



Interview With RD Hinshelwood

Journal:	<i>Therapeutic Communities: The International Journal of Therapeutic Communities</i>
Manuscript ID	TC-07-2022-0010
Manuscript Type:	Interview
Keywords:	Hinshelwood, Unconscious, Therapeutic communities, psychotherapy, Interview, TC history

SCHOLARONE™
Manuscripts

Interview with RD Hinshelwood

The Unconscious and Organisations – An Interview with Professor Robert Hinshelwood
R., D., Hinshelwood & Winship, G.

Purpose. A one day conference organised by the University of Essex and the Consortium of Therapeutic Communities, December 10th 2021 with the theme, 'The Unconscious and Organisations'. Presentations and discussions throughout the conference had the aim of generating ideas and sharing knowledge about the unconscious and how this can inform practitioners working in therapeutic communities and other organisations meeting the challenge of emotional distress.

Approach. Interview with Professor Robert (Bob) Hinshelwood (RH), now 83 years old, who has been involved in TCs since 1969, part of the initial founding of the Association of Therapeutic Communities (TCs) in 1974. He qualified as a psychoanalyst in 1976. In 1980 he instigated the founding of the *International Journal of Therapeutic Communities* along with Nick Manning, David Kennard, Jeff Roberts and Barry Shenkar. In 1984 he founded the *British Journal of Psychotherapy*, and edited it for ten years. He was Director of the Cassel Hospital 1993-1997. In 1999 he founded the *Journal Psychoanalysis and History*. He was part of the Free Associations Group (founded by Bob Young and others) which ran the *Journal Free Associations*, and with Mike Rustin and the University of East London, the 'Psychoanalysis and Public Sphere' conferences in the 1990s. He written a great deal about the dynamics of organisational cultures in complex settings. He is Fellow of the British Psychoanalytical Society, Fellow of the Royal College of Psychiatrists, Professor Emeritus of the University of Essex. The interviewer was conducted by Dr Gary Winship (GW) is an associate professor at the University of Nottingham where he leads the MA in Trauma Informed Practice, visiting professor Moscow Institute of Psychoanalysis, and also visiting professor at the Russian State Humanities University, editor of the *International Journal of Therapeutic Communities*. The interview was transcribed,

Findings. Hinshelwood reflects on the question of the unconscious and the impact of destructive tendencies on organisational process. He shares his personal experience being a young evacuee during World War Two and considers the impact of trauma, losing his religion and his subsequent career choices in medicine, psychiatry and psychoanalysis. He discusses his experience of supervision with Isabel Menzies Lyth and reflects on the different groups in the Institute of Psychoanalysis. He turns to the question tribalism in TCs and regrets that there had not been more bridge building and collaboration. He talk about his own prolific writing and publishing career which he describes as obsessional rather than passionate, and finally candidly reflects on the prospect of facing death.

Key Words. Hinshelwood, Unconscious, Therapeutic Communities, psychotherapy.

Interview

GW Professor Hinshelwood, your work has been thoroughly concerned with the individual mind and the organisational context. And a central theme of the conference today has been a focus on unconscious process. I know Bion is an abiding interest for you, and Bion's idea of the binocular unconscious is helpful to us, that is, we don't just a glimpse the unconscious in

1
2
3 our dreams, rather it is always there shaping our everyday transactions. But in terms of the
4 organisation and the unconscious, we might also think about Trigant Burrows idea of the social
5 unconscious, and then there is Jung's collective unconscious. So, which unconscious are we
6 concerned with in psychotherapy and Therapeutic Community practice?
7

8 **RH** Well that's a very big question isn't it and you could have a conference on that. Not that
9 we would come to any unanimous conclusion. Indeed how does the conscious mind come
10 together as a collective? – a moving, creative, destructive entity. And so, the same must apply
11 to the unconscious. Well, I suppose it might be possible to say that the unconscious doesn't
12 have an effect at the social level, but I think we probably all would believe that it does. But the
13 thing about the unconscious damage is you don't know anything about it. One could only pick
14 it up through some of these small hints, as Chris mentioned them in *Psychopathology of*
15 *Everyday Life* those little Freudian slips and so on. And I think one can only pick the
16 unconscious in a group through odd little things which happen in groups, and organizations
17 and society. They are difficult to pick up because they are unexplainable anyway, because
18 they don't get anybody anywhere; and also they cannot be changed by conscious efforts. If
19 you plan to change something unconscious, you can't do it consciously because you're not
20 addressing the unconscious factors. Listening to the discussion this morning I was thinking a
21 lot about that. What is so familiar in groups is that us-and-them dynamic – we're good and
22 they're bad. This is so common in groups from World War Two to the football terraces these
23 things happen. People get together in groups to think themselves more valuable than some
24 other group somewhere else. It can reach a point when one group will attempt to exterminate
25 the other group – to slaughter it. Where do these powerful destructive things come from? How
26 is it that people get into these kinds of group situations. And, well, we can reflect on those
27 from small groups, perhaps, like this one, right up to international politics and we're all familiar
28 with decades of Cold War where, you know, democracy is better than communism and
29 alternatively communism is better than democracy; up to the point where we develop
30 intercontinental ballistic missiles with nuclear warheads that aim to exterminate communism
31 or democracy. I think we have to look to the unconscious mind to understand those powerful
32 emotional valuations of each other. And if we were purely rational beings like computers, we
33 would probably find ways of getting along with each other and stopping our thoughts, rather
34 than engaging in violent and vicious behaviour to exterminate each other. I think we have to
35 look for those little things which seem absolutely unchangeable and yet are so destructive. It
36 is the unchangeable quality in spite of conscious attention which gives the hint of the
37 unconscious in groups and organizations and society.
38
39

