

‘The dangers of this atmosphere’: a Quaker connection in the Tavistock Clinic’s development

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Abstract

During the Second World War, through innovations in officer selection and group therapy, the army psychiatrists John Rickman and Wilfred Bion changed our understanding of leadership. They showed how soldiers under stress could develop real authority through their attentiveness to each other. From contrasting experiences 25 years earlier each had seen how people in groups are moved by elemental forces that undermine judgement and thought. This article arose from my experiences as a trainee at the Tavistock Clinic, where the method of reflective work discussion, giving individuals seated in a circle the choice to speak or to remain silent, seemed similar to a Quaker meeting. Many decades later I found that this association had a basis in fact. Among other influences on Bion – a childhood in India, distinguished service in the First World War, and a surgical apprenticeship with Wilfred Trotter – there is a little-acknowledged Quaker source, in John Rickman, for Bion’s radical work in the army that led to new methods of training and organizational consultancy in the postwar Tavistock.

Keywords

army psychiatry, Wilfred Bion, group relations, psychoanalysis, Quakers, John Rickman, Tavistock Clinic

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Introduction

A principal theme of this article is the influence on Wilfred Bion of the Quaker psychoanalyst Dr John Rickman who, after serving as a conscientious objector in Russia during the First World War, had trained with Freud and Ferenczi in the 1920s. In 1938 Bion, at the time an assistant physician at the Tavistock Clinic, began a training analysis with Rickman. This was brought to a premature end by the onset of war during which the two soon became colleagues as army psychiatrists. Their innovations led to a new group psychology with applications far beyond mental health and the military – in government, business and public services. This was also the turning point towards a changed Tavistock Clinic, re-created after the war as an organization in the newly formed National Health Service, attentive to social processes within and around it.

Wilfred Bion 1897–1979

Wilfred Bion was born in Muttra, a holy city in Uttar Pradesh, into a family that was originally Huguenot, and later missionaries and officials in India. He was deeply attached to his mother but was also cared for in his early years by Indian women who told him tales from the *Mahabharata* ‘whose language he could not easily decipher but whose impact he was never to forget’ (Grotstein, 1981: 2). At the age of 8 Wilfred was sent to school in England, and later attended a Nonconformist boarding school, Bishop’s Stortford College. He was horribly homesick (Bléandonu, 1994: 15). In November 1917, just out of his teens, Bion was a tank commander in the First World War. He took part in the first battle ever to use tanks in a systematic way, at Cambrai, and was awarded the Distinguished Service Order (DSO) for ‘magnificent courage and initiative in a most difficult situation’.

When his tank was put out of action by a direct hit he occupied a section of trench with his men and machine guns and opened fire on the enemy. He moved about in the open, giving directions to other tanks when they arrived, and at one period fired a Lewis gun with great effect from the top of his tank. He also got a captured machine gun into action against the enemy, and when reinforcements arrived he took command of a company of infantry whose commander was killed. (*London Gazette*, 18 July 1918)

Bion had originally been recommended for the highest military decoration, the Victoria Cross (VC), but this was reduced to the DSO when he swore at officials in the War Office for their ignorance of the realities of modern war (Trist, 1985: 10). He was himself ambivalent about the award: ‘I longed to be a VC . . . but I dreaded it. [My crew] *knew* what had happened. . . . They did not know – I knew – that it was my bungling incompetence that had driven the tank into the strong point *before* time . . .’ (W. Bion, 1982: 172). Bion was also awarded the Légion d’Honneur by the French.

He was not seriously wounded but deeply affected by the war: ‘. . . the fact remains that life had now reached such a pitch that horrible mutilations or death could not conceivably be worse. I found myself looking forward to getting killed . . .’ (W. Bion, 1982: 94). Bion greatly relied on a fellow officer, Quainton, ‘a comforting person to be with, partly because of his Quaker origins and secure religious outlook’ (ibid.: 167), but it was

a short-lived friendship. While on leave Quainton crashed his car but was not injured. He wrote to one of the tank commanders: 'I was shoved into this looney bin and labelled "shell-shock"!' (ibid.: 186). In a soldier without a war wound this diagnosis was at the time often regarded as evidence of cowardice or malingering, in Quainton's case an impression aggravated by the fact that he had not long earlier discussed with his friends whether he should become a conscientious objector (ibid.: 16). 'I knew Quainton was not a fraud', wrote Bion, yet his 'fate almost washed away the joy of life I learned from him' (ibid.: 186, 112–13).

The day after demobilization Bion entered Queen's College, Oxford to read History. He was accepted on the basis of his military decorations and his prowess in swimming and rugby. Though he relished the intellectual atmosphere he felt rather out of place surrounded by young men who 'came from schools with famous names; I did not. They came from homes with a university tradition; I did not. "Here comes Bion with his nonconformist hat on", was the kindly jest with which a fellow in my rugger team greeted my arrival to board the bus for an "away" match' (W. Bion, 1991[1985]: 11). During his time at Oxford he met his former comrade Quainton in the street, and wrote of the encounter many years later:

'How are things?' I asked Quainton awkwardly. 'Oh, fine', he replied. 'Fine', he repeated with a lack-lustre insincerity. We did not meet again. How well I remember my envy of his frank open ways, his charm. . . . 'Oh, fine!' The words form the epitaph for a friendship which promises fair but turns sour and ends in disillusion. (1991[1985]: 14)

In 1930 Bion qualified in medicine with a gold medal in surgery from University College Hospital, London. He had trained as a dresser (apprentice) to the great surgeon and polymath Wilfred Trotter (1872–1939), whom he regarded as a father figure and who 'remained a role model for him throughout his professional career' (Bléandonu, 1994: 38). In *Instincts of the Herd in Peace and War* Trotter (1919) had been critical of Freud for ignoring the social aspects of psychology. He proposed an instinct which he called gregariousness, which has powerful effects on human consciousness. Bion, in his famous papers on groups first published between 1948 and 1951, refers to Trotter only in passing, and then only in order to disagree with him: 'I have not felt the need to postulate the existence of a herd instinct to account for such phenomena as I have witnessed in the group' adding in a footnote: 'In contrast with W. Trotter but in agreement with Freud' (W. Bion, 1961: 153).¹ Yet Bion owed far more to Trotter than he could acknowledge. Torres (2003) shows with great care how Trotter's understanding of group mentality influenced Bion's later views, such as the 'hatred of learning' which makes it so hard for us to learn from experience, to face truths we do not like. 'The mind likes a strange idea as little as the body likes a strange protein' (Trotter, 1941[1939]: 186).

