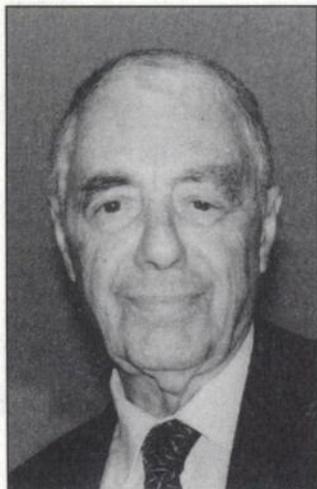


Adam Limentani

In conversation with Harold Maxwell



Adam Limentani

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Harold Maxwell interviewed Dr Limentani at Edgware, Middlesex on 9 January 1994.

Can you say something about a subject which has always intrigued me. Having regard to the very small number of Jews who came to England from Italy compared with those from Central Europe, would you describe the Jewish scene in Italy, in the early part of this century, and then under Mussolini, to set the context of your own family there.

Yes, it is a very interesting aspect of the whole thing and I will also give you an idea of how I came to England because I was one of the very few doctors – there weren't more than about 12 – who chose England as a refuge. The situation in Rome, in particular, had been extremely comfortable for Jews until all of a sudden, something very strange happened because Mussolini made a pact with Hitler. Then he found himself having to declare that Italians were an Aryan race! I will

tell you exactly when it happened – it was 5 July 1938 when I was taking a special competitive examination to gain a job at the University Psychiatric Clinic in Rome. As I came out, having written the papers, the newspapers had announced that the Italians had become an Aryan race. With that, I lost the position of Clinical Assistant at the Medical Clinic of Rome, where I had trained, and also at the Neuro-Psychiatric Clinic where I was doing the first year of training.

You qualified as a doctor in Rome, in other words, and then decided to specialise in psychiatry, or psychoanalysts?

Well, it happened in a very curious way. I was extremely lucky because although the medical university courses were extremely crowded, I was one of ten out of 300 who had the opportunity to become a student intern in the Teaching Medical Clinic.

Was that in psychiatry?

No, that was in medical work. I was still a medical student, but I was lucky because the Professor was extremely keen on psychosomatic medicine, and that was in 1934 at the very beginning of psychosomatic medicine; he was very keen to sort out psychosomatic conditions from neurotic conditions and also from 'non-existent' conditions. So I spent a couple of years working ten hours a day in this clinic where I developed a profound interest in these curious disorders of which I understood very little. But I realised that some of them had physical symptoms as well as neurotic ones. This encouraged me to think that if I was interested in these things, why didn't I go across the road to the University Psychiatric Clinic. And there I went.

At that time Cerletti was in charge of the clinic and Bini was an assistant. These were the two men who introduced electro-shock therapy. On one occasion I was privileged to go to an abattoir with Cerletti and Bini to see them doing some strange electrical things on pigs; Cerletti at that time was lecturing, modelling himself a bit on Charcot, and psychiatric work in Rome was very new although now I would regard it as pretty ancient. They weren't interested in organic psychiatry or anything like that. The whole thing was an awful lot of dated psychological stuff. Nevertheless it was very interesting to have Cerletti as a teacher and we formed a reasonably good relationship, so much so that when he went to New York in the mid-'80s to collect a special prize for having invented electro-shock therapy, he came back through London and I met him. Over dinner, he said "You know, Limentani, I am actually very sorry that I introduced this method into psychiatry because it has been so misused". As a matter of fact, by then he had a daughter who had married a psychoanalyst and was also a psychoanalyst herself. So that, I think, was very interesting.

Going back to your question, by the time the racial laws were introduced in Italy, I had to find my way out of it and I had an opportunity of coming to London as someone I was related to was able to offer me somewhere to stay.

Can I just ask you to tell me about your family and background?

Yes, my family background was Jewish but, like most Jews in Rome, not at all practising or keen on keeping strict religious practices.

What did your father do?

My father was in business like so many Jewish people, he was in the 'rag trade'. And yet, he had a great interest in culture. When he discovered I was so interested in psychiatry he picked up a book in a second-hand shop by Kraft-Ebbing. I

still have it with me and from time to time still consult it.

He picked up an interest from you?

Yes, but he was a book collector. As a family we were all madly interested in literature, reading, and music. That was my background.

What about your mother?

My mother was a housewife who was also interested in reading all kinds of things.

To go back to my emigration, I decided I had to get away in December 1938 and I came over to London.

There was really no pressure on you, as a Jewish physician to leave?

