher was elected prime minister of the UK, and promptly set about imposing the same neo-liberal economic model. It was the same model that the IMF began imposing as a condition of development aid to impoverished third world countries who didn't already have military dictatorships to impose it on unwilling populations.

Mercifully, the UK did not engage in the actual assassination of trade-unionists: Only the character-assassination. Unions in the seventies, we were told and continue to be told, became too powerful. They became greedy and irresponsible and unconcerned about the effects of their actions on the economy and the wider society. We needed laws to keep them in check. (Ironically, it was a Labour government that had first introduced anti-union legislation.) The owners and managers of capital had, of course, never been greedy or irresponsible, nor had they ever had too much power.

Added to the assault on trade unionism was an increasing intolerance of any sort of deviant lifestyle or refusal to conform. Hippies, drop-outs, the unemployed the drug addicted the mentally ill, were all demonized. People who didn't conform were not to be understood or tolerated as they might previously have been. They were instead to be blamed, condemned and driven not just to the margins of society but out of it altogether. It was as if Thatcher had read and believed Marcuse's theories about the subversive and even revolutionary potential of these marginal groups and had determinedly set out to crush it. Even the poor were to be blamed for being too stupid or lazy to make any money.

In the 1990s, Thatcherism gave way to what claimed to be a Labour government. Oddly, it was led by a man who admired Thatcher and had succeeded in getting the

Labour party to all but sever its connection with the movement of organised labour which had given birth to it. Labour, we were always being told, was too influenced by the Unions. Given its history this was hardly surprising or unreasonable. But forgetting history is an important part of the social process we are dealing with here. Thus began a decade of soft Thatcherism; a deal done with the neo-liberal economic model, to help the rich get infinitely richer in exchange for a few redistributive measures that made some of the poor not quite so poor as they might otherwise have been. That paved the way for a renewed surge of neo-liberal economic policies further pushing back the gains made up to to the nineteen seventies, rolling back the welfare state and further entrenching the power of the owners and managers of capital in a way that is unlikely to be seriously eroded for another half century if ever.

Meanwhile the collapse of the Soviet Empire paved the way for the economic colonisation of Eastern Europe, and left the world largely devoid of any serious opposition to global capitalism. For fifty years, attempts at socialism in the third world had been met with military invasion, Western engineered coups and economic sanctions; but the existence of the USSR had at least provided the possibility of playing one super power off against the other and had occasionally offered a little independent space. Paradoxically, it was at a point when Arab Nationalism and African Socialism were more of less dead and buried, that a new dialectical anti-thesis to the West's global domination emerged. Desperate to defeat the Soviets in Afghanistan, the US had funded and supported the religious fundamentalists of the Mujahadeen who paved the way for the Taliban. They had also funded and supported Bin Laden thereby paving the way for Al Quaida. Political Islam, previously more or less confined to Iran, rapidly became a rallying point for anti-Western anti-Imperialist movements throughout the third world. It provided people who had largely lost hope with a new source of unity, resistance and a kind of hope.

Another source of hope, the election of 'Yes we can' Obama, has progressively withered away as he has first failed to push through his welfare reforms then failed to close Guantanamo, or to do anything about the abuse of his Wiki-leaks prisoner, and finally descended to the level of death-squad politics in having bin Laden killed when he might have been captured and put on trial. As in the case of Che Guevara,putting

guys like that in the dock can give them a platform, and that would be way too dangerous.

Fear and Loathing in the NHS

The NHS has never been perfect. Nye Bevan at its inception said that the price to be paid for universal healthcare was having to fill the doctors' mouths with gold. The virtue of the NHS has been its capacity to provide free health care to all the population. It's problem, like all such ventures, has been its development of a particular sort of establishment with its own paradigm and accompanying resistances to alternative approaches.

NHS psychiatry, like other forms of psychiatry (and social work too) has always embodied elements of social control and the policing of deviancy. The anti-psychiatry movement grew up in opposition to practices that were largely standard within NHS psychiatry. Yet there remained many opportunities for innovation within those same structures. Just as the power of the doctors (in this case psychiatrists) could be problematic and indeed oppressive, so too their freedom and autonomy allowed space for more radical and humane therapeutic initiatives like therapeutic communities, family therapy and group analysis.

Even as Thatcherism began the series of endless changes and re-organisations that have progressively stifled and disrupted therapeutic services, (supported by absurd claims and fantasies about cost cutting and increased efficiency when waste and inefficiency were rapidly becoming the order of the day) creative therapists still found space to practice creative therapy.

But gradually the creative space has been reduced as Blair followed Thatcher with the relentless logic, or illogic, of the marketplace, and the extraordinary claim that a health service that was affordable in 1948, was unsustainable half a century later. It's unaffordability is clearly a matter of changed priorities and the re-organisation of capitalism to re-channel resources towards profit and away from human need. The NHS has thus become squeezed by global political and economic forces, driving us

relentlessly towards private health care, while its staff are left largely helpless by the absence of any organised resistance.

Psychotherapists have traditionally found themselves allied to the political establishment. The juxtaposition of fantasy and reality, and the persistence of a medical model of health and pathology, make our theories prey to the forces (of the political mainstream) that define what is reality and normality and what is fantasy and pathology. Even radical therapeutic approaches have seldom embodied or supported radical political action or the politics of opposition. Without the traditions of organised opposition found in working class occupations like miners, railwaymen and engineers, or in middle-class professions like journalists and airline pilots, psychotherapists become sitting ducks in the modern NHS cost-cutting carve up. The threat of psychic death through loss of creative space has been compounded with survival anxiety induced by the threat of job loss. Will psychotherapists, and particularly group analysts survive in the NHS or indeed anywhere else?

Like rabbits trapped in the headlights of global capitalism, dazzling us through the NHS and the job market, we have started to freeze our own capacity to think. We have lost sight of the bigger picture and have become preoccupied with survival within the confines of our immediate situation. We rush to link our trainings with academic institutions in the hope that this will attract more students and give our training more credibility and make our graduates more employable. We fall in love with neuro-science because it plays a tune we want to hear, justifying our values and beliefs. We embrace something called ‘evidence based practice’ without asking any meaningful questions about the nature of the ‘evidence’ or the methodology by which it has been acquired, or about the ideological assumptions on which it is predicated. Instead we rush to find some sort of ‘evidence’ we might offer to justify our existence. We fail to note that justifying our existence may involve prostituting our art as a ‘better’ technology of social control than the thought-policing of CBT or the chemical and electrical coshes of old style psychiatry.

A major social function of mental health professionals has always been the policing of the boundary between the alleged sanity of the allegedly sane, and the alleged madness of those deemed mad. People who cause trouble on a small scale by hearing

voices telling them to jump in the river or attack passers by, or by trying to kill themselves because they are depressed, or kill others because they are angry, are to be diagnosed as mad. Those who caused trouble on a large scale, by bombing Cambodia almost into the stone age, are awarded the Nobel Peace Prize, and those who hear God telling them to invade Iraq at the cost of many thousands of lives became Peace Envoys to the Middle East. The majority of the population who tolerate and even subscribe to this madness have to be described as sane, while those who become disturbed by the madness of the world in which they live are assigned to some sort of diagnostic category. In this context, the label of 'borderline' may communicate more than is immediately apparent, particularly if we hear it with an analytic ear. The best therapeutic innovations of the era when it was still possible to innovate, tended to blur or to question the comfortable line between the healthy staff and the sick patients. Therapeutic communities were particularly notable for this, as were the more radical approaches to family therapy that saw how the professional helpers joined the problematic system to compound the problem. But now, the socio-political requirement is to police that boundary ever more vigorously. To insist that the world and its market forces are driven by sanity, reason and the love of democracy and freedom, that neo-liberalism is the only economic theory that works, and that insanity and unreason are the province of those who are clients of the mental health services, inmates of the prison system or political opponents of the new empire. The other problematic borders in the modern world, are those of the nation state, increasingly transcended by multi-national or transnational corporations and by the new empire's war on terror, but still vigorously enforced and defended against refugees.

GAS, BPD and MBT - The alphabet soup of Newspeak.

So we come to the 35th Foulkes Lecture and study day. The last one was bad news. Jane Campbell completely blurred the desperately needed distinction between the officially sane and the officially pathological. Worse still, she talked in Orwellian terms about the imposition of a modern 'Newspeak' through which thinking could be shaped, controlled and policed, and which was beginning to infiltrate not just the psychotherapeutic discourse within the NHS but possibly even group analysis. This, only a year after we had rediscovered 'AUTHORITY'. Clearly we had to be got back

on track, just as Thatcher had to get capitalism back on track after the crisis of democracy in the late 1960s. What could be better than the new approach to BPD? MBT!