40
41 **GW** Psychoanalytic theory is helpful in drawing our attention to these violent forces. I wonder
42 if psychoanalytic practitioners – whether this be individual, group and organisational
43 practitioners - do enough to actively raise consciousness on this front? I recall Hannah Segal
44 was a campaigner for nuclear disarmament. I think she argued that the solution was to have
45 psychoanalysis informing the work of primary school education, that is little children will grow
46 up to be less violent if they are versed with understanding emotions from an early age. There
47 is an interesting lecture by Judith Butler where she talks about global violence and at the
48 centre of her thesis she talks persuasively about Klein's envy and gratitude, arguing that we
49 need to understand these feeling states in order to make sense of the clash of peoples. I
50 wonder if I may ask you now a rather more personal question about your unconscious, your
51 roots. All of us move into this field of MH, and especially psychotherapy where it is an
52 expectation that we have an experience of being in therapy ourselves, and I think this generally
53 accepts that we arrive with our wounds, wounded healers, physician 'heal thyself', so to speak.
54 So what were your conscious motivations and what did you later come to understand later
55 about your unconscious motivations to become a healer?
56
57

58 **RH** Oh. Yes, it's a personal question and I don't know if I can tell you about the unconscious.
59 I'll tell you something in this discussion this morning in the presentation by John Diamond
60 about the war time evacuation of children and the Mulberry Bush School, I lived through all

1
2
3 that. I was born about nine months before the Second World War started and to my misfortune,
4 I suppose, about three months after the war started, the family house was bombed, not that
5 the family was in the house at the moment, but it meant that I and my mother were homeless
6 during the war and moved around the country. My father was away, he wasn't on active service
7 but he was in Scotland, which was a long way away in those days from London, where we
8 were. So I and my mother moved around camping in the houses of relatives and friends. It
9 wasn't the same experience as those that you were talking about John and that Docker-
10 Drysdale and Winnicott were interested in the war time but there was a disturbing lack of
11 stability, I think, in my life. Whether that has anything to do with me becoming a psychoanalyst
12 and dedicated enthusiast for Therapeutic Communities I'm not absolutely sure. I'll tell you one
13 further thing about that. When my mother died about 15 years ago we found a stash of 400
14 letters that she had written to my father during the war time, during all this period when the
15 family was disturbed, and it was so interesting reading her version of what it was like in those
16 days and there was a lot about her 'Little Bobby' as I was known in the letters and my brother
17 who was subsequently born three years later. I read through all of them, one by one – and I
18 did, every word of every-one. It was almost like going through a second analysis to think back
19 to those times. So, I could say I could justify a bit of a disturbance in my early life, not as bad
20 as some, but it was unstable. My conscious reasons are quite different. I remember that in
21 the last years of my school days, I was rather religious and I thought this was a wish from God
22 that I should become a doctor. No particular reason I soon lost that belief, because going to
23 Medical School and a lot of disease and people in pain and disabled and frightened and so
24 on, you couldn't really believe in a benevolent God, at least I couldn't believe in a God. So I
25 lost all that.

26
27
28 **GW** I went to Murray Jackson's funeral, and it was held in the church which was surprising to
29 many of us, he perhaps had held on to some of Jungian roots, a belief in a higher power so to
30 speak. You turned from God to Freud. The discovery of your mother's letters is fascinating.
31 I'm sure you have read Bion's *War Memoirs* where there is an afterword where 80 year old
32 Bion convenes a conversation with his 20 year old tank commander self. It is like a mini
33 analysis, and old Bion doesn't pull any punches accusing his younger self as being "priggish".
34 So I was wondering what would old Bob say to 'Young Bobby', and perhaps what would
35 Young Bobby say to Old Bob?