No, I could have stayed if I had agreed to work as a general practitioner with a limited clientele of someone else's choice.

But weren't the Jews leaving Italy in large numbers at the time?

No, not at all, very few. I had to come over on a boat because I couldn't go through Europe as they wouldn't give me a visa.

Did you come alone, without any other members of your family?

I came alone and left my family there, like most Jews had to do. In Rome there were only 15,000 Jews and only about 40,000 in the whole of Italy. But by then an awful lot of professional people, mostly doctors, had come to Italy from Germany and Austria and those people had to find themselves a second escape once the official racial laws became established.

How old were you at this time?

I was 25, in my second year after qualifying.

Was there a feeling among the Jews in the country that things might get difficult?

Yes, there was a feeling of fear and protest. When I lost my job at the hospital, a friend of mine protested so much that he was picked up and confined in the country for the next four years. He later became a member of parliament.

I can tell you another detail which will show you the situation we had reached. I had written the first thesis on medical hydrology (spa therapy) in Italy in 1937. Having had a tutor, the rule was that the thesis would be published with your tutor. The tutor came to me immediately after the racial laws had been declared and said, "would you mind very much if we didn't publish this paper together" and I said, "By all means, have it". That really made up my mind that this was not for me and I had to get out.

OK, so here you are in England at 25. What happened?

Well, I was a bit lost and didn't know what to do. I had an introduction to the head of the School of Hygiene in London who said "why don't you go and talk to a psychiatrist if you are so interested in psychiatry, you never know . . ." And so he gave me an introduction to Eric Strauss, a psychotherapist from Barts. I went to see him and he accounted for my first disappointment. He listened to me for a few minutes and then he said, "And what do you think you are going to do?". I said, "Well, my qualifications are recognised here in England – I can practise, I can do anything." He said, "You will never get anywhere, my dear fellow, unless you get a British degree." So I said, "Thank you very much, Dr Strauss, I will have to go and think about it".

He was an interesting man – a German Jewish refugee who became a Catholic.

Yes, he was interesting but I was very disappointed, my first real disappointment and, with that, I decided the only thing to do was to get a degree in Hygiene and Tropical Medicine and, at the first opportunity, emigrate to the colonies. So, in October 1938 I enrolled at the School of Hygiene and by June 1939 I had obtained the Diploma in Hygiene and Tropical Medicine.

This was not because you wanted to be a specialist in tropical medicine, but as a result of the interview with Dr Strauss.

Yes, having been told that I couldn't get anywhere in this country without a British medical degree, I decided that my medical degree would be all right if I wanted to go to Ghana, Ethiopia, to any place like that and to practise as a doctor. I decided that this was the only thing to do.

And to that end, you thought that a Diploma in Tropical Medicine would help you?

Yes, I knew the Tropical Medicine Diploma would open up the whole thing. It gave me an opportunity to learn English at the school where one could have lunch for a couple of shillings. You must realise that I had very little money.

But at the outbreak of the war my dreams of a medical career in the colonies went by the board. I thought the only thing I can do is go back to psychiatry. I went straight to the Maudsley and I enrolled in the DPM course. That was the most felicitous and lucky experience of my life because I was able to go to the Emergency Medical Service in Mill Hill where the clinical side of the Maudsley Hospital had been evacuated and there I met Aubrey Lewis and many future colleagues including Linford Rees, William Gillespie (the psychoanalyst), and Eric Guttman. They were very good times working there; I could see patients

and it was there that I learnt to take a medical history according to the Maudsley practice. Believe me, that stayed with me for years afterwards. Even when I became a consultant at the London Clinic of Psychoanalysis, I was using the Maudsley Hospital interviewing methods, much to everybody's disgust, because it was so fussy. But for me, it was absolutely an eye-opener to what one could do to explore patients' problems.

Was this mostly the influence of Aubrey Lewis?

No, this was just what we had to do, being part of the routine work at the clinic. But where the influence of Aubrey Lewis made itself felt was that he seemed to take a liking to me. I felt this when he used to give me lifts to St Francis Observation Ward in South London.

So you had an opportunity to talk in the car?

Yes, with this very important man, driving his little car with his quaint hat and then I watched him interviewing people in the observation ward. The reason for his taking to me like that could have been that I was the only Italian. Most of the other people that had come over were German or Austrian.

He himself was Australian, wasn't he?

