

DIFFERENCE

An Avoided Topic in Practice

Edited by Angela Foster, Adrian Dickinson,
Bernardine Bishop, Josephine Klein



DIFFERENCE: AN AVOIDED TOPIC IN PRACTICE

THE LONDON CENTRE FOR PSYCHOTHERAPY
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Josephine Klein, Victoria O'Connell*

- Book One: Challenges to Practice
Book Two: Ideas in Practice
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PRACTICE OF PSYCHOTHERAPY SERIES

BOOK FOUR

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*Angela Foster, Adrian Dickinson,
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on behalf of

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The London Centre for Psychotherapy

The London Centre for Psychotherapy has its origins in the 1950s and became a registered charity in 1974. Its activities are threefold:

- to offer training in psychoanalytic psychotherapy (including analytical psychology) in which the leading schools of analytic thought and practice are represented;
- to organise post-graduate professional activities, and;
- to provide a psychotherapy service to the community through its clinic.

The Centre is the professional association of around 200 practising psychotherapists who are registered, through the Centre, with the British Psychoanalytic Council.

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Introduction

Angela Foster

Difference is a complex and often disturbing issue. Taking the lead from Chapter One, the purpose of this book is “to encourage a culture of open enquiry into an emotionally charged subject” (see p. 5) which, the editors argue, has been largely avoided by the profession.

Theoretically . . . psychoanalysis is all about recognition and appreciation of difference, yet the psychoanalytic profession itself does not have a good reputation in this area. We are often accused of being blind to difference, choosing only to work with people who are willing and able to work with us in the way we deem fit. [See Chapter One, page 6].

This is a courageous collection. Each author has been prepared to go into print about situations in which difference is a significant element in the work and one around which they have felt uneasy and uncertain as they found themselves in uncharted territory for which their training left them ill-prepared. Lacking adequate maps in the mind each contributor analyses their experience and that of their patients and clients in order to arrive at new understandings

and insights. Taking this metaphor further we hope that this book will help and encourage others to do the same and provide some useful new maps for future reference. Differences matter and specific issues that alert us to difference serve as a reminder that difference is always present in the consulting room.

In Chapter One, taking the view that “failure to explore difference is tantamount to bad psychotherapy”, Angela Foster writes about the often violent and shame-inducing unconscious emotional processes that operate around difference in our consulting rooms, on training courses and in organizations. She invites the reader to reflect on how these processes might operate within their own places of work and offers suggestions as to how one might intervene effectively to tackle these destructive dynamics.

In Chapter Two Dorothy Daniell provides a valuable illustration of the experience of a therapist who is prepared to join her asylum-seeking clients in venturing into the unknown, learning together about the terrain which is new for all of them and finding a way of finding each other within it.

Choosing to work with refugees opens a door onto a world which is vast and unknown. The differences of race, culture, language and experience which they bring meet all the cross-currents of projection and expectation. The impact of difference is great. [p. 26]

In Chapter Three Frank Lowe explores the struggle for the profession as a whole to find ways of thinking and working that incorporate racial difference effectively, by addressing and overcoming the inherent institutionalized racism that is embedded in early psychoanalytic writing as well as in our own cultural makeup.

This chapter highlights the failure of psychoanalysis to face its own truths about issues of race and white racism in the selection and training of psychotherapists and in the delivery of psychotherapy. It explores possible reasons for this failure and calls for action to make psychotherapy less racially exclusive and more responsive to the needs of a multi-racial and multi-cultural society. [p. 43]

Chapter Four is a collection of pieces in which therapists write about their experiences of dealing with situations requiring a deviation

from conventional professional practice. Each highlights how the therapists concerned improvised when finding themselves in uncharted territory, the challenge being “How to proceed without falling down and injuring ourselves, our patients or the reputation of our profession?”

Some of these situations are becoming increasingly common. For example, as patterns of work in our society change, we might all come across patients who are required to work elsewhere for periods of time. Elizabeth Reddish shares her experience of continuing her work via telephone calls with her patient. Other situations, such as the need to pick up and look after the patients of a suddenly dead colleague, are unexpected and always distressing. This is sensitively explored by Prophecy Coles. Then there is the matter of negotiating one’s own retirement which Josephine Klein describes in a manner that can be of use to us all. Jennifer Silverstone ends this chapter with a piece entitled “Staying well” in which she identifies the responsibilities therapists have for their own mental and physical health and that of their colleagues.

This theme is developed in the next two chapters, both focusing on differences brought into the consulting room by the therapist, through pregnancy (Chapter Five) and disability (Chapter Six). These can be thought of as unwanted intrusions into the patient’s therapeutic space. While we might be more experienced in addressing unwanted intrusions from the wider environment – doorbells ringing or background family noise – these differences come right into the consulting room as changes in the person of the therapist.

In Chapter Five Sue Gottlieb writes “The emotions and ideas evoked by pregnancy might be normal grist for the analytic mill were it not for the fact that the therapist’s pregnancy itself constitutes such an intrusion into the analytic setting as it has been established” (p. 8). Then in Chapter Six Marie Conyers describes how difficult and painful as well as how useful it can prove to be if disability is overtly present in the consulting room. In these detailed papers both authors consider when and what to tell their patients, the impact of the intrusion into the therapeutic space, its transference meaning and the outcome for their patients.

