

Reflecting on Education Day 2021

by *Nokulunga Nene Mokgele*

On Education Day 2021 we as an analytic community had an opportunity to dream together and understand what dreams mean.

Mark Solms helped us understand the Freudian phenomenon of dream analysis. Mary-Anne Smith brought the Kleinian perspective on dreaming to life. And Thembelihle Mashigo helped us to see dreams and dream analysis from a sangoma's perspective which helped us get a much clearer understanding of the traditional medicine perspective.

This means both the European and the African perspective of dreams were explored harmoniously and some of us started to introspect on how to integrate both worlds in the way we work.

There were doubts in some and even uncertainty about the sangoma perspective. Some of our members sadly expected little or nothing from the sangoma input.

However, many among us got in touch with the significance of our ancestral backgrounds. How it plays an important role in our work of understanding our patients, helping them make the unconscious conscious. As well as find closure when it comes to their trauma, the difficult experiences they bring into the room.

It became apparent how important it is to be mindful of the patient's interpretation of dreams. One's unconscious bias also needs to be in check. Fortunately, patients will correct you when this occurs in the therapeutic landscape.

The day's vignettes brought the conference theme alive. The experience of dreams and interventions following dreams were explored and elicited thoughts and insights that were thought-provoking. At the same time, it was obvious how little is known about African traditions and meanings. There is a need to keep exploring this and to do that in a forum that is equal to the Western ways of interpreting and analysing dreams.

The juxtaposition of approaches shone a light on our community. On how the history of our country impacts on the way we see things through our different lenses, especially when it comes to psychoanalysis and working in our cultures. It is imperative to always be mindful of the apartheid history that the patient brings into the room. We need to be open to their belief systems and ancestral backgrounds when we try to contain and, hopefully, restore them after their painful experiences.

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CONTENTS

PAGE 1: Nokulunga Nene Mokgele: **Reflecting on Education Day 2021**; Elda Storck: **New honorary member Joan Raphael-Leff**

PAGE 2: SAPI Intercity Community Group2: **Our newest group speaks**

PAGE 3 & 4: Makhosi Thembelihle Mashigo: **On Dreams**

PAGE 4: Teboho Monyamane: **John Steiner's lecture on *Before and After the Fall*; Forthcoming events**

PAGE 5: Siyabulela Mkabile: **Exploring intellectual disability through cultural lenses; Congratulations PAGE 6: SAPI Conference 2022**

PAGE 7: Diane Sandler and Tanya Wilson:

Psychoanalysis for the people: From a London conference to local low fee work

PAGE 8 & 9: Exco speaks: **Help us choose the 2023 Exco**

PAGE 10 & 11: Vossie Goosen: **When is gender about girls and women? Francois Rabie: The traditional versus the relational stance**

PAGE 11: Vossie Goosen: **In memory of Julian Leff**



New honorary member Joan Raphael-Leff

by *Elda Storck*

In gratitude for her unwavering interest in and support of our organisations, Joan Raphael-Leff was recently unanimously elected as an honorary member of SAPA by our General Assembly.

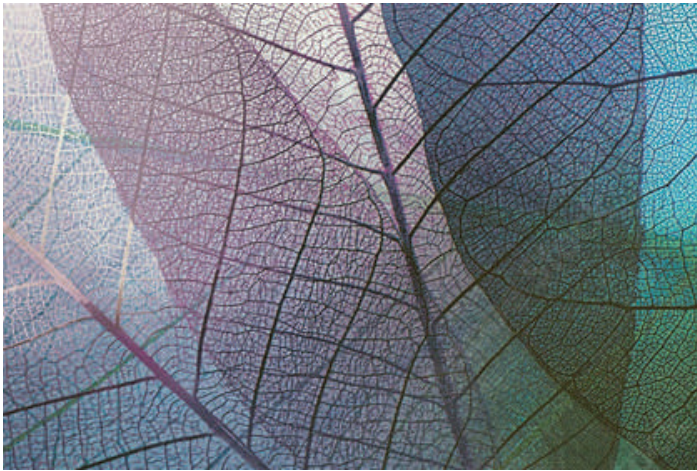
Joan, who was born in Johannesburg and arrived England in 1969, is a retired professor, psychoanalyst (Fellow of the British Psychoanalytical Society) and social psychologist. She is widely known for her many publications on perinatal mental health. She married Julian Leff in 1972 and is the mother of five children.

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No clinician knows everything about the background of a client but being open and mindful in learning about the African perspective that the patient brings is important. In this way the concept of learning from the patient takes on substance.

