

The most painful loss: You cannot white it right

by Pieter du Toit Smit

These are facts of my existence that I can neither get away from nor deny in any way even though, for a long time, I wished to be able to do just that.

When I was asked to write something about my involvement in the SAPI Trans-Generational Trauma Research Groups I found myself very conflicted about this request. I did not decline it outright nor did I effortlessly agree to it. Instead, I plunged into a massive internal conflict around my insatiable and demanding wish to be seen and my every effort to hide its existence from myself and the world. Upon reflection I find it rather contradictory, even comical, that I, a white man, am wishing for more and ongoing prominence and recognition. With this in mind I have decided to respond to the request in the form of a short personal statement, following my experience in one of these groups.

I am a white Afrikaans man, an Afrikaner, who grew up during the height of Apartheid in the seventies and eighties as a member of a family of perpetrators, participants and bystanders. A family who supported, fought for and benefitted from Apartheid. At the age of 18, when I was eligible to vote, I supported it too. These are the facts of my existence that I can neither get away from nor deny in any way even though, for a long time, I wished to be able to do just that. These truths are bound in my ambivalent relationship with my father whose world I both despised and admired. It is against this backdrop that I found myself searching for and drawn towards psychoanalytic psychotherapy and psychoanalysis, the very essence of which is to say the unsayable. Constantly confronted by internal resistances to negotiate what I (we) need to understand about myself (ourselves).

This is how I became interested in the idea of forming a group with fellow South Africans to talk together about our shared and painful past. The everyday, banal, mundane impact of Apartheid on all of us, in our different ways. The sins of the (white) fathers. In this I had no choice. I had to confront my past in order to live in the present and to have a future. In this endeavour I wished to listen to and to be heard by black South Africans. Yet, as it turned out, to be heard, to be helped, to be understood and to be forgiven, actually, was my most urgent need.

Over time it became painfully clear that the group wouldn't provide in this need. We ended up being a white group. Against our wish. We had no choice. History. In a sense we were forced to be white. To engage our own whiteness. To not be led off

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I can't breathe

by Zamo Mbele

It has been more than 100 days since I reflected on the current state of affairs in the public service in these unprecedented times and, while much has happened, I have found it arduous to respond to a request for a follow-up piece.

My follow up will suffice in noting how dreadful it has been. Where 100 days ago the fears of the impact of this pandemic were mostly anticipatory now, in its place, is the reality: it has finally arrived. This pandemic has brought with it a great deal of grief. I see it in the weary, worn faces of my colleagues, in the fatigue and fractures of management and leadership, in the resounding restlessness of our patients and the growing referrals on our waiting lists.

I feel it in the cold of the large spaces we have had to adjust to for hosting meetings and ward rounds. The masked, half faces and contactless consults.

Many weeks ago we started recording positive cases and recently we have started taking stock of deaths amongst patients and colleagues.

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continued from “The most painful loss: You cannot white it right”

the hook. Continuously having to recognise the ignorance and blind spots that being white brings.

Here I am bound to sit with my antagonism and my own projections. To sit with what being white really means. Also within the group.

We are not a homogenous group even though we are all white. We are Afrikaners, Jews, English-speaking South Africans, German South-Africans, Italians. We are men and women, gay and straight.

Privilege. Fear. Hate. Hurt. Projection. Also among ourselves.

We are all white.

We had to be amongst ourselves and to examine our own whiteness. To recognise the crimes and the suffering and our particular role in it. To lean into discomfort, as Robin DiAngelo puts it. To see ourselves realistically as Freud teaches us.

To be painfully surprised by our own ignorance.

I (we) have to see it. I (we) have to articulate it in spite of shame and fear.

We have to hear each other speak. Listen. Feel the discomfort. The longing.

Above all we have to continuously recognise how this is an organic process. How we may wish to repeat something of our past by putting pressure, force even, upon black people to accept us, to join us, to invite us in.

Herein lies the most painful loss. Not knowing each other. The defenceless longing. Being deprived, essentially.

I cannot white it right.