Yes. I have never been able to understand what it was that somehow created this interest. To me, Aubrey Lewis was the most helpful person that you can think of because I really fell in love with British psychiatry and I never lost it. At the same time I was also interested in psychotherapy. I will tell you one of the experiences I had during the war. On one occasion I was on leave from the army and I went to see Aubrey Lewis at Mill Hill. I said, "Well, you know I am in the RAMC, in a mental hospital now and I've got the opportunity of seeing a lot of people for a long time and I'm doing an awful lot of psychotherapy, so I am often using sodium amytal and pentothal during the interview." Aubrey Lewis was horrified. He said, "What are you doing that for? If you are really interested in such a thing, why don't you listen to what people have to say?". So from that time, about 1943, I stopped using that kind of method.

That was a sort of abreaction?

Yes, I completely stopped using it. But to go back to how I got into psychiatric work. Some time in May 1940, after we had just seen many Dunkirk psychiatric casualties, my work had been stopped abruptly because the war with Italy broke out. I became an enemy alien and I was promptly interned for six months in the Isle of Man where I continued to work as a doctor. It was a very interesting and useful experience to do that kind of work. It took about six months before

they officially recognised my status of refugee but, to hurry up my release from internment, I was offered the opportunity to join the army. This I did, so I joined as a Private and within two months I was a Lance Corporal.

You didn't go in as a doctor then?

No, not at all. I was in the Pioneer Corps and, as I had the experience of public health and hygiene, the Commanding Officer said, "But surely, you ought to look after the lavatories here in our camps" – this was his style – and I said, "Certainly, I'll get them right if you like" and with that I gained a special word of praise for the way that I organised everything on the basis of the experience that I gained from the School of Hygiene. After about six months of that work my protector from the School of Hygiene, Colonel Parkinson, a very fine person, discovered what I was doing and arranged for me to have a commission in the RAMC. There, again, I was lucky. I was a lieutenant in a ward run by Captain Mitchell Heggs who had great experience in psychosomatic medicine, especially gastric disorders and I spent six months doing that. My interest in psychiatry became apparent to everybody and I was promptly transferred to a military mental hospital in Talgarth, South Wales. There I worked with military British psychiatric casualties as well as foreign ones. That was a very interesting experience because you had to distinguish between say madness in a Czech and madness in a British soldier. If a man threw his boots out of the window, he could only be a foreigner, not a British soldier! And so I spent from 1941 to 1946 there.

Did this consolidate your psychiatric experience?

Yes, but it was very difficult working with psychotherapy except that there was one specialist in psychological medicine, Wilfred Abse, the brother of Leo Abse.

Yes, of course, Wilfred Abse is an analyst in America.

That's right and he was very useful to me because I could discuss psychotherapy with him. I am very grateful to him because it was the only opportunity that I had to develop my interest in psychotherapy.

So I left the army as a major specialist in psychological medicine and I had a job as a government registrar, as it was called, hoping to train for a consultant post in due course, and that was at Shenley Hospital.

That was how Shenley came in?

That was an absolutely wonderful experience because the hospital was very modern.

They had that lovely man there, Tom Hayward, among others.

Yes, he was already training as a psychoanalyst and there was Desmond Bardon and my boss Dr Gilsenan who were also very interested in psychotherapy and they gave me freedom to do what I wanted. That was the luckiest experience of my life. There were 12 junior doctors, of whom ten were in analysis – either training at the Institute or just in analysis. It was then that I decided to train in psychoanalysis.

This would have been about 1948?

No, I went to Shenley in 1947 and in 1950 I began my training when I was a senior medical officer at Shenley. I had got a proper post and it was very useful because I had got married by then, and had a daughter. I had a place in the hospital where I could live and a nice little house.

Do you remember who interviewed you at the Institute?

Oh yes. The first interviewer was Donald Winnicott who took a good look at me and he said, "How very interesting. So you want to be a psychoanalyst?" . . . "Yes, I think it's an extremely good idea – you'd better go and get some money and come back when you've got it".

Who was the other one?

The other one was a year later and was Sylvia Payne who later became one of my supervisors. She was extremely charming and listened with great interest and although at that time I wasn't really feeling well because I had a skin infection at the back of my neck, she said, "You look so well! And yes, certainly, you should train". And Winnicott decided that it was quite obvious that what I wanted to do was to train as an *independent* psychoanalyst. I said, "What do you mean?" He said "You're not going to be a Kleinian, you're not going to be Freudian, you're going to be one of the other ones." So that is how I got into psychoanalysis.

And you learned it with Dr Wride.

I went to Dr Wride for my training and she was extremely helpful to me, especially because at that time the fees were considerable.

She was flexible?

