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The Shock of the Real: Psychoanalysis, modernity, survival

Andrew Cooper and Julian Lousada

Introduction

‘If you always do what you always did you always get what you always got’

Mark Twain

The world wide ‘crisis’ of psychoanalysis is a crisis in its relationship to late modernity, or post-modernity, which it also helped to produce. We fear that on reading this sentence many psychoanalytic clinicians may switch off, and read no further. We hope they will persist. A weakness in most psychoanalytic organisations, and in many practitioners, is a reluctance to see that our organisations are *social* institutions, affected by the same currents of social change and development as the rest of society. Because of the unique and unusual project with which they and their members are engaged psychoanalytic institutions are also distinctive, particular, and in certain respects unique kinds of organisation. But when it comes to navigating change in modern society, such uncritical belief in organisational and professional uniqueness is as much of a danger as it is a necessity. Anyway, many psychoanalytic thinkers and practitioners hold that its theory and practice is rooted in truths that are timeless, universal or at least invariant – and thus indifferent at some level to social and cultural change. So, how are profound change and timeless truth related, or more pertinently, how are contemporary psychoanalytic institutions coping with this tension?

In this chapter we discuss the distinctive task that psychoanalytic institutions, and perhaps the whole social institution of psychoanalysis, have in managing change. We suggest first, that the very nature of the psychoanalytic ‘project’ produces an *excessive* preoccupation with questions of tradition, hierarchy, and authority. We call this the ‘vertical’ dimension of the problem. In turn, these preoccupations make it harder to respond realistically, and to take seriously, the challenges and changes posed by the social environment in which psychoanalysis now operates. Other therapies with their own traditions have grown up, flourished, and being completely uninterested in psychoanalysis’ preoccupation with itself and its traditions, are challenging it within the late modern ‘free’ market of ideas and practices. How do psychoanalytic institutions seem to be responding? We call this the ‘lateral’ dimension of the problem.

A melancholic voice of tradition

The distinctive and unique character of the psychoanalytic project, and one of the characteristic ways in which psychoanalysis defends itself against the threat posed by the contemporary environment was illustrated for us when we

gave an early version of this chapter as a paper to an institute of psychoanalytic psychotherapy in Britain. The paper did issue a clear challenge to the audience, which might be summarised as ‘See yourselves as others might see you: just another therapeutic institution. So, engage with the new rivals, or risk isolation and death’. The second or third speaker from the audience then made the following intervention. She said:

“Some years ago, shortly before he died, I had the great privilege of having clinical supervision with Dr A (a well known senior psychoanalyst), and something he often impressed upon me was this – ‘never forget the unconscious’”.

We think that direct engagement with the unconscious is *the* defining feature of psychoanalysis, and that from it flows most of our strengths and joys, but also most of our woes and tribulations. It was only afterwards that we realised how this speaker had simultaneously reminded everyone of both the core of what psychoanalytic practitioners are fighting to preserve, and simultaneously (and we think unconsciously!) disabled any capacity in the meeting to think new thoughts about the problems facing us. The speaker (a senior member of a psychotherapy institute) evokes the image of a revered, perhaps idealised, but definitely dead psychoanalyst; the sense was of a master at whose feet she had been privileged to learn, and of his voice admonishing us from beyond the grave with a message that says something like ‘Do not forget or betray your central vows...’

In retrospect, it seems to us that this was a melancholic voice of tradition and authority, making its appearance to remind us all not to stray from the true path, whatever that may be. It is not a voice that says ‘You may have learned much from me, but I am now dead. You must now think your own thoughts, live your own life, find your own path – for being dead, I can know nothing of the dangers you may now face.’

Slaves of a master discourse?

A central problem faced by psychoanalytic institutes and practitioners is the deep rooted assumption that psychoanalysis is a ‘master discourse’. This assumption may have been justified in some respects for many decades; but no longer. The slaves have been freed, or have freed themselves. They are now entitled and feel themselves entitled to vote – and even to elect presidents. If this metaphor has resonance, then the history of some societies in which enslaved or systematically oppressed peoples have been liberated might give psychoanalysis realistic cause for concern. How will the slave treat the master now? The particular anxieties faced by psychoanalysis in the contemporary period do not therefore derive only from questions of how to ‘negotiate difference and plurality’; to be sure, that is part of the picture as we take up our positions on the more ‘level playing field’ of modern civil society, but the more discomfiting anxieties of guilt and narcissistic injury in facing a history of, if not dictatorship and oppression towards other psychological practices, then certainly hubris and arrogance.

