

# Reflections on the two Working During Covid-19 SAPA groups

by Gyuri Fodor and Yael Kadish

In this short piece we share some of what has emerged in the two Working During Covid-19 SAPA groups we facilitated.

First some background: Soon after lockdown was announced, the SAPA membership committee had the idea of offering a group for members to think together about our work in the time of the pandemic.

There was a good response. Two groups were formed. Both groups met twice each.

We shared some of the material from the four occasions at this year's SAPA Symposium held on Sunday, 6 September. We hope it will be helpful for clinicians who are working in this very difficult time.

## Adapting the frame

The first group meetings discussed the shock of suddenly being compelled to move out of our rooms to work online without any time to process this internally or with our patients. The groups thought about the two intrusive factors that we are forced to grapple with. The first is the sudden need to work virtually while the second is the impact of the virus on the world, on us and on our patients. It was necessary for analysts to *act* in response to concrete reality and not only to interpret the meanings for patients.

The group discussed the sudden and unexpected encounter with the frame which has forced us to re-think many formerly taken-for-granted aspects. The frame is the baseline for our work. We had to engage in a process of figuring out *what the frame is* in this new situation while being aware that this grappling is happening in different forums all over the world.

Members felt under pressure to quickly set up virtual rooms in the best possible way so that analyst and patient had some sense of safety and continuity. Some of the basics had to be renegotiated – such as encouraging patients to find a private place where they won't be disturbed during online sessions. People shared the different arrangements they made with different patients. Some said they are making decisions based on the specific patient. For example, whether the camera is on or not or whether the patient lies on the couch and leaves the camera on so that the analyst can see patient, among other things.

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# I paint differently now

by Bhamini Rugnathji

**"I can only paint pretty things," is what I told my ITT group at the beginning of the lockdown in our first Zoom session.**

The world felt upside down, quiet, still, so unknown, so very, very frightening and I could only paint pretty things. I knew that for a fact.

Everything else was yet to be seen. Would I be able to Zoom in and out of virtual therapy sessions? Would my patients be able to? Would I be able to mobilise? Do activist work? Engage with the important stuff of life, connect, learn, live? Would I be able to do it all remotely?

A tightening of the chest. Will I be able to breathe? I can't breathe! Maybe I can, just a little and a little more. I can breathe eight months down the line.

I am grateful. I know this is not the reality for everyone. Many can't breathe, some took their last breath and, for others, it will take a while to be able to breathe and breathe deeply again.

2020 is definitely a year that shone a spotlight on the fact that I belong to a wider collective, a **we**, a community, a network.

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In South Africa the reality is that some patients had to return to a home with no opportunity for a private conversation which can give rise to a situation where the work cannot continue. The groups also considered the changes to the economy and the implications. Some analysts' livelihoods have been affected significantly with the closure of clinics and NGOs during lockdown. Some patients are struggling and have requested a reduced fee. We must manage these new realities while being mindful too of resistances and enactments that may be present.

There seems to be a level of greater transparency in the therapeutic relationship as a result of needing to engage with our patients around the practicalities of online work, including the practical aspects of the pandemic. At the same time there is a powerful longing to be with the patient in the room. Many said the work feels more exhausting.

The groups discussed mourning the loss of not working in one's usual space, feeling even more dislocated from prior working life comforts. The corollary of this for patients is the loss of the ritual and habit of travelling to analysis, of entering and leaving the room. So much of the analytic encounter has changed.

#### The expression of the drives and the analytic process

The groups deliberated about what exactly is lost by working online. Many said there is a bubble of calm, a particular quality that facilitates analytic thinking that exists when the dyad is in the room. It feels like something rich, primitive, oceanic has been lost. The question was raised by several analysts as to whether online work moves faster or whether this feeling is driven by a wish fulfilment to work well as opposed to the sense of just treading water. Some members felt that they behave differently when working online, for example, by interrupting patients or talking more than one normally would to maintain connection.

All group members reflected on the way that the loss of *two bodies in the room* changes the analytic experience. This loss is more than the sum of its parts. It involves the body ego. Some mentioned that there is a sense of deadness when there is *no body* in the room. The importance of the bodily holding, provided by being physically in the room with one's analyst, that anchors patient on the couch, is lost.

Members felt working online affects the way the drive, the instincts and the energetics of the session are experienced and expressed. With online work, the patient cannot actually enact drive wishes in a bodily way. This means that something intrinsic to the analytic encounter is modified. Some reflected on their sense that online there is the possibility that more can be said by the patient about forbidden wishes and fantasies because of not being in the room. The groups thought about the magnitude of these changes for the work with current patients, but also the longstanding effects that will continue beyond the virus and online work.

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It has highlighted how intricately connected and delicately balanced our connections are as individuals and as an organisation and, that, to survive and ultimately thrive, this must be acknowledged.