Yes, she was very flexible, very exceptional. I had two supervisors, one was Sylvia Payne and the other was Eva Rosenfeld who trained in Vienna and continued with her training in this country – she was well known for being a strict independent sort of 'middle-group' we used to call them in those days.

You like that term 'middle-group'. It suggests some affiliation to both Freud and Klein.

Yes, that's right. I still prefer today, when people ask me, that I'm a middle-group, I'm very interested in both.

At this time, when you entered the Institute, did you meet any of the well known names from that sort of time?

Yes. During my training I met the best of the British psychological school – Melanie Klein, for instance, who gave us seminars.

Would you like to say how you remember her, as a person?

Very interesting, but strict in her views of what was supposed to be psychoanalysis. She used to have the most interesting arguments during the Wednesday meetings which, to me, were a god-send to understand psychoanalysis and to learn things. But then she would walk down the stairs at the end of the meeting and you could hear her whispering to someone, "Huh! If you call that psychoanalysis – can you imagine!". So she was disparaging of other people, but when she was a seminar leader she was helpful and interesting, but unfortunately I only had five seminars with her.

The 1950s and '60s were the golden years of the British Psychoanalytic Society. It was exciting to be present at scientific discussions when the participants were Anna Freud, Melanie Klein, Willie Hoffer, Bion, Michael Balint, D.W. Winnicott to name only a few. They all had their particular style when teaching students. Hoffer was happy enough to present all of Freud's views in 24 lectures. Balint was provocative and full of useful advice. Klein would impress by her utter conviction about her views. Winnicott would suggest an interpretation, only to say at the end, "but you must not say that for another ten years". It was not easy to grasp all that Bion had to say, but that experience was contradicted when I was privileged to work with him when he became Director of the London Clinic of Psychoanalysis and I was by then a consultant. We also worked together on committees on training. His acumen in assessing suitability of patients for treatment or applicants for training was usually, but not invariably, correct. His belief in psychoanalysis carried an infectious element which is illustrated when I once reported to him that I was surprised that a very ill patient he knew about was now so much better. In a brief note, he wrote "You should know that the patient got better because she had an analysis". That simple statement has stayed with me to this day.

Glover had resigned from the British Society in 1943 and affiliated himself to another society.

That was because of his disagreements.

It was because of controversial discussions that had taken place within the British Society. They had all argued for weeks on end without reaching any definite conclusion except that they should have two courses in the British Psychoanalytic Society, the A Group and the B Group. The B Group were the Freudians around Anna Freud, the A Group were the Independents and the Kleinians and we had seminars together led by senior members of both groups.

Please say a few more words about Michael Balint, because he was so important, not only for psychoanalysis but for psychiatrists and general practitioners.

Michael Balint was a very interesting person. I regard him responsible for my going into psychoanalysis and deciding to apply for training because he was running groups at the Tavistock Clinic. He had so many people who wanted to join these groups but not enough people to run them, so he decided to offer a group session to eight or ten young psychiatrists from various hospitals and, in exchange for his taking this group, we were allowed to have groups of patients at the Tavistock Clinic also helping out with analysts who were working with groups.

So that was invaluable at that stage.

Yes, in 1948 he had three such groups and we were the slaves because we had to do all this work as he was handling more and more patients and didn't know what to do with them. They had to be treated in groups and that is how I had my experience of group therapy. But now, having had the experience of being in a group run by Michael Balint himself, and now that you've reminded me – I had completely forgotten – I found him exasperating.

Not an easy chap, was he!

He wasn't easy. He was extremely difficult, especially under those conditions and at a certain point I felt the only thing I could do was to go and have an analysis myself.

And that's how you thought of training?

Yes. There was nothing else I could do because who could cope with someone like Michael Balint? For two years I went on helping with a group with an analyst, Dr Ezriel, also at the Tavistock Clinic. I considered that again one of my lucky experiences because when, later on, I was able to discuss groups, I was able to express my objection to group work, like many psychoanalysts do. I was able to do it having had the unique and valuable experience of having been in a group for 18 months with Michael Balint

and having actually treated people in groups. I qualified as a psychoanalyst in 1955.

You had left Shenley by now?

In 1956 I left Shenley from one day to the next and decided to go into private practice. I set up in Upper Wimpole Street; I had a room there and I decided that I would sit it out, wait for patients to come. And they did come, quite a lot of them. But then I decided that as soon as possible I would go back to the health service with a few sessions if someone was kind enough to offer them to me.

So what was the next step?

My idea was always to wait to be asked to do something. By chance – I had an invitation to join Barts as Associate Chief Assistant in the Department of Psychological Medicine run by, none other than Eric Strauss!

