

Interview with Lesley Caldwell, MA, PhD, FIPA

The following interview was conducted in the spring of 2018 by Drew Tillotson, PsyD, FIPA in advance of the Twelfth International Evolving British Object Relations Conference in Seattle, Washington (USA).

*DT: Firstly, it is an honor to have the chance to interview you. I first saw you present a wonderful paper at the New School in New York City, January of 2016, celebrating the publication of *The Collected Works of D.W. Winnicott*, which you co-edited and shepherded to its fruition. Then in the spring of 2017, I attended a Regional Bion Symposium (RBS) in Los Angeles comparing and contrasting the ideas of Bion and Winnicott in which you were the invited Winnicottian scholar for the weekend. Both times I was impressed with your clarity of thought and ability to convey complex clinical theory in a manner that was very accessible (and enjoyable, I might add) to the attendees. So, I am very much looking forward to your contributions at the EBOR Conference this coming October.*

To begin, I'm curious as to what led you, in the first place, to a career as a psychoanalyst, and what shaped your desire to go more deeply with clinical work?

LC: While doing a Sociology PhD in the 70's, in London, I was in a women's group that brought together women who worked in various capacities in the same department. Part of this group briefly became a Freud reading group and several of the women in it went on to train as child and adult psychoanalytic psychotherapists. In the wider feminist activity of the time, I also participated in a Freud reading group as I continued my research work on the Italian family and my life as an academic, but it was only in seeking therapy myself that - like many - I thought about training. By the time I had decided on this course of action, I was "too old" to apply to the British Society (I was just 42, now completely acceptable!) and politely but firmly directed elsewhere. I was always committed to analytic work and had an analytic practice so I seized the opportunity to join the second psychoanalytic association (British Psychoanalytic Association) when it was formed in London. This did not amount to embracing a different practice or a different way of working, as my own analysis, my training patients and my practice was always predominantly psychoanalytic.

DT: So, I'm intrigued about a couple of things. It sounds like your own analysis captured your attention towards pursuing becoming an analyst. But also, I was thinking your early reading and study groups in feminism, and interaction with other women around the readings by Freud was very impactful to you. Could you say a bit more about that? And would you say you were initially very influenced by Freud in terms of a model of the mind? And a follow-up to that would be, given what you will bring to our EBOR conference, how did you enter the world of Winnicottian theory and his writings?

LC: Briefly now, it was the 70's and we were certainly Freudians. I still am, as was Winnicott. I got into Winnicott because the organization in which I trained was very Kleinian, and I knew that was not what I wanted. My own analyst was fiercely independent and I began to go to events put on by the Squiggle Foundation, then taught for them, then became director and published things on Winnicott. Here anyway, there is no difficulty with being both into object relations and Freud. We were all Freudian and thought he offered a more complex and open account of sexuality than generally, but this may also have been my academic location.

DT: Briefly, what is the "Squiggle Foundation?"

LC: When Winnicott died, Clare Winnicott (his wife) set up various bodies to deal with the work, publications and royalties and the legacy. The Squiggle Foundation was set up in I think 1984, I would have to check, to disseminate the work and it ran courses and lectures, still does. Marion Milner especially was a faithful attendee.

DT: Thanks, please continue.

LC: I think that we find our way to those orientations in psychoanalysis that somehow suit us and our general way of being in the world. When I first went to see a consultant for a referral, she told me I couldn't afford what I wanted. She was right, a very smart down-to-earth analyst who referred me first to a woman, and when I went back after a year to say I wanted something more, she said (rightly) *'what do you expect in a year of twice weekly work? Look at what you say you've done, what has happened.'* But she then referred me on to a male analyst whom I saw