This killed several birds with one stone. First it got the pathology back in the right place: Inside the heads of people with BPD. They are the ones incapable of thinking about their own feelings, how others might be feeling, how they might be making others feel etc. Our political leaders do not have BPD and of course demonstrate on a regular basis their capacity to understand how other peoples might be feeling. And of course, we psychotherapists don't have BPD because we can understand how everyone else feels can't we? Second, it gave us way of surviving in the harsh economic climate as providers of treatment for these problematic BPD guys who the NHS wants dealt with. Third, it gives us an 'evidence base' because neuro-science can definitively identify these BPDs and demonstrate how they get better when given the right treatment. Fourth, it enables us to covertly attack Foulkes and his 'make of it what you will' 'find your own way of doing it' version of group analysis which he left us with or abandoned us to. We can invent a group analysis that is a predictable rigid formula where the conductor behaves in a preprogrammed way: non-directive, unhelpful, withholding, overusing metaphor and interpretations of unconscious process etc., which we can then 'prove' in a scientific study, does not work with BPD clients. Half of us would love Foulkes to have made GA that easy, rigid and predictable and half of us would have hated it and know deep down that GA isn't like that at all. Fifth, it enables us to pretend that we're being very daring and adventurous and moving with the times in considering changing the way we work and modifying group analysis, when in fact we're running scared in a world that's moving way too fast for us and we're desperately looking for a safe place to shelter.

Prevailed on to perform the opening of all this on the Friday evening was Sigmund Karterud. He had only recently produced a fascinating article on narcissism as a group rather than individual phenomenon, to be discovered in the matrix rather than the individual mind: A classic piece of group analysis with interesting political implications. But this time he was telling us of an experiment that showed MBT working better for BDPs than group analysis.

The following morning Erica Burman elegantly deconstructed the myth of scientific objectivity, highlighting the degree of subjectivity involved in interpreting 'scientific' data, and problematising much of the neuro-science with which we have so recently fallen in love. She was rehearsing some of the epistemological problems widely discussed in the fashionable circles of Family Therapy thirty years ago when it became known that 'scientists' in the early twentieth century, (particle physicists to be precise,) had discovered that the findings of an experiment are largely determined by the experimental process, and that the act of observing affects what is observed. It was a contribution that might have refocussed the day, but Erica had to leave at lunchtime, and the problems she raised seemed soon to be forgotten.

It also appeared that a great deal of group analytic history had also been forgotten: Robin Skynner's pioneering work in Family Therapy, (regarded by Foulkes as a branch of Group Analysis, Pat de Mare's development of the idea of dialogue in the large group, Mario Marrone's experimentation with psycho-drama in analytic groups,) Colin James' use of encounter group techniques. We were presented instead with a stereotype of traditional group analytic practice that bore little relation to the actual history and tradition of group analysis.

The purpose of the small group seemed to be to focus on MBT, rather than to allow the emergence of the unconscious anxieties that might underlie the more obvious conscious concerns. It seemed that a good deal of appropriate anger about the assault on analytic psychotherapy in the NHS was either repressed or displaced into dissatisfaction with group analysis. There were also hints of the borderlines between the different training institutions and their relative status, which might also be reflected in the job market as well as in GAS.

The large group began with the question from one of those assembled, '"What is the purpose of the group?" In the group analytic tradition, such a question is frequently understood as a communication of anxiety, usually to be met by questions such as, "What possibilities do you have in mind?" or, "What do you want it to be?" The initial question is part of the modern wish to know where the journey ends before it is begun. It is similar to the need to know the outcome of psychotherapy before it starts, so that the success in controlling the outcome can then be measured. It's a bit like

wanting to know the purpose and intended outcome of friendship, marriage, or any other area of life with a high potential for triumph or disaster, pain or pleasure, comedy or tragedy.

The convener, true to the new desire for a more concrete approach, replied that the purpose of the group was to have a dialogue, and talked in de Marean terms about the potential of the large group for intelligent discussion. That was all that was needed to provide an intellectual defence against further anxiety and the way was paved for the group to become a sort of clinical seminar on what to do with BPDs and the value of manuals, and mentalisation. Not much chance to consider the emergence of the social unconscious and the development of micro-cultures which are supposed to be part of the de Marean conception of dialogue. It was not the most creative large group I can remember sitting in. But if we're going to do everything by manual, then I guess the idea of an unconscious will become rather unfashionable along with creative intercourse.

A Kleinian colleague, reflecting recently on the dilemma of whether to continue as a psychotherapist in the NHS or give up and leave, suggested there may be nothing to do but 'stay and hate.' Amid all the gloom, anxiety, despondency and hopelessness, it had a refreshing note of defiance, combined with an intellectual and emotional honesty. It has echoes of the rage displayed by so called BPDs and of course by Al Quaida, allegedly. Perhaps if Bin Laden had been captured and put on trial we would have learned more about the rage against the empire. Perhaps we could even learn something from the BPDs that's not already in the manual. Alternatively we can give up on the Frankfurt tradition of socio-historical analysis and indeed on the Freudian tradition of asking uncomfortable questions about the unconscious and leap instead into the manualised arms of Bateman and Fonagy. It will be interesting to see what we do.

(Inevitably, the above is written from a significantly UK perspective which I hope is not without significance and meaning for other parts of the GAS community.)

Dick Blackwell

July 2011

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Reflections on the 35th Foulkes Lecture and Study Day 2011 Constructing and Mentalizing the Matrix by Sigmund Karterud Discussions by Erica Burman, Anne Lindhardt, Oyvind Urnes and Discussion Groups

In my opinion, it has been a very interesting, thoughtful and useful scientific event. Why?

1 - Because it became clear once more that we should aim at conceptualizing in a transparent way what Group Analysis is all about and how we work as Group Analysts. What is essential and what can we modify in GA?

Is Mentalization a concept to be incorporated in "classical GA" or isn't it compatible, being useful just for Applied GA for Personality Disorders or to Borderline Structures on the low border of the BL spectrum?

And what is a "classical GA"? Are we all sure to know this?

2 – It triggered some reactions against Mentalization.

Some of us are afraid that Mentalization may acquire too much importance in the whole theory and practice of Group Analysis. Some said: "there's nothing new in the conference. We have used Mentalization for ages".

I must say: yes it's true but it has not been isolated as an important concept, a form of communication, necessary for free floating discussion, interpretation, insight, only to summarize. I also think that there's some confusion between Mentalization and Evidence based research.

In my opinion, Mentalization is a complex concept having links with the importance of K (Bion). It seems to me that there are similarities with the reactions towards Bion's conceptualization and towards Mentalization: many analysts are afraid that both may convey too much intellectualization and rationalization into the analytic processes.

3 – Sigmund Karterud told us that in his recent research with patients with severe borderline personality structure (Kernberg), groups were not enough to treat those people. It is necessary to combine groups with individual psychotherapy. I know that many of us treat people in the National Health Services for ages, combining these two settings. By the way, what do we mean exactly by combined therapy – simultaneously or on a sequent basis? I worked in a Day Hospital in Lisbon for more than 35 years and not any of the individuals with responsibility for it ever decided that one could work just with groups. With Karterud's research it becomes slightly different, I think: we should not solely use groups to treat severe patients. Moreover aren't there consequences to the treatment of less severe patients? Aren't there consequences to our training? Shouldn't we need some time in an individual setting before we can integrate a GA group?

And what about Psychoanalysis and Individual Psychoanalytic Psychotherapy? Is it possible to treat/heal just in an individual setting? Wouldn't it be fundamental to have a peer experience in a Group Analytic group in order to acquire insight in certain areas of our personality?

Well: Thank you Sigmund and All for having permitted an open minded discussion!!!!

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35th Foulkes Lecture: The Matrix

As I am no member of your society, nor a psychoanalyst I had two main reasons though to attend this year's Foulkes Lecture.

In my clinical work I have always been convinced that group experiences should play a greater role in the healing processes in mental crisis. This made me take part in Balint Groups, in a lengthy Psychodrama training, in developing an own group format for psychiatric inpatients (life-events–groups) and has left me with a childlike curiosity about the group process.

It also led me to study alternative models of the complex architecture of mental health and structural aspects of psychopathology - creating a 'Matrix of mental Formation' which I presented at the International Conference on Philosophy and Psychiatry in Leiden/NL in 2006. The focus of this research has been the impact of 'symbolic formation' on the make-up of human consciousness – building on the studies of philosopher Ernst Cassirer, Neurologist Kurt Goldstein and Psychologist Kurt Lewin (www.Neurosemiotics.com).

This is why I was especially interested in the presentation of Sigmund Karterud and the contribution of Peter Fonagy about the 'mentalization concept'.

I had been contacted in 2009 already by Dieter Nitzgen, Chair of your scientific committee, who made me aware of the historical links between my research and Foulkes theory of Group analysis, mainly his connection to Kurt Goldstein and Cassirer's obvious influence on Foulkes philosophical approach. This all came as a surprise to me, as I knew nothing of Foulkes before, despite his historical links with

the Maudsley where I am working now. Dieter also alerted me to the striking resemblance between my own 'Matrix'-Model and Foulkes' Matrix concept which since then has grasped my attention.

I was impressed by Karterud's Lecture which combines extensive clinical knowledge with his research approach but I would have loved a more controversial discussion about Fonagy's contribution. He already has a bit of a Guru status despite the fact that some of his widely distributed theses are not so very convincing.