36
37
38 **RH** Well yes I think I do talk to Little Bobby about what he has grown into. I think about his
39 strange feeling of lostness often, and to tell the truth I suppose I am impressed by his stoicism,
40 and wonder if I have become rather soft and demanding. Perhaps sometimes I feel I have a
41 right to. There is also a sense that looking back on the long journey over my time has been
42 steadily uphill to more satisfaction and joy in life. Less darkness. Maybe the gloom of the
43 wartime lasted after the war for me, for quite a long time. So, the little Bobby might ask me
44 what is going to happen to him, and how is he going to find his way.

45
46 **GW** Thank you, that is poignant, and perhaps hopeful. Many people, including young people
47 may feel in a dark place at the moment, and we might live to hope that the gloom lifts.
48 Presumably, your discovery of psychoanalysis played its part for you in the uphill journey, so
49 I wonder if you might tell us about your discovery and interest in psychoanalysis?

50
51 **RH** Well, I finished my medical training in the mid-60s at the high point of the sort of 60s
52 alternative society. Laing a psychiatrist had completely alternative views to conventional
53 psychiatrists, and David Cooper who invented the term anti-psychiatry, they were very big at
54 the time they ran for a year or two a summer school they called an Anti-University in London.
55 So I would say I felt very much part of that milieu Maybe from my background, that I've just
56 mentioned, I was particularly interested in psychiatry. When I was at school, I read a book
57 about Jung, and when I was in Medical School I certainly knew about Freud, and so I think I
58 knew I was going to be a psychiatrist from pretty early on in my medical training. I was shocked
59 by the old-style mental hospitals, when I eventually got to them. I knew that this is not the
60

1
2
3 way, not the way to treat and to 'house' people. They lived non-lives with a repetitive routine.
4 We called them 'vegetables' sometimes! They had a life that wasn't alive. And I suppose that
5 pushed me pretty quickly towards thinking there must be some alternative. So I became
6 interested in Therapeutic Communities. In 1963, towards the end of Medical School, I visited
7 the Henderson Hospital and the Cassel Hospital. So, I knew about them as a student and I
8 knew that was the direction I was going in, I suppose from that time. So, I always say that
9 moving into Therapeutic Communities was to find some other way of thinking about people.
10 However, disturbed, unhappy and bizarre they were, there was a different way of thinking
11 about them than just sedating them and controlling their lives into a routine, which was minimal
12 trouble to the staff of the mental hospital. I always say that then, it was going into a Therapeutic
13 Community which eventually led me to become a psychoanalyst. That training was the major
14 one available in the late 60s and I started my analysis in 1969 and I qualified in 1976. I decided
15 for very shallow conscious reasons to train as a Kleinian. The reason I gave myself, was that
16 I knew Kleinians in the 1950s, had been experimenting with psychoanalysis of psychotic states
17 and that seemed like a good rational view. And I did go into Kleinian training with the view
18 that well it's a good idea to train in a particular school and then you can always change your
19 mind and develop a move to another point of view later if it seems appropriate. As you know
20 I never did. I remained a bloody Kleinian, and in a fairly public way I suppose.

21
22
23 **GW** The Institute of psychoanalysis was made up of the three groups, the Freudians, Kleinians
24 and the Independent group. Where did you sit, who was your training analyst, and who were
25 the teachers that you gravitated towards?
26

27 **RH** Pearl King fixed me up with an analyst, Stanley Leigh, not well-known and he died quite
28 young, although after I had finished my analysis in 1976. He had been an analysand of Hannah
29 Segal. So I was a kind of direct descendent from Melanie Klein! I don't think psychoanalysts
30 make very good teachers on the whole. They are very practiced at listening rather than giving
31 didactic answers. I did however find both Betty Joseph, and Esther Bick to be teachers I could
32 value; they seemed to know what they wanted us to learn. As you know the pattern of training
33 is that in addition to personal analysis and the didactic seminars, you take on two five-times-
34 a-week patients under weekly supervision. My first supervisor was Isabel Menzies, who was
35 well-known for her work in applying the anxiety-defence structure of the mind to unconscious
36 organisational phenomena which were resistant to conscious correction or resolution. I guess
37 this was important, not just for my psychoanalytic training, but I felt aligned with that group
38 relations approach to organisations. And in 1974 (and again in 1980), I went to the fabled
39 Leicester Conference. There I encountered the group relations approach as a 2 week-long
40 learning experience, an experience never to forget! Having qualified as a psychoanalyst, in
41 1976, I worked for some 30 years, but only part-time, as a psychoanalyst, as I was committed
42 to the public service. And I worked part-time as a Consultant Psychotherapist for some 35
43 years, and then as a Prof in a Centre for Psychoanalytic Studies. I also spent some years
44 supervising TCs in local authority social service departments.
45
46