We adapted. We changed individually and collectively. As an organisation our membership grew.

We are able to be creative and diverse in the work that we do and how we do it.

We are able to, not all the time but most of the time (Zoom fatigue is real), hold the space, have all the needed conversations, even if some of them are the most difficult and painful conversations.

2020 is not yet over and we are faced with the reality of a new normal. Let's see what we can do, let's see what space we can create and hold.

I can paint again but I paint differently now.

## GOOD READS

Get Yael Kadish and Cora Smith's paper on "Psychoanalysis and psychoanalytic psychotherapy in the South African context" in the 19 October 2020 online version of *Psychoanalytic Psychotherapy*.

#### Here is the abstract:

This paper discusses the developmental history of psychoanalysis in South Africa, which stretches over almost a century. Contemporary South Africa is marred by widespread social and economic inequalities which endure in the third decade of democracy. Intergenerational trauma and grinding poverty are the remnants of the institutionalised racial oppression of the recent past. Public mental healthcare resources struggle to meet the needs of the beleaguered majority. On the other hand, private mental health services follow similar patterns to those of first world countries. Psychoanalytically informed psychotherapists have worked in the country for decades in both private and public sectors. The recent advent of an IPA accredited training, since 2011, has brought classical psychoanalysis to the country. The South African Psychoanalytic Association (SAPA) is a provisional society of the IPA.

## WELCOME TO SAPI NEWS

In this third issue of SAPI News Gyuri Fodor and Yael Kadish tell us about the groups they set up in SAPA to discuss the effects of Covid-19 and our treasurer, Bhamini Rugnathji, shares how her art changed in lockdown. On page 3 and 5 we feature news from the SAPA/SAPI Low Fee Services, both of which would like more volunteers to join and support them. On page 4 Lungile Lechesa longs for the day when we have a normalised society, sharing bravely the upset non-transformation elicits. On page 6 Cathy Rogers gives us a glimpse into how she uses art to process being an analysand while also in training to become a psychoanalyst. On page 7 Katharine Frost gives us the news of her new role in 2021 and on page 8 our brand new Intercity Community Group members conclude the newsletter with their impressions of SAPI and the group.

Look out for the information on Mark Solms' Neuropsychanalysis lectures on page 7 and the forthcoming lecture by Michael Parsons on page 8.

This newsletter was compiled for and on behalf of SAPI by the SAPI Exco. Bhamini Rugnathji and our secretary, Zamo Mbele, are the editors of this edition, and Vossie Goosen, chairperson, is the copy editor and editor-in-chief.

We publish the newsletter with wide support in the SAPI Board and Exco which we really appreciate.

**Hot off the press: Teboho Monyamane agreed to become our new treasurer when Bhamini steps down after the Conference which is on 26 and 27 February 2021. Thanks for your hard work this year, Bhamini, and we look forward to your presence among us, Teboho.**

# Low fee psychoanalysis in Cape Town

by *Armien Abrahams*

**Providing psychoanalysis for those who do not have the financial means to afford the treatment is one of the primary goals of the Low Fee Service (LFS) we set up four years ago in Cape Town. To reach our goal we set up a referral and assessment service to select suitable patients for treatment and analysability.**

The LFS also promotes psychoanalysis and organises two gatherings a year that invite psychotherapists to engage with our service. These events provide the opportunity to showcase our general activities and, specifically, clinical case presentations.

We continue to attract psychotherapists and psychoanalysts to our network. We held our Fourth Gathering on the LFS patients' transition to online work remotely at the end of May 2020, in the middle of lockdown. The opportunity to share the new therapy experience was particularly meaningful.

Our Fifth Gathering next year will look at psychoanalysis and the social contexts around issues such as race, class and gender, including Covid-19 and Black Lives Matter.

The Cape Town LFS committee of seven meet about every six weeks to coordinate activities and distribute referrals. The backbone of the LFS is the secretarial, telephone and administrative duties for referrals, assessment and networking with SAPI/SAPA. We also formed a clinical sub-committee in the second half of 2019 to support the clinical co-ordinator Vanessa Dantas e Sá. In 2020 the sub-committee developed a referral form that is now sent to each person applying for treatment. The subcommittee meets to discuss each application.

Cape Town and Johannesburg formed a liaison committee at the recommendation of the SAPA Board. The first joint meeting was held in July 2020. A spin off of this meeting is general agreement and the decision to have one name, the Low Fee Services, instead of the Affordable Psychology Service (APS) in Cape Town and the Low Fee Clinic in Johannesburg. We also agreed that, in principle, all SAPI members should be available for LFS activities.

In our two joint meeting we also discussed the differences of the two services. Johannesburg is *personality driven*, Cape Town is *committee driven*. Cape Town operates virtually, Johannesburg has a venue, Ububele.

