EDITED BY

Roz Carroll and Jane Ryan

What is Normal?

Psychotherapists Explore the Question

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About the authors

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Jane Ryan trained as a psychotherapist at the Centre for Attachment-based Psychoanalytic Psychotherapy (CAPP) in the 1990s. She set up Confer in 1999 in order to bridge the theoretical gaps between psychotherapeutic schools of thought. This provided a new platform for interdisciplinary dialogue and has grown into an internationally known cultural space for thinking about the mind, and exploring ideas about how people think, feel and behave. In the 1970s, she co-founded a multicultural community centre in St Pauls, Bristol – then known as The Inkworks. From there she went on to work for several years in community development projects in London. She is the editor of two previous books, *How Does Psychotherapy Work?* (Karnac, 2006) and *Tales of Psychotherapy* (Karnac, 2007). She currently works as Creative Director of Confer.

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Ann Shearer is a senior analyst with the Independent Group of Analytical Psychologists in London and has taught widely in the UK. She was involved with the International Association for Analytical Psychology training in Russia for a decade and is still a visiting teacher for the IAAP group in Bulgaria. Before becoming an analyst, she was a journalist with The *Guardian*, a freelance writer, specialising in social welfare and a consultant on services to people with intellectual disabilities internationally. She takes great enjoyment exploring the understandings of human behaviour encoded in old myths and tales, and the ways these can illuminate contemporary psychology. This has helped to structure three of her books: *Athene: Image and Energy*; *From Ancient Myth to Modern Healing: Themis: Goddess of Heart-Soul, Justice and Reconciliation* (with Pamela Donleavy); and most recently *Why Don't Psychotherapists Laugh? Enjoyment and the Consulting Room.*

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Foluke Taylor is a psychotherapist and writer. She has been in practice for over 25 years, drawing on black feminist, relational psychoanalytic, and narrative approaches, and informed by knowledge gathered in non-conventional study spaces. Along with her partner and their five children, she spent ten years living and working in The Gambia. Now based in London, she works in private practice and as a school counsellor. She

has an MSc in Creative writing for Therapeutic purposes (CWTP) and her work engages therapeutics, poetics, and activism. She has contributed to and participated in several of artist Barby Asante's performance installations notably: 'Declaration of Independence'. Currently, she teaches at NAOS Institute on trauma, and CWTP within the faculty of Applied Social and Organisational Sciences at the Metanoia Institute. Recent publications include *How the Hiding Seek* (2018), and *As Much Space as We Can Imagine: Black Presence in Counselling and Psychotherapy* (2019).

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Introduction

The idea of normality is so normal to us that it sits almost invisibly in our narratives of the world and other people, acting as a yardstick against which we measure ourselves. It forms the basis of the rules, customs and patterns by which we attempt to live. But measure ourselves as what? As predictable? Like most other people? Sane? Correct?

Although it may be more creative to be not-normal (indeed, much creativity may depend on it) and although intellectual growth may require us to step outside conventions, being regarded as normal carries positive connotations. It implies the capacity to fit in, a measure of adjustment to the demands of others and knowing how to follow the prescribed script for a healthy life. In some psychotherapies it even appears to stand for a measure of mental health. But what we also can observe is that the 'script' or schema for being normal is always socially constructed: it doesn't follow the laws of nature. Rather, it emerges from a context. The code for being normal is simply made to look natural by virtue of implicit agreement on norms by a sector of society invested in those criteria.

This book is written by psychotherapists. It originated in Confer's twentieth anniversary conference, *What is Normal?,* where we set out to explore this in a very open-ended enquiry. We initially invited ten practitioners to address the question from their chosen perspective, whether psychotherapy, philosophy, multi-culturalism, politics or science. This included such deliberations as: *what are the origins of normality as a concept? Who defines the norm of mental health? Can 'being normal' ever be observed and tested? Is being normal related to holding power? What do we understand about the value of asserting difference, edge-dwelling, occupying the margins?* In preparation for the book we invited a further ten therapists to contribute.