He was still there?

He was, and so was Linford Rees. This was in 1958. By then I had continued to do a fair amount of psychiatric work, having been appointed consultant psychiatrist at the Italian Hospital in 1950. At the same time I was developing my psychoanalytic practice.

Is the Italian Hospital still there in Queens Square?

No, that has disappeared but I was there as a consultant psychiatrist from 1950 until 1972 when I found that my other commitments were too full and I had to give it up. I enjoyed very much going to Barts where I was again given the opportunity to do my own thing as a psychotherapist.

Was this a paid appointment?

Oh yes, there were three sessions a week and I was delighted because I had an opportunity of meeting people again and working with a very nice group of psychiatrists. From that moment I began to see that I truly had to make sure that I kept a post in the health service and in 1962 the opportunity came of a post as consultant psychotherapist at the Portman Clinic. The post was later turned into consultant psychiatrist and then again consultant psychotherapist with the usual vagaries!

Was it Dr Edwards you succeeded or was he there already?

Yes, he was there. The invitation to work at the Portman Clinic came from Rubinstein, the psychoanalyst, who knew about me because I was beginning to be known in the Society, but I continued to have an interest in psychotherapy. I had been invited to be a consultant at the London Clinic of Psychoanalysis which meant

interviewing people for treatment with psychoanalysis.

Do you mean patients, people who would be patients for trainees?

Yes, that's right. And so it was already known that I had interests apart from pure psychoanalytical work.

You were still a doctor and felt very much a doctor.

Oh yes, and so I went to the Portman Clinic in 1962 as a consultant psychotherapist and I think from that moment I became a 'professional bigamist'; I owe the term to J.B. Pontalis, the French psychoanalyst, who says that he felt that being a psychoanalyst and at the same time editor of a journal made him a kind of 'professional bigamist'. I accept the term with full sympathy, because I think that I couldn't have done without the experience of psychotherapy any more than I couldn't have done without the experience of psychoanalysis.

The Portman, of course, deals with two categories of patients under the health service, that is delinquency and sexual deviations.

Yes, I found that work fascinating, so much so that I have written quite a few papers about homosexuality, transsexualism, bisexuality and all sorts of related problems to sexual deviancy, and some about delinquency as well.

When you were appointed who else was on the staff there?

Sam Lucas (S.H. Lucas) and Patterson who died recently. Edwards was there and Rubinstein. Glover had gone by that time but he was a very respected name. So, that was the experience of the Portman Clinic that continued to 1983 – I stayed a bit longer after I had to retire – and I must say I gained a lot of experience which I could use in my work as a psychoanalyst.

How do you see psychoanalysis, how it has changed during your professional lifetime, do you feel that psychoanalysis has 'caught on' here?

No, definitely not. I think it is mostly to do with a dislike that British psychoanalysts (those who have trained with the British Psychoanalytic Society) have about vulgarising the profession – there has always been a strong dislike about clichés and so on, something that is widely practised in the United States.

I don't quite follow you. Can you clarify that?

Well, there is a way of making psychoanalytical concepts, ideas and the practice 'popular'. Making them accessible to people.

Do you mean like a Readers Digest?

Yes. Which leads to the fact that you have people who talk about "my psychoanalysis" even if they have it only once a week "my analyst – my psychoanalyst says this . . .".

This is done in the States?

Yes, and this is so popular that you cannot go to a party in the States without finding someone who says "Oh, you're a psychoanalyst, I'll tell you about my psychoanalytical experience". Now this sort of thing doesn't go down very well in this country.

Are you saying that's a good or bad thing?

It's a good thing that psychoanalysis should be kept within certain restrictions, not as a defensive wall against intrusions, but psychoanalysis should offer something that would distinguish it from other methods of psychotherapy. It is very easy to say there's no difference between psychoanalysis, and psychotherapy. That is not true. Psychoanalysis, for one thing, is more of a definite commitment and deals much more with the impossible problems. Psychoanalysis attempts to deal with the most difficult crucial psychological kind of knots in a person's character and personality. Psychotherapy is more accessible to various influences although, as far as I am concerned, I always make a point of not somehow being a different person when I'm a psychotherapist than when I am a psychoanalyst. That doesn't mean that as a psychotherapist I ask every patient to lie down. But my behaviour towards the patient, my understanding of the patient's behaviour is strictly within my psychoanalytical training and I find that extremely useful, not to introduce any parameters, not to use the so-called safety valve because "it's only psychotherapy . . .". So it doesn't matter if I accept this present from my patients. It doesn't matter if I cancel the sessions because "it's only psychotherapy . . .".