It is Education Days such as this year's that allows us to learn, to integrate the knowledge we received in our working with patients. It brought hope to the quiet voices, the clinicians who grapple with traditional presentations in therapeutic spaces.

The techniques discussed by all our speakers help us think about the dreams we get in sessions. Adding the traditional perspective help clinicians to feel more equipped and able to hold patients adequately and without being judgmental or undermining of their cultural or traditional backgrounds.



Most SAPI members will remember how Joan and Julian joined our conferences from the start, with Joan taking minutes of our sometimes-turbulent meetings. They made valued contributions to our growth throughout the years. What sets her apart and constitutes the red thread running through all her research, writings and teaching is her fine attunement to the social context within which her subjects exist.

Julian's long illness meant that travel was not possible in the past few years, but Joan remained connected, also as a teacher to our candidates. In 2019 she nominated us for the Sigourney Award. That we were one of the 2020 winners was a high point in her ongoing engagement with SAPA's development.

I quote from her accepting letter:

I am so touched to be elected to Honorary Membership of SAPA which, as you know, is very dear to my heart. Having followed it closely over the years since its inception, I retain my admiration for the organisation and faith in your collective passion for psychoanalysis.

I am impressed that while respecting old traditions you have cultivated a unique impetus in your members and candidates to question, adapt and innovate in keeping with the requirements of your own unusual work contexts and realise how much careful effort this balance entails.

On our part, we thank Joan for keeping us present in her mind and being an ambassador for us in such a thoughtful and helpful way. We are delighted to welcome her in SAPA and hope that she will join us in person when circumstances allow.

Our newest group speaks

by SAPI Intercity Community Group2

SICG2 started early this year. Here some of its members give us a taste of their experience in the group.

Motheo Sekgobela in Johannesburg: Being part of the intercity group affords me a holding space during this difficult time. Transitioning from internship into community service felt mostly isolating. However, the group offers a containing space to reconnect with people in the field. It is a safe space - without boundaries or limitations - to explore my mind. Being exposed to the various learning materials that group members bring is a great learning curve. The group is also a supportive space with great diversity which is helpful in thinking about our cases. The various workshops that SAPI offers is also one of the few ways that I use to stay in touch with the academic aspect of psychology.

Alexa Berlein in Cape Town: The group is a space for reconnecting for me since I have yet to start community service. It's helps me to connect with other colleagues whereas, otherwise, I may

not have had this space. I think this is especially important since Covid keeps us isolated and distanced from one another. Support and being in contact with other people in the field of clinical psychology is important, I believe!

Vireshnie Pillay in Durban: The intercity group provides a space for thought, process and emotions of all sorts brought about by very different and interesting cases from all the participants. It provides a very helpful supervision space with the chance to hear the minds of diverse thinkers, as well as the facilitators, probing new ideas and discussions. This space proves to be beneficial for all psychologists, giving them a chance to dive in deeper into their experiences with their patients.

Heather Delaney in Johannesburg: The SAPI intercity group is a valuable, containing platform that supports my transition from community service to private practice. I believe the sharing and learning from colleagues provides me with the support and structure I as a new psychologist need.

On Dreams

by *Makhosi Thembelihle Mashigo*

This is what came when I was asked to talk about dreams.

2021 Dialogue between ma and child

Ma: Nana, how did you sleep? What did you dream?
Child: Hmm ... Nice. I dreamt of rainbows, fairies, unicorns.

2014 Small group – Ububele

Therapist: I wonder what dreams came up last night?
Participant 1: I dreamt of us ...
Participant 2: I dreamt of this place ...

2018 Morning check-in of a ghobela (sangoma trainer) and amatwasa (initiates)

Ghobela: Athini amathongo? (What are the sleep guardians/elders saying?)
Initiate: Ey! Kuningi, baba. (There is so much, father!)

2000 Alone in bed, alone in the house

Breathing heavily, suffocating, sweating, voices, many voices, water, under the water, drums, breathing heavily ...

1994 Grandparent and child during the day

Gogo: I am going to take a nap, my child. The elders need to speak.
Grandchild: Ok, gogo.

1991 Grandparents and grandchild

Grandchild: *Screaming! Screaming! Screaming! Screaming!*
Umkhulu: We have to do something about this child.
Gogo: Uyagula. (The child is sick.)
Umkhulu: Do you think it is them?
Gogo: Yes.

