The hard choices that lie ahead

By Malcolm Allen

The wave of psychotherapy service closures and reorganisations that has been sweeping the country, recently illustrated by The Guardian’s portrayal of the plight of Camden Psychotherapy Unit (28 June), poses two stark questions.

First, what, if anything, can now be done to limit the present damage? But then, just as importantly, what now needs to be done to make sure that psychoanalytically informed services can survive and thrive in the future?

The erosion of services has revealed the weakness of all the main psychotherapy and counselling professional bodies, including the BPC, not just to resist the trend (a Herculean task), but even to create some ripples around this issue. The professional bodies are all equally concerned about what has been happening; yet there has been a profound failure of collective action. The default instinct – tragically – has been to worry about securing our own organisational positions first and the common cause second.

But what has the BPC been doing? First, we are building as detailed a picture as we can of the changes to service provision, using a range of resources. We are working with the Royal College of Psychiatrists’ National Audit of Psychological Therapies which will soon provide the most detailed overview to date on these services in the UK.

We are also working with the Association of Psychoanalytic Psychotherapy in the NHS (APP in the NHS) on a survey to find out what is happening within such services. We will be mapping all of this information against the emerging picture of Psychoanalytic Psychotherapy in the UK. We will be developing over the coming months a focused strategy for influencing these decision-makers in favour of psychoanalytically informed services.

Our best bet for significantly influencing the present situation is through an alliance with partner organisations, especially the mental health charities. We are working with the We Need to Talk Coalition, led by Mind, on a proposal we have made to bring together information on the overall impact of service reorganisation and bring it to the government’s attention. We believe that what is happening stands to undermine its commitment in the recent mental health strategy, one that we all share, to building a parity of esteem between mental health and physical health provision.

But what about the future? It is hard not to play here the sort of counterfactual game so beloved by media historians. Would we be facing the same level of loss if the psychoanalytic community had wholeheartedly embraced the value of outcome measures and evaluation thirty or forty years ago? What if we had built up an incontestable body of scientific evidence that psychoanalytic psychotherapy works? What if our psychotherapy services had developed sophisticated outcome measures that demonstrated our results were in line with that scientific evidence? Might we have been in a significantly stronger position than we are now?

The point here is not to indulge in self-regret for the failures of the past – though these need to be properly understood – but to make sure that we now put in place solid building blocks for the future – above all not to shrink from the hard choices that need to be made.

There are compelling reasons to retain the best practitioners in psychoanalytic practice. In an interview with The Guardian in 2008, Hanna Segal said: ‘for those of us who believe in some human values, it is terribly important that we just keep this little fire burning. It is about trusting your judgement, and the power of love.’

They both too had a talent for writing perceptively on public affairs. Segal wrote passionately about nuclear war (including her legendary 1985 essay ‘Silence is the real crime’), 9/11 and the invasion of Iraq. Rangell’s book on the Watergate affair with his concept of the ‘compromise of integrity’ has a particular poignancy in the light of recent events in the UK. He was a regular contributor to the Huffington Post, his last piece on the Tucson shooting, written 4 months before his death at 97, pays tribute to Obama’s ‘cool’ (‘Not cold, but with his emotions controlled in public. Not completely.’).

At its best, psychoanalysis is the place where objective and uncorrupted science, humanity, creative insight and an ambition for social justice meet. Are we ready for the tough choices that are now needed to ensure this unique human endeavour can hold its own in the years to come?

Malcolm Allen is CEO of the BPC.
The legacy of Jung

By Warren Colman, Helen Morgan and Jan Wiener

6 June marked the 50th anniversary of the death of Carl Gustav Jung (1875-1961). To commemorate his legacy, three Jungian analysts, registrants of the BPC and members of the IAAP, have written this collaborative piece. Besides their work as clinicians, each author holds linking roles within the profession, and the following thoughts come from their combined understanding of the legacy we have inherited, as well as how it is perceived from outside the Jungian community.