The culturally arrogant face of psychoanalysis is a cliché, but a cliché with a kernel of meaning and truth that psychoanalysis has always found it hard to examine. Is it simply that the institutions and practices of psychoanalysis have usually been part of the cultural establishment, drawing their membership from the same social milieu? Or is something deeper, more psychically 'trans-historical' involved? We believe it is, and that it takes the following form. The possibility of psychoanalysis depends upon an act of extraordinary trust. One person agrees to lie down and reveal all that is in their mind to someone they do not know who sits out of sight and reveals very little at all. This basic set up *is* necessary, and pretty much all attempts to modify it are, in our view, efforts to evade the extreme anxiety it provokes, or should provoke in both patient and analyst. For surely, there is nobody who, on agreeing to enter into the role of patient, does not feel intensely vulnerable to the psychic gaze of the invisible analyst? Defences against this vulnerability may abound, but the core experience is surely always present. Whether we think in terms of idealisation or persecution, of ego ideal or super-ego, straightaway the central preoccupation is with a powerful, imposing, and always potentially judging other. There is a paradox at the core of the treatment situation – the conditions required to enable the alleviation of mental suffering can and do amplify anxiety in the patient. We suggest that this excessive preoccupation with the psychic 'hierarchy' of potency, judgement and vulnerable dependency never departs the psychoanalytic scene.

In an inspired paper, Warren Coleman (2006) has charted the havoc that the 'analytic super-ego' can wreak upon our own psychoanalytic institutions. In a similar vein to ourselves, Coleman says (2006: 101), 'I suggest that the leading anxiety in psychoanalytic work is a fear of helplessness, especially being powerless to heal the patient's distress.' Citing Keneth Eissold (1994) he continues:

since being 'well analysed' is an important criterion of professional acceptance and respect, analysts always feel vulnerable in the eyes of their colleagues to the most intimate *ad hominem* arguments. A vicious circle maybe created whereby feelings of anxiety, guilt and inadequacy that are an inevitable concomitant of psychoanalytic work are felt to be personal failings that may be pointed out and held against them by colleagues, thus generating further feelings of anxiety, guilt and inadequacy.

(2006: 100)

Coleman goes on to describe how psychoanalytic institutions generate hierarchies among themselves:

Put briefly, the analysts train the psychoanalytic psychotherapists and the psychoanalytic psychotherapists train the psychodynamic counsellors. It is therefore no surprise to find among the latter group the greatest persecutory anxiety and the most rigid beliefs about

analytic rules and boundaries for it is here that the greatest distance between analytic ideal and clinical reality is to be found.

(2006 : 111)

In effect, part of Coleman's thesis is that the 'psychoanalysts' depend for their continuing self esteem and hierarchical dominance upon being able to successfully project inferiority or weakness into psychoanalytic psychotherapists, who in turn do the same to the 'counsellors'. But the projections also operate both ways, since the supposedly persecuted groups may fiercely criticize the 'analytic arrogance' of the supposedly dominant ones (2006 : 100).

In Britain in the first decade of the 21st century this projective organisation which has all the hallmarks of a social system functioning as a defence against anxiety (Menzies Lyth, 1960) is breaking down. Many counselling trainings, whether psychodynamic or not, could not give a hoot about the British Psychoanalytic Society, or what its members might say or think. Psychoanalytic institutions and clinical services are everywhere challenged by the suddenly emergent confidence of other treatment modalities, and in some cases their immeasurably greater skill and application in playing at the politics of evidence based therapies. All varieties of psychoanalytic training and practice have struggled to come to terms with this new state of affairs. They have done so because, over-preoccupied with their own place in a closed system of social and organisational relations, they have lacked the means with which to see and respond to what was happening around them in a reality based fashion.

The development of relationships to the very much enlarged sibling group with whom there is now a continual scrap for recognition and resources - the lateral dimension of the predicament - has been retarded by the preoccupation with 'excess hierarchy', the vertical dimension. The fact is that in most psychoanalytic institutions in Britain there are not enough trainees, not enough patients to treat, (so a greater proportion of patients are trainees), and a visible sense of ageing organisations. In a curious and discomfiting conjuncture, the continued assumption of automatic privilege in this rivalrous arena often co-exists with frantic anxiety about survival. Thus, a central question becomes 'Can these healers heal themselves – can the same institutions that have given us the means to 'psychoanalyse' organisations and systems of social relationships make use of these potent tools to address their own predicaments?