I often, constantly feel time collapsing, expanding and fragmenting. I am the channel. We are the channels. People like me, who are chosen to dream, sign up to being open. Though the sense of permeability can be negotiated sometimes it cannot. The idea that the dream(s) visits at night and/or during specific sleep times is true but not the whole picture. Messages from the spirit world and the elders can invoke dream states even when waking. In many instances I parked on the side of the road to accept a dream state or spiritual reverie to integrate new symbols and signs into my being. Then I touch the earth, wipe away my tears, drink my water and start the car again, locking into the present, into the current time zone. It is as if night is too far away sometimes or as if it does not matter, as if night can always come. Perhaps I am always asleep or we need to be asleep always. I do not know.

Date unknown Mother, child and father

In the darkness of night she sucked her mommy's breast. As she sucked the milk, she sucked her mother's pain. Silently, gently, tenderly. One day it will be expressed in her and the child she may have, perhaps not silently, not gently, not tenderly.

In her mommy she saw stories of the past. Through her touch she felt some of her mommy's scars. Just a touch of her mommy's pain, a little bit of the pain. Shared in silence.

The unbearable transmitted through love, their love bodies. Bruised, scarred. Some scars visible, others not visible. Their soft, soft skin meeting again and again.



Counselling psychologist and sangoma or Makhosi Thembi Mashigo

She suddenly wakes up grasping for air in the dark, patting her skin. No, she was not there. Where? She can't say where but she was there ... Nostalgia.

He holds her, consoles her, the familiar sobs. He knows the sobs but does not know the pain. He does not know what was lost in the fires. Maybe he does.

The trauma birthed across generations. The voices written on her body, in her head, screaming in her dreams, waiting for her to be ready to receive their stories, their secrets, their gifts. What is theirs is hers and what is hers is theirs. They are so present in her dreams, in her nightmares.

Black ashes
Black smoke
Black fire
Kill it
Kill it
Yet, it cannot be killed, it's been, it's been too long
An inferno of blackness

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She reaches out at night and tightly squeezes her mommy's breast. Sucking and pumping the sweet, sweet yumminess of her mommy. Sucking and smiling and pumping, just mommy and baby for now. Yet their bodies know.

Black ashes
Black smoke
Black fire
Black inferno
The volcano has given birth

I dream for others and others dream for me. Sometimes I dream for strangers but are they really strangers if there is a

spiritual knowing, a spiritual connection that surpasses my/our concrete understanding of time and knowledge? I dream often. We dream of landscapes or things that are unfamiliar and, then, in meditation, research, consultations, through time some of the dreams start to make sense.

At times I need to be at peace. That what I dream I will never fully make sense of. Yet, my spirit and body will know as I am guided into places of not-knowing, as I trust that what manifests in those moments are things I knew before.

It is like this: When I was approached to talk about dreams from a sangoma perspective I knew what I would talk about, yet I also did not know what I would talk about. I let it come.

I always have notes, prompts, space and generosity for dream states in case nighttime comes again. And it did.

I also use this now in my writing.

John Steiner's lecture on *Before and After the Fall*

by Teboho Monyamane

On 7 October 2021 psychiatrist and psychoanalyst John Steiner presented his paper *Before and After the Fall: Horizontal and Vertical Object Relations* at the Zelma Joffe Memorial Lecture, organised by the Johannesburg Association of Psychoanalytic Psychotherapy Groups (JAPPG).

Probably known best to many of us for his book, *Psychic Retreats*, United Kingdom-based Steiner is not a stranger to the South African psychoanalytic community. He visited before and presented lectures and facilitated workshops here.

In this paper, which references mythology and literary works, as well as his paper on the *Garden of Eden Illusion*, Steiner shares his thoughts about "the origins of power struggles that commonly interfere with progress in analysis".

He describes what happens to the infant with the emergence of a third in the oedipal triangle when the child experiences a traumatic fall from a horizontal-oral object relationship in which oral phantasies predominate to a vertical-anal relationship at the bottom of the family hierarchy.

In the horizontal state, in an idealised *Garden of Eden Illusion*, infants believe the breast is their possession. In the vertical state they feel humiliated and seek to reverse the humiliation through taking revenge. The vertical-anal relationship is characterised by triumph or humiliation.

Steiner likens this fall in the child's development to Lucifer's fall in John Milton's *Paradise Lost*. I think he also points to how we as analysts and therapists ought to leave room to consider and distinguish between when the patient is protesting and when the patient is in a power struggle.

We cannot assert our authority in a session while denying that a hierarchy exists. Like our patients, we need to acknowledge the difference between horizontal and vertical relationships and states of mind, according to Steiner.

