



Transcript of John Steiner's 80th birthday meeting: 20th March 2014

Chair: Cyril Couve
Main speaker: John Steiner
Panel: Ron Britton
Michael Feldman
Audience speakers: Jan Abram
David Bell
Cathy Bronstein
Penny Crick
Leon Kleimberg
Chris Mawson
David Miller
Michael Parsons
Michael Rustin
Jonathan Sklar
Ignês Sodré
David Taylor
Sally Weintrobe

CHAIR (Cyril Couve): Hello, we are going to start the meeting, can we have some silence please? [*strikes hammer/gave!*] Well we welcome a very good mood, after all it is a birthday. Thank you very much for attending, this amount of people attending – we expected no less. I just want to remind you that this is a meeting of the Klein Studies Group in liaison with the Scientific Committee, so...because John belongs to the Kleinian Group but the whole society too. Anyway I'm delighted to welcome everybody, obviously the important date of the eightieth birthday of John. Before we start the meeting I want to...well let me tell you a bit about the meeting: first Ron Britton is going to speak for about ten-fifteen minutes – I don't know what he's going to speak about – and then we'll move to Michael, who is going to speak and then to interact with John, and after about thirty minutes [*audience laughter*]...well everything is a surprise tonight, your fantasies are welcome [*laughs*]! Afterwards we'll open it to the audience to say whatever you want to say. And then at about 9.20 the first part will more or less stop, and Sally Weintrobe is going to join me, and Sally and me will say something about the borderline workshop at the Tavistock, which has been such an important experience of many people here tonight. But before we start I'm going to call the people on the...ah, the mute caller, yes. Now many people are actually on a phone link. Can I just read the name of...can you hear me on the phone link?

AUDIENCE MEMBER: Yes.

CHAIR: Can I just say your name, and tell me if I've left out anybody? Mary Heller?

MARY HELLER: Yes I'm here. And happy birthday John!

CHAIR: Vic Sedlak?



VIC SEDLAK: Yes.

CHAIR: Pip Garvey?

PIP GARVEY: Yes, hello.

CHAIR: Graham Ingham?

GRAHAM INGHAM: Yep.

CHAIR: Anthea Gomez?

ANTHEA GOMEZ: Yes.

CHAIR: Brian O'Neill?

BRIAN O'NEILL: Hello.

CHAIR: And Tammy Fransman?

TAMMY FRANSMAN: Hello.

CHAIR: Hello. Welcome to all of you. I'm going to mute you off for a while, which means you will hear –

AUDIENCE MEMBER: Cyril?

CHAIR: Yes?

AUDIENCE MEMBER: You left off Esther de Costa.

CHAIR: Oh, Esther de Costa, welcome, welcome. Welcome to all of you, yeah. Anybody else? No, everybody. And if you want to speak when it is open to the floor, just give us a shout basically. Thank you very much. Ron...

RON BRITTON: Thank you. Well, I'm welcoming John to the octogenarians, at last, about time, and it's my privilege and pleasure tonight to say a few words about John's analytic ideas. He and I...we began talking more than thirty years ago about these, sometimes jogging, sometimes together with Michael Feldman in Betty Joseph's workshop, and in the Westlodge conferences. John, you know – he's very prone to hide this – is by training a scientist. And he is, it's pretty evident that he is by disposition a sceptic. He is therefore a sceptical scientist. And, like Nietzsche, he's even sceptical about scepticism. He also loves scientific theories, including psychoanalytic theories and he's sceptical about them. However John has original psychoanalytic ideas. If he didn't there'd be nothing for him to be sceptical about, except those of others of course, such as mine. Well, we share many ideas jogging around Hampstead Heath, and whilst doing so we even managed to construct a joint paper. Not surprisingly this combined intuition and scepticism; it was in fact on the analyst's intuition, selected fact or overvalued



idea. One of us produced clinical material ostensibly illustrating intuition; the other used material illustrating an erroneously overvalued idea. We left the world to guess who's was which, and still do. But at that time there was even confusion for some as to who was who. An American enthusiastic colleague, for example, commented to John privately: "I really liked your paper, that and John Steiner's." [*audience laughter*]

One of John's most important original contributions to psychoanalytic theory is, of course, the concept of pathological organisations which, to quote him, "stultify the personality, prevent contact with reality, and ensure that growth and development are interfered with. Interestingly, he changed their name to psychic retreats, which introduces a spatial notion into the concept; a place, not just a system. It is a brilliant name, as it has such rich associations: a retreat is the opposite of an advance, and it's also a place where religious people go to restore their faith, as a refuge from the cares of the world. However, knowing John's analytic approach, the term and the theory must be derived from clinical experience; because it's a great strength of John's thinking that it always rests on clinical material, even though it takes off imaginatively. The basic assumption that underlies his theory is that there's a constant developmental movement in life and in analysis, which he characterises, following Klein and Bion, as between PS and D. What he has suggested is that this movement is arrested by a psychic lateral movement, out of that linearity into a static organisation or retreat where balance is substituted for integration: integration which he would call 'D' or unintegration which he would call 'PS'. John in fact subdivides the transition from PS into D into four stages: fragmentation into normal splitting, into fear of loss of the object, into experience of the loss of the object. And a sideways move to a psychic retreat might take place from any of these, and in analysis the hope is to put the patient back on the main line and out of the branch line.

Well John's psychic geometry made sense of the dream of a patient of mine, which I'll share to illustrate it. He was a patient who avoided any direct contact with objects in the sidelong way. He dreamt he was driving on a main road, with the headlights of a car rapidly approaching him from the other direction. Just as they're about to meet, he suddenly found he was having a picnic in an adjoining car park: a perfect, if you like, refuge, a retreat. John makes clear how important it is that the analyst understands the perils or even terrors that the patient fears are waiting should he emerge from his psychic hiding place. In more recent writings, John's been exploring the states of mind that someone is exposed to on emergence from his refuge. He's emphasized shame, for example, and in more moderate cases embarrassment. Though John classifies, as we all do, he doesn't like classification, any more than he likes the notion of normal. In fact he usually adds neurotic to normal, and distinguishes it from borderline and psychotic. I don't know any place in his writings where he really makes such a strong distinction between normal and neurotic. His private scepticism, I suspect, leads him to think we are all neurotic, and that normal would be too big a claim for any of us. This of course makes him a very comforting colleague as well as a humane analyst.

There are places where John talks as though we all have our own favoured psychic retreats and pathological organisations; he even generously offers us temporary respite in such places, as it's clear that escapism is a human necessity.



Like the philosopher David Hume, we need to return to our illogical beliefs and prejudices when we leave the rigour of our consulting rooms. Well this raises a question I'd like to put to John. When he's speaking of such a personal organisation, how does that relate to what we commonly call character? Psychoanalysis has long talked about character disorders, but perhaps has had less to say about non-disordered character. My guess is that John is going to tell me that there *are* no un-disordered characters. I must say, if he does, I'd say that's very characteristic of him [*audience laughter*].

JOHN STEINER: We always said that if we found a normal person we'd refer them for treatment [*audience laughter*].

CHAIR: Thank you Ron. John do you want to answer now or do want to wait for Michael to...?

JOHN STEINER: No I thought I'd...I mean I like talking, so.

CHAIR: Yeah you tell me you really like talking, yeah.