Pieter lives in Cape Town and he is a psychoanalyst, a clinical psychologist and interested in research

Welcome to SAPI News

Welcome to the second issue of SAPI News. In this edition Pieter du Toit Smit, Vanessa Dantas e Sá and Gadija Roshan share their experiences of being in an Intergenerational Transfer of the Trauma of Apartheid group (we call them either ITT or ITTT or race groups). Zamo Mbele comments further on the effects of the pandemic in the public health sector (and how it exposes racism world-wide) while Ronald Davies describes working in the clinics in the Winelands in this time and Diane Sandler shares her experience of working in a private practice in lockdown. Following on them Nqobile Nzimande-Modau asks how it is possible that psychologists have to work for free in this time which highlights how our profession doesn't get the status it deserves, Esther Chunga interviews our very own TED talk star, Andy Cohen, and Francois Rabie ends this edition with an announcement about the psychotherapy training which is in the pipeline.

This newsletter was compiled for and on behalf of SAPI by the SAPI Exco

- ⊙ Vanessa Dantas e Sá, vice-chairperson, is the editor of this edition;
- ⊙ Vossie Goosen, chairperson, is the copy editor and editor-in-chief;
- ⊙ Zamo Mbele, secretary, shares more of his thoughts and experiences of working in the public health system; and,
- ⊙ Francois Rabie, our co-opted member, announces the psychotherapy training.

We publish the newsletter with the support of Mary-Anne Smith who serves on the Exco as the SAPA liaison member and Bhamini Rugnathji who stepped back into the seat of treasurer. We wish Melissa Melnick who stepped down as treasurer and Exco co-secretary Anele Honono-Skosana, who is on a leave of absence, just the best in a time which demands their focus on personal issues.

continued from “I can't breathe”

It has been difficult to remain thoughtful and present with this terror and melancholia all around us.

There is a grief that is typified by denial, anger, depression, bargaining and, for now, it is hard to accept.

Initially there was a denial, too. We were not going to follow the trajectory of many other countries. A denial of the severity and danger of this virus and our vulnerability to it.

Anger amongst and towards ourselves. Anger of how the last 26 years and the many centuries before have left our healthcare system utterly unprepared and exposed.

And the bargaining between union and management in the hospital to work from home where possible and “flatten the curve”, bargaining with the growing and rising Covid-19 statistics, bargaining over which age group will be most affected first and most by the virus, bargaining for cigarettes and wine. The bargaining continues.

The grief is unrelenting. There is something palpable in the hospital and outside that is hard to name and to know, in the same way perhaps that what we are facing is faceless.

This dreadful grief is pervasive, ubiquitous, ominous, noxious and it is nameless.

We are universally united by a fear that we will wake up struggling to breathe. And all the while it has been hard to breathe. We just sigh.

While we are all consumed by this pandemic, two others have also raged on: the continuous killings of countless women and children in South Africa and the lynching of black people, everywhere.

“I can't breathe!” seems easily and painfully applicable to all the victims of the pandemic, the femicides and gender-based violence atrocities and for a black man who had his neck kneeled on for nearly nine minutes. Dave Chappelle recounts how he had a near death experience that lasted approximately three minutes and how that felt like a lifetime.

It should take most people less than nine minutes to read this piece. This man could not breathe for eight minutes and forty-six seconds. Tshogofatso Pule will also never breathe again and neither will her unborn child be given an opportunity to perform this most basic human instinct.

The manifestation of this virus has highlighted the fragility of this basic instinct, to breathe, and, as if in a defensive maneuver, we cannot appreciate that this apparatus is apparently all everyone needs. Just to breathe, no matter how other.

This is nameless and dreadful.

Zamo lives in Johannesburg, is a clinical psychologist and SAPI's secretary



My experience of our race group

by *Gadija Roshan*

I was inspired to join a SAPI race group when one of the Johannesburg groups shared their experiences. It made myself, and I think a few others, very enthusiastic. A second Cape Town group formed and, before we knew it, we had our first meeting.

From the onset the reality of "other" was in the room. I am the Muslim brown person, a minority. I was not a surprised, but there was relief knowing that there was at least one other person of colour. I needed the sister even though I've known some of the other group members for a long time. Almost 20 years into the profession this is still a stark reality for me.