47 **GW** I am interested to learn that you were supervised by Isabel Menzies-Lyth. She roomed
48 with Eileen Skellern when they were young trainees at the Cassel apparently, and both shared
49 a deep and long-lasting commitment to psychoanalysis, Skellern in her application to nursing
50 and the establishment of the Charles Hood TC at the Bethlem & Maudsley. The Cassel is
51 celebrating its centenary this year. I was sent a photograph which must have been taken in
52 the early 1960s. Tom Main is in the foreground, and Eileen Skellern is in the blue polka dot
53 dress (photo below). I wondered if Isabel Menzies is in the photograph? We invited Isabel to
54 an APP conference at the Tavistock in the mid-1990s, she was elderly but as sharp as a
55 pin. She talked about how large organisations become objects for negative identification, and
56 the larger the organisation the more negative the identification. It seemed to be a rather bleak
57 outlook, and on meeting her I felt there was something characteristically Scottish about her, a
58 bit harsh, maybe dreich, like the weather! What was she like as a supervisor?
59
60

1
2
3 **RH** Isabel was quite a good supervisor. Very clear about what was needed (and I didn't do –
4 often). So I found her crispness a bit tough. Her analyst was Wilfred Bion, but she didn't have
5 quite the affability I have associated with him. We did not talk a lot about other things, like
6 organisational dynamics, but she did give me to understand that she tended to think
7 Therapeutic Communities were rather naïve and idealistic in a simplistic way. I have always
8 had a high opinion of her and kept in touch after we finished supervisions, more about
9 organisations, and she did come once to an Association of Therapeutic Communities meeting
10 once, probably around 1980. I didn't know she was at the Cassel, and I wonder what role she
11 was in. Her background was sociology – I think a degree at Edinburgh, and then a researcher
12 at the Tavistock Institute in the early days in the 50s. She was one of those strong but
13 spinsterish figures who dominated the British Psychoanalytical Society for decades. Until one
14 day at a supervision she sat with her arm over the back of her armchair and she was fiddling
15 with a new ring on her left-hand ring-finger. Obviously, an engagement ring. It was as if she
16 was showing me something, but I was too shy at the time to comment on the obvious. And
17 some few months later Isabel moved to Oxford where Oliver Lyth lived and worked, and she
18 married him. Then, so sadly, he very soon died and she was back to being single again for
19 the rest of her life. In the picture it is likely she is the figure that appears just behind Tom Main's
20 head. By the way, doesn't he look like Prince Charles!! He always had a slightly aristocratic
21 appearance, and a very pucker accent. But I remember his daughter (Jennifer Johns) saying
22 he completely 're-invented' himself because he was the son of a ship's carpenter from South
23 Africa and brought up in Newcastle. The Cassel was a rather ordinary private hospital for the
24 first 25 years, quite different from the Tavistock which tried to pioneer a radically holistic form
25 of psychoanalysis and psychotherapy. It really was Tom Main who brought the Cassel to the
26 fore, but not until 1946. There was never any interest from the Tavistock when I was Director
27 at the Cassel. I did once mention the possibility of moving the Cassel to the Tavistock and
28 Portman Trust to Anton Obholzer when he was Chief Executive of the Tavistock and Portman
29 Trust, but Anton was not interested, unless the Cassel was generating good money – and that
30 was impossible to tell given the opaque kind of accounting that Trusts are forced to go in for.
31
32

33 **GW** Just going back to where you sat as a Kleinian in the Institute of Psychoanalysis, you were
34 part of the largest group. And of course there were fierce arguments between the groups at
35 the Institute, especially the controversial discussions in 1943. What is your take on these
36 disputes?
37
38

39 **RH** Well, the independent group actually became the largest. The Kleinians were, in the
40 sixties, really becoming much better known internationally and taken up in South America and
41 in Europe. But it had been a very small group, you know after the controversial discussions,
42 where, in these debates, the Kleinians, were more or less put into a sort of court room situation
43 and told to justify their concepts and why everyone else should buy into them. Why should
44 we take seriously something that is different from Freud and the Viennese. They had moved
45 to London after the Nazis took over, Austria, and were the 'prosecuting counsel' as it who
46 demanded explanations from these deviants. So the two groups were pulled very much apart.
47 And the majority of the British Society who previously had been very impressed with Melanie
48 Klein formed a group in between them – a sort of buffer state between these disagreeing
49 parties. These controversial discussions took place in war-time and were almost as 'violent'
50 as the war going on in Europe. And by about 1945, Melanie Klein had only had only a handful
51 of dedicated supporters and students, it was quite a small group around her. And continuing
52 till about 1950, people were leaving her group, including Winnicott and Paula Heimann. These
53 are well known names, who at one time had supported Klein very strongly.
54
55

