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## Offering ourselves to the outer world

By Gary Fereday

**W**E ARE IN A profoundly altering political landscape, with the welfare settlement and the post war social contract under radical change. Tax cuts for the wealthy, privatisation of state assets, and reducing social security are all changing the role of the state as we have known it for most of our lives. Of course this change isn't new, arguably going back some thirty-odd years to the election of Margaret Thatcher in 1979. However, the pace of change, coupled with rapidly changing technology, the internet, proliferating television channels, and the rapid expansion of new and emerging economies (and the ability for capital to be moved in seconds around the world) seem to be placing us all in an intensely insecure and individualised society.

Government policy increasingly focuses on managerial approaches to improve the efficiency and outcomes of public services. We live in a world that is target driven, with key performance indicators and league tables intended to help providers of services improve their services and the tax payer get value for money. Yet in trying to measure everything we often seem to understand less. Increasingly citizens become consumers, public services become businesses, and the importance of human relationships somehow gets squeezed out and forgotten. The Francis inquiry into the Mid Staffordshire NHS Foundation Trust clearly shows how overworked and stressed clinicians and managers, in a target-driven culture, lost sight of what really mattered.

The psychoanalytic profession has something quite profound to say about this. We are a profession that understands the human condition, the role and value of relationships, which is after all what we do. Yet we seem hesitant, shy almost, to say very much. Working privately in our consulting rooms with our clients, we sometimes appear to be a profession unsure of what we have to offer the outer world.

The BPC is leading work to ensure policy makers better understand the work that

our profession undertakes and the wider contribution that psychoanalytic thinking can make to society. Five BPC task groups have started their work on informing us how we might better

- collate and communicate the evidence base for psychoanalytic and psychodynamic psychotherapy
- support and develop psychoanalytic work throughout the UK
- make the profession more accessible to people with different sexual orientations
- make the profession more accessible to people from minority ethnic communities
- integrate into wider NHS mental health services and other areas of the public sector

**'We are a profession that understands the human condition.'**

The task groups are getting into their stride, and the level of debate and discussion is quite impressive. We will be working with them in the next few months to develop some clear deliverables and outputs, and to ensure that we get our thinking and messages to a wider audience and start to better influence policy makers, we are employing a policy and public affairs officer, who should be in post shortly.

Our PP NOW Conference, with over 250 delegates, considered many of the issues the task groups are looking at. Kicking off the conference was Iain McGilchrist's illuminating lecture on the divided brain and the search for meaning; where the target-driven, reductionist managerial approach could be seen as the dominance of left brain thinking. The following day, Professor Salman Akhtar's keynote address elegantly brought to life the difficult and complex area of the mental pain of minorities. We were delighted to receive very positive feedback about the

conference, and pages 2 to 6 in this edition of *New Associations* captures some of the fascinating discussions that were had. The excellence, innovation and expertise in our profession was further reflected in the PP NOW awards ceremony, where the following winners (highlighted on page 4) were celebrated:

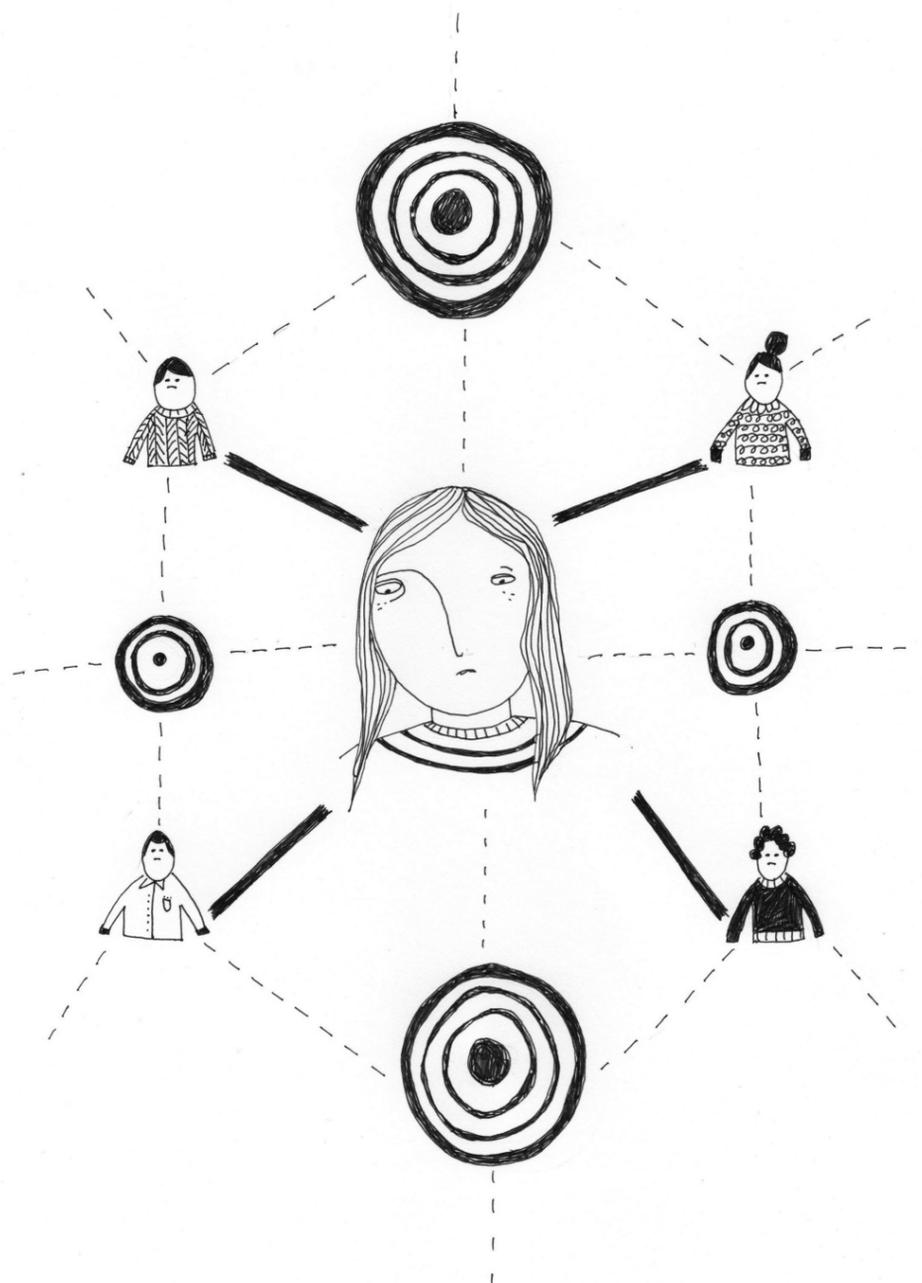
- The City & Hackney Primary Care Psychotherapy Consultation Service (Award for Innovative Excellence),
- Sally Griffin and Steven Flower (Award for Outstanding Professional Leadership)
- The Tavistock Centre for Couple Relationships (The Bernard Ratigan Award for Psychoanalysis and Diversity).
- Joscelyn Richards (Lifetime Achievement Award)
- Ora Dresner (Special Commendation for her work at Camden Psychotherapy Unit)

Policy makers and politicians in Britain are increasingly concerned with mental health and the wellbeing agenda, but they seem to focus too closely on symptomatic relief and not on object relations. The work we do, as psychoanalytic and psychodynamic psychotherapists, can offer something much more than this symptomatic relief; helping our patients

understand what led them to feel like they do and start a better understanding of themselves and, critically, their relationship with others. The work of the winners of the PP NOW Awards and many of the discussions at the conference are testament to the diversity of ideas and thinking we can offer.

The BPC are engaging with politicians and policy makers. Recently we produced parliamentary briefings and met with the new Chair of the All Party Parliamentary Group on Mental Health, James Morris MP. We remain active members of the We Need To Talk coalition and continue to forge closer relations with partner organisations and other leaders in the mental health field. In the coming months we will be increasing our public affairs and media activity to ensure policy makers really do know what we have to offer. We owe it to society to ensure our profession's knowledge and thinking are more widely disseminated, to help everyone understand what happens to human relationships in our increasingly insecure and individualised society ■

*Gary Fereday is the BPC's Chief Executive.*



## PP NOW Report

# The crucial value of minority views

By Mark Vernon

*Psychoanalytic Psychotherapy NOW 2013, hosted by the BPC in October, grappled with finding psychoanalytic approaches to society's ills. Mark Vernon takes the temperature.*

**I**S THERE ONE PHRASE that could sum up the diversity of issues and contributions at Psychoanalytic Psychotherapy NOW 2013? Not really, but 'minority views' might suggest something useful. Or at least the overview I can offer here could be tied together by highlighting how the conference drew attention to the insights of perspectives that are often marginalized today.

I am thinking of the view of the world sustained by the right hemisphere of the brain, as discussed in Iain McGilchrist's talk on the Friday evening. It is a minority view in the sense of being responsible for a take on the world regarded as inferior in much contemporary culture. Then, there was the exploration of what it is like to belong to a minority, given by Salman Akhtar; his minority view being that of an Indian man living in America. Thirdly, and slightly differently again, there was the issue facing the conference itself. It brought together a collection of people who, in the current climate, are attempting to speak a minority language, the one that expresses the psychodynamic view of things.

## Searching in the dark

You might say that psychotherapists take as read that human beings think and feel more than they think they are thinking or feel they are feeling. Freud noticed this and divined the existence of the unconscious. But it is easy to lose touch with the fact that the existence of the persistently implicit in human experience – that which cannot be spoken about directly – is broadly an offence to the modern mind.

A joke captures the affront. One dark evening, a man returns to his car and can't find his keys. He starts looking in the pool of light cast by a nearby lamppost. A passerby notices him searching there for some time, and wonders whether the keys might have fallen elsewhere. 'They might not be there,' the passerby ventures helpfully. 'But what's the point of looking without light?' replies the man. 'I can't see in the dark.'

McGilchrist's talk drew from his book, *The Master and His Emissary*. His thesis is so important because it makes the case for the crucial value of what cannot be found in the light, and does so in a form that devotees of the explicit can accept and understand. The evidence he gathers, in the shape of numerous brain studies and scans, shows that what we think and feel is, at best, only half the story – though it is the half of the story to which the modern world has become wedded.

## 'What we think and feel is, at best, only half the story.'

What this offers for therapists, alongside others who sense that what is manifest is limited, is a validation of many of the assumptions with which they have been working for so long. My sense was that listeners felt that they were not learning anything radically new about the world, but they were having their understanding of the world possibly extended and profoundly affirmed.

The truth McGilchrist has understood is that neuroscience carries weight in contemporary public discourse. On top of deepening medical science's understanding of the way the brain works, it is felt to offer new insights into what it is to be human. In fact, I'd say, the neuroscience is beginning to re-describe old insights but with the authority of a science. The hope is not only that this will help grow the evidence base for psychotherapy, but that it will commend psychodynamic insights to those who might otherwise be inclined to dismiss the implicit.

## What the left doesn't know

It is, therefore, useful to have a working knowledge of McGilchrist's thesis. His entry point is the observation that the brain is asymmetric. Its two hemispheres are structurally, physiologically and psychologically different. They see the world in different ways. In fact, McGilchrist argues, it is best to think of

the hemispheres as two personalities. It often makes better sense to ask what each hemisphere is like, as opposed to how it works.

This is a crucial first step in reintroducing the world to the significance of brain lateralization, because the popular notion is that the two hemispheres do different things. This is a reductionist and false move that almost ruined the subject for serious science. Being 'right-brained' does not mean you are more creative or spiritual, any more than being 'left-brained' means you like fast cars or reading instructions. The left is not all about reason, and the right emotion. Rather, the new work shows that access to the view of things offered by both hemispheres is necessary for full awareness and a diverse consciousness.

The two-persons interpretation of brain lateralization comes from Roger Sperry, the neuroscientist who won the Nobel Prize for his split-brain research. The left

hemisphere loves precision. Its purpose in embodied life is to manipulate. It seeks certainty by building maps of what it has grasped of reality, though, like physical maps, the left hemisphere's charts come with the inherent limitation of being abstracted from the world as it actually is. It works with handy fictions.

The right hemisphere serves the ability to make connections and build understanding. It has the kind of personality that enjoys possibilities and novelty. Delighting in pattern, it discovers, though it is also able to remain uncommitted about the nature of things. This negative capability, to recall Keats' expression, allows it to stay alert to the unknown and, therefore, more in touch with reality.

So why two hemispheres, not just one brain? In short, because we need both kinds of attention to survive. The left hemisphere's narrower focus supports the capacity to control the world; the



## Breakout session: Entrepreneurs of the Self

Alessandra Lemma presented a rich, disturbing paper discussing the phenomenon of make-over TV programmes and what they say about contemporary culture. She has consulted for a number of production companies and interviewed many participants in the shows that offer anything from fashion tips to plastic surgery as a route to happiness.

A core assumption is that the body is the primary site for representing our individuality, Lemma noted, though she stressed that it is by the social body that the individual's body is judged on TV. Viewers, audiences and crucially the expert presenters turn their gaze onto the person under scrutiny and judge whether or not they pass tests of acceptability.

It makes us all entrepreneurs of the self via the manipulation of bodily surfaces. And it promotes a corrupt notion of the self, Lemma continued, governed by a socially sanctioned superego: narcissistic injuries are turned against the individual to police how they look.

It is very seductive. Even those who confess to hating these programmes can be captivated by their theatre of cruelty. Perhaps it is the way they play into the probably universal omnipotent wish to be relieved of anxiety – the make-over show promising as much in a particularly concrete way, by the reinvention of the self. And yet, in truth they provide only temporary relief via the mania inherent in the making of such programmes. And underneath the hype, the true self is repeatedly killed off: it is only a question of time until the anxiety returns, the individuals subject to the gaze of others perhaps damaged even more in the process.