For me the group fluctuates from getting to the bone, which is why we wanted the group, to an almost comfortable waffling.

We shared our background, our histories. This helped us see beyond skin tone. Yet, sometimes it felt like it put the brakes on, keeping us from saying the things we want to say.

But ... we pitch up. Most of the time we are stuck. We grow, we pause, we swallow words and we start all over.

My approach to the group is to take the dive in. I always carry tissues because there are always tears. Sometimes there are laughs. Sometimes I have to know when to sit back and let the **** unfold!

My family's experience of the Group Areas Act, the denial of it all, was shoved deep into the unconscious. "Be grateful we have a roof over our head," was the message our family put out. Realising this in the group was a huge milestone for me. Others had similar realisations.

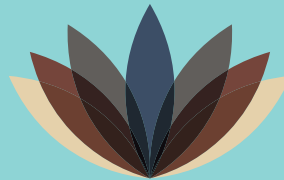
It's been hard to face up to so many -isms. The internal ones. The ones out there. Even in the room.

The pain is deep because the words for this experience are not that easy to come by. But, for me, it has to happen.

Gadija lives in Cape Town and is a clinical psychologist



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Education Day

Freud believed that the Oedipus complex activates a constellation of unconscious 'phylogenetic' (trans-generational) memories, passed down to us through evolution. In my paper, drawing upon knowledge from contemporary neuroscience, I provide a more biologically plausible account of the Oedipus complex (Mark Solms).

Disruption and Development: A Contemporary Perspective on Freud's Concept of the Oedipus Complex - SAPI Education Day webinar on Saturday, 5 September 2020

Starting at 9am with a welcome from SAPI president Elda Storck and preamble by Scientific Committee member Ntshediseng Tlooko, the main feature of the day begins at 9.30am when SAPI founder **Mark Solms** will give a lecture on contemporary views of the Oedipus complex, titled, *The Oedipus Complex Today*. Following this, Mark will be in conversation with **Dorothy Evans Holmes**, one of the first black psychoanalysts in North America. They will discuss the topic further against the background of our current Covid-19 reality, as well as in the context of the explosion into global consciousness of the Black Lives Matter Movement.

At 12.15pm, after a 45 minute break, British psychoanalyst **Maxine Dennis**, who is now a well-regarded and regular colleague at our events, will lead the Plenary Discussion. We hope material from the previous session and any further thoughts and feelings will come to life in the Plenary Discussion and will add to the richness of the day. This plenary, which ends at 1.45pm, will be followed by our standard closing comments and acknowledgments. Education Day will finish at 2pm.

The following readings are recommended:

Sigmund Freud's *Totem and Taboo* and Mark Solms', *Emotional Drives and their Place in Human Development* (Mark's paper will be sent out just before Education Day).

We also recommend a YouTube video of Trevor Noah speaking about racism in relation to a breakdown of the social contract.

We hope to attract colleagues from near and far, as well as psychology students.

Colleagues from other South African organisations will be charged R500.

South African students will be charged R100.

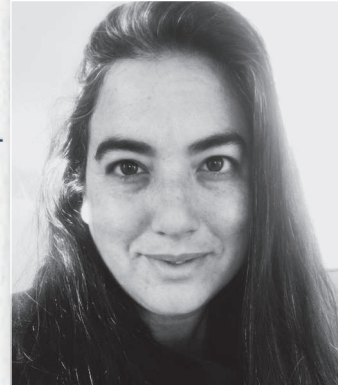
International colleagues will be charged \$40/£30.

All SAPI colleagues have free access to Education Day.