56 **GW** There is the story of the controversial discussions when, convening one evening, and as
57 you say heated discussions, after a while young Donald Winnicott interjected; "I'd like to point
58 out that there's an air raid going on", and of course nobody had noticed it. They didn't go the
59 nearest air raid shelter, as you might expect, instead they picked up their chairs went down to
60

1
2
3 the basement and carried on the debate. It's a change of topic, but if you had to distil three
4 distinct characteristics of a good TC, what would they be?
5

6 **RH** I mentioned a little earlier something about the problem of roles and this particularly comes
7 from Tom Main, who was a party to experiments in military psychiatry in 1940 to 1945 at
8 Northfield Hospital. There, they constructed the argument that soldiers on active service who
9 had broken down, came to the hospital and lay passively in bed. They hadn't broken their leg;
10 they didn't need to be passive patients. What was broken was their fighting spirit and what
11 had to be restored was a very different sort of role, an active role. So there was a re-orientation
12 of the rehabilitation Ward to provide a system where soldiers could be active to form groups
13 that would take on tasks, carpentry, car maintenance, or whatever. And they were expected
14 to form groups to take on these tasks, so that they would form groups working together in
15 some sort of similarity to an army unit, not much similarity but at least it would be doing
16 something as a group. And it would be restoring something like a morale that to active people
17 working together. The person who was running the Ward was Bion who said "I will show you
18 the enemy". The enemy, he said, is neurosis. And the neurosis is this demoralization, the
19 inactivity, passivity, dirt. He told them they must get into and form up groups to tackle the
20 problem. I mean it's like in the battlefield where the commander says there's the enemy and
21 the soldiers have responsibility for going and shooting them. That's the kind of cultural reversal
22 they experimented with in Northfield and it's directly from that that the Therapeutic Community
23 came. A direct change of culture, so that, instead of psychiatric patients being helpless,
24 passive invalids, there would be an expectation that they become active, begin to restore their
25 broken morale and restore themselves to a proper social life. I remember one quote from Tom
26 Main saying. It's a really hard job for a man in hospital who has been de-socialised to return
27 to his society, however healthy he has become. Health and social well-being, *mental* health
28 and social well-being, are rather different things. And I did take that very seriously and I think
29 that's what the Therapeutic Community should be doing – that we're restoring people to active
30 social life, whatever their personal difficulties. Of course, we have to take account of personal
31 difficulties. But the real point of a mental health institution should be to preserve and enhance
32 the capacity to live a social life with other people, family, and friends.
33
34
35

36 **GW** So if active social group engagement is the way to boost spirit and moral what is the
37 converse? I know you've written about the seeds of disaster, so what would you say are main
38 pitfalls you have seen in TC practice?
39

40 **RH** Well, a lot, aren't there. And as Therapeutic Communities have developed in my time since
41 the mid-60s, which is yes, my God it's 50 years, or more, isn't it, half a century. But one of the
42 really difficult things is the context in which Therapeutic Communities operate. They operate
43 in a culture which is very, very different from our social attitudes towards mental health. And
44 it is well understood that some see mental health as a process of giving people diagnoses,
45 which makes them feel a lot better if they can label themselves as disabled or disadvantaged
46 in some way. And I think the Therapeutic Community operates in exactly the opposite
47 direction. I mean one of the things we used to say in the early days, when I was involved, we
48 would be interested in the *healthy* part of the patient, not in the unhealthy part of the patient.
49 Well that's an exaggeration. But I think the neglect of the healthy part of the patient is the
50 sickness of the mental health culture in general that's wanting to lock people into diagnostic
51 categories. It's ends up as a way of disabling their capacity to be social human beings. And
52 what the Therapeutic Community stands for is the ability of people to be persons, not to be
53 categories. So, I'm on the side of anti-psychiatry moving away from diagnostic categorizing of
54 mental health patients. That doesn't mean I am against medication particularly. I think
55 medication has probably afforded a huge amount of help for people who suffer particularly
56 strongly from whatever – depression, violence relationship problems, and of course psychotic
57 states. So I think there's a place for medication, but it cannot be a place that replaces the
58 capacity for people to be human persons. That would be my view of what the Therapeutic
59 Community should stand for, and we should try to inspire each other to think about patients
60

1
2
3 as persons. Not only that, but they and us all persons who are struggling with this awful
4 business of living a life.
5