By making access to psychoanalysis possible and informing our community about our professional discipline the Cape Town LFS is an important psychoanalytic presence in the community and psychoanalysis gets air time as a treatment of choice with respect to clinical practice, theory and lifestyle benefits.

\* Listen to this May 2020 IPA interview with Cape Town-based psychoanalyst Armien Abrahams:  
<http://ipaoftthecouch.org/2020/05/24/episode-53-a-report-from-cape-town-and-south-african-psychoanalysis-with-armien-abrahams-ma/>

continued from "Reflections on ..."

Several members discussed the new ways that enactments occur with online sessions. Virtual work can make it harder to manage. Several examples were given. Members thought together about how it can be managed. One thought was that the suddenness of moving online caused a sort of disorientation in the analyst which could leave him/her unsure around whether an enactment is happening or not and that this may lead to holding back naming what is going on. In one example a patient's messy bathroom and toilet were visible because the bathroom door was left open in online sessions. This particular patient is not on the couch and could see this image on screen himself. The analyst felt sure this was a transference communication but found herself not addressing it because of a sense of doubt, from the countertransference complexities of needing to ask the patient to set up his room for virtual sessions. A suggestion was that the analyst discusses this in relation to the normal frame. What would normally have been the case? To say: "If you were in my office we would always have doors closed." And then to talk about the meaning of what he is showing her, the possible fantasies and acting out.

People thought about the ways that online work affects the felt intimacy of the session. The camera makes the encounter with sound more dramatic than when one is in face-to-face. An analyst found that setting up for online analysis – where only the analyst sees the patient – felt voyeuristic to her in the context of not being in the room together. Isolating out the visual aspect of the experience of being physically together – of looking on without being seen – made the view feel stark and one dimensional.

## Primitive anxieties

Notwithstanding the perennial need for analysts to tolerate the unknown members at this time expressed feeling much more threatened and uncertain than ever before. All spoke about their own primitive anxieties raised by the pandemic, as well as needing to hold their patients' anxieties. Life is always uncertain and certainty an illusion. There was a real change in the world and such uncertainty but it is so hard to put into words what ever-present danger, this uncertainty does. An analyst spoke of being in an encapsulated paranoid enactment: both analyst and patient hid together against a terrible threat, fearing contamination. It felt as if one cannot get away from the horrible spectre of the virus as an ever present, unwelcome, obstructive third.

Sometimes it is present in its absence, especially when a patient acts as-if there is no virus. A member shared the image in her mind with some of her patients which was the shift of a tectonic plate. Now the ground was at a very slight angle. More effort and energy had to be spent to keep going, working against this slight angle, which gave rise to the fantasy that you are going to slip off the edge if you don't know where you're going.

The groups expressed fears about their own health and the health of their families. There was a heightened sense of personal vulnerability and a sense that this vulnerability was shared in the lived realities of analyst and patient. The analysts had to hold the reality of sickness on behalf of themselves and their patients, as well as the anticipatory anxiety of sickness and loss in the future. This made them sad and they felt grief because we do not know what will happen over time and need to sit with it. It is different to anything we ever had to bear and a real challenge, analytically, to find a way to work in these conditions. However, group members also expressed their gratitude for spaces like these groups where we were able to share our challenges and process them with colleagues.

# Joining SAPI while black: More than a race piece

by Lungile Lechesa

**Writing this piece was more difficult than I originally anticipated. The brief requested a reflection of my process of joining SAPI and as I typed I became aware that this reflection is one I would not have made public. And, I recognised, this is part of the problem.**

My feelings of discomfort in writing this piece told me that it is important to share my previous and current experiences of being a person of colour in SAPI. At the same time, I am also mindful of it sounding like the broken-record-of being-a-*black*-therapist.

My text may or may not be a shared experience with other members of colour. I do hope it provides some insight in the process of SAPI-growing-with-transformation-in-mind.

I was introduced to SAPI in the September of my internship year. I remember wondering – and to a large extent I still wonder – why the introduction didn't come sooner. My question was and is fuelled by the realisation at my very first group meeting that my fellow, white classmates had long been part of SAPI *and* I was the only intern of colour from that master's cohort!

Was this some secret organisation that I had stumbled upon? Was there a recruitment lecture I had missed? Did my other classmates of colour know about this but chose to not join? Did the many other psychotherapists of colour I knew outside of my class know but opted to not join?

I never enquired and so I may never know.

The next few years of my participation in the groups increased my sense of wonder as I was often the only or one of very few people of colour in a group. Feelings of being an external member of this community created a strangely familiar sense of internal conflict and a miscellany of emotions: half-hopes and expectations of getting referrals from my fellow group members and half-disappointment and confirmation of being the "other" when they never came.