Steiner's paper is stimulating from a professional perspective and food for thought for parents, as some attendees said. Maybe it can also help us think about the current upheavals in our political landscape.

FORTHCOMING SAPI/SAPA EVENTS

In conversation about vaccine hesitancy in South Africa

In the spirit of having necessary psychoanalytic conversations, vaccine hesitancy presents as a current topic of discussion. Our vision for this conversation is to create a space for interested SAPI and SAPA colleagues to come together to discuss the different points of meaning on the vaccine hesitancy continuum and how psychoanalytic thinking could be used to understand different states of mind and attitudes. The date for the conversation will be confirmed.

Lecture: *Francis Bacon and the Radicality of Free Association*

Jonathan Sklar, training analyst and fellow in the British Psychoanalytical Society and honorary member of SAPA, will be giving a visually-illustrated lecture on *Francis Bacon and the Radicality of Free Association* on **Thursday, 27th January 2022, from 7:30 – 9:30pm**. Jonathan's lecture is a SAPI/SAPA fund raising event. Ticket and registration details will be shared soon.

Exploring intellectual disability through cultural lenses

For the past ten years Siyabulela Mkabile works as a senior clinical psychologist in the Intellectual Disability Unit of the Western Cape Department of Health. At the same time he is a joint-appointee in the Department of Psychiatry and Mental Health at the University of Cape Town (UCT). He is a recipient of the prestigious South African Medical Research Council (SAMRC) Bongani Mayosi National Health Scholars Programme Scholarship. He recently completed the requirements to graduate with a PhD in psychology from Stellenbosch University this year. Siyabulela appreciates the guidance and support of his supervisor, Leslie Swartz, throughout this journey.



by Siyabulela Mkabile

My work focuses on childhood intellectual disability because people with intellectual disability resonate with me as a black South African growing up in the rural parts of the Eastern Cape. They, too, know what it feels like to be neglected. They, too, struggle to access appropriate services.

I feel this is the group in society that really needs professionals like me and the services we can offer.

My PhD project explored the experiences of parents and caregivers in Khayelitsha and its surroundings. It is an urban, predominantly isiXhosa-speaking township in Cape Town, South Africa.

In my work it became clear early on that the parents and caregivers of both children and adults with intellectual disability struggle to understand it, its causes and treatment. How doctors within the hospital context explain it is not always helpful.

The gap between the medical team, parents and caregivers felt much greater for me in the case of isiXhosa-speakers. Not only was there a language barrier, but also a struggle on the part of personnel to understand the world of service users, both in terms of the views and traditions they adhere to, and, in terms of their lived urban poverty context.

It is my conviction that this gulf in understanding contributes to challenging behaviours and, in some cases, serious co-morbid psychopathology in the intellectually disabled.

All of this led to my interest in investigating African parents' and carers' experience of raising an intellectually disabled child. I wanted to know how their understanding influence their healthcare-seeking behaviours and experiences.

I also wanted to know more about alternative-care providers in the field of intellectual disability. As the only black and native speaker of isiXhosa I am often positioned as being an insider-expert in my clients' world despite being self-aware that there is much I do not yet know.

As a result, part of my dissertation focuses on how to be self-aware and aware of practices such as these. Clinicians need to sensitise themselves to the patient-and-provider-world or context if they want to provide appropriate care.

My work is published in prestigious journals, including the *Journal of Applied Research in Intellectual Disability*, the *African Journal of Disability*, *Transcultural Psychiatry*, the *International Journal of Social Psychiatry*, *Journal of Disability and Religion*, *Comprehensive Psychiatry* and the *Journal of Intellectual Disabilities*.

Congratulations to Cathy and Patricia

Cathy Rogers and Patricia Oosthuizen recently completed their training as psychoanalysts. Congratulations to you both from the SAPI Exco. It's wonderful to know you are the two latest new psychoanalysts.

Thanks from Cathy Rogers: I would like to express my gratitude to SAPA for many years of teaching, supervision and, of course, my personal psychoanalysis. I also want to thank SAPI. In particular, I want to thank my SAPI group members for their support of me over many, many years.

I have been truly enriched by our almost thirty years of friendship and collegial sharing.

I have been encouraged in many ways. For example, a SAPI colleague referred the person who became my first training patient.

I am now the product of what SAPI intends: the development of true psychoanalytic thinking in South Africa by training South Africans to become psychoanalysts.