Further details regarding registration will be sent soonest.

encountering feelings in search of articulated thoughts (experience of an ITT group)

by *Vanessa Dantas e Sá*



belonging and not belonging
who feels like they belong in South Africa
what brings us together is a sense of different and
acknowledged inter-generational trauma
it has been through the slow sharing of personal stories
that we have been able to grow an understanding of
one another beyond the stereotypes that can easily be
attributed to one another

we once had a beautiful conversation about the nature
of our names, and the difficulties we've had with them,
around their foreignness, meaning, normalcy, the secrecy
and wishes they hold - it was a wonderful way to be able
to relate inside the group
the difficulty of relating in this country, to people who
look different, live in different areas, speak different
languages is experienced as injuring in micro and macro
ways
through getting to know of one another, through allowing
the curiosity to emerge, there have been rays of trust
that shone into the group
at the same time it's clear that not everyone's experiences
of injury and repair are the same

living in Cape Town as a foreigner has also been explored,
and certainly internally for me too
the right to dislike a place, to see its shortcomings and
yet inhabit it, take pleasure in it
the right to be ambivalent and exist in that ambivalence,
until it is no longer
the difference in the way we carry guilt and how we see
ourselves
the curiosity to ask how do you see yourself
do you carry the same guilt
a similar pain
are we the same
how are we different

the future, the wish to leave, to look for safer experiences
for our children - the repetitions of leaving, starting
anew, hopeful, loss-filled

being a first, second, eleventh generation, a native south
african
what this country gives and takes away from us
what being here means for our identities, for our daily
experiences, for our sense of self
what we carry of before, where we are going, with whom we
choose to go

knowing the pain is widespread
that it's hard to be curious
that it's hard to carry guilt
to be rage-filled to be ungrateful to be betraying to be
murderous and murdered
to want better or different
to be of here and yet not belong
and yet
here we are

the sprinklers, tiny drops, like magical dew, of curiosity,
of holding the gaze and listening, to each other, to
ourselves, to the fear and terror it evokes internally and
yet to hold the gaze, and remain curious
to be this or that kind of black white coloured indian
to be two things at the same time, or three or four
to have the right to become beyond the encaging racisms
within and of this land
and it's hard and it's evocative and sometimes we feel
like hiding and others like not sharing
sometimes we even fight

to be one self in South Africa feels like a fight
it's exhausting
and

*Vanessa Dantas e Sá lives in Cape Town and is a candidate
psychoanalyst and SAPI vice-chair*

Seeing and being: Thoughts from a room (Day 77 of lockdown)

by *Diane Sandler*

**When I look out my window the view is changed. No longer
trees, a low white wall, spikey growth, a road. Now a narrow
passage of crumbling plaster, red brick patches, the edge
of an old stable wall. A bit of washing line, flower pots, a
bathroom window of the neighbour's house, the church roof
and the open sky.**

In the mornings it is pitch black outside my window, as I
alternately stare out into the darkness or close my eyes
listening to the voice of my patient through the dark screen
with the round circle. From his room to mine.

The phone is balanced on a child's therapy box of toys and
a filing box. I am hands free. I stand. Or sit. Stand again.
Sometimes I move my shoulders in circles or drop my neck from
side to side. Or hold my hands behind my back and stretch.
Sometimes I squeeze hand cream into my palms and massage

it slowly into each hand and finger. The dryness relieved. The
sensation of touch and movement a compensation. A relief.

Day 63 I created a shelf outside my window. Two long narrow
planks on bricks. On it I placed objects of beauty found from
wanderings on beaches and veld. My eyes, when I open them,
now alight on stones and rock and shells, survivors of time.
Made beautiful through the never ending roughness and force
of the rain and sun and the timeless power of the sea. This
calms and grounds me as I listen and fall into the feelings and
words and stories and tones and silences and rhythms of my
patients, through the hours and days.

Two bodies and minds in time and space. What time? What
space? As always ... In such a time.

*Diane lives in Cape Town, is a psychoanalyst and a clinical
psychologist*

Waiting for the miracle

by *Ronald Davies*

Six years ago I entered the primary health care sector in the Cape Winelands District ill-prepared, armed with an MA in clinical psychology and few years' experience in private practice.

Here the typical patient is a descendant of farm workers. Most patients are what would be called coloured although the patients present from across different cultures. Many of the patients are unemployed or low income, semi-skilled workers. Many are poorly educated, most are Afrikaans-speaking.

Apart from what I call typical patients just now, I also see Matie students from across the street and the occasional immigrant. Major depressive disorder and post-traumatic stress disorder predominate. The older patients also have co-morbidities like HIV, hypertension and diabetes and significant levels of trauma. Among the women patients there are high levels of sexual trauma.