Bion joined the Tavistock Clinic as an assistant doctor in 1932, supplementing his modest income with private psychotherapy practice and some medical sessions as a neurologist in Maida Vale Hospital. He was now in therapy with Dr J. A. Hadfield (1883–1967) formerly a minister in the Congregational Church in Edinburgh (Glover, 1968: 117). Along with the clinic's founder Hugh Crichton Miller, Hadfield was a committed Presbyterian and some of the other staff had also been his patients. Because of its religious affiliations the Tavistock was known at the time as 'the Parson's Clinic'

(Pines, 1990) and was shunned by the British Psychoanalytical Society, who would not allow analysts to work there. Hadfield viewed psychotherapy as the exploration of love and loss,² but by excluding the transference relationship between patient and therapist he minimized its emotional impact. Bion wanted more from therapy and in 1938 applied to train as a psychoanalyst with John Rickman.

Bion, having been part of a group of 'believing' officers in the Great War, had chosen a 'pi' [religious] analyst. At the International Psycho-Analytic Congress in 1938 Rickman gave a paper, 'The need for belief in God', in which he discussed Quaker faith in the light of Klein's concept of early object relations. Bion slowly separated himself from Hadfield. Rickman's interpretations, rather than playing intellectual games, fanned the embers dormant in the ashes of the past. (Bléandonu, 1994: 47)

This was Bion's first intimate contact with psychoanalysis. It was also therapeutic. 'I thought Rickman liked me' (W. Bion, 1991[1985]: 46). A few other published comments about this short analysis suggest that it was a powerful emotional experience for him. For the first time since a painful romantic rejection when a medical student, the 'confirmed bachelor' (Bléandonu, 1994: 53) with a constantly gloomy view of himself, fell in love. In 1940 he met an attractive and clever actress, Betty Jardine, whom he soon married.

John Rickman 1891–1951

John Rickman was the only child in an extended Quaker family and was throughout his life a practising Quaker. His father ran an ironmonger's shop in Dorking and died of tuberculosis when John was 2. His mother never remarried, and the main male influences in his early life were his grandfathers. John's maternal grandfather was often unkind to him, something he recalled years later when in analysis with Sándor Ferenczi. Rickman studied Natural Sciences at King's College, Cambridge, followed by Medicine at St Thomas's Hospital in London, during which time the First World War broke out. As a conscientious objector he refused to join up, finishing his training instead (King, 2003: 9). Even in this feverish time of ultra-nationalism it was understood that Quakers were unable to fight. Rae notes the 'military's almost reverent respect for the Society of Friends' (Rae, 1970: 58). The fact that Rickman was about to become a doctor may also have helped, but even so it must have required considerable courage, or dogged self-belief, to resist the pressure on every man to join the fight. Quainton's predicament suggests that faith alone was not sufficient. In 1916 Rickman joined 'the Friends' War Victims Relief Service' in the Samara province of South Russia, where there was great poverty and deprivation. There he taught peasant women how to nurse typhoid patients during an epidemic and made anthropological observations of the severe limitations of village life.

In an account published two decades after the events he described, Rickman recorded his observation of the village council, or 'Mir', at work:

... the village formed a *leaderless group*, and the bond which held the members together was that they shared a *common ideal*. ... When a topic came up for discussion someone would begin speaking in a guarded, vague and rather long-winded way. ... By constant

repetition of argument and many contradictory assertions made by nearly everyone present, the members of the group, after several evenings' talk, arrived at a fair guess at which way the wind was blowing. Personally, I never saw a vote taken. Everyone's 'face' was saved by this method. There was no minority, no one in particular had carried the meeting, no one was defeated.

The procedure is understandable if one remembers the isolated life of the group, shut off from an open labour market, tied to the soil, almost without home industries to develop personal talent and initiative. Aided by these factors, perhaps in large measure produced by them, there is a very strong drive to uniformity of thought. No man dared hold an opinion unless everyone held it, except on a philosophical problem without significance to practical or religious life. My exploration of this is that a distinction was not drawn in the unconscious between thought and action. To hold an idea in the mind which other people might disapprove of was the same thing as doing the action which follows from the thought. Thus to consider the merits of a republican regime is as dangerous as murder of the Tsar. (Rickman, 2003a: 162–3; original emphases)

In 1917 Rickman met an American social worker Lydia Cooper Lewis, who had just joined the Relief Service unit. While the 26-year-old Rickman was simultaneously caught up in the turbulence of romance and the Russian Revolution, Bion, his junior by six years, was stuck in the mud at Cambrai. John and Lydia married in Samara the following spring and then set off on a dramatic and dangerous escape from the new regime, arriving at Vladivostok after more than three months on a very slow trans-Siberian railway journey, frequently stopped and searched by rival agents of the civil war. Once home, Rickman worked as a medical officer with psychiatric patients at Fulbourn Hospital in Cambridge. In Cambridge he met three remarkable men, whose teachings he later recalled with gratitude and affection (Rickman, 2003b: 154). The first of these was W. H. R. Rivers (1864–1922), an anthropologist and physician who had treated soldiers traumatized by the war at Craiglockhart Hospital in Edinburgh. His most celebrated patient was the poet Siegfried Sassoon.³ Rivers advised Rickman to seek an analysis with Freud. The other two were the social psychologist William McDougall (1871–1938), who had been analysed by Jung and was shortly to publish *The Group Mind* (1920), and the clinical psychologist Charles Myers (1873–1946) who coined the term 'shell shock' in a *Lancet* article in 1915.

