

Rethinking our approach to sexualities

Submitted by janice.cormie on Fri, 19/06/2015 - 11:02

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IN THIS ISSUE of *New Associations* we hope to introduce you to some of the work of the BPC's task group which was set up to consider ways of making the profession more open and welcoming to gay, lesbian and bisexual people. I imagine that some readers will wonder why this was necessary. The ban on acceptance of gay and lesbian candidates for psychoanalytic training on the grounds of their sexual orientation is surely a thing of the past? All member organisations are now bound by the Equality Act, and have signed up to the Position Statement that the BPC adopted in 2012, which stated that:

The British Psychoanalytic Council opposes discrimination on the basis of sexual orientation. It does not accept that a homosexual orientation is evidence of disturbance of the mind or in development.

Might this be another symptom of the unstoppable march of political correctness, which will lead to an intrusive policing of psychoanalytic training organisations?

So why do we need for a task group for this purpose? It has frequently been pointed out that the members of the psychoanalytic community in the UK are an exclusive group – white, middle-class and often financially secure – and that this is reflected in the profession's dominant values and assumptions. One of the consequences of this exclusivity has been a lack of curiosity about the impact of social differences in the therapeutic setting. A previous issue of *New Associations* (Issue 12, 2013) that dealt with issues of culture and ethnicity argued that the psychological impact of cultural difference has always been conspicuously overlooked as a serious subject of study in psychoanalytic and psychotherapy training, and resistance to changing this continues. However, the absence of familiarity with the LGBT (lesbian, gay, bisexual, transgender) community is of a different order, because of the position that psychoanalysis has taken on sexual diversity until relatively recently. Since psychoanalysis became established in Britain, gay men and lesbians who applied to train were refused entry, except in a very few instances where individuals were 'very discreet'.^[1] This bar to training was not an expression of an interviewer's personal bias, but arose from the theoretical understanding that a homosexual orientation was evidence of pathology or arrested development. Heterosexuality was not simply seen as the norm, but as an expression of psychological health. Homosexual acts were considered, after all, criminal until 1967.

Nowadays, society has come a long way towards an acceptance of sexual diversity, but although attitudes of most members of the BPC have moved on, training programmes in psychoanalytic theory tend to be conservative. It is still not clear how much serious questioning of these earlier attitudes has taken place, and what views are being reflected in the teaching. And, because of the years of exclusion, recent gay and lesbian recruits are not yet making an impact at senior levels. Members of the task group suspect that few clinicians engaged in interviewing candidates or supervising and analysing trainees have any idea how deep the lingering suspicion about psychoanalysis runs in the LGBT community.

Research into the attitudes of psychotherapists – members of the BPC in 2001 and a wider cohort in 2009^[2] – indicated that a substantial percentage of respondents believed that a patient's sexual orientation could usefully be changed to heterosexuality if he or she reported unhappiness at finding themselves gay, lesbian or bisexual. Only this year, after discussion with all the main bodies involved in providing counselling and psychotherapy to the public, the Department of Health has found it necessary to launch a Memorandum of Understanding, signed by all providers, warning the public about the dangers of 'Conversion Therapy' – offering to 'restore' a patient to heterosexual functioning.^[3] This

document points out that there is no evidence that such therapy works, but plenty of evidence that it increases the patient's unhappiness. For all these reasons the BPC Executive felt that something further needed to be done to create a greater sense of openness and awareness of the issues involved in dealing with sexual diversity including, perhaps, explicit recognition of the suffering that the psychoanalytic stance has caused in the past.

The psychoanalytic community in the USA went through a bitter struggle in the 1970s about the way psychoanalysis theorised sexual orientation, far beyond anything that we have experienced in the UK. Not only were their psychoanalytic theorists among the most conservative on the subject – Bergler, Rado, Ovesey, Socarides for example – but the gay and lesbian community in the US, which had become a highly effective organised political force after the Stonewall Riots in 1969, mounted a strenuous opposition to their views.[4] But when the American Psychiatric Association voted in December 1973 to remove homosexuality from the psychiatric disorders listed in the DSMIII, some psychoanalytic members fought against this change, and forced a referendum of the entire membership of the APA. Although the decision was upheld by a majority of 58%, the rebels continued to argue against it, and gay and lesbian candidates were still being refused admission to train in most psychoanalytic institutes throughout the 1980s.

Finally, in 1991, in response to a lawsuit, the American Psychoanalytic Association adopted an Equal Opportunities policy on admissions to training and issued its historic Position Statement, updating it the following year to cover recruitment of teaching staff and training analysts. APsaA also set up a system of committees to identify and address bias affecting gay and lesbian issues in their member institutions.[5]

Although this was a painful process, it forced a wide discussion of a kind that has never occurred in the UK, except, perhaps, for a brief moment when Charles Socarides, the American psychoanalyst who never abandoned his view that homosexuality was a borderline condition, was invited by the Association for Psychoanalytic Psychotherapy in the NHS to give the annual lecture in 1995. This provoked an effective protest and a Letter of Concern, signed by a substantial number of clinicians seeking to engage a debate of the kind that had happened in the US. But until recently British psychoanalysis and psychotherapy have made no collective statement of a change in policy like APsaA's Position Statement.