Was this a reflection of my abilities as a psychotherapist or a result of my *blackness*? Coming from a corporate background where blackness did matter I had thought that when among colleagues my anxiety would decrease and my race would not matter. My anxiety about being a new therapist intensified and the simultaneous naïve hope of my blackness not mattering decreased.

When I heard about the ITT groups I decided to join, more with the hope of finding other members of colour and less with the idea of contributing to conversations around transformation (I have since repositioned this idea in my mind).

I finally found a space where I could speak and share my intelligent thoughts without having to worry about the colour of my voice.

In retrospect it was also post my joining an ITT group that I attended my first SAPI Conference and Education Day. Perhaps if I had done so sooner, I would have realised that there were more members of colour (granted only a handful) and maybe that would have made me feel more a part of this community.

There is still a discomfort in using my *black* voice in the larger SAPI community and there is an increased sense of urgency for me to see more members of colour *but* with a more literal meaning of transformation.

My thoughts of transformation in the SAPI context are not just limited to having more members of colour (much like the Black Economic Empowerment quota meeting practices in corporate South Africa). I would like the transformation to be an actual process of inclusion, training and empowerment.

After my recent nomination as group representative of my ITT group the first meeting of groups representatives left me wondering why all the ITT group reps were people of colour and the clinical groups reps white (this is an observation I made, I do not know if this is the actual case as not all group reps were in attendance).

I then reflected on the two conferences and 2020 Education Day I attended where I observed that the prominent *black* voices were "imported".

My hope is to see a shift in SAPI. I would like to see local black talent growing and rising into black *teaching* talent, that which young black psychotherapists like myself aspire to become.

I would like SAPI to become a space where my voice is used for contributing to psychological knowledge and expressing other meaningful thoughts. And, less about my being *black*.

## Psychoanalytic Psychotherapy in South Africa

The 2020 *Psychoanalytic Psychotherapy in South Africa* edition is available on the journal website:  
<https://www.ppsajournal.co.za/login.html>

The papers in this issue grapple with relevant topics such as racism in the patient-therapist-supervisor triad, corporal punishment and the intergenerational transmission of trauma in South African schools, and working with traditional African spiritual understandings of a cancer diagnosis.

- *How can you say that the very thing that made you should be abolished?': A teacher's repetition of childhood trauma of corporal punishment* – Simangele Mayisela
- *Self-hatred disguised in racial hatred of another* – Sharon Sibanda
- *Cancer, persecution and ordeal* – Jean Pierre Mambou, Nathalie Dumet and Brigitte Blanquet
- *Book Review: Intersectionality and relational psychoanalysis: New perspectives on race, gender, and sexuality (Eds. Max Belkin and Cleonie White)* – Gillian Eagle

This edition of Psycho-analytic Psychotherapy in South Africa for 2020 sadly marks the last edition of the journal by this name. The journal is rebranding in order to encourage international submissions. Changing to Psychoanalytic Practice, the journal hopes to continue to attract papers covering psychotherapeutic work and those written from a more applied perspective, offering a forum for robust psychoanalytic thought and debate. The journal will continue to include forum papers on recent events or 'hot' topics, papers featuring research or theoretical engagement, case study papers and book reviews, and hopes to retain a prominence of local South African work. Submissions to be sent to [Katherine.Bain@wits.ac.za](mailto:Katherine.Bain@wits.ac.za)

Access to this edition costs R100.

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# Call to join the Johannesburg Low Fee Service

## DEAR COLLEAGUES

We write to ask you to join us as a volunteer in our work in the Low Fee Service (LFS). Please join us. Make a commitment that will make a difference.

*Please join us. Make a commitment that will make a difference.*

We are very proud to let you know that over the last four years the Johannesburg LFS grew into an established, quality clinical service. Our particular commitment is to psychoanalysis and the role that an understanding of unconscious processes can have in community clinical work.

Currently we have 24 clinicians offering 30 patients ongoing weekly psychoanalytic psychotherapy and we have one patient who is successfully placed with SAPA for psychoanalysis. There are an increasing number of psychology master's students and psychology interns who need low fee therapists and make use of our service. In fact, over these past four years 70 patients had contact with our service and we are deeply committed to continue growing and developing as a centre of clinical excellence in the community.

We are also growing and developing in terms of what we offer our volunteer therapists. There are now two extra monthly supervision sessions facilitated by senior clinicians with clinical and theoretical experience.

## SAPI is expanding its reach

by Vossie Goosen

**Working remotely is making it possible for SAPI Board member Carol Richards to participate as if she is still living in Cape Town and not further north in the Western Cape. Similarly former SAPI Exco member Jonathan Percalle, who is on a sabbatical, can attend SAPI and SAPC meetings as if he is in Johannesburg rather than in London.**

It is perhaps this change, together with our shift to working remotely that made it possible for SAPI to consider taking on members from other provinces and continents. The Intercity Community Group is one such example (see page 8), as is Cindy Pitchford in Pietermaritzburg, KwaZulu-Natal, and Nirasha Govenda in Sunderland in the UK. Of course we also have colleagues in closer proximity – such as Pretoria or Ekurhuleni – who benefit from travelling less to attend our meetings.