JOHN STEINER: So I thought I'd say something, perhaps, about the origin of these ideas, coz you know I was very influenced at the Maudsley Hospital by Henri Rey who many of you know or, those of you who don't know, know of him. He was a very inspiring teacher, and he was very concerned with borderline states, he used the term 'borderline.' And I remember him always saying the borderline was not just the borderline between psychosis and neurosis, which is the usual definition, but that it's a border between any two categories you can think of: like small and large, male and female, or old and young. And he would describe how some patients find it intolerable...they cannot find their identity, they don't know which side of the border they're on. In fact he tells a story of a patient of his who said, 'Doctor Rey I can't stand it any longer, I'm going to toss a coin.' And then he described a dream he had, and he said he tossed a coin saying, 'heads I'm homosexual, tails I'm heterosexual,' and the coin landed on its edge [*audience laughter*].

So I was, you know I was very concerned with this situation on the border, and I talked about a 'borderline position' for a while to try and put it in a kind of relationship with the depressive and the paranoid-schizoid position. And...but the clinical material that particularly brought this out to me was German patient I had who...she's the first chapter of the book 'Psychic Retreats,' but she would recall how, when she was a child they lived in West Germany, and her mother— her *grandmother* lived in East Berlin. And they would cross the border to visit her grandmother, and there were always terrible border guards, and she remembered the particular occasion when she, when they were delayed in a waiting room while her mother was being interrogated by the police because of some irregularity in her passport. And in this waiting room there was a wood-burning stove, and out of this she created a comfortable place, and she would fantasy of being there, and she found it entirely pleasant and comfortable, even though there must have been the most horrible anxiety all around. And I thought this was a, for me an example of a retreat to an unreal world which created an unreal sense of comfort, and it took a while to...she sort of took up residence in this borderline. So it wasn't the



border, it was an actual...the border was expanded to make a place, and that's I think what led to the idea of a place you can withdraw to, so that the psychic retreat had a kind of anatom– geographical representation in the mind, of a place, a bit like an asylum – I think one of the tragedies of modern psychiatry is we don't have asylums anymore, we have terrible, inadequate care in the community, and nowhere where a patient can be just *cared* for. And as soon as they get into a hospital, any sign of psychosis is treated with utmost violence, you know; psychiatrists can't stand psychosis, they've got to eliminate it quickly with drugs or ECT. And it's interesting actually, psychoanalysts can't stand psychosis either, they quickly want to do something, so it's one of the...there's some value to a psychic retreat which I've always thought was important to recognise. We don't want to push patients out of their retreat before they're reading and willing to do so. Anyway I thought that fits Ron's example of the picnic place. They're very similar clinical instances.

CHAIR: OK I think we...Michael we'll go to you and then we'll open it to the audience. Michael Feldman.

MICHAEL FELDMAN: Well, I think Ron and now John have raised some of the very important issues about John's work, which I think covers a huge range of different concepts and clinical phenomena. And of course "Psychic Retreats" is one of the most important, and is widely used and quoted. There are other papers of John's that I have found immensely helpful, I think his notion of turning a blind eye, it seems to me always to have been such an important formulation of a complex problem. And also the paper that he wrote with Ron, that Ron has mentioned, which I always find extremely useful. What I'd like to do – and perhaps have a little discussion with John about, because it's something that I've always struggled with – is: if we take the point that John makes about this patient of his and the waiting room on the border between East and West, he makes it very vivid that this was a pretty terrifying situation to be in, and the value of retreating to what appeared to be a warm and safe place was very, very important.

What John went on to do – and I think it's something that I feel is valuable but I continue to struggle with a bit –, he then went on to speak about what it's like, as he puts it, 'emerging' from a retreat. And his description of the phenomena, I think move from one class of experiences to another; he moves from a description of the anxieties, the paranoid anxieties, the fears of persecution, of fragmentation, the dread of intolerable envy or hatred that might emerge, and so on, and he has more recently been speaking in other terms that have a very important human dimension to them, but what the relationship to these more primitive anxieties is, I would like to discuss with John. He's moved, as you know, to speaking about shame, embarrassment, humiliation, being looked down upon, being seen as small as compared with someone big. And these are experiences which I think we can all recognise, and the point that John makes is that sometimes a feeling of embarrassment can be very severe, a patient...I mean he quotes a patient saying that they wished the earth would open up and swallow them. So, you know, they're talking about something very intense, but it's not the same as being on the border between East and West Germany, where there's a different quality of fear. And I don't think I fully understand the relationship, because I don't think – as far as I've understood it – I don't think John has been interested in exploring some of



the more primitive anxieties and fantasies that underlie embarrassment, for example, or feelings of humiliation; whether it does actually refer back to some terror, some fear of fragmentation, or disappearing, or something of a more paranoid-schizoid nature, or whether we need to stay at the level of embarrassment, humiliation, and so on. And I would be very interested to know what John felt about this.

CHAIR: Thank you. John...

JOHN STEINER: I don't think there's a short answer to that, I think...but from experience both in literature and in life and in the consulting room, there's often a situation where embarrassment and shame are dreaded more than physical destruction. And of course to the observer it feels that this is unreal, you see, that the *real* danger is as you say round the East and West Germany, and being imprisoned and shot and tortured, and so on, but the first step outside this asylum is often to become visible, and the anxiety of becoming visible seems to be subjectively much more concerned with how one appears than with the real dangers facing one. There are all kinds of stories to illustrate that. One of my favourite ones is Abelard and Eloïse, you know, Abelard was this twelfth-century preacher who gave Eloïse Latin lessons and became a bit overly familiar, and her uncle caught them at it and castrated him, and he describes how that was bad enough, but the next day people gathered around his studio – and especially his students – and they were wailing and bemoaning and pitying him, and he said that was much worse than the wound of the actual castration, to be the subject of pity. And I think we've all had experiences like that; there's a lovely example I quote in *Jane Eyre*, where Jane Eyre makes this friend called Helen at this awful school, and Helen, as a punishment, is made to stand in the middle of the class, and the whole class look at her, and Jane says this is just...must be...and it's Jane who says, I wish the earth could open up and I would disappear. But she also, in a lovely way, she describes how, actually, looking at her, she wasn't crying, she wasn't upset, she withdrew, she says, she withdrew into an inner world and she wasn't aware of anything around her, she was only aware of her thoughts that went right deep inside; and I thought it's a lovely example of a psychic retreat that protected her from this awful... But coming out of that, of course, suddenly the shame and humiliation would have hit her.

The other brilliant example is Schreber, and most of Schreber's...to do with his dread of...and his terrible complaints of the horrible humiliation he was subjected to. And the important thing there is that the humiliation was a preliminary to persecution, and often it seems that persecutors who are skilled at persecution know that to begin with you humiliate someone; and the Nazi treatment of Jews was a very good example: they made the Jews wear their yellow star, they made them scrub the pavements with toothbrushes, but the humiliation was followed then by the devastating annihilation and... So I think it's part of the...and nearly all punishments, however severe they are, the humiliating element in the punishment is a central feature, and seems to be to inflict the most painful wound that they can. So I think that subjectively people report humiliation, and it's very important for analysts, because the analytic setting is very prone to produce feelings of inferiority in the patient; the patients complain that they lie down while the analyst sits up, the analyst decides on the holiday dates and the times of the session, and



the payments and so on. And so there's a power struggle, and humiliation is in fact one of the great indices of a power relationship; the capacity to humiliate indicates a power over somebody, so that the whole issue of power, and superiority and inferiority, comes out so markedly in that area.