Unsurprisingly, having been given such an open brief, the resulting chapters cover many different angles, but what emerges collectively is an unease with the idea of normality. All the authors are writing from their lived experience, both personal and clinical, reaching into wider

questions that arise as soon as we attempt to grapple with how we got to notions of 'normal'. What follows is a mix of biographical accounts of formative moments, powerful political analyses and case vignettes that challenge the concept of normality. And, what shows up is that the whole idea of 'normal' is fraught for many people because they believe they are failing to meet the prescribed standards.

It's important to note that most of the authors here are writing from the position of being WEIRD, that is, from Western Industrialised Educated Rich Democracies. This witty acronym disrupts the assumption that western modes of living are the benchmark for normality, and further hints at the idea that what we accept as normal, proper or preferable might actually be strange. Several authors draw our attention to the core irony in the notion of 'being normal', which is that most people don't feel they are normal, and that trying to conform to externally proscribed notions can lead to suffering. Interestingly, no author here attempts to define 'normal' as a set of criteria that guides their work as a psychotherapist. In fact, the very notion of using diagnostic manuals to categorise human behaviour is questioned.

Refreshingly, the limitations of being or appearing normal are widely articulated. This is particularly vivid in the chapters on sexuality which affirm the plurality of experiences and practices that exist. The word 'queer', traditionally used to mean strange or odd, was applied pejoratively to homosexuality. Like the word 'normal', 'queer' comes from geometry: normal means right-angled and queer refers to oblique angles. Reappropriating the term in recent decades, queer theory – or queering – challenges heteronormativity and identity binaries. Indeed, it has become an umbrella term for addressing identity in the context of a range of systems of oppression. The pervasiveness of this physical metaphor is further illustrated in the word 'establishment' from the Latin *stablis* or 'stable.'

Several authors recognise that many of the people they see in therapy might desperately want to feel normal. Desires for acceptance and inclusion are powerful emotions, and can lead to complicated tensions for a person who feels at odds with society but must remain true to themselves. As well as difference being painful, it is also disempowering. Those who define norms do so with a set of values in mind, which are maintained to distinguish inner groups from outer. Here the inner group members enjoy privileges that others cannot. We might call them the 'establishment'.

In WEIRD countries, race provides a striking example of this

privileged-inner vs disempowered-outer dynamic. In fact, increasing recognition of psychotherapy's ethnocentricism is leading to an opening out – a deconstruction – of the very (western) idea of normal and how it is tinged with colonialism, authority and masculinity. Several of our authors focus on ethnicity to challenge notions of 'normal' and the temerity at play when whiteness is considered a norm. One of these authors, Lennox Thomas, a pioneer of Intercultural Psychotherapy, died this year and we dedicate this book to his memory.

The notion of normalities has a long history in psychotherapy. Freud, a doctor as well as a scientist, was trained to think in terms of diagnosis and prognosis. In medicine, unusual behaviour was seen as a symptom to be investigated for its biological origin. Despite the fact that Freud's radical break with psychiatry was to *listen carefully* to his patients for hidden and specific meanings, he nevertheless maintained the use of the concept of normality. In the collection of papers by Freud in *The Psychology of Love* (Penguin, 2006), the word nomal appears eighty times. He referred to 'the sexual element in both normal and pathological mental lives', men who are 'incapable of performing the normal sex act'. He refers to 'normal people', 'normal sexual activity' and even the 'normal arrangement'. This set the tone which was followed by other psychoanalysts. Donald Winnicott referred to the 'abnormal family'. His patient Robert, 'could be said to be a normal boy doing well'. He said of his patient Hester that 'It is possible now for her to be treated as a "normal" person'. And yet Winnicott is famous for coining the term 'false self' for patients whose need to be accepted comes at the expense of authenticity and his use of inverted commas around the word 'normal' above hints at his own unease with this concept.