three times a week for I think three years. In hindsight, I don't think he worked all that differently to how I might work much of the time, but at the time I felt there was something more I wanted (don't we always!), something I imagined analysis to bring that I was not getting. So, I went to see another senior analyst chosen by me for a set of rather ignominious reasons, all quite personal and sibling competitive. The senior analyst said he might have a vacancy in a year. He could see the problem I had outlined, but also could see it might be able to work. But if I was still thinking along these lines, I could get in contact with him in a year to see how the land lay. I did, he had a vacancy initially only at three times weekly, and I'd been doing or about to do four times, and wanted five. He cost a lot more, so I had to take out another mortgage (!!) but I went for it. It worked, and I am very grateful to him and I liked him a lot, enjoyed working with him and learned a lot while equally I know there was much more to do that we didn't get to. But over the years, I have also thought that it wasn't so much the different ways of working of these two analysts (both very independent and Winnicottian) but it was what I brought to the analysis in terms of fantasies and echoes of the past that was decisive. Both supported my training. Harold, the second with whom I had nine years of five then four times weekly treatment, was an often silent analyst not leaning to much interpretation and in my own case, interested in early formative experience. I wrote about an event in the first period I was with him, and I'll find that paper and send it to you. I think it was a crunch point in my own interest in early relationships and their continuing impact that brought me into line with Winnicott, and although I have never worked with children myself, I have done quite a bit of work with clinicians working with children and my own experience in analysis has assisted with that. In my most recent visit to China, I, together with a senior child and adolescent analyst, worked exclusively with therapists presenting child cases over a three-day period. The course itself was extremely well received and we will do it again next year, but it also made us think about how comparatively unusual that format was, that is, with the two of us there all the time. We both thought it worth exploring and discussing further in its sort of replicating a pair of interested committed analysts working together in the interests of the therapist and the child. Given how busy we are, I doubt we'll get to write it up, but we did wonder about it since mostly those kinds of clinical events are done singly.

Hopefully the EBOR event will be able to be constructive around Robert and me working together as one factor in the whole conference. But in Beijing, we were only listening to clinical cases and sharing our impressions with each other, the therapist, and the audience, but a very successful set of alliances was forged.

DT: Thank you for your candor, your story is inspiring, particularly your thoughts and memories about your personal analyses. Since this upcoming EBOR conference is on the body in psychoanalysis, and your presentation is titled “Being After Winnicott: Minding the Body, Embodying the Mind,” I wondered if you could give us a sense of your interest in the body, how it evolved, or what got you interested in this topic?

LC: Well Drew, it is not that I thought of myself as so very interested in the body, but rather I was perplexed about the language we all have been using for the last period...keeping the patient in mind, dropping the patient from our minds, how to think, how patients cannot think, its centrality etc. etc. So I began to think (!) about this apparent emphasis on the mind and wondered where the body had disappeared to. I think this emphasis in our ways of speaking derives from the taking up of Bion and his paper on thinking. So, I was interested in Winnicott’s holding onto his own ideas about the mind and thinking and their origins, not because it is not a very important and endorsing idea to keep someone in mind, but for some of the emphases to which it has possibly led, emphases that seem to prioritize the mind over the body.

Thinking (!) from Freud, and the Studies in Hysteria, and Dora, the body seems so central. And then if we move beyond the consulting room, the body has become such a focus (not that it always hasn’t been, I’d say) in the conditions of our times, anorexia, bulimia, body modification, and those issues, central issues around reproductive technologies and/or the surgical changing of bodies. So now it seems impossible to escape it, but historically and intellectually, in the human sciences and in psychoanalysis until say the last 30 years? (not sure), it was as if the actual body had slipped away as a focus despite its continuing presence in our patients’ symptoms. And I would guess in the consulting room. Of course, now with three major conferences on the body in a year, we find a whole generation of people who are as if in rediscovery mode.

DT: So, you just mentioned something that I think is on the minds of many of us who are perhaps caught up at times in the contrast between Bion's theory of thinking, and the mind (or 'prioritizing the mind over body,' as you said) and Winnicottian ideas that lend themselves more to the importance of the body's impact on the development of the mind. In the paper you sent me recently that you co-wrote with Angela Joyce that was published, I see, in the British Journal of Psychotherapy, "Essentially Winnicott: Creating Psychic Health"(2004), (which our readers here may not have had the benefit of reading), one part of the text caught my eye in reference to your prior idea about psychoanalysis 'prioritizing the mind over the body,' and I wanted to ask for any further thoughts you have about it:

"In Winnicott's account, unpredictability has behind it mental confusion and behind that, chaos, in terms of somatic functioning, an unthinkable anxiety that manifests itself as physical. Real change comes about only when the original 'failure situation' is reproduced and lived through in the transference" (p. 9).

