
In the Spirit of Bevan-Brown *

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Abstract

This paper has two interwoven layers. The primary narrative pays tribute to C.M. Bevan-Brown, who catalysed the beginnings of the New Zealand Association of Psychotherapists in 1947. The secondary narrative picks up two elements from among his formidable array of interests and activities and, using them as a mirror, attempts to provoke awareness for readers in 2003 of some forces shaping our assumptions and behaviours. In particular, we look at our relationship to 'the establishment', the effects of post-modernism, the interface between psychotherapy and medicine, and psychotherapy's relative neglect of the body and embodiment.

Introduction

It is an honour to be asked to deliver tribute to one of NZAP's most important ancestors. Charles Maurice Bevan-Brown was a Christchurch-born doctor, psychiatrist, and psychoanalytically-oriented psychotherapist, who probably more than any one other person was responsible for catalysing the inception of this organization in 1947. He was NZAP's first president. He was known to many as 'BB' and that is how I will refer to him throughout this paper.

As I begin, I want to acknowledge my gratitude to June Ward, BB's daughter, for a very lively and candid discussion concerning her father. I have also drawn on discussions with others who knew him, as well as a variety of other sources including a tape recording of BB teaching on the conditions that engender 'cure' in psychotherapy, and, finally, his book *The Sources of Love and Fear* (1950).

Details of BB's life and contribution to NZAP were described and commented upon at the 1997 Conference, at the time of our 50th anniversary, and in Ruth and Brian Manchester's excellent history of NZAP published in that same year and distributed to all members. Many readers will thus be familiar with BB's role at the beginning of our organization. It is not my intention here to underscore the same material. Rather, as I have read of BB's passions and personal

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style, I have found myself challenged, and stirred to transform them into a mirror into which we can gaze briefly, and wonder about ourselves and our times.

BB the man

BB was a man of considerable courage, this greatly assisted by an apparent lack of concern about what people thought: a man who wore shorts, braces, and sandals to Jan Currie's wedding; who bought a hearse because he needed a station wagon before such things were invented. A handsome man, they say, with whom (and I quote a woman who knew him well) many female therapists became 'besotted'.

He was in many ways, as we shall see, a liberal man; nevertheless, he was a stickler for how one spoke the English language, a man who hated the broadness of the Kiwi accent. A liberal man in his social concerns, but who could also be autocratic. He resented being challenged, though it appears he could tolerate such challenges from men better than from women.

He was a man who loved the outdoors, who was awarded the Bledisloe Medal for his conservation work at Kowhai Bush, who had climbed mountains throughout Europe and New Zealand, who was a foundation member of the Save Manapouri organization, and a man who chain-smoked even, it seems, in therapy sessions.

Contemporaries have described him as an excellent speaker with 'huge charisma', who could *ad lib* on complex topics, as if giving well-prepared lectures. As I said before, I listened to a tape of him teaching in the 1950s on what it is that leads to 'cure' in psychotherapy. Apart from his evident deep understanding of the craft of psychotherapy, and the clarity of his thought and presentation, what struck me most was his air of assurance, both in general and in particular around the issues of 'child nurture' and especially breast feeding.

With urbane confidence he asserted that all neuroses and personality disorders have their origin in faulty nurture, and are established in the first few years of life—probably the first year; that only a minority of parents truly love their children; and that the baby has a 'point of view'. For a 'cure', what one needs, he said, is a patient with a desire to get well; with a deep trust in the therapist as a person; with honesty, sincerity and courage.

Along with this goes the need for a well-trained therapist who is emotionally mature, and capable of being a good parent.

The shaping of BB

For my own purposes I have sorted BB's interests and activities into categories as follows:

- a) Confronting the establishment—or the politics of influence and change;
- b) Child care and child rearing;
- c) The antecedents of mental health or preventive aspects of mental health;
- d) Psychosomatics;
- e) War and its traumas;
- f) The training of psychotherapists.

This list has formidable breadth so I will only focus on two of the categories, while others will get glancing attention.

BB pursued his causes with evangelical energy and vigour. Note that this was a man who had come back to New Zealand in his fifties, an age when some of us have had enough of pressure and stress and are opting for the quiet life, and others of us have discovered enough of our personal issues and unconscious motivations to say enough is enough. Not so BB.

Being the psychotherapists we are we will ask what were some of the forces that shaped his endeavours. There are some clues. BB was reared by a nanny described as 'strict and unforgiving'. His father, an extremely strict man, was the first headmaster of Christchurch Boys High School, recruited in 1884 from Devon, England. He had 'huge personality problems' and may have been bipolar. It seems that BB was determined to get to the bottom of his father's psychopathology. And for him the answer was to be found in the patterns of infant nurturance, and in the circumstances of a child's first five years of life. Thus, perhaps, we see the roots of his determination to overthrow the rigidities of New Zealand's revered Plunket Society with its rules of so many minutes on the right breast and then the left, and its recommendations to leave babies to cry, out of sight and out of mind. This perspective also took in other issues. He crusaded against corporal punishment, circumcision, and the doctrine of original sin.