1. Lemma, A. (2013) Entrepreneurs of the Self: Some Psychoanalytic Reflections on the Psychic and Social Functions of Reality TV Makeover Shows. *Organisational and Social Dynamics*, 13(1): 55-68

right offers the capacity to maintain a sustained, open engagement. If the left longs to make the world its own, the right receives. If the left conceptualizes, the right is expectant.

The two are in a creative tension. Put them together and you have the brilliant capacity, say, to stand back from reality while remaining part of it; to have a distance from things without becoming detached. That must have tremendous evolutionary advantage: other animals have split brains too. In this process of right-left-right exchange, human experience deepens. The worldviews of the two hemispheres becomes a three dimensional consciousness. That makes for psychological wellbeing.

#### Psychotherapeutic effectiveness

All this matters for reasons other than psychotherapeutic effectiveness. 'Attention changes the world,' McGilchrist stressed. The way we approach life, the models we deploy to understand it, make certain aspects prominent – with the corollary that we lose touch with others. Later, during questions from the audience, McGilchrist suggested that not exclusively focusing on what looks prominent is as

much as challenge for psychotherapists as anyone else. We can all fall for the temptation of trusting too much in our theories and models. Believers in the unconscious can be as 'left-brained' as the scientific materialist who is wedded only to the explicit.

Cautions aside, several aspects of the thesis carry implications for psychotherapy. For example, the joint action of the two hemispheres that makes for deep human awareness suggests that our richest appreciation of reality happens in between this and that view. That chimes with Winnicott's notion of transition space as the locus within which meaning and creative expansiveness emerges. As Rowan Williams put it, in responding to McGilchrist's talk, the gaps and silences in the therapeutic relationship are as pregnant with possibility as interpretations and things said.

Alternatively, McGilchrist's work highlights the crucial role played by the body in therapy, because the right hemisphere is literally more connected to the body. Both hemispheres have motor and sensory connections with the

opposite side of the body. But the right appears to have an excess of links and networks. The implication is that the right hemisphere carries a whole body sense that is intimately linked to lived, affective experience. It is vital for empathic and emotional connections with others and the world. It is the wellspring of expansive, meaningful and uncertain feeling.

So, the evening before the conference introduced us to a minority view of the world, the specialism of the right hemisphere. The next day, the conference itself turned to the experience of minorities in a less abstract sense.

## 'Minorities act as a container of projections for the majority.'

#### The threat of minorities

Salmon Akhtar opened his presentation with a moving story, another one about a car. He remembered once finding his car had a flat tyre. Moreover, the flat occurred outside the office of his analyst. What was he to do? He reflected that he might have acted as his father would have done: called a taxi, gone home, and asked his wife to arrange for the car to be fixed. Instead, he located the car's instruction manual and changed the wheel himself. The experience provoked mixed feelings in him – triumph, for sure, at having done a new thing in life; but also a sense of betrayal, for he had also turned his back on the ways of his father.

The resulting mental pain Akhtar aligned to Freud's notion of *seelenschmerz*, or the 'pain of the soul'. It is the discomfort or agony that arises when an individual becomes separated from a part of themselves, what ego psychology might call a selfobject. This pain is borne by minorities living amidst majorities that hold more social and cultural power than themselves. It is the suffering that results from a lack of representation; or an inability to participate in the canonical narratives of a host society; or an inability to access the various cultural resources available to others with whom one lives.

Akhtar developed his ideas by discussing why minorities can become such a threat to the majority. First, there is the issue of the *presence* of minorities. They are, as it were, everywhere: for psychological as well as socio-economic reasons, there is no society on earth that does not contain minorities. The question, though, is whether they are wanted or whether they are unwanted but are also a no less needed element in society.

The truth is that minorities are always needed, and are always found, because they act as a depository or container of projections for the majority. You only have to pick up a newspaper to realise that wherever you find social, economic or political tensions, you will also find

minorities who are caught up in the discontent and are suffering as a result. They are targets, the subject of complaints or anger. That minorities make the majority question itself exacerbates the situation.

#### Invisibility and hypervisibility

The second element of Akhtar's analysis concerned the *perception* of minorities. He argued that minorities are either invisible or hypervisible. There is no normal perception of them. From the point of view of an individual who is a member of a minority, the experience can be likened to speaking a second language. The speaker of a second language is not conscious of just speaking, but of speaking their new language. Similarly, they might gain the sense of not just living, but of living in their new country with all its slight or substantial differences. Akhtar remembered how, after having moved to America, he would sometimes take a longer route home simply to pass by a house that reminded him of India.

Third is the issue of the *participation* of minorities. Take Independence Day in the USA, Akhtar suggested. Whose independence is being celebrated? If African Americans don't celebrate it they might be thought unamerican. If they do, they might lose touch with a part of their history, because slaves were not freed on 4 July, 1776. The general question is this: when a festival is celebrated, whose festival is it? Probably not the minority's.

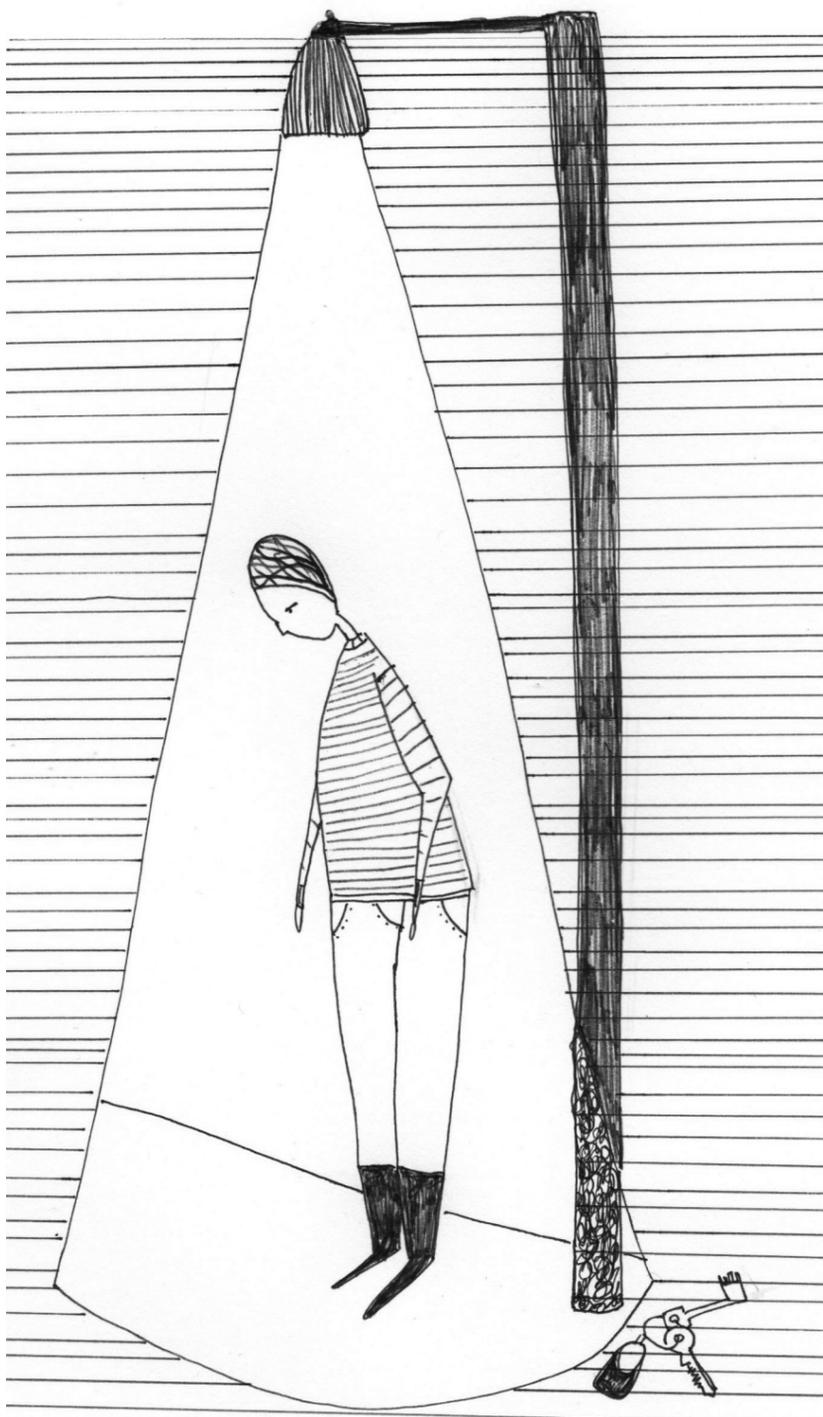
After presence, perception and participation, Akhtar turned to the *progress* of minorities. He drew on Freud's notion of 'success neurosis', how an individual may excel and perhaps repeatedly reach a certain level of achievement, and somehow never exceed it. Freud related the phenomenon to Oedipal anxieties, as if success is the equivalent to incest or, conversely, murder. And perhaps there are other dynamics at play, too.

#### Father to son, son to father

By way of illustration Akhtar told another personal story, this time concerning his son who had one day asked him about God. Akhtar felt confronted by an impossible situation. If he were to be a good son to his father, he would have to tell his son that God did not exist, because he himself was raised an atheist. However, if he were to be a good father to his son, he would have to leave the possibility of God open for his son.

Such deep ambivalences can cause people to fail to achieve their potential. The audience was invited to consider the imagery on display around their places of work; training institutions to examine the pictures on their walls. Do faces reinforce ethnic norms? Do landscapes reinforce cultural assumptions? Do still lifes privilege certain values? All such

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## PP NOW Report

# PP NOW 2013 Awards

The Psychoanalytic Psychotherapy NOW Awards celebrate achievements in the psychoanalytic community. PP NOW conference attendees and guests came together to acknowledge and applaud the innovations and hard work of their colleagues.

The award categories for this year's event were:

**Innovative Excellence** This award celebrates a striking example of ground-breaking work. The innovative nature of the work can be in terms of clinical practice, research, or socially inclusive practice, such as working with selections of the community who may traditionally find access to therapeutic treatment difficult.

**Awarded to: The City and Hackney Primary Care Psychotherapy Consultation Service**

Team members introduce into GP surgeries a psychotherapeutic attitude to the treatment and management of patients who (in the wording of the award) 'find access to therapeutic treatment difficult'.

**Outstanding Professional Leadership**

This award recognises a significant contribution to developing the position and/or influence of psychoanalytic/psychodynamic psychotherapy in the wider world.

**Awarded to: Steven Flower and Sally Griffin**

Sally, for her work over a number of years in promoting the idea of merger of the three organisations – the BAP, LCP and Lincoln – and for chairing the steering group which formed the proposal which was then voted on and accepted.

Steven was a major part of that group and led the largest organisation, the BAP, to a vote for the merger. He then took up the chair of the steering group when the merger was agreed and continues to chair the new BPF (British Psychotherapy Foundation).

**Bernard Ratigan Award for Psychoanalysis and Diversity**

This award applauds an individual or organisation that has significantly improved and/or developed inclusivity in psychoanalytic practice and/or therapeutic treatment. The award honours psychotherapist Bernard Ratigan, who passed away last year. Bernard was the recipient in 2010 of the award for Outstanding Professional Leadership, for his work with and advocacy for the LGBT community.

**Awarded to: Tavistock Centre for Couple Relationships**

Over the past two years TCCR has, as a psychoanalytic institution, been involved in a fundamental process of change towards greater inclusivity of lesbian, gay, bisexual and transgender couples within the organisation as a whole. Working closely with Pace, a leading charity promoting LGBT mental health and wellbeing, TCCR was, in April 2013, awarded an 'eQuality Chartermark' for its commitment to inclusive practice with LGBT couples.

**Special Commendation**

**Awarded to: Ora Dresner**

In 2011, due to a complete withdrawal of funding by the NHS, the Camden Psychotherapy Unit faced the prospect of imminent closure. Over the last two years, through numerous, and still ongoing, fundraising events, and with the help of many colleagues in the psychoanalytic community, staff and trainees, CPU has managed, with great difficulty, to keep afloat. Ora leads the CPU in this mammoth task, alongside running the unit on a day to day basis.

**Lifetime Achievement Award**

**Awarded to: Joscelyn Richards**

Joscelyn provided outstanding leadership of the BPC during its establishment and foundation years. Partly as a result of her leadership and vision, the psychoanalytic field has been greatly enhanced and become far more cohesive and coherent. Likewise Joscelyn has provided both vision and great leadership qualities over many years as a key member of the steering group in creating the British Psychoanalytic Association. She has also held many important roles within the BAP.

## Minority views

*Continued from previous page*

messages can stir up success neurosis in clients and trainees. They can disturb the going on being of an individual who finds themselves in that environment, to deploy Winnicott's phrase. Life might then be practised as an exercise in disjointedness.

Wherever there is the pain of the soul there are two broad responses, Akhtar continued. One is regressive, into hate, anger and projection. The other is creative, the preconscious urge that inspires and transforms. Akhtar next explored the attitudes or social values that might ensure that there is more chance of nurturing the creative and containing the regressive. They revolved around safety – physically, psychically, culturally and socially. These will be fully discussed in the published version of Akhtar's paper, due to appear in the *British Journal of Psychotherapy* in May 2014.

### Speaking to the majority

What does all this mean in practice? Answering this question formed the last section of Akhtar's lecture. He insisted that prior to producing solutions to the problems faced by minorities came the restoration or provision of civil rights; an acknowledgement by the majority of the problems faced by minorities – the Truth and Reconciliation Commission in post-apartheid South Africa being exemplary in this respect; an acceptance of a minority culture as a minority culture, as opposed to a culture awaiting

assimilation; the creation of social iconography celebrating minorities, such as Martin Luther King Day; and also the minority itself must stand up and organise. 'If these elements can be put in place then the pain of the soul can become less, and separateness can be healed,' Akhtar concluded.

