The Acc(id)ental Tourist: exploring the tribal areas between class and race

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I was 'thrown' into the world in 1960 in suburban Essex, firstborn of a devout Roman Catholic father of Irish ancestry, born in north London, and an atheistic C of E mother of mixed cultural heritage –English, Irish, Indian, Romany gypsy- born in the East End of London. Both of my parents found themselves 'thrown' into Essex by the dislocations of the Second World War. My dad worked as a shipping clerk for the whole of his working life, apart from a spell of unemployment. My mum was a school dinner-lady and worked part-time in a grocer's shop. They had both left school aged 14. I grew up surrounded by other refugee relatives, in a context where possibly 90% of our neighbours and fellow citizens originated in the East End. Yet I never felt that this was where I 'belonged'. (How many people ever do feel like they 'belong'?). As a child of mixed cultural heritage, albeit white, I didn't see myself accurately reflected back to myself by any one person, or by the world around me. The first overt cultural fragmentation occurred at the age of five, when I began attending the local state Roman Catholic primary school, unlike my cousins and friends who went to the nondenominational school just down the road. Nonetheless, at the catholic school there was a sort-of 'unity in diversity', in that most pupils came from mixed backgrounds: a different mix to me, but mixed anyway.

This constantly-shifting, kaleidoscopic fragmentation became my version of normality as I transferred at 11 to a Catholic comprehensive school in a nearby large town. Growing up in a tight-knit extended family can be suffocatingly oppressive — especially for weird, arty, misfit teenagers. I always wanted OUT. I wanted olives, Jean-Paul Sartre, supremely unfashionable University Challenge-type hairdos and spectacles. I wanted anything that wasn't me, 'us'. Years after this, a friend from a Northern working-class background said to me, intending to criticise film-maker and playwright Mike Leigh, 'Oh, yes, let's all laugh at working-class people', to which I responded 'Yes please!'. And yet as a child and adolescent I wouldn't have been able

to say what class I was in...until I wasn't in it any more. While I was growing up, that part of Essex was to my eyes a class mono-culture. While there were vast differences in wealth, with builders, car dealers and big-league criminals at the top of the tree, I didn't encounter any adult with higher or further education, or anyone whose parents weren't from deprived backgrounds. We were poorer than most of my friends, but not of a different class. It was only the radical shock of arriving at university that served to locate me in a hitherto fantastical symbolic order that until then had been confined to Monty Python sketches or 'quality' TV drama. I realised that being or becoming middle-class wasn't simply an act of will, of actualising a fantasy. And where have I ended up? 'Uprooted and Anxious', as Richard Hoggart would say in 'The Uses of Literacy'. 'Neither fish nor fowl', as Billy Prior's father would say about his upwardly-mobile son in Pat Barker's 'Regeneration'.

In the late 1980s I began seeing a psychoanalytic psychotherapist for individual therapy. Nice enough bloke, but he didn't say much. Never said anything about himself. Always pretty non-committal. A bit dull, really. After a while, I began studying psychoanalysis, and learned about something called 'therapeutic neutrality'. One metaphorical characterisation of this stance was the so-called 'blank screen', characterised by silence and 'abstinence' on the part of the therapist. The blank screen onto which the analysand can 'project' their unconscious fantasies of significant others, the repressed residues from traumatic life experiences, the hidden complexes that are making him or her unwell. Once the analysand is made aware of these buried imperatives, via a re-experiencing of them in therapy through the conduit of their relationship with the therapist, he or she can begin to live differently, more freely. Oh, fair enough, I thought. But what British psychoanalytic orthodoxy calls neutrality doesn't seem very neutral to me at all. In fact, it looks very much like the tight-arse withholding behaviour I've experienced all my life at the hands of the white English protestant middle-class. And this wasn't a manifestation of my transference to this therapist: transference –the transferring of past patterns of relating and fantasising into the analytic encounter- is supposed to be *unconscious*. I was very much conscious of my feelings and knew where they came from. As Frantz Fanon writes in 'Black Skin White Masks' (1967(1952)), 'Since the racial drama is played out in the open, the black man has no time to "make it unconscious" (p.150). The class drama too.

