NewAssociations

BRITISH PSYCHOANALYTIC COUNCIL

NEWS, ANALYSIS, OPINION FOR THE PSYCHOANALYTIC COMMUNITY | ISSUE 8 SPRING 2012

3 Service cuts and the APP

4 Psychoanalysis and homosexuality

9 How much do you charge?

10 A Dangerous Method

Mobilising ourselves for the future

By Julian Lousada

THESE ARE INDEED strange times.

On the one hand, the pleasure of winning so conclusively the much anticipated Institute of Psychiatry's Maudsley Debate between psychoanalysis and CBT: 'This house believes that psychoanalysis has a valuable place in modern mental health service'. Thanks are indeed due to the two speakers in favour of psychoanalysis at the debate, Peter Fonagy and Alessandra Lemma, for their excellent presentations and their substantial part in promoting a sizable majority for the motion. The outcome and commentary can be found on the *British Medical Journal*'s website.

On the other hand, and attracting much less attention, is the relentless closure or depletion of adult and CAMHS psychotherapy services. The Camden Psychotherapy Unit is only the latest in a depressingly long list of serious threats to psychotherapy services and jobs.

The truth of the matter is that as a community we are so much better at mobilising ourselves and our resources in favour of the first event, and so much less confident about how to intervene in support of the second. There is a vital dialectic between the intellectual and (small *p*) political activity which remains underexplored, possibly to the cost of both. There is little doubt these days that the psychoanalytic community need to develop the same presence we have in the intellectual domain as we aspire to have in the political.

This goes to the heart of the relationship between the BPC and its member institutions. In my view the BPC will never become, as it needs to be, integrated into the consciousness and activity of its member institutions if the 'intellectual' and clinical continue to be split off from the 'political'.

The objective of the BPC's Search Event, to be held on April 28th, is precisely to explore whether we can identify a range of ideas that will sustain, develop and promote the psychoanalytic project.

One of the issues we will inevitably have to consider is whether or not 'training', as one of the principal income-generating activities, is likely in the near future to stimulate the growth we require. There has always been a relatedness between the applications of psychoanalysis in the public domain and private practice. Many of our candidates begin their careers in a variety of professional settings where they have come into contact with psychoanalytic ideas and experience clinical supervision from psychoanalysts and psychoanalytic psychotherapists. The APP has also tried to attract and harness this community.

It seems to me that we also have to do our best to understand the implications of the concept of 'wellbeing'. Crucially, we should understand the difference between clinical and wellbeing needs. In the documentation I have read, the word 'clinical' is substantially absent. The emphasis on wellbeing is then at the expense of clinical needs as we are used to understanding them. It is precisely this shift that gives some evidence for the constraint that will in reality be placed on the clinical commissioning groups.

On March 16th the BPC and the UKCP met to discuss launching a national campaign to protect psychotherapy services. Representatives from the Institute of Group Analysis, Association of Child Psychotherapists, British Psychoanalytical Society, Society for Analytical Psychology, BACP, APP, Association of Counsellors in Primary Care, Association of Family Therapists, Royal College Psychiatrists and Unite all participated. The aim of the meeting was to establish a campaign to defend psychotherapy services. This initiative is partly informed by the experience over the past few months where the BPC and UKCP have combined to write in support of threatened services. It became abundantly clear that this rather reactive stance has only limited purchase.

Such a campaign has absolutely no chance of making an impact if we conduct it solely on our own behalf. Although we have reason to think that the psychoanalytic services are being disproportionately targeted, it still remains the case that many of our colleagues in other modalities are feeling at risk, and we have to work with them in mind if we are to build a credible campaign.

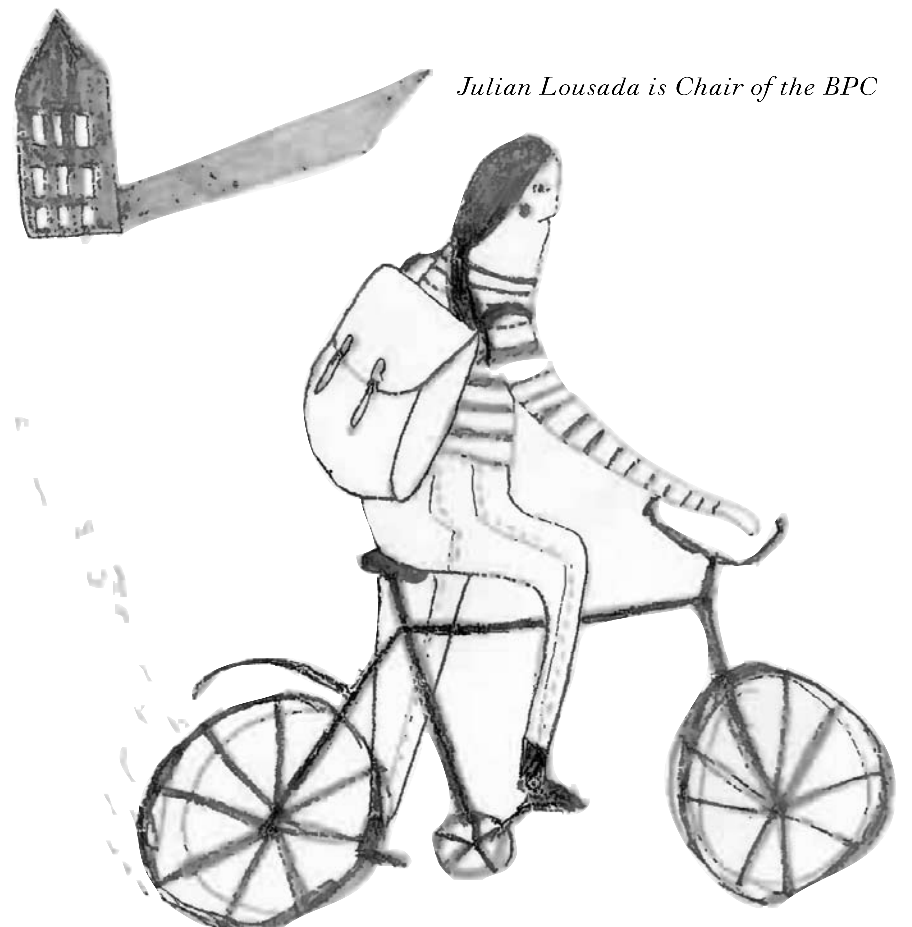
'BPC and UKCP met to discuss launching a campaign to defend services.'

One of the noticeable things about the Maudsley Debate, the Tavistock Policy Seminars, and the introductory programmes at the BPAS, the BAP and elsewhere is that they continue to attract enthusiastic and challenging younger people drawn from a wide spectrum of intellectual backgrounds. How to mobilise this resource, in its current form rather than in its trained form, becomes an important question. How can we enable such people to become 'members' rather than 'visitors' to our organisations? And could it be that we might all benefit if there was more reciprocal learning?

The NHS and the third sector play an essential part in attracting a new generation of clinicians and producing patient demand for continuing psychoanalytic psychotherapy. We know these have been achievable objectives, but we now have a difficult task ahead if we want to avoid witnessing the destruction of what previous generations of psychoanalysts and psychoanalytic psychotherapists have taken such trouble to establish. It would be a mistake if we were to initiate a campaign only on behalf of ourselves. Success will depend on being able to create meaningful working relationships with other modality providers, other providers of wider mental health care, and organisations representing the interests of service users, who are also fearful of the direction that mental health policy is taking. We hope this collaborative approach will attract both your interest and, above all, support.

This issue of *New Associations* is a fitting example of this spirit of openness, focusing as it does on the BPC's policy on homosexuality, and giving voice to alternative treatment methods and opinions. It also sees the arrival of a new CEO, Gary Fereday, and the departure of Malcolm Allen. I would like to express our gratitude to Malcolm Allen for everything he's done, the recent Psychoanalysis and Homosexuality conference being a fitting culmination of all his dedication. He has achieved much, but perhaps the most important thing has been, together with the tremendous hard work of the Executive members, cementing the contribution that the BPC has made, and continues to make, to the development of the psychoanalytic project in these difficult times. I am delighted that we have appointed Gary to succeed Malcolm as CEO, and consider us more than fortunate to have a man of such quality in this post ■

Julian Lousada is Chair of the BPC



Say hello, wave goodbye

Gary Fereday, new Chief Executive

Five years ago I took over the role of Chief Executive of icap, a charity providing long-term psychodynamic psychotherapy, mainly to the Irish community in Britain. My professional experience of health policy and my personal interest in, and relationship with, Ireland seemed to be combined in the organisation. It was an ideal way of realising my then desire to spend time away from strategic policy development and lead a front-line service provider.

My time at icap introduced me to the potential of psychodynamic and psychoanalytic psychotherapy. I'd come across psychotherapy previously in my career and thought I broadly understood what it was about, but it wasn't until I saw at close hand the work of psychotherapists that I started to fully understand its true potential to transform lives and help improve society more widely.

That's why I'm delighted to now be taking over the reins at the BPC. I'm looking forward to the challenge of leading the organisation in promoting the essential ingredients of long-term psychodynamic and psychoanalytic psychotherapy in an age of the quick fix. I will ensure the BPC is an advocate for excellence in psychotherapy whilst making certain it remains grounded in the financial, social, and policy realities we find ourselves in. The BPC must be at the forefront of the professional regulation debate. In demonstrating our commitment to effective regulation we can't simply aim for compliance, but need to strive for a system that recognises the complexity of the profession and seeks to improve services for our patients.

Working with our partners at the UKCP, the BACP and others, we need to be at the forefront of the debate about the future of the profession. I am helped in this task by the achievements of my predecessor, Malcolm Allen, who clearly led the organisation so well. I'm looking forward to working closely with our Chair, Julian Lousada, the Executive and Council, building on Malcolm's legacy. In my first few months, I hope to meet as many member institutions and registrants as I can. I want to listen and understand your views and concerns about the future of your profession. I want to see how the BPC can best support you. Our staff team is very small and it is testament to their hard work and commitment that so much has been achieved. Moving forward, resources will need to be used efficiently and directed at issues that can realistically be influenced and that most concern the profession.

I passionately believe in the ability of psychotherapy to change lives. To ensure that the full potential of the profession is properly understood by policy makers, we need a vibrant and active organisation where debate is encouraged. But we can't allow ourselves to become too engrossed in what can be viewed by others as arcane debates about nuances of difference between modalities. Yes they can be important, and yes they need to be debated to improve our understanding of the human psyche, but we need a clear and authoritative voice successfully advocating for psychotherapy. I look forward to the BPC further strengthening that voice ■

Read about icap's work on page 15.

Malcolm Allen, departing Chief Executive

'Come see a fat old man sometime'

I would love to say goodbye with such unforgettable, muscular brevity as Rooster Cogburn in *True Grit*, but I need to thank too many people. And first on the list are all our registrants who have made the 'BPC project' possible. I feel privileged to have served such an accomplished professional community that so embodies the values of excellence and compassion, and to have worked with such distinguished organisations and people.

The Council and Executive have provided throughout my time thoughtful and focused leadership. Hard as it is to pick out individuals, I have to spotlight a number of exceptionally significant contributions. Jan McGregor Hepburn has brilliantly translated our ambitions for growth into rigorous accreditation processes that have brought in a fresh wave of member institutions. David Riley has deftly overseen and developed a robust ethical framework and complaints procedure that underpins our standing as a respected professional regulator. Michael Mercer's systematic work has helped to nurture a vigorous professional development culture now firmly embedded within the profession. Helen Morgan has given inspirational leadership to the Future Strategy Working Group who put together the building blocks of the BPC's new strategic vision. And James Johnston's adroit chairing of the working party on homosexuality has enabled the BPC to help put behind us a damaging legacy from the past.

The BPC's growing influence in the wider arena of mental health provision was strengthened by working closely with a number of peerless ambassadors for the profession, including Peter Fonagy, Alessandra Lemma, Mary Target, Jeremy Clarke, Camila Batmanghelidjh and Lord Alderdice. Initiatives such as the Psychoanalytic Psychotherapy NOW conferences, the New Savoy Partnership, development of national occupational standards, creating a space within IAPT for brief dynamic therapy all flowed from a shared recognition of the need to reposition psychoanalytic approaches within contemporary realities.

I have made many wonderful friends from amongst the other professional bodies and mental health charities. I wish I could mention them all, but can here only highlight my warm and mutually supportive relationships with Laurie Clarke, CEO of BACP, and David Pink, CEO of UKCP. They have always exhibited great generosity of spirit and finesse as we negotiated between us the complicated dynamics of collaboration and competition.