I would love to see his mentalization project reconnected to the historical roots of symbolic research; less dependant from the mirror-neuron-ideology which will not stand the test of time. I'd love to find it less intensively intertwined with childhood experiences only, but focussing on the emerging and changing complexity of symbolization as an ever present process. Symbolising does not just start from a third-person–perspective on but takes hold already in magic and mythic (ambivalent) stages of the subject albeit carried by the complexity of the corresponding group.

As early as the 1950es Leontjew has been describing 'Gestalt-building' by symbolic formation as a ‚mechanism of building mechanisms'. Saporoshez (1958) pointed out that animal behaviour never relies on a proper usage of tools, and that typical copying activities in small children (Echokinesis, -mimie, -lalie) come to a close early into their second year. It is then regularly replaced by 'copying' provided patterns, which are determined by a special form of copying activity (Nachahmungshandlungen).Their process of emergence is not fostered by a rewarding stimulus but by the unification of the child's own activity with its imagined purpose. This clearly contradicts a mirror neuron approach, suggesting instead that the early exhausting practice of storing sequences of outside experience gets replaced by a coding exercise via ever more complex categorization.

It was good to meet a few colleagues and the wellcoming atmosphere fostered a lively discussion with members of the Society previously unknown to me. During the lectures on Saturday and through all discussions there was an openness to include wider political implications, which I appreciated very much.

I really enjoyed working in the small groups – an experience I had missed for several years. The exchanges were open, direct, sometimes confrontational, very honest and enlightening for me. Food was brilliant. The party afterwards relaxing and full of good humour. I exchanged a lot of addresses and have been in contact and discussion with some Society members since. The whole conference was food for thought and a motivation to bring more group practice into life in clinical settings.

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For Malcolm Pines – 85 Years: A Memory And a Reflection on the Large Group

It is a privilege and an honour to write this piece for Malcolm Pines' 85th year. There are many reasons to honour the significant work and contributions of Malcolm Pines to the field of Group Analysis. Indeed, a stand out for me is his pioneering contribution toward the Large Group and its evolving place in our world. Today, the study of the Large Group could not be more relevant. We live in a global world. We are at a place where our understanding of each other, in all of our diversity, is critical, for how we continue to survive, with the tensions, conflicts and threats in which we are embedded. In my view, the Large Group offers a real possibility for greater

understanding and communication across the myriad barriers, boundaries and spaces in our communities and in the world.

Malcolm Pines has written extensively and prolifically on the Large Group. He has helped to develop and to clarify the importance and use of the Large Group in various settings, He is a contributor to at least two edited volumes, exclusively on the Large Group: The Large Group: Dynamics and Therapy, edited by Lionel Kreeger (1975) and The Large Group Re-Visited: the Herd, Primal Horde, Crowds and Masses, edited by Stanley Schneider and Haim Weinberg, Foreword by Malcolm Pines (2003).

Malcolm Pines along with Meg Sharpe brought the Large Group to the American Group Psychotherapy Annual Meeting Conference in the early 90's. It was the first time it was held at the Conference. Introducing the Large Group into the culture of the AGPA was an experiment and a risk in and of itself. The AGPA has its own culture. The Large Group was met with a wide variety of feelings pro and con; there were many reservations, but also curiosity and some excitement. For international folks, the Large Group had already found its place in those years, but for most of us in the USA, except for the AK Rice Institute and the Systems Centred Training of Yvonne Agazarian, the Large Group in a conference setting was unknown.

I participated in this first Large Group at the AGPA. It was held at 7:30 am each day of the conference, not the most popular time. I was stunned and excited by the number of folks who found their way to these sessions at the early hour, maybe 150 people came and the number continued to grow each day in this, what felt like, a 'strange new world'. First, I will report my personal experience and then will offer some commentary on the value of the experience of Large Group at educational conferences.

Listening to the single voices speaking across the space of chairs, that were formed in concentric circles, where there was distance, little eye contact, and members making no connections with each other, I immediately began to feel a sense of alienation and isolation. "Who are these people"?, even though I know some of them quite well, and "what am I doing here"?, were the questions that came to mind. I also experienced 'unformulated' random fears. I tried to listen, but kept feeling, adrift, alone and more

anxious. I wanted to leave and get out of the experience for all of this discomfort, but was also having a "no exit" feeling, of, 'I could not leave'. The AGPA was a safe place for me, so how was I feeling so isolated and fearful in this space? I came to learn later that these are common feelings in the beginning of a large group. Haim Weinberg (2003) says that the large group is not a small group; its aim is to explore societal and organizational dynamics as opposed to cohesion and intimacy in the small group (p. 16). Pierre Turquet (1975) talked about the threats to identity in the LG and the boundary between individual membership and membership individual, the struggle to self-actualize, to keep oneself in the group (p. 124).

In that first LG at AGPA, I remember looking for Malcolm Pines whom I had met. I had been impressed by his work in groups, but here he felt larger than life and I could not take much comfort seeing him so far across the space. As I recall the experience, in disconnected and random voices, isolated members spoke about feelings of alienation, estrangement and feeling on the outside looking in, on an inside group. Eventually, I heard Malcolm's voice; he was making a connection between using the experience in the room to parallels in the organization or the larger society where one can feel marginalized or like an outsider. I realized much later how remarkable his intervention was.

Hearing this, a very strong and powerful memory arose in me. My heart started pounding so hard I could hardly bear it. I felt that if I did not speak I might fall apart. I was experiencing fragmentation anxiety, again, a later insight, but profound and terrifying at that moment, feelings I had never experienced in a group before. As an aside, since this time, my heart pounding has always been a key index for me for speaking. It has the feel that in order to survive the situation I 'have' to give voice to whatever it is that is in me. To go on, the memory I had in the LG was from early childhood when I was about 7. My brothers and sisters and I were getting ready to go to school. It had started to snow and boots or overshoes were needed. I grew up in a small impoverished, post World War II town, in the Catskill Mountains of New York State. My father was a grocer. We all wore 'hand me downs". We were poor. In this situation, I was given an old pair of my brother's boots, which were boy's black, buckled boots, not boots for a girl, as far as I was concerned. Objecting was not an option. I felt ashamed and embarrassed and hoped I could get to school without being

seen. Later in that day at recess, as luck, for its lesson, would have it, the girls were being divided for teams by the colour of our boots. I was singled out and, with one other girl, named Carol, made fun of and mocked. Maybe I learned then that in' being poor', it is easiest to pick on others or to 'pass on', the feeling of being rejected and/or dejected.

This is the memory I gave voice to in the LG that day as I was feeling isolated and alienated there; it was quite powerful to speak out of my feelings. In the scheme of real issues of deprivation in the world, it is minor, but affectively, it got me to the experience of feeling marginalized and 'other'. My speaking did not feel like much of a choice. I believe I moved from 'membership individual', speaking for others in the group as well, to 'individual member', speaking for myself (Turquet, 1975, p. 119). I can still feel that as I was sitting on the margin, in the outer ring, lost in the crowd, as I spoke, I began to feel some ineffable relief. Others did not necessarily join with what I said, but I could begin to hear and feel the other voices. There and then, I went from the experience of feeling fragmentation anxiety to reintegration and containment (Segalla, 1996, p. 259). I began to feel that I could belong in the community that the large group offered. I eagerly looked forward to attending the remaining sessions. I was excited and challenged by this new process. Clearly, for me, a positive transference to the large group was established. It felt like a place for growth on a different level.

Pines (2003) wrote about the occasion of introducing the large group culture into organizations in the USA, AGPA, specifically, in a chapter titled, "Large Groups and Culture", in the book, The Large Group Re-Visited: The Herd, Primal Horde, Crowds and Masses, he said, "Delegates (members) were attracted to a situation which encouraged free speech, discussion of conference dynamics and the exploration of what, for the majority of attendees, was a new dimension of group experience…The sustained popularity of these events led to the AGPA instituting a large group….section to their organization (Storck SIG)" (p. 53). Pines (2003) further posited that large groups can "provide opportunities for understanding powerful social constraints relating to authority, organizational dynamics and personal responsibility (p.56). I believe, along with others, that those days in the AGPA, offering a large group was the beginning of some changes for the organization as well, i.e., a different

forum, from the standard business/community meeting, for members to speak more openly. Kudos go to Pines and Sharpe for persisting in the proposal process to get the Large Group into the AGPA.

After my experience in the large group at the AGPA, I realized I needed the large group experience. It had tapped into a well of feelings in me that I began to understand on a much deeper level, around issues, such as self-actualization, threats to identity, even the potential terrorist in me and in us. As a group therapist and group relations professional, it became clear, after promoting and participating in a large group study group at the Washington School of Psychiatry, that the large group was and is a crucial format to continue to study, learn and hold at conference events. In an article, I co-authored with Michael Stiers (2008) on "The Large Group and the Organizational Unconscious", we propose, "Large groups, as differentiated from small groups, import a wide array of contextual and societal issues. Although much of the contextual data brought into large groups have not been formulated by the members entering the group, the dialogic process of the large group event can bring previously unconscious material into awareness" (p. 252).