Myers worked in medical units at the front line, including at Cambrai, helping many hundreds of shell-shock sufferers shed their symptoms through recalling their trauma under hypnosis. His methods had at first been highly regarded, but they fell out of favour in late 1917 when military psychiatry became more punitive. Instead of hypnosis patients would be advised that they would shortly be 'given electricity to help [them] along' (Shephard, 2002: 59). Earlier psychoanalytically inspired methods were pushed aside by 'suspicions that a psychological explanation simply let malingerers off the hook' (Thomson, 2006: 183). Though he did not take part in the war Rickman learned about these developments from his mentors.

Sigmund Freud, Sándor Ferenczi and Melanie Klein

In 1919 Rickman went to Vienna to have analysis with Freud. He made many contacts there, including Karl Abraham (1877–1925) and Sándor Ferenczi (1873–1933), but it is

not clear that he got the help he wanted. '[Ernest] Jones complained to Freud about business decisions . . . being discussed between Freud and Rickman during his analysis' (King, 2003: 14). Rickman continued with Freud until 1922 when he qualified as a psychoanalyst. In 1928 he travelled to Budapest to have treatment from Ferenczi. Ferenczi had had some analysis with Jung before the split with Freud and had now developed a technique of active reflection with the patient – including 'mutual analysis' – probably far removed from the experience Rickman had with Freud. Rickman wrote to his mother from Budapest 'begging her to tell him about episodes in his childhood and more about what his grandfather had done to him when he was a little boy. When she replied that she had already told him all that she could remember, his angry reply was that she did not want to help him' (ibid.: 20). He returned to London two years later.

There is an almost incestuous atmosphere in early psychoanalysis, where so many of the pioneers would have shared their most intimate thoughts, anxieties and desires with each other. Thus Melanie Klein (1882–1960), who was soon to be Rickman's analyst, and later Bion's, had been analysed by Ferenczi more than a decade earlier, during the First World War. While working in Budapest, encouraged by Ferenczi, Klein was among the first analysts to treat children (including her own) from whom she discovered that they harbour quite violent and sadistic fantasies about those they also love; mother, father and siblings. Young children are less able than adults to conceal their unconscious desires, which they demonstrate readily in play. Mrs Klein saw, for example, how playing at crashing cars represents the child's idea of parental sex. Following Freud she noted the child's wish to stop the parents' intercourse so as to have an exclusive relationship with the mother, but then went on to interpret by what ruthless means this was to be achieved. The solution, in the magical thinking of the child, is to invade the mother's insides and steal anything that belongs to, or has been created by, the father (Sayers, 2000: 15). No other babies, and no evidence of a fertilizing sexual partner, must exist. Having imagined these violent attacks the child is then persecuted by fears of retaliation. More than her predecessors had done, Mrs Klein highlighted the pervasive and destructive power of envy. In 1921 Klein moved to Berlin and began analysis with Karl Abraham, one of Freud's favourites among the first generation of analysts, until his early death in 1925. Her bold and shocking ideas were not well received in Berlin and without Abraham's protection she was glad to accept Ernest Jones's invitation to work in London the following year. Jones also asked her to analyse his wife and his two children (ibid.: 17). He was at the time the most powerful psychoanalyst in Britain, having founded the British Psychoanalytical Society in 1919 and remaining its president until 1944.

In 1934 Rickman began an analysis with Melanie Klein that was to continue, intermittently, until 1941 and again for some sessions after the war. So while Bion was having sessions with him, Rickman was with Mrs Klein. Rickman's writings at the time show the enormous influence of her thinking on his. Yet, always the independent, he could not accept all of her ideas. In a preface he wrote for one of her articles he insisted that to the child the father is just as important as the mother (Bléandonu, 1994: 47), a poignant observation in Rickman's case, given that he can barely have remembered his own.

Over three decades Rickman played an important part in the foundation and development of the British Psychoanalytical Society, and later, behind the scenes, in building a bridge between it and the Tavistock Clinic (Dicks, 1970: 155). He was the editor of the

British Journal of Medical Psychology from 1935 to 1949 and published a great deal (see Rickman, 1957; King, 2003a), some of it long-winded, but there are gems to be mined. Most of his writing after the First World War was infused with psychoanalysis, but his experiences in Russia and Cambridge (Cameron and Forrester, 2000), and his Quaker commitment to social justice, sexual equality and non-violence, put him ahead of his time. During debates about war that were frequent at the time, he took an enlightened view. In a psychoanalytic symposium published in 1934 Rickman asked ‘whether any man in the depth of his mind wants a world free from aggression, or even free from war’ (cited by Overy, 2010: 215). Rickman’s briefest essays were anonymous editorials in the medical journal *The Lancet*, which brought psychoanalytic thinking to a wider audience. As war approached the themes changed. In 1938 he wrote a piece called ‘Panic and Air-raid Precautions’, already thinking about morale in groups under threat.

Experiences in Groups: Wharncliffe, War Office Selection Board and Northfield

Though he had not been involved in the First World War, Rickman was preparing for the Second. Within days of its declaration in September 1939 he produced a document from Haymeads Hospital in Bishop’s Stortford about the need for the rehabilitation of psychologically traumatized soldiers: ‘the resumption of social contact, response to command, realization of responsibility, return of self-confidence and therefore return to work’ (cited by Harrison, 2000: 107). At the beginning of 1940 he was sent to Wharncliffe Hospital near Sheffield, where his work attracted considerable interest and admiration from army psychologists and psychiatrists, including Wilfred Bion, who visited him there. As a result of this reunion Bion drafted what came to be known as the Wharncliffe Memorandum,⁴ of which no copy has survived. ‘This document contained a prospectus for a therapeutic community. In the sense of making systematic use of the happenings and relationships in a hospital, it was the first time the concept had been formulated’ (Trist, 1985: 6).