In the first few years I arrived at the clinic around 8.30am. Walking through the overcrowded waiting room I'd see some familiar faces who'd either nod shyly or pretend not to see me. The book for appointments was then housed at reception. The referring nurse or doctor entered the patient's name if there was space. Although the patient limit per day was five to six the numbers in the book usually ranged between seven and ten. Overzealous, gung-ho, well-meaning colleagues overrated my abilities.

While the operational manager tried to find me a room I'd glance through the referral book or the latest, downloaded psychotherapeutic offering because it kept me busy momentarily. The waiting lists were long. Some new entries had no referral letter so, I'd anticipate the following start:

T: "Hoekom is jy hier vandag?" (Why are you here today?)
P: "Suster het gesê ek moet vir doktor kom sien." (Sister said I must come and see you, doctor.)
T: "Benodig jy a sielkundige? (Do you need a psychologist?)
P: "Ek weet nie." (I don't know.)

After waiting for a while I'd get a vacant nurse's room with all the sharps in visible disarray or an HIV counsellor's room where the dildo used for proper condom use demonstrations stood erect next to a stack of folders or the photocopy room wherein less than a metre would separate my and the patient's knees. Colleagues would barge in repeatedly, needing some or other object. The session over, I'd return to the waiting room to call the next patient. With a patient trailing me, as I'd turn to walk back to my room, comments would reach my ear. The most memorable: **"Sy/hy sien die kop doktor" (She/he sees the head doctor). And: "Sy/hy vat mal pille" (She/he takes crazy pills).**

I return every two weeks. Patients come and go for years on end. It is a regular revolving-door psychotherapy service.

It took a few years to transform the psychology service into one with a centralized electronic referral system. Patients now see me at the hospital in a spacious office which even sports a poached couch: at the appointed hour, on the appointed day, on a weekly basis. And the patients attend their sessions.

In March this year with Covid-19 we immediately switched to telephonic consultations. Within weeks about half of my patients dropped out of therapy, some wordlessly. No money for data, a lack of privacy, persecutory fears, abandonment. One, some, all of them?

I again start seeing patients face-to-face. Those willing to take the risk attend regularly. What happened to the rest I don't know. Do I keep calling in the hope that they answer or track them through Community-Based Services who send a community healthcare worker to the patient's home with a new appointment date? I wonder how they are doing and if, perhaps, given Covid-19, they would have been better off under the old frame?

Someone needs to get moered. Can someone please unchain Django and call the psychoanalytic urban militia?

Nothing left to do
 When you know that you've been taken
 Nothing left to do
 When you're begging for a crumb
 Nothing left to do
 When you got to go on waiting
 Waiting for the miracle to come

When you've fallen on the highway
 And you're lying in the rain
 And they ask you how you're doing
 Of course you'll say you can't complain
 If you're squeezed for information
 That's when you've got to play it dumb
 You just say you're out there waiting
 For the miracle, for the miracle to come

Stanzas five and eight from Waiting for the miracle by Leonard Cohen (1992)

Ronald Davies lives in Cape Town, is a psychoanalytic candidate and a clinical psychologist



TELE-THERAPY IN THE TIME OF COVID-19
Here are useful links
by Vanessa Dantas e Sá

Watch webinars at: https://www.ipa.world/IPA/en/IPA1/Webinars/webinar_landing_page.aspx

Access timely papers: https://www.ipa.world/IPA/en/News/corona_papers.aspx

<https://www.psychiatryadvisor.com/home/topics/general-psychiatry/pandemic-perspectives-psychoanalysis-on-the-frontlines/>

<https://www.apaservices.org/practice/news/psychodynamic-care-covid-19>

<https://www.therapyroute.com/article/battling-glitchy-online-video-sessions-by-e-sinisi>

<http://www.analytic-room.com/>

Is psychology the forgotten profession?

by *Nqobile Nzimande-Modau*

There is an IsiZulu proverb, “inyanga ayizelaphi”, which loosely translated means healers cannot heal themselves. They need a healer themselves. In normal times being a therapist is demanding work. In this extraordinary time of the Covid-19 it is so much more challenging to be a mental health professional in South Africa.