At the Washington School of Psychiatry under the leadership of Marvin Skolnick, later followed by Lamis Jarrar, we formed a Large Group team that has worked together for the last 15 years at the National Group Psychotherapy Institute. We have learned to work in a community oriented way, to understand and speak to the sectors of the large group that are either spoken or silenced. There are 3 to 5 active consultants, depending on the number of conference participants. As the conference progresses, after each large group, we meet as a team to share associations, concerns and feelings, about what we are holding within us, with each other. Our observer(s) of the large group, 1 or 2, participate in this process. They, at first observe the teamwork and then are invited in make observations. We work on developing cohesion and trust in our team in order to do the work of the large group. It is an illuminating and, at times, an intense process, which informs the complex issues which are below the surface of the large group and of the conference.

Malcolm Pines was invited as a guest presenter to our early conferences. He worked with and inspired our large group consulting team, helping us to develop our model.

Patrick de Mare, another outstanding contributor to our understanding of large and median groups, came early on to WSP, as well, as we were developing our model. We stand on the shoulders and honour these group innovators; we owe them a debt of gratitude.

Conclusion

Malcolm Pines is indeed one of the pioneers who brought the Large Group to the USA. I have attempted to illustrate, with a personal example, the role he played along with Meg Sharpe in developing the Large Group at the American Group Psychotherapy Annual Meeting Conference. I also discussed the value the Large Group has in two educational settings, the AGPA and the Washington School of Psychiatry. Finally, beyond the Large Group, I would like to pay tribute to Malcolm Pines as a world renowned authority, teacher and prodigious contributor to our body of knowledge and literature on analytic group psychotherapy.

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References

Pines, M. (2003). Large groups and culture. In S. Schneider & H. Weinberg (Eds.),†The large group revisited: The herd, primal horde, crowds and masses†(pp. 44-57). London: Jessica Kingsley.

Segalla, R. (1996). The unbearable embeddedness of being: Self psychology, intersubjectivity, and large group experiences. Group, 20, 257-271.

Stiers, M., & Dluhy, M. (2008). The Large group and the organizational unconsciousness. Group, 34, 251-260.

Turquet, P. (1975). Threats to identity in the large group. In L. Kreeger (Ed.),†The large group: Dynamics and theory†(pp. 87-144). London: Karnac.

Weinberg, H. & Schneider, S. (2003). Introduction: background, structure, and dynamics of the large group. In S. Schneider & H. Weinberg (Eds.),†The large group revisited: The herd, primal horde, crowds, and masses†(pp. 13-26). London: Jessica Kingsley.

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1975 Paper on the London Congress

Psychoanalysis is 80 years old as Miss Anna Freud reminded us when she spoke at the 29th International Congress of Psychoanalysis which was held in London last July. Miss Freud too celebrated her 80th birthday last year so that her life-span coincides with that of the new psychology to which her father's genius gave birth.

The central theme of the Congress was "Changing approaches to psychoanalytical experience and practice". Why should development in psychoanalysis interest people other than professionals, in mental health and illness? After all there are only some 300 psychoanalysts in this country and most of them live and work in London; psychoanalysis is a lengthy, expensive, difficult form of training and therapy, difficult both for analyst and analysand; it is bought privately.

Well, whether or not any one of my listeners has ever had any direct contact with psychoanalysis, indirectly our lives have all been influenced by its findings. The way we rear and educate our children, regard family relationships, treat the sick and deviant members of our society are, like it or not, consciously and unconsciously affected by psychoanalytic ideas because what our psychiatrists, social workers and teachers learn about child development, family relationships, health and illness is, to a

greater or lesser extent, psychoanalytically orientated. It is in this way that developments in psychoanalysis percolate through to the general population through its influence on the training and practice of those to whom we collectively, as a society, delegate the function and responsibility for caring for the sick.

Psychoanalysts congregate together every other year. As Freud put it in a letter to his beloved but wild disciple, George Groddeck: "Dear Dr. Groddeck "There is one trait in your character which annoys me and which I would love to influence, although I realise that I wouldn't get very far. I am sorry that you try to erect a wall between yourself and the other lions in the Congress menagerie. It is difficult to practice psychoanalysis in isolation; it is an exquisitely sociable enterprise. It would be so much nicer if we all roared or howled in chorus and in the same rhythm, instead of each one growling to himself in his corner. You know how much store I set by your personal sympathy, but it is time that you transferred some of it to the others. It could only benefit psychoanalysis."

Through these congresses innovation and change diffuse through the international community of psychoanalysts, for national and cultural factors do seem to influence developments in local communities of psychoanalysts. Here in England we have two very influential sets of theories and practices, one of which is often referred to as the English school though in fact it refers largely to the work of Melanie Klein and her followers who through their workers child analysts elucidated some important facts about the emotional development of infants and their relationship to breakdown of emotional stability in later life. The other centres around Anna Freud and is much closer to the mainstream of psychoanalytic theory and practice.

Over 1500 analysts and their guests gathered in the vast hall of Grosvenor House to hear the opening pair of "dialogue" papers designed to present different points of view on this theme. The spokesman of the change was Andre Green, a pipe smoking Anglophile Frenchman; the so-called traditionalist was the forceful and prestigious Leo Rangell, American, former president of the International Psychoanalytical Association.

Now just this juxtaposition of speakers is notable. For the American contribution to psychoanalysis has been great. There are more analytic training institutes and more analysts in North America then in any other country. Many European analysts made their new homes there in the 1930s and 40s and this gave a tremendous impetus to an already well-established psychoanalytic community. The broad scope of the Viennese analysis was expounded, developed and defended against the proliferation of home-grown schools of dynamically orientated psychotherapy which seemed to downgrade the importance of early childhood experiences by emphasising the importance of the present-day relationships of the patient. Eventually a creative resolution of this dialectic emerged and a survey of current American psychoanalysts will show the liveliness, seriousness and great scope of what has been achieved.

French psychoanalysis on the other hand is not well known in the countries of the English language communities. The analytic literature in English is already so vast and rich that the challenge of reading another tongue and of comprehending it idiom seems daunting; the formidable intelligence and complex thoughts natural to the French intellectuals makes the effort even greater. A glance at the references to the pre-published opening papers was revealing. Andre Green's paper, complex, erudite, dedicated to the memory of Donald Winnicott, a great original British pioneer in child analysis, contained over 150 references. Three fifths of these were to French and British writings and the 35 French references were mostly to un-translated work. Rangell's 60 references, apart from those to Freud and other classic analysts, were entirely to American work. Only 11 of the combined total 200 references were to the same authors. It was clear just from this that that the speakers, equally versed in the basic work of Freud and of the classic analysts, have since travelled very different paths.

Rangell's paper is much the easier to summarise; his points are strongly and clearly made. Green, complex, fascinating, at times startlingly novel, almost defies the attempt. I will begin with Green. In his view changes in the field of psychoanalysis can be regarded either objectively or subjectively. By the objective approach he means a study of the patient "in himself", his mind, his psychic life, as it were in isolation. This is what was described by John Rickman, a British analyst, as "one body psychology". Green quickly abandons this enterprise in favour of the

"subjective" approach where he looks at the psychic reality of the analytic situation as experienced by the psychoanalyst; for nowadays an analyst hears and reacts to different things in his patient and himself; what he hears now once was inaudible. He tries to fill in the gaps, those inside the patient's mind, between his experiences and his communications. Green focuses on the analysts experience with what he calls our "more difficult patients", those whose incapacity to understand and communicate their mental experiences are such that the analyst has, as it were, to try to do it for them, in contrast to neurotic patients who, nowadays are seen almost as "normal", for though they need a certain amount of help from the analyst, nevertheless they do have the capacity for unaided development. They can use help and do not get lost in the process of being helped; though "mixed up" in themselves they do not get inextricably mixed up with the analyst. They quickly adapt to the strangeness of the analytic situation, attach this strangeness to the person of the analyst and then this becomes part of the work of analysing the transference situation that is the relationship they develop with him. Green suggests that, consequently, any one analyst could almost be replaced by any other analyst in the process of treating these patients, for the same processes will fairly reliably take p1ace.

This strangeness that Green refers to, arises from the basic framework, the setting of psychoanalysis, which consists of the patient lying down on the couch, not seeing the analyst; he is asked to free associate; the analyst is relatively silent apart from his interpretations; sessions are frequent and regular but strict limits of tine and personal contact are imposed. These conditions, this setting, act as the silent support to the process of psychic development that takes place in a good analysis. Analysts have come to recognise how vital the role of this setting is through the negative experiences of working with patients for whom it does not offer support; rather it awakens terror, rage, suspicion, or worst of all, a dreadful threat of nothingness, as if it were like a "black hole" of psychic antimatter. Green suggests that our attempts to cope with the experiences of these patients represent the greatest progress of analysis in the past 20 years. Here the analyst can only enter into the patient's world by acts of imagination, so strange and different is it to the world with which he is familiar. Like Alice he has to pass through the looking glass into a world where the familiar cannot be taken for granted- such as that two separate persons are in a relationship in a situation of treatment; instead it feels as if both analyst and patient have lost firm

grasp of psychic reality and thereby experience tension, confusion and terror. The patient may seem to have no thoughts that he can communicate. The analyst has to try to find the thoughts that the patient has not the capacity to form and which therefore he cannot find. Here we are in the realm of the inchoate, of primitive chaos that has not yet been bound into forms such as thought or into recognisable images.