So what of the third minority view explored during the conference, that of the minority status of psychotherapy in a world that values the explicit, and shapes its budgets accordingly? The plenary session of the conference raised a number of issues. One speaker felt the profession needs to become more comfortable talking about money. The point was also made that living organisms are able to adapt, as John Bowlby pointed out, and so psychotherapy needs to learn to interact with professions that speak different languages; to adapt to a plural world, whilst resisting the pull of reductionism. Anger and frustration was expressed by some in the audience too.

All in all, the conference set an agenda. Engaging with the wider world is crucial, one that values the explicit more than the implicit. It is no easy task, though ways and means are emerging ■

*Mark Vernon is the author of Love: All That Matters (Hodder) and Carl Jung (Guardian Shorts).*

### Breakout session: Envy and the biopsychosocial model

The biopsychosocial model posits that biological, psychological and sociological elements all play a significant role in the human condition. But how does it work in practice?

It was stress-tested in a workshop that was also a kind of experiential group. The three leaders of the workshop each advocated the importance of one element in the model. 'Mr Biomedical' argued that he stood for the scientific method and evidence-based practice, rooted in what we know of the material nature of reality. 'Mr Psychological' discussed the importance of inner as well as outer life for human beings, noting that relationships are crucial too: what we need is practice-based evidence. 'Mr Sociological' put the case for individuals functioning within a wider environment that also has a major impact upon human behaviour and wellbeing.

The workshop then divided into three, one for each of the elements. The groups were asked to agree on non-jargon words that captured the essence of each element. In my group, at least – the psychological – this proved tricky to do.

Next, the groups were mixed up. This was when the experiential side of the workshop kicked in. What would be the reaction to different elements in the mix, and would that tell us anything about how the biopsychosocial model works in practice?

I think it did. For example, feelings of envy emerged. The psychological and sociological felt envious of the biological, because the biomedical model holds so much of the power and kudos in contemporary culture. Further, the biological showed envy for the psychological, because the latter can enjoy real human relationships.

And then there was the 'physics envy' the biological has of the other sciences. It is commonly imagined that physics is the precise science to which all others aspire. And yet, as any physicist is likely to admit, theirs is the science that undergoes routine paradigm shifts; in the twentieth century, about one every 30 years. Physicists know better than most scientists that exclusive adherence to one model is a sure route to being left behind.

## PP NOW Report

# The 'blame and shame' society

By Jean Knox

*The 'blame and shame' agenda is stoking resentment and rage among the disadvantaged in our society. Jean Knox offers hope that psychoanalytic psychotherapy can make a helpful contribution to the debate.*

ONE OF THE MOST intractable problems all therapists encounter is shame. An understanding of each person's unique personal history that can contribute to self-disgust and shame is vital if psychotherapists are to help their patients as effectively as possible. But we psychotherapists also need to familiarise ourselves with the social and cultural factors that undermine the capacity of parents to nurture their babies and children in a secure environment that optimises their physical, psychological and emotional development.

One such factor is the trend in today's political culture to disparage and show contempt for any sort of frailty, disadvantage, need or dependence. It is a pernicious assault on the vulnerability that is an essential part of what makes us human, from infancy onwards. It takes many forms, but the thread running through them all is a 'blame and shame' attitude that misfortune or failure is something we bring on ourselves. Owen Jones, in his book *Chavs*, explores this 'blame and shame' approach in the context of class and social and economic power:

The demonization of working-class people is a grimly rational way to justify an irrational system. Demonize them, ignore their concerns – and rationalize a grossly unequal distribution of wealth and power as a fair reflection of people's worth and abilities. But this demonization has an even more pernicious agenda. A doctrine of social responsibility is applied to a whole range of social problems affecting certain working-class communities – whether it be poverty, unemployment or crime. In Broken Britain, the victims have only themselves to blame.

(Jones, 2011, p. 183)

The same attitude of blame is evident in relation to illness, as Barbara Ehrenreich describes in her book *Smile or Die*. She castigates the 'tyranny of positive thinking' – 'an ideological force in American culture... that encourages us to deny reality, submit cheerfully to

misfortune and blame only ourselves for our fate.' A sufferer from breast cancer is made to feel that she has only herself to blame if the disease spreads: 'she is not being positive enough; possibly it was her negative attitude that brought on the disease in the first place. At this point, the exhortation to think positively is "an additional burden to an already devastated patient".'

## 'Vulnerability is an essential feature of the human condition.'

This kind of blaming culture towards the victims of misfortune is evident in four newspaper articles published in *The Guardian* on the same day, September 4th, about the blaming of victims for the abuse, illness or misfortune they have suffered. One was by an MP, Charles Walker, who has suffered for many years from obsessive-compulsive disorder. He highlighted his own personal experience of the prevalent view in our society that mental illness is a sort of weakness, whose sufferers should pull themselves together.

The most powerful was an excoriating article by Hadley Freeman about girls being blamed for being raped by older men:

Women getting the blame for being raped is an old story, one that, incredibly, refuses to die. When this trope is applied to children one sees misogyny in its purest form, with its belief that 11-year-old girls lure helpless men on and deserve what they get.

Another article on the same day reinforced this blame of women for violence against them. Caroline Criado-Perez, a feminist campaigner for more women to be represented on bank notes, was targeted by a campaign of hate and graphic threats of sexual violence to her and her family. She and other women were told by the police to shut down their Twitter accounts and not tweet 'controversial' things. For example, a black

woman was told she could not tweet about racism, because there was nothing the police could do about the ensuing rape threats.

The fourth article on that day was by Frances Ryan, about Edinburgh City Council withholding discretionary housing payment from those who spend money on 'luxuries' such as a TV, drink, or a mobile phone. Ryan highlighted a hidden agenda behind the 'blame and shame' culture. If people are poor because of their own failings, mental illness is simply a lack of willpower, if the sick are sick because they have done something wrong (such as smoke or drink), and if women are the victims of sexual violence because they dress provocatively, then 'other people' – the rest of us – can never be such things themselves. Moralising is soothing, reassuring those who are comfortable and privileged in society that they deserve this and can call it success, as though they have achieved it by their own efforts rather than because they have been fortunate enough to benefit from the social milieu into which they happened to be born.

So one of the most effective ways to control those who are more vulnerable or powerless in our society is to make them feel ashamed of their very powerlessness – as though it is their inadequacy that has made them fail to climb the ladder to power and success, and to reach a position where they are invulnerable. And this is not only a conscious attitude, but an unconscious terror of the vulnerable child in each of us – the inner child for whom loving safe dependence is far more important than the ruthless pursuit of success, greed and self-interest. Those who feel that they must become invulnerable in order to succeed therefore project their own vulnerable child onto the vulnerable in our society, and attack and condemn in others what they most fear in themselves.



This is where psychoanalytic psychotherapy can make a contribution to the cultural debate. We can highlight the fact that vulnerability of all kinds is an essential feature of the human condition, and how central it is to each infant's development for their absolute dependence on loving relationship to be reciprocated with love, admiration and respect, not only by their parents but by the wider society. We need to be telling the wider world that helping a child to develop the capacity for agency, autonomy and intimacy in relationships is far more crucial for healthy psychological and emotional development than endless testing of cognitive learning skills. We need to start integrating our understanding of unconscious processes with the work of sociologists and others who can help us to think about how the real world contributes to making us feel good or bad about ourselves.

As a final point, the 'blame and shame' agenda of the social elite in our society is a dangerous tool, which stokes growing resentment and simmering rage in those disadvantaged poor and vulnerable communities who are too often forced to live alongside the conspicuously wealthy in our cities, and experience their indifference, or fear and contempt for disadvantage. A recent *Guardian* article highlights this issue in New York, quoting a Brooklyn resident: 'Take a look around you. This is Brownsville. There's none of the pretty stuff you get in Manhattan... People here are left behind.' This situation is dangerously mirrored in all large cities and we ignore it at our peril ■

Jean Knox is a Training Analyst with the SAP and BPF.

## PP NOW Report

# The August 2011 riots – ‘them’ and ‘us’

By Frank Lowe

*The 2011 riots were ‘a wake-up call’ to do something about hardship and despair at the bottom end of society. Frank Lowe asks where psychotherapists should position themselves.*

**T**HIS PRESENTATION explores David Cameron’s view that the 2011 riots were the product of ‘pockets of our society that are not only broken, but frankly sick.’ I argue that to understand the ‘sickness’ requires an examination not only of the rioters (them), but also of those who did not riot (us). I put forward the idea that the riots were symptomatic of a malaise and were also an unconscious request for its recognition, and thoughtful containment.

In the early days of the riots there was an outpouring of contempt for the rioters. They were described as feral children, criminal gangs and young thugs who shared a culture of entitlement and a disdain for responsibility and hard work. I think the extreme demonisation and pathologisation of the rioters suggested the predominance of paranoid-schizoid thinking. The splitting of society into a good law-abiding majority and a sick criminal minority involved the projection of all the unbearable feelings in the dominant group (lack of compassion and irresponsibility) into the rioters.

## The rioters as index patients

There is a tendency within our society to ascribe a person’s behaviour largely to personal factors (an approach that conveniently denies its links with family, community and wider societal dynamics). In my clinical experience, many young people who are referred to CAMHS struggle frequently not only with their individual problems, but also with their relationships with their families, and/or their social context. Often a young person is unconsciously bringing their family and sometimes school or society for treatment. From this perspective the young person is accurately referred to as the index patient, i.e. an indicator of a family or wider systemic problem.

The rioters of August 2011 can be thought of as index patients – an index of a deep social malaise. People do not always know the full reasons for their behaviour, and in fact we tend to communicate our most unbearable feelings through projective identification. Violence can be a way of the rioters evacuating into others their unbearable experiences – creating fear, vulnerability and loss in the victim.

Understanding the reasons for the rioters’ behaviour should include not only studying them and their families, but also the dynamics of the wider social context. An examination of the wider context within which the riots occurred shows the following: A global economic recession due largely to a credit bonanza driven by greed and unfettered consumerism. A government which had declared that ‘we are all in this together’, but instituted an austerity programme that placed the cost disproportionately on the poorer members of society. A country where there was already widening income inequality, stagnant social mobility and high youth unemployment, and public outrage at a number of scandals about those at the top of society seeming to be self-serving, dishonest and greedy, e.g. parliamentary expenses and banker’s bonuses.

**‘The riots could be an expression of anger about the loss of contact with good objects and a search for containment.’**

The rioters’ behaviour can be thought of a symbol of a malaise not just in themselves, but in society as a whole. In many ways their behaviour mirrored the greed and lack of compassion of bankers, politicians, press, in fact of all of us. The financial crisis was a product of oral greed: a widespread credit culture linked to an increasingly individualistic, narcissistic and consumerist lifestyle across the whole of society.

## The riots as a communication and a sign of hope

About 75% of the rioters were adolescents aged 24 or under. Winnicott (1956) argued that anti-social behaviour is more likely to be a product of true deprivation, i.e. when ‘there has been a loss of something

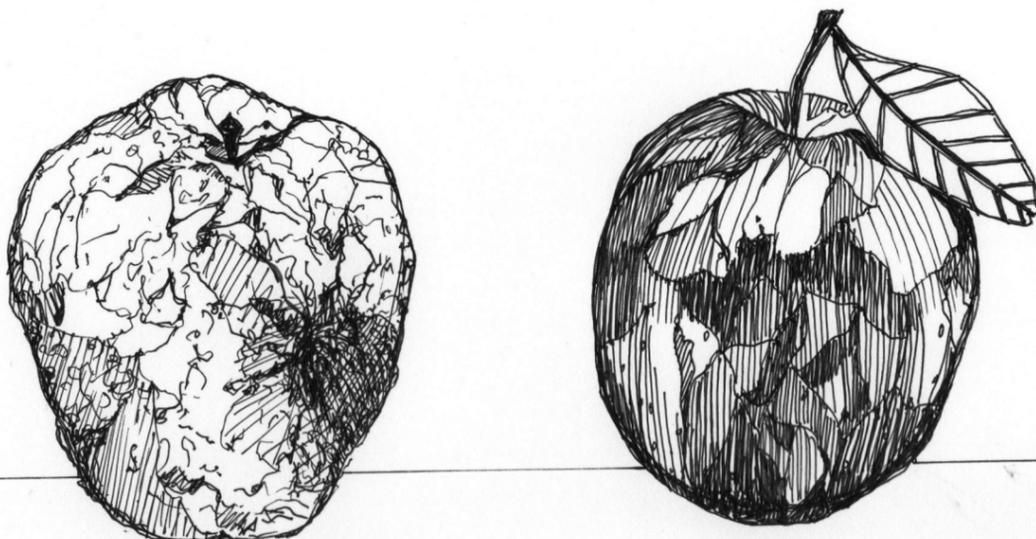
good in the child’s experience.’ Winnicott wrote that because their request for help through anti-social behaviour is not understood, some young people become hardened, which then makes it ‘much more difficult to see (what is still there, nevertheless) the SOS that is a signal of hope in the boy or girl who is antisocial.’ However, instead of a considered response to the anti-social behaviour of those who rioted, there was a severe retaliation against them. Defendants who would normally be released on bail were being routinely remanded in custody and many of those found guilty were given disproportionately harsh sentences.

The riots could be thought of as an expression of anger about the loss of contact with good objects and a search for containment, environmental stability and care so that development can occur. Despite some recognition that these riots were ‘a wake-up call’ to do something about gross hardship and despair at the bottom end of society, and that it mirrored our narcissistic, self-serving consumerist culture, there is as yet no evidence that the riots have led to the recognition that the national family is afflicted by a malaise that needs to be seriously addressed.