Of course he was not a lone voice—others were campaigning for mothers' rights to visit their children in hospital, and vice versa, and against long day-care of infants, and for antenatal classes, natural childbirth and home birthing. The Parents' Centre movement arose in this context.

I think that these introductory remarks will have given you some idea of BB the man. Let us now turn to the first category, from my list of his interests, that I have chosen to focus upon.

Confronting the establishment

BB was a pioneer. He came back to New Zealand with his psychoanalytically-oriented psychiatrist training and enthusiasms and found a 'psychiatric wilderness'. His psychiatric colleagues in Christchurch gave him a very poor hearing. Some of this rejection may have been due to his self-assurance and tendency to overstate things. Nevertheless, many of us have some awareness of the state of psychiatry in New Zealand in the 1940s, and a clash was surely inevitable. There have indeed been huge changes since then, but I believe that BB would still lament the progress made over the last 56 years by psychiatry in this country, dominated as it still is by biomedicine, diagnostic categorization, drug treatments, worship of measurement as the only real marker of validity, and endorsement of very limited models of psychotherapy. On the other hand I believe he would be delighted with the level of non-medical acceptance of psychotherapy in New Zealand.

BB turned away from his psychiatric colleagues and looked for stimulation and collegiality elsewhere—finding it amongst educationalists, occupational therapists, clergy, medical students, and some doctors. The small critical mass necessary for changing infant nurturance patterns, and for psychotherapy and psychotherapy training, emerged fairly quickly.

BB's experience of establishment resistance was not confined to psychiatry. Much concerned about corporal punishment as an adverse mental health antecedent he approached a University of Canterbury professor of education for support. This man was initially very supportive, but eventually turned away saying he was not prepared to put his head in the lion's mouth. I think BB was enormously frustrated by the fearful and hesitant. It seems he was neither. Nell Pickford, originally a student and then a colleague of BB's, records that on one occasion BB was pelted with tomatoes while speaking out against corporal punishment. His response was: 'See, it proves my point, violence begets violence!'

Faced with BB's struggle with the establishment, I ask myself how much do I duck for cover, or fail to speak out or to act. To what extent am I part of the establishment, or at least an establishment? At what point do establishment concerns sap my resolve and energies for creative change? I can ask further: in what way is NZAP becoming some sort of establishment?

I am not sure, but I wonder if there is a growing homogeneity, or a risk of homogeneity, in NZAP. Such wonderings might be explored around our current moves towards registration. Of course, registration has to do with consolidation, recognition, quality control, discipline, remuneration—and so on. Good things. But, speaking as a member of the medical profession, where registration has a very long history, we need to be aware of the other less desirable risks of registration—conformism; exclusion; loss of creativity; control of paradigms, minds and resources; loss of agency and spirit; and, eventually, co-dependence of practitioners with a very flawed system, which they are powerless to change, and, anyway, have a vested interest in not changing it.

Of course such adverse effects, if they occurred, would not be simply due to registration. But registration has much invisible baggage, not the least in my mind being a potentially huge leap in power achieved for certain paradigms and assumptions over other paradigms and assumptions.

BB was a pioneer, and, in respect of child care and mental health generally, he confronted several establishments – institutional psychiatry, the Plunket Society, the education system, and the Church. Establishments are almost defined by their abilities to maintain themselves and their patterns. An establishment does not usually breed pioneers except within the narrow constraints of its own interests and paradigm. Establishment is probably an inevitable part of the life cycle of an organization. Organisations need pioneers to start them, but, undoubtedly, as they mature and age they need wise managers, people who can consolidate growth and influence. The downside of this is the entrenchment of restraint.

BB was both an unusually courageous man, and unencumbered by institutionalization. He was not only a pioneer, he was also a child of the pre-1970s, acting in the last lingering moments or twilight of the ‘modernist’ era. Thus, getting the principles right and finding the ‘truth’ was, believe it or not, still a feasible endeavour; and vigorous action based on ‘right’ principle could still make a profound difference. Fifty years later we have no such firm footing, it seems. To debate issues of ‘truth’ and substance is, alas, to violate the endlessly pluralist narratives characteristic of post-modern society.