This year's Education Day took place virtually, as will next year's Conference on Saturday, 26 February, and Sunday, 27 February.

We don't yet know when or how face-to-face group meetings and events will resume. What we do know is that our openness to members in other parts of the country and in the world will remain, that we want to think about ways in which we can nurture these new connections.

Our previous two newsletters carry details of how SAPI the umbrella body, SAPA and SAPI are structured.

**Write to us at [sapi.exco@gmail.com](mailto:sapi.exco@gmail.com) if you want more information about us, our groups, membership and the events we offer.**

- Mary-Anne Smith (SAPA training psychoanalyst) offers a monthly evening supervision seminar at 7pm on the first Wednesday of every month.
- Tony Hamburger (psychoanalytic psychotherapist and co-founder of Ububele) offers a monthly supervision seminar between 10.30am and 12pm on the last Friday of every month.
- Sue Levy (SAPA training analyst) offers weekly supervision seminars for the remaining three Friday mornings.

The supervision seminars are all offered free of charge. In addition, there is a monthly theory/reading seminar, also facilitated by Sue Levy, which remains as part of what is offered to colleagues. We are very much hoping that additional training and clinical seminars will be added to our pro bono offering to volunteer therapists.

*Currently we have 24 clinicians offering 30 patients ongoing weekly psychoanalytic psychotherapy.*

As we said many times previously, our commitment is not only to psychoanalysis but also to offering a service that engages with race and racialisation. We believe the impact of our racialised history cannot be ignored in the consulting room. Racism impacts us at every level. As professionals and colleagues we are impacted in terms of how we understand our own racialised selves but also how we understand our patients' racialised experiences.

If this letter speaks to you and if you are able and interested to offer a pro bono therapy session to the LFS and attend one of the supervision slots offered please contact us. We need more colleagues to join to help assist the growing number of clinical referrals.

We think we speak for every member of the Johannesburg LFS when we say that the work is deeply meaningful and rewarding. The LFS offers psychoanalytical input where our country most needs it: in our poorer communities. We believe strongly that applied psychoanalysis has a great deal to offer the community and that patients from every background have a right to receive this kind of treatment.

We also believe that clinicians should benefit from and enjoy volunteer work. Our work is about coming together and thinking together. We engage with warmth, humour and deep commitment to psychoanalysis and community work. We believe in sharing our resources and our clinical experiences and insights. We have a strong group identity where support and learning go hand in hand. We invite you to be part of this journey,

We hope to hear from you.

Warmly  
**Vossie Goosen**  
**Sue Levy**  
**Teboho Monyamane**  
**The Johannesburg SAPI/SAPA/Ububele Low Fee Service**

# The Art of Candidacy

by Cathy Rogers

**“Invisible Psychoanalytic Identity”. This was the theme for the 2019 International Psychoanalytic Student Organisation Conference.**

In my paper titled “The Art of Candidacy” I described how I use painting as a tool to digest theory and work through my emotions towards developing psychoanalytic technique. I presented painting as a transitional mental state where rehearsal and creative learning occurs. I described how deep concentration in art-making has echoes in the deep analytic listening required for engaging with the unconscious of the patient.

Projecting enlarged paintings onto a massive theatre screen helped my audience sink into the visual experience of the paintings. In the darkened room they heard only my voice describing how I engaged with each painting, often in a bodily manner, to absorb complex theory and work through emotion. This gave the audience the opportunity to associate to my imagery and words.

In the ensuing discussion the audience extended my bodily and unconscious engagement with paint and canvas to discuss the creative transference relationship between psychoanalyst and patient.

I displayed two sets of artworks.

The first set demonstrated how my artistic note-making elicits abstract forms of the concepts they describe, promoting an understanding of theory.