Thanks to my adored 'dream team' of staff: Janice, Janaki, Leanne and Chloe, whose dedication and talent are a prized asset for the profession and whose friendly, responsive approach to everyone who contacts the office is hugely valued. They have helped make my everyday professional life a true pleasure.

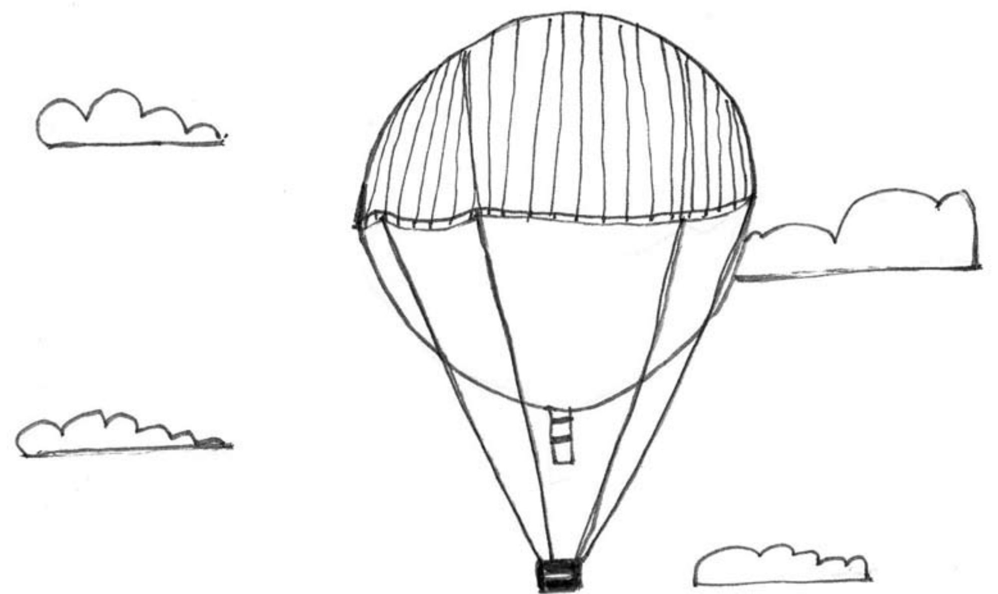
Finally, I want to express my deepest appreciation for the support of the two BPC chairs I have worked with over the years. Jim Rose played an outstanding role during most of my first year, and I greatly valued his enormous skill and insight. But the bulk of my time at the BPC has been dominated by my treasured comradeship with Julian Lousada. Julian has led the BPC with consummate tenacity and purpose, extraordinary intelligence, creative flair and, above all, a life-enhancing humanity. Working with Julian has been amongst the great joys of my life.

So, farewell to all my colleagues and friends. And if you're ever at the Tavistock Centre, come see a fat old man sometime ■

The analytic spring

By Ronald Doctor and Julian Stern

Two leading representatives of the APP offer a hopeful picture from an increasingly impoverished public sector, and look at strengthening psychotherapy through a proposed new partnership between the BPC and APP.



THERE ARE major changes going on in the NHS, with huge cuts in services across the board. Sadly, but not surprisingly, psychotherapy services are not immune to these cuts. However, while the cuts in the more traditional NHS mental health services and in particular to the psychotherapy services proceed at a bewildering pace, the budget for psychological therapies has increased and some new jobs and services are being created under different 'brands'.

There have been many reports of closure or impending closure of psychotherapy services across the country, but we note from recent correspondence that, alongside this closure process, consultation exercises on future provision of psychotherapy have led to psychoanalytic psychotherapy resources in the disciplines of clinical psychology and adult psychotherapy being removed or redeployed towards 'brands' other than psychoanalytic psychotherapy towards those designated as, for instance, Mentalisation Based Therapy (MBT), Dynamic Interpersonal Therapy (DIT), and Dialectical Behaviour Therapy (DBT) for patients with Borderline Personality Disorders.

As an example, there is the long established multidisciplinary psychoanalytic Department of Psychotherapy at Springfield Hospital (St George's) in Tooting, South London. Here, a psychoanalytically-informed treatment package delivering an intensive outpatient treatment programme to patients with a range of personality disorders and highly complex presentations is to be replaced by a new PD Intensive Treatment Team (PDITT). Substantially less psychodynamic psychotherapy will be made available in the new service, the remaining amount being retained primarily in order to fulfill the training requirements of the medical psychotherapists, and to maintain the status of education centre with the Royal College of Psychiatrists.

What does one make of developments such as this, and how might we respond? In the service at the West Middlesex Hospital which one of us (RD) heads, fruitful discussions have been held with the local IAPT service, looking at what they can manage and what they cannot cope with in their services. On offer is a psychodynamic treatment service for complex patients who cause the IAPT staff anxiety, delivering short term (one year) treatment; both individual and group psychotherapy to the patients. The number of referrals has doubled and there are requests for reflective practice groups and supervision for the workers in IAPT. Since the threat of massive cuts and changes to the NHS has increasingly materialised, contact has been made with a number of other agencies including liaison services in general psychiatry, probation services and plastic surgery services.

'Consultations have led to psychoanalytic psychotherapy resources being removed or redeployed to other "brands".'

The Tavistock and Portman NHS Foundation Trust has developed a primary care based service in City & Hackney (where JS works one day a week), which provides a combination of support to GPs and a direct clinical service for patients with complex needs and who are often 'difficult to reach' through traditional service provision. The City & Hackney Primary Care Psychotherapy Service (PCPCS) is linked in to almost all surgeries in the area. Close liaison not only with GPs and commissioners, but also with IAPT, secondary care psychotherapy and community mental health services has been key. Embedded in the service from the start are audit, research and an intention to undertake a health economic evaluation.

In the context of massive organisational changes and financial restraints in the NHS and the economy at large, the challenges faced by psychoanalytic psychotherapy across the public, private and third sectors are huge. We believe that they are best faced by a single, more powerful umbrella organisation capable of galvanising energies right across the profession, and combining resources in a more effective fashion. Thus it was agreed that there were many compelling reasons for the APP and BPC to come together. At the APP AGM last May we discussed with members present how best Council could continue to achieve our core mission: 'to promote psychoanalytic psychotherapy in the NHS'. We agreed that by combining forces with other like-minded organisations we were more likely to be able to exert influence. Council was therefore given a mandate to pursue further talks with the BPC (having already begun to explore areas of joint working) to consider how a realignment of the two organisations may be able to fulfill our common aims more effectively.

There is clearly a new appetite for these sorts of developments and for a programme of renewal for the profession: a 'psychoanalytic spring'. There was clear consensus on the realities of the common challenge facing us as a professional community, and the necessity of coming together at this point to meet that challenge.

The NHS is embarking on a period of major structural change in the way commissioning happens, and with regional and PCT structures being phased out over the coming months, at the same time as efficiency savings are being implemented. Psychoanalytic psychotherapy services that are long established will be exposed and at risk during these changes, whilst emerging opportunities will demand different and more businesslike engagement if we are to be able to take advantage of them. Although the APP is better positioned than before, it lacks the necessary professional structures to be able to mobilise and engage with the new commissioners. There is a clear recognition within the BPC that without a strong public sector presence, the future for applied psychoanalytic practice within the NHS is under threat. Our strategic goals in this respect are one and the same ■

Ronald Doctor is Chair of the APP, and Consultant Psychiatrist in Psychotherapy, West London Mental Health NHS Trust.

Julian Stern is a Trustee of the Educational Trust of the APP, and Consultant Psychiatrist in Psychotherapy at the Tavistock, and St Mark's Hospital, Harrow.

A·P·P
Association for Psychoanalytic Psychotherapy in the National Health Service

Annual General Meeting and Lecture

Friday 25th May 2012
Tavistock Centre Lecture Theatre, 120 Belsize Lane, London NW3

6.00-7.15pm **AGM**
7.15-7.45pm **Reception** with glass of wine
7.45-9.15pm **5th Annual Phil Richardson Memorial Lecture**

Confessions of a Psychoanalyst in the 21st Century: Research 'off the couch' revisiting the transsexual conundrum

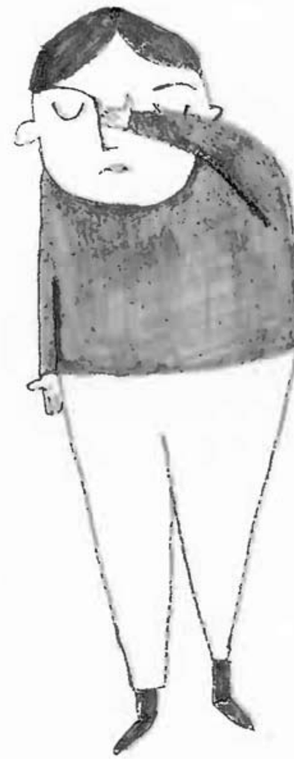
Speaker: **Alessandra Lemma**
Discussant: **Nicola Barden**
Chair: **Ronnie Doctor**

APP, Suite 7, 19-23 Wedmore Street London N19 4RU
Tel: 020 7272 8681 Email: app-nhs@btconnect.com

Confronting the legacy of the past

By Malcolm Allen

In January the BPC and partners held a landmark conference 'Psychoanalysis and Homosexuality: Moving On'. Two months earlier our statement on Homosexuality was agreed. This is an edited version of the opening presentation of the conference, and the statement in full.



FREUD IS CREDITED with first describing how people defend themselves from overwhelming anxiety through the use of beliefs, values and attitudes that unconsciously work to relieve anxiety. Interest has increased in how *groups* of people deal with anxiety, and whether social groups too use defences; even groups as large as businesses and organisations.

This conference is for me the most important event that the BPC has been involved with during my time there. I am convinced that the ripples from today will be felt for many years to come, and that the event will come to be seen as a significant milestone in the great project of psychoanalytic renewal – the 'psychoanalytic spring' as some have been calling it.

We have today a truly impressive array of presentations and responses but the most important contributions will be made by everyone here. For unless this event unlocks a major shift in the culture and practice of our institutions and the building of a transformed relationship with the LGBT community then the conference will have failed.

What is our ambition for the conference? Our first job is to confront and deal with – as decisively as we can – the legacy of the past. That is the consignment of the experience of thousands of gay, lesbian and bisexual people to the realm of psychopathology or developmental deficiency. Given the consequential magnitude of that legacy, it is simply not enough for the psychoanalytic community to pretend that this has all quietly changed without anyone noticing. If we are really to move forward, to move on, there needs to be a wholehearted acknowledgement that our professional community has systematically failed the LGBT community over a long time, to our mutual detriment.

But between the two poles of defending the models of psychopathology or developmental deficiency, on the one hand, and marking a clear break with the past on the other, parts of our community still manage to summon an inexhaustible resourcefulness in waving the problem away.

The tortured logic deployed for this effort reminds me of the ingenious attempts by Cardinal Bellarmine to smooth over the dispute between Galileo and his opponents. This eminent theologian advised Galileo to treat heliocentrism as a hypothetical phenomenon and not a physically real one. Treating it as physically real would be 'a very dangerous thing, likely *not only to irritate all scholastic philosophers and theologians*, but also to harm the Holy Faith by rendering Holy Scripture as false.'

Galileo… *amico*… harming the Holy Faith, falsifying Holy Scripture, this is not good, but getting up the noses of the theological *frattelli*? Now that is serious! Similarly, the imperative of avoiding division over this 'contentious' issue is too often seen as much more important than mitigating the long-lasting damage to our credibility and reputation that this calamitous legacy has exacted.

But, it is clear from countless conversations I've had, and the success of the conference confirms this, the overwhelming majority within the profession now wants to get this right: to rethink our models of sexuality, to nurture a genuinely diverse profession and to build bridges with the LGBT community. This is the start, not the end, of that process; in Jacques Derrida's cute phrase, it is 'democracy to come'.

BPC position statement on homosexuality

The British Psychoanalytic Council opposes discrimination on the basis of sexual orientation.

It does not accept that a homosexual orientation is evidence of disturbance of the mind or in development. In psychoanalytic psychotherapy, it is the quality of people's relationships which are explored, whether they are heterosexual or homosexual.

There must be no discrimination in the selection or progression of those who wish to train, who are training and who train others in psychoanalytically-informed practice.

Aptitude for psychoanalytic work, from the selection of candidates to the appointment of training and supervising analyst or therapist roles, is assessed across many areas and not on the basis of sexual orientation.

Agreed by BPC Council on 29 November 2011

The conference is one of three recent initiatives following on from the initial steps taken at the Psychoanalytic Psychotherapy NOW conferences in 2009 and 2010. These first of these was the statement on homosexuality issued by the BPC (reproduced above) and the second was a special issue of the journal *Psychoanalytic Psychotherapy* published in December 2011.