The Jungian community, both within the UK and internationally, is thriving and vibrant. Today there are over 5,000 Jungian analysts throughout the world and 55 societies who are members of the International Association of Analytical Psychology (IAAP). Jung's original ideas continue to be developed and expanded to form a robust, lively and growing tradition of theoretical and clinical concepts.

Despite this, Jung remains ignored and unattributed within post-Freudian and post-Kleinian thinking. Rarely, if at all, does Jung himself or other post-Jungian writers appear on the reading lists of psychoanalytic training; although the Journal of Analytical Psychology in 2009 became the first Jungian journal to be included on PEP-Web. Besides noting that this absence is rather extraordinary, we believe that this has been, and continues to be, a considerable loss for psychoanalysis. Jung's thinking on the analytic relationship and his openness to influences outside of the analytic community are of considerable value and anticipated many developments within psychoanalytic work.

During his years working as a psychiatrist with Bleuler at the Burghölzli Psychiatric Hospital in Zurich, Jung developed his theory of complexes which he applied in his study of the psychogenesis of dementia praecox (later to be called schizophrenia), to show how delusional formations had an underlying reasoning that could be understood. Whilst strongly influenced by his relationship with Freud, his experience of working directly with psychotic patients and his own personal explorations led him to the conviction that the psyche, as well as including repressed personal material, also included the unpressed or collective unconscious of what was not yet known. This led him to develop a theological approach to the unconscious, valuing meaning and purpose over causality. For example, unconscious communications such as dreams might be understood as ‘compensating’ for one-sided conscious attitudes, rather than being merely defensive compromise formations derived from instinctual wishes. He anticipated the modern view of dreams as a way of engaging the psychic state of the dreamer. He also insisted on a more extensive view of the libido than Freud's.

Jung's interest in the collective aspects of the unconscious meant he was drawn beyond the limitations of the Western, bourgeois frame of early twentieth-century European psychology towards other disciplines and other cultures and systems of belief. His range of interests was astonishingly broad, and he drew on many different disciplines in formulating his theories—anthropology, philosophy, sociology, theology, mythology and comparative religion, physics and biology.

He tended to use these as part of his own creative palette so was not always accurate—indeed, his writing can sometimes seem muddled and contradictory. Nevertheless, Jung's contradictions are always interesting, and have often proved to be a stimulus to the creativity of those who followed him: working at the unresolved difficulties in his thinking opens up new avenues. Many of the issues he struggled with touch on the great unsolved (and probably insoluble) problems of science, religion and philosophy such as the nature of the self, the existence of God, the relation between mind and matter, nature and nurture and the relation between the individual and the collective, conceived in both biological and sociological terms.

His openness remains of central value as a legacy for modern-day Jungians.

Jung's openness remains of central value as a legacy for modern-day Jungians.
Jung's spirit of openness and adventurousness has also provided the seedbed for new developments within the international Jungian community. The IAAP has been keen to offer professional and financial support to doctors, psychiatrists, psychologists and other professionals with an interest in Jungian and post-Jungian thought but who live in cities or countries where there are no qualified analysts, and in long-standing societies with well worked out programmes of training. The challenge for the IAAP, in offering culturally relevant and flexible teaching and training programmes where qualified analysts travel to these regions to teach, supervise and offer ‘shuttle’ analysis, has been substantial. However, interest in these projects within existing Jungian societies has been considerable and, because of this, the number of projects in place has grown rapidly.

From small beginnings there are now 22 Developing Groups in Analytical Psychology around the world, including Russia, Kazakhstan, Bulgaria, Estonia, Poland, China, India and areas of South America. Some individuals within these Developing Groups have sought opportunities for a full individual IAAP clinical training within their own cultures, leading to international recognition as a Jungian analyst. The IAAP has responded to this need by setting up an Education Committee with formal structures and training requirements so that suitably qualified individuals can train to an internationally recognised level on what has come to be known as the ‘router programme’.