Green reintroduces us to the original definition of a symbol, as an "object cut into two constituting a sign of recognition when those who carry it can assemble the two pieces" and asks, is this not what happens in the analytic setting? The analyst has to do most of the work in finding the missing part that, when found, makes a recognisable whole for his patient who can now recognise that he has been having a mental experience, a thought, a wish, a fantasy. Analytic work with neurotic patients unveils hidden meanings; with these other patients the analyst constructs a meaning that was not there before the analytic relationship began. As Green puts it in his own terms the analyst forms an "absent" meaning

The word absence features in the title of Green's paper which is called "The Analyst, Symbolisation and Absence in the Analytic Setting" and he tries to construct a framework for understanding the meaning of absence (incidentally the concept of absence does not appear at all in Rangell's paper). He describes absence as an intermediary situation between presence and loss, a kind of potential presence. For instance, can a father be totally absent from the relationship between mother and child, even if he is hated or unwanted by the mother; must not the concept of father be always present somewhere in the mother's unconscious? In a sense he comes into the space of the relationship between mother and child as it develops. Thus the mother/child relationship is not solely a relationship of two persons, however much it looks it. Donald Winnicott used to say that there is no such thing as a baby, meaning by this that you never see a baby really on its own for there is always either a mother or a symbol of her presence, such as a pram, a cot or some other caretaking person or object. Psychologically and biologically there is no such thing as a baby alone in an unsupported environment, for alone it cannot survive. Green now extends this notion to the idea that there is no such thing as the mother/child couple, for in the distance between them, is the absent presence of the father; a couple can only see themselves

by looking in a mirror; a father mirrors the mother/child couple, confirms their existence to themselves. Without this mirror we are all in Alice's world.

Green seems to say that the act of verbalisation performs this same mirroring function. Putting things into words establishes a distance between oneself and is talking about, and gives us the ability to reflect upon our thoughts, feelings and relationships; it is deeply and basically linked to the way that the presence of the father reflects the mother/child relationship. The very act of verbalisation in analysis reintroduces and asserts the potential presence of the absent father and thereby counters the threat that patient and therapist, like mother and child, could fuse together psychologically and lose their separateness, reverting thereby to the most primitive and early stages of infancy.

In the final section of his paper Green again refers to absence this time positively as a potential psychic space, a playground where thoughts can develop: he suggests that for some people what analysis does is to establish the capacity to be alone in the presence of another, the analyst, in a solitude-like play of thought and imagination. He ends with an apology; analysts, he asserts, need to be creative to the limits of their abilities and to meet the challenge presented by these difficult patients, whose problems in contrast to neurotic patients whose conflicts lie in the realm of the unacceptable wish, are in the area of the annihilation of their undeveloped capacity for thought; they stimulate us to create theories that are best regarded as approximations to scientific proof, as analogues.

Green introduces us to ways of thinking which characterise contemporary French psychoanalysis where the notions of space, distance and time, once playgrounds of philosophy and literature, are being explored. Let us now go on to Rangell's counter statement of his position as regards psychoanalysis and the process of change.

Into the playground of psychoanalytic ideas Rangell introduces a different element, a language that contrasts markedly with that of Green. I cannot help noting the cut and thrust of his assertions, the way he aims at the bull's-eye of truth, his launch from the platform of secure knowledge into the orbit of new ideas; appreciation of where we

stand now, he asserts, gives a firm anchor, a safety bar of secure knowledge. All these phrases appear in his text.

Rangell argues that the mainstream of psychoanalysis has changed naturally and steadily over time and that much has changed in what we see, because the way in which we look, our analytic perspective, has changed, but that though patients may now present very differently on the surface, these changes do not go more than skin deep for man only changes his basic nature in a slow, evolutionary sense. That aspect of our personalities that is most labile and changes with the times is what psychoanalysts called the superego, the conscience and moral aspects of personality, because what influences its make up is the culture, the social group, transmitted through parental influences. Defences of the ego that control access to the unconscious and prevent it from breaking through into consciousness remain much the same, though egos capacities' ways of handling themselves alter and new styles are achieved, in the way that physical capacities may improve from generation to generation. The instinctual basis of mans makeup, the id of psychoanalysis, alters the least. Though Rangell reasserts fundamental findings of clinical psychoanalysis, which he terms the facts of repression, the meaning of anxiety, the workings of the unconscious, he considers that psychoanalytic theory has in its continuous evolution both expanded as new points of view emerge and simultaneously slimmed and pared down for, as he put it, completeness was required but elegance sought. Advance, however, is never steady; there are groups of analysts who, no different in their collective behaviour from that of any other group, will jump on to bandwagons; honeymoon periods of irrationality, are then followed by quick and bitter splits.

Like Aladdin we are prepared to buy "new lamps for old" from the vendor of new ideas: one danger that he sees from the intellectual history of new theory being used to replace the old rather than adding to it. Thus, instead of a continuum of theory there is often an unnecessary opposition of dualities. Thus proponents of the importance of the earliest periods of life are opposed to those who hold to the classical oedipal position; similarly the duality between those who assert the influence of the outer versus the inner world or of the ego versus the id. Rangell reasserts that psychoanalysis is based upon the methods of free association to an objectively listening analyst; he amplifies this psychoanalytic situation in a striking phrase: "a

firmly anchored position at an optimum distance from its object of observation, not part of its culture but not out of it was the platform from which Freud launched his original trust into a new level of human knowledge". Where Rangell sees psychoanalysis moving is into two new areas, currents of human life untouched by it until now. As an American he is very concerned with the revelations of the Nixon era and the Watergate affair, which he terms the area of ego-superego conflicts in as much as they enter into the character traits of integrity which, as the Watergate investigation has shown, are so often compromised. Analysis should concern itself as a science with the study of morals. Selfishness, egotism, ambition, power, opportunism are socio-psychological traits of Western man and play a large part in his disturbed social life; they have the same peremptory urges nowadays in some people as in the instinctual drives of sexuality and aggression. "Power, a force with malevolence in modern life, finds its way into the psychoanalytical orbit". We should face the complex problems of responsibility and accountability of choice, decision, action which have so far been somewhat neglected in our theory and practice.

Rangell sees little need to revise the basic structure of psychoanalytic theory as new data can be assimilated without introducing completely new categories. The fact that little children have been shown to have a genital phase of development with its associated anxieties as early as 18 months now sheds new light on early development but confirms rather than refutes already established theories.

The differences between our protagonists must seem very clear. They do not speak the same language. The changes in psychoanalytic theory that they present for our consideration are very different ones. Rangell referred to the actions and decisions of men and women in a world where integrity can be compromised by decisions motivated by pathological character traits of ambition and power. Green's focus of interest is in the deeper exploration of those areas of our patients' mental life and of our own where communication seem scarcely possible, where the symbols have to be created for the patient to be able to grasp the meaning of some vital area of his own experience. These positions must be at the very edges of the continuum that Rangell advocates, or does it represent the duality which he deplores? Is this the "subjective" versus the "objective" viewpoint that Green described? Is this a healthy growth of theory or is the polarisation and fragmentation that Rangell warns us about? Is a

synthesis possible of the experience derived from exploration of psychic depths by the naked analyst diving into deep and dangerous waters equipped solely with his belief that some sense can be made of the chaos that surrounds him, and experience derived from the actions of the psychic astronaut sitting in front of a complex array of instruments that monitors the atmosphere that passes through his psychic apparatus?

I will present aspects of two attempts at syntheses, or at least of clarification of these two positions. The first Miss Anna Freud who, with justifiable pride and accuracy, said that she had the advantage in speaking of the history of psychoanalysis, that she had experienced the greater part of it in her own lifetime. Miss Freud has the great gift of pellucid summary which she again applied to the two papers. She asked, do not Green and others like him, attempt the previously impossible task of transporting into the patient's mind the understanding that the analyst has arrived at, for the patient has regressed to such early modes of mental functioning, characteristic of the earliest stages of life, that he is not capable of making use of his own mind or his own understanding. It is as if patient and analyst have formed a relationship close to the mother/ child relationship of infancy, a situation where it is in the nature of things incumbent upon the mother to think and to act on behalf of a child and to fulfil his natural needs and wishes. By contrast the analytic method is based upon frustration, not gratification, of infantile wishes, which have to be analysed. Can analysis be effective where the rational attempts of the ego and of the analyst do not really penetrate? Effective methods may be far from our present methods. Hereforeto analytic theory and experience have gone more less hand-in-hand, for a greater understanding has usually led to more effective therapy, to the application of the psychoanalytic method to new fields such as child analysis, character analysis, to delinquency and psychosis. Perhaps, Miss Freud suggests, we have reached a position where our increasing knowledge will not lead to greater therapeutic effectiveness. The disturbances that we are dealing with have arisen on the basis of what Michael Balint termed the "basic fault" where certain basic structures of the personality have not been established as the environmental conditions needed for building them up, principally the good relationship during the child's first year of life, have not existed. Nowadays we can increasingly make a distinction between neurotic disturbances, where growth has proceeded even though distorted by neurotic processes, and other types of illness where development has been arrested or deficient. The big question is how does one

cure basic faults? Miss Freud suggests that we are on surer ground if we use our increasing knowledge to prevent basic faults rather than trying to cure them.