The BPC statement unequivocally expresses its opposition to discrimination within the institutions of the BPC on the grounds of sexual orientation, and explicitly rejects the linkage of homosexuality with pathology or deficiency. Whatever the limits of the statement, this is the crossing of a Rubicon for the psychoanalytic profession.

The combination of these initiatives will hopefully create an irreversible momentum for change. It is important too to pay tribute to all those psychoanalytic psychotherapists who have made enormously valuable contributions around this issue over a long time.

It is important that our discussions at this conference are conducted in a spirit of collegiality, of dialogue, of sober reflection, and humility in relation to what we don't know. All shades of opinion represented here must feel free to articulate their thoughts openly in a framework of trust and respect.

Equally, thoughtfulness is not always optimally served by ambivalence and evasiveness. For over thirty years, Soviet biology and genetics were strangled by the grip of the anti-Mendelian theories of Trofim Lysenko with disastrous consequences for agriculture, and the country's scientific credibility. In 1964, Andrei Sakharov delivered a devastating speech at the General Assembly of the Academy of Sciences, inculpating Lysenkoism for 'the shameful backwardness of Soviet biology and of genetics in particular, for the dissemination of pseudo-scientific views and the degradation of learning…'

The Soviet press was soon filled with articles appealing for the restoration of scientific methods to all fields of biology and agricultural science. The standing of Soviet science was re-asserted, arguably providing an important step towards perestroika.

Sometimes pseudo-science needs to be given its name. The American Psychoanalytic Association has been admirably clear that there is no longer any reputable scientific 'debate' or 'controversy' around this question:

> 'Although there are some who argue that there continues to be controversy over whether or not homosexuality is a healthy variation of adult sexuality or a sign of pathology, the scientific community has resolved this issue…' (Position Paper On Gay Marriage, 1997).

The conference then has the historic task of putting all this behind us in the UK. The pathologisation model has, as Oscar Wilde would say, delighted us long enough. Let us hope that 2012 marks an end to the arrested development of psychoanalytic thinking around human sexuality, the opening up of new avenues of creative and rigorous exploration in this area, and the building of a new relationship of trust and respect with the LGBT community ■

Malcolm Allen is former CEO of the BPC, and now Dean of Postgraduate Studies at the Tavistock & Portman NHS Foundation Trust

Psychoanalysis and Homosexuality: Responses

An atmosphere of anticipation

By Gill Dunbar

A member of the BPC's Council reflects on how the conference on 'Psychoanalysis and Homosexuality' unfolded.

ON THE 21st of January this year over 200 delegates gathered to explore the current state of mind within the psychoanalytic community on the question of homosexuality. I had been party to some of the discussions leading to the formulation of the recently published BPC Statement on Homosexuality, and was curious to discover the mood of the membership and others in the profession, as well as to participate in an important event that was long overdue.

I arrived to find a room bursting at the seams and an atmosphere of anticipation of the day to come. Many of those present were from organisations other than the BPC, and it was good to see new faces which included many from the LGBT community, as well as trainees.

After a moving introduction by Malcolm Allen, the outgoing Chief Executive of the BPC [printed opposite], the first plenary began, chaired by Alessandra Lemma. She introduced Peter Fonagy, who gave the main paper of the morning, 'A Scientific theory of Homosexuality for Psychoanalysis'. He outlined three 'scientific' narratives – viewing it as firstly a normal variation, which would be seen as genetic; secondly as a pathology, where it would be seen as a deviation from heterosexual development, reflecting an underlying disease process; and thirdly as a form of immaturity, where it is seen as a normal phase that is expected to be outgrown. He argued that the history of psychoanalytic writings concerning homosexuality was not the clinical study of gay men and lesbians but was a reflection of shifting views in culture and society.

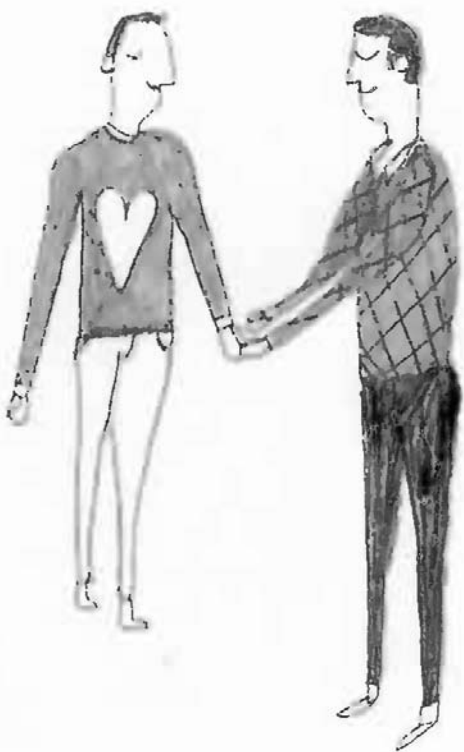
'Freud's views of homosexuality were sacrificed for social acceptability.'

Freud, Fonagy suggested, had put together an innovative and genuinely sophisticated narrative in which he considered that we are all bisexual and that homosexuality is not a 'degenerative condition'. He saw Freud's position as essentially humane, and part of his commitment to explore the subjective experience of his patients, and observed that Freud also believed that homosexuals could and should be trained as psychoanalysts. Fonagy stated that Freud's normalising views of homosexuality were sacrificed in exchange for social acceptability, and replaced by a vindictive pathologising theory that reflected predominant values. Theories of the second half of the twentieth century emerged suggesting that homosexuality is 'caused' by conflict over heterosexual impulses, whereby intense unconscious anxiety is avoided through the compromise of the homosexual act. The developmental deviation or arrest was seen as malignant, leading to a more blaming perception, where patients 'wilfully' and destructively adopted a stance that undermined or attacked the 'facts of life'. Fonagy expressed the view that homosexual patients' interpersonal experiences were systematically scotomised at best, pathologised and derogated at worst.

He moved on to discuss the emergence of queer theory as a radical repositioning which asserted scepticism in relation to universal or objective truth. Fonagy said that in psychoanalysis we should be working to discover the truth of the individual's experience, separating it from wider society or their immediate social group and family. He suggested that our role is to scrutinise how meanings are constructed to form an identity, which leaves open the possibility of alternative constructions. In his view the role of psychoanalysis is to understand the same-sex experience through the deepest possible scrutiny of the person's current and historical subjectivity. We should be suspicious of ourselves when our wish for simplicity begins to override our respect for the complexity of subjective experience.

This was a punchy and perhaps for some a controversial paper which set the direction for the day. It was responded to robustly by Nicola Barden, of the University of Portsmouth, and Jean Knox, Jungian analyst and training analyst. Nicola added to and complemented Fonagy's case, making a plea for us not to just get together on the sofa but to really think theory which comes from lived lives. She felt we need to re-evaluate oedipal theory and consider how we think about male and female identity. Jean Knox made the point that if homosexuality is biologically given then we are talking about a human rights issue. She said that what makes life difficult for homosexuals is not themselves but other people's attitudes. She brought in Panskep's work on core self systems in the brain and how desire circuits are linked to higher levels of the brain and to social issues. Knox stated strongly that developmental pathways don't recognise religion, politics or outdated psychoanalysis.

There then followed a lively response from the delegates. In particular, Andrew Samuels, Chair of UKCP, who welcomed the conference and argued that that the simplistic theory of the combined parental object needed to be deposed as the apogee of mature mental health. He also reminded those present that there was at that moment another conference taking place in Belfast on the subject of the conversion of homosexuals.



The first plenary and discussion were over and I felt we had run a marathon already. The second part of the morning was taken up with four breakout sessions. The group I attended looked at theory and clinical experience in couples work. There was no shortage of delegates with strong views clamouring to express them. Several commented on the need to rethink our theories, and surprisingly little controversy expressed.

'The determination to move forward and away from the past came over strongly.'

The afternoon's session was opened by Julian Lousada, Chair of BPC. He described the difficulty the working party had had in agreeing on a statement on homosexuality. He also said that there had been a request for people to 'come out' today, which caused a stir in the room. The anonymous challenge was not taken up. This was aptly followed by an inspiring talk from Paul Lynch, an openly gay psychoanalyst from America, who had been fortunate to be accepted for training in 1993 as the first openly gay trainee. Since then, through steady and persistent opening up of discussion, they had reached the point where there were openly gay analysts in most cities and there has been a whole shift in attitudes. His talk was followed by Juliet Newbigin, psychoanalytic psychotherapist, and Marilyn Lawrence, head of Adult Training at the Tavistock Clinic, who described their experiences at the BAP and the Tavistock respectively, and in particular the question of accepting openly gay people to train. There was a strongly expressed view from both of them that there may have been a gradual shift towards a more liberal view, as long as it was not talked about!

The final plenary, chaired by Helen Morgan who is co-chair of the Future Strategy Working Group of the BPC, addressed the pressing question of how to move forward. She said that the BPC is way behind many other organisations, but is committed to practical action. Panellist Jeremy Clarke, a psychosexual psychotherapist and chair of the New Savoy Partnership, who declared himself to be openly gay, reported that there were some actions that could be taken such as creating lesbian and gay networks, disqualifying homophobic registrants and a public apology for past mistakes. These were controversial possibilities that not everyone would agree with.

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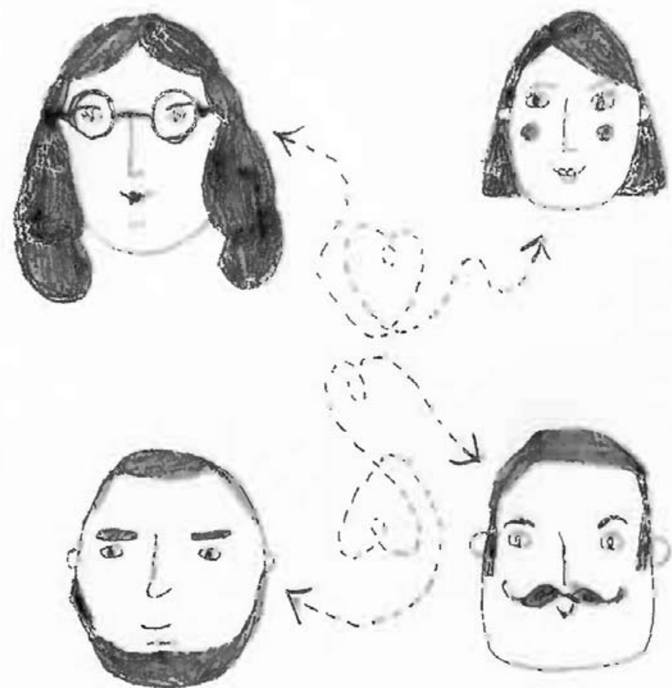
Psychoanalysis and Homosexuality: Responses

'Why has this taken so long?'

By Abigail Bickford-Smith



WHEN I WAS contacted and asked if I would like to write something about my personal experience of attending the conference 'Psychoanalysis and Homosexuality: Moving On' from the perspective of a trainee psychotherapist currently studying at the Tavistock Centre, my first thought was a stunned 'no, I can't.' Upon reflection, the main reason for this very hasty rejection was that to give a personal response would mean a response that took into account my experience of the conference from the perspective of a trainee who also happens to be a gay woman.

In thinking about whether and how to write this piece I talked to various people, some within the psychoanalytic community and some outside of it. The shock of those outside of the community that writing from my perspective on this could be in any way difficult or controversial, for me as a gay woman open about this in every other area of my life, reinforced for me the importance of speaking out about this. The fact that I needed to give so much thought to how I would or should write this piece seems to me indicative of how far behind societal change the psychoanalytic community has allowed itself to fall.

For me, this fact was underlined by Peter Fonagy's paper. His references to queer theory and how this overlaps with psychoanalytic thinking around sexuality and sexual orientation was refreshing to hear, but also reminded me of my initial training as a psychologist in the 1990s at the Tavistock Centre. Whilst queer theory had been a hugely influential discourse from the early 1990s onwards within academia and on the political front when gay and lesbian rights were being debated in parliament, my experience as a trainee at the Tavistock did not reflect this. Sexual orientation was not discussed. Where homosexuality was visible, in the library, I recall discovering to my horror that books on the subject were classified under 'perversion'. I welcome the BPC statement on homosexuality, but am left asking, 'Why has this taken so long?'

Having experienced the silence around the issue of homosexuality first hand as a trainee at the Tavistock, hearing Marilyn Lawrence's response to Paul Lynch's paper in which she stated that, upon joining the Adult Department, it was her experience that 'they didn't talk about it' when it came to approaching the issue of the suitability of gay people to train, was for me a relief. It felt like my experience of the silence all those years ago had been validated and caused me to reflect further on my earlier experience at the Tavistock. It emphasised for me how silence around homosexuality is a particularly insidious form of homophobia, a form of exclusion often perpetuated unknowingly. Silence leads to those who are not spoken of, or to invisibility. When you don't exist (or exist as a perversion), how can you possibly have the right to challenge or question? Silence can lead to gay people being effectively silenced by shame and fear; it is often the projected shame and fear of others that is internalised as their own.