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Psychoanalysis for the people: From a London conference to local low fee work

by Diane Sandler and Tanya Wilson

In January 2021 an international conference, called *Psychoanalysis for the People: Free Clinics and The Social Mission of Psychoanalysis*, was held online by the Freud Museum in London. The conference explored socially engaged psychoanalytic practices across the world.

It “started from the premise that the more recent progressive histories of psychoanalysis remain little known among therapeutic practitioners. They are rarely written about in the professional literature or taught on trainings. Yet there is a rich tradition of psychoanalytic theory and practice which engages in the realities of social inequality based on class, gender, poverty, racism and other forms of marginalisation” (Freud Museum).

Committee members of the Cape Town Low Fee Service (LFS) attended their conference in January, as well as a follow-up conference held in July 2021.

We were inspired. There is so much to learn from and exchange with colleagues around the world.

In South Africa we have a more than 40-year history of multi-fold, psychoanalytically informed projects that have engaged with precisely these social realities. One such project, the Ububele Baby Mat project, won a Psychoanalysis in the Community award from the International Psychoanalytical Association (IPA) this year.

The Cape Town Low Fee Service decided in 2021 to provide a forum in which we could both harness the energy and experience of often-invisible-work in South Africa, as well as take a look at what we might learn from colleagues around the world. With this in mind, we began a series of seminars for the therapists and psychoanalysts in our network. Three seminars were held thus far. A fourth is coming up on 28 October.

We began by listening to a talk by Baffour Ababio, director of the multi-cultural, decades old Nafsiyat Intercultural Therapy Centre in North London which offers psychotherapy to various cultural groups and people who speak many different languages. It is a home for developing theory through clinical experience.

Following on from this we watched a presentation by eminent psychotherapist Lennox Thomas, who exposed us to new and expanded theory in his talk, *Disorders of Mind/Disorders of Empire: Legacies of Colonialism*.

Psychoanalytic psychotherapist Thomas, who was the clinical director of the Nafsiyat, passed away in 2020. Born in Granada before settling in London, he advocated for the transformation of psychoanalytic psychotherapy to account for the impact of colonisation, war and ethnic cleansing on family and individuals.

Two of his concepts, pre-transference and the proxy self, stood out as profound in the realm of low fee work. Pre-transference refers to myths, stereotypes and fairytales that we carry

Pre-transference refers to myths, stereotypes and fairytales that we carry about the other, not linked to past relationships, but rather to deeper cultural presuppositions. The proxy self refers to a form of false self that black children use when dealing with white professionals about whom they are unsure.

about the other, not linked to past relationships, but rather to deeper cultural presuppositions. The proxy self refers to a form of false self that black children use when dealing with white professionals about whom they are unsure.

Our seminars then turned to two papers from the 2019 Nafsiyat book, *Intercultural therapy: Challenges, Insights and Developments*, edited by Baffour Ababio and Roland Littlewood: “Inferiorisation: Approaching a stigmatising reality in therapy”, by Anthony Sigalas, and “Psychotherapy in Black and White”, by Charles Brown, which is on patients’ racialised dreams of the therapist.

In many ways the talks and papers we engaged with in the seminars linked with the topics of the conference at the Freud Museum. One that stood out for us was in a talk by Daniel Gaztambide. Clinical psychologist Gaztambide is originally from Puerto Rico and now based in New York. He wrote two books: *A People’s History of Psychoanalysis* and *From Freud to Liberation Psychology*.

Gaztambide spoke of “paying attention to the language of hierarchy” in our patients: listening for symbols of status and power and finding the right moments to explore and interrogate these in relation to patients’ experiences of themselves.

In our final seminar we will be presenting vignettes from our own clinical LFS work to ground us in our own work.

Our seminars have been a welcoming space for SAPI members and colleagues from other analytic groups who joined our network. They are a space for thinking about complex clinical issues in our work.

Any SAPI member interested in this work please contact Vanessa Dantas e Sá who is our clinical administrator (vanessaulia@gmail.com). The LFS Cape Town is an exciting project and we need fresh blood to join our Organising Committee, Seminar Committee and Clinical Committee.

We will continue with our seminar programme in 2022. In the meantime, we are also meeting with colleagues from Sao Paulo, Brazil, to dialogue, exchange ideas and find out more about their clinical project that so inspired a committee member. More about that next year!

Help us choose the 2023 SAPI Exco

by the Exco

Dear SAPI members

We are already thinking about what the next Exco will look like. Not all of us will continue on the committee and we want you to think what contribution you can make. Let us know. Meanwhile, here's what we're getting out of serving you.