But where do we as psychotherapists position ourselves in our society? Should we espouse any political values whatsoever, or should we keep a low, detached professional profile? Is psychotherapy as a profession more allied to the interest of the status quo, and thus the interest of the dominant classes? And do we contribute to the splitting-off of the personal from the social? Do we contribute to improving public health and can we do more? Lynne Layton argues that there is a contemporary neoliberal subjectivity that repudiates vulnerability, and blocks awareness of the ways that we are mutually interdependent. This has led to a decline in our empathy and in our capacity to be responsible and accountable for the suffering of others. She argues that we seek refuge in identifications that puts us at a safe distance from the suffering other, and to not hold oneself accountable. Is there any truth in what she is saying – what do you think? ■

*This talk is based on a chapter in the book Thinking Space edited by Frank Lowe, published by Karnac*

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## Training

# On not knowing very much

By Philip Birch

*What's it really like to embark on a psychotherapy training, and how does it compare to traditional academia? Philip Birch speaks up from the back of the class.*

**T**HE TUTORS DON'T say very much, do they?

My fellow student, an ex-lawyer who had retired early and decided to train as a psychotherapist, was puzzled by this feature of our course. I agreed with her. The tutors, who were therapists themselves, didn't say very much.

'And they look so pissed off all the time,' another student said, 'stony-faced, like they don't have any emotions.'

The group of us, five or six, in the university coffee shop, murmured agreement.

'Maybe they're doing it deliberately, to test us,' another said.

'But what are they looking for?' I asked.

We had been on the course together, a Masters in psychotherapy, for two weeks. There were about thirty students in total, and some of us knew each other more intimately through smaller groups. There were groups for theoretical discussion, groups in which we talked about patients or clients, and experiential groups, where we sat in a room without an agenda and wondered what was going on. We came from a variety of backgrounds: some of us had worked all our lives, some had university degrees, some had spent decades rearing children, some of us spoke English as a first language and some didn't, and we ranged in age from mid-twenties to mid-sixties. But we had something in common. Initially it was our suspicions of our tutors; later we learned it was our suspicions about ourselves.

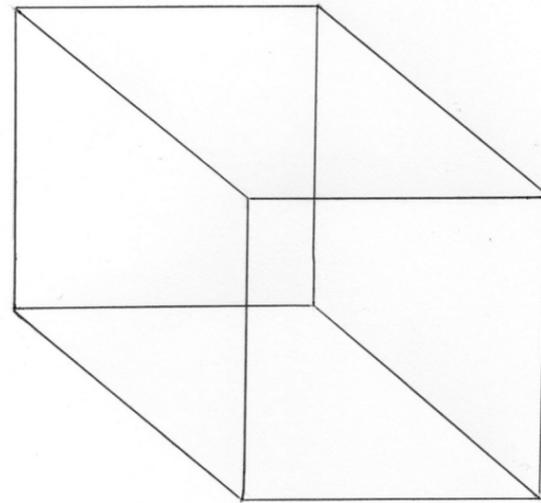
These early experiences of my training course shocked me. Apart from the stony-faced tutors, who preferred to let us meditate in silence rather than fill the void with their knowledge, I was confused by a lot of things I was asked to do. Instead of writing essays about the papers on my reading list and delivering them for judgement, as I had during my undergraduate English degree, I was asked to share my thoughts and feelings about them. *Feelings*, I wondered, *what use are they in a theoretical discussion?*

In the case discussion groups we were asked to observe strangers and report back, again, on our thoughts and feelings, but none of these seemed to be right or wrong. And in the experiential group, where there seemed to be no criteria for success or failure, I was at a complete loss. Questions were often left unanswered. There was a lot of floundering.

I'm not sure if this feeling is common for all students embarking on a new training in psychotherapy, but for anyone who has experienced other university courses it requires a shift of perspective. The lack of immediate encouragement, straightforward guidance, being told what is right and wrong, can lead to all sorts of rather angry fantasies, such as the tutors don't have feelings. But gradually it dawned on me that I was being asked (ever so subtly) to think in a different way to the way that had got me through school and university. I was being asked to reflect on the experience of learning, the experience of being in a relationship with someone who knew and someone who apparently didn't. The drive to achieve a grade was present, but alongside it was another, that I had to think for myself; in other words, I had to stop thinking about what *they* were looking for and start thinking about why *I* thought like this.

In one theoretical discussion someone mentioned 'negative capability', an idea Keats coined in one of his letters to his brothers. I clung onto this concept, because I thought it made sense of what I was doing, to be 'in uncertainties, mysteries, doubts, without any irritable reaching after fact or reason,' although it's telling that I needed a romantic poet to make me feel at home. To paraphrase Wilfred Bion, who we read a few years later, the problem with finding out answers is that you stop thinking about the questions. So we were learning what it was like to learn, to *not know*, a useful experience when trying to understand what is knowable only in fleeting moments, the human mind.

That's not to say training as a psychotherapist simply taught me to endure ignorance. Of course there are facts and concepts to be learned. But I



when mental health services are being cut, and my course didn't help an awful lot with this. But once you are there, whether the placement is in the NHS or a private organisation, usually patients are suggested to you by a supervisor who will help you think about the challenges of working with them. Indeed, the patients will already have been assessed and thought about extensively within the service. And once a week, either individually or in a group, your supervisor will help you pick apart

the dynamics of each session. So one is contained by the organisation, and the experiences all of the advantages and disadvantages this brings.

Nonetheless there comes a moment when you are thrown into a room with a patient for the first time and you are expected to... talk to them, or rather share the silence with them. It is worth remembering at this point all of the fantasies which arose at the beginning of the training course, about unfeeling therapists, as the patient may feel some of those things about you, or, depending on the flavour of their internal drama, other things. I was once told by a patient that I hated her, and at the time her sessions were the highlight of my week, which led me to conclude either I was a masochist or she was seeing something I wasn't. For me this was the part of the training I found most interesting but which was also the most unsettling. Usually there was a figure on my shoulder who asked: *are you trying to help this person or eavesdropping on their life?* Sometimes it can be difficult to separate the patient's needs from one's own, which is why personal therapy and supervision are so important.

It is also difficult to separate out these two parts of the training from the university course, and perhaps they shouldn't be, because in each setting I was always asked to do the same thing, to think about myself in relation to others, and interrogate my assumptions, frustrations and pleasures with something approaching objectivity, although often I needed a helping hand.

I realise this piece has shifted in tone from that of a student telling stories to a graduate doling out advice. The urge to find and give answers is still strong. But perhaps I should end by saying that these have been some of the most difficult and valuable learning experiences of my life, and for that reason fiendishly enjoyable ■

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was also taught to question fact, to think about what it is for, what it might defend against, and in this way to question the building blocks of people's minds, what they so fiercely believe that it causes them problems in relationships or drives them crazy. I am reminded of a patient who refused to call her father because she believed he would rant down the phone at her, and how this 'fact' could not be thought about. In some ways my training course taught me to think like a child again, to ask the questions we are coerced into forgetting, which we should all 'know' but which probably deserve more thought. *Where do babies come from?* springs to mind.

Alongside the academic requirements there are two other strands to a psychotherapy training: personal therapy and the clinical placement. Some trainings also require an infant observation, which I have not done.

## **'It is a struggle to find placements, especially when services are being cut.'**

My course asked me to be in once weekly personal therapy, and I soon discovered that this was a minimum requirement. There is a prevalent attitude, though not shared by all, that the most significant work is done in thrice-weekly (or more) personal therapy, because it's only in this situation that true regression and an intensive transference can occur. Having tried once, twice and thrice-weekly therapy I can say that there is a difference, both in terms of the intensity of the relationship and the strain on one's bank balance. Sometimes money worries can be overlooked by a therapist, or treated as purely psychic phenomena, and this can be frustrating; but frustration can also lead to insight, so should it be acted on? A conundrum I found myself tackling often. One quickly realises that there are many different ways to skin the psychic cat.

The clinical placement, that is finding a place to practice, can also be a trying experience. For many students it is a struggle to find placements, especially

# Whistleblowing: self-interest v. the moral good?

By David Morgan

**F**OR MANY people, the miasma of fame that surrounds the more well known whistleblowers who have spoken out, like Julian Assange and Edward Snowden, is seen to be rooted in their narcissism, and, however much they dress it up, their one day in the sun is seen – erroneously as I will discuss later – as driven by self interest. Films are made about some famous whistleblowers and their place as A-list celebrities seems assured to us onlookers. Through their disclosing acts they, rather than governments and leaders, become the important ones, it could seem to us.

But for most of the people I have seen, since becoming a consultant for WhistleblowersUK, it is a very different story.

Everyday whistleblowers, those whose names do not become public entities, experience loss, not gain, through their decision to disclose. And whatever it is that they disclose, in all the many fields these people emerge from, the whistleblowers that I have met are waiting to have – or have had – their pension rights, mortgages and jobs rescinded, their comfortable places of esteem in their communities dismantled, and, equally importantly from a psychological point of view, they have lost their peace of mind and quite often their own faith in their own value and motives.

I wish to discuss what motivates a whistleblower and to look at the psychological profile of people who risk, or gain – depending on where we stand – so much.

Let's face it, *whistleblowing* as a term sounds vaguely pejorative, like *snitch*, so I favour the term *social disclosure* because it gives the clue to what altruistically motivated disclosure is really about. In Germany there is no word for *whistleblower* at all, and they use a word that translates as *traitor*, which shows us how suspicious we are of the people who break the rules. Traitor or whistleblower, narcissist or idealist, these are the poles of our discussion.

We expect, in Nazi Germany, Pinochet's Chile, or North Korea, for there to be hideous consequences for any perceived betrayal; we know that terrorist states do all they can to stamp out any dissent, and we like the idea that different mores apply here, that we live in a land of freedom and protection for human rights. And in comparison with the totalitarian states I have mentioned, we do of course enjoy significant freedom. But what I have discovered is how tough and suspicious our societal attitudes are to people we perceive as different, those who not only break free from our public laws and standards but who undermine all our cosy assumptions about the safety of our world. When a whistle is blown we all listen, and we have to decide, each and every one of us, how we react to the people who tell us things we may not want to know.

Even in Britain, criticism or threat to the social order is muted, or seen as anti-authoritarian, naive, an attack on the parental authority, on the status quo. Compliance, playing the game and loyalty to one's organisation is often seen as a sign of psychological health. In our own professional institutions a criticism of the authority of some senior strata is often construed as acting out. For example, see the article by Onel Brooks in the last issue of *New Associations*.

What countless famous whistleblowers discover is that the same blocks to speaking about problems, betrayals, failures and exploitation apply here in Britain just as in any totalitarian state, albeit more subtly. We bring powerful pressures to bear on those who risk speaking out.

I am thinking of people I have spoken to in the last year like:

The shipbuilder who discovers that his yard has been using seriously sub-standard materials is in a position to create unemployment for himself and everyone he knows. The economic impact of a scandal to his company, already on the brink of economic collapse, would be disastrous. But he is also aware that the lives of the product's users are at risk. He goes to and is shunned by his union and bosses. But still he speaks out. He receives death threats in the post and loses his job. His health begins to deteriorate. He is accused of having mental health problems, which of course he now does and probably did before in a

pre-morbid personality everyday sort of way. He goes to his MP and is told that there is no evidence. The MP and local newspapers are funded by interested parties.

The judicial person who discovers the conglomeration of freemasons in her chosen profession, and believes that they have operated a cover-up over a certain case, and decides to tell the story. The banker who discovers that in the house of mammon all that matters is profit (why the surprise?), and sees it as a consequence of dodgy auditing that his mother's pension company is eaten up by sharp practice. In the field of state provision, in hospitals and social services, even today when people speak out over damaging cuts, or mismanagement or the appalling culture of un-care at mid-Stafford Hospital or neglect in Social Care teams, they are liable to be disbelieved, humiliated and dismissed.

## 'Is disclosure a narcissistic or an altruistic act? Does it matter?'

As I listen to the many stories of painful internal conflict, fear, anger and sometimes bitterness and regret, I think to myself: would I, an NHS worker for 25 years, without a financial cushion to fall back on in my private life, have stood up and been counted, risked my mortgage and children's futures, would or did I put my own self interest and survival above the altruism of revealing neglect and incompetence? If I had been at the Bristol Children's Hospital or Haringey Social Services would I have said anything, in the interest of saving lives? I like to think so, but I'm not sure.

In terms of thinking about the psychological precursors and sequelae of the disclosers I have met, as a psychoanalyst and clinical psychologist, I ask myself: does idealism exist? Is disclosure a narcissistic or an altruistic act? Does it matter?

Since I began working for WBUK I have worked with fifty disclosers, and it's a fascinating but paranoia-inducing job. The first comment from my first ever psychological assessment with an established and successful discloser was, 'Is this place (the consulting room) bugged?' Like many of us I am used to working with psychotic anxieties, and I normally see this sort of fantasy as a projected form of aggression, externalised onto the outside world, where it then persecutes the originator, from outside in the minds of others or through delusions and hallucinations. Through externalisation the internal aggressive impulses are thus reduced and put out to tender.

But with this group, the feeling has remained for weeks... and the question

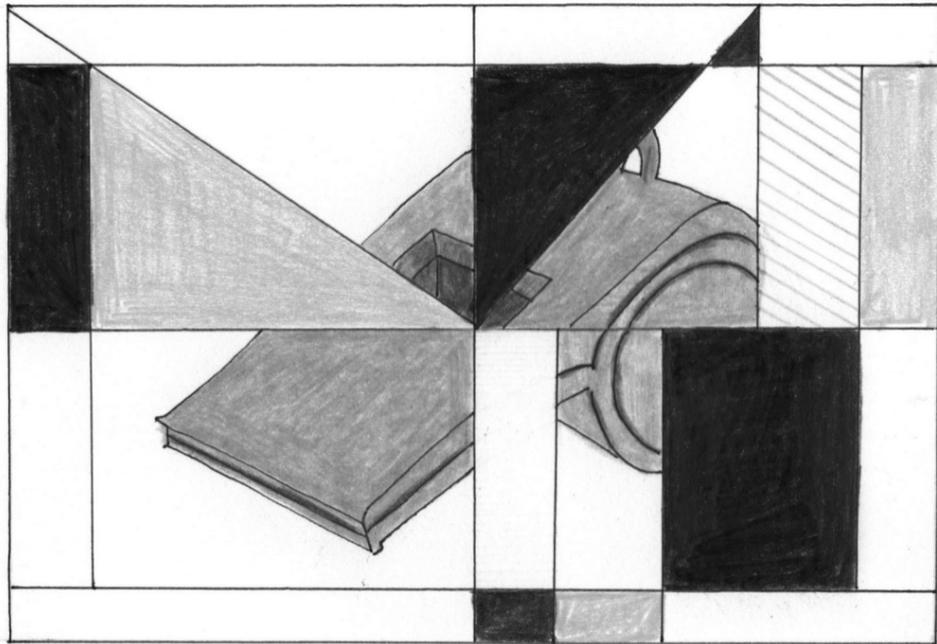
'is this room bugged?' no longer seems so delusional. I tell myself that I'm not that important, but the stories I hear are compelling and mostly feel genuine and give good reason to be concerned about confidentiality.

