

The big interview: **Gail Lewis**

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‘Queering is about opening up the possibility of being human otherwise.’ Catherine Jackson interviews Gail Lewis, black feminist, writer and psychotherapist.

About Gail



Dr Gail Lewis is a psychotherapist and currently Presidential Visiting Professor in the Department of Women's, Gender and Sexuality Studies at Yale University, Visiting Senior Fellow in the Department of Gender Studies at the London School of Economics, and Reader Emerita of Psychosocial Studies at Birkbeck College.

About the interviewer

Catherine Jackson is a freelance journalist specialising in counselling and mental health.

Catherine Jackson: Gail, you are a writer, academic, researcher, black feminist and activist. Your chief interests are racialised and gendered inequalities and bringing black feminist, psychoanalytic and sociological understandings of subjectivity into creative dialogue to generate what you call 'practice against the grain'. You are also a psychoanalytic psychotherapist, trained at the Tavistock. And your chapter on 'Queering the Black Feminist Psychoanalytic' will appear in a new collection of writings on *Queering Psychotherapy: non-normative insights for everybody*, edited by Jane (Chance) Czyzelska, to be published by Confer Books this autumn. Exploring what queering therapy means for the practising counsellor and psychotherapist today is the main subject of this interview, but could you start by telling us how you came to train as a therapist?

Gail Lewis: My route to training came about when I was Head of the Women's Studies Department at Lancaster University, and the university decided it wanted to close it down as a department and incorporate it as a 'centre' into the Department of Sociology. We were a very small department but very progressive, and we'd established an international reputation, so colleagues were very disturbed by the proposal, and I needed to work out how to manage that in negotiations with the university. So I enrolled on a course at the Tavistock called 'Working With Groups', which was an introduction to the psychodynamics of organisations and how taking up one's role in an organisation puts psychological pressures on you as well as the visible institutional ones and how to start to develop a capacity to be aware of that and think about how you respond to it. I loved it, loved it, loved it. We didn't save Women's Studies as a university department but it did remain a very successful unit within Sociology. So, we achieved that. But I was wanting to do something else after I completed Working With Groups and my tutor, who was also one of the lead figures in the course, Emil Jackson, said, 'I think you might enjoy being a therapist.' I thought about it, and it landed with me, so I applied to do the Foundations in Psychodynamic Psychotherapy and Intercultural Psychodynamic Psychotherapy trainings, and then went on to train in psychodynamic psychotherapy with adults, all at the Tavistock. Really, that was as a result of Emil noticing something in me and it landing with me when he suggested it.

CJ: You're a black feminist with a long history of activism. I have to ask, what did you think psychotherapy could offer you and what could you take from it that you felt might be helpful to your clients? How did you reconcile your politics and values with a culture and set of beliefs where you were at best invisible and at worst pathologised?

GL: You have to remember that when you grow up black or racialised as a minority in the UK, your whole life is a training in how to survive in hostile environments. To enter into the world of any of the psychotherapy trainings, really – although I know the ones in psychoanalysis have a tradition of hostility to ways of life deemed outside 'ordinarily adjusted normality', certainly around questions of normative sexuality and race and racism – is to enter at one extreme a hostile environment, and at the other, a non-understanding environment. But, as you said, I was also a feminist, and white-dominated feminism was and remains profoundly hostile and non-understanding of black women's specificities in terms not just of our experiences in the world but even how we are made into and acknowledged to be women, or not. I mean, at one level, to be black and a woman is already to not be a real woman according to the racial/gendered/class logics of the discourse of modernity – a discourse that has established how people and ways of life are valued and understood. So, I was already well equipped to sign up for something that mattered to me, that appealed to me, that I was interested in, even though I knew there would be struggles between how I and psychoanalytic thinking understood the world.