Early in 1942 Bion was transferred to Edinburgh to serve in a new scheme for selecting officers, no. 1: War Office Selection Board (WOSB), where he began to apply some of these ideas:

After the fall of France a large land army had to be raised and officered by individuals drawn largely from outside the customary officer class. Many of these fought shy of putting themselves forward as candidates for officer training as they feared class prejudice on the part of the colonels who would interview them and who felt less secure themselves in making judgements outside their own social bounds. They were overlooking good candidates and sending forward too many poor ones. (Trist, 1985: 6)

Bion’s method was new to the British army.⁵ Over 30 candidates would spend almost three days together, living as a community. In addition to conventional individual interviews and psychological tests the men were put into groups where they had to introduce themselves, followed by a free discussion on a subject of their choosing. The psychiatrists, psychologists and military testing officers did not intervene but observed and took

notes. Men were then given military problems to discuss and a practical group task to perform, such as building a temporary bridge together (Trist, 1985: 7). As Bion put it, the selecting officers could 'observe a man's capacity for maintaining personal relationships in a situation of strain that tempted him to disregard the interests of his fellows for the sake of his own' (W. Bion, 1946: 77). Bion was enthused by WOSB and in March 1942 wrote a long letter to Rickman suggesting that he 'should think of coming into it'. Bion proudly declared that 'we paved the way for an absence of dogmatism in our approach' (cited by King, 2003: 39). Because of the success of WOSB in finding and retaining new officers more boards were set up around the country, involving many men and women – known as the 'invisible college' – who would go on to form a new Tavistock after the war.⁶

Though he did serve separately in WOSB at a later date, Rickman did not join Bion at the selection board. Having been persuaded to enlist for the first time in his life he joined the Royal Army Medical Corps (RAMC) and with the rank of major was posted to Northfield Military Hospital near Birmingham in July 1942. Most of the patients there were soldiers who could not manage army life, unsympathetically described by a contemporary in a letter to Rickman as 'chronic neurotics, psychopaths and defective unstable Pioneer Corps fellows' (cited by Harrison, 2000: 184). Rickman's approach was thoughtful, practical and hopeful, not typical of army psychiatrists of the day. His passage through the First World War as a conscientious objector and through the interwar years as a psychoanalyst seems to have armed him with a firm confidence in his own capacities. Even a generation after the First World War, the prevailing attitude to mental illness in the armed forces – and to practitioners trying to deal with it – was one of ignorance and implied contempt.⁷ A psychiatrist who tried to understand the sources and consequences of terror and fatigue was less trusted than one who took a tough line (Thomson, 2006: ch. 6). Had Rickman been more alert to institutional suspicion of psychoanalysis he might have averted the crisis that was to come.

Bion, still attached to his former analyst, asked to be transferred to Northfield and arrived in September of the same year. Here he initiated what has since been seen as a revolutionary experiment with groups. Bion's aim was to improve morale by creating a 'good group spirit' (*esprit de corps*). Though he sounded like a traditional army officer his means were very unconventional. He was in charge of around 100 men. He told them that they had to do an hour's exercise every day and that each had to join a group: 'handicrafts, Army courses, carpentry, map-reading, sand-tabling etc. . . . or form a fresh group if he wanted to do so' (W. Bion, 1961: 16). While this may have looked like traditional occupational therapy, the real therapy was the struggle to manage the interpersonal strain of organizing things together, rather than simply weaving baskets. Those unable to join a group would have to go to the rest room, where a nursing orderly would supervise a quiet regime of 'reading, writing or games such as draughts . . . any men who felt unfit for any activity whatever could lie down' (*ibid.*). The focus of every day was a meeting of all the men, referred to as a parade.

... a parade would be held every day at 12.10 p.m. for making announcements and conducting other business of the training wing. Unknown to the patients, it was intended that this meeting, strictly limited to 30 minutes, should provide an occasion for the men to step

outside their framework and look upon its working with the detachment of spectators. In short it was intended to be the first step towards the elaboration of therapeutic seminars. For the first few days little happened; but it was evident that amongst patients a great deal of discussion and thinking was taking place. (1961: 16)

Some patients started to complain that others were taking advantage of these arrangements, to which Bion responded by asking them why they were surprised by this. The existence of uncooperative individuals is a feature of all organizations: 'my determination not to attempt solution [*sic*] of any problem until its borders had become clearly defined helped to produce, after a vivid and healthy impatience, a real belief that the unit was meant to tackle its job with scientific seriousness' (ibid.: 19). Bion records a transformation in the group as a result of this strategy: 'the military discipline and bearing of the training wing had improved out of all recognition within the short period of one month' (ibid.). One remarkable outcome was that '[b]y far the largest group of men proposed the formation of a dancing class' (ibid.: 20).

It was evident that the 12.10 meetings were increasingly concerned with the expression, on the part of the men, of their ability to make contact with reality and to regulate their relationships with others, and with their tasks, efficiently. (1961: 21)

Lost tools in the handicraft section, defective cinema apparatus, permission to use the local swimming baths, the finding of a football pitch, all these matters came back to the same thing, the manipulation and harmonization of personal relationships. (W. Bion, 1946: 80)

Nothing like this had occurred before in the armed services. Bion was not being helpful. He was deliberately distancing himself from a traditional position of authority, so that the men would have to find their own. Rickman, in the only eye-witness account of Bion's approach at Northfield, describes an evening meeting that had started at 6.30 p.m. and was due to end at 8 p.m. Two hours into the meeting Bion said: 'Let us see what has been happening lately. We agreed to go on for an hour and a half and yet no one has suggested that we get up and go.' Rickman continues the narrative: 'He paused, one person who had been trying to take the lead accused Bion of looking at the clock ever since eight, another accused the last speaker of talking too much; all agreed that the discourse had been fitful, hot and then cold, no one connected this behaviour with the time element.' After Bion's intervention, what had 'before [been] subliminal . . . became clear, and events, which though everyone was aware of them before, seemed much more connected' (Rickman, 2003e: 233-4). By standing back like a psychoanalyst with a patient – perhaps like *his* psychoanalyst, now by his side – Bion provoked the group into an exploration of its own difficulty in facing facts.

