

**Winston Rickards Memorial Oration 2016**  
**“Psychotherapy for the Very Young and the Very Old”**  
**Delivered by Dr Francis Macnab AM**  
**At the Royal Children’s hospital, Melbourne, on Monday 21<sup>st</sup>**  
**March 2016**

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To honour the memory of Winston Rickards, I will describe the development of a psychoanalytic therapeutic community which took shape in several distinctive ways over the 55 years of my direct engagement in it.

At the outset, I pay my tribute to the courageous and innovative work of Winston Rickards, and his enduring commitment and leadership in the psychoanalytic movement with children and their families. I met him only twice, but heard of him regularly. For a distinguished life of 87 years, there was respect and gratitude, admiration and awe. For his high levels of care and kindness, he is a remembered presence.

In February 1961, I began the work of establishing The Cairnmillar Institute as an interdisciplinary, integrative community therapy project that would focus on three areas: treatment, training and research, with strong emphasis on interpersonal theory and prevention. I had training in two disciplines of theology and psychology and psychoanalysis. I also had a strong interest in group therapy and how it could become more fully accepted (at that time) as part of our therapeutic explorations and endeavours. In addition to describing how The Cairnmillar Institute developed, I shall give attention to four of its programs – my work with Trauma and adverse life-events, the ‘Big Tent’ project: 28 years involvement with a unique program for Kindergarten children; the ‘SAGE’ program for people 65-105 years of age; and the ‘Mingary’ project that explores the meeting of quietness, spirituality and the psychological therapies. In and through these various pursuits, I have developed a form of therapy known as Contextual Therapy (or Contextual Analysis), and the ‘Release Mechanisms’ within the therapeutic process.

After a low-key minimalist training in psychology and religion, I placed a proposal before the Professor of Psychiatry and Mental Health in the University of Aberdeen, Professor Malcolm Millar. It would bring together my interest in schizophrenia, existentialism, group therapy and development of a therapeutic community. This set in motion a train of ideas and practice that would be 'life-changing' to those people who became most involved with it.

Professor Malcolm Millar jumped at the project and immediately called the chief of one of the major mental hospitals in Aberdeen (Dr Ronald Stewart). They enthusiastically suggested that I would be 'given' two groups of patients – the first made up for long stay male patients (hospitalised for more than six years) and the second, a group of female patients on their first admission to hospital. All were diagnosed by more than one psychiatrist as schizophrenic patients. Later I would conduct a group for the families of these patients.

While some of the women patients were regarded as 'acute' schizophrenics, having experienced one schizophrenic 'breakdown', the men were regarded as 'chronic schizophrenics', in hospital for at least six years; some had been in hospital for 12 years and one, for 22 years.

It was a time when Cameron, Freeman, and McGhie, working in Glasgow, had published their book on schizophrenia, and Dr R.D. Laing was preparing to publish his first book, *The Divided Self*. In addition, publications on existentialism were provoking discussions across disciplines and psychoanalysts and theologians were beginning to be interested in these writings (Martin Buber, Jean Paul Sartre, Viktor Frankl). As an outcome of my work with group therapy in Aberdeen, my book, *Estrangement and Relationship* ran through two editions in Britain, two editions in USA and one edition in Germany.

When I came to establish the Cairnmillar Institute in Melbourne, my maturing interests brought focus to (a) intensive I:I analytic work (b) group therapy – (at one stage we had six therapy groups) (c) a therapeutic community involving people from the general

community in what we called a 'community program' in which people and patients joined in various creative and supportive activities providing a sense of belonging and engagement. Along with these pursuits I began training/supervision of five medical graduates and two psychologists who would be active in developing more groups.

At a later point this work began to change to respond to different circumstances. A trauma program was established out of an awareness of increasing numbers of people who had suffered severe traumas. We also established a planned and systematic training program for therapists wishing to have advanced training in trauma work. This became focussed in The Australian Foundation for Aftermath Reactions (A.F.A.R) and continued for ten years when lack of funds meant it had to close.