As the nation tries to cope with the effects of the Covid-19 pandemic there is more confirmation that the true value of our psychology profession is unappreciated. Many patients attend therapy but display resistance when it comes to paying for the service. It seems an attitude reserved for psychotherapy. GPs are paid. Our institutions hold similar views. Just look at the psychologist to patient ratio in both private and public hospitals.

In my training as a psychologist I often wondered why this is so. Is it perhaps because we do not use tangible interventions like prescribing pills and administering injections? Our minds, our emotions and our words are our tools. They are important, intangible and non-transferable. Perhaps when something is symbolic rather than concrete it is more difficult to perceive its value?

Whatever the reason, there is no doubting the value of our work. We give of our time and minds. We contain and hold anxieties and uncertainties in ways others cannot bear to, facilitating our patients’ psychological functioning and growth. They do not leave our minds when we knock off. We hold our patients in mind wherever we go, thinking about how we can best serve them.

In psychoanalytic theory a psychotherapist is likened to a mother of a new-born baby. The relationship between mother and infant is special and intricate and necessitates a particularly delicate attunement from the mother. Maternal preoccupation is enabled by a supportive paternal function which can take the shape of the baby’s father or a grandmother, uncle or aunt. Capacitating the mother is essential for optimal infant care. It is almost impossible to care sufficiently for a baby without a supportive other.

We devote our mental and emotional resources to our patients like mothers care for their babies. But, in the broader health system, we do not receive the necessary paternal support. At present, as we combat the Covid-19 pandemic, psychologists in private practice are asked to provide psychotherapy and counselling to doctors and nurses for free. I am yet to hear of the same call being asked of doctors or nurses. Schools are going the same route now as they are reopening.

Many psychologists in the private sector lost huge parts of their income since the start of the pandemic. Yet, they are expected to do pro bono work. Psychologists, like all other health practitioners, cannot pour from empty cups. We too have financial responsibilities and emotional needs. Who is taking care of us?

After training most psychologists are forced into private practice due to a poverty of posts in public hospitals, clinics and schools where there is an overwhelming need for psychological



services. In a typical public clinic in Johannesburg’s townships the waiting list average for psychological services is 12 months which means ordinary people don’t get the help they desperately need. Surely the public service needs many more qualified psychologists!

A crisis accentuates existing tensions in a system. In South Africa mental health is not afforded the same regard as physical health. The Corona virus is bringing to the fore the existing mental health care service issues that our overburdened health system has not addressed. As the nation fights Covid-19, many citizens and health practitioners battle mental illness.

Even if we’re currently psychologically in survival mode there is no doubt that more people will become susceptible to psychological illness in the aftermath of the traumatic pandemic. Our country cannot afford to continue neglecting its mental health challenges if we are to survive Covid-19 and learn to thrive again. It is vital that we acknowledge what research already tells us: physical health and mental health are interlinked and optimal health requires that both are addressed. The pandemic and its psychosocial consequences provide an opportunity to correct the current imbalance.

Jungian psychology talks about the “shadow”, the unaccepted part of the self that is unconsciously rejected or disowned and often projected onto others. Mental challenges are often ignored in our country but that doesn’t mean they don’t exist, as the Life Esidimeni tragedy, which caused deep-seated trauma for all affected, proved.

In most patriarchal societies, such as ours, men are discouraged from feeling and talking about their emotions. Physically boys become men yet, psychologically they remain very young and prone to violence and addiction. The Covid-19 pandemic is making these social ills even more visible as more cases of gender-based violence make their way to police stations and hospitals.

The nation needs physical and psychological healing. To achieve it the health system has to own its shadow and become whole so it can serve our people effectively.

Nqobile lives in Johannesburg and is a clinical psychologist

Performing psychoeducation on a virtual world stage



by *Esther Chunga and Andy Cohen*

Esther Chunga chats with fellow psychoanalytic candidate Andy Cohen who was fortunate to be invited to present her article, *A mom can't always act like a grown-up – here's why?*, on the TEDx stage where it became available to millions around the world (<https://youtu.be/-SUzX1uz1xc>).