Undoubtedly, many of the people I have seen do exist in paranoid states of mind, and some must surely have had traces of these states before they disclosed. Afterwards they feel watched, their level of trust is low, and it is easy to write them all off as vexatious litigants and troublemakers. A small minority may indeed be less than idealistically motivated, but even they may have something important to say; like victims of abuse it is essential that we find ways to hear it. Traumatizing as it is to hear, and seductive as it is to turn a blind eye or just pathologise – the ultimate defence of the cushioned Hampstead psychoanalyst – I have become convinced that the psychological profile of the whistleblower is often not different from that of anyone else.

Of course, not all whistleblowing is benign or altruistically motivated. HMRC has an anonymous phone line for people to report tax evasion, and it is apparently consistently used to denounce neighbours and family members. While disclosure can be an altruistic act it can all too easily be used for revenge and humiliation. At times, some whistleblowers are clearly eager to attack authorities through resentment. Stalled careers, failed love affairs and no pay rise can see increases in some individual's willingness to shame or punish their communities, employers or families.

The organisation both in reality and in phantasy seems to appear at times dedicated to the destruction of the moral individualist. Frequently the organisation, external or internal, succeeds. Which means that whistleblowers are broken, unable to reconcile their actions and beliefs with the responses they receive from others. Understandably, many people who disclose expect some reward, praise, respect. Almost always they have to face disappointment. We don't very often want to know (Alford, 2002).

In order to make sense of their stories some whistleblowers must set aside the things they have always believed: that truth is larger than the herd instinct, that someone in charge will do the right thing, that the family is a haven from a heartless world. Any old therapist will tell you that we project onto external authorities our internal versions of parental figures. When those parental figures are benign and fair minded the failure of external authorities to live up to the projection can be devastating. Many whistleblowers recover from their experience, but even then they live in a world very different from the one they knew before their confrontation with the organisation. Some people have to leave



the country and start anew. One aspect of social disclosure that is underestimated is the emotional fall-out that is occasioned by revealing truths that other people prefer to keep hidden. Shooting the messenger. Disclosers of uncomfortable truths can become the recipient of a great deal of hostility from a variety of quarters. Like the psychoanalyst, disclosers threaten to make something conscious and known that has either been hidden or brushed under the carpet through a range of people turning a blind eye.

There will be powerful forces ranged against the discloser in order to maintain the status quo. Disclosers threaten whatever defences, mythologies and belief systems institutions have developed to permit the behaviour that is being exposed. Revelations can be experienced by the institution and colleagues as humiliating and attacking, and others will see themselves as justified in retaliating against a whistleblower, and there may be a concerted effort to discredit or pathologise them (Alford, 2002).

Having an understanding of the group hostility to revelations that are threatening to cohesion can be of considerable use to an individual who needs to find a way to maintain their self belief at times of personal stress and marginalization. Part of this in my experience is getting help to understand the unconscious reasons for putting themselves in this situation in the first place. And that takes us to the heart of individual psychology, personal experience and unconscious motivation. Any previous emotional and psychological difficulties will be exacerbated or, if not evident before, brought to the surface. Motives and personal integrity will be publicly questioned so that through reversal and projection the institution that is being questioned can evade any sense of responsibility for wrongdoing. The discloser is therefore made to feel like the wrongdoer, arousing serious self doubt and depression.

I have realised from meeting with my patients that we often employ what

George Orwell in *1984* called double-think. The psychological phenomenon behind it is called doubling. For example: you are a middle level functionary in a bureaucracy or corporation, and you possess some truth you know does not conform to your institution's or boss's agenda. Doubling, splitting as I would call it as a psychoanalyst, means you can hold true to your personal morality while maintaining a separate public or institutional morality. At home you may never think to withhold truths from your family; on the job telling the truth may hurt not only your boss but your institution, your livelihood and the health and safety of your family. In such situations it is helpful to be able to hold contradictory positions to separate out your different selves and different loyalty structures. (Alford, 2002)

### **'Like the analyst, disclosers threaten to make something known that has been hidden.'**

Why do whistleblowers do it?

First of all, they don't manage to double or split themselves. For them the inherent contradiction would be too great and too painful. They may fit in with Hannah Arendt's idea of the heroic men and women, people who talk seriously with themselves about what they are doing, people who cannot double, or do double speak. They feel a compulsion to do the 'right thing'. As one patient said, 'I had to do it, I couldn't live with myself if I didn't speak up.' They feel that they can't not choose to abide by their conscience.

The trouble is blowing the whistle separates whistleblowers from their former lives. Organisations constrained by law not to fire or retaliate against whistleblowers find a way of doing it. For example, Julian Assange is currently resident in a small office in the Embassy

of a South American state in London. And a nuclear scientist after whistle blowing about security risks finds herself assigned to making copies or emptying wastepaper baskets. For the first time her reports are negatives, and she is passed over for her long awaited promotion.

Global capitalism does create problems, and it affects us all in different ways; it unites a lot of protest going on in the world – and I would include whistleblowers as one of those protests – and they are all reactions against different facets of capitalist globalisation: that is, the idea that there might be something more important in life than financial expansionism.

The power of financial clout was brought home to me very personally recently when I saw a head of a global bank who was able to spend a fortune to get his mother the best treatment in the world for her breast cancer, whilst a relative of mine with the same illness was treated in a good but under-funded NHS hospital. The former's life was extended by several years.

We are currently confronted by further expansion of the market, creeping enclosure of public space, reduction of public services, healthcare, education, culture and increasing authoritarian power led by the buck (Žižek, 2013).

All whistleblowers are dealing with is a specific combination of factors: one economic (from corruption to inefficiency in the market itself), the other a demand that individual morality can make a stand against organisational might. How else can we fight the excesses of the market place? (Žižek, 2013.)

'A market economy thrives on inequality so self interest will always triumph over the moral good. Think of the violent reaction to Obama's universal health care plans' (Žižek, 2013). Just as a whistleblower has to be vilified, lest he expose the rottenness that we accept to maintain our lifestyles that are quite often based on the suffering of others.

David Bell, in his important paper 'Primitive Mind of State' (1996), says, 'The introduction of the Market into the National Health Service [could be seen] within the perspective of the destruction of the Welfare consensus... the ideology of the Market and the attack on welfare-ism derives considerable support from their appeal to primitive parts of the personality that view dependency or vulnerability as weakness, the process originally described by Rosenfeld who termed it 'destructive narcissism'. ... NHS reforms create fragmentation and alienation. This has led to primitive survivalism, such as competition between clinics, modalities, although a natural outcome of the process described, is proving very costly in terms of its effects on staff morale – an essential component of adequate health-care delivery.' (Bell, 1996)

Very few in the NHS have said much in the face of these changes. In fact, I think to protect our jobs we have colluded quite often with the process, to the extent that I attended a meeting toward the end of my time, where the patient had become a product. I felt like I was in *Animal Farm*, and again bowing to Orwell, it was becoming difficult to perceive any difference between the businessman and the health worker. They had become the same.

As the scandals of mid-Staffordshire so ably disclosed by the courageous Kay Sheldon, who was described as a paranoid schizophrenic by her enemies; and even the terrible tragedy of Baby P, again brought to light by the equally courageous Dr Kim Holt; or Margy Haywood, a nurse who covertly filmed the abuse and neglect of elderly patients in an NHS hospital for the BBC's *Panorama*, and lost her nursing registration for 'breaching confidentiality', whilst the staff who were abusing the patients were allowed to carry on working. These can be seen as the symptoms of this 'mind of state', where the individual is sacrificed to market forces and the welfare state suffers (Bell, 1996).

This is clearly happening not just in the field of medicine and care of the vulnerable, but also in many other fields, such as the destruction of the legal aid service.

We are never going to be able to decipher in full the unconscious and conscious motives of those who disclose. I am not sure we need to. We can argue for as long as we like about the personal stories and pathologies of our most famous whistleblowers like Edward Snowden and Julian Assange, or my patients above. I could write case histories, and maybe will at some point, filled with the early experiences or internal conflicts that motivate later acts of brave, or foolhardy or vicious, disclosure. But perhaps the most important thing we have to keep in mind is that societies who cannot tolerate disclosure and transparency are on their way to being the totalitarian states that most of us abhor. So whistleblowers may act as the conscience for us all ■

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*David Morgan survived in the NHS for twenty five years, up until recently Consultant Psychotherapist at the Portman Clinic. Now in private practice full time. Published/lectured recently on poetry, politics, race and is a consultant to WBUK. See <http://whistleblowersuk.org>*

## Letters

Dear Sirs,

All of the articles exploring race and racism in the psychoanalytic world today (*New Associations*, Issue 12, Summer 2013) were interesting and relevant, but I was especially grateful to Onel Brooks for his powerful depiction of the experience of applying for and beginning psychoanalytic training as a black man.

The assault on Mr Brooks's integrity was relentless, and he describes with devastating clarity the pressure to be the kind of black man a predominantly white analytic world expected to meet. There is no room here for a preconception being challenged by the meeting of something new. Mr Brooks was not allowed to be the man he was, but required to fit a view of blackness as vibrant and colourful; when he failed to do so he was accused of turning himself into an 'Englishman'.

In the world outside it is well known that the treatment of black people in our society has a direct link to mental ill health. The analytic world is likely to be particularly sensitive to this as it sees the result of such suffering, but the analytic world has as its focus the internal world, and this it would seem leads to a propensity for turning a blind eye to the realities of black experience in a white society and of recognition of our part (I speak as a white woman) in this. Mr Brooks's is a tale of ill treatment and abuse in the name of analytic rigour, and it must have led to considerable suffering on his part. That he has been able to work through these experiences of training and applying for training to the point where he can offer them for us to think about is a huge achievement as well as a brave one – many others will, as his colleague recommended, have given up thoughts of analytic training altogether.

This article and the experiences it describes raise questions about how it is that a profession, that has curiosity and the wish to understand human nature at its centre, can deny another their experience with such easy self-justification. How deeply embedded is our hatred and fear of difference that, when faced with its expression in a black man (perhaps the ultimate signifier of difference), we cannot remain open to enquiry and exploration, and resort to defending ourselves with that which we believe we already know. These questions I believe are ones we need to be free to explore if we are not to resort to the kind of political correctness Mr Brooks describes. We want the world to be fairer, freer, or we would not have chosen this psychoanalytic path; but we too are not free from the power of wishing/needing to conform, the fear of reprisals if we don't, the fear of speaking up and being separated from our peers as a result of doing so, or of not making it through

a training. The article illustrates some of the ways in which we control and keep the status quo at the expense of the individual. In doing so we perpetuate racial stereotypes – black and white – as we have surely confirmed for the black person that white people do not wish to be confronted by difference they have not already thought about and arranged themselves around. This damages the black person; it also damages the white person, although damage to the black person is likely to be materially more significant.

A day or two after reading Mr Brooks's article I attended a seminar on whistle-blowing at the Freud Museum [see *article on page 8*]. It made me think of Onel Brooks and his courage in writing about his personal experiences: possibly the most difficult thing one can do, as its subjective stance is always able to be disputed. It made me think about how we treat those who stand up and speak of what the rest of us know and do not speak of. The experiences Onel Brooks writes about here are known about and whispered in the corridors of training institutions, but are not 'known' in the sense of being acknowledged, and therefore demanding action or the shame of inaction. I have found myself in the past loath to acknowledge the difficulty for black psychotherapists in entering a profession that puts internal reality at the centre, preferring to find reasons in the other for not joining. Thank you, Mr Brooks, for blowing the whistle on something that is known but can now be thought about openly ■

*Michelle Golding*

Dear Editor,

I was moved and upset to read Onel Brooks's article. I was, however, not surprised to read that he was treated so badly, and I'm very pleased that you published his piece. Too many analysts and psychoanalytic therapists have got away with this type of abuse for far too long, to the discomfiture of potential trainees, the dismay of concerned practitioners and the detriment of psychoanalysis as a discipline.

My own experience of applying at a psychoanalytic institution where I was not accepted for training was depressingly bad. In the first interview I was subjected to an extraordinarily intrusive verbal examination for an hour and a half. Asked if I had personally experienced any particular traumatic events, I thought it was important to respond honestly, and admitted having been raped at the age of sixteen. This resulted in my being interrogated about my sexuality and

questioned in excruciating detail about my past and current sexual behaviour.

After the interview I complained about the experience. The response was sympathetic but guarded: it sounded as if this had unfortunately been 'yet another abusive experience' for me. I was told that I would not be accepted for training at this point – even though my clinical experience was sufficient – because 'something was bubbling up' (whatever that meant), but I was strongly encouraged to re-apply.

With hindsight I should not have shared such personal information as I did in the first interview, but it did not occur to me as a keen and anxious applicant that I would be subjected to such a line of questioning. To make matters worse, in my own therapy I was asked (with notable lack of sympathy) why I had not simply refused to answer the questions. At the time I was in an impossible bind, as I felt that to refuse to divulge personal information would be construed as defensiveness.