Psychoanalytic reflexivity

Against the backdrop of this analysis, we want to describe some experiences of how psychoanalysis has tried to engage with its own conditions of existence as it traverses a period of profound change. These illustrations are all based in our own experience and work and they take as their object our

own organisational and social experience as psychoanalytically informed 'change agents' in relation to psychoanalytic institutions. This is what is sometimes called 'reflexivity' – a variety of 'thinking about thinking' that is not solipsistic, because it also engages with thought about reality in some tangible form. Counter-transference work is a form of reflexivity, as the analyst thinks about his or her emotional experience and tries to elucidate who has made what contribution to the production of a directly apprehended state of mind. A clinical interpretation rooted in counter-transference reflection is an *intervention* in the psychic field produced by patient and analyst with the aim of promoting understanding, and possibly psychic change. Likewise, the work we discuss in this chapter, and the chapter itself, are intended to be interventions in the psychoanalytic cultural and social field.

An aspect of the cultural arrogance of psychoanalysis discussed earlier is seen whenever a clinician or theorist deploys psychoanalysis with the aim of 'analysing the other' (be it patient, colleague, organisation, social process) from a super-ordinate stance implying privileged access to the unconscious of the other, the assumption of such access in turn justifying the epistemological and moral right to adopt the super-ordinate stance. This manoeuvre, in which the other is 'positioned' as a 'sujet qui est supposé de ne pas savoir' is the precise antithesis of reflexivity, but often masquerades as it. A training in psychoanalytic method *does* confer the advantage of skill or capacity to recognise and make sense of unconscious process and communication.

As Bion (1994) observed, 'It is important to recognise that there is a world in which it is impossible to see what a psycho-analyst can see, although it may be possible for some of those who come for analysis to realize that we see certain things which the rest of the world doesn't see'. However, this is *just* a rather unusual kind of skill, and in no way justifies the adoption of a morally superior stance. A good plumber or electrician knows things that most of us do not, but we are justifiably irritated if he or she adopts an attitude, as the occasional one does, of moral superiority towards us on the basis of our ignorance. The task at hand is to hold on to what we *do* know, and know about, while coming to terms with a world which accords psychoanalysis less automatic deference than it once did. Resolving how to cope with the fall from grace of a claim to 'master discourse' status, while avoiding the false solutions offered by notions of patient-clinician democracy or co-construction of the therapeutic process, is a further translation of the contemporary psychoanalytic predicament which is the subject of this chapter.

In the realm of social or political analysis, the attitude of psychoanalytic moral superiority towards the other often takes the form of a complaint in which 'they' -often those holding political power or influence - are derided for their lack of psychological sophistication or appreciation of the irrational dimensions of political process. Of course, this is all too often an accurate depiction. But the important question is the spirit in which this 'interpretation' is proffered; is it one that invites dialogue and engagement, or is it one that subtly denigrates the political class for their stupidity and concreteness? At the risk of ourselves committing the sin of psychoanalytic arrogance against psychoanalysis, it seems to us that the latter is nothing but a variety of

narcissistic defence, in which intellectual and moral superiority is re-asserted in the face of a threatening and powerful other, and the anxieties of engagement and dialogue with this other are evaded.

States of mind

What does the new social world of early 21st century Britain consist of? What should psychoanalytic institutions and their leaders know if they are to facilitate a place for psychoanalysis within it?

First, it is a world in which the relationship between 'representation' and 'reality' has altered irrevocably, so that we can no longer so confidently assert the epistemological or ontological priority of the latter over the former. It always was possible to 'play' with their relationship, for example to produce 'art', or to deceive, con and manipulate oneself or others – and of course in psychoanalytic understanding creativity and perversion are closely related (Chasseguet Smirgel, 1985). But in the old world if we 'suspended disbelief' during an evening at the theatre or pursued a course of treacherous action we knew, or believed we knew, how to re-discover or re-assert the psychological or moral *terra firma* we had departed from. It is now somewhat less certain that this is the case.

The British welfare state, including the National Health Service and personal social services, were forged in a spirit of moral certainty and practical realism – the alleviation of poverty, ignorance, disease, unemployment and homelessness – that reflected this modernist or enlightenment realism. State provision of mental health services formed a part of this project, even if it always was too small and undervalued a part. For a time, psychoanalysis played an influential though never dominant part in this practical vision. The Tavistock and Portman Clinics, the psychiatric social work profession and the work of voluntary organisations like the Family Welfare Association established a solid and respected place at the heart of the inevitably contested terrain of understanding and treatment of mental health difficulties.