ZAMO MBELE, SECRETARY

Exco offered me the value of regular and consistent meetings with colleagues and friends in the turbulence of the last almost two years. While it's hard to muster energy to toil through all the agenda items at the end of the day (many times I wanted to cancel), I found the meeting is, eventually, the thing I need most.

There is something of a 'grounding reality' in catching up with each other, relating and laughing together in between agenda items. The meeting work can be very difficult. Working through takes up more of my already sparse *thinking capacity*. Yet, it also gives me energy.

It gives me, personally, a growth point opportunity. I who is 'not the most technically astute with my admin' have to play my part as the secretary of Exco. I have and continue to struggle with keeping up with minutes, for example. However, the minutes of committed work to our membership, everything we do and try to do, are not lost on me. They accumulate, as they do through hours of being a patient in an analysis or therapy. For a different type of confidence, inside, that is also invaluable.

I value every minute of the experience. I also have immense gratitude to my colleagues who I have come to know so much more and them me, I hope. I learn a lot from them.

As can be expected when you work so closely with a group of people an intimacy develops. It comes, invariably, with conflicts and challenges, with generosity and fondness. To end, it is a privilege to service our membership in this way. I'm glad I'm entrusted with the responsibility.

TEBOHO MONYAMANE, TREASURER

I officially joined the SAPI Exco as treasurer in 2021. It was somewhat daunting, but I soon came to experience that, although we each have defined roles within the Exco, we work as a team. I would not be able to learn and carry out my role without my colleagues. Along with providing practical input, it is also a supportive, enabling collegial environment.

Beyond learning about SAPI's financial operations specific to my role, I also learn about SAPI as an organisation and I'm getting a better understanding of how it operates in its context. I hope and believe that the relationships with my fellow Exco members will be enduring. It has been a truly enriching experience.



(Above) "I can only paint pretty things," Bhamini told her ITTA group. Thanks for sharing your painting with us, Bhamini. And thanks for stepping in last year to help us for an extra year until Teboho took over from you.



(Above) Last year October, when Bhamini Rugnathji was our treasurer, she wrote in the newsletter about how Covid changed how she paints. And she shared her paintings with us.

FRANCOIS RABIE, PSYCHOTHERAPY TRAINING

Over the years SAPI played such a significant role in my professional life as I grew, and continue to grow, into being a psychoanalytic practitioner. As in psychoanalysis I am confronted, energised, challenged, and deeply enriched by our discipline and by SAPI with its increasing footprint in psychoanalysis in South Africa.

My decision to join the SAPI Executive Committee was fuelled in large part by my sense of belonging and of community. SAPI exists because of its members. We each bring something of unique value to this organisation. We bring our hearts, bodies, minds and souls in a way that facilitates the continued development and expansion of SAPI. In essence, SAPI is an idea, an ideal, a value and a moral position anchored firmly within a psychoanalytic praxis.

Serving on the Exco embodies for me this praxis. It is a contribution to a set of values as much as it is getting engaged in the running of the organisation. We must embrace and protect these values. It strengthens psychoanalysis in South Africa. It sets in motion the energy to ensure a substantial home for the next generation and the many afterwards in psychoanalytic praxis in South Africa.

I therefore would like to invite fellow members to consider serving on the Exco to help build and sustain a valuable resource and home for so many of us.

(Below) When Carol Richards left the SAPI Board, Bhamini stepped into her shoes. In this way she still supports SAPI, this time in an oversight role.

VANESSA DANTAS E SÁ, VICE-CHAIR

To be a part of. To belong to a group. To belong to a group of people similarly passionate. To serve a diverse community interested and dedicated to the way psychoanalysis can support and expand our clinical thinking and beyond. I am most grateful.

Hours spent in meetings, conceptualising, agreeing, disagreeing, figuring things out; hours in the minutiae of lists and names. Feeling/being a part of the Exco has been an enormous task, an enormous honour. The wish has been that we can attend to the membership's needs generally, and in this specific Covid time, keeping us in conversation and collaboration in times of fear and isolation.

And in this, in the space between failing and succeeding, we are a part of this group of people, the SAPI Exco, working closely with the support of the SAPI Board, where we challenge each other, grow and do. So far, it's been a deep privilege.

VOSSIE GOOSEN, CHAIR

The opportunity to lead SAPI is such an honour and humbling experience for me. I'm so thankful I worked in organisations and groups before and that I can draw on all of it to serve SAPI.