So you're saying that it hasn't been popularised or, in a sense one might say, vulgarised in a way over here as it has in the United States.

Or in other countries. I say in other countries as well because in this country the psychoanalytic practice is still, by and large, strictly on a four or five times a week basis.

That isn't obtained necessarily elsewhere?

No, other countries are now having training three times a week, or twice a week. This would not happen in this country but I must admit that many psychoanalysts nowadays do have patients two or three times a week, as I have had for some time.

So that's as far as the general public goes. Now just a word on the medical scene of psychoanalysis.

You must realise that the psychiatric attitude in this country is still verging on the organic, on the use of drugs and on the brief treatment approach. The practical approach which comes from necessity because of shortage of opportunities to treat people, but also deliberately because it is not felt to be effective, a point made by the critics of psychotherapy.

And nowadays, especially, tremendous drive and interest in behavioural and especially cognitive methods, sweeping the boards as it were.

Yes, people have found psychoanalysis a very hard nut to crack in many ways. People have been disappointed in psychoanalysis, because, let's face it, psychoanalysts tend to take the most difficult, untreatable cases that one can think of. There are some psychoanalysts who are careful to choose their own patients so that they may have some very good results and still do.

Has there been a change in your opinion in the type of patients now who are being taken on, for instance borderlines and psychotics are now taken on regularly?

Yes, that has also contributed to making psychoanalysis less popular, the factor that the borderline and psychotic patients have been accepted, with disappointing results in some instances; in other cases, very useful. For many patients that I have come across, sent by medical colleagues, psychoanalysis has been a life-line and will go on being a life-line with much more to offer than any other kind of treatment that I can think of. But I accept that people have a pressing need, insofar as they have become more aware of the presence of psychological difficulties in themselves, and I can understand how they will turn to anything which is offered that has a promise or usefulness without being so frustrated.

So you would describe yourself as a traditionalist?

Well, yes, but my particular interest in psychoanalysis is still that it is a very useful basis to practise other ways of approaching the patients. It is much easier to be a psychotherapist if you have had an analysis. And if you have been lucky enough to afford it, to have a full psychoanalytical training, I think you will find work with your patients whether they are psychiatric or psychotherapy cases of all kinds, much easier.

What are your expectations of the next 15 or 20 years in this country and in the United States – I am thinking especially of the explosion of the

other professions, counsellors and psychotherapists. It mirrors the explosion in the United States of psychoanalytically trained non-medical personnel.

Yes, and they are both happening in this country as well. It isn't only in the United States.

No, but the change has been in the United States, in that previously virtually all the analysts have been medical, so there is a big increase in numbers.

From the point of view of the United States, it was inevitable what they had to accept, because there were a lot of non-medical analysts working extremely well. That issue of non-medical training goes back to the 1930s when the Americans decided that they would go it their own way, ignoring suggestions from the International Psychoanalytical Association. But the International Association took the view that non-medical people had to be accepted. Now, I suspect that in the next 20 years, there will be more non-medical people interested in psychoanalytic training. I have come across a number of people who have been seeking supervision with me, who are non-medical and I have been only too glad to help.

And of the new entrants to training in the British Society, there are twice as many non-medical as medical; that's been a change in the last ten years.

Absolutely. Now we do not quite know the reasons for it. We do feel that very likely it's partly financial.

And time? They would mostly be psychiatric trainees.

Yes, time, but essentially because it is a very expensive training, especially insofar as we, in this country, insist on five times a week, and some people find it very hard. The interesting thing is that some medical people are turning to psychotherapy training.

Because that's only two or three times a week?

Yes, on the basis of two or three times a week of their own analysis.

So those organisations are attracting more medical personnel.

Yes, I think so.

And, as I said, the other explosion has been the counselling professions which are mushrooming in their hundreds.

Absolutely, I am very interested in that you should be using the term 'explosion' because, Freud used it himself in 1923/24 when he was telling his followers "You must do something

about this 'explosion' of demands for psychotherapy that is about to happen! You will see what is going to happen". That's what he said and how right he was.

About your own position in the British Society – you held most of the offices at one time or the other. I remember you were Joint Training Secretary with Wally Joffe for a while and you enjoyed working with him, didn't you?

Yes, very much.

And eventually you became President of the British Society.