But what was different is that I came to the training as a 'grown-up' with a whole load of experience behind me, I had learned how to negotiate. Also, I was really keen to allow myself to be open to the understanding of personhood, to exploring what it means to be alive, through a psychoanalytic lens. I thought it might offer me a route to understanding the multiple non-verbal ways of communicating.

"When you grow up black or racialised as a minority in the UK, your life is a training in how to survive in hostile environments"

So, frankly, what I did, especially in the first training, was knowingly hold in suspension all the ways I had learned to interpret what it means to be a racialised/gendered/classed subject in the world, how whiteness operates as a field of power and domination, how whiteness is itself also a gendered formation and a classed formation, as much as it is a sexualised one and a racialised one, in that it positions as the peak of humankind, the 'proper' bourgeois man or woman. I knew all that, but what I wanted to learn was what Kleinian-inflected psychoanalysis could tell me. And I loved it! I loved the two trainings, even though they were challenging and demanding.

And I had my own experience of what psychotherapy could give me, from personal experience on the couch, and my first white woman therapist had saved me. So together this meant I could put all the rest of my experience on one side in order to be open to what was being offered to me as a learning experience.

'I can walk with you'

CJ: Your therapist was able to explain you to yourself using a psychodynamic model of psychotherapy?

GL: Maybe I could just describe one key session where that became possible. I went into therapy in quite a mess really. My mother, who was white, had died in 1983. Then my maternal grandmother died in early 1991. It was like both my parents had gone. My father was back in Jamaica, and I didn't have much contact with him. I went into therapy around about 1992 and at that point I had no desire to train, it was the furthest thing from my mind. I went into therapy with this woman and I was the most difficult patient. I'd be like, 'Don't come near that, we're not going to talk about that, go away, don't touch it, you're going to come with your theories and try and destroy it' – all that kind of thing – but she just stayed with me. And sometimes, because of the scars left in me by racism, at both the so-called private family level and wider societal level, I would literally collapse in a heap on the floor, just sobbing, sobbing, sobbing, the pain of it coming out.

And at one point she just said, 'I cannot know this pain. I cannot know it, but I can walk with you as we explore it.' It was like she'd picked up the baby in me and said, 'We will try to understand how it has been for you, we will try to think about it and I am not going to go away.' And it was like a magical thing for me. That's what I mean about saving my life. I thought, she's not trying to pretend that, as a white woman, she can just enter into my experience; she's not even trying to pretend that her understanding of forms of racism as a Jewish woman means she can occupy my understanding, but she is saying she won't run away from it. And white people don't say that; white people run away from it. So that was extraordinary. And I thought, this is something, this is something.

She was saying, 'I will try to be there with you, but I won't do it in an assimilationist way that simply says there is no difference between us.' She wasn't saying that somehow racism is epiphenomenal to some other 'real' cause. She understood that the ways in which the structuring of our lives through modalities of power and difference that get inside us doesn't mean that we simply become the same, but nevertheless we can still reach each other. That is what she showed me – a reaching that isn't a kind of eradication of specificity and difference through a

process of assimilation. It is a reaching that acknowledges there will be things that keep us in our separateness, but that is what we communicate across and, from there, build a relationship that is meaningful. And that was a profound lesson for me and resonates with all sorts of black feminist ways of thinking, as it happens.

CJ: That is in a way what happened when you decided to train – you decided, 'I can take something of value from this while recognising how much it differs from my experience and that it was designed by and for white men'?

GL: Yes, kind of, though I'd say that is a model of what it means to be a 'proper, socially adjusted human'. And in that frame this is also about white women – as long as they do white womanliness properly! Because we mustn't forget that 'whiteness' is a racialised position and structure of being-ness.

Defining queer

CJ: So, how do you define 'queering'?