Our team is multi-talented and able. And we are all committed and hard-working. I so enjoy seeing everyone of us pitch in and bring what we can.

In this difficult time we've had the full support of the SAPI Board that stepped in to meet with us more frequently. This will continue in the new year and, I hope, after the Exco changes hands in 2023.



When is gender about girls and women?

by *Vossie Goosen*

When is gender about girls and women and when is gender about everybody else but heterosexual or cis boys and men?

I've been walking around with this question for a while now. Fellow Exco member, Francois Rabie and I, have different views on the matter and are writing about them here. I wonder what others in our psychoanalytic community think and whether you'd care to send us your thoughts.

According to my niece, who does e-learning for a United Nations entity, the United Nations definition of gender still refers to girls and women. An institution like the United Nations changes slowly, she says. It takes a lot of lobbying among countries, organisations and other interests to change the definition of a term.

A fellow women's rights activist and feminist from the mid-90s talks about how, in donor circles, ten years ago already, it became clear that LGBTQIA+ and transgender organisations want to appropriate the term.

It doesn't make sense when you think that girls and women make up about 50% of the world's population, she adds. But it is understandable. Trans people have been shamed for very long. As a result they are now shaming those who seem to act against their best interests. They make headlines when they shame women and women's rights activists and feminists.

It makes me wonder, all of this. I want gender as I know it to retain the meaning that women fought for. Any addition to the term, such as gender identity or gender fluidity, can make sense, but not when it denies that gender is centrally about sexuality with its multitude of influences and expressions.

In our last edition we wrote about how questionable practices at the Gender Identity Development Service (GIDS) at the Tavistock in the United Kingdom (UK) were taken up by former transgendered Keira Bell and the psychoanalyst David Bell, among others.

Recently the UK high court's review of December 2020, which stipulated that adolescents below the age of 16 need court approval for puberty blockers and cross-sex hormones, was overturned by the court of appeal (The Guardian, 17 September 2021). The new judgement underlined the need "for clinicians rather than the court" to settle issues of consent. According to the article "the appeal court judges said: 'The fact that the report concluded that Tavistock had, in certain respects, fallen short of the standard expected in its application of the service specification does not affect the lawfulness of that specification; and it would not entitle a court to take on the task of the clinician.'"

The article further states: "The Tavistock welcomed the decision and said it was committed to improving the quality of care and decision-making for patients in what was a complex field".

For the vulnerability and confusion of adolescents, especially about their sexuality, cannot ever be overemphasised. All adult carers, in whatever profession, need to proceed cautiously if the intention is to help. And, instead of remaining silent about

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The traditional versus the relational stance

by *Francois Rabie*

The 2016 *International Journal of Psychoanalysis* (IJP) pages provided a platform for two psychoanalysts to grapple with the question: "Is the nature of psychoanalytic thinking and practice (in regard to sexuality) determined by extra-analytic, social and cultural developments?"

The debate that unfolded serves as an essential guide to help us think about what we understand and how we conceptualise sexuality and gender, especially in the current zeitgeist.

Extensive commentary is far beyond the scope of this brief article. However, I would like to foreground some of the ideas presented and for us to ask what does it mean and why is it so?

In culture we are confronted with how our understanding of what is acceptable and normal in sexuality and gender changed in drastic ways over the past 20 or so years.

How does psychoanalysis engage with changes to sexuality and gender? Does it merely adopt social norms as an agent of conformity? Should it have its own view based on clinical inquiry meta-psychology theories? The psychoanalyst Rachel Blass (2016) asks: "Should psychoanalysis follow social trends or should it not offer a critique of such trends through its study of the depths of human nature?" If psychoanalysis is shaped in part by the social how far does 'the social' extend 'into' psychoanalysis? How do we then understand, as Blass (2016) asks, the family, incest, childhood, childrearing, body image, femininity, masculinity, the value of life and pathology in general?

The 2016 IJP debate can, broadly speaking, be classified across two positions: the stance of relational psychoanalysis and that of traditional psychoanalysis.

What is foregrounded in the relational sphere is the notion of individual freedom and seeking out of pleasure divorced from notions of instinctual life and reproduction as motivated by Freudian drive theory. Modern science, that is birth control, for example, severed the link between sex and reproduction, establishing new group norms, new political positions and social possibilities. Now a diverse range of sexual possibilities are no longer anchored by drive and sublimation. These 'styles of sexuality' are determined by sociocultural conditions. Depersonalised sex as a form of entertainment and pure hedonistic pleasure seeking is a style. Deeply personal sex is another style. These different styles, though, are not morally loaded and have equal value.