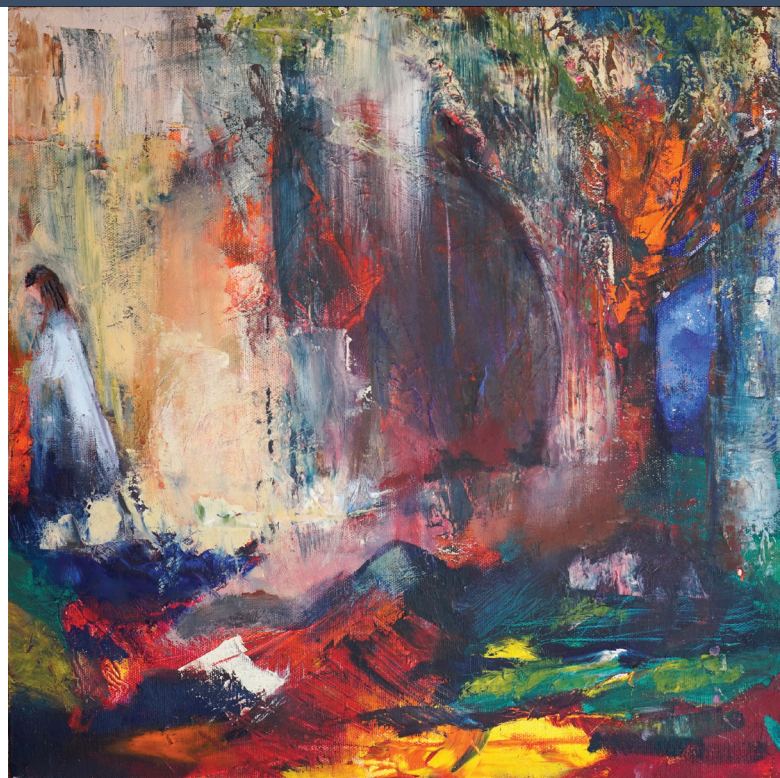
My first set of paintings, glyph paintings, are readable typographic symbols originating from hieroglyphics. Unlike the hieroglyphics of ancient times, these glyphs allude to the writings of the sages of psychoanalysis, like Sigmund Freud and Melanie Klein.

In taking notes from these writings using a tiny brush pen I found that the patterned effect of the words became how the concept felt: a whole network of ideas emerging in the words and in the white spaces between the words.

Whilst my eyes burned and my back hurt at times from writing so small and with such a difficult implement, I expressed the feeling of the concept such as masochism, the structure of the unconscious, the drama of hysteria or the energy of counter-transference.

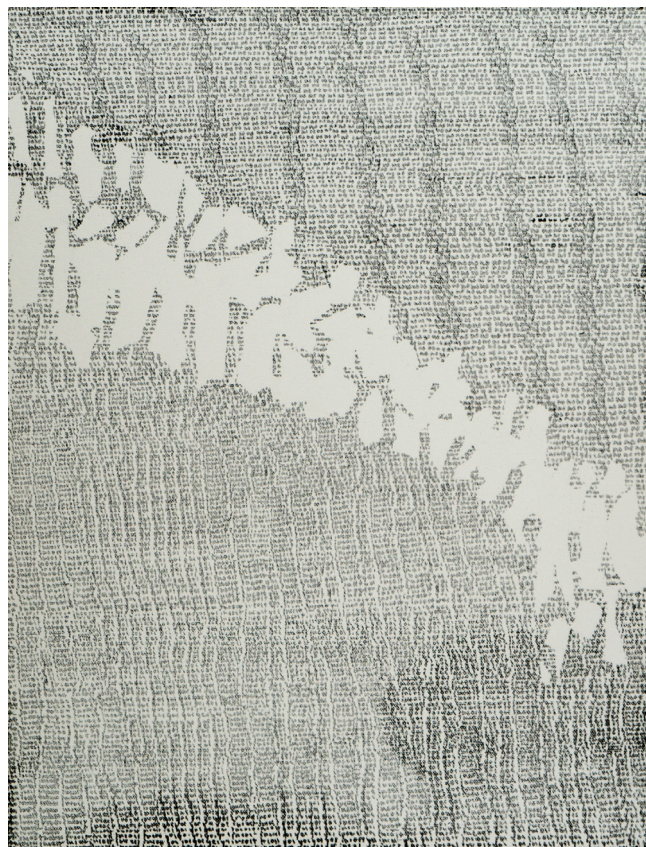
In magnification, the glyph painting is comprised of English words, barely legible, symbolising the elusiveness of the psychoanalytic training. The glyph represents the impossibility of becoming a psychoanalyst if only reading theory. Even if the notes of theory were legible, reading theory is insufficient for achieving technique. Beyond theory, extensive supervision and personal psychoanalysis is the eternal learning by the patient-analyst/analyst-patient of the technique of psychoanalysis.

The second set demonstrate my emotional learning through personal psychoanalysis. My self-portraits explore complex theory, often using words painted onto the canvass. They express my attempts to learn, sometimes via identification, aspects of Sigmund Freud’s theory, such as infantile sexuality, using the Wolf Man’s dream or Jacques Lacan’s real. Many demonstrate how extremely difficult it is to relinquish defence mechanisms, including those of candidate to transition into being a patient.



Above: Cathy Rogers called this artwork Abandonment

Below: Cathy Rogers called this artwork Repression Barrier



Mostly, this was a presentation of my development as a psychoanalyst. Both my paintings and I have progressed to increased abstraction and metaphorical symbol, moving towards digested, nuanced, complex concepts, accessible for use.