One of the reasons for this silence has been a reluctance to subject psychoanalytic ideas about sexual development and sexual health to close questioning. In the UK, having survived the intense conflict over theoretical differences that led to the Controversial Discussions,[6] the British Psychoanalytical Society and those psychotherapy institutes whose training was closely connected with it have concentrated on preserving the connections within the analytic 'family', rather than open up divisive arguments again. In addition, psychoanalysis in the UK, while it developed alongside psychiatry and social care, was not initially accepted as a subject of study in universities.

Freud, a doctor and neuroscientist, had worked hard to establish the scientific claims of his nascent discipline. In his New Introductory Lectures, in 1932, he gave a talk entitled 'A Weltanschauung?',[7] defending the scientific status of psychoanalysis against the charge that it was just a comprehensive system of beliefs, like a religion or a political ideology. But academics in the English speaking world, steeped in the empirical requirements of logical positivism, made virulent attacks on these scientific claims. Their hostility encouraged psychoanalysts and analytic therapists to turn inwards, to make special claims for their knowledge base, and to resist demands for empirical evidence to support their method. In training I was not invited to question the status of psychoanalytic knowledge – to ask how we know what we think we know and how we understand the aims of our treatment.

In the USA, the controversy that forced a revision of psychoanalytic theorising of homosexuality, far from demonstrating the destructive effects of political correctness, has opened the profession up to a new generation of energetic recruits who have brought with them a questioning approach to the discipline. This has involved a thorough-going discussion about the philosophical basis of psychoanalytic knowledge, taking in the post-modern turn towards Continental theorists of subjectivity, such as Husserl and Heidegger. The new generation of thinkers look beyond Freud for their inspiration, and open up philosophical questions about how the truth of a psychoanalytic session emerges and becomes known to both participants, drawing on hermeneutic thinkers such as Gadamer and Ricoeur. They tend to be more inclusive in their approach, taking an interest in all forms of psychoanalytic development since Freud, including Lacanian ideas. The insight that the clinician inevitably constructs a view of the patient's internal world through the prism of his or her own biases has given impetus to thinkers such as Stephen Mitchell, Robert Stolorow and Jessica Benjamin, who have been influential in the development of relational and intersubjective theories of psychoanalytic practice. This insight has illuminated the socio-cultural assumptions that are embedded in traditional psychoanalytic theories, as feminists have argued for many years, in response to Freud's view of female sexuality and the concept of penis-envy, and this inevitably leads towards a critique of psychoanalytic thinking about sexual and gender identity, and theories of child development.

Our task group would like to contribute to a reappraisal of theory, both psychoanalytic and post-Jungian, in our own societies. In fact, the BPC's initiative in setting up these task groups is attempting to kick-start such a process. In the last edition of *New Associations* Otto Kernberg[8] argued for an opening up of the closed circle of training in psychoanalytic institutes. The development of Mentalization Based Therapy and list of CORE competencies 'required to deliver effective psychoanalytic therapy' defined by Lemma et al.[9] rest on the identification of aspects of psychoanalytically-informed treatment that can be evaluated empirically. Jeremy Holmes, in his recent BJP article, awarded the Rozsika Parker Prize,[10] argued that we should be more rigorous in differentiating these aspects of theory from what he calls 'heuristics', the concepts drawn on in psychoanalytic therapy, that cannot be empirically demonstrated to be true, but have proved useful in treating the patient – the Oedipus Complex would fall into this category. Therapy would not, in this light, be understood to be the therapist's uncovering the 'truth' about the patient, but rather as a process in which therapist and patient are engaged together on a project of narrativity 'in which the patient is both the actor and the critic of a history which he is at first unable to recount.'[11]

The proposals that our task group presented to the BPC's Strategy Conference included the promotion of CPD events and training seminars that introduce a more questioning approach to psychoanalytic and post-Jungian thinking on sexuality and gender, one that offers a critique of the traditional theories and disrupts the assumption that heterosexuality is the 'natural' expression of human sexuality. To this end, with the help of Wayne Full, a member of the task group, we have devised a bibliography on LGBT issues, which is now available on the BPC website.[12] We also proposed that the BPC Ethics Committee should include someone familiar with the Equality Act, who could advise the BPC on compliance. We also recommended the appointment of a training 'ombudsman', drawn from outside the membership of MIs, as an initial point of contact for trainees who were experiencing difficulties in their training.

And lastly, we proposed that the BPC initiate contact between senior members of MIs and organisations that advocate on behalf of the LGBT community, such as Stonewall, PACE and Pink Therapy. We felt that the psychoanalytic community should explore the possibility of making links with these bodies, in order to lay to rest, finally, the history of misrepresentation of gay men and lesbians that psychoanalysis has promoted in the past. We were troubled by the fact that our remit did not include the 'T' – the transgender/transsexual population – and feels strongly that this is something that the psychoanalytic community of the BPC needs to address. We believe that there is creative thinking about psychoanalytic approaches to sexuality and gender taking place in the universities, among registrants of UKCP

organisations, and in bodies representing the interests of the LGBT community. It is high time we looked beyond our own borders, to open up a dialogue with the outside world

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The members of the task group were: Daniel Anderson, Karen Ciclitira, Wayne Full, Giorgio Giaccardi, William Halton, Leezah Hertzmann, Simon Imrie, Maggie Murray, Juliet Newbigin (Chair), David Richards and Marion Schoenfeld. This group is laying the foundations of the standing Advisory Group, which can be consulted by the BPC on matters concerning the LGBT community

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