'A powerful first step in reparation for the damage done to relations with the LGBT community.'

The issue of internalised homophobia was raised during the conference and it was saddening to reflect on how many of us (homo- and heterosexual) quite readily collude with and perpetuate the silence around homosexuality. I welcomed but was left disturbed by Marilyn Lawrence's comment that when recommending young gay men for treatment at the London Clinic of Psychoanalysis she worries, 'What kind of institution have I actually helped them into?'

Although not always a comfortable experience, the conference was an historic one nonetheless in that it was the beginning of the formal breaking of that silence. I was moved greatly by BPC registrar Jan McGregor Hepburn's courage in deciding to be open about her personal journey 'firstly to stop saying homophobic things… [then to stop]…thinking them' and how her 'stopping feeling them' continues to be a 'work in progress'. This spirit of openness put me in mind of the restorative work done by the Truth and Reconciliation Commission in post-apartheid South Africa. The space that the conference allowed for acknowledgement was a powerful first step in reparation for the damage done to relations with the LGBT community. The surprised and shocked reactions of some fellow trainees at how prevalent homophobic attitudes towards gay people have been, and in some cases still are, within the analytic community reminded me that things have changed. I am glad to say that my current training at the Tavistock is different from my past training experience. Sexual orientation is at times acknowledged and can be discussed, library classifications have changed, and there are fellow openly gay trainees. Although past discrimination against gay people and a desire to move on from this is now recognised within the Tavistock and Portman NHS Foundation Trust's Single Equalities Scheme, it is early days and there is still a considerable way to go.

Finally, without hearing Paul Lynch's honest and inspiring paper about his experiences of being the first openly gay man to be accepted to train at an institute of the American Psychoanalytic Association, I would not have had the courage to write about my own experiences. Things have changed, but there is more to be done, and in 'moving on', history must not be forgotten. The idea of a public statement of apology by the psychoanalytic community to the gay communities was mooted at the conference. In my opinion this may be essential if the trust of gay people is ever to be fully regained. I hope that the conference turns out to be the historic turning-point I believe it to be, but to move on we all have to have the courage to keep acknowledging and talking, so that silence on the issue of homosexuality never reigns again ■

Abigal Bickford-Smith is a practising Educational Psychologist currently completing a Foundation in Psychodynamic Psychotherapy at the Tavistock Centre.

Homosexuality and Psychoanalysis

Gill Dunbar, continued from previous page

Trudy Klauber, former Dean of Postgraduate Studies at the Tavistock, commented that currently there is no welcoming statement for gay and lesbian trainees and said that certainly people have been turned away in the past because of their sexuality. There were pleas from the floor to really confront our own homophobia and to acknowledge our own bi-sexuality. Also calls to positively join forces with UKCP and BACP and to work together as a profession. Bernard Ratigan, another panellist who is an openly gay psychoanalytic psychotherapist and Consultant Adult Psychotherapist at the Nottingham Gender Clinic, argued strongly for public statements, more skilful teaching, and a proactive stance. However, a plea from a psychoanalyst in the audience to not rush was an indication of the difficulties that might lie ahead in opening up these ideas and actions to the wider psychoanalytic community and to those who had not come to the conference.

It felt a rich and encouraging day. I was very pleased to be present at such a ground-breaking event and to hear the many views. Overall, the determination to move forward and away from the homophobic actions of the past came over strongly, but the difficulties that could still lie ahead were evident ■

Gill Dunbar is a member of the British Association of Psychotherapists

Psychoanalysis and Homosexuality: Responses

Breaking the silence

By Dominic Davies

I WAS PLEASED to attend the first British Psychoanalytic Council conference on 'Psychoanalysis and Homosexuality: Moving On'. The conference was clearly an important, albeit long overdue, milestone in British psychoanalysis. I was even more pleased the day before the conference to receive an invitation to write this short article on my personal reflections for the magazine.

I founded Pink Therapy – the UK's largest independent therapy organisation which specialises in working with a wide range of gender and sexual diversities (GSD). GSD is our more embracing and inclusive term for all forms of consensual gender and sexual identities and expressions, going considerably further than simply LGBT (Lesbian, Gay, Bisexual and Transgender). Under *Sexual Diversities*, we include people involved in consensual BDSM/Kink, people who identify as Asexual, as well as people whose relationships take various forms of non-monogamies and non-dyadic relationships (polyamory, swingers, etc.). We have a national online directory of therapists of all theoretical and sexual orientations who take a non-pathologising stance to gender and sexual diversities, run CPD workshops, and a university accredited postgraduate Diploma in Gender and Sexual Diversity, the UK's only specialist training in this area.

I say all this by way of an explanation that there are many of us who have been working in this field for years, and there were quite a few of us at the conference. It also explains my initial response to the conference title, which was to feel it was extraordinarily outdated to be focusing simply on homosexuality. And as for 'moving on', many of us are way ahead of the BPC and have been innovating in this field for the past twenty or more years.

This was a theme that the conference organisers readily acknowledged and repeated throughout the conference. I was touched by Malcolm Allen's 'Truth and Reconciliation'-style introduction. There were somewhat romantic references to the 'Psychoanalytic Spring', but I felt it was a strong opening statement and not too unlike Andrew Samuels opening our 2004 conference on queer theory and psychoanalysis, at which he said that gay and lesbian therapists and sexual minority therapy was at the cutting edge of offering a new paradigm to rethink all forms of therapy with all clients. Ours was a much queerer affair in terms of the demographics of the attendees, so it was good to know the speakers at this event weren't only 'preaching to the perverted', and I did feel there was a genuine interest in and support for the herculean task facing the BPC in demonstrating that psychoanalysis has something unique and helpful to offer lesbian and gay people.

'Many of us have been innovating in this field for the past 20 or more years.'

I didn't get a clear sense of what that contribution might be – there was rather too much focus on revising aetiological theories and the heteronormative lens of privileging certain 'healthy' forms of love, relationships and dyadic relationships and parenting. My personal view is that the revision of many psychoanalytic ideas, largely by lesbian and gay therapists, have been some of the most progressive, interesting, and helpful contributions in the field of psychotherapy. The writings of Jack Drescher and Richard Isay, for example, who both work in the US. Although it's five years old, the American Psychoanalytic Association has a detailed bibliography on homosexuality[1] which would be a good place to start.

I was aware of not speaking up in the plenary sessions Q & A's. This is partly because I am not psychoanalytically trained, despite having had Bernard Ratigan as my clinical supervisor for five years in weekly one-to-one supervision, and having learnt more than a little about the approach. But my silence was also due not feeling confident to publicly challenge the esteemed speakers who to my mind still represented the heternormative hegemony of the dominant discourse. There is always something quite certain about the confidence with which psychoanalysts speak which causes me to fall silent along the lines of *Better to be thought a fool by remaining silent than confirm it by speaking out*. There was much I could have said, and didn't feel confident to voice. There certainly were a few contributions from the floor who didn't observe that maxim, for example one of my Clinical Associates at Pink Therapy, Damian McCann, who works at the Tavistock Clinic, and told the conference how he felt unable to speak out at a large group conference event which formed part of his couple psychotherapy training there. This felt like a confirmation that large analytic events can be somewhat silencing for those of us who are outside the mainstream, and even those who are not! I think there is something for the BPC and its member organisations to reflect on there.

I appreciated the chance to be at the conference and to feel the excitement that something might be about to change. I sincerely hope it does. There are many who will help the process along if invited to do so ■

Dominic Davies is a Fellow of the British Association for Counselling and Psychotherapy, and Director of Pink Therapy. www.pinktherapy.com

Notes

1. http://www.apsa.org/Portals/1/docs/readinglists/CGLI%20Biblio%20Sept2007.pdf

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***PSYCHOANALYTIC PSYCHOTHERAPY*: Applications, Theory and Research**

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Letters to the Editor

Psychoanalysis and homosexuality: moving on

I hope you do not mind a response from someone outside of the BPC. I write as an experienced member of a related field with an investment in psychoanalytic thinking, theory and practice. I also write as someone with concerns that crystalised at the recent conference.

The conference on Saturday January 21st promised a great deal. I arrived with a sense of excitement, looking forward to hearing inspirational presentations and to discussing ways to 'move on'. It was a well organised conference, full of interesting and relevant foci and so, as I had expected, I left with a range of feelings. I left very worried about the level of inertia and stagnation, and disappointed about the size of the chasm that seemed to separate the promise of change on the one hand, and the ability to move on the other. I am also confused – the conference had voiced a desire to engage with wider academic fields, the LGBT community and other relevant stakeholders but seemed unable to think about what that meant. Despite considering the fact that British psychoanalysis might be at least twenty years behind 'The American' there were still calls 'not to rush' and to resist being 'PC'. This is worrying as it seemed that the difference between rigidity and inertia were being seen as the alternative to impulsive rushing. It also suggests that members may be out of touch with the work of some of the BPC members who have spent years developing more responsive theory. My sense was that the organisers are miles ahead of the membership and need support in bringing the membership with them.

One point was made several times, and that was that psychoanalysis mustn't – or needn't – do this on its own, there is no need to reinvent the wheel. Academics in a range of disciplines are thinking about these issues, as are the LGBT community. Personally I think this is crucial. How else do we assimilate all of the science that is developing? How else can we ensure that the theory actually relates to the real life experiences of the widest range of sexualities and sexual experiences?

When I allowed myself to reflect on the process, I realised that engagement with others is NOT going to be easy. Those at the conference seemed oblivious to how they might make it difficult for others to stay interested and involved. As an academic I felt that the conference did not seem very interested in a wider array of insights, and as a psychologist I did not feel that the wider field of psychology was being considered. As a gay man my appeal NOT to be reduced to a label (and an out of date label at that) was immediately overlooked/ignored/misunderstood when a speaker moved on to a self-congratulatory comment about having worked with 'a homosexual' successfully.

As a psychologist, a psychotherapist, a gay man and an academic I 'get the point' that conversations with others will be crucial. I am also sure that the other cannot expect Psychoanalysis to do all the listening, in fact I don't think we expect you to at all. But, if you do want dialogue it needs to be dialogical. If you want your discipline and its contribution to be recognised you do have to realise that you need to engage with the wider world, show it some respect and some enthusiasm. The updating of language, not just on a tokenistic, PC-driven move but a dynamic, enriching of understanding that, if thought about in the best ways, can bring you closer to people's experience, deepen your thinking and allow your contribution to be recognised.

Of course as an outsider, I have no sway over your direction. I can simply state my observation. But there are many of us on the outside who desperately want psychoanalysis to move on – as practitioners and patients, as social analysts and in very personal ways we know the huge contribution psychoanalysis can make. But I fear that will be lost. If you insist on NOT moving, not developing language, not coming forward, the rest of the world may see you as phobic or as an irrelevance, a historical anomaly like the appendix. Once useful but not very important any more. Surely this is not the conclusion that any of us need when the NHS (and maybe the wider world) is struggling to support and invest in the important work you can do?

Dr Martin Milton
Psychologist and psychotherapist, UKCP

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Deadlines: The next issue of *New Associations* will be published in July 2012. The deadline for article proposals is 27 April 2012. Contributions and letters to the Editor should reach us no later than 25 May 2012.

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How much do you charge?

By Jeremy Holmes

The financial arrangements we use with our patients aren't always in their – or the profession's – best interests. Jeremy Holmes wonders whether there isn't a better way.

WHEN TWO OR three psychotherapists are gathered together the conversation invariably drifts at some point to 'how many people are you seeing?', prompting open, if sometimes exaggerated, responses. By contrast, when asked how much they charge, therapists tend to be evasive. Most are familiar with Freud's famous aspiration:

> It is possible to foresee that at some time or other the conscience of society will awake and remind it the poor man should have just as much right to assistance for his mind as he now has to the life-saving help offered by surgery. Such treatments will be free. It may be a long time before the State comes to see these duties as urgent. Present conditions may delay its arrival even longer.[1]

But not everyone is aware that there are places, one no further from Hampstead than is Manchester, where Freud's dream, even in these 'present [economic] conditions', is already realised. In Germany 300-360 sessions of thrice weekly psychoanalytic therapy are available, free at the point of need, to suitable patients, funded out of compulsory insurance or taxation.[2] The only circumstance in which patients are obliged to pay is when they fail to turn up for a session unannounced (this is a private payment to the therapist, since the state understandably does not pay for sessions which do not occur). Similar, if less generous, provisions are to be found in Austria, Canada and Australia.