Well, I could say a lot more, but I think you get some idea of what I'm trying to get at. At one point I thought of this triangular thing: the depressive position, the paranoid-schizoid position, and then a borderline position, or a psychic retreat. Now coming out of a psychic retreat, you either go towards the depressive position and you face guilt and all the depressive anxieties, or you go to the paranoid-schizoid position and you face persecution and fear of attack. But before you go anywhere you come out of hiding, and consequently, en route to these other positions, you have to face shame and humiliation, and analytically it's very important I think for the analyst to support the patient through this, not to evade it, but to...I think that a feeling that, "we all know what it's like," and that then enables these more primitive anxieties, because it is – you see, shame and humiliation are to do with appearance, so they are in a sense more superficial than these deep anxieties; they're to do with how we look. And people who are very, very preoccupied with appearance have a kind of false self, in that sense. Kleinians have always been suspicious of giving this too deep a significance, and I agree with that, it's not the deepest, but it's a critical phase en route to the deeper anxieties. Anyway that's my story.

CHAIR: Michael...

MICHAEL FELDMAN: Can I just sort of push it a bit? You see, if you take a situation in which a patient feels exposed or naked, humiliated and so on; whether this is accompanied by perhaps an unconscious fantasy that some important or crucial parental object will respond by a kind of total rejection or annihilation: "I want nothing to do with you, you're to be cast into outer darkness."

JOHN STEINER: Oh indeed, and these situations have to do with fantasies that one is loved conditionally, that the parents' love, the mother's love, depends on you being toilet-trained, say, so that if you soil yourself...the deepest fear I think is just of a loss of love.

RON BRITTON: Doesn't that mean – if I can join in – if you...as I follow it John, you're suggesting this is an emergence from a state where the terror is of persecution, so whilst you're in hiding, the superego, or the internal object, or whatever it is, is a very dangerous and life-threatening object. You're emerging, however, not into an enemy camp, you're emerging as it were into the court, and it's your court, as it were –

JOHN STEINER: – yes, that's right –

RON BRITTON: – but there are still rather severe judges. But the judgements are in a different dimension: they're no longer about life and death, they're about your worth or your value, and so on. And I think that that's the state you're describing, and it's an emergence from a more primitive and paranoid state into one in which you fear rejection by what you would like to think was a loving object.



JOHN STEINER: That's right, I mean people often say, well they used to say, if you're giving a paper at a scientific meeting, "oh, you'll be attacked by all these anti-Kleinians," and I'd say, "that doesn't bother me at all, it's the *Kleinians* that bother me" [*audience laughter*], because I so want to please my peers and teachers, so they're the persecution; but not because they're going to mince me up, but because...you see I think what you say is very important, because I think that psychic retreat is at a deep level the protection of a good object, so that you withdraw, and to rest under the wing, you might say, of the mother's breast. And if you lose that, if you lose the love of the mother, that's the first thing, you lose the asylum, and you've lost the psychic retreat, and consequently you're then at a secondary phase, vulnerable to actual persecution, to actual annihilation and all the paranoid-schizoid things. But the loss of protection seems to be because there's a lack of belief in being lovable, and then the psychic retreat is no longer a safe place, and that's of course...in a way it's a deep fear isn't it, if you don't really feel you can be loved.

CHAIR: Well, I think perhaps it's time to move away from the retreat here into a wider world, and thus invite everybody to ask questions and make their commentaries. I'm going also to switch on the people on the phone link. Shall we do that, and open it to the floor? Sorry I can't quite...

CHRIS MAWSON: Chris Mawson. I was struck by a little thing that Ron said; he said, you might emerge in relation to an object you would like to think is a – now how did you say, a good object or, or a parental object? – and I have a patient whose psychic retreat is, if you like, not only a psychic retreat, it's also her artistic activities, but it has a certain component of psychic retreat about it. And it seems to be the only place she feels she can go to, to engage in putting things together without there being a horrific object present that pretends to be concerned and parental, but in fact when you investigate it, it seems to be the very opposite. And it strikes me that there's a very particular kind of ego-destructive object which I think gets muddily if you call it a superego, but which masquerades as a concerned object, and is probably waiting there at the edge of a psychic retreat; and I suppose for Bion this object would be full of vindictive envy and, you know, it might actually fit the bill for the earlier discussion about the more primitive elements: an object that pretends to be parental but which is in fact aiming at the destruction of the ego itself. And that might relate to Freud when he's talking in *Mourning and Melancholia*: an object that hates the object to death.

JOHN STEINER: Well I've argued, you see, that when you emerge you become visible, like you come out of a hiding place; but the other thing that happens is you see your object more clearly – because in the hiding place you sort of close your eyes, you don't want to look – and as you see your object you evaluate it. And one of the terrible things is that when you've assumed you're in the presence of a good object and it turns out to be a bad object, then that's a terrible kind of destruction of all your...all what you've come to believe, and forms a kind of structure – if you don't know who your good objects are, it becomes very, very confusing. And of course some of this is true of reality – there are real bad objects out there; but some of it is to do with the fantasy world, and one has created ideal objects, and if the object isn't ideal, by definition it's bad and so on, so it's a



complicated situation, but a very important one where what's assumed to be a good object is... I mean, actually Michael's always been interested in this, with your example of Snow White and the apple; you see, the red apple, the beautiful apple is always the one with poison in it. So how do you tell which apple is the good apple? And that's um...I don't know if you can add anything to that?

MICHAEL FELDMAN: Yeah, I mean it's – just very briefly – a dream a patient told me about a long time ago: it was a most terrifying dream of being chased and persecuted by a group of people that wanted to destroy her, and she unaccountably found herself just outside the home where she had grown up, and she banged on the door, her mother was there and let her in. And for a very short time she felt an enormous sense of relief; she was safe now from the persecution. Her mother took her to the back kitchen and said, "She's in here." I mean that was a very vivid example of just this kind of situation you're referring to; the sense of the...I mean the horrific situation in which a place that is meant to be safe and protective turns out to be infused with the persecution. And then, you know, I suspect then your view of the world is a kind of hopeless one.

CHAIR: David Bell...

DAVID BELL: I was thinking of Mike was just saying and it reminded me of a psychotic patient who had just read *1984*; of course there's that terrible moment where the place that was supposed to be the safe place away from Big Brother, where Winston goes with his lover, turns out, you know a voice comes from the mirror and says, "You are the dead," you know: we've been watching you all the time. And all the people who said they were the people from the old world, the coal traders, and the shops, were all actors, and of course the patient's terror was that I was drawing him into this place and I was going to reveal myself at any moment as one of those kinds of figures. But the question I wanted to raise, which might also be connected to what Michael was saying to John earlier, was, I wonder whether we have – I think a good word is a word that Cyril is very fond of, and I thought I'd borrow from him (I find myself increasingly borrowing from him), is the word "registers", that we have different registers of describing phenomena, and although they are related, they're not the same thing. So if you think about, you know, the topographical register, the structural register – which I don't think the Kleinians have ditched – but then we have PS and DP, which is another kind of register. And what I was thinking of is, when you describe the retreat, you're in what I would think of as a kind of phenomenological register, it's a very accurate description of kinds of experiences, and the kinds of objects that populate that kind of world. But that's a different kind of register than, say, the description of the paranoid-schizoid or the depressive position. So, it seems to me that, I think we all relate to it, because it makes sense, this sense of being in a retreat, and coming out and facing these different kinds of terrors that you're describing. But the retreat I don't think is in the same kind of theoretical register as...because we won't say, is retreat characterised either by paranoid-schizoid or depressive object relations; it kind of is some entanglement of both. But in another sense that's not quite the register to be talking about it, only that's what I'm struggling with, maybe I'm wrong.