Several members of the SAP and BAP, along with some from other Jungian societies in London, have been privileged for the past fifteen years to teach, supervise and provide shuttle analysis to analytic trainees (‘routers’) in St. Petersburg and Moscow. The project recently came to an end with more than thirty qualified analysts in Russia, and a newly established society of their own. Only now can a process of careful evaluation begin to assess whether or not this project has been successful, and whether the belief systems underlying our own models of training are sufficiently adaptable to different cultures. This is work in progress, and hopefully other SAP and BAP members working in countries such as Poland, Estonia, Serbia, Slovenia and the Czech Republic will contribute to an ongoing process of evaluation from their own experiences and those of their candidates.

Endpoint

As with psychoanalysis, Jung’s ‘analytical psychology’ has evolved into several different approaches. For some decades now, the SAP and the Jungian Section of the BAP have been at the forefront of what is generally known as the ‘Developmental School’. Following the pioneering work of Michael Fordham, there is a commitment to clinical and theoretical investigation of infantile mental states as they affect both development and failures to symbolise. This work has led to a rapprochement with psychoanalysis and, partly because this has been a rather one-sided affair, it means that Jungians within the BPC span at least two worlds and speak at least two languages: one world is that offered by object relations theory, with its unique insights into intrapsychic processes, and the use of reductive analysis; the other, Jung’s more intersubjective perspective, with its teleological view of unconscious processes within a potentially creative psyche.

‘Jungians within the BPC span at least two worlds and speak at least two languages.’

Living in two worlds is not easy and, as is always the case with interpretation, there is a danger that something is lost in translation. However, by staying bi-lingual and holding the tension of the opposites, there is the possibility of finding and playing in the spaces between thoughts and images held within a vivid and living repertoire of theoretical concepts.

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PIPS and personality disorder

By Nick Benefield

Personality difficulties, their developmental nature, and their often pervasive and enduring impact are at the heart of the different but closely related tasks of mental health, social care, substance misuse and criminal justice services. The relationship between professional intervention and crises in crisis will always be complex and often problematic. Political, policy formulation and practice development have not always achieved a coherent approach to the relationship between the presenting problem and the dynamic nature of psychological life. There is nothing new in this – I suspect it will always be thus as, in seeking answers to complex problems, we are confronting the unending desire for uncomplicated solutions. However, there is common cause here, shared between psychotherapeutic work and political objectives, to improve outcomes for individuals that pose a challenge to supportive intervention. This is particularly the case in offender populations where the prevalence of personality disorder (PD) is high.

The National Personality Disorder Programme (NSDP) began with a focus on the most severe and complex end of the spectrum of personality difficulties – those offenders who pose the highest risk of harm to others. The programme was an initiative to begin the difficult task of mobilising practice and research expertise to answer the question, ‘What might we do different or better to improve the psychological health of offenders, and protect the public from those whose risk can be functionally linked to their personality disorder?’

There was no strong evidence to guide interventions for those with the most complex needs to reduce risk and improve public protection. The approach taken was to use the best available knowledge to encourage a range of psychological models and novel and innovative programmes of investigation into what works. Treatment of this population, primarily men but also a small cohort of women, has proved challenging, and whilst it has produced much practical learning there is as yet no substantively clearer evidence. In terms of the complex nature of the problems involved this should be no surprise.

Four major issues remain central to the next phase of development.

1. Personality Disorder as a diagnosis is troubled and troublesome. For many, the arrival at a diagnosis is seen as a solution in itself. In reality, a diagnosis of PD offers only a starting point and even then can create a straitjacket to formulation and a treatment/intervention. An intervention plan, based on a well-researched life narrative, contextualised to the environment, is essential for effective engagement with those with poor experience of help.

2. Lack of therapeutic optimism represents the legacy of medical psychiatry and historical prejudice towards those diagnosed with PD. It also reflects that many professional groups working in this field are not adequately trained, experienced and supported to work effectively and safely with complex psychological disorders of this nature.

3. Evidence on efficacy remains elusive and incomplete. The level of good quality international evidence is just too weak and the need for stronger evidence must be seen as a long term goal.