GL: A queer position calls into question, doesn't accept, interrogates normative gender and sexual identities and what is on offer to be a 'man' or a 'woman' and a heterosexual, or a 'good' homosexual. Queering means to put under critical scrutiny those normative constructions of ourselves as gendered and sexualised subjects. But I think queering is more than that. It's not a simple assimilationist thing, taking these identities, heterosexual man or woman, and critiquing them for what they exclude – the gay, lesbian or bisexual – and opening those categories up to be more inclusive, more diverse. For example, all that allowing gays to marry means is they are assimilated into the normative structure of what it means to be in a lifelong partnership and recognised by the state as such. Queering is not really interested in that because queering is fundamentally about a way of thinking about and calling into question structures of power, and since the production of categories of personhood – black, white, man, woman, straight, gay and so on – are all manifestations of structures of power, when we queer them we are saying, 'How is power operating through these categorical assignments that is problematic, that produces its own exclusions, its own hierarchies of value?'

So white, male life has more value than black/brown non-male life. And even if non-normative or unorthodox sexualities are allowed to be recognised by the state, that is still within a structure of a hierarchy of value, in that they are accepted but they still aren't quite right. Indeed, the whole language and practice of 'minoritisation' exemplifies that.

In a queer politics we want to say, that's not the project, we don't want any of that. That is such a profound challenge for us as psychotherapists, in whatever school of practice. Because, unless we pay really careful attention, what we can find ourselves doing is working with clients in a way to try to heal or resolve whatever pains and challenges have brought them into the room in the first place, in a way that simply says, 'Settle down within the normative.' And since it could well be the normative that has produced the pains and the challenges, that doesn't really get us anywhere. It may help the client in the immediate term. My therapist could have said, 'Settle yourself down, girl; some people are racist but not everyone,' but I knew differently – and she listened to me and came to know that too. Queering says all the constructions produce harms because they close off the possibility of being human otherwise.

That's a phrase that comes from a certain kind of black feminism where we talk about how we can and do live otherwise to the normative, stereotypical caricatures through which we are understood as black people or other racialised populations. We can think about that in relation to other sociologies too. Our task as psychotherapists is to think about how we and the client together can try to open a pathway where the client can live a life where their sense of themselves, their sociality, their relating is not harmful to them but also does not have the same values as those of the white, bourgeois man.

There's a quote from US black feminist theorist Tina Campt, in her book *Listening to Images*, that I think is really relevant here: 'But the fugitivity of these images lies not in their ability to sanction movement but in the creation of new possibilities for living lives that refused a regulatory regime from which they could not be removed.'¹ That to me speaks to queerness. We are not outside the societies in which we live; we are not outside the ideological frameworks through which we are understood and located as sexual subjects, but we can open up new possibilities for living lives that refuse these regulations in their totality. We live our lives differently. That is what we do. We live our lives as happy, adjusted, able-to-be-in-relationships people. That is the terrain of queering – how can we work through whatever our therapeutic philosophies and techniques of practice are in ways that, in the room, when we work together, we open up the possibility of living lives otherwise.

Good practice

CJ: So, the issue isn't about queering particular models of therapy – queering Kleinian theory, say. You are talking quite simply about good therapy practice – opening up possibilities, 'actualising the client's potential' in Rogerian terms?

GL: Or, for me, more in Winnicottian terms of valuing the patient's 'true self', because in the end what is important is what happens in the actual room where we have been given this extraordinary gift to be with someone who makes themselves vulnerable to us – who, through whatever fits of shouting, aggression, refusals and fights with us, still keeps coming and says, 'Walk with me.' And I think that applies to whatever our training model is.

Bion said of psychoanalytic psychotherapy, we must come with no memory or desire but be open in that room to what the patient brings and we must do so in a way where we know the difference between projective identification that is a communication of something and projective identification that is an evacuation of something, a just getting rid of. We have in the room someone who has come to us and said, 'This is me – this is my sexuality, my gender identification; this has happened at work, in the family, in my relationship – and I am falling apart.' And in the room you constantly get through your countertransference a sense of the baby in arms looking into the maternal object's eyes and seeking something. The communication is this seeking. You could say they are seeking help to become at least an adjusted heterosexual. But if instead we say, 'Because I am without memory and desire, I am open to not knowing in advance at all what is being communicated to me now in the seeking eye to eye.' Then we open up the possibility together to see where we might go in the reverie and what possibilities for living otherwise could be produced between us as we go on in our work.