Neither Rickman nor Bion included the military establishment in their project, and the Northfield experiment was summarily closed down after only six weeks, ironically by Brigadier J. R. Rees, consulting psychiatrist to the British army and director of the Tavistock Clinic from 1933 to 1947. Bion was furious. Harold Bridger (1909–2005), the psychologist who took over the project in his place the following year, believed that Bion was not trusted because he aimed to return most of the men to active service, rather than

getting them invalidated out (Bridger, 1990: 73; Thalassis, 2007: 360). Bridger noted also that 'Bion was not at ease with the group as an open system' (Bridger, 1985: 97). In contrast, he said, Rickman 'had a much greater anthropological sense in his awareness of societal forces and perception of group tensions' (ibid.: 98). Yet Rickman was no more active than Bion in anticipating the closure of the project. Harrison cites a contemporary observation, from January 1943, of the 'rather insular and arrogant approach of the two of them to the rest of the staff, in particular towards the commanding officer. It was with a sense of relief that the general body of psychiatrists saw them leave' (Lewsen, cited by Harrison, 2000: 191). Others, such as Sigmund Foulkes, Tom Main and Harold Bridger (still supported by Rickman⁸), should take the credit for more systemic innovations at Northfield later in the war and after it but, in its brief flourishing, the first Northfield experiment was 'a manifestation of creative genius' (Bléandonu, 1994: 63). Bion had turned the notion of authority on its head (Miller and Rose, 1994).

After the collapse of Northfield the two men were posted to different WOSBs, and kept in touch, publishing their joint paper in 1943 (Bion and Rickman, 1943), but they did not work closely together again. Rickman's writing on officer selection from that time demonstrates his perception of the shift from individual to group psychology, in particular the systemic concepts of Lewin's field theory that were to become an important part of postwar Tavistock thinking (Miller, 1990: 172). '[W]e can distinguish two kinds of approach to the problems . . . of the War Office Selection Boards. In the one approach the question is "What *type* of man is this", while in the other, it is "What *forces* are at work here?"' (Rickman, 2003c: 141, 142). WOSB showed that real leadership includes an attentiveness to the needs of others; 'an officer had to pay attention to such apparently trivial matters as the men's pay problems, showing concern for their welfare and that of their families, and reinforcing the belief that if they were wounded or killed they would be properly cared for' (Harrison, 2000: 91). Rather than being cleverer or better educated, more athletic or charismatic, the most effective leaders were the ones who best understood the workings of the group and the preoccupations of its members. Leadership, it turned out, also has a maternal element, requiring courage of a different order from the heroism that had so troubled Bion at Cambrai a quarter of a century earlier.

The Collective Search for Truth

Already before the Second World War Rickman saw, following Klein, how infantile destructiveness interferes with well-meaning social goals. In a lecture in 1938, he said: 'The conflicts of our early years are not in any of us solved by the time we grow up: we have seldom come to terms with our early jealousies and fears. Brothers and sisters . . . are people we hate as well as love, and to save them we divert the terrifying impulses to outsiders. . . . [P]olitical squabbling is largely due to unresolved nursery conflicts' (Rickman, 2003a: 182). Rickman adds his own understanding of the need for religious belief: 'the concept of God arises because the child needs an idealised object to rescue him from the anxiety which he feels would overwhelm him because of the power of his own destructive impulses' (Rickman, 2003d: 274). In spite of his faith he was not naïve about its function.

In 1935 speaking to the Quaker Medical Society Rickman said of Quaker meetings:

There is an element of mutual admiration and a tendency to undue exaltation of the performances of the members or of the group as a whole, but there is another and more valuable process at work as well: the production of an atmosphere of tolerance towards the expression of any idea irrespective of the effect that the idea may have on the individual or on society. I do not want to minimise the dangers of this atmosphere . . . (2003d: 287)

While a Quaker group has a different task, and is not facilitated as is a therapeutic or training group, what is common is an equal respect for every contribution and the privileging of the here and now: ‘the main characteristic of a Bion group is that the attention of everyone present is led from time to time to *what is happening at the moment in the group*’ (Rickman, 2003e: 233; original emphases).

From its beginnings in mid-17th century England Quaker practice was revolutionary in that it reduced religious ritual to one essential: a meeting. Silence is expected until someone has something to say. This is not a matter of waiting but of listening to one’s own mind. Authority is located neither in priests nor in texts but in each individual. ‘One of the things that enabled Quakerism to survive, unlike many of the other radical and anti-authoritarian religious and political groups that were around in the 17th century civil war, was that Friends worked out effective ways of testing one another’s understanding in the group’ (Martin Wilkinson, personal communication). Describing the origins of Quaker practice in the 17th century Weddle writes:

As the Quaker movement matured and became organised into a sect, Quakers became more appreciative of the fact that religious revelation could be fostered by a collective search for truth and must be tested by that search. . . . Quakers never abandoned the respect accorded to private inspiration, because the immediate revelation of God’s will was the core insight itself. The possibility that each individual had access to Truth potentially inhibited the power of even the most admired leader and so saved them from one of the perils of cults. (Weddle, 2001: 35, 36)

Rickman puts this poetically: ‘God dwells in the bodily temple of the believer, but God must not be made a prisoner’ (Rickman, 2003d: 290).

Postwar Developments

I Basic Assumptions

By the time the war had ended Bion had, on the same day in February 1945, become both a father and a widower.⁹ He returned to the Tavistock and worked as a group consultant until the clinic joined the new NHS in 1948. He was not yet qualified as an analyst and had to continue his training. He went into analysis with Melanie Klein, which he found quite an ordeal. Mrs Klein’s ‘insensitivity seemed to him to border on inhumanity’ (Bléandonu, 1994: 100), yet the ‘interpretations that I ignored or did not understand or made no response to, later seemed to have been correct’ (W. Bion, 1991[1985]: 68). Although he felt she did not support his work with groups, it was during this period

that Bion wrote his brilliant series of papers about it. As previously in his analysis with Rickman, this one with Mrs Klein again freed Bion to form a new intimate relationship. By 1953 he was remarried and had a son. Mrs Klein's lasting influence on his thinking is evident, if not often acknowledged. David Armstrong notes that 'it was as if Bion always needed to mark his independence (from the group) not to get too readily assimilated, or later, followed' (personal communication).