Freud's greatest ideas in psychoanalysis – the unconscious, the Oedipus complex, dream analysis, describing the 'polymorphous' sexuality of infancy – were so radical and provocative that he fought fiercely to keep parameters of science in place. He wanted to hold the authority of a medical language although he was stepping wildly beyond the frames of medicine. Perhaps as an act of survival, psychoanalysis became medicalised and the dissenters such as Jung, Adler, Reich and Ferenzci were frozen out or expelled. These dissidents were opening out ideas, wanting inclusion of the body and/or exploring issues of power, social equality and spirituality. Some might say there has been a bifurcation in psychoanalysis ever since, between those who pursue a radical vision and those

who adhere to more prescriptive ideas. The humanistic and existential movements in psychotherapy developed as a counter movement to psychoanalysis, emphasising working directly in the here and now with the client's unique and unclassifiable experience. This history illustrates that, like anyone else, psychotherapists think and write in a specific historical moment, on a timeline of theory where multiple influences intersect. Clinicians continue to argue over whether psychotherapy is a science or an art.

With the broad remit we gave the authors, some have written about psychotherapy, whereas others have offered a wider overview, in which the conversation about normality is somehow relatable to all of us, not just those in the psychotherapy world. For that reason, we hope that the book will be enjoyed by anyone with a curiosity about how society structures itself around notions of normality and where they find themselves located in those narratives. Readers may be drawn to the book just because they don't feel normal, and have common anxieties such as: Am I allowed in? Am I all right? Will I be able to survive if not?

Humans are deeply dependent on each other. Bonding in groups, social engagement and the acceptance and support of our communities are actually crucial for survival. Fear of expulsion, the experience of being scapegoated or discriminated against speaks to our deepest need of inclusion and belonging. And being unable to conform to designated norms, for reasons to do with innate physiology – or unavoidable decisions – places people at risk. We've noticed that only one author touches on the subjective experience of disability, perhaps reflecting the neglect of this area in psychotherapy.

As this book was preparing to go to press, 'normal' was turned upside down by Covid-19 triggering world-wide lockdowns. The suspension of free movement outside the home, the switch to online working for many and a host of disruptions to familiar ways of being, has shown us how quickly 'normal' can change. We have witnessed how adaptable the human species can be, re-organising how we socialise and reconfiguring our lives to fit the demands on a new situation. Psychotherapy, although not new to using technology, has changed almost overnight from a meeting in person to an encounter on Zoom, with shifts in boundaries, perceptions and practices.

We are also undergoing extraordinarily rapid social change on many fronts: revising the fundamentals of what it is to be a person, to be assigned

a gender or to be a sexual being. We are living in a historic moment in which the idea of 'normal' is increasingly politicised. Normative assumptions are being challenged and fought over. The freedom to be oneself – whatever form that takes – is at the core of contemporary debate.

We hope that this book will further the view that we are all inimitable and irreplaceable and that is what we really have in common.

Roz Carroll and Jane Ryan, London 2020

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CHAPTER 1

The new normal

Tania Glyde

Let's turn the clock back and think about what it was like interacting with the mental health system back in the early 1990s. If, you lived in a state of overwhelm, lurching between anxiety and depression, and constantly suicidal, yet lucidly able to describe what you were experiencing, nobody really knew what to do with you.

'I just want to feel normal.' I used to say, to therapist after bemused therapist, mostly NHS and occasionally private. I could not describe the exhaustion I felt just from existing. I didn't have the language. 'I feel like I'm recovering from something,' I kept saying.

That was my normal. It seemed as if trauma and post-traumatic stress disorder (PTSD), which I had only read about in books, would only be considered as a diagnosis if you were a combat veteran or incest survivor. I thought my problems weren't bad enough, that I didn't have the right to associate myself with such significant experiences. I thought abuse had to consist of physical violence or it simply wasn't real.

Years later in training, when I applied for an NHS clinical placement, I had just three practice hours. I was advised to go away and get some more in the next six months before the placement started, but I was also told I had all-important life experience. Ah yes, if only someone had explained that it was okay to say that my past experiences had traumatised me and that I had been experiencing a form of PTSD. Actually, if only someone had simply told me it was okay to be me.