The dilemmas of postmodernism

Over the summer holiday break I was browsing in one of my daughter’s books of literary criticism and David Punter’s introductory editorial essay in a collection on William Blake (1996) caught my eye, because from within a very

different academic arena it reflected some of my thoughts very precisely. Punter points out that Marxism told us that our thinking is economic conditioning; psychoanalysis told us that the unconscious drives our unique affinities; structuralism, particularly via linguistics and anthropology, told us that we were acting out a set of codes, embodied in myth and in language itself; and post-structuralism endeavoured to create freedom by deconstructing that. And the result of this, Punter says, was that

individual integrity, the notion of 'nature', the supremacy of political action, all disappeared in deconstruction into a maelstrom of texts, and the shattered shards of text, words in endless play one against another, a dream or nightmare of textuality beside which all other human pretensions seemed bare or lame.

(Try replacing the words 'text', 'texts', and 'textuality' with 'narrative', 'narratives', and 'narratology' and see how it feels). Finally, feminism told us that all these other views and revolutions were in the end partial, and reflections of the masculine narcissism which has brought all these systems of thought into being in the first place.

Punter's analysis reflects my own conclusions derived not from literary criticism but from training or reading across the boundaries of medicine, psychotherapy, philosophy, history of science, sociology, consciousness studies, and spiritual traditions. We, in this current era, and unlike BB, inherit, or are encumbered with, deep doubts that it is possible to claim or proclaim a truth. Many of us nurture 'truths' in our hearts, but they have become *private* truths. We feel little right to proclaim them because they are merely 'my own' personal narrative, 'my' story about the world.

Clearly BB was a modernist—certain things should and should not happen. He had discovered some 'truths' about infant nurturance, and by hook or by crook the world was going to know about them. It is not so easy now. The world has become a world of narratives. One man's narrative is another man's pulp fiction. Apart from a mysterious process of limp and often manipulated consensus, upon which political correctness is based, in the postmodern milieu we have comparatively speaking, an eroded basis for action. Who is right? What narrative should we pursue?

It is not surprising that in this context we have a dearth of pioneers. The safe things to claim and proclaim are those few things that mysteriously emerge as consensually important and safe to agree on. In this outcome we are likely to experience a growing intellectual poverty and loss of social action.

I fancy BB transplanted into the present could not be silent about many social issues. For him there seemed little division between the social and the individual. But we are immersed in the postmodern mindset with its notion that the truth left to me is the truth I choose for myself. Thus, psychotherapy becomes a privatized focus around the individual discovering his/her own truth. It is much harder to prosecute social causes in this climate.

Though I cannot decide where he would have positioned himself I can imagine him having much to say, for example, about the forces evoking violence in our society, the pernicious effects of the media and marketing, the reductionistic market ideology and its profoundly inadequate concepts of wealth, and, possibly, the role of fathers and masculinity in a violent society, and the rates of abortion. How he would have fought with other NZAP members!

These issues are not only important for me and one literary critic. In the *New Zealand Listener* of 11 January 2003 (36-37, 45-47) there was an interesting article ('What's Left?') by the leftist journalist/commentator Chris Trotter analyzing the evolution of the political Left in New Zealand and especially its increasing poverty of principle over the last few decades. He talks about 'that crippling alliance of identity politics and postmodernism with its nihilistic ethical relativism'. What he is saying is that in respect of the causes that we will espouse and pursue, we, in modern times, find ourselves limited by two pressures. Firstly, the safety for an organization in devoting energies to whatever identity causes that are fashionable. Secondly, the pervasive penetration of post-modern thinking, and the erosive effects of those elements which I have just described, particularly the ethical relativism which I have addressed by raising the notion of 'privatised truth'.

Please do not get me wrong. There are numerous elements of postmodern thinking that I not only applaud but have incorporated into my reality with considerable relief. My concern is for the continuing good health of our organisation. Hopefully, despite all the pressures, we in NZAP will find energy to support the spirit of BB as in a myriad of different ways we each feel drawn to challenge established models of treatment, and to take psychotherapeutic insight beyond the private worlds of the therapy room into wider society.

Mind/body concerns

I want now to turn to another issue. Those of you who know that the psychotherapy aspect of my clinical practice is organized around people with physical illness presentations will not be surprised that the second of BB's interests or concerns I have chosen to focus upon is that of 'psychosomatics'—a subject

perhaps better expanded into: *the relationship of psychotherapy to the body, to diseases of the body, and to the medical profession.*

Actually BB disapproved of the term 'psychosomatic', as indeed do I, because it is embedded in the wider idea that some illnesses are physical, some are mental, and some are psychosomatic. In *The Sources of Love and Fear* he asserts (quoting Edward Weiss, an American doctor writing in the 1940s), as I do, that 'all good medicine will be psychosomatic,' (1960:53) and disapproves, as I do, of the notion of diseases as 'entities...(that)...descend upon people out of the blue' (1960:54). And, inevitably, he believed, as I do, that many highly 'physical' disorders have important roots in the traumas and failed nurturance of early childhood.