Bion's papers on groups begin in an ironic tone, suggesting that the very idea of therapy was bizarre: 'It was disconcerting to find that the [Tavistock Clinic Professional] Committee seemed to believe that patients could be cured in such groups as these' (W. Bion, 1961: 29). But he was also very scholarly, bringing – besides psychoanalysis – anthropology, philosophy, theology, ancient history and social science into his argument. Bion coined a new term for unconscious group process: basic assumptions. These are elements of 'a proto-mental system in which physical and mental activity is undifferentiated' (ibid.: 154). The larger the group the more primitive are the distractions from the primary work task, as if we become like toddlers who forget what they are meant to be doing. Basic assumptions are subliminal fantasies that demand various kinds of leader – an aggressive commander ('fight/flight'), an all-providing parent ('dependency') – not necessarily suitable for the task in hand. The third of these, which Bion called 'pairing', is a sublime variation on the theme of reproduction and breeding. He noted how two people who are getting into deep conversation in a group can excite hopeful fantasies in the other members. 'My attention was first aroused by a session in which the conversation was monopolized by a man and a woman who appeared more or less to ignore the rest of the group' (ibid.: 150). Bion describes an unwarranted optimism that then infuses the group, as if the two (who need not be of opposite sexes) are about to produce a saviour for them. 'For the feeling of hope to be sustained it is essential that the "leader" of the group ... should be unborn. It is a person or idea that will save the group' (ibid.: 151). Though Bion says nothing of the kind, could his identification of a Messianic daydream in group life be a testament to his pairing with Rickman, who was the first person – perhaps since Quainton on the battlefield – to give him real hope? In the introduction to *Experiences in Groups*, written 10 years after Rickman's death, Bion writes: 'I have ... a purely personal reason for wishing to acknowledge the collaboration with John Rickman and the inspiration which his generosity and enthusiasm always engendered' (ibid.: 7).

2 Leadership and Egalitarianism

In 1947, Bion gathered at his consulting room a group of analytically minded colleagues, but made it plain by his manner that he did not want to lead it.

He was subdued; Rickman was embarrassed; no one else knew what to say. ... Those present were all people [Bion] trusted. He seemed to be asking something of us. ... He wanted to be with us as a group. To use terms Rickman had used in a presentation to the London Psycho-analytical Society on the Creative Process, he wanted a 'pentecostal group' in which everyone could speak with tongues and would be accepted on an equal level with everyone else. Such a group would be neither a therapy group nor a seminar but would

represent a new mode – a mutually supporting nexus of ‘selectively interdependent’ individuals. (Trist, 1985: 27)

Trist goes on to report that ‘the consulting-room meetings petered out’ (1985: 27) yet the seeds of a new paradigm were sown. Enthusiasm for experiential groups grew and led to new methods of leadership selection, taken up by the civil service, police and fire services and by some major industries. ‘More than 40 years later multiple assessment methods¹⁰ ... traceable to wartime methods used in WOSB, continue in use for the appraisal of individual potential’ (Murray, 1990: 65). Staff who had returned to the Tavistock Clinic from selection boards around the country set up a ‘professional committee’ in 1947 with equal representation for medical and non-medical staff (Dicks, 1970: 175). While in the 1930s the medical director was elected only by doctors, in the postwar clinic the whole staff group had the vote. Jock Sutherland¹¹ became the director and John Bowlby, who took over the children’s department, his deputy. As so often, Rickman was working behind the scenes. While he had for some years been an intermediary between the clinic and the British Psychoanalytical Society here he was applying wartime discoveries in the new health service. In 1944 Henry Dicks was present as Bowlby and Rickman ‘saw in the Tavistock a ready-made centre for implementing the new dynamic social psychiatry’ (ibid.: 115). In 1946 the Tavistock’s egalitarianism was striking: ‘staff lists were printed without any distinction of seniority; the professional staff, the secretarial staff, the administrative staff and the refectory staff are all in the same type and with the same degree of emphasis’. The clinic at that time paid ‘identical salaries for medical and non-medical full-time staff’ (ibid.: 162).

Many others of the ‘invisible college’ returned to the Tavistock after the war. As the clinic began to prepare for membership of the NHS it became clear that non-clinical activity would have to be organized separately. This led to the setting-up of the Tavistock Institute of Human Relations, dedicated to social science, consultancy and industrial action research (e.g. Jacques, 1951). TIHR grew from being a division of the clinic at its foundation in 1947 – with many staff involved in both – to become a quite separate organization, now based in the City of London. According to Trist and Murray (1990b: 8), John Rickman coined the institute’s founding mantra: ‘no therapy without research; no research without therapy’.

At the end of the war Rickman renewed his involvement in the Psychoanalytical Society and was elected president from 1947 to 1950. He died on 1 July 1951, aged only 60.