The other spokesman the synthesis was Dr. Weinshel who gave a summing up of the Congress. He contrasted Rangell's attention to the ego and its functions with Green's attention to contents of containment, space and absence. To him this contrast reflects more than stylistic and linguistic differences. They are different conceptualisations of psychoanalytical theory and theorising. For Rangell patients are essentially the same as they have been in the past. For Green they are not. Green moves towards psychosis as the basic implicit model of neurosis and perversion whereas Rangell holds to the classic non-psychotic model.

Weinshel see psychoanalysis moving more into the area of the very early disorders where problems relate more to aggression than to sexuality, and where this aggression is met in its more archaic and primitive forms. We are becoming relatively less objective in deciding who can be helped by analysis, the decision rests more on the individual inclination, temperament and theoretical orientation of the analyst. Our models of treatment in dealing with these problems can no longer be the model that best suited the psychoneuroses and which evolved from our experiences with them. These patients have had very real problems with their mothers early on in life and for them the real relationship with the analyst is vital; he may need to be more involved in the patient's current life and cannot remain only the detached observer of intra-psychic struggle. So far, he seemed sympathetic to Green's approach.

Dr . Weinshel admitted that we cannot predict the direction that psychoanalysis will take. Perhaps the traditional focus of work with psychoneurotic patients using the traditional model of therapy will eventually become a historical relic or perhaps a special form of treatment, limited to a very select group of patients. Perhaps there will be a reversal of current trends and therefore a return to the more classic neurotic pathology in matters of treatment. I think that if he were a betting man he would be laying a two-way bet.

For my own part, I believe that we will continue to re-examine the basis of psychoanalytic theory, the models upon which it is based, their relationship to our

clinical experience and, in a broader sense, the models of man and of his mind upon which they are ultimately understanding the complex psychic life of individual persons will endure but that much of our theory will change, as change it must, lest psychoanalysis become isolated within the study and understanding of human experience. After all it was Freud who at the end of a paper, quoting Goethe, wrote "my worthy friend, grey is all theory, and green alone life's golden tree."

Malcolm Pines

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The Context of Public Service "Reforms" in Westernised Democracies: Part 2. Images of Organisation: Compliance or Collaboration

From job description of an NHS Trainee Child Psychotherapist post:

"To take an evidence-based approach and show preparedness to collaborate with outcome measurement and generally comply with clinical and social care governance requirements. To present reports and research to a high clinical and academic standard."

The principal distinction in the law of persons is this, that all human beings are either free or slaves. ***Gaius, the Roman Jurist, approx. AD 160.***

This current article will describe a teaching technique I have used at the beginning of a yearly teaching session on current policy initiatives in health in the UK – a technique that aims at eliciting the "images of organisation" that are held by the participants in the sessions at a metaphorical and visual rather than an intellectual level.

At the start of this three hour teaching session I ask students to create “an image of the NHS” and I provide the materials with which they might construct their image. I bring a large box full of toys: plastic ambulances; fire engines; small buildings; human figures from ordinary family members through to figures dressed in uniforms of a variety of occupations (police, farmers, doctors, etc); plastic animals and dinosaurs; a variety of vehicles; building bricks, etc. The box also contains string, pipe cleaners, sticky tape, play dough, coloured paper, large sheets of white paper for drawing or writing, glue, staplers; coloured pens and pencils, paint sticks, scissors and so on. I also take a pile of magazines from which pictures and text may be selected, cut out and used in a creation.

I give the students around 20 minutes to construct their image. When all or most participants have finished I ask them to bring their constructions into a circle and we go round the group serially. I usually ask the selected group member to talk about their image. If needed I might facilitate exploration by asking why a certain aspect of the construction was chosen, and what it means to that individual. When finished I will usually comment on a particular aspect of the image that strikes me as important or significant and I will sometimes relate this to a film or story if an association comes to mind. I will then ask group members for their associations to the image. A rich discussion usually ensues and one can expect there to be some general commonalities of theme and preoccupation.

The power of this technique, in my view, lies in the way it quickly accesses the areas of emotion, fantasy, and symbolism rather than group members remaining at an intellectual level of discourse.

In my teaching over the past 10 years on current policy initiatives in health, I have noticed some significant changes in the imagery my students have produced in response to this task. So, what are the current themes that predominate in these groups?

1). The theme of powerlessness. Figures are bound up with red tape so that they are unable to move. Powerful managers have workers on a lead that may even be

electrified so there is punishment for non-conformity. Clinicians are helpless and caught in a situation between the managers and patients who make different demands that are incompatible or very difficult to meet.

2). The theme of relentless demands and voicelessness. An example of an image: a human figure is suspended on a scaffold only prevented from falling by running fast on a hamster wheel, driven to run faster and faster by managers and politicians, represented by a fat cat and a figure of a bank manager. These people are only concerned about money and, as the figure runs, money is produced from the spinning wheel. There is a constant threat that the figure will be unable to run fast enough and will fall. Arrows show the direction of care and concern that should go towards patients but there are too many of them to satisfy any and a computer prevents the flow of some of this care to the patients. Their demands and dissatisfaction might also make the clinicians fall from the wheel. The clinician is gagged and blindfolded, making his task even harder.

3). The theme of lack of concern and care, replaced by commercial interests. As above, the theme of money has become more predominant in recent years. Managers and politicians are portrayed as only interested in money, efficiency and profit and show a lack of interest in the concerns and difficulties of staff or any real interest in the needs of patients. Patients may be starved of help: needing to share a sparse pot of food which does not contain enough to feed everyone. A feeling of being trapped in an organisation where conformity is expected and in which having a voice is becoming increasingly difficult: images of figures that are gagged, or words falling uselessly into a dustbin. A feeling that it may be important to suppress dissent since it may be met with criticism. One image: of a "blanket" of organisational mantras (anti-bullying policy, caring for staff policy, patience choice policy, etc.) that conceals very different processes underneath in the inner workings of the organisation which is driven by financial targets and patients are sausages processed by a therapeutic machine. The theme of running is predominant: for example, of being on a treadmill that goes ever faster and the runner suffering an ever decreasing diet. Clinicians might be represented as robots, expected by management to have no human needs or weaknesses.

4). The theme of constriction. An image of the organisation as a maze composed of rules and procedures through which practitioners have to work to achieve their goals. Some become hopelessly lost within the maze and never find a way out. They

may still manage to meet the targets because, although lost, they still manage to tick all the performance boxes. Another image: of hospitals closed down and demolished due to the need to save money – the staff are then crammed into a building already occupied by other staff. But there is no room, and workers fall from the windows and the roofs, pushed out by the crush beneath. Patients try to gain access but there is no space within the building and the crushed bodies of staff prevent access.

5). The theme of conflict between management and clinicians - who have differing agendas and priorities. Mangers may be seen as equally powerless within the organisational context, unable to ask for less or to change direction due to the demands of their role within the organisation. They may equally be on the treadmill, suffer from blinkers constraining their vision, and be tied up in senseless paperwork, computer work, protocols and policies. However, there is a predominant sense that managers demand and get in the way of providing care rather than supporting the workforce, and they are often experienced as threatening. If performance targets are not met there may be a consequence, criticism, or even loss of employment. This threat may equally be seen to apply to managers who have their own performance targets that are required to be met. Thus, one image took as its central concept the word "Trust" (the name for an NHS "business" covering an geographical area) in opposition to "Distrust" defining relationships between politicians, NHS managers, clinicians, and patients – and a timeline indicating that trust has progressively been eroded and replaced by distrust in all relationships: in this image patients have lost trust in clinicians, managers and clinicians have lost trust in each other and politicians have lost trust altogether in the whole system. On the sidelines, ready to solve this problem, are two figures, one a nurturing mother who feeds, mops up the mess, and contains distress using her very large feeding bottle, the other a stern patriarch who controls, sets limits, blames, and cuts. The question: which figure will succeed?

6). The theme of precarious survival and adaptation. Images: Clinging on by ones fingernails. Images of fragility. An image: a plasticine figure balanced in the middle of a tightrope, plastic straw held in both hands to balance. An electric fan blows air across the wire. A sea of unemployment lies beneath. In group discussion the creator of this image explains that the plasticine man must change shape repeatedly in order to maintain his balance and adapt to the multiple expectations placed on him represented by the changing wind. Another image: an orange is squeezed between the two walls of increasing demands: such as "see more patients", "fill in more forms",

"go to more meetings", etc. until the orange is squeezed dry, unable to produce more juice.

7). Lack of communication and chaos. An image of people on telephones, wires crossed and disconnected, different parts of the organisation surrounded by high walls, distant and out of sight of other parts with no connections.