In clinical practice the relational stance guides the clinician to help the patient figure out where he or she 'needs to go' to experience and achieve their subjective sense of self. Gender-transition, for example, can be pursued to have a sense of autonomy not dictated by nature and essentialism. The relational therapist aligned with the current sexual zeitgeist would not explore notions of pathology but facilitate expressions of identity, wherever they may take the patient.

According to the 2016 debate the traditional psychoanalytic argument is not as neutral. It is far more critical about what it regards as the emergence of a culture that encourages non-thinking that comes at the expense of thought: an attack on Bion's K function.

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questionable practices, we need to hold them up to the light. Accountability is key.

I also think we need to remember how long girls and women had to fight for rights. In 1910 in the UK police still knocked down in the street women protesting to get the vote (see <https://www.bbc.com/news/magazine-34425615>). In our country most of our people – including women – only got the right to vote in a democratic election in 1994.

South Africa has one of the most progressive constitutions in the world. Girls and women have more rights than ever before. But we still need to see the social gains following on the legislative victories. For me it is all the more reason to see to it that the gender space that girls and women hold is not usurped by anyone.

There still is a lot of work to be done. Holding the gender space does not exclude anybody from working on gender and identity alongside girls and women.

As psychoanalyst Jorge Ahumada (2016) describes it: There is a "detachment of mind and affect that contemporary culture promotes ... that then finds expression in the pathologies of our times – autism and narcissism". These dynamics need to be interpreted since conflict and so-called desirable goals mean something altogether different. They are defences against deeper underlying psychic processes. For instance, gender-reassignment is understood as an autistic function that is to be analysed and 'cured'.

We must ask and think about our own value systems, how they tie in with our psychoanalytic positions in terms of theory and practice. What these two viewpoints underscore for me is that we are required to know why we think what we think. To know what that means for our professional stance and for our patients.

What does it mean to find the truth as a relational therapist and as a traditional therapist? We must interrogate this deeply within ourselves, as uncomfortable and alien as it might be.

In memory of Julian Leff

by Vossie Goosen

An audience of more than a thousand tuned into or listened to a recording of the Maudsley Mediterranean Forum's (MMF) symposium on the life and work of Julian Leff who died at the age of 82 in the United Kingdom on 23 February 2021.

Click on the link here or find the recording on the MMF website: <https://www.mediterranean-maudsley-forum.co.uk>

A world-renowned psychiatrist, Julian, who was married to Joan Raphael-Leff, South African Psychoanalytic Association's (SAPA) newest honorary member, frequently attended SAPI conferences with Joan. Some of us also had the pleasure of listening to him present his work on avatar therapy.

The symposium, titled *Innovations in the understanding and care of people with psychosis*, held on 25 June 2021, is about three and a half hours long. In its break which is about 1.45 hours in, the MMF played snippets of an interview with Julian which took place at the Centre for Research on Social Psychiatry in Copenhagen, Denmark, in 2005.

Here he can be seen and heard discussing issues close to his heart, such as the stigmatisation of mental illness and the doubled effect of it on ethnic minorities, as well as the effects of long term institutional care and the rejecting attitudes of society.

In one of the clips Julian also emphasises his great respect for traditional medicines and complementary therapies, pointing out that snakeroot was used to treat psychosis in India and Africa long before the advent of modern anti-psychotics.

Shortly after the symposium is opened, Joan briefly speaks about Julian in celebration of his professional legacy which includes at least four original contributions to the field of psychiatry, most of which is ongoing work today. Julian, who was a Renaissance man, can be described as the Attenborough of psychiatry, she said.



He also had hands-on skills in many diverse fields, such as music, theatre, writing and the arts.

Robin Murray, who like Julian is a Fellow of the Royal Society and professor of psychiatric research at King's College in London, opened the symposium by emphasising that most psychiatrists, even when they are academics, do not invent new therapies. Julian invented four new therapeutic approaches.

He was the first person to promote prophylactic anti-psychotics to prevent a relapse in people with psychosis. Julian promoted family therapy for relatives of patients affected by their carers' high expressed emotion. He examined the best ways to deinstitutionalise into the community patients in institutions for many years. Together with language specialist Mark Huckvale, Julian developed avatar therapy to help schizophrenics ameliorate their auditory hallucinations.

Julian's colleagues who are continuing work in these areas are many. Some of them discussed the current status of these projects at the symposium that is well worthwhile viewing.