Yes, but from the beginning I decided that I would gain experience at the London Clinic of Psychoanalysis and so I was consultant there and I was very pleased to be able to see what kind of patients were requesting treatment in those days. At the moment there has been a big change in the work of the Clinic because they have decided not to have a restriction on the age of patients who apply for treatment, which I think is a good development, even if it creates problems for those who are training because they would be confronted by patients older than themselves.

That can be a bit anomalous.

Yes, and the results when treating someone who is old in psychoanalysis is never quite as good as when someone comes into analysis at the age of 20, 25 or 30.

It's a different result.

Yes, that's right. It seemed that the most important aspect in the life of the Psychoanalytic Society had something to do about training people to become psychoanalysts. I felt that that was the essential role of having an institution.

But what matters is the future.

Yes. I thought it was training. So I threw myself into it and found people very accepting of my interest so I rapidly became Training Secretary and eventually I was also put in charge of a total reform of the psychoanalytic training which is more or less how the Society is run now; according to the lines which I was able to develop with the help of many people. Then I found myself able to accept the position of President of the British Society.

And then, going from here overseas, I know that you were concerned with sponsoring and monitoring the development of other groups, study groups of new societies.

As President of the British Society, I was obviously a figure they felt they could turn to within the International Association. I had done some work around training committees and training

arrangements within the International, but it was only when I became President of the British Society that I was asked to become Vice-President of the International Association and eventually I found myself President. I then had to visit every society all over the world, so my work has taken me from Australia to the United States to the whole of South America and Europe, of course!

Did you enjoy that experience?

Very much. In those days, which was up to 1985, I was still not minding long air travel but I had some five years experience.

Do you remember any particular people or occasions?

Oh yes, I remember some very interesting occasions of finding myself, for instance, in Brazil having to deal with difficulties touching on local politics there and sometimes even problems that would arise in the societies needing external help to sort them out.

Just because people are analysts doesn't mean they don't have ordinary dichotomies, difficulties, disagreements, polemics, to say the very least! Is that right?

I have very definite views about psychoanalytic societies all over the world, and I don't mind being quoted because I've said this so many times. I think that they all have the problem of dealing with internal tensions due to jealousies, rivalry, desire for power, fear of losing the power and so on. Psychoanalysts cannot quarrel with their patients, so what is better than having a nice committee in one of their training institutes and a heated argument with some of your colleagues. Now this may sound simplistic as an explanation of the tensions that exist in societies, but it seems a reasonable one.

And I've read somewhere that you've suggested it's people's ambivalences towards psychoanalysis that may emerge?

That is also another problem that may exist within certain societies where you start having dissidents and then you have the tensions between the orthodox and the dissidents.

One can't help thinking of Lacan. Would you just like to say a word about him?

Well, that is an interesting case but I do feel that it was nothing to do with a local society tension. It developed into a problem because there were those who were in favour of Lacan and those who were not. But I think it has something to do with the kind of man that people were dealing with.

And would you like to say something about that because most people really wouldn't have known him personally.

Lacan had his own ideas of what was important and what was not important. He had an idea that he had absolute command of everything that Freud had said and believed and he thought that he was practising Freudian psychoanalysis the classical way. Lacan was an odd man. He was quite capable of turning up for a lecture and I have seen some videos which have been broadcast recently in this country, in which he would come and sit there and say nothing, absolutely nothing in the course of the lecture. He behaved like this when he gave a lecture in this country.

Do you mean he came to give the lecture?

Yes, he came and just sat there, almost waiting for people to say something.

Weren't people surprised?

If you are dealing with someone like that, you can realise that that can cause a problem. Early in his career he decided that there was no reason to stay with a patient for more than about ten minutes. I think Lacan believed that ten minutes would induce patients to bring up what was urgent. This enraged psychoanalysts in France and elsewhere. It was very strange.

Did you meet him yourself?

No. He also had a very peculiar way of behaving, such as he would hold court and would have a lot of people come and visit him and he would turn up in his dressing gown. But I won't say more than that.

But there have been these sort of cult figures in psychoanalysis. We know people who have built up a following, such as Kohut. And Melanie Klein herself, of course.

Yes, the most important one that broke away was Melanie Klein, in her own way, but at least she broke away in a scientific way, in a proper way. Not that Kohut's approach nowadays is anything but scientific, but it is different from the psychoanalysis that is practised in the institutes.

Of course, there have been people who have broken away from the society in London, like Rycroft, Meltzer, Bowlby – who, in a sense, broke away but remained nominally within psychoanalysis, although Rycroft and Meltzer for their own reasons, resigned from the British Society.