8). Threats to identity. One image of a fully trained psychologist carrying a bag containing complex ideas, theories and skills. The psychologist and bag go through the "NICE Grinder" and come out as one of a line of identikit therapists with a small bag containing one idea that is applied to everything. Images that demonstrate anxieties about the possibility of maintaining professional standards and identity in the face of relentless guidelines, policies, and clinical pathways. What does it mean to be a psychologist if professional practice is increasingly regulated and constricted? Another image: the completion of paperwork/computer work takes away time and attention from patients who are ignored by a row of clinicians sitting at a row of desks. The output from these computers goes into a black hole and is never seen again.

9). The theme of the fragility of the organisation. A sense that there is rapid change and this change may rock the foundations and potentially lead to collapse – images of Lego houses in a state of collapse or at threat of collapse. Some anxiety about the future and whether the NHS will survive. Certainly, in the present climate, a real anxiety about security of employment.

10). Surveillance. An image of workers with observers standing over them, charts in hand, stop watches at the ready, measuring performance. Graphs of performance displayed above every desk. Cameras on every corner. An eye on a computer screen monitoring the actions of all staff.

11). Threats from patients. Of complaints that may be misunderstood or misinterpreted by management. Being in a vulnerable position between two groups whose needs may be incompatible.

12). The above negative themes associated with threat and anxiety usually predominate but there are also other more positive themes associated with hope. So, despite the difficulties of the current organisation there may be hope that change will lead us into "a new dawn" (one image), and that change, despite being difficult, will lead to improved care for patients. One image presented a yellow Brick Road image, convoluted and winding, narrow in parts, wider in others, with hurdles to jump in

places, but at the end the hope of finding a rainbow. Another image relates to the co-operation and trust that may lie in the professional relationship. Another image is based on the idea of growth, of the patient and the clinician, from engaging in therapeutic work. More prosaically, some images merely capture a concrete snapshot of the contents of the NHS: ambulances, doctors, hospital buildings, nurses, etc. as if to merely present a photograph, a snapshot, of the organisation. These images were judged to be neutral.

At the end of this discussion I move the group into thinking about how they might survive and manage within the constraints of the system they have identified and as a group we hopefully identify a number of strategies and coping mechanisms that will assist their future development by using the opportunities that may remain within the system. These strategies might vary from adaptation, to avoiding defeatism, to resistance and active challenging.

In my last article I described how professional practice is becoming increasingly circumscribed, routinised, and procedualised, influenced as it has been by the joint ideological forces of neo-liberal political theory and practice, and contemporary ideas of efficient organisational functioning based on Fordist and Taylorist principles, a set of practices and principles of organisational control summarised in the literature on New Managerialism or The New Public Management. I also suggested that these ideologies contain a profound anti-group dynamic and in this I find myself in agreement with Bourdieu (1998) who suggested that at its core neoliberalism involves the dominance of individualism and the destruction of collectivism.

In one commonly stated view in the New Managerialist literature meeting organisational needs, as against meeting the needs of patients, has become a central professional task, involving “the meeting of explicit, pre-specified outcomes, objectives or targets as the chief way in which the accountability of [professionals] may be secured”, amounting to “the deformation of professional formation and the undermining of professional judgement” (Green, 2009). The completion of paperwork within specified timetables is taken as evidence of effectiveness, reduced to the the task of filling in forms as quickly as possible. The assessment of risk becomes a form filling activity. These influences and changes have been seen to be based partly on the

implementation of new forms of surveillance, scrutiny, and monitoring motivated by an interest in exerting increased control over the activities of the practitioners employed by these institutions. It has been suggested that these technologies of control amount to an "iron cage" which limits practitioner discretion (Green, 2009). Bauman (2001) argues that increased uncertainty is at the core of neoliberal agendas and the creation of a new form of interpersonal relationships founded on market individualism.

I believe that the psychological impact of these changes is reflected in the changing images of organisation that have appeared in my teaching sessions over the past decade. Negative images and themes have become much more common and themes of powerlessness, anxiety and threat, having to conform to a system that is experienced as alien and problematic, being compelled to undertake trivial work with no value, the real work not being valued, are particularly predominant themes. There is no secure base and the organisation does not function as a base of safety from which the workforce can make creative explorations (Bowlby, 1988). We are then homeless, stateless, unsettled without a sense of assured belonging.

Anxiety, avoidance and a non-attachment to work are the results of these organisational dynamics (Richards and Schat, 2011). Just as is the case with an insecurely attached child, who is forced into self care modes and strategies that may be maladaptive, and whose self soothing capacities may be impaired, the insecure organisation may breed maladaptive self care and survival behaviours in its workforce. One solution may be to reject any nurturance or feeding from an unreliable, depriving and demanding parental organisation. Another solution may be to conform in an aggressively passive and covertly resistant manner (writing these sentences I am aware that these may be defined as pathological responses associated with splitting and other pathological mechanisms, open to criticism and prone to psychotherapeutic interpretation and intervention. But what if they are only reasonable responses to a persecutory and identity paring environment?) From the Mentalization literature we know that Mentalization capacities are impaired under conditions of stress and anxiety, and one wonders what might be the impact on psychotherapeutic and other care in a situation in which clinicians lose contact with

the emotional worlds of their patients due to their own anxieties and conflicts within the context of a negative and anxiety filled organisation.

The research literature can be seen to confirm these interpretations. Jones (2004), for one, has documented the "profound dissatisfaction that now exists among [practitioners] about what their jobs now entail, with a growing gap arising between their daily tasks and duties, and the values that brought them into the job in the first place". The main themes of the research to date that has been carried out on the impact of New Managerialism highlight the following areas: the de-valuing of professional skills and knowledge, the transformation of clinical relationships with clients and compromised professional identity (Wallace and Pease, 2011). Jones (2004) concludes that the impact of globalisation and marketization has resulted in demoralisation, alienation and anger among professionals. Ritzer and Malone (2000) discuss a process of "McDonaldization" whereby conventional skills and knowledge are replaced with requirements for efficiency, calculability, predictability and control through non-human technology.

More disturbingly, Carey (2008) argues that neoliberalism has penetrated the minds of social workers at conscious and unconscious levels, restricting vision and the range of possibilities that seem to be available to a small menu recognised by the neoliberal agenda. Certain ways of thinking are being cultured in, while others are being cultured out. It may be the case that a similar process has occurred in relation to psychotherapy: much of the pioneering work that occurred in the 1960's and 70's on developing innovative therapeutic traditions now seems neglected and forgotten. Group Analysis itself, we remind ourselves, saw much development in that era.

An important question is how far we can actively respond in the face of an external culture that is based on the principles outlined above and that increasingly constrains professional practice into a narrow course that does not recognise the value of psycho-dynamic work of any kind. How far do we have to comply with what is imposed? When does compliance become collaboration? How far can we challenge and, if we do, will this be heard? If it is, will it change anything? Is it possible to engage in a discourse and, if it is possible, with whom? Is it possible to create an understanding of our position without being labelled as difficult or saboteurs?

There is, of course, an ethical demand for us to be accountable and to demonstrate that our therapies are effective. But on the basis of what kinds of evidence will these judgements be made? And will the evidence that we would most readily use, and find acceptable, be judged to be satisfactory to the wider scientific and professional community? Indeed, is it actually good enough? And how far is the demand for accountability based on the need for specific types of evidence experienced as putting in danger or changing beyond all recognition what we do, what we have, what we are? And might it actually put our ways of thinking and working under threat – our anxieties may very well be realistic given the hegemonic power of the political and institutional processes outlined above.

Anxieties about survival appear to be widespread in public services in modern times. The survival and maintenance of professional identity in the face of changes in the organisation and management of services is an issue that I will return to in Part 3 of this series of articles.

References

Bauman, Z. (2001). Community: seeking safety in an insecure world. Polity Press.

Bourdieu, P. (1998). Practical reason: on the theory of action. Polity Press.

Bowlby J (1988) A Secure Base: Clinical Applications of Attachment Theory. Routledge. London.

Carey, M. (2008). Everything Must Go? The Privatization of State Social Work. Brit. J. Social Work, 38(5).

Green, J. (2009). The deformation of professional formation: Managerial targets and the undermining of professional judgement. Ethics and Social Welfare 3(2): 115-30.

Jones, C. (2004). The neo-liberal assault: Voices from the frontline of British social work, in Globalisation, global justice and social work, ed. I. Ferguson et. al. London: Routledge.

Richards, D.A. And Schat, A.C. (2011). Attachment at (not to) work: Applying attachment theory to explain individual behaviour in organizations. J. Applied Psychology, 96(1).

Ritzer, G. and Malone, E.L. (2000). Globalization Theory: Lessons from the Exportation of McDonaldization and the New Means of Consumption. Available at: https://journals.ku.edu/index.php/amerstud/article/viewFile/3104/3063

Wallace, J. & Pease, B. (2011). Neoliberalism and Australian social work: Accommodation or resistance? Journal of Social Work. 11(2).

(Editorial Comment: we would encourage our readers to respond to these two articles in the form of letters, responses, and further articles in order have a continuing and lively debate about the issues raised. Please do respond).

Terry Birchmore

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EGATIN Study Days: Athens

My name is Angeliki Paraskevopoulou. I am a 3rd year trainee in Group Analysis at the Institute of Group Analysis, Athens and an intern in Psychiatry in The Psychiatric Hospital of Athens.