6
7 **GW** There was quite a lot of discussion earlier this morning about tribalism and divisions. In
8 Italy there is an organisation called the Legacoop and among many projects they run, they
9 have 80 or so Therapeutic Communities across Italy. They are very successful. They have
10 three partitions within the organisation that set the orientation of the individual TCs, these are
11 Communists, Catholics and Democrats. These differences seem to hold a creative tension. I
12 had a dream last night which I thought about in relation to the tensions between groups.
13

14 **RH** A dream Gary?
15

16 **GW** If I may just share it for a minute, and I hope it becomes clear how my dream chimes with
17 the discussion earlier about tribalism. In the dream there's a dispute between two families
18 about who owns a property. I was part of one family. And as we're having an argument I'm
19 looking out of the window and there's a lorry reversing over a van which I can see is filled with
20 dogs and puppies. I watch helpless as this terrible event is about to happen, and I say to both
21 families "don't look, this is terrible, don't look". And in that moment I'm woken up at this point.
22 And then I have this thought, "I must remember in my notes to state that Bob was chair of the
23 ATC", because it was not in my notes. I thought well that's incongruous in relation to this
24 dream, and I went back to sleep not thinking anything more about it. Now this is interesting
25 because my unconscious took me straight back to the narrative of this family dispute, you
26 know, it was clearly unfinished business for my unconscious, and in the dream the dispute
27 has escalated. These two factions are now gangs, and it started to resemble the film Gangs
28 of New York. These two gangs come at each other with battens and things they're hitting each
29 other, which then turns into something which is slightly comic book, or something like one of
30 those computer zombie games. Eventually everyone just gets exhausted and the beating stop.
31 When I thought about the dream, and the fact that during the intermission I had planned to
32 update my notes about your time chairing the organisation, my first association was the rivalry
33 between the Cassel and the Henderson, the two best known TCs during your time as chair of
34 the Association of Therapeutic Communities ATC).
35
36

37 **RH** Can I just comment on that because I was thinking a little bit about that and I won't say a
38 word about your dream. But yes, it was Chris I think brought in the idea of tribalism and it is
39 so extraordinary isn't it how human beings, the human mind, can notice a difference and
40 immediately put valuation on the difference – one's good, one's bad. If I'm different from
41 somebody else, I'm more valuable than they are. This seems to be such an automatic quality
42 about the human mind, but it isn't the only one, Gary. Human beings also have the genius to
43 cooperate with each other, and we have a hugely creative culture and civilization based on a
44 division of labour. People can do *different* things. They are bricklayers and electricians, the
45 different instruments in an orchestra. And so difference can be the most creative thing. Well,
46 there's a difference between men and women, for instance, and they are able together to
47 create miracles – a new life. If I believed in religion anymore and miracles, that would be a
48 great miracle, I think, to produce another life and that comes out of difference. I think it's
49 extraordinary that we constantly give this negative quality to differences, I don't think we can
50 get rid of it. I think we will all of us be permanently racist and have different views about race,
51 the different races the different genders, the different generations, different cultures, and so I
52 think that's part of human psyche to be tribal. But it's also a part of the human mind to
53 overcome that. We can be anti-racist, I would say, but we can't be non-racist and that always
54 puts us in a conflict with ourselves. But that's what we have to struggle with. I think difference
55 and tribalism are very important and interesting things to talk about and it occurs in
56 communities. As you say, there was a complete and total non-communication between the
57 Henderson and the Cassel. They never fertilized each other in any way. I think it got imported
58 into the ATC and perhaps subsequently The Consortium of Therapeutic Communities, as a
59 tribal difference between what in Britain is another controversial discussion which never
60

1
2
3 resolves – that between group relations and group analysis. I think that has been a tribal thing
4 within Therapeutic Communities.
5

6 **GW** I remember your Foulkes lecture when you talked about Bion and Foulkes the difference
7 in the approaches, Bion being more vertical and hierarchical and Foulkes more horizontal. My
8 sense is that these divisions in the Group Analytic Group Relations family have been less
9 divisive.
10

11 **RH** I don't know. There may be a way to rise above it, as it were. It was Hegel who said that
12 everybody who has a theory will always find it opposed by another theory. And somehow we
13 have to synthesize and get a synthetic sort of theory that reaches beyond both. That's the
14 progress of human thinking. There's an initial antagonism and then a gradual resolution. I don't
15 know if that's true, but something like it is the case that we do so easily fall into a tribal rivalry
16 with each other. Freud said something about this too, if you remember, he said about groups;
17 well, they can get together and all the members love each other very well, so long as there's
18 enough people left over that they can hate. And I think this is the constant dynamic that goes
19 on, and it will go on in Therapeutic Communities, just like anywhere else, because it's part of
20 our human mentality. What we have to do is to be aware of it and to know it's happening and
21 to take thought about over-coming it. Yes, I was always on the side of group relations and I
22 went to the Leicester conference a couple of times but I'm very pleased to say that I was
23 invited to give the Foulkes lecture on one occasion 20 years ago. Because I've always thought
24 we should be trying to make some sort of bridges between group relations and group analysis.
25
26