I wondered if you might elaborate a bit on "an unthinkable anxiety that manifests itself as physical," which I understand as a reference to Winnicott's 'psyche-soma' and the beginnings of mental life. I wondered what comes to your mind as to how that manifests in the body?

LC: Doesn't anxiety always manifest physically? Though of course, there may be what we are thinking of as *bodily*...! But this statement of ours is about lack of holding and being with at the start, so without a mind to sort it, the baby, unheld, left, neglected, can be on the brink of unthinkable affect/anxiety (for Winnicott, there is nothing to think with at this stage), nameless dread, etc., all of which Winnicott is suggesting can only be got at in analysis, and a regression to the original failure situation.

DT: Yes, I see. So, in a "regression to the original failure situation," if there wasn't adequate holding, and the experience was pre-verbal so to speak, the body could register or experience an intense anxiety, without mentalization (akin to Bion's beta elements, if you will), leaving the patient in a state of near paralysis in terms of thinking, inside the consulting room, on the couch. I know of analysts who work to call forth thinking in the patient, in these dilemmas, but that

seems to sidestep this other process of being with the analyst (object) in a space without the pressure of thinking. In fact, an analyst's insistence on thinking might actually be an impingement versus a more Winnicottian 'holding.'

LC: I presume you are asking regarding the patient on the couch, so yes, definitely pre-verbal. And Winnicott would be insisting on the uselessness of words in this difficult clinical situation, the need for the analyst to be there, but with the recognition that the patient is not capable of thinking (in Winnicott, thinking belongs to a *later* stage), and yes, the analyst interpreting in this situation could be an impingement. I think the holding is about being there and accepting how the patient is there so the provision of the setting is central. Winnicott certainly points to the futility of insisting on thinking in such a period in an analysis. I feel sure that would be his judgment of what you are saying some of your colleagues do!

DT: *Might you say a few words about 'holding' here, even though it is a much larger concept to think about than space permits here?*

LC: People could read that paper of Angela's and mine online if they want, I think (*Ed. Note: see reference at end of this interview*). Plus, the paper from the Regional Bion Symposium of 2017 that came out this year in May, in the British Journal of Psychotherapy might be useful background. If they can't be got on PEP, I can send it, and you have a copy of the earlier one anyway and if thought useful, you could send around. (*Ed. Note: this paper is not currently available on PEP. It will be distributed to registrants ahead of the EBOR Conference, with Lesley Caldwell's permission.*)

DT: *Before we end here, I thought it would be interesting to readers to hear some about your part in bringing the Collected Works of D.W. Winnicott to fruition? It must have been a 'passion project,' how else would one take on such a huge, but I assume rewarding task? How did you get involved? And may I ask, why?*

LC: Helen Taylor Robinson and I inherited the project somewhat reluctantly. The Trust had advertised and appointed Elisabeth Young-Bruehl. Elisabeth worked on it before we appointed

her, but then did an amazon gaming of work over six months, then dropped dead! She left a plan and an assistant. The Trust liked her plan, so Helen who had been a member for many years, and only just retired, and I, then chair of The Trust (so had to stand down immediately) agreed reluctantly to take it on and produce it according to Elisabeth Young-Bruehl's plan. It was both a privilege and an enormous effort. We had Elisabeth's assistant who was in Toronto, and we then employed a former student of mine as an RA, but he was so thorough that he became the assistant editor. A lot of people helped out starting from the Winnicott scholar/analysts who wrote intros to each volume but including readers, editors, archivists etc. After six months or so, Routledge pulled out on the grounds of expense, and our agent found Oxford University Press, who treated us very well and produced a very beautiful edition. I am currently working with an RA to get material together that will be updated online. Mainly the letters. It was an honor, and I learned a lot, but it was a long haul!

DT: Well, thank you for that 'long haul,' as it gave the psychoanalytic world an enormous gift and a needed contribution. And so, thank you also for taking the time to allow me to interview you. I'm really looking forward to EBOR and hearing your work.

LC: Thank you Drew, see you in October!

References

Caldwell, L. Joyce, A. (2014). Essentially Winnicott: Creating Psychic Health. *Brit. J. Psychother.*, 30 (1):18-32.