How is it that countries not economically so different from the UK manage to provide psychoanalysis in this way, while being almost unthinkable in Britain? In the case of Germany there are several relevant factors. Perhaps the most important is that it was realised as early as the 1950s that systematic outcomes studies of psychoanalytic therapies would be necessary if the authorities were to be convinced of its efficacy. Germany today remains in vanguard of psychoanalytic outcome research.[3] By contrast, until recently psychoanalysis in the UK adopted a cavalier resistance to exposure to any sort of academic rigour, including systematic research. A related issue – given the political clout of the medical profession – is the groundswell of pro-psychoanalytic medical doctors in Germany, both psychiatrists and psychosomatic physicians, whereas in the UK psychoanalytically-minded psychiatrists are in a small minority and their physician counterparts almost non-existent. A third aspect is the wish in Germany to make amends for the disgraceful treatment of the 'Jewish science' under the Nazis; British xenophobia manifests itself in tacit resistance to 'new' and 'foreign' ideas, even those that have been around for over 100 years!

> **'Freud: "analytic therapy is almost inaccessible to poor people".'**

All this came to mind in a recent discussion with a colleague about the virtues and drawbacks of paying for psychoanalytic sessions. My friend argued cogently that the commitment entailed in paying, even a small amount, has an important existential effect. 'Free' psychoanalysis encourages a passive, helpless attitude, inimical to the facing up to one's privations, and the part one has played and continues to play in them, that is central to psychic change. He counter-quoted Freud:

> he [the analyst] should refrain from giving treatment free… one may regret that analytic therapy is almost inaccessible to poor people… [but] little can be done to remedy this… The absence of the regulating effect offered by the payment of a fee makes… the whole relationship removed from the real world…[4]

My riposte was that (a) insisting on payment for analysis inevitably excludes a large swathe of people who would otherwise benefit from such treatment; (b) the notion of 'commitment' extends beyond money – time, travel, space in one's life etc. Searching for a 'fusion of horizons'[5] led us to enumerate the various possible financial arrangements used in psychoanalytic therapy, and to list their pros and cons:

1. State-funded psychoanalysis, along German lines. Greatly widens the pool of potential patients and endorses the idea of psychoanalysis as a social good. Possibly encourages dependency rather than mutativity.

2. Flat-rate fee. Fee is non-negotiable; introduces realism into patient's life; mobilises activity and sense of self-worth in raising the funds through work, borrowing etc. Excludes the poor.

3. Low-cost arrangements in training institutions. Widens potential pool of people who can afford therapy, while ensuring some financial commitment. Reinforces the 'inverse care law' in which the illest patients are seen by the least experienced therapists (albeit supervised by experienced people), while senior therapists mostly confine themselves to training other analysts.

4. 'Tithe' system in which therapists include a number of 'free' cases in their caseload, usually around 10%. Widens the pool a fraction. Makes an artificial and arbitrary division between payers and non-payers. Impacts on the transference and counter-transference. Sop to therapists' conscience.

5. Therapist-determined sliding scale: therapist operates a 'progressive' fee system in which the fee is determined by the patient's declared means, e.g. £1 for every £1000 income. Widens the pool of potential patients. Patients may not be entirely honest about their resources (e.g. failing to 'mention' unearned income) – which can undermine therapeutic honesty, but also provide useful transferential material. Potentially, but given supply and demand, not necessarily, reduces therapist earnings.

6. Patient-determined sliding scale. Therapists declare their range (e.g. between £10 and £100 per session) and patients say what they can/will pay. Widens pool. Provides useful transferential information. Can change as therapy progresses. Potentially limits therapist earnings.

As a retired NHS psychiatrist I remain grateful that the taxpayer relieved me of having to charge my patients for my work. Nevertheless, by German standards NHS psychoanalytic therapy provision is pitiful. My friend might argue that those patients I did see would have got a better service, and been more motivated to change, had they had to pay something, commensurate with their income.

Given that the German system is unlikely to be instituted in the UK in any foreseeable future, if therapists want to extend psychoanalytic therapy to the less well-off, genuinely sliding scale practice will be need to become much more widespread than I suspect is currently the case. Perhaps the BPC should set up an Association of Sliding Scale Psychoanalytic Psychotherapists (ASSPAP), whose members can be designated on the roster so that poorer patients can identify which therapists are likely to be within their means. They might also by the end of therapy be able to decode the cryptic Kleinian message embedded in the acronym, or even come to the conclusion that, in its rightful place, money is 'good shit' ■

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References

1. Freud, S. Lines of advance in Psychoanalytic Therapy. 1919. *SE* 17 p 168.

2. Schnell,K. & Herpetz Psychotherapy in psychiatry: the current situation and future directions in Germany. 2011. *Eur Arch Psychiatry Clin Neurosci.* doi: 101007/s00406-011-0257-8

3. Leichsenring, F., Rabung, S.Effectiveness of long-term psychodynamic psychotherapy: a meta-analysis. 2008. *Journal of the American Medical Association*, 300, 1551-1565.

4. Freud, S. On beginning the treatment. 1913. *SE* 12 p462-463

5. Holmes, J. Donnel Stern and Relational Psychoanalysis. 2011. *British Journal of Psychotherapy* 27 305-315.

Interview

A DANGEROUS METHOD

David Cronenberg's film was released in the UK in February. Chloe Diski interviews screenwriter Christopher Hampton, the man behind the movie.

During the early years of Christopher Hampton's career, he asked a psychoanalyst friend in Los Angeles why a man like himself, raised by a family of sportsmen in a bookless house, had always wanted to write. She noticed he wasn't very co-ordinated, and questioned him about the circumstances of his birth. Hampton explained that it was a traumatic event that took place at their home in the Azores, and that he was eventually pulled out with forceps. His mother never stopped complaining about it. The psychoanalyst replied without hesitation. 'Well, there is a possible diagnosis for why you wanted to become a writer: Massive brain damage at birth.'

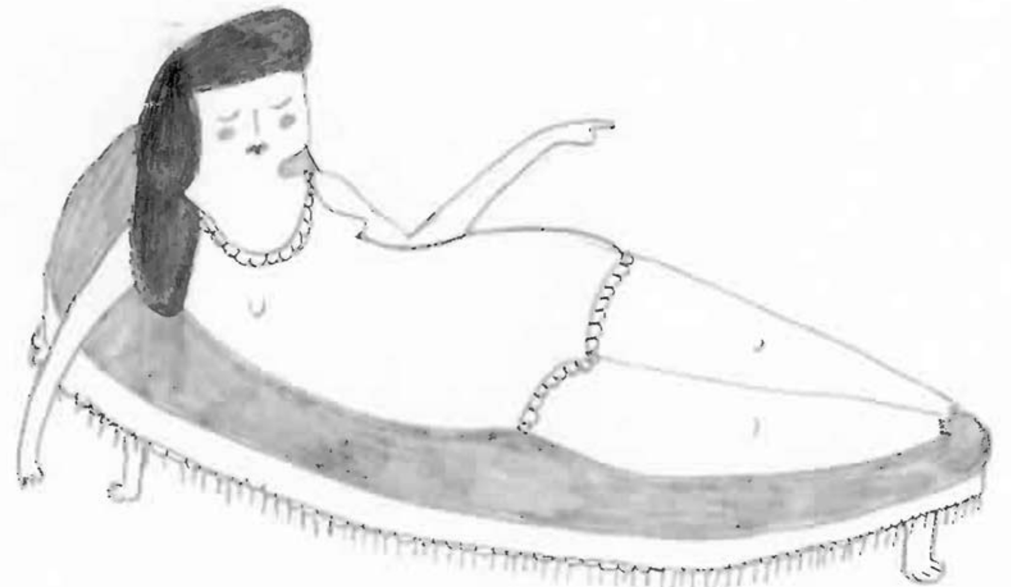
Hampton was shocked and intrigued by this explanation but kept an open mind, and, despite this rather singular encounter with psychoanalysis, has maintained a high regard for it. 'I've never done it myself,' he says, 'because I've always been protective about whatever abnormalities I may be harbouring. I assume that they are probably a source of my work in some kind of complicated way.' I mention that Virginia Woolf had the same attitude, shunning psychoanalysis in case it affected her writing. Hampton nods. 'Because they might make you better and you might lose your ability.'

That didn't stop him finding much in Freud's work, and eventually Hampton's interest drew him to write a screenplay in the 1990s for a film on the subject of psychoanalyst Sabina Spielrein, inspired by John Kerr's novel *A Most Dangerous Method*. The project fizzled out, and so he re-worked it into a stage play. *The Talking Cure* premiered at the National Theatre in 2002 with Ralph Fiennes as Jung. It was well received. Even, he claims, by psychoanalysts ('I think it was marginally better received by the Freudians than by the Jungians'). Soon after, he took a telephone call from director David Cronenberg, who said that he had read his play and that he thought it would actually make a very good film. Hampton was ecstatic, and amused.

Cronenberg's film, *A Dangerous Method*, keeps quite rigorously to the script of the play. And that script, Hampton claims, keeps as closely as possible to actual events between Freud, Jung, and Spielrein. But however hard they tried, one has to keep in mind that this is a film made for the general public, not BPC registrants.

Spielrein's story is now a more familiar one. During the twentieth century she went from being an obscure footnote in Freud's essays to gaining recognition as one of the founding figures of psychoanalysis. In 1904 Spielrein was brought from her native Russia to Zurich where she was treated for hysteria, and became the first patient on whom Jung tried out Freud's radical 'talking method'. Jung made contact with Freud for the first time during her treatment to discuss his experience with Spielrein. Her hysterical symptoms were relieved using Freud's method, and she then trained as a psychoanalyst, writing her most famous paper in 1912, 'Destruction as a cause of coming into being', which explores the idea that sexuality contains both destructive and transformative elements. It left a considerable residue on Freud's concept of the death drive, and her theories also influenced Jung's work on symbols and the collective unconscious. Rumours of Jung and Spielrein's affair – though still debated – were hard to contradict after Spielrein's letters and diaries were published in 1994.

As one would expect, the film makes much of their relationship, and focuses on the sadomasochistic element of it: Spielrein has a pathological need to be beaten, and Jung eventually takes pleasure in beating her. For Hampton, Spielrein gave the story the shape he was desperately looking for, and Cronenberg – who always wanted to make a film about the early years of psychoanalysis – also welcomed the narrative cohesion Spielrein's character offered.



Jung and Spielrein's relationship is pivotal, but the film concentrates on Jung's internal struggles, and the affair is clearly used as a way to examine the breaking of relations between Freud and Jung. The first half of *A Dangerous Method* focuses on the influence of repressed sexual desires in Jung through his relationship with Spielrein, and then ends up being far more interested in the influence of power and aggression embedded in his relationship with Freud. Deliberate or not, it's a neat example of the theoretical trajectory away from sexuality and towards destructive impulses that is taking shape within Freud between the years the film covers, from the turn of the century to the First World War.

> **'Everything Spielrein says in the film comes out of Jung's notes.'**

Hampton's literary career started at just 16. His screenplay for the film *Dangerous Liaisons* won an Oscar, and he has written many celebrated plays such as *The Philanthropist* and *Tales from Hollywood*; but it was *The Talking Cure* that floored him. Of course much has to be put down to artistic licence, but Hampton claims to have sweated blood in order to excavate an authentic narrative out of a mass of material. 'I felt a real responsibility with this particular play. These were people who made a huge contribution to the twentieth century in terms of ideas, and it was my job as a writer to get them right so far as it's possible.' This conscientiousness, or perhaps the particular charge of the subject itself, took its toll. By the end of the writing process Hampton had booked himself into a Parisian hotel to gain complete solitude and concentration, and then collapsed. 'I don't know what it was, I had to go to bed for two or three days. I guess it was the stress of getting it right.'

His drive for accuracy was at least relieved by the fact that he had substantial primary sources at his disposal. 'Everything Spielrein says in the film comes out of Jung's notes,' Hampton explains, 'translated and rearranged. The letters are conflated, but nothing is invented, really.' The film tries to replicate every detail from the notes, where possible, including the setting of Spielrein's treatment. Placing Jung's chair directly behind her: '…by exactly how many feet, and exactly how many feet to one side.'

Hampton came across Jung's notes by chance. 'There was a little Jung museum in Zurich, and I got into a conversation with the curator. He had been an orderly at the hospital where Jung had worked, and had known him personally. He asked me if there was a particular patient I was interested in. When I told him, he said, "Well I'm closing up here, come with me." He took me down to the basement where the hospital archives were kept, got down a volume from autumn 1904, and there were the case notes, which John Kerr hadn't seen. Kerr presumed it was a short treatment lasting only a few weeks, but these notes were over a few months.' The curator picked up on Hampton's mounting excitement. 'He said I had half an hour to read them before closing time and then, just as he was leaving, mentioned that the photocopier was by the door.' So Hampton copied and pocketed his own set of notes, and then worried over legal issues until 1994 when a dissertation, written using the notes, was defended successfully in court.