I was re-interviewed a year later by the same male clinician. He said he was aware that I had complained, but rather than apologising, he asked me similarly intrusive questions as before about my sexual behaviour. As I was more prepared for them I was less forthcoming, but I left feeling furious that this older man

seemed to be using the opportunity to derive perverse pleasure from talking about sex in the interview. A second (female) interviewer then made it clear that I would not be accepted for training as I still did not have enough clinical experience; I pointed out that I had been told a year earlier that my clinical experience was sufficient. She then belittled the fact that I had advanced academic qualifications, implying that these were irrelevant for a clinical training.

I complained again to the institution about the abusiveness and inconsistency of the interviews, and requested that I be re-interviewed. I was told this was not possible as the interviewers were senior and respected clinicians, but that I would be allowed to re-apply in another year. I realised, rather too late, that this was not a place where I would want to train, and that I could not let myself be treated like that again. I applied to and was accepted at another respected psychoanalytic training institution, where I found the interviews to be rigorous and fair.

As I would not wish patients of mine to know these details, I am unable to publish this without requesting anonymity. Onel Brooks is to be thanked for his forthright account of his appalling experience ■

Name and address supplied

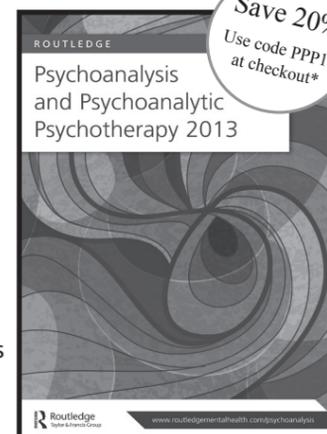
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## Opinion

# Racist states of mind in institutional life

By Narendra Keval

*'Every people has its charms, its idiosyncracies and its own special form of national idiocy.'*

Vladimar Voinovich, Newsweek January 1998

**T**HE RECENT articles (*New Associations*, Issue 12) on institutional racism within the psychoanalytic community suggest that the difficulties in metabolising diversity and differences in the profession may be located in the very character of racism which reproduces itself organisationally. I will briefly focus on two features of this psychosocial phenomenon.

I am reminded of an institutional observation many years ago that illustrates the subtlety of some of the processes I am describing. I was sitting with colleagues in a work discussion group thinking about the significance of race, when I found myself wondering about where our room was geographically positioned in the building. We were situated in the last room of the corridor of the department at the end of the building. This location of our space for thinking about this subject matter seemed significant in relation to where race and culture as a lived experience was being situated unconsciously in the mind of the organisation. It spoke to something important about the struggles in the subject matter, namely what or who is given a significant physical and mental space between the mainstream and its margins.

Kovel's (1972) seminal analysis of white racism suggests how the crude violent racism of the past has become transformed through complex market and bureaucratic forces. These continue to stratify and marginalise people in ever more subtle and complex forms that involve all ethnicities, not just along the powerful black-white cleavage of power relations that racism monopolises.

The brushing aside of diverse human experiences to the margins seems to serve both a market and a psychic economy that has to do with managing anxieties that diversity and differences stir up in the psyche and society. Structural racism is a powerful ideological and emotional

template that puts us all under pressures, through powerful projective processes, to behave according to unconsciously ascribed roles in the most subtle ways to keep oppressive social arrangements in place. These toxic states of mind appear to be deeply inscribed in the way our society is structured and functions. The problem is that we all internalise these dynamics pertaining to the treatment of the ethnic other.

## 'Structural racism is a powerful ideological and emotional template.'

I am reminded of going to a conference to give a paper on racism some years ago. As I approached the reception desk, a black secretary walked towards me and politely asked me if I would put up a sign on the wall giving directions to the toilet as she was not tall enough to reach. As I obliged with her request, I began to wonder about just what we had both become caught up with in our brief interaction. I wondered whether I had been converted from a speaker to a janitor in her imagination? Indeed, who or what I represented in this encounter had yet to be fathomed out. We know that race often becomes the institutional toilet but for what, whom and why are the interesting and challenging questions.

Irrespective of one's colour of skin or ethnic background, the lived experience of race or racism exerts an influence in all of us in subtle ways in the privacy of our daily thoughts, feelings, imaginations and dreams. These preoccupations weave in and out, interacting in subtle ways with internal and external reality to bring about an experience and meaning that is more like a mosaic or a tapestry. How to understand their significance in the context of many pressing concerns in our

patients remains a difficult but essential part of our task.

Yet the phobic reaction in our professional community repeats the underlying dynamics of racism that desires absolute certainty in the face of what is experienced as a contamination by the inevitable complexities of life and living that ethnic diversity brings forth.

In my view, psychoanalysis and the psychotherapies are potentially vulnerable to some of these dynamics in their unwitting neglect of this complexity which enters into the experience of being with our patients in the consulting room. Understandable anxieties on the part of clinicians to explore this area is picked up by those on the receiving end, who experience an integral part of their experience being partitioned off or not sufficiently engaged with, potentially triggering deeper psychic terrors.

Moving onto my second point. If there is already a plethora of psychoanalytic thinking in this area, then surely a lack of engagement at many levels reflects a more disturbing problem underneath the defensive attitudes of defiance or being stubborn? I suggest this failure to use the knowledge locates the problem in the perverse character of racism which reproduces itself institutionally.

An image comes to mind that may have some mileage. It is of a patient who is shouting and waving their arms about making a plea to be rescued whilst drowning in a lake, yet chooses not to take the lifeline offered by those at the shore. Another patient may give the impression of taking up the offer of rescue but does nothing of the sort. Those throwing the lifeline bend over backwards, getting caught up in a sado-masochistic drama that aims to derive sadistic pleasure in thwarting the possibility of any development taking place.

This is evident in the history of racism where making others the bearers of inadequacy or inferiority led to thwarting

the desires and emotional freedom of individuals, groups and societies.

Understanding these dynamics can assist our thinking about creating change in organisations without getting drawn into prescriptive or politically correct thinking. We know that these can appear to offer solutions, but often leave more fertile ground for racist practices to spring from the well of hidden resentments in the manner I have described above.

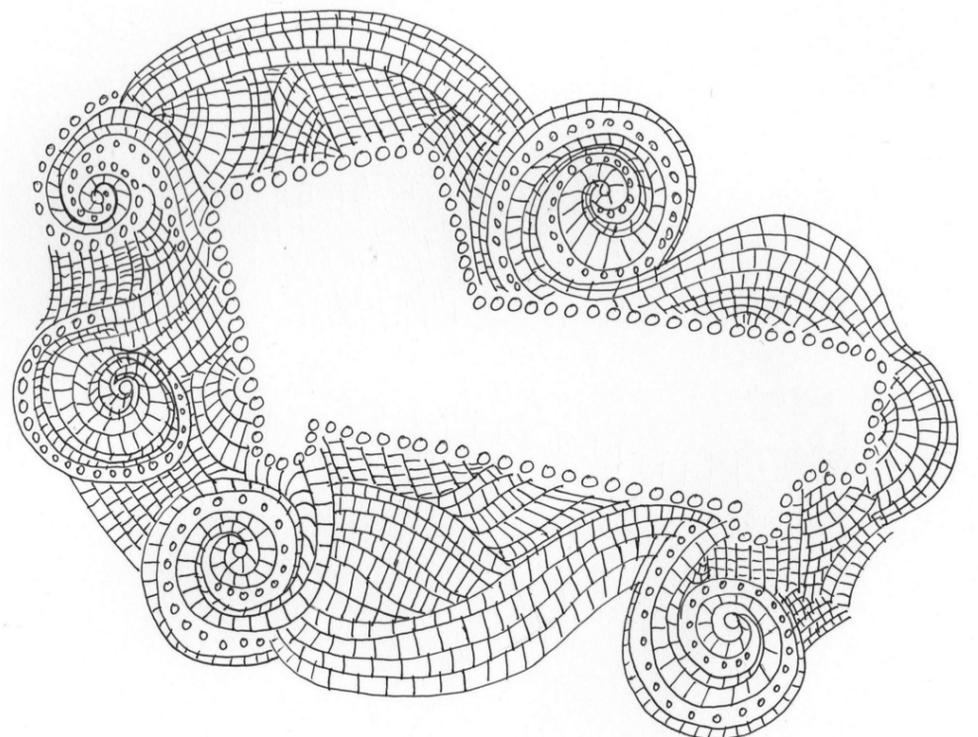
Psychoanalysis is well poised to grapple with some of the real psychic and socio-political predicaments in this area of work if it can also tolerate a scrutiny of its own subjectivity as part of a wider and complex dynamic that affects us all. It is worth remembering that historically psychoanalysis was the denigrated and segregated other, and runs the risk of re-enacting this trauma through a negation of the ethnic other within its own domain. It is then given only refugee status without a home or a container, rather than integrated into a body of knowledge that digests and speaks to human experience across all ethnicities.

The real challenge ahead in the profession is our willingness to understand and work with the subtle dynamics of racism to ensure that the full diversity of human experience is metabolised by a genuine curiosity and concern. This is not to accord it any special status, but to situate it within the domain of the ordinary to further our understanding into the struggles and predicaments of the human condition ■

### References

Kovel, J. (1970) *White Racism: A PsychoHistory*, Free Association Books, London

*Narendra Keval is an Adult and Adolescent Psychotherapist and Clinical Psychologist in Private Practice. He is a member of the Tavistock Society of Psychotherapists. This article is based on one of the chapters in his forthcoming book Racist States of Mind: Understanding the Perversion of Curiosity and Concern (Karnac Books).*



## Review

# Psychoanalysis and poetry

By Joan Thompson

*A Freud Museum festival in June explored the links between poetry and psychoanalysis, and the extent to which language is, or is not, able to help us negotiate the intensity and excesses of our emotional lives.*

**T**HE PSYCHOANALYTIC Poetry Festival *Loss and Recovery: Conversations between Poets and Psychotherapists* was organised by Gerry Byrne and David Morgan. This was the first time the festival has been held in London and, due to the success of the day, it will become an annual occurrence. I did not know what to expect but as a psychoanalyst and lover of poetry I was curious, and the event rewarded me with an enjoyable, thought provoking, and, at times, deeply moving day.

The format consisted of poets reading from their work and then discussing it with a therapist, followed by questions from the audience. David Morgan was in conversation with the poet Bernard O'Donoghue; Gerry Byrne talked to poet Sam Willets; and Caroline Garland to poet Jane Draycott.

The parallels between poetry and psychoanalysis were a continuing theme of the day. In the words of Salman Akhtar: 'Both psychoanalysis and poetry deeply respect formality of structure, nuance of affect, and the multifaceted resonance of the spoken word.'

Displacement is an abiding theme in Bernard O'Donoghue's poetry. He gave a moving account of his teenage evacuation from a farm in County Cork, Ireland, to Manchester after the untimely death of his father. *Farmers Cross* explores the themes of immigrants, refugees and exiles and the tales they have to tell. He read from his poem 'Emigration':

Unhappy the man who has laced the occasion  
to return to the village on a sun-struck  
May morning,  
to shake the hands of the neighbours  
he'd left  
a lifetime ago and tell the world's wonders,  
before settling down by his hearth once  
again.

The audience asked thoughtful questions about 'home' and the complex, ambivalent feelings that can arise when you turn your back on the 'mother country'. The

discussion explored the idea of memory, and the nostalgic, partially idealised ache that can develop for a home you love but feel you can never return to. Bernard read his poem 'Mule Duignan' to highlight a more negative experience than his own:

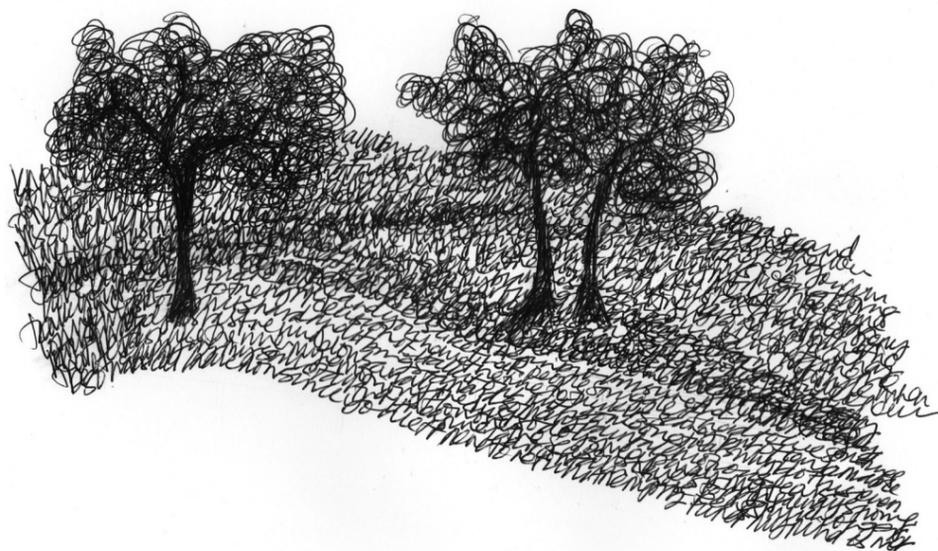
And then for the first and only time I saw  
my parents embracing. I hate that country:  
its poverties and embarrassments  
too humbling to retell. I'll never ever  
go back to offer it forgiveness.  
When my father died at last, the place  
was empty. I went back to bury him,  
then turned the key in the lock and  
dropped it  
in the estate-agent's letterbox  
and turned my back for ever on it all.

There was a general discussion about the positive and negative experiences of migration. In some cases, people who leave the constraints of their homeland feel freer to develop their own sense of individuality. Bernard has positive memories of Ireland and returns frequently, yet acknowledges the advantages and greater educational opportunities he gained from St Bede's Grammar school in Manchester.