That interminable analysis terminated, and as I began to make sense of what had happened, it became clear to me –from signs and symbols secreted and excreted-that the therapist was himself a 'son of toil'. So, we were conducting the analysis in a mutual second –or third- language. This reminded me of a stilted conversation I'd had in French some years earlier with a fellow Anglophone, neither of us aware that we shared a 'mother' tongue. The therapist and I had been fed through a middle-class mincer. Mutual alienation. To quote Dick Blackwell (2002):

In this way the mind of the working-class patient becomes colonised; her identity re-written; her relationship to her body, to her friends, family and culture, reinterpreted in a language and syntax that purports to be scientific, objective and universal, as the language of the coloniser always is. (Blackwell, 2002: 374)

Still, like many of us, I got sucked in deeper and deeper to the Masonic lodge of psychoanalysis. And if I grumbled about blank screens, I couldn't really come up with a viable alternative: I didn't know enough yet, and in any case blank screen/abstinence/neutrality was the *lingua franca*: the price of the ticket. Until.....

Since 1995 I have worked in the NHS, in primary care, in south London. Consistently, 30-40% of the people I have seen for therapy have been Black British women, predominantly of African and Caribbean ancestry. In the late 1990s I began working with a Black British woman of Caribbean heritage in her early 20s, who I shall call Elaine (not her real name, and I have altered events and dates both in order to disguise identities and to emphasise that the focus is my development as a result of our work together). Elaine brought with her a diagnosis of 'endogenous depression', that is a depression with no obvious or apparent cause. For most of the first year of our meetings Elaine was silent or monosyllabic. Trying to 'do the right thing', I sat silently with her, waiting. The longest sentence she ever spoke was 'I'm tired'. Grateful for this gift, this opening, I explored every possible angle as to why Elaine might be tired: was she not sleeping well? Had something distressing happened? Was her diet okay? How was she getting on with her medication? Was she tired of me? Of

the *therapy*? None of the above? In the middle of yet another protracted silence, the revelation came to me: *I've* got to say whatever comes into *my* mind without censoring it, *not* Elaine. And so I began to. In the midst of a silence, I once said 'I feel like that diver who replaced the foundations of Winchester Cathedral brick by brick over a twenty year period, in freezing cold water with no light whatsoever'. In the midst of yet another silence, Elaine said 'Tell me a story'. It just so happened that at that time I was reading the novel 'Paradise' by African-American writer Toni Morrison, and so I told Elaine the story of the novel as far as I had read to. Elaine asked 'And what happens in the end?'. I replied that I didn't know: I hadn't got there yet. Elaine responded 'Drat: that means I'll have to come back again'. Next session she asked about the ending of the novel. I told her 'They all got shot', referring to the demise of the informal community of multiracial women living in an abandoned convent on the outskirts of a small African-American farming town. Elaine replied '...And *that's* why I don't like Toni Morrison!'

Elaine and I continued to work together for several more years, finishing therapy in 2003. One morning in autumn 2008, on arriving at the clinic where I work, I received a message to telephone someone called Elaine but with an unfamiliar surname. When Elaine answered my call, it was indeed the same woman I had worked with years before. She was moving out of the area, and wanted to say goodbye. Elaine updated me on how she was faring. She said 'I'm happy and healthy: I can't believe it!', adding 'You really helped me: I can't thank you enough'. I accepted her thanks, adding 'You really helped me too. I learned a lot from our work together.' Elaine responded 'I don't believe it! You had to put up with all my strops and silences!'. I said 'Before I met you I used to try to do things by the book. But I realised that the book wasn't going to work with you. So I threw the book away and I think that's made me a better therapist'. Elaine said 'Oh dear, I'm crying now!'. We made a little more small-talk and shortly after said goodbye.

My experience with Elaine, along with that of running an experiential group for a psychotherapy training, where I had a liminal, Damascene moment entering the room for the first meeting -the blinding, obvious thought coming to me: 'I'm just going to be an ordinary member of this group and say whatever I think whenever I feel like it'-

led me to question profoundly my stance as a psychoanalytic psychotherapist, becoming more of a 'player-coach' —on the pitch and thinking on my feet- than the remote 'Director of Football' in the Executive Box with his BlackBerry ® that the notion of therapeutic neutrality conjures up. To (beautifully, I hope!) mis-recognise Lacan's Twin Peaks of 'aggressivity' and 'desire'(1977 (1966)): to 'take the game' to the patient. 'Here I am! In living colour. The Word made Flesh. Get up and *use* me! Have another go! (If you think you're hard enough).