JOHN STEINER: Well I think it would be very interesting to try and tease some of those things out. You see, you might say that in the depressive position you're also trying to understand the patient's subjective experience and the sense, for example, that their good object has been destroyed, that they feel responsible and guilty; this is all I think in the subjective register, which is the same sort of level as, "I feel, ashamed and guilty," or in the paranoid-schizoid the fear that, "I'm going to be attacked, I'm going to be broken into bits, I'm going to be, you know, disintegrated." Now you can, if you are so inclined, have a kind of meta-description and say, well all these subjective experiences add up to something more than that, we've got another register; but I think we haven't advanced very far in that, certainly we're further ahead with the paranoid-schizoid than we are with the psychic retreat, but it is more phenomenological, I accept that. But so are the others, and I would give great priority analytically to that level of description, because that makes the patient feel you understand how they feel; why they feel like that, perhaps, is another question that colleagues can discuss amongst themselves.

CHAIR: Leon Kleimberg...

LEON KLEIMBERG: Hi John, here's the independent talking! John, there are two points that I always wanted to ask you really, it's more asking you something rather than trying to challenge something. Freud, in *Beyond the Pleasure Principle*, talks about illusion and its correspondent beliefs that support the illusion, as a psychic mental state that is created to protect us from the daily sufferings; and by sufferings he means all the struggles and conflicts and splitting, and fragmentation. So I just wondered what the first observation is, if you could comment on that in relation to your psychic retreat? And the second one – because I cannot help it, being independent – is, how then would you link all that with the transitional experience of Winnicott's?

JOHN STEINER: With what?

LEON KLEIMBERG: The transitional –

JOHN STEINER: Transitional, right, yes.

LEON KLEIMBERG: Because the transitional experience which is between the self and the other, then you can see illusionary experiences and, you know, sort of as if imaginary, illusory states of feeling.

JOHN STEINER: Yes, yes, I mean I think those are interesting and important questions. I mean I think Freud's use of the word 'illusion', I think actually Ron's written about that – you talked about, remember he talks about the 'reservation', a bit like the Indian reservation, I think Freud uses this, you know, which is a protected area for Indians, Red Indians in North America. Of course it can be an area of persecution, and often we're putting you there for your own protection but also to make sure you don't bother us. I think it's very similar to a psychic retreat and the whole basic approach; I think the same is true of a transitional space. I've always thought that the actual withdrawal to a psychic retreat is not a creative space, it's a place of rest; you can recover your strength there but there's no



creativity because you aren't exposed to object relations, and when Winnicott says it's wrong to ask, "Is the object external or internal? Did I create it or...?", that's typical of a psychic retreat, and typical of a perverse relation to objects. You know, Freud in his example of fetishism says it's neither one thing nor the other. However I think it's not so different, I think Winnicott may have been describing the emergence from a transitional space, because often I think you get a creative burst as you come out of a transitional space; I don't think the actual transition is creative but it's splitting hairs I think, because the evolution from it can be highly creative: you suddenly have rested, you've reassembled, and you've come out and faced the world, and it's then that something creative gets stimulated.

Well, I think it's a bit splitting hairs, but you can see the reason why I make that distinction, and certainly I think the area around psychic retreats can be highly creative...you know I think people who withdraw, I think Chris Mawson's patient retreats, say, to painting or...you could withdraw to a creative activity from the world, but it's more complicated then, isn't it, because you haven't completely withdrawn. I think of, for example, adolescent girls or young girls who, you know, under the blankets with a novel, you know, read it with a torch, you know, that's a kind of fantasy world, and it's mostly uncreative but it's linked to creativity, and as you come out of it, it can be a spur to creativity. So I'm not sure I'd bother too much about the inconsistencies.

CHAIR: There's Jan, then David, and then Kathy. Jan Abram?

JAN ABRAM: Thank you. I've always found your book *Psychic Retreats* really interesting, John, and I use this idea in my clinical work. But I don't read Winnicott in the way you read Winnicott. When you talk about a psychic retreat, certainly in your book I get the impression it's very much a psychopathological organisation, and what you're describing today sounds like that too; although you are seeming to refer to a healthy side of it and, I suppose, the capacity for the patient to make use of a psychic retreat. My reading of Winnicott – I'm not sure if it's the same as Leon's – is that it's very much to do with being in Winnicott's theory, of dreaming and dream work and a kind of – I think this is very similar to reverie in Bion's work, although I think it's also very, very...there are some differences there too. And I'm – so I see the transitional space and potential space as something very creative and something that replenishes, and I wonder whether this might be linked with different basic assumptions, from your theory and Winnicott's, who – he didn't, he didn't accept the theory of the death instinct, and presumably your basic assumptions would accept the death instinct.

RON BRITTON: Can I join in?

JOHN STEINER: Please... [*audience laughter*]

RON BRITTON: I think I'd start with taking –

JOHN STEINER: – Ron said, "Can I join in?"; it's always his story of the Irishman outside a pub, saying –



RON BRITTON: – “Is this a private fight or can anybody join in?” [*audience laughter*]. It’s a joke I made as a very junior analyst when two very senior analysts were having an international wrangle, and I wasn’t forgiven. You see I think...the way I’d start, I’d go back to Freud rather than either Klein or Bion in relation to this question. You see Freud makes a strong distinction between daydreaming and dreaming, and I would make a very strong distinction between literature which is based on daydreaming and literature which is based on dreaming. And Freud, of course, makes the great claim that the function of daydreaming is pleasure, and the denial of reality. You see the one element we haven’t mentioned that, I think – why do we want people to come out of these retreats, and why do we think it’s in their benefit, is if we think that the truth is therapeutic; because denial of the truth in the retreat is a very important part, so denial is a very significant part of it. For me it’s easier, without dragging in the dear old death instinct, if you allow yourself to think we have a truth instinct, that we want to know the facts; and therefore this gives a motive, which I think permeates in our system, “move on and move out” of a sort of illusory space, actually.

JOHN STEINER: Yes...but one hopes, you see, that the momentum to move out of a psychic retreat comes from the patient, and there are various reasons why it is not a creative place. And I think you’re...Jan’s saying that we’re really talking about different things, and I’m happy to accept that, but if we could go back to psychic retreats, it’s not a creative place because the contact with reality is breached, and I think people do feel that there’s a hunger for truth and reality, but there’s also a greater version to it, and I think we have to...I mean this is, in a way, the patient’s choice, and it’s often the analyst’s intolerance of the patient’s wish to remain in an unreal world. And often I see, you know the patient says to me, “Look I can see why you want me to face reality, but what’s in it for me?” [*audience laughter*]. And sometimes I have to admit I can’t answer that [*audience laughter*].

CHAIR: Thank you. David Taylor.

DAVID TAYLOR: Well my point – question – is very related to this last point of, who is it who wants change? And whether it is, the analyst becomes intolerant of a certain situation, which the patient seems to adhere to; let’s start with that one, as it were. It seems to me that, you know, like every real good conceptualisation and formulation, every really good idea, is capable of becoming an overvalued idea, and the circumstance in which I find it becoming like an overvalued conceptualisation, is when I think – I suppose I’m thinking about *my* work – is in periods of analysis, one might call it the middle game, these long periods where it seems as if one or other parties is talking about a change of state; it seems to me the notion of a change of state is fundamental to the idea of pathological organisations and psychic retreats, that all the time one is talking about the difficulty of making a change of state: from one state of mind to another. And whether you talk about it in terms of, you know, the un-passable No Man’s Land, as it were, between one state and another, which seems so terrifically exposing, and where the different dimensions of the objects as we understand them to be – you know, very ideal and clothed in the robe of analysis – versus the naked infant whose got to expose themselves, and we regard that gap as too great. But what sometimes I find concerning in my own work is that there’s something almost too



applicable about that idea, and that what I find sometimes is going on in my work is, I'm not quite understanding the patient, but I'm talking more in terms of these various positions. And then I feel I'm using, I suppose, your idea more as an overvalued idea than this one which, somehow or other, captures something and is helpful in understanding the patient.