See more on [www.cathyrogers.co.za/art](http://www.cathyrogers.co.za/art)

# Handing on the baton



by *Katharine Frost*

**The end of this year marks the end of my five-year term as Ububele Executive Director. Before I took the reins, I headed the Parent-Infant Programmes (PIP) for ten years. Although leaving the top position, I stay a member of the clinical service delivery team in Alexandra, as well as in the training team that provides mental health training and supervision nationally.**

Heading Ububele was tremendously challenging and rewarding. Twenty years old this year the organisation is Tony and Hillary Hamburger's commitment to South Africa's democracy: a psychoanalytic mental health centre for service and training. Ububele grew from an industrial motor car spares factory into a beautiful, thriving space with an early childhood development (ECD) centre which can take 55 children in normal, non-Covid-19 times, 35 staff members and a growing number of PIP, SAPI/SAPA Low Fee Scheme and other volunteers. Because this is such a special achievement we plan to party next year when the virus is more under control and there are fewer restrictions.

Ububele's training of professionals and allied mental health workers increased steadily over the years. Its beautiful hall has hosted two decades of scientific meetings by local and international psychoanalytical thinkers. In many ways it is the home of psychoanalytic work, realising most of Tony and Hillary's dream.

The Parent-Infant Programme reaches over 2500 Alexandra families in innovative infant mental health interventions per year. Nicki Dawson and her team of Early Childhood Community Practitioners take psychoanalytic parent-infant mental health work into homes and clinics. This work gets the recognition of national and international Infant Mental Health organisations and training centres.

Esther Chunga, Mary-Anne Tandy and Tony Hamburger supervise and lead the Ububele Child and Family Clinic where we see children and their families for therapy. Families who cannot afford the fees get a low fee option. The clinic's income-generating activities subsidise those that are in need but are not able to afford therapy.

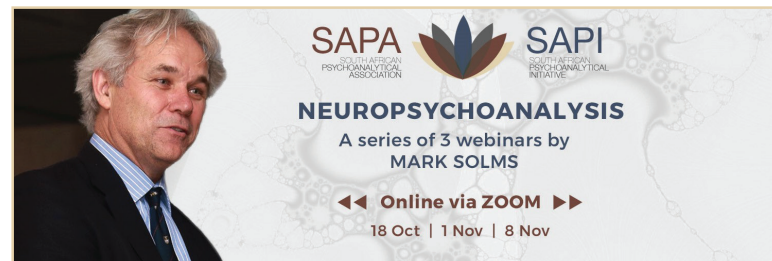
Our regular supervision groups on PIP work, Under Fives, latency, adolescence and complex needs continue and so is

the Ububele/SAPI/SAPA Low Fee Service (LFS) which is led by Sue Levy, Vossie Goosen and Teboho Monyamane.

Hilary Vice's Working with Groups, which continues to thrive after 15 years, will be offered online next year. Similarly, many of our trainings, supervisions and scientific meetings will continue online so that more people can join us and share in developing their and our psychoanalytic work.

The task of keeping all of this going is something I found really taxing. Ububele's funding requirements are immensely challenging, especially in the current climate in which our economy creaks under the pressure of global and local events. In the past five years we grew its support base by bringing on board and holding important funders and introducing a for-fee service, enabling Ububele to be more sustainable.

It will be the task of the next Executive Director to take the baton from me and continue on this trajectory. Together with the support of the psychoanalytic community we all need to ensure the continued existence of this invaluable South African psychoanalytical resource.



## 3 LECTURES ON NEUROPSYCHOANALYSIS

by **Mark Solms**

Hosted by SAPI's Instinct Group

### DATES:

#### Sunday 18 October: "Drive Theory"

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

#### Sunday 1 November: "The Unconscious, Repression and Defence"

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

#### Sunday 8 November: "Clinical Implications"

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

### TIMES:

4:15pm - 6:15pm for all three webinars.

### TICKET PRICES:

Free for SAPI members

Non-SAPI members: R300 per webinar, or R750 for all three.

Students: R100 per webinar

(2 CPD points per webinar applied for)

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For enquiries please email [sapi.exco@gmail.com](mailto:sapi.exco@gmail.com)

# Impressions from members of the brand new Intercity Community Group

**The Intercity Community Group started in July, includes intern and community psychologists in Johannesburg and Cape Town and currently has ten members. The group is open to intern and community psychologists and applications to SAPI to join the group are welcome.**

## **Jordan du Toit (Johannesburg):**

Joining the group was a very relieving experience for me. I found myself quite lost in the chaos of community service in a year that has very little stability or containment due to COVID-19 as well as systemic issues in the area where I work. Having the space gave me back some of the comfort I missed from the supervision spaces so prolific in internship but sorely lacking afterwards. I feel it has so far been a safe, productive and engaging group to be a part of and I look forward to our meetings.