Yes, one can expect that there would be people who would find that agreeing with all the dogmatism that is sometimes only too obvious within many psychoanalytic societies is difficult. But I've found this experience all over the world.

And yet, the British Society, with all its groups, has remained one.

Precisely, because from the beginning it was felt that it wasn't such a bad thing to have a good argument and yet we could live together. It is understandable that even within the British Society there may be someone who finds the rigidity of the system, and its approach to training, too much. I have had so much to do with training and would be the first one to say that our training is somewhat rigid; we have rules and regulations that people have to stick by.

Are the signs that people who are leading the Society at the moment, and the ones coming up, will maintain that in the future, or do you think that things will become less rigid, in the next ten years, as far as training goes? For instance, it is still five times a week here and do you think it will stay like that?

It's very difficult to forecast; there are some very strong groups of people who would like to see changes but it will be a little while yet.

The Kleinians especially, would like to remain at five times a week, wouldn't they?

I suppose so, but they are not the only ones. The Freudians as well and many Independents too, one has to recognise that. But there are variations, there are different ways of going about things.

It seems although you can see the rigidity of the system here, and some people would find it difficult to accept, on balance what has always come over is that you are more traditional in feeling than not. Would that be fair?

It is fair to say that although I have had the experience of all these other countries it hasn't made me want to change very much. On the contrary, what I have seen in some places, which I do not like, has made me feel that we have something worthwhile here.

We started in Italy, would you say a word on the present Italian psychoanalytic scene.

There are two societies – there is one main society but of course there has been a break-away group. I must confess that I have helped them become a separate society precisely for the reason that the main society was not able to deal with the very large numbers – they are the second largest society in Europe.

Second to the Germans, and England would come fourth or fifth, something like that?

The Italians had difficulty in coping with the spreading of the psychoanalytic interest. So it became necessary for some people to create their

own society which I must confess, possibly because of my influence as Chairman of this new study group that was being formed, was very much on British psychoanalytic lines. Whenever I have had something to do with the study groups as in the development of psychoanalysis in Australia, 20 years ago, and psychoanalysis in Peru, it has been on British lines.

So, in a sense you have remembered the idea you had when you first started talking of going out to the Colonies but you've taken Colonial British psychoanalysis overseas, in a way.

I think so. The fact is that I had been a 'bigamist' and there is no question but I have been totally enamoured with the British psychiatric, and later with the British psychoanalytical, approach.

It must be something to do with the British character – to compromise, live with people who you don't agree with, but somehow get on. Is that right?

This is really what has appealed to me more than anything else.

So you've become very British!

Yes, but with my accent it is very difficult!

I don't know if you remember the French actress, Yvonne Arnaud who was also a pianist. She was over here even longer than you've been but she still cultivated her French accent and it was very enchanting, and she was told "don't ever lose this".

Yes, I must admit I never tried to lose my accent. It has caused some degree of timidity which may not be fully apparent to people. I must say, though, that as a foreigner I have been really accepted in this country to the point of not being aware of my accent, but I also feel that, as a foreigner, it has helped immensely with my work in the international field.

I was going to almost finish our talk by referring to your interest and work in the psychoanalytic archives. Would you like to say something about that?

Yes indeed. I decided that when I ceased to have an official position in the executive of the International Psychoanalytic Association, it would be a good idea to tidy up the archives of the International and I spend about one morning and one afternoon a week there, because I feel that history is so much part of psychoanalysis and psychoanalysis is part of history. The history of the psychoanalytic movement is really quite fascinating. It tells a great deal about the different countries that one has to deal with, and the different approaches.

Going into the past and seeing how things have progressed. I think one should just ask you what you see as your main achievements and disappointments.

My main achievements – I do feel that I have done reasonably good work with patients. That is, I consider it really a very considerable achievement. I feel I have helped some groups of people quite a bit. Now, disappointments – oh well, there are always disappointments in life but I always felt a bit of disappointment would somehow encourage me to do something better. I had a very considerable disappointment only three or four years ago when I was put forward by the most ancient academy in Italy, the Academia dei Lincei, for a special prize in Switzerland and it

was quite obvious that they could not tolerate the idea that I was the only person put forward. At the last moment they chose to nominate a psychologist, not a psychoanalyst, from Switzerland who got the prize. Good luck to him, I would say. But I was very disappointed. I would have liked to present the Royal College of Psychiatrists and the British Psychoanalytic Society with this kind of success. So I feel I have let them down.

You feel you have had the odd disappointment, like all of us.

That is one kind of disappointment, but there were disappointments all the time, I mean that things don't always go the way one would like them to.

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