The film that eventually got made, starring Keira Knightley (Spielrein), Michael Fassbender (Jung), Viggo Mortensen (Freud), and Vincent Cassell (Rank), also seems to suffer under the same stress Hampton went through to get it right. In the first draft of the script for the film, Hampton had tried to go back to the more cinematic elements of the original screenplay, but Cronenberg put a stop to that. 'David was very interested in keeping it contained and austere, which actually seemed like good sense to me. He said, "I'm really interested in these conversations."'

This sounds like a good idea, an appropriate one at least, but *A Dangerous*

Method is so interested in metaphors of repression, and delivers them so seamlessly, that the life and passion – the very point of the subject – sometimes gets anaesthetised. The film works. It's beautiful to look at, the script is excellent, and the themes are clearly presented, but Cronenberg's deliberate resistance to cinematic convention by having so many scenes (almost all) with two people talking intensely together, ends up feeling a little repetitive and episodic. It must have worked much better on stage. Jung's turmoil is so well hidden that it is just evident in clipped sentences and frowns. Only once does his guard drop when he weeps into Spielrein's lap. The scenes of their affair are also distinctly passionless, deliberately perhaps because of the sadomasochistic nature of the sex, but they are far too beautifully shot and choreographed to show the audience what is really going on.

Cassell's scenes as Otto Rank are an exception, which froth with dissonance, openness, and a quieter madness that comes across as more destructive and complex than Spielrein's. Rank's views – similar to Wilhelm Reich's 'wild analysis' – about liberating repressed sexual urges turn out to be just what his doctor ordered. Jung took Rank's advice and began the affair that Spielrein had been wanting. In this film the patients lead the doctors, not the other way round. There is no awareness of countertransference, and lots of acting out.

Cronenberg didn't do any rehearsals with the actors before shooting, an experiential method that must have been quite unnerving. The performances, however, are mostly brilliant, but in contrast to Jung and Freud's meticulous reserve, the first scenes when Spielrein arrives, screaming, to the hospital border on the absurd. It's hard to know whether Knightley's yelling and twitching provokes what Freud called 'the laughter of unease', or if it is just badly done. Her performance, Hampton explains, goes even further than they dared to in the stage play. 'They got hold of film of hysteria patients, and in a slightly unexpected way it rebounded because so many reviews complain about Keira in those first few scenes. It's a sort of panicking and they somehow projected that negatively on their impressions of the beginning of the film. I think it's very powerful and impressive.' Those scenes are powerful, but jarring – quite different from Ralph Fiennes of depiction of madness in Cronenberg's 2002 film *Spider* – and the jokes in the following scenes (there are a few good ones, mostly made by Freud) kindly offer the audience a way to dispel the tension. This is an unusual concession for Cronenberg, but it is a big budget film with big budget stars, and so the sadomasochistic dynamic he often sets up with his audience is toned down here.

Hampton is pleased with the film, and particularly pleased with the cast. He also liked working with Cronenberg, appreciating his 'decisiveness' and 'lucidity', although one can also detect a touch of the inevitable friction between writer and director there. Since Cronenberg tries to make films that are no more than ninety minutes, many of the treatment scenes between Jung and Spielrein didn't make it to filming. 'I like very much the scene which was out of Jung's notes, when suddenly she put her hand out and said "I want you to take my hand and I want you to squeeze till it really hurts." It's a very powerful scene, I felt. Anyway, David knows what he wants and he does it.' And they didn't agree entirely on the new title. *A Dangerous Method* v *The Talking Cure*: both quotes from Freud, but sending very different messages. In Hollywood, the former won out. 'It was David's idea. He thought that somehow it had a more alluring ring to it. I don't know that I agree.'

And between the two founding fathers, with whom did Hampton identify the most? 'Generally speaking I identify with all my characters and it doesn't feel that it's been successful unless I aim to do that. At first I found Jung's mystical element hard to sympathise with, but the more I read, the more he was obviously an incredible, remarkable man. I came to respect the fact that he on the whole took a more optimistic view of what he could do for his patients than Freud. He really engaged in the job of making people better in a way that Freud was slightly detached from.' Once Hampton had started writing, the subject soon became far more personal. 'By the time I finished I couldn't understand why I had initially been so churlish about Jung, because I felt I identified with him totally. I couldn't see why it had taken me so long to do so. I still don't know.' With a bit of crude prompting by me (interviewer, and trainee psychotherapist) he admits, 'Perhaps I repressed the idea.'

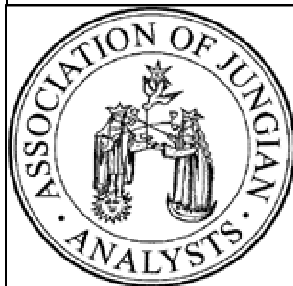
'A Dangerous Method v The Talking Cure: both quotes from Freud, but sending very different messages.'

Hampton is currently working on a screenplay for a film called *The Grandmothers*, based on a Doris Lessing short story. He talks about how strange it was that that particular story was given to him. The subject of his first play in 1964 called *When Did You Last See My Mother?* (which he had banned from being performed since the 1970s until last year), was about a young man falling in love with his friend's mother, the same basic story as *The Grandmothers*. The similarity hadn't occurred to him until he was deep into writing the screenplay. The way he describes this mysterious connection between his first and last work brings to my mind a scene from *A Dangerous Method* in which Jung anticipates that the shelf in Freud's study will creak, and then it does. I ask him what his thoughts are on Jung's idea of 'Catalytic Exteriorization', and he pauses.

'Although I am of a sceptical bent myself, because I have no sensitivity to these sorts of things, I do think that some people are psychic. My wife is sort of psychic and has manifested it so frequently that I have to accept it.' He tells me that she was convinced their house in Notting Hill was haunted. 'She said there was a very unhappy person upstairs, and my two children who were young at the time independently said there were doors banging.' Eventually they got someone in who exorcised it and then they found a letter behind the fireplace upstairs from a First World War soldier to his wife. 'We extrapolated all kinds of narratives that might have occurred. But the fact was that someone came and exorcised the house and then it didn't happen any more. I didn't believe in it really, but on the other hand,' another pause, 'there are more things in heaven and earth' ■

Chloe Diski is a writer and editor, and is currently a trainee at the Tavistock.

THE ASSOCIATION OF JUNGIAN ANALYSTS



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Saturday 28 April and 29 September — Open Day for Prospective Candidates

Tuesday 26 June — Ruth Windle, Punch's Dream or The Beginnings of Puppet Theatre

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News in Brief

NHS services update

The BPC has been working closely with the UKCP in the fight against psychotherapy service closures.

Forest House in Walthamstow, north east London, is regarded as a centre of excellence in offering mid- to long-term psychotherapy to more vulnerable patients with complex psychological needs. Staff received a consultation document in the autumn which raised the alarm about cuts to their specialist psychodynamic psychotherapy service. The BPC and UKCP were approached to help, and sent a series of joint letters to MPs, staff, and the Trust as part of a concerted effort to fight these proposals. As a result, a public consultation was launched, ending 16 March. The Trust proposes the service be 'significantly reduced' to save some £430k over the next two years. Access to longer-term psychotherapies will be removed, and the Trust admits that 'overall clinical capacity will reduce' – that is, jobs will be lost.

The BPC and UKCP also joined forces around the threatened closure of psychotherapy services at SLAM (South London and Maudsley). Its St Thomas' service had been slated to have its staffing levels cut, which would reduce activity by around 80%. Thanks to interventions including those of the UKCP and BPC, these plans are now on hold. Meanwhile, SLAM's Co-ordinated Psychological Treatment Services have been subjected to the same threat, and the efforts already under way have been broadened to include all the SLAM psychotherapy services at risk.

The BPC and UKCP will continue to actively campaign together alongside other organisations and individuals for continuing access to quality mid- to long-term psychodynamic psychotherapy ■

Maudsley Debate

Scores of people had to be turned away from the 44th Maudsley Debate held in March by the Institute of Psychiatry, pitching CBT against psychoanalysis. The popularity of the debate gave visible proof that a great number of people care about the future of psychoanalysis.

Peter Fonagy and Alessandra Lemma spoke in favour of psychoanalysis, while Lewis Wolpert and Paul Salkovskis presented the argument for CBT. The final vote concluded, 'This house believes that psychoanalysis has a valuable place in modern mental health services'. 260 voted in favour, 33 abstained and 38 voted against. It must be said that the majority attending already were already psychoanalysis supporters, but CBT enthusiasts and abstainers were won over. The podcast is available online at www.kcl.ac.uk/iop/news/Podcasts.aspx ■

Life and Death of the Dead Father: André Green 1927 – 2012

By Rosine Josef Perelberg

André Green has shaped the psychoanalytic landscape over the last sixty years. He has published over thirty books, numerous papers, and inspired conferences on the many themes he opened up to psychoanalytic reflection.

Green was born in 1927 in Egypt, the fourth child of a Jewish Sephardi family, but identifies 1953 – the year he passed his psychiatry exam in Paris – as the year when he really felt he was born (Green, 1994 p. 47). He did not position himself within traditional psychiatric settings in Paris, but established links with St Anne's Hospital, a place of unique multidisciplinary encounters between psychiatrists, psychologists and anthropologists.

In 1956 Green started his analysis with Maurice Bouvet, and after Bouvet's death with Jean Mallet and, later, Catherine Parat. He followed Lacan's seminars for seven years, and in 1965, after completing his training as a psychoanalyst, became a member of the Paris Psychoanalytic Society, of which he was president from 1986 to 1989. From 1975 to 1977 he was vice president of the International Psychoanalytical Association, and from 1979 to 1980 a Freud Memorial Professor at University College London. In 1989 Green married Litza Guttieres-Green, a training analyst of the SPP and the Swiss Society.

André Green created a Greenian theory of psychoanalysis (Kohon, 1999). This theory includes Freudian metapsychology, but pushes psychoanalytic thinking further towards a theory of psychotic configurations, and a theory of that which has not reached representation, or is unrepresentable. Thinking is related to absence, and also to sexuality. This Greenian framework may be viewed as a theory of gradients, where the total theory is more important than any one of its parts (Perelberg, 2005).

There are numerous gems in his work, such as the link between the pleasure of life and the return of the repressed, or the phenomenon of irradiation in analytic listening. Other major themes centre on a theory of affects, a theory of representation and of language, narcissism and borderline states, the objectalising function, thirdness, and a metapsychological theory of temporality.

Green's great contribution to a theory of thinking was his study of the negative. He suggested that negative hallucination of the mother and of the mother's body creates conditions that enable thinking, as well as the capacity to symbolise. The negative hallucination of the mother is, therefore, a pre-condition for thought. Green's conceptualised mother is also the erotic mother, the first seductress of the infant. This erotic dimension of the mother/infant relation, Green suggested, has disappeared in a great deal of contemporary psychoanalytic literature, especially in the Anglo-Saxon world, where, under the influence of Melanie Klein, the emphasis has been on the destructive drives.

Green wrote many papers on technique. He characterized the analytic situation as psychoanalytic association, and for him the setting only had value as a metaphor. He suggested that in certain schools of thought, where the analysis is restricted to the interpretation of transference, there is a limitation of the analytic task that is prejudicial to the freedom and spontaneity of discourse, and represented a return to suggestion. He also discussed the silence of the analyst, distinguishing between a facilitating silence and a silence that is deadly. This was very important at a time when French analysts were known for their silence. Green gave an account of a patient who told him: 'There is only one analyst who speaks in Paris, and I just happen to have him!' (1990, pp. 68-71).

For me, some unforgettable conferences provided opportunities for personal dialogue with André. I have so many memories of him, but I particularly loved the days in Cerisy-la-Salle Castle. Over four days he had a one-hour dialogue with each of the participants of the Colloquium. On that last morning the sun broke through the clouds after four days of relentless rain. We had all met in the main hall to listen to him – he was supposed to speak about his thoughts on the numerous presentations over the long weekend. He said that he felt moved and fulfilled, that his work had found resonance in our own work. We should now enjoy the sun and go into the garden. I don't think there was a dry eye at that moment in the audience. This is just one illustration of the light and the warmth he also gave to us ■

Rosine Jozef Perelberg, PhD is a Training Analyst and Supervisor and a Fellow of the British Psychoanalytical Society. She is Visiting Professor in the Psychoanalysis Unit at UCL, Professorial Fellow for Birkbeck University and the British Psychoanalytical Society for 2011-12 and will be the Visiting Professor for the San Francisco Centre for Psychoanalysis in October 2012.