BB was appalled at the widespread use of medications and surgery for conditions that had a clear psychological component. He was not averse, as I am not, to physical treatments if they are the best way to handle an illness now that it had emerged. But he was scathing, as I am, of the profound neglect of the psyche in most physical disease.

You may perhaps believe that things have substantially improved. Well, let me risk some bare assertion. The pervasiveness and dominance of the biomedical model, with its focus on the body stripped of its subjectivity, based as it is in a dualistic separation of mind and body, is such that, in general, medical clinicians are still unaware of, or unreceptive or downright hostile to the notion that in many people personal story makes a huge contribution to the genesis and perpetuation of their physical illnesses. Alas, BB, things have not changed that much!

What is the significance of this? Many thousands of patients in this country are receiving medication, and/or physicalistic interventions including surgery, when what they need is help to look at the psychosocial distress and stories integral to their somatised presentations.

The physicalist approach to diseases based in personal story is costing us hundreds of millions of health dollars per year. The mechanistic view of persons, in tandem with galloping technologies, is forever promising breakthrough and cure for the human condition expressed in physical disease. A fraction of the huge resources consumed in this way, diverted to encouraging people to find new ways of loving their children as prophylaxis against disease, or, once disease has developed, to healing their deeper psychospiritual conflicts and themes – such diversion of resources would make a huge impact on the health of this country.

So what about us, as psychotherapists, in relation to this problem? Speaking of my own territory as a consulting physician for patients from throughout the South Island, I know that scattered around the South Island there are some psychotherapists who work extremely well with clients with physical illness presentations. These therapists seem to have an intuitive grasp that they are working not with the body, not with the mind, but with the mind/body, or even better, the person. And their clients tend to do well. There are other well-trained and highly skilled psychotherapists with whom such clients tend to do poorly. There are a variety of reasons for this. Some therapists seem to assume unquestioningly the validity of the mind/body splitting and compartmentalization assumptions characteristic of post-Cartesian Western culture. Some just fit easily into the roles that have emerged given the assumptions of this culture. 'I've got my niche. I work with the mind, and the doctor works with the body.' From the vantage points of medical and psychotherapy professional roles there is a reasonable and comfortable logic to this. But if there is no mind/body duality, that is if the assumptions behind this professional boundary-making are flawed, our patients/clients are going to do poorly in those areas dependent on getting those assumptions right.

We, as psychotherapists, are giving away too much power to the doctors and to the biomedical paradigm. Think of fibromyalgia, chronic fatigue syndrome, chronic pain, irritable bowel syndrome, and many of the chronic problems covered by ACC, let alone all those other physical conditions clearly triggered by personal story. Think of the unnecessary surgery and repeated investigations every day of hundreds or thousands of patients in this country for conditions that are never going to respond to a physical focus.

Bevan-Brown's concerns are as relevant today as they were in the 40s. You might be interested to know that BB was concerned that psychotherapists have a good understanding of human biology, that they have a good knowledge of the body. And in his psychotherapy training program he had a University of Canterbury professor of Zoology give regular talks on anatomy and physiology! The body got a bit of a hearing. As far as I know in modern day training programs in New Zealand there is no expectation that psychotherapists will have some expertise with respect to the body, just as in medical training there is little expectation that doctors will be proficient with their patients' subjectivities or see that zone as crucial to the practice of good medicine.

We don't deal with minds, we don't deal with bodies, or even mind/body units, we meet with persons, unitary persons whose mental illnesses always have a physical correlate, and, I suggest, whose physical illnesses always have a

subjective correlate. We have therefore a huge potential role to play in any really wholistic response to physical illness presentations.

The psychotherapy profession has been too comfortable in a role occupying the mind side of the Cartesian split, leaving the medical profession to continue occupying the body side. Though such splitting works adequately in many situations, and is easier on the professional, it works very badly for many patients and clients. But there are promising signs of the return of the body and a focus on embodiment in psychotherapy. To really establish that trend we need to explore and discuss our assumptions more deeply.

In conclusion

I have titled this paper 'In the spirit of Bevan-Brown'. I hope I have expressed that, both in content and in style, in my own way. I value NZAP as an organization. It has much to offer the New Zealand community, and it began at least partly in an ethos of a willingness to see and do, of courage, outspokenness, and challenge to entrenched establishment patterns. While these are not necessarily the values for every time and period, or even the key values for our organization, the health of NZAP is surely dependent on actively fostering at least a little of the spirit of Charles Maurice Bevan-Brown.

References

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