27 **GW** I wonder if you might say something more about the distinction between group analysis
28 and group relations?
29

30 **RH** Well, that is a tribal question! Even the way it is posed is interesting – 'what is the
31 distinction'.... Because the most striking thing probably is how similar they are. Both
32 originated at Northfield Hospital in the 1940s in war-time, as did the Therapeutic Community;
33 and both drew on social field theory from the 1930s. They were both attempts to develop a
34 specifically psychoanalytic approach to groups, which did not psychoanalyse in the group of
35 the individual members in the group. That does not mean there is not some distinction
36 between them, although we could discuss that a bit, and it would be a very important
37 discussion to bring both sets of ideas into the same room together. But tribalism doesn't allow
38 that – it is too dangerous. Nevertheless, I could give just one idea about the difference. You
39 know that social field theory comes from German gestalt psychology, which says we perceive
40 things in their context and not on their own. So there is a shape seen against a background,
41 for instance. When that idea is applied to groups, it becomes the way an individual emerges
42 from the context of being in a group. Then I would say, that group analysts tend to be more
43 interested in the foreground, the individual that emerges as a point or a role within the social
44 field of the group. Group relations on the other hand is more interested in the context of the
45 background, the group pressures from which the individual emerges. That is something off the
46 top of my head, as a first step for making comparisons which might turn out to be quite invalid.
47 You might disagree completely, but could start the work of debating with each other.
48
49

50 **GW** It would be good to have that debate, but I do want to ask you about publishing and your
51 writing. You have founded three journals, the *International Journal of Therapeutic*
52 *Communities*, the *British Journal of Psychotherapy*, which Ann Scott edits, and
53 *Psychoanalysis and History*. As well as a being a jobbing psychiatrist, a psychoanalyst and
54 an academic, you have been a prolific writer. What drives your writing, is it a passion?
55
56

57 **RH** Yes, it is a bit obsessive isn't it. And I do feel that the day has gone better if I've written
58 something. I do feel it's a sort of reassurance that there's something alive and creative or
59 something in me which perhaps is not a confidence that is as sure and stable in me as it as it
60 should be. It is probably one of the reasons why I went into analysis with my sort of self-

1
2
3 insecurity. I think it has worked for me in this particular way. I happen to be able to write at
4 least academically, yes, I would like to have been a creative writer. I think creative writing is,
5 you know, a step up from academic writing. But I am very lucky that one of my children, one
6 of my daughters, has become a poet, playwright, a creative writer, so I can have some sense
7 of bringing that contribution to the world through my daughter who can realize a little bit of that
8 ambition. But yes, I suppose I do a lot of thinking and it's nice to be able to find words to put
9 it down on pieces of paper and then to my, well satisfaction, people like to publish it. God
10 knows if people read it, but at least it gets published, which is a certain satisfaction.
11

12
13 **GW** What publication of yours is the one that makes you most proud. I know it's bit like having
14 to choose your favourite child? I have most often read your *Dictionary of Kleinian Thought*
15 and I think it's been indispensable for so many colleagues.
16

17 **RH** Well, I am still writing. But yes, of course, the *Dictionary of Kleinian Thought* was
18 something that made my name and then it's been translated into, whatever, a dozen
19 languages. And I'm very grateful to Bob Young who published it and who had a huge presence
20 in his own right. He did promote it strongly and I think he regarded it as a worthwhile book.
21 I was a bit, I can't say ashamed, but what I thought, having produced this Dictionary was that
22 it was utterly theoretical and, if anything, Kleinians are more clinical than any other. That
23 school of psychoanalysis respects clinical findings most, so I more or less immediately wrote
24 a book called *Clinical Klein*, which tried to take clinical material and demonstrate the ideas
25 from the Dictionary in the clinical material. So I was always rather fond of my Clinical Klein.
26 And I suppose otherwise, I would like more people to read a book called Research on the
27 Couch. Everything psychoanalytic has come out the clinic and yet there's very little
28 understanding of how clinical work can actually produce evidence that stands up in a more
29 research kind of way. So I published that book in 2013 and is very much for psychoanalysts.
30 I have always been pleased with my book on Therapeutic Communities. I think Chris
31 mentioned that *What Happens in Groups*. When it was published, it should have had the title
32 What Happens in Therapeutic Communities, because it really is about Therapeutic
33 Communities rather than groups in general.
34