JOHN STEINER: I very much agree with that; I mean, I don't actually use the idea of psychic retreats very much at all.

RON BRITTON: We do John [*audience laughter*].

JOHN STEINER: In fact, I was giving a talk in New York and somebody in the audience says, "Could you explain what is a psychic retreat?" and I froze, I panicked, I said, "I have no idea" [*audience laughter*], and I really couldn't answer it. And I think it's partly because the concept became a bit clichéd, you know, and so I wheeled it out tonight because I thought Ron was going to talk about it, and obviously I have to because it's part of my – the history of my thinking. But I'm not really, I don't see it as an everyday idea that I use that much. I'm much more...in fact I think I've moved to thinking of a very, a terribly...of other issues, such as for example, conformity and rebellion, and how, perhaps connected with the anxiety of not being loved, that the propensity to adopt a conforming self, and to be what the object wants you to be, is an enormous problem in our – and somebody, did you ask me about character?

RON BRITTON: Yeah I did, a long time ago [*laughs*].

JOHN STEINER: Because I didn't answer that, but you know, the whole issue of a conforming character as opposed to a rebellious character. And I recently pursued that idea, and I'm very interested in some of the mythology about the journey of the hero, where in mythology there's the characteristic of the hero's journey is that he has to be able to leave the ordinary world to take these supernatural adventures, and he fights with dragons and slays monsters; and he obviously enjoys omnipotence in this and becomes very excited. But that in this journey of the hero, the hero also has to be able to return, back to the ordinary world, and in that sense he has to be able to relinquish omnipotence and again come back to the ordinary – to his home, in a way. And you see this, for example, in the journey of Odysseus, when he's longing to return home, eventually he gives up all this slaying of monsters and returns home to his family. So this...but you see, if you can't rebel, if you can't be a hero – and lots of us can't rebel at all, you know, people are always saying in the Society, "Why don't we help the young people? We must make it easier to become a training analyst," or something. Well that's as if they've got no rebellious spirit, I think the...what we have to try and create is a Society where the capacity to rebel and overthrow our elders is...you know, that's a true – if you can't do that, you're not a hero at all. But the other failed hero is the one that goes into omnipotence but can't give it up then; and my example of that is of course Lucifer, Satan, and of course Ignes Sôdré's description of Iago, and I think the other one is Don Giovanni. You know, I have discussions with Richard Rusbridger, who thinks he is, you know, there's nothing admirable about him, but I greatly admire Don Giovanni [*audience laughter*]. But he can't return, you see, he can't relinquish his omnipotence, he will *not* repent,

and he goes to Hell unrepentantly, so he's a failed hero just as Iago and Satan are – but there's something heroic about Satan, as Milton makes clear. So, that's somehow not completely unrelated to psychic retreats but it's a different kind of slant on it, and of course it's a double bind, you see – how can you help the patient to rebel? It's one of the examples, you people...who was it who invented the double bind theory? Bateman: where the mother says, "Don't obey me." How can you...it's impossible, you know, so this idea of the analyst encouraging the patient to rebel, you know, is a logical impossibility. So it's a real conundrum: how to create a setting where the individual can overthrow his ancestors to eventually take their place, and of course when you get to eighty it's a milestone – it's time you shuffled off, and no doubt there'll be people ready to give me a push [*audience laughter*].

CHAIR: Not yet [*audience laughter*]. There's only time for two questions, the first is Cathy Bronstein, and then Ighes Sôdré, and then we'll take you back in a different time altogether. Cathy Bronstein.

CATHY BRONSTEIN: Thank you, thank you John. I think my question is now not relevant because, after what you said, I was going to ask you about psychic retreats. And I was specifically going to ask you about the relationship between psychic retreats and pathological organisations, particularly in psychic retreats where they're not – they are places of rest but they're not just that kind of comfortable if you like, in the sense that, I was wondering how would you think of psychic retreats where there is also like a melancholic retreat or like a sort of harming retreat –

JOHN STEINER: What sort of retreat?

CATHY BRONSTEIN: There are elements also which are not just peaceful and daydreamy, in that sense. And in connection to that I was also going to wonder what was the role of the issue of control, control over anxiety, control over the drives, control over the objects, that perhaps, in mind, is one of the things that the patient looks for in those retreats.

JOHN STEINER: No, I mean those are interesting...because I was very much influenced by Herbert Rosenfeld, and you know, he was my first supervisor and I went on being supervised and a part of his seminar for years and years, he was a great influence. And at his best he had – he was not always at his best, he had periods of his life when he got a bit manic and at other times anxious, and so on – but I was very lucky I thought, I was in supervision with him, and I thought he was both conceptually and clinically a very, very fine analyst. And I was influenced by his narcissistic, his idea of a narcissistic organisation, but what I wanted to do was broaden it a bit; it wasn't only to do with narcissism. You see Melanie Klein, at one point, talked about a depressive position, but she also talked about a manic position, an obsessional position, and I very much thought of it that way, that there are varieties of defensive organisation that have particular characters, and your personality in a way depends on the balance of, you know, what defensive mechanisms suit you best, and that's your character, in a way. And I was very impressed with Rosenfeld's, you know, the 'narcissistic gang,' and the way the defences are organised, but the objects and the internal world are organised, and



this is really Freud's structural theory, that the mind is organised around internal objects; the ego is the "precipitate of abandoned object cathexes," is the way Freud put it. So I think that's what led me to talk about pathological organisations.

But I know, in fact I remember having discussions with Betty Joseph about it, and I think she was in this sort of anti-Rosenfeld phase at this time, but she didn't like narcissistic organisations and she didn't like pathological, and she said, "Well it's a retreat isn't it? It's a retreat;" and I think, in fact I think the words "psychic retreat" first came from her. And I found it, not instead of the pathological, I thought there were these three elements: there's the organisation of defences, the organisation of objects, and the spatial representation of these as a place. And that's why, that's I think the relation between pathological organisations and psychic retreats. And some patients will, their fantasies will be predominantly one or the other; some people are very much spatial, they think of it as a safe space, others are much more concerned with object relations, the kind of, the narcissistic gang, which traps them in an apparently benevolent organisation – like the Mafia: "we look after our own" as long as you conform, but if you don't conform, the most violent retribution is taken. And that's of course one of the terrible things; how do you extricate yourself from a protective organisation that masquerades as a good organisation but actually has these tyrannizing elements. And of course, in social life, in political life, these are terribly important issues: how do you deal with tyranny? And if your life is threatened, conforming is not exactly maladapted is it?

CHAIR: John, I think we'll, unfortunately we'll stop now. Ignes, could you wait for the ninetieth for your question? Or for a bit later, I think we – it's a pity, but I think we –

JOHN STEINER: I think we should give a special award to Ignes.

CHAIR: One more question, Ignes.

IGNES SÔDRÉ: Just one sentence. You know, I was thinking about the hero, you know the failed hero. The failed hero also connects to what I was going to say, because the failed hero doesn't give up omnipotence, but omnipotence gives him up, isn't it? That's the point, and it links to – I thought very much – the point about humiliation; it's not about guilt, it's about shame and humiliation, the defeat of the omnipotence really. But I was just thinking something very simple about, you know, the humiliation is connected to a very particular loss of love – it's not any loss of love – but loss of love because love is revealed to be an illusion. So it's as if you suddenly discover that what you thought was being loved was in fact a psychic retreat. I was thinking of the little Oedipal child, you know, in love with mummy, and 'marry mummy,' and suddenly, nothing terrible happens, but he doesn't get to marry mummy, he's only little; and that's horrendously painful because there was real belief that that was true, and then it's not true.