## **Romi Tollman (Cape Town):**

Over the course of this pandemic hearing of innovations within the space of communication at a time where social barriers have been so pronounced all around the globe was almost a daily experience. It has been a wonderful feat of human kind to break through obstacles that would otherwise serve to divide and deprive us of our basic instinct for connection. However, it was not until being invited to partake in this inter-city SAPI community group that I fully experienced the transformative process of coming together – despite geographical or Covid-related barriers – to embrace learning and sharing. The first meeting allowed me to begin reframing some of the trauma I sat with over this time as a collective experience of grief. It has been an enriching experience and one of the very few instances over the past year where I have been able to access a semblance of gratitude for what the pandemic has offered outside of devastation. It allowed for an expansive experience. We learn from peers and facilitators in different provinces, at sites that bring a plethora of different human experiences. This I take in as it further builds my understanding of the human condition

(outside of my specific placement, training and “province-specific-strife”).

## **Tracy Plant (Johannesburg):**

The Intercity Group provided us with a ‘virtual’ holding space where we can share our thoughts, ideas and experiences. It has been lovely to witness the connection that has formed between the members over the past four sessions, despite the geographical distance. The platform feels safe, nurturing and non-threatening.

## **Ally Samakosky (Johannesburg):**

The Intercity Community Group has provided a holding space during a chaotic and unpredictable time. It has enabled us to share our challenging experiences as novice psychotherapists. The group has become a space where I am able to let my defences down as I feel heard and supported by my colleagues. Despite the barriers of physical distance, it is a relief to enter each SAPI group unmasked. We can reveal our pain and challenges with one another during a time when so much needs to be held in mind: Not only what our patients bring to psychotherapy but their safety and our own. I am grateful to have a space to process and manage what it means to experience a collective trauma during our intensive training.

## **Chris Glover (Johannesburg):**

The nature of the intersubjective space of telecommuting is certainly different, yet still provides fertile ground for a collegial sense of connection and a playful sharing of ideas. I have enjoyed being able to share this space with my fellow psychologists, some of whom are hundreds of kilometres away! Despite the group’s efficacy in this regard, I am curious what it would be like if we could somehow all meet in person – how would it be different? In part, I find myself entertaining the impossible fantasy of such a face to face space and the possibilities that may have for our relations as colleagues and friends.”

## SAPI/SAPA FUNDRAISER

**SAPI invites you to a lecture by the renowned psychoanalyst Michael Parsons on his paper ‘Authors of Authority’ which was the opening address at the European Psychoanalytic Federation in Berlin in 2016.**

**The paper will be delivered via Zoom on 28th January 2021  
Cost: R300 and R150 students**



Authority can be considered from external and internal viewpoints. External authorities, political and institutional, may be benign or oppressive, and the same applies to internal authorities, such as the superego. The internal world is the concern of analysts, but external authority matters psychoanalytically for its possible effect on people’s authority over their own internal worlds. The nature of internal authority is complex. The superego

is in fact an external authority that has been internalised. The ego, with its perpetual compliance towards the id, superego and external reality, operates like a False Self in the psyche. In Lacanian terms, the ego is by its nature alienated from itself. By contrast, the True Self as described by Winnicott, and the ‘subject’ as theorised particularly in French psychoanalysis, represent an authentic conscience which allows us to become the authors of our own authority. Clinical and non-clinical examples show that this inevitably involves renunciation, and a continual readiness to let go of apparent certainties.

Michael Parsons is a Training Analyst of the British Psychoanalytical Society and member of the French Psychoanalytic Association. His first degree was in philosophy, and Greek and Latin Literature & History. He became a doctor, specialising in psychiatry, and trained at the Institute of Psychoanalysis in London where he held several important posts including membership of the Ethics Committee and the Chairmanship of the Education Committee. He worked in full time private analytic practice in London and is now retired. He has a particular interest in connections between psychoanalysis and other fields such as art, literature and religion.

He has strong links with psychoanalysis internationally (he was elected to membership of the French Association in 2009), and is widely known as a teacher and lecturer. He was Visiting Professor at the San Francisco Psychoanalytic Institute in 2004, delivered the annual Freud Lectures in Melbourne in 2009, and was Visiting Scholar at the Psychoanalytic Institute of Northern California in 2018.

He is the author of *The Dove that Returns, The Dove that Vanishes: Paradox and Creativity in Psychoanalysis* (Routledge, 2000), and *Living Psychoanalysis: From Theory to Experience* (Routledge, 2014), and co-editor of *Before I was I: Psychoanalysis and the Imagination. Collected papers of Enid Balint* (Free Association, 1993).

**We will sell tickets via Quicket. A flyer with these details is available soon. Contact us at [sapi.exco@gmail.com](mailto:sapi.exco@gmail.com) with queries.**