If psychoanalysis found an automatic niche within this world, it is because the welfare state enacted certain dominant assumptions of the late modern period – faith in science, rationality, and humane projects of social improvement. Applied psychoanalysis was part of the grand inheritance of the modernist project which Marx, Darwin and Freud bequeathed us. Even if most psychoanalytic psychotherapy in Britain was conducted outside this milieu in private practice, the public/private boundary always was a defining and controversial marker. Patients and therapists travelled across this boundary, or not, and much depended upon the relative resourcing of both individuals and institutions situated either side of this divide. The relative simplicity of this social geography was not to last.

The logic of 'state provision' and the logic of 'state-funded provision' are completely different; the logic of the nation state and of the market are equally

different. Of course, as the state has retreated and, via the introduction of market mechanisms, reconfigured its role in relation to the rest of society much of the political history of the last decade has been devoted to convincing us otherwise. The market relationships that are now integral to the functioning of the NHS, social services and the whole public sector in Britain are not those of the so-called perfect or free market; but their radical qualitative impact on the nature of mental health work, child care work and so on is not diminished because of this. In this world, considerations of cost, efficiency, and effectiveness combine with 'rational' managerial principles to produce a context that continually strives to appear to be, for the moment at least, the best of all known worlds. In the competition to produce evidence for treatments or interventions, those that have done the best job of playing the scientific game can and do present themselves as '*the best*'. Branding, marketing, management, cost, efficiency and public legitimation through science, move in *alongside* traditionally grounded truth claims about what might really be the best treatment for a particular condition.

Often, the resulting commodification of psychotherapy is much bemoaned by psychotherapists. But let us not forget that commodities *can* do well in markets, in part at least *because* of their inherent qualities. To forget this, is to fall prey to a splitting process in which the good old world that valued truth and reality has been overwhelmed by the bad new one in which relativism and appearances have swept all before them. Equally however, very good commodities have disappeared without trace from the market because they lost out in the beauty competition of appearances. If this seems like an unfair and irrational way to organise human services in our society, we would not dispute the judgement. But how well did psychoanalysis listen when competitor therapies complained of the unfair hegemony of a world in which psychoanalysis just took its privileged place for granted? Was this a just, fair and rational way to organise matters?

In our book *Borderline Welfare: feeling and fear of feeling in modern welfare* (Cooper & Lousada 2005) we tried to chart our own, and we hope others', experience of the complex and painful transition the British welfare state and public sector has made over the last 20 years from one kind of world to another. Arguably, the old welfare state, and the individual practices it encouraged, was modelled on a metaphor that is instantly recognisable within psychoanalytic discourse – the provision of good, unconditional care and attention to the ill, unhappy, distressed, lost, conflicted, needy, self of the patient or client. If this metaphor has lost much of its resonance, this is because it has been purposefully elbowed aside to make room for a new one – that of the rational, strategic, calculating, consumer of opportunity in the market place of health and welfare choice. In subsequent work we looked at the more objective political and policy conditions that explain the hold this metaphor has had for recent governments (Cooper 2008). But however one views the modern British state and its relationship to civil society, it is a different animal to the one that most 'senior' figures in our psychotherapy institutes grew up with, and its younger citizens are different too – less deferential, more questioning, more strategic, choosier perhaps. By no means the pure 'consumers' of rational choice economic theory and as all the

research evidence indicates, not necessarily 'happier'; but if anything probably less persuaded than previous generations that psychoanalysis or its close relatives offer any answers.

In this climate what is the task facing psychoanalysis and its associated practices? We suggest it is confidently to re-assert its commitment to what might be called epistemological realism – a doctrine in which human suffering, mental pain and unconscious experience are understood to be real, knowable phenomena with direct material effects on personal and social life - while also accepting a more modest, contributory position than hitherto in the much more open, fluid and contested field of ideas and practices that constitute our late modern cultural milieu.

And minds of state...

What does the theory and practice of psychoanalytic psychotherapy have to do with freedom? Are the contemporary challenges facing psychoanalysis a threat to the pursuit of human freedom which its practices are deemed to embody? The 21st century context of professional regulation for the psychotherapy professions, itself a reflection of the wider direction of 'market state' travel, creates a sharp division in responses to these questions. On the one hand are those who hold that the 'stranglehold' of state bureaucracy is a direct threat to the inalienable freedoms of the consulting room; on the other are those who hold that psychoanalysis and its associated therapies are unique contributors to the project of sustaining a socially organised response to mental pain, trauma, and the inter-generational transmission of psychic damage. As Michael Rustin has said:

...the idea that mental pain and anxiety constitute valid claims on social attention has import for broader principle of social organisation, qualifying and constraining the logic of markets or bureaucracies of as arbiters of social life.