JOHN STEINER: And sometimes the person will say, "Not only do you not love me, but you *never* loved me."

RON BRITTON: Yes, terrible thing.



IGNES SÔDRÉ: I was never going to be.

RON BRITTON: So, it's Don Quixote, not Don Giovanni.

CHAIR: I think we will, unfortunately, stop now. And I'm going to invite Sally to come to the podium.

RON BRITTON: We'll go, we'll disappear.

CHAIR: Thank you very much. But as John said you've got to rebel against others.

JOHN STEINER: Do you want me to stay?

CHAIR: Yeah, yeah absolutely. I know that it's going to feel like going back in time John, but we felt when we planned your eightieth birthday, that we couldn't have this eightieth birthday without saying something about the borderline workshop, which has influenced many people who I would think are here tonight, and who are invited to join in. Sally Weintrobe and myself, we're going to talk a bit about the borderline workshop and the experience, and the enormous value it had for us. So I will start Sally.

John, what I want to focus on is the significance of the workshop for myself, and for those also who continue in the NHS as psychoanalytic psychotherapists. The workshop, for people who don't know, ran from the early 90s until 1997 – oh, 80s until '97 when he retired from the Tavistock. There were ten meetings every term and the event ran for the whole year, so thirty meetings a year, over seventeen years, which is quite a lot of time. It was an adult department workshop, but attracted members from the child and family department, from the adolescent department and also from psychotherapy departments outside of London, outside of the Tavistock I mean. It was a big group, with a membership of thirty – up to forty at times – and the format was one hour for discussion of theory papers, selected by John, and a second hour for detailed discussion of therapists' work with patients who were mostly in once-weekly psychotherapy.

JOHN STEINER: I'm pretty sure it's the other way round, it was the clinical first.

CHAIR: No, theory first [*audience laughter*]. It doesn't matter, they were very separate.

JOHN STEINER: It *does* matter, because I've always felt my focus is clinical, and indeed when we had them the clinical always overran – we only had a quarter of an hour for the theory sometimes. And moreover, once we started doing the theory, we found miraculously that the theory referred precisely to the clinical case. So I'm pretty sure it was...unless I changed, I might have changed at one point.

CHAIR: OK, my mistake. The time when I was there it was very often theory first, but anyway, let's get on [*audience laughter*]. So the patients, from my point of view, were all on the borderline spectrum, and some were actually borderline



psychotic. Now the time, obviously the timespan of this workshop corresponded with John's first creative period, during which he was creating his complex, I think very multifaceted concept of pathological organisations and psychic retreats – indeed extremely helpfully in understanding borderline patients. I attended the workshop between 1989 and 1991, and I didn't know much about John's theory then – I think I know more now – but I always felt there was something very pithy and analytically rich in what John said, to help the group think about these complex patients. So I'm going to give a brief example of the type of patients we had in the workshop, very brief.

As a female patient who kept voicing extreme scepticism and reluctance about being in psychotherapy, she accepted it, because it would not cure her cancer and hearing loss. A cervical smear had been negative, she had hearing aids for hearing loss, but she liked to switch them off so she heard nothing. Her stubborn indifference put intolerable pressure on the therapist to be the one who would have to work very hard to save the treatment. But the therapist also became indifferent as the patient repeatedly rendered any brief moment of contact completely lifeless. John started to raise diagnostic questions: was there some erotomania? Was the hearing loss organic or a defence against hearing frightening realities? Was the cancer a somatic-psychotic delusion, or a hypochondriacal defence against emotional illness? His deeply sceptical patient didn't last long in therapy, but little bits of memory emerged here and there to allow us some idea of the severity of the borderline condition. Her aunt told her a story, that when she was young, her neglectful mother left her for hours in a cot outside while the mother cleaned the house: one bit. Later, when her aunt came to her cot, the patient giggled and smiled, showing no distress at all. Another bit of memory: later the patient remembered her heart beating inside her ears. She became excited but the noise was too painful. Now John was – you were very alert to these little bits which appeared as very condensed communications, and would invite the group to think about their significance. His style was not that of giving a masterclass, in fact quite the opposite; we the group were always encouraged to think, to speak in the group. What was said in the group was analytically rich, but it always was said in a way that left the matter open-ended, it was never closed. He never used theoretical language in this clinical seminar; his focus was very much, radically, on the personal experience of the here and now.

We could imagine, after a bit of thinking about this patient, that – we could imagine the borderline structure of the patient, always with at least one foot, if not two feet, outside on the border, allowing tiny openings allowing us to imagine the infantile terrors she could not experience. She probably used extreme splitting and projective identification of the alive but dangerous self, to keep her neglectful mother alive. All the urgency seemed located in the therapist to keep her ill patient, who was absolutely intent on leaving the therapist. I think many patients were less intractable in the seminar than this one, but some also were more psychotic than this patient, to give you the range of the patients we saw. Now the workshop helped me personally, and encouraged me to develop a more analytic mental setting in relation to the very applied context of once-weekly work with difficult patients. In my own career later in the NHS, the workshop remained a source of inspiration and strength, in the belief that analytic once-weekly psychotherapy, even for one year – as our contracts were getting smaller and



smaller – could be a kind of mental lifesaver for many of those patients. I think more than half of our patients in other departments suffered some form of pathological organisation, but once-weekly psychotherapy could allow a significant amount of patients to become patients, who now felt they could be helped because dependency on an object had become slightly more acceptable in their internal world.

Finally I want to add something about John's teaching in a big group. He always protected – I think you protected the presenter from questioning that inevitably emerges in such a big group, like being asked for more facts, why the therapist said this or not, and I think, John, you saw this need for more information as very intrusive, and you would stop it very firmly by pointing out – I can hear you say that still – “Listen, the therapist is like a mother, she's involved with mothering her baby, a very difficult baby; she's far too preoccupied to know anything, so *you* tell us what you know.” And instead he encouraged the group to spell out the mood of the sessions – quite a lot of emphasis on mood –, to frame their questions in terms of their own countertransference reactions, and he would use a group to formulate some understanding of what was happening in a therapeutic relationship. I think a triangular space was restored there, which is a very important part of the setting; the group was encouraged to receive, digest and articulate the communications that the therapist could not. This approach to me absolutely embodied the importance of structuring the group, so it could function as a helpful third. So I thank you very much for everything that you gave me, and many people I'm sure. But I would like to finish my bit, before I pass the microphone to Sally, by asking you one question, which is – and answer after Sally has presented her bit – which is: you taught this workshop for seventeen years plus – that's about five hundred seminars, it's a huge bulk of work – and perhaps tonight you can tell us what it is that got from the experience. But you've got a bit of time to formulate that I'll pass the microphone to Sally.

SALLY WEINTROBE: I feel privileged to speak about the borderline workshop, and I'm very aware that Cyril and I are speaking on behalf of everyone who was part of the workshop. My memories of John in the workshop are fresh after all this time, so I feel like I've been transported back thirty-odd years. One remembers what the good teachers say; what they say goes in and stays, because it matters. And John was always completely serious in his efforts to understand and reach the patient, but he could be humorous and mischievous, and he supervised with a light touch. The experience was not of being formally taught by John, but of being welcomed by him on a voyage of discovery. And perhaps part of what made it such a vital learning experience was feeling right by John at a time when he was developing some of his earlier seminal ideas. I'm struck by his generosity in managing to make us feel like colleagues while, of course, we were in reality inexperienced trainees, most of us. He communicated his love of the work and his devotion to it in the way all the best teachers do, and I think this inspired all of us – it certainly inspired me. I remember so many of the points he made, and I remember that our reading covered the literature on borderline states comprehensively, and across analytic schools and continents. He could use clinical material in a particularly vital and living way to illustrate psychoanalytic ideas, and I only appreciated later how this helped to develop a capacity for clinical writing. When presenting our material, John insisted we keep separate



what the patient said from what we said, and from what we thought and felt; and this is something I now take completely for granted, but it was part of teaching us a method without which we could not begin to think about transference and countertransference with any clarity, and it was something that stood out for me.