Esther: Can you summarise your talk for those who haven't seen it yet?

Andy: In my talk I try to understand why our kids evoke such childlike feelings in us. The talk is based on my personal experience in analysis and how it's affected me as a mother. It's all based in psychoanalytic theory, but described in simple, metaphorical ways so anyone can understand.

E: TEDx talks are such a wide-reaching platform with an incredibly diverse audience. How did your talk come about?

A: About two years ago I watched Oprah interview psychologist Shefali Tsabary about her New York Times best-seller, *The Awakened Family*. Here she explains how parents project their unresolved issues onto their kids and how this results in unconscious conflict in families. What surprised me was Oprah's reaction. She couldn't contain her excitement and tweeted live how this was "brand new information" and how this insight was "going to change parenting"! I was floored that Oprah seemed to think projection was a new idea as Freud and other analysts have been talking about it for over 100 years!

It was here that I noticed a gaping hole in our profession. So many of us are talking to our patients behind closed doors and to our colleagues at conferences and in academia ... But, who is speaking to the non-therapy-going public out there who are also really struggling? This inspired me to start writing for various parenting portals, focusing on psychoanalysis-made-accessible. One of these articles was picked up by TEDx and I was fortunate to be invited to present it on their stage.

E: I think you've managed to move this material from exclusive, intellectual spaces into something accessible and tangible. So, where does advocacy come into our profession and can we do more to transition analytic thought into everyday-common-thinking? I suppose we can start to contemplate this by understanding how your talk was received.

A: It's been really mixed. It was immediately embraced by the professional analytic world and was shared on social media by the IPA, SAPI members and the Tavistock. I also got lots of encouraging feedback from mothers (and fathers) who found it resonated in surprising ways. But the multitude of mommy-bloggers – they have enormous communities – have been slower to post it. Which I think is a wider symptom of deep internal resistances to thinking about how hard mothering is.

E: I see this at Ububele too. There is always such resistance from parents who don't want to talk about such triggering ambivalence. Why is it often met with such denial?

A: I think there is so much shame wrapped up in abstract thoughts about our kids, so it's much easier to make parenting into a concrete thing – like being about the feeding, weaning, potty training, sleeping and so on.

E: This brings to mind the secrecy around early pregnancies and how they are hardly announced until the fourth month.

A: Yes, it's like society sets up the idea that we can't talk about these growing things inside of ourselves, both babies and feelings. I think the commercial parenting world then reinforces this over and over again. But our psychodynamic community can offer these moms another way to think about this difficult stuff inside them.

E: So, from an advocacy point of view we need to help more mothers become curious about themselves.

A: Yes, curious is a good word because it says, "There isn't something wrong with you, there is something interesting about you". We also need to find clever ways to speak to moms in places where they're already mingling and researching. Then offer them an alternative. That's why I accepted the TEDx request. I wanted to help moms get curious about their internal worlds without intimidating them. In fact, in my talk I don't even mention that I work in the analytic field. I am simply an informed mom who's been through something profound and wants to share it with other moms.

E: But wasn't it vulnerable-making to talk about something so personal?

A: Very! A major challenge was TED likes you to speak from a personal viewpoint which is tricky in our profession. So, I had to strike a balance between offering a personal truth while maintaining professional anonymity. And, I also had to think very carefully about each line – and omitted all the gory bits – in order to give the audience an opportunity to find themselves in my words.

E: This also speaks to that wider symptom: There are just so many things that can't be talked about!

A: Yes! And now we've run out of time too. It really feels like we're just getting started. Hopefully our colleagues can help to fill in the blanks.

E: Absolutely!

Esther Chunga lives in Johannesburg, is a psychoanalytic candidate and a counselling psychologist

Andy Cohen lives in Johannesburg and is a prospective psychoanalytic candidate

A brand new psychotherapy training is on the cards

by *Francois Rabie and the training committee*

DEAR COLLEAGUES

By now many of you will probably have heard of the exciting training programme in Psychoanalytic Psychotherapy that SAPI is in the process of establishing.