4. The primacy of relational working is still seen as too messy and imprecise an input in a world of tightening specification and a pressure to do only what can be counted. Like Foster Wallace’s ‘water’ anecdote, the significance of the environment in this context is often not recognised.

This final point, to recognise that the dynamic nature of relational work at environment is at the heart of a common cause shared by psychotherapy, social, health and criminal justice care. It has simply been ignored for too long. To ‘do environment better’ must now take centre stage. The quality of inter-relational understanding of the interactive nature of the environment and psychological life in which the individual, the other person, and the group all play a part. Attention to all aspects of relational exchange is crucial.

Planned Environment

The ‘environment’ includes all the external conditions, covering both individual and social relations, which we are required to adapt to or manage. This can be more or less supportive of positive emotional management of ourselves and others. In the context of institutional or group life we can plan how the environment operates so that it facilitates learning and growth, rather than reinforces emotionally destructive behaviours.

In the context of a pathway of treatment and rehabilitation, enabling environments will provide the following features:

- consistent and reliable relationships to support the principle of secure attachment in people for whom this capacity is generally fragile
- support for managing the appropriate development of psychosocial skills to sustain new consciousness of emotional and cognitive learning
- reflexive interactions and responses to enable the emotional and psychological processing of experience
- protection from unreasonable levels of impingement: to protect against prolonged or high levels of anxiety beyond the capacity of the individual to manage
- facilitation of the capacity for reflection: thinking and action as opposed to feeling and reaction
- living arrangements and activities that are supportive of individual wellbeing and pro-social living
- non-institutional structures and expectations: to support thinking and emotional management in patients/offenders and the staff groups
- a setting in which actions are informed by conscious psychological thought in planning and acting in the environment: thereby establishing ‘smother’ management of psychological/emotional life.
- support for challenge to any lack of ‘fit’ between contextual realities and therapeutic need: to support reality testing and acknowledgement of the limitations of institutional living
- conscious, active and authoritative leadership: to protect the boundary from the disruptive impingement of the conditions for psychological thinking

Whilst these environmental conditions are comprehensive, only a ‘good enough’ situation is required to create the experience that the environment (relationship with staff and the setting) is facilitative and enabling rather than lacking in emotional understanding, or is being actively destructive. In effect, what is sought is a sense of good enough ‘fit’ between the person and their world.

‘These environments aim to support emotional and character development.’

There is nothing new here other than the mobilisation and location of the right skill in the right place. With public sector financial pressures, the criminal justice system is under particular economic constraint. The role the NHS can have in supporting these vital areas of work needs a shared strategy by health and criminal justice services to provide the conditions necessary for individual and social change. The essential role psychotherapy must play in developing and supporting these conditions is now more important than ever.

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Personality disorder as a diagnosis is troubled and troublesome. The four major issues remain central to the next phase of development.
Frequency of sessions: an arbitrary criterion?

By Jeremy Holmes

When it comes to frequency, the standard classification, and with it professional psychoanalytic status, runs as follows:

- 4+ sessions a week: psychoanalysis (gold standard)
- 3 sessions a week: psychoanalytic psychotherapy (‘good enough’)
- 1-2 sessions per week: psychodynamic psychotherapy (‘low intensity’)

Classifications ideally should, as Plato put it, ‘cut nature at the joints’. Those that don’t have their uses, but are essentially arbitrary and may reflect vested interests rather than fundamental differences.

The key features of psychoanalysis remain contested (Tuckett 2011), but most would agree that they include working with transference and making interpretations rather than suggestions and encouragement. In psychoanalysis, frequency of sessions is therefore an arbitrary criterion in that there is nothing intrinsic to frequency that makes it quintessentially ‘psychoanalytic’. Five times a week therapies may function mainly as supportive, while once-weekly therapy can be transferential, interpretive, and ‘mutative’. In complex cases, duration of therapy correlates with better outcomes than briefer therapies, but this reflects length of therapy over time, not session frequency (Leichsenring & Rabung 2011).