What might this playing style look like on the pitch? Tracy, from a south London criminal family, had 'done well for herself' to become Deputy Head of a primary school. Weighing up the dubious merits of her philandering, unreliable boyfriend, concluded 'he's not that bad, really', to which I commented 'Yeah, Sonia Sutcliffe thought that an' all', referring to the wife of the Yorkshire Ripper. Tracy didn't immediately respond or comment on this, but reported back next session: 'I was talking with my friend and I told her what you'd said about Sonia Sutcliffe, and we just *pissed* ourselves! When I was in therapy before, it was with a white, middle-class lady, and she was really nice, but she never really said anything, certainly never said anything like that.'

Oh, aren't I fantastic? Or powerfully disturbed? Or ordinary? Actually, it's more a case of allowing myself to use myself, or be *used*, a conduit, a vessel. (Additionally, I think it's a moment many therapists reach at some point in their careers, where the distinction between their being-as-therapist and being-in-the-world withers away). As Lacan (1988 (1978)) writes, attempting to re-state Freud's *desire* in relation to the dream Freud had concerning the (mis)treatment of one of his patients, 'Irma':

'...(P)recisely to the extent that I desired it too much, that I wanted to be, myself, the creator, I am not the creator. The creator is someone greater than I. It is my unconscious, it is this voice which speaks in me, beyond me.' (170-171)

And what *accent* does that voice have? Is it classless? Raceless?

Some years ago, a Black British colleague of African-Caribbean descent said to me 'I always assume white people are middle-class unless they tell me otherwise'. If his observation has any degree of currency in articulating a common experience for Black and minority ethnic Britons –and I believe it does, although not necessarily a universal one- what should white psychoanalysts and psychotherapists do about it, especially those uncomfortable with adopting a stance associated with the position of coloniser? While an obvious rejoinder to this would be a statement to the effect that the analyst cannot nor should not attempt to control how he or she is experienced transferentially, this is not an escape from the theorising an individual analyst or therapist must embark upon in order to understand how he or she presents him or herself as a subject and a clinician. Could one be a psychoanalyst and *not* be *symbolically* middle-class? Or, more controversially, *symbolically* white? If this *were* possible, not to mention desirable, how might this be achieved?

One of the key –if often ambiguous- signifiers of class position is the spoken voice, specifically the accent of that spoken voice. However infrequently –depending on your school of thought- an analyst might speak, his or her voice will inevitably be heard by the analysand. While British regional accents have for some decades become increasingly accepted as conduits for His Master's Voice, south-eastern working-class accents –Cockney and Estuary- are usually only acceptable for regional roving reporters on local news programmes, or comic eccentrics. Not as yet…to read The News. The case of Jamie Shea is fascinating in this respect. An established authority on international relations and modern history, and senior NATO apparatchik, Professor Shea was NATO spokesperson during the operation in Kosovo in 1999. It was an unexpected, if slightly guilty pleasure to hear his Estuary tones colouring the otherwise clinical daily updates during the campaign. As my (biological) brother commented ironically: 'What's a *bro* doing up there?'. Others were not so impressed. John Keegan wrote in the Daily Telegraph at the time:

It has been a terrible mistake to allow NATO's case to be presented by Jamie Shea, who sounds like the manager of a lower-division football club. (John Mullan, 'Lost Voices' Guardian newspaper, 18th June 1999)

Clearly *not* an appropriate vessel for His Master's Voice. More recently, the Jamaican Radio 4 continuity announcer Neil Nunes received a similar roasting from Middle England for his non-R.P. (Received Pronunciation), *non-U* lilt.

So, what is *my* accent like? To all intents and purposes, I *thought* I had long ago adopted a 'posh telephone voice' —at least in professional and 'chattering-class' circles- in order to mitigate the effect of the 'Impostor Syndrome': a phenomenon extensively documented by people of working-class origin, women, Black and minority ethnic people, whereby 'outsiders' who enter marbled halls or ivory towers feel they do so fraudulently, and are likely to be exposed at any moment. Of course, there are always situations—'language-games' (Wittgenstein, 2001(1953))— where a 'posh telephone voice' just *doesn't* cut it: a conversation about football would sound utterly inauthentic if all 't's and '(h)aitches' were pronounced, and it would be a crime on a par with *ruched* curtains in an accountant's office to pronounce the 'g' in Cannin' Town.