3 Group Relations

The institution of Tavistock group relations training conferences from 1957 onwards refined methods of experiential learning directly derived from wartime experiments (Miller, 1990; French and Vince, 1999; Armstrong, 2005). Similar events now take place around the world and are attended by people from industry, voluntary and public services, churches, trade unions and other fields. The aim is to learn about how one can play a part, more or less successfully, in an organization. Meeting over several whole days (sometimes in residential settings) study groups of different sizes, from 8 to around 60 members with one or more facilitators, are invited to explore the process of the group

as it happens. The 'here and now' is all there is. This is a paradoxical and disturbing task. Conference members soon discover that a genuine wish to work together on the primary task is repeatedly undermined by rivalry, envy, ganging up, bullying and mockery, omnipotent fantasies and persecutory anxieties, visceral upsets such as pain or nausea, sexual desire, swings of mood from hilarity to despair, and a regressive pull to let someone else do the thinking that can be as powerful as an irresistible urge to sleep. It is chastening to discover how a group of educated and thoughtful people can so quickly become mindless under the sway of basic assumptions. Here is living evidence of usually unconscious forces that inform all groups, from professional networks unable to focus on child abuse in their midst (Kraemer, 1988) to governments that fail to reflect on the proper causes for war. What is almost always taken home from these events is a shocked appreciation of just how foolish and dangerous, yet also how productive, a group of people can be: 'one can see both the strength of the emotions associated with the basic assumption and the vigour and vitality which can be mobilized by the work group' (W. Bion, 1961: 100).

Though he continued working until his death Bion wrote little more on groups after 1952, and took hardly any part in the group relations movement. He continued to work psychoanalytically with individual patients, some of them very disturbed. His many subsequent publications on psychoanalysis are regarded as classics. He was president of the British Psychoanalytical Society from 1962 to 1965. 'He had for a long time experienced a sense of being, as he expressed it, "hedged in"' (F. Bion, 1995) and in 1968 he moved to work as a psychoanalyst in Los Angeles, from where he also travelled the world giving workshops and lectures. On his return to live and work in Oxford in 1979 he was planning to visit India for the first time since 1905, but died two months later.

4 Work Discussion

Work discussion is a method of learning which depends on the shared reflections of participants, exploiting the tensions that Rickman and Bion had put to work in wartime. While the conventional classroom set-up promotes a dependent group, all looking towards the teacher, a seminar in a circle of chairs has all members, including a facilitator, facing each other. Someone presents material from his or her work followed by comments from others. The facilitator holds back to allow students to engage with one another, to experience rivalry, to experiment with authority and take risks with their imagination. 'What did it feel like to listen to this case? How do we understand these differences in perspective?' Silences are tolerated. Every contribution is regarded by the facilitator as presenting different but equally valid aspects of the case or theme. As Rickman reported from Northfield, 'Each individual member is valued for his contribution to the group' (Bion and Rickman, 1943: 681). The usual view in a class is that some students are better and their comments more useful than others. Here, in contrast, the facilitator resists the group's tendency to overrule a minority, instead accepting that any contribution – however inarticulate or annoying – has a point. Each person brings a partial perception of the whole, which is better understood when all the bits are put together. Work discussion has become a principal method of teaching in the Tavistock Clinic (Rustin and Bradley, 2008).¹² Klauber writes: 'The experience of being part of a work discussion seminar is one of the elements to which former students allude as something

that *has changed their lives*' (Klauber, 2008: xx; original emphases). Without reference to the War Office boards, Martha Harris (1919–87), one of the pioneers of child psychotherapy training at the Tavistock, refers to a selection process that takes place in training groups. 'Students . . . need support to bear the exigencies of the work, but sometimes also towards selecting themselves out if the burden seems likely to be greater than the pleasure and profit derived from it. The attitude of the teaching group can surely do much to promote or discourage honesty in the individual' (Harris, 1981: 654).

5 Organization Consultancy

Consultancy in the Tavistock tradition tends to amplify the 'containing, as opposed to the controlling, function of the role of manager' (French and Vince, 1999: 9). While there has been continuous innovation (Menzies Lyth, 1988; Hughes and Pengelly, 1997; Obholzer and Roberts, 1994; Hinshelwood and Skogstad, 2000; Hartley and Kennard, 2009) these approaches nowadays have to compete with others that demand relatively little new thinking by staff. 'Working below the surface' (Huffington *et al.*, 2004) is more demanding. As Bion and Rickman discovered to their cost, unless senior managers are actively involved in setting up an experiential programme or have themselves had enlightening experiences in confidential peer groups, there will be suspicions when 'staff support' is proposed. Workers may assume that they are being sent to a 'shrink' to sort out organizational problems not of their making, while managers could perceive the staff group as plotting against them. Self-righteousness and 'trade union' issues (often valid) rapidly emerge. Without repeated rehearsal of the primary task – 'why we agreed to do this' – meetings soon wither from enthusiasm to pointlessness (Bolton and Zagier Roberts, 1994; Milton and Davison, 1997). As at Northfield most people in a new group will in any case blame someone else before any exploration of their own authority becomes possible; 'one of the first things the group does is roundly to attack the person they have called in to help them' (Rickman, 2003b: 155).

It is a curious irony that Rickman used the term 'leaderless group' to refer first to a process in one social organization (a peasant community) that contrives to diminish individual differences, and later to a practice used in another (an army) designed to highlight them. The oppressive egalitarianism of the Russian village meeting is a reminder that the option to have a personal opinion – to think whatever you like – is relatively recent in human history. Boehm (2000) suggests that the hunter-gatherer way of life survived for millennia because individual differences were ruthlessly kept in check to prevent the emergence of political leadership. In this light the very idea of a person with his or her own authority is a conceit, a struggle against our prehistoric condition.

Conclusion: Putting the Unconscious to Work

After the horrors of the First World War no one needed reminding of the collective folly of civilized human beings, but how could this be understood? By showing that subversive intentions are always there beneath the surface, Freud and his followers offered an explanation for our failures as social beings. Rickman and Bion showed that, rather than trying to overcome these urges by willpower and obedience, it is possible to harness

them. Rivalry and envy, for example, need not always undermine the work of a group. They can, if brought to light, also enrich it.