I was acquainted with the theory of Group Analysis for the first time in 2008, when I attended the seminars of "Group Analysis and Psychodrama" being held yearly in the Open Psychotherapy Centre. What was really interesting and, to be honest, fairly unknown to me was the concept of Supervision. During the three years of my training as a Group Analyst so far, I have been fascinated even more by its therapeutic importance. Therefore, it was a delight for me to participate to the EGATIN Study Days in Athens, on April 8th and 9th during the current year, focusing on "Models of Supervision in Group Analytic Settings".

Since the theme of this event was "Models of Supervision", I would very much like to share my thoughts concerning the EGATIN Study Days weekend with you, by utilizing the structure of the Greek Model of Supervision, presented by Ioannis K. Tsegos, and that is by expressing my feelings, my fantasies and the main subjects discussed.

Although the Greek Model of Supervision starts with the expression of feelings and fantasies, I would like to reverse the order and talk about the main subjects, in order to pay a special tribute to the presentations of all participants, which were very well prepared and fruitful, and included both theoretical and practical thematology. The presentations correlate very well with my one and only fantasy, which I can best describe as a large fellowship, discussing, sharing a variety of interesting and at times weird experiences, laughing, questioning about current personal, social or therapeutic matters and arguing over several subjects. Last but not least I would like to express my feelings, my most difficult challenge, by mentioning primarily the anxiety I felt throughout the whole weekend. It was a benign (mild?) anxiety, that sprang from the overwhelming enthusiasm and anticipation of meeting new colleagues from abroad and having the chance to interact, share experiences and acquire knowledge. It was rather fascinating and simultaneously bewildering to me, having to bear the silences in the Large Group, a feeling that was eased, as I expected, in the Small Group. I would like to make a special mention to the fishbowl, which was like a rather

uncomfortable and scary Large Group for me, since the talking and sharing entailed standing up, crossing the room and finally sitting in the centre of the fishbowl. To my surprise, the contagious (pervasive feeling of) intimacy which had enveloped me from the beginning of the Study Days made its appearance instantly, making me more relaxed and relieved, even at this group which was a first time experience for me . It is my belief that it was the humorous spirit and the entertaining mood that played an important role towards the development of this intimacy, which were obvious since the first day at the welcome reception and culminated during the gala dinner, for the celebration of the end of the Egatin Study Days.

What I can say overall, is that the Egatin Study Days left a sweet taste lingering in my mouth. Each one of my expectations was fulfilled during this weekend. New faces, fresh ideas ready to be communicated, overwhelming enthusiasm and many chances to acquire knowledge from various therapists ready to share their personal experience. I would dare to complain for only one thing and that is my need to meet and share my thoughts with other fellow students from both Greece and abroad. Hopefully, during the Egatin Study Days to come, I will meet with my expectations.

Angeliki Paraskevopoulou
Group Analytic Trainee. Athens, Greece.

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GAS Website

First some statistical information regarding visits to the GAS Website for the 30 days before 4th July 2011:

Site Usage

1,465	Visits	**5.67%**	Bounce Rate
8,849	Pageviews	**00:03:02**	Avg. Time on Site

6.04 Pages/Visit **47.44%** % New Visits

Top Pages

1. Forum | Group Analytic Society (London) - 1,460 Views
2. Forum | Group Analytic Society (London) - 551 Views
3. Future Events | Group Analytic Society (London) - 312 Views
4. The Egyptian Revolution 2011 | The Egyptian Revolution 2011 | Forum | Group Analytic Society (London) - 258 Views
5. Group Therapy | Group Analytic Society (London) - 236 Views

Top Referrers

1. **confer.uk.com** - 88 Visits
2. **campaign.r20.constantcontact.com** - 32 Visits
3. **group-psychotherapy.com** - 31 Visits
4. **36ohk6dgmcd1n.yom.mail.yahoo.net** - 16 Visits
5. **turveygroupwork.co.uk** - 11 Visits

Top Searches

1. **group analytic society** - 242 Visits
2. **group analytic society london** - 40 Visits
3. **gas london** - 31 Visits
4. **group analytic society symposium** - 22 Visits
5. **gas symposium** - 20 Visits

Please do take some time to visit the GAS website and familiarise yourself with the layout and content of the site. Try clicking on anything that turns your mouse pointer into a hand. Thoroughly familiarise yourselves with the site, and then please let me know your thoughts on how it might be improved for the visitor.

In this, and forthcoming, pieces, I will try to guide you through the website, step by step.

In the last report we looked at the Index page. This time we will look at “About Us” and it's sub-pages.

Please visit the Home or Index page. At the top of the page there is a link to "The Society" page on the top menu bar. Hover your mouse over “The Society” on the top menu bar and a drop down menu listing the sub pages of this page will appear. Click on “The Society” to take you to the “Society” page. You will remember, from the last report, that there are also other possible ways of getting to this page.

Now, The Society page: you may want to add to or correct the information on this page – if so please contact me. There is a clickable link to contact Julia on this page and visitors are directed to the “Contact Us” page if more contact details are needed. There is also a clickable link to a Google map pinpointing the location of the GAS office. You will also find information about the services the Society provides to members.

Next, the Membership Information page (I assume that you now know how to find it). At the bottom of the page there are 2 links to download membership application forms.

Now locate the Membership Renewal sub page to download a membership renewal form, if needed.

We will now visit the "Contact Us" page. Here is postal, etc. information and a clickable link to send email. There is also a map – depending on the size of your screen you may need to click and drag on the map to find the arrow pointing to the site of the GAS office. Click on the View Larger Map to see a larger map. Various views are available – map, sat, terrain, etc. - just click on the available map options to select.

The Research sub page contains a number of links, with brief descriptions, to sites of interest to those interested in psychotherapy research. Please click the links to go to the sites. Please let me know if you know of other sites that might be added to this page.

The obituaries page currently only has one link. Please let me know of more external links if you know of any.

Lastly, the Donations page presents information about how you might make a donation to the Society if you wish to do this.

So: this summarises the content of "The Society" page and its sub-pages. I will continue with our travelogue in my next report.

Terry Birchmore

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IGA/GAS Library Report

Work of database enhancement continues: please have a look at the database ! Not much new stock has been acquired recently, so do please have a look at the database, and see if you can identify gaps, in topics, or make suggestions of recent publications to purchase. [NB we have a standing order for all items published in the 'New International Library of Group Analysis'].

This year, for the first time, with the database being fully in operation, we are using one of the useful features of the library system, to allow us to manage the IGA Qualifying Course reading lists through the database. All course tutors / seminar leaders have been invited to compile / update / amend their lists through use of the database, which contains a list of lists, by which the content of lists can be accessed, and then suggestions can be made for amendment, additions, or deletions. Deletion does not mean removing the record from the database [many of the records are to books as 'key texts'] but simply deleting the 'list' designation, so that the item no longer appears in a search for that list. I hope that this will make it easier for list compilers and users, including of course students, to access lists.

Other news includes the developing new group 'PLUG': the Psychotherapy Librarians' Umbrella Group, comprising librarians from the British Association of Psychotherapists, the Anna Freud Centre, the IGA/GAS, the Institute of Psychoanalysis, the London Centre for Psychotherapy, the Metanoia Institute, the Society of Analytical Psychology, and WPF Therapy. Four meetings have been held so far, and this is proving a useful forum to discuss issues of significance to small, special libraries in this field. Thanks go to Anne Knox of the Anna Freud Centre, who provided the impetus to resuscitate the former group.

Elizabeth Nokes
Librarian
IGA/GAS Library
1 Daleham Gardens
London NW3 5BY
Tel 020 7431 2693
Fax 020 7431 7246
Email: elizabeth@igalondon.org.uk

Available at the following times:
Tuesday and Wednesday: 10.45a.m. to 17.15 p.m.

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Request for Foulkes Letters and Documents for Society Archives

We are appealing for letters, notes, and correspondence from Foulkes that Society members may possess. This will add to our already valuable society archive that contains much interesting material, papers and minutes and that is a significant source of information on our history and development.

Please contact Julia in the GAS office if you would like to donate any original or copied documents:

Group_Analytic Society
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e-mail: admin@groupanalyticsociety.co.uk

*

Events

IGA/GAS Film Group

Screen Memories exists to engage actively with cinema; an attempt to challenge the fast food ethos of modern consumption, by giving time and thought to a series of films that potentially challenge us, offer a fresh perspective, disturb or confirm our certainties. At best they offer insight into our lives via the initially voyeuristic pleasure of spending time in the lives of others.

The next season begins in the Autumn. There are no details about the programme at the time of going to press.

Fee:

£15 for individual tickets
£100 for a season ticket (only available in advance of season and not transferrable)

We advise booking in advance at the IGA: 020 7431 2693 or iga@igalondon.org.uk

Tickets are usually available at the door. Reserved tickets without payment must be collected by 7.20pm to guarantee entry.

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Information About Conference Accommodation in London and Donations to the Society

Please see the GAS Website at:

http://www.groupanalyticsociety.co.uk/