35
36 **GW** I recently was re-reading your paper on Marxism, alienation and projective identification
37 which was published in 1985. I found the paper liberating when I first read it.
38

39 **RH** It's interesting you mentioned that paper because I am in the process of writing up an
40 extended version of that as a book to be published. At least, so far it has a title – *Unconscious*
41 *Politics*. I hope it might be useful, both for psychoanalysts to position themselves in a socio-
42 political context and for social scientists to feel that they're not embattled with psychoanalysts.
43 Social factors and internal psychological factors are both important and can be brought
44 together in some form. That's what the book is about, so I am at this stage quite interested in
45 developing it on towards a final draft.
46

47 **GW** There is one final question that I wanted to ask you about, and in fact you told me that
48 you wanted to say something about the 'big event'. What for you is a 'completed life'?
49

50
51 **RH** Well yes. So I became eighty, three years ago, and you know it's a big occasion when
52 you have birthdays with a zero in. They are very cruel, such birthdays, once you get to be 50.
53 I thought it was always terrible to become 50 but then I realized what was worse than becoming
54 50 was when your children become 50. And even worse is when you become 80. So, you
55 know – am I going to have another birthday with a zero in it? Probably not. You know you
56 have to get down to thinking about it. It is one of the big unfairnesses of life that the decision
57 about when you leave it is taken by your body and not by yourself, as it were. I think I'm very
58 much in favour of the people who go to Switzerland and decide for themselves, and do not
59 just leave it to their bodies. The body seems to make such bad decisions in some cases. My
60 father was in terrible pain with a bone cancer for three years before he died and it made me

1
2
3 think I don't want that. So, is there something that makes your life done and complete? When
4 do you come to the point when you feel you have completed your life. I don't know the answer.
5 Not yet. I don't know if it's possible to find an answer. It's just that it would seem so much
6 better if we could decide for ourselves. Can we contemplate what our dying is the finish of?
7 And how can it complete something? How much do you want to do and to know before time
8 takes you away? So those are my thoughts which are actively going on in my mind daily at
9 the moment and every time I get a little pain somewhere I begin to think what's my body telling
10 me, is it taking its own decisions and so on.
11

12
13 **GW** I recall reading somewhere that Freud had been pre-occupied by his own death from his
14 40s. I think it was Ernest Jones who said this in his biography. How much of your day is taken
15 up with death? And I was just thinking back to the trauma of 'Little Bobby', and that close
16 shave with death when your house was destroyed. A sort of existential shadow that has
17 always hovered over you?
18

19 **RH** Yes, Freud did have a phobia, and I think especially about travelling, or at least about
20 missing his train, and arriving at the station long before it left. In the end he did ask for the
21 final injection, his cancer being no longer treatable or bearable. About my own pre-
22 occupation, I don't know if it is special. I know that a year before I was born, my parents had
23 a first child who was, as it were, dead on arrival, a still born little girl. So a year later I was a
24 replacement and I presume it must have been a strong anxiety in my parents, and a great
25 success for them that I was a live one. Maybe such an atmosphere about death greeting me
26 on arrival, set going a lasting issue about death. I really don't know, but suspect there are
27 secret feelings in most of us. As you see, I think such thoughts need sooner or later, perhaps
28 best to be later, come to the conscious surface of the mind.
29

30
31 **GW** I want to take this opportunity to thank you very much, Professor Hinshelwood for sharing
32 your pearls of wisdom. I'm sure delegates are all looking forward to your 90th birthday and
33 many more writings before then.
34

35 **RH** Well, Gary, thank you for conversing in this way, thank you. I feel rather privileged to have
36 been wheeled out as part of this older generation. I have been rather indulgent in saying some
37 of my thoughts about my life and my career. And, Oh, if only I knew how to be a little bit
38 inspiring for all the generations who are working in Therapeutic Communities now. You know
39 I've said what I think about it, make it a place for *humanity* and not for categories of diagnosis.
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 Professor Robert Douglas Hinshelwood, Emeritus Professor, Department of Psychosocial &
4 Psychoanalytic Studies. Fellow British Psychoanalytical Society. Fellow Royal College of
5 Psychiatrists. bob.hinsh@gmail.com.
6

7 Dr Gary Winship, Associate Professor, School of Education, University of Nottingham. Visiting
8 Professor Russian State Humanities University. UKCP, Psychoanalytic Psychotherapist, NMC
9 MHN. gary.winship@nottingham.ac.uk (correspondence).
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60