The story told here is about what happens to people who meet in settings where something is expected, where shared consciousness is enhanced. This was the experience in wartime gatherings such as the Northfield 12.10 p.m. parades and the War Office Selection Boards, and still is today in study groups, work discussion seminars, staff consultations and leadership assessment centres. It is also a quality of religious events such as Quaker meetings. Apart from Northfield none of these is therapeutic in intent,¹³ but it was the psychoanalytical encounter between two wounded souls that began this story of discovery. Bion said, many years later, 'In every consulting room there ought to be two rather frightened people: the patient and the psycho-analyst' (W. Bion, 1990: 5). Though Rickman had suffered in childhood, he bypassed the traumas of the First World War, witnessing instead the stubborn resilience of a peasant society. This may have helped him retain a certain innocence and confidence. He grafted psychoanalysis to his faith without apparent conflict. Something of these qualities appealed to Bion.

Rickman was never on the Tavistock staff but played a significant role in the creation of the new social psychology for which the Tavistock Clinic and Tavistock Institute are best known.

Notes

I am grateful to David Armstrong, Lucy Baruch (née Rickman), Tom Harrison, Vega Zagier Roberts and Martin Wilkinson for help in the preparation of this article. Sir Michael Rutter, FRS, who is a Quaker, has an unwitting role in its genesis since it was a passing remark to him about a Quaker background in the Tavistock's history that led me to write it.

1. 'Let us venture . . . to correct Trotter's pronouncement that man is a herd animal and assert that he is rather a horde animal, an individual creature in a horde led by a chief' (Freud, 1955[1921]: 121).
2. A view shared with his contemporary at the Tavistock Ian Suttie (1889–1935) and anticipating John Bowlby's attachment theory. Besides Bion, Bowlby can be regarded as the other giant of the Tavistock. He too had an important ally who was a Quaker, James Robertson, but that is another story.
3. This encounter features in the novel *Regeneration* (Barker, 1991) and in the 1997 film of the same name.
4. ' . . . a memorandum I wrote in 1940 was the stimulus for an experiment, carried out by Dr John Rickman at Wharncliffe Emergency Hospital. . . . The experience he gained there was used by him and myself as the starting-point for a further experiment at Northfield Military Hospital' (W. Bion, 1961: 83). Elsewhere Bion said that as Rickman reported to him the implications of this document he 'never once [betrayed] the least awareness of how much the scheme he was describing was the child of his own creative imagination' (cited by Payne, 1952: 54–5).
5. Leaderless group methods of officer selection had been developed by German military psychologists in the 1920s, a fact not acknowledged – perhaps not known – by Bion in spite of evidence published in English in 1941 (Ansbacher, 1941). Ansbacher suggests that few would imagine a Nazi regime supporting such a spontaneous and democratic approach. Under Nazi

- influence psychologists were gradually dismissed from the Luftwaffe and the German army yet group methods remained in use in the German navy to the end of the Second World War: 'Military psychology was not particularly Nazi' (Ansbacher, 1951: 389).
6. These included the psychiatrists and psychologists Ronald Hargreaves, Eric Trist, Isabel Menzies, A. T. M. 'Tommy' Wilson, Pierre Turquet, Jock Sutherland and John Bowlby. Bowlby did a follow-up evaluation of no. 2 WOSB, which showed greatly improved retention of officers, reducing the failure rate from 45 per cent to 15 per cent (Dicks, 1970: 107). It was not published.
 7. Not always implied. The wartime coalition prime minister Winston Churchill in 1942 made no secret of his suspicions: 'these gentlemen are capable of doing an immense amount of harm with what may very easily degenerate into charlatanry' (cited by Ahrenfeldt, 1958: 26).
 8. See Mills and Harrison (2007). Rickman continued to support what became known as the second Northfield experiment (Northfield II) beginning in 1944 and treating many more soldiers who had broken down in active service (Harrison, 2000: 199).
 9. Betty Bion died of either a pulmonary embolus or septicaemia within hours of delivering her baby daughter in a nursing home in Bournemouth. Bion was serving as a military psychiatrist at the front line in Normandy at the time (Bléandonu, 1994: 64).
 10. These have survived into the 21st century as 'assessment centres', widely used in corporate recruitment; accessed 20 August 2010, see: www.cipd.co.uk/subjects/recruitment/selectn/asscentre.htm
 11. Sutherland was a medical doctor. It was not until the 21st century that the constitution was changed in order to permit a non-medical professional (and incidentally the first woman) to lead the Tavistock Clinic. The practice of electing clinical managers was abandoned in 2006.
 12. A separate strand in the work discussion tradition at the Tavistock Clinic was developed after the war by the Balints, Michael (1896–1970) and his third wife – following the deaths of his first and second wives – Enid Eicholz (1903–94) with whom he developed much of his work with general practitioners. These are still called 'Balint groups' now also adapted for psychiatrists in training. In contrast to the methods described in this article, Balint groups tend to be unidisciplinary. Yet even here Rickman (and Ferenczi) had a role. Michael Balint had had, like Rickman, an analysis with Ferenczi in the 1920s and he became an established psychoanalyst in Budapest before the war, where he started 'training-cum-research' groups with GPs (Stewart, 1996: 2). Rickman actively encouraged Balint and other Jews to leave Hungary in 1939, and was Enid Eicholz's analyst from 1948 before she met and married Balint. The Balints worked together from 1949, first with marital therapists, then with GPs (E. Balint, 1985). While Bion would step back from the group and comment only on its process, Balint was an active and challenging facilitator of the individual presenting a case and 'was not much interested in the topic of group dynamics . . . he was simply an adept practitioner!' (Gosling, 1996: 95). Robert Gosling (1920–2000), who led the Tavistock Clinic in the 1970s, continued the Balint seminars after their founder's retirement (Miller and Rose, 1994: 38). He had been analysed by Bion and was active in group relations work, bringing a degree of confluence in the two traditions of work discussion. At the end of group relations conferences there is an 'application group' similar to a Balint group, in which participants can review the conference experience in the light of their forthcoming return to regular work (ibid.: 48).
 13. There are other stories not told here, in particular the development of therapeutic communities (Mills and Harrison, 2007), of group therapy (Garland, 2010) and the industrial action research

methods of the Tavistock Institute of Human Relations (Jacques, 1951; Trist and Murray, 1990a) all of which took inspiration from wartime innovations.

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