An argument and its resolution

During the course of a heated discussion with a group of metropolitan-based psychoanalysts about session frequency, I vigorously defended the above views, arguing that what counts as ‘high’ or ‘low’ intensity depended on how frequency is calibrated, and that in psychoanalytically-deprived areas money-shortage and distance mean that twice weekly can seem like a great deal. One interlocutor then felicitously moved the debate on from fractious rivalry with the suggestion that a differentiating feature of low intensity therapy is the greater salience of loss, and that this may present special difficulties for both client and analyst. A theoretical rather than an arbitrary aspect of session frequency had come to the fore, making the conversation immediately more focused and collaborative.

F ortuitously I was reminded of this in the following fictionalised clinical example.

Adam had been admitted to hospital several times with cannabis-induced psychosis. An impassioned session musician, he could afford no more than fortnightly sessions, and negotiated time-limited therapy of 50 sessions spread over two years. After a year of treatment things were going well: he had married his partner, and they were excitedly expecting their first child. Adam remained however also wedded to his cannabis, but had moved from oscillating between abstinence and binges, to seeing that low level regular use was probably the most realistic hope, thereby liberating himself from a simplistic equation of abstinence with ‘good’, and smoking with ‘evil’. During one session, he spoke of how he, his brothers and their friends, other sons of servicemen fathers, were all cannabis-smokers, and how he had gained comfort from knowing there was always resin in his pocket should he need it.

As he spoke I found myself unaccountably thinking about what it would be like to work five times a week with Adam. Following the principle that free associative thoughts that arise in therapists’ minds should be put to interpretative use, I linked this thought with (a) Adam’s absent parents in childhood (the eldest of five children, at 15 months he had ‘lost’ his mother when the next baby arrived, while his father, like other service fathers, was away for long stretches), (b) a recent break (leaving a month’s gap between sessions), and (c) the impending birth which meant that Adam was about to lose exclusive closeness with his wife.

Trying to pull this together, I said: ‘So cannabis is a “pocket parent”, tiding you over the absences throughout your life, including now, adding: ‘you know that if you were in “proper” psychoanalysis you would be coming five times a week. I wonder what that would feel like?’

Adam replied with the hope that when his wife had the baby she would in time have a new focus, freeing him, once they had settled into their new life pattern, to pursue his work as a musician; and that the gaps between sessions, while difficult at times, also gave him a sense of resilient independence.

Reaction formation to the trauma of his mother’s too-frequent pregnancies were clear in this glass half full response, as was his yearning for but fear of intimacy. Nevertheless this vignette underscores how it is not so much the concrete arrangements of therapy (session frequency) that matters, as their psychic meaning; that resilience is to be valued as well as regression; and that, as with a ‘rest’ in music, absence may be as important to the therapeutic process as the sessions themselves.

The double session

This leads to a practice I have recently developed: the double session. In my semi-retired state, I see clients on only one day per week. Many come from far away and in my rural area public transport is non-existent. Four hours’ driving for a 50 minute session is a big investment of time and fuel. I have therefore experimented with offering these distant clients two back-to-back sessions, weekly or fortnightly, punctuated by a ten-minute interval. At first I was worried that we would run out of things to talk about, and that client and I would become fatigued. In fact it appears to work well. There is less feeling of rush than is sometimes the case with once-weekly meetings. The pause after session one enables client and therapist to retreat into themselves for a moment, and fosters a reflective, mentalising perspective. In session two we can think about what was talked about in the previous hour, just as one might with previous day’s session in conventional analysis, thereby still ‘dreaming the session’.

Thus, despite an unconvivial arrangement, psychoanalytic culture is maintained. It suggests too that sufficient frequency does indeed have a theoretical basis in that it brings loss, and rupture and repair, within the ‘area of omnipotence’.

Conclusion

Innovative approaches to delivering psychoanalytically-informed therapy are major issues for organisations such as BPC. Skype supervision and therapy, and/or ‘shuttle analysis’, are the rule where analytic expertise is in short supply, and where geography or level of economic development require it.