I only have time for one anecdote about John and I choose it because it particularly touched and helped me, and because it so vividly brings back how it can feel to be inexperienced and right at the beginning of training. I joined the adult department as a fledgling clinical psychologist in 1978, with little psychotherapy experience. Not only did I lack experience, but I had not yet learned to use and trust the experience I did have. Sometimes when I felt at a loss, an unhelpful pressure could start to build up in me that I ought to be able, indeed I must find the right thing to say, and one was surrounded in the adult department by all these experienced analysts who found the right thing to say. And one day in the workshop, John listened to the presenter's material, and at the end he said, "You know, I don't know what to make of this, I just don't," and I found this very liberating.

John invited me via Cyril to talk this evening about being supervised by Herbert Rosenfeld, at one borderline workshop. This was 1981. My memories of the supervision were also very vivid; I didn't have to go back to anything to find them, they're right there. The patient was a young woman who'd been adopted as a baby after her mother went mad. I was seeing her once a week. She had wanted individual therapy at the Tavistock, but she was initially offered marital therapy. Her husband had written an angry letter to complain about this, and then she was offered a place with me as a case to take to the workshop. Rosenfeld said her husband was like her volume control: her own voice was very quite and controlled, while her husband could shout her needs out loud. Rosenfeld thought it was vital I understand I needed to turn up the volume so I could hear her voice. If not the treatment, he thought, would likely proceed in a flat way, with her being polite and rational and me making flat interpretations. This idea of having a volume control at my ear, and needing to turn it up to listen out for a small voice not being properly heard, is one that has always stayed with me. Rosenfeld thought this patient, whose presenting fear was that she'd go mad, he thought she showed of her sanity in the material. What I made of this was, that unless I had her volume turned up, I might be deaf to her sanity. Rosenfeld of course wrote about psychotic islands, but here it was as though he was talking about islands of sanity, and what stayed with me is the need to pay attention to different and conflicting parts of the patient at the same time. Now Irma Brenman Pick has also written about holding different parts of the patient in mind, but what stayed with me particularly about Rosenfeld's point, is how one can be deaf to parts of the patient that do not have a strong voice. Sometimes one has to turn up the volume to listen out to the patient, and the patient needs one to do this.

I presented two sessions, a week apart. The first was lively and we made contact, but she came back depressed and weighed down, with a heavy, quasi-physical feeling on her chest, for the second week. Rosenfeld thought she was presenting her difficulties and keeping a good experience with the analyst alive, and her concerns about whether the analyst would keep her in mind, and here he made another point that deeply impressed me: this was that he thought, not only did the



patient need a five-times-weekly treatment, but also she was reacting as though she was *in* a five-times-weekly treatment because, for the patient, the issues she brought a week ago were immediate and present as if they were brought the next day. And it was important that I appreciate this. And this led me to think how difficult once-weekly work can be, and how one needs a strong analytic stance to be able to bear it. In a subsequent workshop, John took up the way my patient could live in a daydream that her biological father would come and rescue her from her adoptive parents. John put it, that while her adoptive mother was cooking breakfast for her, she was sitting on the stairs waiting for the doorbell to ring, oblivious to her mother's care. This helped deepen my understanding of a way that I, with my volume control turned up, as well as the husband who shouted out her needs for her, could both be seen as the fantasy father whose role was to rescue the passive, princess-in-waiting part of her that did not need to do her own crying and shouting.

I'll leave it there, I just want to say, thank you very much John [*audience clapping*].

JOHN STEINER: Thank you both for those remarks, I mean, I got a great deal from the workshop, I learned a great deal. Of course it's a wonderful setting to hear clinical material and to have the luxury of mulling over it. But also, I very much was pleased with this model of having a clinical and a reading together, and one of the – I'm a very bad reader, in fact, so I would get the seminar to do the reading [*audience laughter*], and I could get a nice précis from it. But the important thing was to try and link it with the clinical material. Of course, I don't know that the seminar always knew – I think they did – that the topics I asked them to read were always chosen by me. Sometimes people made suggestions, but they were generally ignored, because I was interested in a particular topic, so I got the seminar to...I was enormously helped with that. The other thing that I did was occasionally invite senior analysts to come and join the workshop, particularly in the clinical part, Sally and Rosenfeld, you know most of the senior analysts, and it was very interesting to see that they had very different reactions to the seminar, but also to working in the NHS. Quite a few senior analysts thought it was pretty hopeless; to see a patient once a week, what can you do? Others...you know I'd forgotten this remark of Herbert's that, actually this patient was psychologically in a five-times-a-week analysis. Because I think, for me it was always...the central issue of whether you're in an analysis or not, is the analytic attitude, and it's the analysand – you can be in a non-analytic analysis five-times-a-week and have nothing like the spirit of analysis, and you *can* do analytic work once a week if you develop an analytic attitude. But I always stress, it's much harder once a week, and even three times a week is harder, because five-times-a-week is a kind of luxury, you know, and particularly when French analysts idealise three times a week, I've often suggested to them that you can do analysis three times a week, of course you can, but it's a hell of a lot harder, and you've got to work harder, and the rhythm is disrupted. Anyway, I've always thought you *can* do analytic work in the NHS, and this is, I mean I think this has meant the whole area has been accessible to analytic thinking. I think the workshop, and not just the workshop, but all the people who work in the NHS analytically, have a great opportunity to extend what we do from the narrow confines of the consulting room to the real world.



CHAIR: Thank you John. We did suspect that you were reading the topics we discussed for writing papers, but it's nice to have it confirmed –

SALLY WEINTROBE: Just one thing, Cyril and I – I remember you gave us some of your draft papers to read as well.

JOHN STEINER: Really?

SALLY WEINTROBE: And maybe you don't remember, because I was there earlier than you [*to Cyril*]. That was nice too.

JOHN STEINER: I don't remember that, I stopped doing that.

CHAIR: We would like to open up. Michael Rustin.

MICHAEL RUSTIN: I just want to make an observation about the value workshops like this – this is obviously a leading example – have in research in psychoanalysis, not only the borderline workshop we've been hearing about, but there've been other workshops at the Tavistock, and no doubt Betty Joseph's seminar here will be another example. The function that they have, is that they enable analysts to think about more cases of a given kind than a single analyst is likely to have in their own practice, but avoid the reduction of detail and specificity that you mostly find in large-scale studies. So it seems to me to be no accident that quite a lot of the theoretical development that's taken place in psychoanalysis and child psychotherapy has come about through these long-term co-operations of experienced analysts and other people, who bring cases bounded by some idea of commonality, which then enables communal work to take place, and has produced a very rich development of ideas and clinical material.

CHAIR: David Miller.

DAVID MILLER: John, I don't think anybody's mentioned this *one* thing in your borderline workshop. There's one thing that I was reminded of in your model of the borderline workshop that I'd completely forgotten until you started talking about heroes. And that was, that at the end of our four years of, whatever it was, stint of sharing clinical material, we had to write a paper.

JOHN STEINER: Yes.