The SAGE program has now been operating for over 25 years. It began as an educative prevention project for people from 63-105 years of age. Part of this project formed the basis for three books, *The Thirty Vital Years*, *The Doctor's Casebook*, and *Don't Call Me Grumpy (Psychology of Older Men)*. The SAGE work has now extended into Aged Care Facilities with programs for residents and programs for staff who often experience burn-out and demoralisation.

The Big Tent Project has also been operating for over 25 years. It began as a training/supervision group for eight Kindergarten Field Officers whose established work was to help Kindergarten staff in various Kindergartens across Victoria meet the emotional and psychological needs of troubled 4.5 year old children. Parents have also been part of this program.

The Field Officers have become a very effective therapeutic activity in Kindergartens - supportive for the staff, a transformative presence for the children, and a source of guidance and encouragement for the parents of the children. The work is both therapeutic and preventive, and is a continuing extension of community psychotherapy.

Some twenty years ago, I developed Contextual Analysis/Contextual Therapy. It took the form of modules of therapy done in six sessions, and became one expression of integrated brief psychotherapy. It was done in six sessions based on research that the average commitment to therapy – generally speaking – is six sessions. It is integrative, in that it ensures that the overall commitment to psychodynamic therapy finds expression in coping

psychology, anxiety containment, unconscious and concealed motivation, cognitive psychology, existential enquiry and self-psychology. In this overall process, attention has been given to the development of what I called 'the release mechanisms'. Freud wrote in a valuable way of the various defence mechanisms to 'defend' against anxiety. The Release Mechanisms focus on ways to achieve 'release' from destructive relationships, painful memories, and irrational and destructive thoughts and negative emotions. The person frequently seeks release from damaging relationships, from apparently intractable anger, and from self-defeating and self-diminishing behaviour.

Similarly it was important to develop a contextual approach to ageing. A person is not only affected by their inner psychic energies and motivations, or by their existing and fantasied relationships, but also by the contexts in which they are living, and the stage of their aging development.

We can recognize that after a person reaches 50 years of age, there could be 40+ years ahead of them. Psychoanalysis historically has had only limited interest in the years and contexts of living from 60-105 years of age.

From their late 50's through to 105 years of age, a person lives through several distinct stages which would be stages of the passing of the years, or stages in which they grow and contribute significantly. There may be stages of social interest, and stages of social apathy.

It is frequently accepted that old people inevitably lose their 'vital spark', become affectless, and disconnected from their interpersonal belonging. This may be observed in people in their 60's and through their last 30-40 years.

Young children – 4.5 years of age also lose their 'vital spark', as psychoanalyst D.W. Winnicott called it. In many cases, they may not 'lose it'; it may be damaged or destroyed as they interact with, and find their place in their social world.

Winnicott had a deep concern for 'creative aliveness' – a vital spark, an urge towards life, growth, and development, 'something the child is born with'. That spark can be lost to a deadness that can follow from failures to create and sustain a world of aliveness. Creative aliveness 'either grows and flourishes, or is hidden or dampened', or destroyed.

Winnicott's description of the vital spark is the phenomenon that links my work through the decades. Chronic Schizophrenics have lost the vital spark and we searched their chaos to see if it could be recovered.

4.5-year-old kindergarten kids collide with situations in their own family and in their peer relationships as well as their kindergarten settings – that destroy the vital spark or destroy their confidence in its social confirmation.

The SAGE groups over the years have consistently looked for reassurances that their vital spark would 'spark' again. Some nonagenarians have recovered various expressions of the vital spark – but there is a wide recognition of how evasive it is, and how quickly it can be lost.

We the therapists, need constant review of our own vital spark, knowing how it so easily disappears and how difficult it is to restore it.

The man we remember and honour tonight – Winston Rickards, AM, believed in the vital spark, essential to our endeavours, and the birth-right of children everywhere.

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