The aim of the training is to strengthen, in a formalised manner, the clinical skills and theoretical knowledge base of SAPI practitioners who hold practice registration with a South African professional body that regulates mental-health delivery.

The training will be offered concurrently in Johannesburg and Cape Town and will commence in 2022.

The design committee has spent many hours in conversation exploring the best possible training model.

A number of factors stand out. At the forefront is cost and time flexibility. It is important for SAPI that we avoid, as best as we can, excessive cost. Therefore, we aim to make the training as affordable as possible. Also, we want a curriculum that is designed to facilitate flexibility. Meaning that in addition to the core modules, a significant number of modules will be electives. These electives will be spread out in such a way as to allow the option of studying when your schedule allows for it, thereby giving you more control in terms of how you want to incorporate

the training around your professional and personal life. In short, you do not have to do all the courses in one go and so you can decide how long it will take to complete the training. Didactic teaching will take place on Saturdays, once a month.

In addition to the didactic seminars of core and elective teachings, all therapist candidates will attend the regular monthly SAPI clinical seminars for the duration of their training.

A central aspect of psychoanalytic training is personal therapy. After careful deliberation, the committee has decided that therapist candidates must be (or have been) in personal psychoanalytic psychotherapy with an accredited therapist at no less than two sessions a week for at least three continuous years.

Furthermore, a candidate must see (or have seen) two patients at a minimum two sessions a week, for two and three years respectively. These treatments must be or have been supervised by an accredited therapist.

In due course, the training committee will release a detailed programme prospectus. For now, we just want to say that we are hard at work to put together this exciting and first-of-its-kind psychoanalytic psychotherapist training in South Africa. We will keep you posted.

Francois Rabie lives in Cape Town, is a clinical psychologist and a co-opted member (training) of the SAPI Exco

Introducing SAPI

by *Vossie Goosen*

Our umbrella body, the South African Psychoanalytic Initiative (SAPI), consists of two organisations, one for psychologists, social workers and counsellors called SAPI, also, and the South African Psychoanalytical Association (SAPA) to which all the psychoanalysts in our midst belong.

All SAPA's members are members of the International Psychoanalytic Association (IPA). World-wide SAPI is the first organisation for psychotherapists to be an allied centre of the IPA.

SAPI offers 15 groups to our members. These are mainly Clinical Seminar groups which have nine monthly two-hour meetings this year, all facilitated by our psychoanalyst colleagues. In these meetings we focus on case presentations and clinical work.

Another group which is sometimes on offer is the Intergenerational Transfer of the Trauma of Apartheid (ITT) group of which there are three in Johannesburg and two in Cape Town, as well as a group with members from most of these five groups who formed at the time of a panel presentation at the London IPA conference in 2019. Mostly closed, these groups meet monthly and help our members discuss, think about and work towards transformation.

Cape Town has an Instinct Research Group – see the webinar notices alongside – and Cape Town and Johannesburg just formed an Intercity Community Group for intern and community service psychologists which will meet on Zoom for its lifespan.

SAPI has an annual Education Day in the first weekend of September and Conference in the last weekend of February.

Write to us at sapi.exco@gmail.com if you want to become a member and would like to join a group.

SAPI ZOOM WEBINAR 2020

A series of three seminars on neuropsychanalysis by Mark Solms

(On Sunday 18 October, Sunday 1 November and Sunday 8 November from 4.15pm to 6.15pm)

R300 per seminar to colleagues in other organisations, R100 for students
Free for SAPI members
We are applying for CPD points for the seminars

Drive theory

Sunday, 18 October 2020

This seminar will outline the reasons why Freud's drive theory needs revision. A new drive theory, based in affective neuroscience, will be outlined.

The Unconscious, repression and defence

Sunday, 1 November 2020

A good deal has been learnt in cognitive neuroscience about unconscious learning and memory mechanisms. This seminar will outline the implications for psychoanalytic theory.

Clinical implications

Sunday, 8 November 2020

This seminar will outline the technical implications of the above two topics.

18.10.20
01.11.20
08.11.20