It seems that different perspectives on unconscious aspects of mental life give rise to different political and social outlooks. Outright denial of the existence of the unconscious domain within the behaviourist psychological tradition typically generates interest-based and coercive models of social organization. Insistence, by contrast on the repressive aspects of all symbolized social order generates a countervailing politics of resistance and 'subversion', tending to demand the overthrow of the 'authoritarian symbolic'...

(Rustin, 1995: 241)

Psychoanalysis has always had a number of 'radical' wings, though none of them can be complacent about their ability to have freed themselves from the illness of cultural arrogance discussed earlier. Rustin is pointing out the relationship between different conceptions of the psychoanalytic project (and

of the unconscious) and the very different political strategies that tend to flow from these, including *strategies for the institutions of psychoanalysis itself* within processes of social change. In Britain today, those who support the project of professional regulation for psychoanalytic psychotherapy, which is to say the incorporation of psychoanalytic psychotherapy within the confines of state scrutiny, legitimation, inspection, and so on may have many well founded anxieties about the potential for external bureaucratic impingements. However the leading umbrella organisation for psychoanalytic psychotherapy, the British Psychoanalytic Council (BPC 2008, 2008a), has positioned itself clearly within a psychoanalytic tradition of radical *social* provision, first outlined by Freud himself:

At present we can do nothing for the wider social strata, who suffer extremely seriously from the neuroses...the poor man should have just as much right to assistance for his mind as he now has to the life saving help offered by surgery...out-patient clinics will be started to which analytically trained physicians will be appointed...

(Freud, 1955)

From this starting point, the only important question is whether a political position inside the apparatus of state regulation, or even a position 'in and against' this state apparatus constitutes a viable site of struggle towards greater 'positive' freedoms for the general population, who need access to highly trained, responsible psychoanalytic mental health clinicians. Set against this perspective, the objections of some to the feared intrusion of regulatory principles into the free associative space in which psychoanalytic psychotherapy takes place, appear abstract, philosophically self-indulgent and individualist. The struggle for psychic freedom and the struggle for social and political freedom are linked – and both occur under conditions of inevitable and necessary constraint. Psychoanalysis never conceived of itself (except in certain romantic appropriations) as a practice that could or would promise deliverance into a world of absolute freedom; Freud and every major subsequent psychoanalytic theorist are at one with the spirit of Karl Marx's thought here: Men make their own history but not under conditions of their own choosing.

Of course, it is possible that the British state bureaucratic machine will develop in a direction that requires from psychoanalysis a different, more politically challenging response. But like all judgements about political action, this is one that depends upon the 'material conditions' that pertain at any point in time. How bad does it have to be before psychotherapists take up arms against the state? In one sense no one can answer this question before it happens. But before even contemplating the answer, one might consider all the evidence we already do have for the link between mental pain and social conditions that both the state *and* psychotherapists continually 'forget'. This knowledge is the ground on which a real psycho-political struggle – with huge and real potential benefits for the population - could *now* be fought, if only both parties were not complicit in this defence of forgetting. These are some of the salient facts.

High quality research conducted over many years in many countries convincingly shows that the prevalence of mental health problems in any one country is directly correlated with the level of income inequality in that country, that is to say a measure of how much more is earned by the richest one fifth of the population, compared to the poorest fifth (Wilkinson and Pickett, 2009). Many other measures of social and personal distress and dysfunction are similarly correlated with income inequality. As it happens Britain emerges rather badly from this particular set of league tables, simply because, assessed by this criterion, it is one of the most unequal countries in the developed world.

Research conducted some decades ago into the 'social origins' of depression (Brown & Harris, 1978) showed how the prevalence of clinical depression among women is significantly a function of social class, mediated by a specific group of 'vulnerability factors' which, in the presence of significant adverse life events (but not without these), trigger depression. Some of these 'vulnerability factors' (such as the loss of the subject's mother in childhood) point towards the importance of causal factors that are familiar to psychoanalytic psychotherapists. But many of the significant causal variables in this study are not straightforwardly psychological or intra-psychic. Wilkinson and Pickett are interested not just in the correlations they have unearthed, but in the explanatory mechanisms that might link social inequality with, for example, a history of mental health problems.