Adapted from the Bulletin of the British Psychoanalytical Society. www.psychoanalysis.org.uk/obituaries.htm

References

Green, A. (1990) *La Folie Privée*. London : Gallimard

Green, A. (1994) *Un Psychanalyste Engagé*. Paris: Calmann Levy

Kohon, G. (1999) The Greening of Psychoanalysis: André Green in dialogues with Gregorio Kohon. In Kohon, G. (Ed) *The Dead Mother; The Work of André Green*. London: Routledge

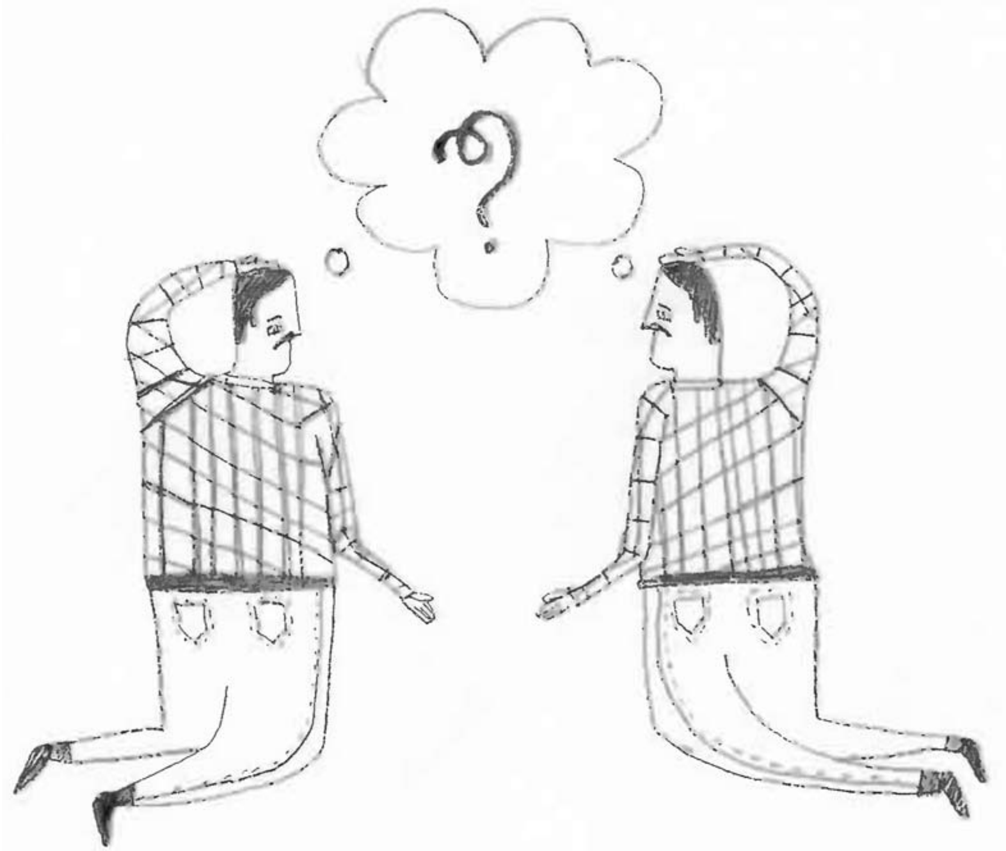
Perelberg, R.J. (2005) (Book Review) Idées directrices pour une psychanalyse contemporaine. 2002. 400 pp. *Int. J. Psycho-Anal.*, 86:207-213.

Perelberg, R.J. (2009) Murdered father; dead father: revisiting the Oedipus complex. *International Journal of Psychoanalysis* 90:713-732.

Mentalisation based therapy

By Catherine Freeman

MBT is rapidly being introduced into the public sector, sometimes as an alternative to psychoanalytic psychotherapy. Here, practitioner Catherine Freeman explains the thinking behind the treatment.



IN HER ARTICLE on relational psychotherapy in the last issue of *New Associations*, Jean Knox suggests that psychic change in psychotherapy depends on the 'implicit intersubjective dynamics of the clinical interaction, rather than on conscious understanding', interpretation, or frequency. The MBT therapist would not only agree whole-heartedly with this, but also adapt his or her whole therapeutic stance to enhance the quality of the clinical interaction to optimise change through the development of the patient's mentalising ability. The mentalising model is an example of a change in our understanding of the mind's function. Symptoms are still seen as conveying symbolic and dynamic meaning, but their invocation is understood to derive more from an emergent need to drown out painful self-states. Hence when speaking of the mind's symbolic or mentalising function, it is with more emphasis on mental representations as processes and capacities than on meaning of symptoms and signs (Bateman, Fonagy, eds, 2012, p.351).

MBT was originally developed for borderline personality disorder. Mentalisation is a new paradigm in the sense that it integrates evolutionary science, psychology and neurosciences. Bateman and Fonagy's work on Attachment Theory informed our understanding of attachment patterns and attendant behaviours and pre-mentalised modes of thinking (psychic equivalence, pretend mode and the teleological mode) (Bateman, Fonagy, 2004, Allen, Fonagy, Bateman, 2008). While secure attachment provides an environment wherein the child can develop the capacity to self reflect and mentalise and to develop a sense of another with a mind with desires, intent, beliefs, etc., insecure attachment forecloses the development of self-reflection, of mentalising.

Neuroscience gives evidence, through imaging of the brain, of the flourishing of neural pathways in the prefrontal cortex in the case of secure attachment. The prefrontal cortex, which can be thought about as the social brain, is an evolutionary achievement. The prefrontal cortex functions include planning, working memory and anticipatory responding. The posterior cortex is an earlier part of the brain associated with functions linked to vigilance such as automatic responding (fight/flight) and selective attention (Bateman, Fonagy, eds. 2012, p.9). Excessive stimulation triggers a switch from prefrontal cortex functions to posterior cortical functions. Early experiences of insecure attachment interfere with the development of prefrontal cortex functions. Traumatic experiences have the potential to destabilise the ability to mentalise at any time. Keeping in mind other factors such as genetics, what results is a mind which does not dare reflect, which does not know how to reflect, which believes that to reflect is to be overwhelmed and to lose control. Unmentalised affect is experienced at the level of bodily sensation. It is externalised by the patient in efforts to stabilise an incoherent sense of self. An anorexic patient says that, after a period of dissociation, she has to cut her body. It seems that it is her way to reconnect with her mental self.

'What results is a mind which does not dare reflect, which believes that to reflect is to be overwhelmed and to lose control.'

The person is inherently curious about other minds. Insecure attachment impedes the development of the mentalising capacity; hence curiosity about one's own and other minds is obstructed. With roots in attachment theory, and informed by both clinical practice and neuroscience, the therapeutic meeting is understood as activating the attachment system. While the quality of the therapeutic endeavour is important to rekindle curiosity, it is essential to titrate the affect level in the work because emotional closeness is bound to throw the patient who does not dare to think 'off-line' from prefrontal cortex functions onto posterior cortical functions.

In contrast with the traditional psychoanalytic approach, the MBT therapist is minded to avoid regression with patients who have great difficulties in thinking about their affective experiences and in differentiating between self and other. Primal emotions which cannot find a mind (or an internal or external object) to help regulate these emotions are felt to be overwhelming.

The following example describes the impact of a non-mentalized response of the therapist to a patient. The team reports that a young patient Alice, after the group session, became overwhelmed, started to hear 'voices' telling her that she was evil and worthless, she banged her head and wanted to self-harm. The team was aware that another patient had become upset with Alice during the group. The team felt that Alice had intended to hurt this patient, though there was no evidence in the material. Further exploration revealed that the therapist may have shown his disapproval to Alice, who in turn saw herself as a bad person in the eyes of the therapist. The non-mentalised response of the therapist may have triggered memories of past experiences of rejection from her family which threw her back to an image of herself as evil and undeserving.

The therapist carefully monitors his or her own non-mentalised states and the impact of these on the patient. Curiosity drives the mentalising stance of the therapist. The therapist adopts a not-knowing position by keeping an active focus on understanding and misunderstanding of self and others. Work is done on how emotions relate to experiences in the past and how those emotions are triggered in the now. The therapist maintains a position of non-expert, exploring together with the patient, 'side by side', what keeps on disturbing their lives. Transference interpretations are avoided because they might have the effect of alienating the patient further from his or her experience. The aim is not to gain insight but rather to develop a sense of interior lives, one's own and others', to construct and reconstruct a narrative of the patient's experiences. Over time, the patient gains greater control, and feelings of alienation and incoherence which are considered the main triggers to self harm are gradually diminished.

Brief as well as longer-term MBT is now being applied in a variety of clinical settings with a range of patient groups. Psychoeducational sessions form part of treatment programmes. While teams are continually refining their techniques, the therapeutic alliance and a coherent approach are central to the work. The therapist has the patient's mind in mind, exploring again and again and generating again and again different perspectives on what things may be ■

Catherine Freeman is a psychoanalytic psychotherapist member of the UKCP. She worked with Anthony Bateman and contributed to the development of MBT while working at Halliwick Unit, St Ann's Hospital, London, between 1988 and 2008. She is currently in private practice and is a clinical supervisor on personality disorders in London.

References

Allen, J.G., Fonagy, P., Bateman, A.W. (2008). *Mentalizing in Clinical Practice.* American Psychiatric Publishing

Bateman, A.W., Fonagy, P. (2004). *Psychotherapy for borderline personality disorder: Mentalization-based treatment.* Oxford University Press

Bateman, A.W., Fonagy, P. (Eds) (2012). *Handbook of Mentalizing in Mental Heath Practice.* American Psychiatric Publishing

Diary

MARCH

8 March - 27 May 2012
LOUISE BOURGEOIS: THE RETURN OF THE REPRESSED
Freud Museum, 20 Maresfield Gardens, London NW3
www.freud.org.uk/exhibitions/

29 March - 1 April 2012
THE INITIAL PSYCHOANALYTIC INTERVIEW AND THE TREATMENT PROCESS
Marriott Paris Rive Gauche Hotel
EPF Annual Conference
www.epf-fep.eu

26 March 2012
PSYCHOANALYTIC PSYCHOTHERAPY AND HAPPINESS? COMFORTABLE TOGETHER?
23 Magdalen Street, London SE1
Speaker: Graham Music
Contact: WPF, 020 7378 2000, www.wpf.org.uk

30 March 2012
MUSIC AND EMOTION
Tavistock, 120 Belsize Lane, London NW3
Speakers: Richard Rusbridger, Derek Matravers
Contact: 020 8938 2285, events@tavi-port.ac.uk

31 March 2012
TRANSCENDING THE LEGACIES OF SLAVERY: A PSYCHOANALYTIC VIEW
LCP, 32 Leighton Road, London NW5
Speaker: Barbara Fletchman Smith
Contact: 020 7482 2002, info@lcp-psychotherapy.org.uk

31 March 2012
"IS 'EVIDENCE' THE NEW GOD?" PSYCHOANALYSIS: BETWEEN SCIENCE AND ETHICS
23 Magdalen Street, London SE1
Workshop leader: Brid Greally
Contact: 020 7378 2050, training@wpf.org.uk

31 March 2012
TRANSCENDING THE LEGACIES OF SLAVERY
32 Leighton Road, London NW5
Speaker: Barbara Fletchman Smith
Contact: info@lcp-psychotherapy.org.uk

APRIL

14 April 2012
PSYCHOTHERAPEUTIC WORK WITH PHYSIOLOGICALLY ILL PEOPLE
Tavistock, 120 Belsize Lane, London NW3
Speaker: Julia Segal
Contact: 01728 689090, www.confer.uk.com

19 April 2012
COMPARING THE INCOMPARABLE AND FORMALISING THE UNFORMULATED: THE PROBLEM OF CLINICAL RESEARCH IN PSYCHOANALYSIS
23 Magdalen Street, London SE1
Speaker: David Tuckett
Contact: WPF 020 7378 2050, training@wpf.org.uk

19 - 20 April 2012
THE PATIENT IN MIND - MAINTAINING CLINICAL VALUES IN A SEA OF CHANGE
Hilton Manchester Deansgate Hotel
Joint Conference, RCPsych Faculty of Medical Psychotherapy & RCGP
Contact: 020 7235 2351 x6145, eventsadmin@rcpsych.ac.uk

21 April 2012
JUNG'S SHADOW: NEGATION AND NARCISSISM OF THE SELF
Friends Meeting House, 91-93 Hartington Grove, Cambridge CB1 7UB
Speaker: William Meredith-Owen
Contact: 020 7435 7696, clericalofficer@thesap.org.uk