In August 2008 I was a member of a group of British tourists caught up in the fighting between Georgia and Russia. We were safely evacuated to Armenia, and on repatriation I was invited on to BBC Breakfast to talk about my experiences. Hearing myself speak was profoundly disconcerting. Less a 'lower-division football manager' than a Chief Clerk of a local authority, or an accountant in the 'automotive industry', or Customer Relations Officer for Thames Water. (My brother, somewhat presciently, thought I sounded like a chief steward of the Postal workers' union). Shock, pleasant surprise (any publicity being better than no publicity) and self-hatred in equal measure.

So how am I seen – and *heard* – by black and minority ethnic (and working-class) patients? The obvious answer is that I am seen differently by each and every person I come into contact with. This is undoubtedly true, yet banal. When considering these questions I am reminded of a beguiling encounter with another Black British patient of Jamaican parentage, who once again I saw in the NHS. In a very early session Marcia launched into a detailed discussion of the micro-machinations of Jamaican politics in the fraught Manley-Seaga era of the 1970s, seemingly presuming at least a

basic level of prior knowledge on my part, to be followed by a discussion of the politics of 'shade-ism' as manifested in her family, again with an implicit *and* explicit appeal to my familiarity with these issues. What forces might have been operating here? Was Marcia tapping into something she had sensed in me? After all, as Sian Morgan writes in her paper 'Between fear and blindness: the white therapist and the black patient': 'a black patient may come from a culture more similar to my own than a white patient...' (p.48), or was she using me irrespective of my capacity to comprehend? In contrast to my work with Elaine, I was largely silent or monosyllabic in my work with Marcia.

The music of Icelandic experimental rock band Sigur Ros is overwhelmingly present here. In their piece 'Saeglopur' –'lost at sea'- piano, scalded-cat voice, xylophone swirl around, eddying, disembodied, adrift, seagull song....to be hit eventually, inevitably, catastrophically, by the full force of the bass and drums, thumping, devastating, pounding waves, tossed around, deep, so deep, so necessary, reunited, sinking down, without trace, our return to the water. Or 'Gong', again that alchemical marriage of air and earth, air and water: cello, voice and guitar chiming, duelling, competing, sketching out the shape, concept, architectural plan of the skyscraper, putting the steel frame in place, drums and bass filling in the foundations, solid great slabs of concrete, monolithic, ballasting the whole project. From the earth to the stars.

The image of the Tribal Areas of Pakistan came to mind when meditating on these issues for a number of reasons. Firstly, they represent areas outside the rule of (post) imperial law, and are often viewed with fear and suspicion (and longing?) by those finding themselves 'within the Pale', ie: in the territories governed by the apparatus of the state. This, arguably, resembles the relationship between the Ivory Tower, the Citadel of British psychoanalytic orthodoxy and its dis-contents. Secondly, I have found it extremely difficult to write meaningfully and coherently about these issues, the conceptual clusters of class and race, *in conjunction*. I felt like one of those lizards with an eye on each side of its head, with two separate visual fields. This has been in some ways surprising, since I have spent much of my personal and professional life attempting to get to grips with them, but in other ways not so surprising at all, since it is all too obvious that I struggle to find a language, a voice, an *accent* with which to

express myself accurately, a *patois* which would do justice to both my tribal dialect *and* the Queen's English which I have been forced –happily- to learn. Between mutism and incoherence. Returning to Pat Barker's novel 'Regeneration', psychiatrist and patient are discussing the possible reasons for the predominance of the 'shell-shock'-induced symptom of mutism amongst the lower ranks of the British army. The psychiatrist opines:

'...Mutism seems to spring from a conflict between *wanting* to say something, and knowing that if you *do* say it the consequences will be disastrous. So you resolve it by making it physically impossible for yourself to speak. And for the private soldier the consequences of speaking his mind are always going to be far worse than they would be for an officer' (p.96)

I have attempted to write with Nigerian novelist Chimamanda Ngozi Adichie's dictum 'Show don't tell' in mind. Reviewing my efforts, I am left with a feeling most aptly summed-up by a line from 'The Love Song of J. Alfred Prufrock' by T.S. Eliot, 'That is not it at all. That is not what I meant at all.' Finally, in defeat, I turn to the film version of Umberto Eco's novel *The Name of the Rose*:

What language is he speaking in, Master?

All languages ... and none.

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