But how interested are most psychoanalytic psychotherapists in these perspectives? How do they account for the powerful explanatory force of findings such as these, and the seemingly radical disjunction with traditional psychoanalytic theory they imply? According to these other perspectives mental health and illness seem, at a minimum, to be psycho-social phenomena even if not 'political' ones – though the link with material inequalities makes it hard to avoid this latter suggestion. If this is so, and psychotherapists are treating the same, or similar, people who are the research subjects in these studies, surely the question must arise: 'What are the right forms of practical and moral engagement of the psychoanalytic psychotherapist *as psychotherapist* with the society in which she or he practises? Can the psychotherapist and the citizen or political subject be uncoupled one from the other?

Conclusion

Does the psychodynamic counsellor have anything to teach the psychoanalyst about the practice of therapy? Does the psychodynamic counsellor have anything to teach the analyst about the nature of unconscious processes?

The questions are designed to disturb – to disrupt some taken for granted assumptions about professional and training hierarchies that for too long have organised the internal and external world of psychoanalysis and psychotherapy in this country. To secure its future in the late-modern, 21st century marketised world psychoanalysis must learn to travel 'more lightly', to

free itself from any melancholic attachment to its founders, from the need to maintain hierarchies of privilege and status rather than hierarchies of meaning and expertise. These 'vertical' and 'lateral' dimensions of the problem facing psychoanalysis are intertwined with many other antinomies that require a more fluid engagement: the pure and the applied, the public and private, the ancient and the modern, the professional and the political...

To recapitulate: as a psychoanalytic psychotherapist, how one engages with the public or social sphere may depend very significantly on how, at root, one frames the task of psychoanalytic therapy itself. Is it primarily a treatment for mental pain and distress, or is it primarily a method for investigating and learning about unconscious processes? These are not the only possible alternatives, nor are they absolutely mutually exclusive ones, but maybe they do help us to bring into focus the very different and not always explicit self-images and images of others that we deploy. If psychoanalytic psychotherapy is primarily a treatment for mental pain, then the question 'Can a psychodynamic counsellor have anything to teach a psychoanalyst' will seem neither surprising or contradictory – they will do so because many psychodynamic counsellors work in public and publically funded settings with populations who are unlikely ever to access psychoanalysis. How to work effectively in once weekly short term treatments, or how to consult effectively to hard pressed General Practitioners or Practice Nurses are among the many matters that counsellors may be better equipped to tackle and advise upon than is a psychoanalyst in full time private practice. In the complex, messy world of front line mental health services, the psychoanalyst possesses very few privileges in our view.

But if psychoanalysis or psychoanalytic work of any kind is only possible on the basis of a sophisticated appreciation of unconscious processes, then here the traditional remit of the psychoanalyst must surely reign. Working analytically at five times week intensity over many years constitute the privileged 'laboratory conditions' for experiencing, elucidating and theorising the nature of the unconscious and the complex configurations of desire, defence, history and possibility that is human development. This is the same work that Freud himself began, and the same work that underpinned is radical call for psychoanalysis to be widely available as a response to both personal and social afflictions.

References

Bion W.R. (1994) 'Evidence', In *Clinical Seminars and Other Works*. London: Karnac Books

British Psychoanalytic Council (2008) 'Position Statement'

British Psychoanalytic Council (2008a) *Newsletter*, October

Brown G. & Harris T. (1978) *Social Origins of Depression*. London: Tavistock

Chasseguet Smirgel, J. (1985), *Creativity and Perversion*. London: Free Association Books.

Coleman W (2008) 'The Analytic Super-Ego'. *Journal of the British Association of Psychotherapists*, 44 (2) pp. 99-114

Cooper A & Lousada J (2005) *Borderline Welfare: fear and fear of feeling in modern welfare*. London: Karnac

Cooper A (2008a) 'Welfare: dead, dying or just transubstantiated?' *Soundings*, 30

Freud S (1955) 'Lines of Advance in Psych-Analytic Therapy'. SE, 17. London: Hogarth Press

Menzies Lyth I (1960) 'A case study in the functioning of social systems as a defence against anxiety'. *Human Relations* (13) pp 95-121

Rustin M (1995) 'Lacan, Klein and Politics', in Elliot A. & Frosh S. (eds) *Psychoanalysis in Contexts*. London: Routledge

Wilkinson R and Pickett K (2009) *The Spirit Level*, London: Allen Lane