David Morgan gave a psychoanalytical perspective about the loss of the object which needs to be mourned. Some people mourn the object effectively, but on other occasions, migrants remain mentally shackled to their motherland. This point was well illustrated with reference to James Joyce's exile from the 'Dear Dirty Dublin' that he simultaneously loved and hated. David talked with Bernard about the impact of the loss of his father at such a tender young age.

Sam Willets gave a deeply moving account of his mother's plight during the Holocaust and her escape, aged 14, to England from Poland in 1940. Sam drew on his collection *New Light for the Old Dark*. In his poem 'Small Girl in a Crowd', Sam imagines his mother during the horror of the Nazi invasion as she

hopscoches/from cobble to kerb in time  
with the link-rechts  
crunch. All around her, half intimidating,



half-protective, is an adult mass of  
overcoats  
and furs, tobacco-smoke, cologne. Her  
sightline  
is level with the scissoring X of breeches  
and jackboots, the human machine-hinge

and how he imagines his Grandmother's  
fear in trying to protect his mother as she

yanks her back by the hand, so hard  
the wedding ring pinches.

Sam talked of the guilt he carried as  
a child of a Holocaust survivor. He  
described how, although his mother never  
mentioned her experiences, he could see  
and feel the pain etched on her face as  
her entire family was annihilated by the  
Nazis. Sam's mother died when he was 19.

## 'Poets and psychoanalysts probe the hidden subtexts beneath the words on the page and the utterances from the couch.'

He talked about his desire to run away  
and his truancy at school, describing  
his current struggles and past regrets.  
The desire to escape reality established  
a pattern, which eventually led him  
into the dark hell of heroin addiction,  
graphically depicted in his poem  
'Digging'.

I'm back in the basement,  
heart-sick, digging for a vein in February  
as in a February gone and a February  
still to come, spitting prayers through the  
tourniquet  
between my teeth, licking up tears and  
pleading  
for my blood to plumb up in the barrel,  
please  
blossom up, squid-ink, blood-anemone.

Sam lost touch with his beloved  
partner Carol as a result of his self-  
destructiveness, but he is now in recovery.

The audience drew on Freud's ideas of  
the Death Instinct to help interpret the  
poem and think about Sam's descent  
into addiction. Gerry Byrne talked about

trauma, loss, guilt and the desire to escape  
reality.

Caroline Garland asked Jane Draycott  
about the harrowing and untimely death  
of her brother in 1988. Jane read from  
her poem 'Prince Rupert's Drop', written  
shortly after her brother's death. A Prince  
Rupert's Drop is a tadpole-shaped glass  
form resembling a teardrop. It is created  
by dropping molten glass into cold water  
and the resulting shape is extremely  
strong. The italicised epigraph to the  
poem implies that Jane is using the Drop  
to describe a state of high emotional  
tension.

*The rapid cooling of this extraordinary  
glass drop leaves it in a state of enormous  
tension...*

It's brilliant. It's a tear you can stand a car  
on, the hard eye of a chandelier  
ready to break down and cry like a baby,  
a rare  
birth, cooled before its time. It's an ear  
of glass accidentally sown in the coldest of  
water,  
that sheer drop, rock solid except for the  
tail  
or neck which will snap like sugar, kick  
like a mortar  
under the surefire touch of your  
fingernail.

Jane talked candidly about how she lost  
her father, mother and brother in a very  
short space of time and turned to poetry  
to help try to come to terms with her  
devastating losses. Caroline read a brief  
passage from Freud's *Mourning and  
Melancholia*, describing the work that the  
ego has to perform in mourning the lost  
object. There was a general discussion  
amongst the audience about the death of  
loved ones and the grief that follows.

At the end of the day the three poets and  
David, Gerry and Caroline all chose a  
poem close to their own hearts and read it  
to the audience. This was a nice ending to  
the conference.

This excellent conference explored the  
links between poetry and psychoanalysis,  
and the extent to which language is, or is  
not, able to help us negotiate the intensity  
and excesses of our emotional lives.  
Indeed, ambiguity is a daily business for  
both poets and psychoanalysts, as they  
probe the hidden subtexts beneath the  
words on the page and the utterances  
from the couch.

## Reflection

# I still think about my therapist

By Chimène Suleyman

**I** STILL THINK about my therapist. I still wonder what he may be doing, or smile when I re-encounter suggestions we shared. I still hear his voice sometimes, passing advice even now when situations feel a little tough. For years, like many I suspect, I avoided seeing someone: an admittance of defeat, shameful, and judged. I wouldn't open up, not to him, not to anyone. Perhaps it became too much in the end; my unkind preconceptions of therapy would have to take a back seat to the pain I needed to fix.

I remember we were very well matched. He considered, perhaps unorthodoxly, the aspects of our lives, characters, that we may have shared and how this would help us understand each other better. I spoke at great length; of my insecurities, how trapped I felt in a job that didn't fulfil, relationships that were never ultimately balanced. I cried often. I was scared, forced to face aspects of my character and life which I despised. We spent a year in each other's company, a time when, I must admit, I was still a little cautious with what I spoke of, and to what extent.

For two years I continued my life without him. In this time I changed enough of my life to sustain a happiness outside of therapy. Short of this two year period I remember feeling the need to see him again, even before my relationship at this time ended. Perhaps I saw the break-up coming, perhaps it was the overwhelming burden of continuously maintaining a lucid face with a partner who refused to accept that depression exists. I cracked. And when I returned to my therapist I was now single, living in a new home, having quit my job to risk my career as a writer.

I opened up. Older, with even less to lose, I felt more comfortable, more certain of what I needed to discuss. It was an incredible time. One engulfed by as much loneliness as I experienced dramatic joy. I was learning, I suspect that for the first time I was capable of taking care of myself,

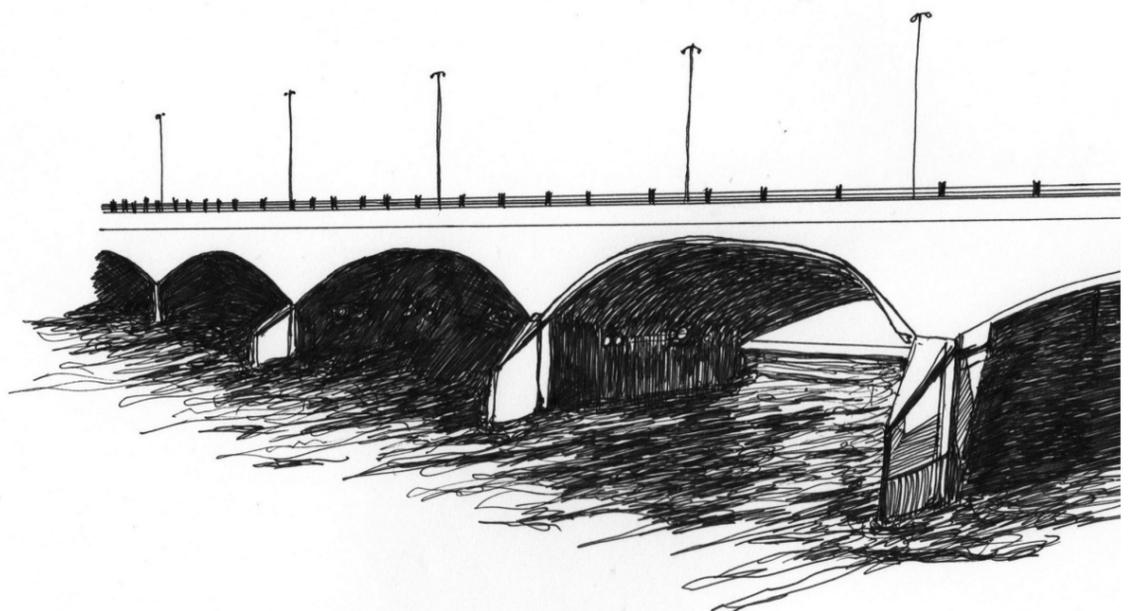
that I enjoyed my own company as much as I loathed it, and there was nothing quite like this independence, which I became so proud of.

My ex, like many, had been wrong; therapy, or indeed asking for help, was not about relying on another. It was not giving in to pain, or bad thoughts. I was, in fact, helping myself, on my own, like I had never done before. I enjoyed a space that was purely mine. A room, a time, a relationship that had nothing to do with any other person, or aspect of my life. The less fearful I was of my therapist judging me, the less fearful I became of being judged by anyone. We shared suggestions for books worth reading, exhibitions worth visiting, films that were important to watch. We found ways to guide my thoughts in a fashion that suited; suggestions that were simple extensions of what I already understood and enjoyed.

'Scream,' my therapist had said in our first session. Scream. Not here, but on Waterloo Bridge, London to your left, your home, the sky, those you miss on your right. Scream. And so I smile when I walk this road. A fond memory of the years shared with a man that afforded me a space, and voice, unlike anything else.

I learnt to be less fearful of my depression; to not be embarrassed when difficult situations feel just this. I have accepted that I may need to revisit him one day, that my days in therapy might not be over. But it is not with hesitation that I acknowledge this. In the meantime, years on, I read books we shared together, and walk roads we both knew would help me smile ■

*Chimène Suleyman is a writer and performer from London.*



## Psychoanalysis and poetry

Continued from previous page

These three poets described their brave artistic project to articulate and engage with pain, suffering and loss. I found their accounts deeply moving. As psychoanalysts we encourage our patients to engage in a similar process on their journey towards self-knowledge.

I urge everyone to attend the next poetry festival in 2014 ■

*Joan Thompson is a psychoanalyst and psychoanalytic psychotherapist working in private practice at the Margaret Street Practice in London (www.margaretstreetpractice.co.uk). She trained at the BAP and the BPA.*

**Bernard O'Donoghue** is a Fellow of Wadham College, Oxford, where he teaches Medieval English. Publications include six collections of poetry, *Poaching Rights* (1987), *The Weakness* (1991), *Gunpowder* (winner of the 1995

Whitbread Award for Poetry), *Here Nor There* (1999), *Outliving* (2003) and *Farmers Cross* (2011), shortlisted for the T.S. Eliot Prize. His *Selected Poems* was published in 2008 and a verse translation of *Sir Gawain and the Green Knight* in 2006.)

**Sam Willets's** first collection *New Light for Old Dark* was shortlisted for the T.S. Eliot Prize as well as the Costa, Aldeburgh, Forward, and London Festival awards. He is a former winner of the Bridport Poetry Prize. His work has appeared in *The Spectator*, *Poetry London*, *Poetry Review*, *LRB*, *TLS*, *Granta*, *Private Eye*, and elsewhere.

**Jane Draycott's** publications include *No Theatre* (1996), *Christina the Astonishing* (1998), *Prince Rupert's Drop* (1999 and 2004), *Tideway* (2002), *The Night Tree* (2004), *Over* (2009) shortlisted for the T.S. Eliot Award 2009, and *Pearl* (2011), a translation of a 14th-century poem which won the Stephen Spender Prize for translation



**New Associations** is published by the British Psychoanalytic Council, Suite 7, 19-25 Wedmore Street, London N19 4RU  
Tel. 020 7561 9240  
Fax 020 7561 9005  
www.psychoanalytic-council.org  
mail@psychoanalytic-council.org

Three issues of *New Associations* are published each year in March, July, and October.

**Subscriptions**  
UK annually (5 issues): £10  
Overseas annually: £16

For insertion of advertising materials contact  
Leanne Stelmaszczyk,  
leanne@psychoanalytic-council.org

**Design** Studio Dempsey  
**Managing Editor** Gary Fereday  
**Production and editorial**  
Janice Cormie  
**Illustrations** Leanne Stelmaszczyk  
**Printer** Advent Colour

Views expressed in *New Associations* under an author's byline are the views of the writer, not necessarily those of the BPC. Publication of views and endorsements does not constitute endorsement by the BPC.

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ISSN 2042-9096

## Diary

**Until 2 February 2014****MAD, BAD AND SAD: WOMEN AND THE MIND DOCTORS**

Freud Museum, 20 Maresfield Gardens, London NW3  
www.freud.org.uk/exhibitions/

**NOVEMBER****22 November 2013****STEPHEN GROSZ LECTURE**

Institute of Psychoanalysis, 112a Shirland Road, London W9  
Contact: marjory.goodall@iopa.org.uk or www.psyoanalysis.org.uk

**23 November 2013****21ST CENTURY CLINICAL PRACTICE: ONLINE AND IN THE MIND**

Speakers: Luigi Caparrotta, Richard Graham, David Mathew, Philippa Weitz, Heather Wood  
Institute of Psychoanalysis, 112A Shirland Road, London W9  
Contact: Leanne at 020 7561 9240 or leanne@psychoanalytic-council.org

**23 November 2013****IMAGINATIVE PLAY, CREATIVITY AND GENERATIVE AGENCY**

British Psychotherapy Foundation Autumn Lecture 2013  
Speaker: Professor Joan Raphael-Leff Tavistock Centre, London  
www.britishpsychotherapyfoundation.org.uk

**23 November 2013****FREUD, HYPNOSIS AND CONTEMPORARY HYPNOTHERAPY**

Speakers: Michael Halton, Ken Robinson, Shaun Brookhouse, David Morgan, Charles Caruana  
Freud Museum, London NW3  
www.freud.org.uk

**23 November 2013****RECENT DEVELOPMENTS IN PSYCHOANALYTIC AND JUNGIAN STUDIES AND REFUGEE CARE**

CPS 20th Anniversary Conference: University of Essex, Colchester  
Contact: cpseo@essex.ac.uk or 01206 873640

**25 November 2013****SUSAN HILLER IN CONVERSATION WITH SUSIE ORBACH**

Freud Museum, London NW3  
www.freud.org.uk

**28-29 November 2013****PSYCHOLOGICAL THERAPIES IN THE NHS**

Mermaid Conference Centre, London  
Contact 01932 429933 or jayne@healthcareconferencesuk.co.uk

**29 November 2013****THERAPISTS, THE INTERNET AND SOCIAL MEDIA**

Workshop leader: Aaron Balick  
TCCR, 70 Warren Street, London W1  
Contact: training@tccr.ac.uk or 020 7380 609