DAVID MILLER: It was heroic thing [*audience laughter*]! We had to put on our armour, and...it was quite nerve-wracking. But it was also, as well as obviously something about this whole case that one had presented over the years, it was also an opportunity to go our own way, up to a point [*audience laughter*]. I was going to say, thinking about your point, about conformity and rebellion, I think that actually the opportunity to do that was quite an important thing.

JOHN STEINER: It's interesting, I'd forgotten that. There was a feature of the workshop that, when the therapists qualify, they gave a paper, based on the clinical case that they'd been presenting to the workshop. Some of them, you



know there was one – actually it was a different seminar wasn't it, but Nollaig White's here, there was one group – it was not directly the borderline – but there was a group of pregnant therapists; I had about six therapists become pregnant, they all thought it was my doing [*audience laughter*] –

AUDIENCE MEMBER: That's what you thought [*audience laughter*].

JOHN STEINER: What did she say?

AUDIENCE MEMBER: That's what you thought!

JOHN STEINER: I mean I knew I hadn't impregnated them but I thought I was a kind of fertility symbol or something. But, all these six presented their cases over, during, you know, throughout the pregnancy, and the patient's perception of the analyst's pregnancy and how the analyst handled it, and in fact we were trying to a book – it didn't appear as a book but it did appear under Nollaig's editorship in *Psychoanalytic Psychotherapy*, there's a whole volume to do...and that was a very interesting development, I think they were very – I mean I was reminded because of the papers, each of these pregnant therapists wrote a paper about the patient's reaction to their pregnancy.

CHAIR: Penny Crick.

PENNY CRICK: In thinking about the borderline workshop, which everybody would agree was a tremendous experience for all of us there, and which of course continues – doesn't it? John's seminar, John's seminar alright, anyway. I was thinking about when I too was a trainee clinical psychologist there, how what was so valuable for me there was to learn from John how it was possible to hold an analytic stance and, at the same time, have tremendous sense of humanity and sympathy for the patient, without in any way this becoming sentimental. And, relating to the earlier discussion, I was thinking of the normally neurotic concept and, you know, we're all in this, it's a ubiquitous state. And, also, the subjective register and the value that you always placed on that. And there were two sort of key phrases that have always stuck in my mind from that. I remember bringing a case to you, and other people had the experience, saying, "I'd really like to bring this case to the borderline seminar but it's not really a borderline patient," and you'd say, "Don't worry, we'll find the borderline" [*audience laughter*]. And the other was, he'd say, "Look, the customer is always right," that *your* job is find out in what way the customer is right, and I think that this sort of way of thinking gave us – many of us – a sort of way of identifying with this, sort of, humanity, and sensitivity without falling into the sort of trap of sentimentality. Thank you very much.

CHAIR: John Sklar.

JONATHAN SKLAR: Happy birthday John, it's a most evocative evening. I joined your unit in 1989, the year after Sally, and I agree with so much of what has been said about the atmosphere there, of pleasure of learning, respect for the patient. The other thing that we did, and I was the senior reg[istrar] for two and a half years, was that we did constantly do assessments; we did one a week, so over a



year all of us did about forty, over four years a huge amount, and the discussions that we had were really quite extraordinary. One learned about thinking analytically in that space as well, which was profoundly important. But the other place where I want to note respect was, for those of us that were training, and were not Kleinian, training at the Institute, you showed great respect so that I could learn from you and I could learn from my independent training, and both languages were fine – they didn't get muddled up, one could learn them both. And that was a very, very real position that was extremely enjoyable. So thank you.

JOHN STEINER: Thank you.

CHAIR: Michael Parsons.

MICHAEL PARSONS: John, I'd like to ask you something about Maudsley days. You mentioned having Henri Rey as a colleague. I'm thinking back now to the mid-70s, when John was a consultant psychotherapist at the Maudsley. I was a registrar doing my psychiatric training, and it was rather an extraordinary time: the other consultants were Michael Feldman, Henri Rey, Heinz Wolff – who wasn't a psychoanalyst, but very psychoanalytic and a very gifted teacher –, Harold Stuart and Peter Hildebrand visited once a week as visiting supervisors. So it was a very remarkable time, and I think it must have been remarkable for John as well, to be part of that set-up. If I remember right – I think I'm right about this John but I'll check with you –, but didn't you and Murray Jackson run ward one together as a psychoanalytic acute psychiatric in-patient unit, an acute admission unit run on psychoanalytic lines, which nowadays must seem quite extraordinary? You supervised an important dissertation of mine in 1975. What I'm thinking is, doing the maths, and thinking back, analytically how young you were yourself, and how early on in your own learning you must have been, and I'm just interested if there are any particular memories that stick in your mind from that period?

JOHN STEINER: Yes I'm pleased you mentioned the Maudsley, it was a very formative period; of course I was training as a psychiatrist, but I was very interested in psychoanalysis, and Henri Rey chiefly stood out as the important figure. But I was fortunate, really, that I had two jobs, I had three sessions in the psychotherapy department and I had four sessions as a general psychiatrist. First of all, before I was a consultant, I was a senior registrar to Dennis Hill, and he was a big wheel and was often away, and so for a lot of the time I ran the ward. And then when he retired I was appointed a consultant, and I had this unit on the ward, and it wasn't that it was run – it was not a therapeutic community, it was just an ordinary psychiatric unit, but we thought, again there was a psychoanalytic attitude, all kind of issues arose like, we used...we didn't find it necessary to use drugs as much as we thought we would, we almost never used ECT, and we were interested in talking to patients. Quite a few people, I think there are several people here who were – Dave Taylor, you were on that unit weren't you?

DAVID TAYLOR: I was your registrar, probably not very visible.

JOHN STEINER: No, no you were very visible. But the senior registrar for quite a while was Richard Lucas, on that unit, and I remember when I left to go to the Tavistock, as always happened they decided to close the unit, and Richard led a



delegation to the professor's office of about half a dozen people, as if – they didn't have placards but they waved their arms in the air: "You must not close that unit!" And that's when Murray Jackson was appointed to take over; we never worked together but he took over the unit when I left, and kept of course a similar kind of psychoanalytic approach. We did all kinds of quite radical things; for example, all the follow-up of the patients was done on the ward, so they would come back to the ward. We did a lot of group work, I remember we had two groups: the neurotic group and the psychotic group, and the neurotic group was extremely boring [*audience laughter*] – nothing ever happened and there were long silences. And the psychotic group was riveting [*audience laughter*]; people would say things to each other that you wouldn't dare to say. So it was a very interesting time. The staff nurse – there was a lady called Beatrice Stevens who went on to train as a psychotherapist. And you see, the general psychiatry in a way was...complemented the psychotherapy department where we did ordinary psychotherapy. So that was a very...I often regretted that I left the Maudsley because, you know...well it's a long story that, a lot to do with geography.

CHAIR: Well many of us did not regret that, at the Tavistock we didn't regret what you did. I think it is time – there are many questions but I think it is time to stop. I would like to thank Ron and Michael and Sally, and John obviously for the very, very, very interesting, fascinating evening that could carry on, it seems to me, through the night practically. But we've got to stop it. But before we stop, we can't have a birthday without something which is central to a birthday, so...[*birthday cake comes in, audience clapping and cheering*]. I would like to thank Priscilla for organising this little setting, it is unbelievable. John your lungs will be tested now.

JOHN STEINER: The likeness is amazing. Thank you very much everyone, I'm really touched by the whole evening, and I'm really grateful for your...for what you've done for me. Thank you, all of you [*audience applause, sing Happy Birthday*]. How can you eat this? That's the...[*general talking*].

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