27 April 2012
MEANING AND MINDEDNESS: CREATIVITY
Tavistock, 120 Belsize Lane, London NW3
Speaker: Berys Gaut
Contact: 020 8938 2285, events@tavi-port.ac.uk

27 - 28 April 2012
TALKING BODIES: HOW DO WE INTEGRATE WORKING WITH THE BODY IN ATTACHMENT/RELATIONAL PSYCHOTHERAPY?
John Bowlby Memorial Conference 2012
Speakers include Pat Ogden, Roz Carroll
Contact 020 7247 9101, admin@thebowlbycentre.org.uk

28 April 2012
PRACTISING RELATIONAL PSYCHOANALYSIS
Tavistock, 120 Belsize Lane, London NW3
Speaker: Susie Orbach
Contact: 01728 689090, www.confer.uk.com

28 April 2012
THE SATANIC STATE: EVIL AND IMAGINATION IN THE UNCONSCIOUS
SAP, 1 Daleham Gardens, London NW3
Speaker: Carol Leader
Contact: clericalofficer@thesap.org.uk

MAY

4 May 2012
SOLITUDE AND SEPARATION ANXIETY IN PSYCHOANALYSIS
Institute of Psychoanalysis, 112a Shirland Road, London W9
Speaker: Jean-Michel Quinodoz
Contact: on 0207 563 5016, marjory.goodall@iopa.org.u

5 May 2012
THE DIVIDED BRAIN AND ITS IMPORTANCE FOR THE UNDERSTANDING OF MIND
BAP, 37 Mapesbury Road, London NW2
Speakers: Iain McGilchrist, Helen Morgan
Contact: 020 8452 9823, admin@bap-psychotherapy.org

13 May 2012
JUST LIKE A WOMAN: MEDITATIONS ON AGEING
Conway Hall, 25 Red Lion Square, London WC1R
Speaker: Lynne Segal
Contact: The Site, jane@nairne.com

18 May 2012
MEANING AND MINDEDNESS: AESTHETIC EXPERIENCE
Tavistock, 120 Belsize Lane, London NW3
Speakers: Gregorio Kohon, Jason Gaiger
Contact: 020 8938 2285, events@tavi-port.ac.uk

18 May 2012
LIVING WITH MORTALITY
23 Magdalen Street, London SE1
Workshop leaders: Lynsey Hotchkies, Neil Hudson
Contact: 020 7378 2050, training@wpf.org.uk

18 May 2012
MENTALIZATION-BASED INTERVENTIONS FOR CHILDREN, YOUNG PEOPLE AND FAMILIES
SOAS, Brunei Gallery Lecture Theatre
Speakers include Peter Fonagy, Mary Target, Patrick Luyten, Poul Lundgaard Bak, Nicole Muller
Contact: www.annafreud.org

18 May 2012
THE IMPORTANCE OF INFANCY AND ITS IMPLICATIONS FOR PSYCHOTHERAPY
University of Edinburgh, 18 Holyrood Park Road, Edinburgh
Speaker: Amanda Jones
Contact: 01728 689090, www.confer.uk.com

18 May 2012
JEALOUSY OR ENVY IN PEER RELATIONSHIPS?
23 Magdalen Street, London SE1
Workshop leader: Jenny Riddell
Contact: 020 7378 2050, training@wpf.org.uk

19 May 2012
MURDER: A PSYCHOANALYTIC INVESTIGATION
Governors Hall, St Thomas' Hospital, Lambeth Palace Road, London SE1
Speaker: Ronald Doctor
Contact: Lincoln Clinic, 020 7978 1545, www.lincoln-psychotherapy.org.uk

25 May 2012
CONFESSIONS OF A PSYCHOANALYST IN THE 21ST CENTURY
Tavistock Centre Lecture Theatre, 120 Belsize Lane, London NW3
Speakers: Alessandra Lemma, Nicola Barden
Contact: APP, 020 7272 8681

JUNE

1 - 2 June 2012
SEMINAR WITH DONNEL STERN
Tavistock, 120 Belsize Lane, London NW3
Speakers: Donnel Stern, Jeremy Holmes
Contact: 01728 689090, www.confer.uk.com

9 June 2012
BEING A GROUP THERAPIST: A JOURNEY THROUGH LIFE
23 Magdalen Street, London SE1
Speaker: Morris Nitsun
Contact: WPF 020 7378 2000, training@wpf.org.uk

9 June 2012
INTRODUCTION TO MENTALISATION
23 Magdalen Street, London SE1
Workshop leader: Catherine Freeman
Contact: WPF 020 7378 2000, training@wpf.org.uk

16 June 2012
SHAME - THE UBIQUITOUS YET HIDDEN CORE OF MENTAL PAIN
Tavistock, 120 Belsize Lane, London NW3
Speaker: Phil Mollon
Contact: 01728 689090, www.confer.uk.com

16 June 2012
MAKING THE UNBEARABLE BEARABLE
23 Magdalen Street, London SE1
Speaker: Maya Jarrett
Contact: WPF 020 7378 2000, training@wpf.org.uk

16 June 2012
EXPANDING HORIZONS: PSYCHOANALYSIS AND CULTURE (TRAINEES' CONFERENCE)
West Yorkshire Playhouse, Leeds
Speakers: Jan McGregor Hepburn, Walter Gibson, Maxine Dennis
Contact: mail@psychoanalytic-council.org

16 June 2012
SIBLING RIVALRY, THE MISSING LINK
Friends Meeting House, 43 St Giles, Oxford OX1 3LW
Speaker: Ian Williamson
www.thesap.org.uk/application-forms

23 June 2012
THE DARK SIDE OF THE SELF: JUNGIAN PERSPECTIVES OF DISSOCIATION AND PSYCHOSIS
Friends Meeting House, 91-93 Hartington Grove, Cambridge CB1 7UB
Speaker: Maggie McAlister
Contact: clericalofficer@thesap.org.uk

28 June 2012
JAPANESE PSYCHE: THE EMERGENCE OF SUBJECT AND A BEGINNING IN JAPANESE CREATIVE MYTH
BAP, 37 Mapesbury Rd, London NW2
Speakers: Megumi Yama, Helen Morgan
Contact: 0208 452 9823, admin@bap-psychotherapy.org

29 June 2012
AGGRESSION, RESPONSBILITY AND SELF HARM
Tavistock, 120 Belsize Lane, London NW3
Speakers: Anna Motz, Hanna Pickard
Contact: 020 8938 2285, events@tavi-port.ac.uk

30 June 2012
DREAMS, REVERIE AND FAITH IN BRIEF DYNAMIC THERAPY
SAP, 1 Daleham Gardens, London NW3
Speaker: Anna Bravesmith
Contact: 020 7435 7696, clericalofficer@thesap.org.uk

The loss of the home country

By Christine Thornton and Alan Corbett

icap (immigrant counselling and psychotherapy) provides culturally specific psychotherapy to Irish people in the UK. icap offers clients a safe, confidential space to work through the impact of their histories of trauma and abuse. Its model is primarily psychodynamic/psychoanalytic.

ALL IMMIGRANTS face the challenge of mourning the loss of the home country and coping with feelings of alienation, loss of identity, loneliness, as well as dealing with prejudice and discrimination. Irish immigrants experience some of the highest rates of mental and physical health problems in the UK, and these issues persist into the second generation. Irish men are the only migrant group whose life expectancy worsens on emigration to England.

The figures for depression and alcohol-related disorders are very high in Irish-born people here. Men born in Ireland have approximately nine times, and women seven times, the rate of alcohol-related disorders. Rates of admission to hospital for depression show that those born in the Republic of Ireland have two and a half times the rate of their British-born counterparts. Irish-born people are more than twice as likely as native-born people to be hospitalised for mental distress.

Research has shown that of all ethnic groups in Britain, the Irish have the highest rates of suicide, up to 53 percent higher than average.

Irish people have not been well served by mainstream services. In 1995 Teresa Gallagher, an Irish psychotherapist living in London, set up icap to offer a service to Irish people. From small beginnings icap, part-funded by the Irish Government, has grown to provide 10,000 hours of psychotherapy a year in its London and Birmingham bases and through a network of therapists throughout the UK.

An important part of icap's work is the service it provides to survivors of abuse within the Irish industrial school system, and their children and grandchildren. These adults have usually experienced prolonged and consistent physical, sexual and/or emotional abuse in childhood, and as adults their deprivation often continues; they may experience severe difficulties in forming and maintaining positive relationships, or may fall prey to further abusive relationships; there are high levels of alcoholism. Many left the institutions with few or no educational qualifications, and work, if possible, may be at a level far below the individual's potential. These problems persist down the generations. In Ireland, the state has accepted responsibility for failing the children in the institutions, and so this work with survivors is funded by the Irish government, sometimes for many years. It is thought that around forty percent of all those who suffered institutional abuse in Ireland now live in the UK.

Therapy is primarily psychodynamic/psychoanalytic, and can be offered for up to two years, or longer for survivors of the Irish industrial school system. Because of the complexity of client needs, all therapists have several years' post-qualification experience.

'Around 40 percent of those who suffered institutional abuse now live in the UK.'

The need to work with profound early trauma in addition to normal immigrant experiences of discrimination, isolation, loss of identity and dislocation add an extra layer that is central to icap's work. Almost all our clients have experienced early trauma as well as the alienation of immigration, and require careful holding and work over a significant period.

Philomena

Her mother was in an institution, sent when her own mother died. She is the eldest girl of nine children; shown no affection, she was scapegoated, and always expected to look after other children; sexually abused by an uncle in childhood, she was herself sent into an institution at nine where she was further abused emotionally and physically.

She came to England at 17 and married an abusive man who was alcoholic. She had three children, who were abused by their father throughout childhood; two became addicted to alcohol or drugs, and the youngest married an alcoholic.

Now in her sixties, living on benefits, she continues to feel alone and unaccepted. However in reality she provides practical and emotional support to her children who are successfully battling their addictions and making greater success of work and family life. Although the harm has passed down the generations, the client has become a force for good in her children's lives.

Fergus

At the beginning of therapy his marriage was on the point of collapse and his daughter in trouble. With the support of therapy he has survived several suicidal periods, and has learned to relate to his partner and family.

In the institution he experienced starvation, eating grass and leather, he now overeats compulsively. He is still very vulnerable and prone to periods of self-neglect and self-harm, with bouts of clinical depression.

Progress in therapy is slow as he fears that to trust will bring on a repeat of the early neglect and abuse. He is however beginning to take joy in his grandchildren, and can now support his daughter in parenting.

icap is a centre of clinical excellence, providing a range of individual and group interventions to both men and women. It is staffed by highly experienced clinicians with specialisms in culturally specific psychotherapy, trauma-work and the particular needs of clients forced to leave their homeland for reasons beyond their control. Independent research has shown that icap's clinical outcomes are good. External evaluation of our work, undertaken by Peter Fonagy and the Anna Freud Centre, shows that we achieve good outcomes with hard-to-treat clients, comparing well with services whose populations have less complex problems, and showing significant or highly significant improvements following therapy.

This is particularly true for those who are suicidal, who self-harm, and/or with drug or alcohol issues, domestic violence, physical symptoms and a variety of mental health conditions. Some of the findings of the study were:

- Significant reduction in the number of clients meeting the criteria for a diagnosis of post-traumatic stress disorder over the course of treatment
- A significant decrease in depression over the course of therapy, as measured by the PHQ, the BSI and the BDI
- A significant decrease in generalised anxiety disorder over the course of therapy
- The service is effectively supporting victims of domestic violence
- A significant decrease in interpersonal problems over the course of therapy
- Both drug and alcohol misuse decreased overall for clients over time.

The Fonagy report also provides client comments on the work:

> …Knowing my therapist was there each week… it was like a haven. Knowing she understood… she was Irish and so she knew where I was coming from!

> …And the counsellor was Irish – I didn't have to explain what it was like growing up in Northern Ireland because she also grew up there.

We believe that the high rate of positive clinical outcomes is achieved for Irish clients through the cultural specificity of our service, in which their particular experiences of being Irish in a historically anti-Irish environment can be understood, respected and explored. We believe that our success with clients who are hard to engage is a result of a degree of flexibility, particularly at the start of therapy. We plan that in the next stage of icap's research we will be able to demonstrate the qualities of this cultural specificity and boundaried flexibility more fully ■

Christine Thornton is a clinical director of icap, and a group analyst and organisational consultant in private practice. Alan Corbett is also clinical director. www.icap.org.uk

The case studies are composites with details changed to protect anonymity

The BPC's new Chief Executive, Gary Fereday, was previously Chief Executive of icap for five years.

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