**30 November 2013****THE TRAUMATIC IMPACT OF EARLY SEPARATION AND LOSS ON COUPLE RELATIONSHIPS**

Speakers: Lynne Cudmore, Sophie Boswell, Joy Schaverien, Francis Grier  
TCCR, 70 Warren Street, London W1  
Contact: tbequm@tccr.org.uk or 020 7380 8280

**30 November 2013****AGIP FILM CLUB: ZELIG (WOODY ALLEN)**

Presenter: Don Butler  
1 Fairbridge Road, London N19  
Contact: office@agip.org.uk

**30 November 2013****BEING MET: LANGUAGE & CULTURE IN THE CLINICAL SPACE**

Speaker: Ali Zarbafi  
SAP, 1 Daleham Gardens, London NW3  
Contact: publicevents@thesap.org.uk

**DECEMBER****3 December 2013****WOMEN IN PRISON, WOMEN IN TREATMENT**

Speakers: Cleo Van Velsen, Lisa Appignanesi  
Freud Museum, London NW3  
www.freud.org.uk

**10 December 2013****ANNA KAVAN AND THE POLITICS OF MADNESS**

Speaker: Victoria Walker  
Freud Museum, London NW3  
www.freud.org.uk

**13 December 2013****THE IMPACT OF ATTACHMENT SECURITY ON THE COUPLE RELATIONSHIP**

Workshop leaders: Stella Vaines, Amita Sehgal  
TCCR, 70 Warren Street, London W1  
Contact: tbequm@tccr.org.uk or 020 7380 8280

**13 December 2013****TRANSFERENCE, COUNTERTRANSFERENCE AND ENACTMENT TODAY**

Speakers: Ron Britton, Michael Diercks, Caroline Polmear  
Cruciform Building, UCL  
http://www.ucl.ac.uk/psychoanalysis/

**14 December 2013****SCREENING: RICHARD WILHELM AND THE I CHING, WISDOM OF CHANGES**

Speaker: Bettina Wilhelm  
Everyman Cinema, London NW3  
Contact: publicevents@thesap.org.uk

**17 December 2013****A WRITERS' CONVERSATION**

Speakers: Lisa Appignanesi, Ruth Padel  
Freud Museum, London NW3  
www.freud.org.uk

**JANUARY****9 January 2014****CAN ARTISTS TEACH THE MIND DOCTORS? CAN ARTWORKS BE A CASE STUDY?**

Speaker: Griselda Pollock  
Freud Museum, London NW3  
www.freud.org.uk

**17 January 2014****VIRGINIA WOOLF AND THE PERILS OF HINDSIGHT**

Speaker: Susan Sellers  
Freud Museum, London NW3  
www.freud.org.uk

**18 January 2014****WITNESSING THE UNSPOKEN**

Speaker: Wendy Bratherton  
Priory Rooms, Quaker Meeting House, 40 Bull Street, Birmingham B4  
Contact: Sue Harford, 08444 631 341 or jtc@wmip.org

**22 January 2014****WHAT DO WOMEN BRING TO THERAPY TODAY?**

Speakers: Susie Orbach, Jane Haberlin  
Freud Museum, London NW3  
www.freud.org.uk

**23 January 2014****THE MADNESS OF MEDEA**

Speakers: Meike Ziervogel, Lisa Dwan  
Freud Museum, London NW3  
www.freud.org.uk

**25 January 2014****ADDICTIVE STATES OF MIND**

Speakers: Marion Bower, Robert Hale and Heather Wood  
32 Leighton Road, London NW5  
Contact: 020 8452 9823 or rohiniw@bpf-psychotherapy.org.uk

**25 January 2014****ACUPUNCTURE AND ANALYSIS: STRANGE BEDFELLOWS OR PERFECT PARTNERSHIP**

Speakers: Elizabeth Gray, Adrian Stoddart  
SAP, 1 Daleham Gardens, London NW3  
Contact: publicevents@thesap.org.uk

**26 January 2014****THE STUFF OF DREAMS – SHAKESPEARE ON THE SCREEN: HENRY IV PART 2 (2012)**

Speakers: Michael Brearley, Sam Mendes  
ICA, The Mall, London SW1  
Contact: ann.glynn@iopa.org.uk or 0207 563 5017

**27 January 2014****MAD, BAD AND SAD**

Jacqueline Rose, Sally Alexander and Lisa Appignanesi in conversation  
Freud Museum, London NW3  
www.freud.org.uk

**31 January 2014****ENID BALINT LECTURE: WHAT IS THE USE OF RELATIONSHIPS?**

Speakers: Mary Target, Susanna Abse  
TCCR, 70 Warren Street, London, W1  
Contact: 0207 380 6098 or rsoma@tccr.org.uk

**FEBRUARY****8 February 2014****DREAMING IN THE GP PRACTICE: WORKING WITH DREAMS IN DIT IN PRIMARY CARE**

Speaker: Anna Bravessmith  
Paddington Green Health Centre, Princess Louise Close, London W2  
Contact: 020 7272 8681 or app-nhs@btconnect.com

**8 February 2014****THE ADDICTION CONFERENCE 2014**

Speakers: Gary Winship, Luigi Zoha, Mary Addenbrooke  
13-15 Arundel Street, London WC2  
www.thesap.org.uk/the-addiction-conference

**8 February 2014****EUREKA MOMENTS AND THE RECOGNITION OF THE UNKNOWN THOUGHT**

Speakers: Catherine Crowther and Martin Schmidt  
Friends Meeting House, 91-93 Hartington Grove, Cambridge CB1  
Contact: publicevents@thesap.org.uk

**MARCH****1 March 2014****THE SHADOW REVISITED AS A PROBLEM FOR THE 21ST CENTURY**

Speaker: Christopher Perry  
Priory Rooms, Quaker Meeting House, 40 Bull Street, Birmingham B4  
Contact: Sue Harford, 08444 631 341 or jtc@wmip.org

**1 March 2014****PARENTAL CONFLICT AND ITS IMPACT ON THE CHILD**

Speaker: Christopher Clulow  
Friends Meeting House, 43 St. Giles, Oxford OX1  
Contact: publicevents@thesap.org.uk

**2 March 2014****THE STUFF OF DREAMS – SHAKESPEARE ON THE SCREEN: A MIDSUMMER NIGHT'S DREAM (1999)**

Speakers: Michael Brearley, Juliet Stevenson  
ICA, The Mall, London SW1  
Contact: ann.glynn@iopa.org.uk or 0207 563 5017

**7 March 2014****NATURAL, UNNATURAL AND SUPERNATURAL BELIEFS**

Speaker: Ronald Britton  
112a Shirland Road, London W9 2EQ  
Contact: 0207 563 5016 or marjory.goodall@iopa.org.uk

**15 March 2014****TRANSGENERATIONAL TRAUMA**

Speakers: Alessandra Cavalli, Derek Linker  
Location: TBA  
Contact: publicevents@thesap.org.uk

**16 March 2014****THE STUFF OF DREAMS – SHAKESPEARE ON THE SCREEN: HAMLET (1964)**

Speakers: Michael Brearley, Simon Russell Beale  
ICA, The Mall, London SW1  
Contact: ann.glynn@iopa.org.uk or 0207 563 5017

**22 March 2014****LOVE IN THE AGE OF THE INTERNET: FACE-TO-FACE/BOOK**

Speaker: Linda Cundy  
Bowlby Centre, 1 Highbury Crescent, London N5  
Contact: carol.tobin@thebowlbycentre.org.uk

## Book Review

**Life Lessons from Freud by Brett Kahr.**  
London: Macmillan, 2013

Reviewed by Amita Sehgal

*Life Lessons From Freud* is a friendly and approachable yet intelligent and rigorous book written by Professor Brett Kahr. It forms part of a series of six books commissioned by The School of Life; each book in this series, *Life Lessons*, aims to demystify the ideas of one great thinker of our time and make it relevant to our everyday life.

In *Life Lessons From Freud*, Brett Kahr does much more than just demystify Freud. In his inimitable style of storytelling, Kahr captures the essence of Freud and presents the man and his teachings with a stylishly contemporary twist. Kahr writes simply and clearly, and his natural ability and flair for presenting complex psychoanalytic ideas in manageable and easily digestible ways underpins the unassuming tone of this book. No previous knowledge of Freud and his works is required of the reader, as Kahr tells the story of a man who rose from humble beginnings in nineteenth century Vienna to become a trailblazer in the care and treatment of people suffering from deep psychological distress. Kahr describes some of the significant influences on Freud's life, life lessons that Freud himself learnt during his own lifetime, that led him to develop a substantial treatment method to alleviate emotional pain. Freud's treatment method, of using psychoanalytic psychotherapy to treat psychological *dis-ease*, encompassed his own deep compassion for human suffering. By allowing patients to talk and to tell their stories, and by listening to them carefully and thoughtfully, Freud brought relief to people who for years had been tormented by a whole host of symptoms.

*Life Lessons From Freud* is pitched at making Freud user-friendly to persons with little or no previous knowledge of psychoanalysis, but who are keen to engage in wanting to know more. To this end, chapter by chapter Kahr engages the reader in a straightforward and uncomplicated manner to consider how the lessons that Life taught Freud, and which Freud then imparted to humanity through psychoanalysis, can be personally meaningful. He does this by skilfully weaving Freud's psychoanalytic ideas into familiar contemporary and historical events, as well as into a more universally recognisable personal narrative. In doing so Kahr makes Freud relevant to humanity, not just to professionals within the mental health field but to all of us who wish to understand more about ourselves and our lives.

At first glance the chapter titles, such as 'How to Sabotage Your Greatest Success',

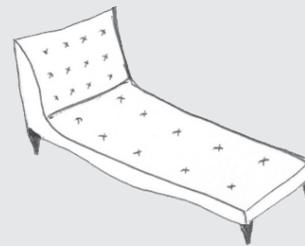
or 'How to Kill a Really Funny Joke', appear incongruous with the theme of this book. But on closer inspection and some deliberation, each of the eight chapter titles encapsulates the kinds of human experiences which most of us can relate to in varying degrees. Ordinary human struggles and preoccupations about relationships, careers, being understood, wanting to get close to another, managing success and failures and generally enjoying life are placed in the context of Freudian thought. Kahr uses what we have learnt from Freud to consider the hidden infantile and childhood origins of our adult thoughts, behaviours and fantasies which cause us emotional distress, leading us to reflect on why we might think or behave in the ways that we do. *Life Lessons From Freud* stimulates the reader's thinking. In drawing it to a close, Kahr recognises that readers keen to further their interest in Freud might struggle to know where to start, how to negotiate their way through the many books, essays and letters that Freud wrote. With this in mind, the section signposting the reader to the various texts that range in seriousness and depth and include intelligent critical studies of Freud is indispensable.

Kahr's tremendous wealth of knowledge and experience and dedicated practice in the field of psychotherapy runs alongside his awareness that we are wired for communicating through and learning from stories. In his inspired and inspiring way he masterfully tells carefully selected stories of Freud and his works in the tradition of true storytelling, feeding the imaginations across generations. In doing so, Kahr empowers the reader to take a few life lessons from Freud. He says, 'Freud bequeathed to us a rich, detailed and provocative psychology which, once absorbed, has the ability to improve our sensitivity to ourselves and others, to deepen our creativities, and to enhance the fabric of our lives'. This gem of a pocket-sized book does just that ■

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## News

### New Chief Execs for the profession

We welcome three new CEOs of BPC member institutions, all appointed in the last few months: Ann Byrne at BPF, Jo Searle at WPF Therapy, and Jon Levitt at the Institute of Psychoanalysis/BPAS. In welcoming the new appointments the BPC Chief Executive, Gary Fereday, said: 'I was delighted to recently meet all three new CEOs and I'm looking forward to working with them. I'm confident their appointments will further lead to increased collaboration between our MIs to the benefit of all in the BPC professional community.'

Paul Jenkins, former CEO of Rethink Mental Illness, has been announced as the new Chief Executive of the Tavistock and Portman NHS Foundation Trust. The Tavi's previous Chief Executive, Matthew Patrick, moved this summer to become CEO of the South London and Maudsley NHS Foundation (SLaM).

### Psychotherapy in Parliament

On 10 October 2013 (World Mental Health Day) Lord Layard led a debate in the House of Lords examining the implications of parity of esteem for mental and physical health, pointing out that whilst there are prescribed maximum waiting times for hospital treatments there are no maximum waiting times for psychological therapies. Layard called for more research into mental health, especially psychological therapies. 'Most commissioners should be able to fund the extra psychological therapy out of the savings that they can expect from their physical healthcare bills.'

In the same debate, Baroness Tyler, explained how the We Need To Talk coalition had showed that non-IAPT services were either having their funding cut or being entirely decommissioned, so that IAPT was replacing, not improving, the provision of psychological therapies. Lord Alderdice quoted a Royal College of Psychiatrists report that showed: 'There is a serious problem relating to the deployment and availability of senior staff, with adequate psychotherapy and psychiatry training. It is likely that because of these services and staffing defects, the majority of self-harm remains invisible until a crisis occurs, adding to human misery and to the stress on hospital services.'

On 16 October the new Chair of the All Party Parliamentary Group on Mental Health, James Morris MP, led a Westminster Hall debate on psychological therapies. Questioning the CBT dominance of the IAPT programme, Morris argued that 'In Britain, we have a mature and highly professionalised cohort of therapists in psychotherapy and psychoanalysis. They have, over the past five years, found themselves unable to provide the sort of capacity that we need in IAPT. One of the consequences of that, and of the dominance of CBT, with a focus on training up therapists to concentrate on CBT, is that we have a monolithic model.' He also questioned the overreliance on Randomised Controlled Trials for psychological therapies, arguing that we need to look at new types of evidence base. The BPC's Gary Fereday met with James Morris following the debate, and the BPC will be maintaining an ongoing dialogue.

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