CJ: What is your message to the readers of *Therapy Today* who are suspicious or unfamiliar with the concept of queering and wonder how they should change their practice?

GL: I don't know any more than they do – we are in a conversation together. What I would say is look at where in your theoretical therapy heritage the conception of what the work is and what a person is closes you down to the exploration of otherwise possibility. Identify that,

because it is going to be a blockage. And look at where your theoretical heritage and technique actually allow you to craft a pathway into the otherwise possibility for this client. Know the difference, because that is the queering, in the sense that the bit that closes down exploration only works in the service of normative power and normative power causes much, much damage to most people in the world.

"A queer position interrogates normative gender and sexual identities and what is on offer to be a 'man' or a 'woman'"

CJ: There is anxiety and debate here in the UK about the possibility of a legal ban on conversion therapy in relation to people wanting to transition. It is to be legally banned for gay and lesbian people, but some UK therapists fear that if trans people are also included, they will not be able to explore with clients why they want to transition and won't be able to practise helpfully because they are obliged

simply to practise affirmatively.

GL: I have to declare a persecuting super-ego sitting on my shoulder because I trained at the Tavistock and some of the interventions regarding trans coming from there I find abhorrent. But, if someone says they won't be able to work any more because they can only say yes to what a client says, I would ask, what are you (we!) really saying? Because you (we) know that's not the case. We explore everything in the room – that's what our clients have come for. When it becomes fraught is when that exploration turns into statements of value about the client – when exploration becomes judgment. So, is what you feel that you won't be able to make a judgment, or you are frightened of making a judgment? What is behind your (our) statement? I am adding 'we' and 'our' because I think we are all implicated in this issue.

A distinction is now made between transgender where you are making a movement from one gender identity to another and trans*, which signifies the movement into living otherwise but what that is we don't know because we don't know with any certainty where this will end. So, in the room, what we need to be able to do is hold open the space for an exploration the outcome of which we cannot yet be certain, neither therapist nor client. It is our job to hold open that space to see where we end up. And if it does end up that someone says 'I want to transition', or they have transitioned and it's fine but they are broken by the way they are treated in the world, then the work is to find with them the otherwise ways of being.

But what concerns me is the way the prominent visibility of trans people, of trans processes, has thrown so many people who say they are progressive back into the most essentialised normativities about what it means to be a man or a woman, which is always in their own image. And this is so much at the core of psychoanalytic thinking – that a proper man or woman is one who has successfully resolved the Oedipal complex, knows that they are a man or a woman and can take up that position with psychic comfort and ease. And it seems to me, so many people in the psychotherapeutic and feminist communities are just landing back in those very places that we exposed for doing the violence to us because of the constrictions about what constitutes a proper man or woman. That is what is at stake. Do we align ourselves with the violence of orthodoxies and hide behind the statement that says 'I don't know what to do', or do we align ourselves with saying, 'Here is a huge challenge and opportunity to think something different about a fundamental feature of life in the consulting room and we need each other to help us think about this in ways that will not be in the service of racialised, sexualised, gendered, classed abhorrences called normal men and women'?

I get a bit angry about it because I find it so alarming. So, let's think about what's behind that statement about affirmative practice and know that we have a choice: we can go one way towards otherwise possibility, or the other towards the reinstatement of the normative and therefore abandonment of our clients and patients.

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"We can open up new possibilities for living lives that refuse these regulations in their totality. That is the terrain of queering"



It changed my life: Nicholas Pope

Open article: 'I was praying I had cancer because dying would be easier than this.' Therapy Today, June 2022



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