In Chapter Seven Steven Mendoza takes us back to something more familiar, focusing on the extremely complex and relatively unexplored difference between the one who pays and the one who is

paid: "We may feel unhappy about charging if we have not analysed properly the feeling that we give nothing of value. Of course the denial can always take the manic form of a greedy insistence on the inflated value of our work and the refusal to be self-critical" (p. 119). From the patient's point of view how is love to be paid for and if there is a fee how is it set and how is it experienced?

Finally in Chapter Eight Richard Morgan-Jones highlights another difference that requires adaptations in technique – the dangerous patient. Describing his role in providing supervision for staff working in a forensic unit he identifies the emotional impact of the work. This links back to Chapter One as he recognizes the need for a form of supervision that is robust enough to contain the disturbance, providing the staff with an opportunity to process their experiences and increase their understanding of their patients thereby limiting the risk of destructive re-enactment of the patients' earlier traumas.

Richard Morgan-Jones uses a phrase of Bion's, "The experienced officer is one who can think while under fire" (Bion, 1986, p. 130) that aptly sums up a theme running throughout this book. All contributors describe times when, finding themselves in unfamiliar territory, such thinking has been particularly difficult, even impossible to achieve. Then, through painstaking analysis of their experience, each provides the reader with some useful insights and guidelines for future reference as well as some clear and stimulating illustrations of effective thinking in strange and disturbing situations. What makes this thinking effective is the demonstrated ability of all contributors to preserve their analytic functioning whatever the circumstances.

CHAPTER ONE

Living and working with difference and diversity

Angela Foster

Introduction

The aim of this chapter is to encourage a culture of open enquiry into an emotionally charged subject, drawing on my experiences as a psychoanalytic psychotherapist in private practice, as an organizational consultant working mainly in mental health and child care services and as a teacher delivering a syllabus entitled “Living and working with difference and diversity” to students of psychoanalytic approaches to organizational consultancy. Taking the view that failure to explore difference is tantamount to bad psychotherapy I use psychoanalytic theory to identify those dynamics at individual, group and organizational levels that make good work in the area of difference so hard to achieve, whether in the consulting room, the classroom or the workplace. I refer specifically to issues of ethnicity, class, gender and sexuality, though the psychological processes identified would apply to other areas of difference.

I identify ways of facilitating discussions on difference and discuss ways of creating and preserving adequate containers for this work, touching on the fact that this is complicated by the dynamics

of postmodern organizations, post 9/11 paranoid anxiety and a societal culture of narcissism. Finally, I identify a set of conditions which help to make this work possible.

Difference in psychoanalysis

Theoretically we could argue that psychoanalysis is all about recognition and appreciation of difference, yet the psychoanalytic profession itself does not have a good reputation in this area. We are often accused of being blind to difference, choosing only to work with people who are willing and able to work with us in the way we deem fit. Our institutions, largely made up of therapists, trainees and patients, are full of white middle-class people, something that is particularly striking in London where the resident community, unlike the psychoanalytic community, is so mixed both racially and culturally.

Are we, in the psychoanalytic profession, guilty of complacency, taking what is often construed as a superior position in preference to struggling with what is unfamiliar and therefore makes us uncomfortable? What is it that we should be doing in order to work well with people who, through their life experience, might be highly sensitive to anything which could be construed as criticism from on high or who might view our approach as weird and irrelevant because they are not used to working in our preferred way, don't see the sense in it and therefore wouldn't choose it? How can we find ways of communicating effectively to a wider range of people without compromising our professional integrity?

Defining difference

Kleinian psychoanalytic thinking on difference falls into two areas, Pre-Oedipal, narcissistic, paranoid-schizoid functioning and Post-Oedipal, depressive position functioning, which is reached through successful negotiation of the Oedipus complex. In paranoid-schizoid mode we use splitting and projection to rid ourselves of those aspects of our personalities we dislike, locating them in others, whom we then denigrate. We operate in terms of bi-polar judge-

ments and relationships – everything is either good or bad and people are identified as “with me or against me”, “one of us or one of them”. There is no middle ground and no room for thoughtful debate of complex relationships and situations. This is a narcissistic mental state in which difference is either hated and or denied, where the focus is on the self, and dependence on others is defended against.

When we can recognize and contain these narcissistic traits, holding in mind both the good and the bad, it shows our ability to negotiate Oedipal dynamics. In developmental terms this occurs as children begin to acknowledge that their parents are different from each other, have a relationship that excludes them and are capable of things that little people cannot do. Thus in this mode we are acknowledging difference not only in kind but also in power. If acknowledging difference meant that we would all be equal the task would be much easier than it is. All this arouses a range of uncomfortable feelings which have to be managed and contained if we are to function in depressive position mode. These feelings are:

- loss of the fantasized exclusive relationships between parent and child,
- envy of the parents and their relationship,
- shame at being lacking, needy and dependent, and
- guilt about now owned, but previously projected, bad parts.

We hope that in psychoanalysis and in life we become more able to bear these feelings thus increasing our capacity for depressive position functioning and our ability to locate what Britton (1989) refers to as the third position.

If the link between the parents perceived in love and hate can be tolerated in the child’s mind, it provides him with a prototype for an object relationship of a third kind in which he is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage *being* observed. This provides us with a capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves. [Britton, 1989, p. 87]