Does anyone ever consider why so many people spend their lives wondering why they cannot ever feel normal? What if things had been different back then? What if the system had accepted what we are starting to know now, that trauma is a spectrum. That anyone can be traumatised,

no matter their identity, no matter where they come from, and no matter what they did – or did not – experience at any time in their lives.

The capacity to feel normal, a bit like boredom, can feel like a luxury. This normal is also an absence of pain. I well remember the 'meditation and milky drinks' school of mental health, that if you felt overwhelmed, terrified and mood swinging, you could try sitting still, cross-legged, and thinking of nothing (and this would be really easy for you or it was somehow your problem for not trying hard enough. Alternatively, having an Ovaltine before going to bed at night would help you sleep for sure). It put responsibility back on to the survivor to fix themselves and, by implication, the blame if they didn't manage it.

Nowadays, via tireless activist blogs and survivor testimony, the awareness is finally dawning that there isn't a binary between traumatised people and non-traumatised. In a world where people are increasingly calling out binaries, the idea that you must be either in column A (the afflicted) or column B (the basically OK) makes no sense at all. And binary thinking is itself an indicator of traumatised, black-and-white reactivity.

How we experience what happens to us is dictated by a complex algorithm of our genetics and our heritage, our neurodiversity, the society we grew up in, what was modelled to us by our caregivers, what happened to us at their hands and those of others, and how it was dealt with afterwards – if there was an afterwards. It is said that the 'post' aspect of post-traumatic stress disorder is a western concept. Refugees and people living in war zones do not have an afterwards. People who do not fit the prevailing norm in society, or are trapped in abusive homes, do not get an afterwards pass either.

If we are perceived as non-normal, the system we live in may traumatise us. And the individual trauma matrix can sit uneasily over societal intersections. A person may come from a highly privileged background and yet be the scapegoat in their family.

Across social media a meme is shared: Instead of asking someone 'What's wrong with you?', ask them 'What happened to you?' I grew up with the culture that you should stop complaining because anything bad that's happened to you is likely to be your fault. This toxic belief system has kept many people afloat as a primary resource, a kind of rotten but just functioning lifebelt. But denying your own pain is not sustainable.

We know better now, up to a point. We realise that fear hinders

the development of the brain, and our emotions, and our sense of security. And sometimes it is only a belief in neuroplasticity that keeps us going – that we can grow new pathways around the parts of us that were injured.

I received physical evidence of this after I had a stroke, nearly two years before I began to train as a therapist. I was lucky that it only took me a few months to recover physically. Curiously, on the left side of my lower torso was a circular area, about the circumference of a spread hand, where I had no sensation at all. As if there was an empty space going straight through me. Gradually as time passed and I made myself get back to walking, the hole closed up. Although I was left with some internal damage, here was my body showing me that it could heal itself.

Sometimes my clients tell me they just want to feel normal. For some, this might mean 'in a long-term relationship and owning a property'. In other words, included in a society that tells them they are not enough and do not belong if they do not have these things. The structures that we exist within encourage this sense of lack. You must be coupled, on the relationship escalator, a proper citizen with property, doing sex in a particular way (penis-in-vagina), expressing gender in ways others consider safe. These coercive meanings creep at us from every corner. It is worth wondering who is profiting from this bottomless sense of lack.

Normal also means the absence of fear, the absence of shame and the absence of suicidality. Like so many, I used to put a lot of energy into acting normal. I could act my way past how I really felt and seem fine for whoever needed me to be that way. And thus people try to survive, whether people of colour in white culture, women in patriarchal culture, queer in straight culture, trans and non-binary in cis culture. Or children growing up in abusive families. You need eyes in every part of your body to see what is going to happen next. Each molecule of stress does not have to be huge – it can be a look, a remark, a challenge, a veiled threat: a microaggression. Layer upon layer of stress. All day, every day. This can't not change a person. And this attrition builds trauma.

Unfortunately, those with power are often voyeurs of abuse. They want to hear about bruises and rapes, they want physical proof. Sometimes it is there. Many other times it is not. We are encouraged to gaslight ourselves about our experiences.

And when it has its way with you, when you are waking up in the morning with your feelings swinging wildly in flashback (another word