I have suggested: (a) that there can be therapeutic congruence between ‘low intensity’ therapy and client need, and, if appropriately interpreted this can be mutative, not necessarily collusive or second-best; (b) a double session at weekly or fortnightly intervals can efficiently replicate some of the intrinsic as opposed to arbitrary features of more intense psychoanalytic therapy.

Jeremy Holmes, MD is a BAP member, and Visiting Professor of Psychotherapy at the University of Exeter. His latest book is Exploring In Security. Towards an Attachment-informed Psychoanalytic Psychotherapy (Routledge 2009).

References

1. Note that in body-derived metaphors, ‘low’ typically denotes inferiority, ‘high’ superiority; but note too that if to be depressed is to be ‘low’ in mood, the Russian ‘depressive position’ as a mark of psychological health runs counter to this.


Studies suggest that maltreatment leads to a series of neurocognitive changes that are adaptive in the short term, but are ultimately maladaptive, increasing the risk of later mental health problems. Also, biological differences mean that different children will respond in different ways. There are no particular genes for mental health disorders, but there are genetic variants. Consider the serotonin transporter gene, associated with depression. In combination with a risk environment of maltreatment, a ‘risk genotype’ leads to a greater likelihood of developing depression symptoms. (On a more optimistic note, it has also been found that regular contact with a trusted adult moderates this effect.) So Tom may have carried the genetic variants (polymorphisms) that put him at greater risk of a poor outcome.

McCrory also sketched out findings that abused children more readily recognise angry faces, and become hypervigilant – a constant scanning for threats that diverts brain resources from other areas, such as being able to concentrate on tasks. Other studies point to structural differences in specific areas of the brain in women who have experienced sexual abuse, depending on the age at which abuse occurred. He added that more work needs to be done on resilience and recovery. Future research, he hopes, will help identify neural markers of resilience.

The Tavistock’s Alexander Lemma ended the scientific part of the morning, dealing with mentalizing trauma. She recommended bringing a psychoanalytic perspective to any work which entails being in a relationship with someone needing help. A trauma, she said, is an attack on our attachments; it is experienced as a breach in the quality and felt security of them. Trauma also undermines the psychically integrating function of narrative, with a breakdown in the capacity to reflect on and represent lived experience.

She offered some suggestions for working with sufferers of trauma, including placing less emphasis on techniques and more on the way of thinking about the therapeutic process and the therapist’s stance; adopting a mentalizing stance, focusing on the patient’s mind rather than on the event; developing a narrative about the trauma, giving it conscious and unconscious meanings; and working with the past in the present, helping the patient develop a perspective on the past by resolving current experience.

The audience members were then handed a West African drum each, and led through a revivifying lesson in bass and tone drum techniques which put a new spin on the concept of ‘working through’. The effect on 300 or so social workers and therapists of sustained drumming more or less in sync gave physical expression to the sense, pervading the conference, of the energy and potential of young people; a theme vigorously and movingly explored in a performance by Chickenshed Theatre. ‘Crime of the Century’, inspired by the real-life murder of a child in 2008, portrayed the circumstances around adolescents’ descent into youth gangs and knife crime.

It was a hard act for the Tavistock’s Frank Lowe to follow, but he brought the audience’s attention back to the legacy of maltreatment in adult life. Children do not simply grow out of maltreatment, he reminded us. The degree of its impact on adult life is influenced by protective factors, such as good-enough care, secure attachment, even class. But the legacy of maltreatment is more common than is assumed. Defence mechanisms may emerge only later in life; it can produce self-sabotage or relationship problems; and the legacy may persist across generations. Maltreatment by primary carers during the early years leads to an impaired sense of autonomy, a stultified development of self, and of cognitive, emotional and relationship capacities. Lowe’s case examples illustrated the frustrations and difficulties for clinicians in working through trauma with their patient, and he emphasised the importance of giving them personal and professional support.

The rest of the day was packed with personal stories and breakout sessions covering aggression, resistance to learning, and problems of trust. After several heartfelt numbers by singer-songwriter Judith Owen, someone who has successfully turned her depression into creativity, Camila resumed the podium. She closed the day with the acknowledgement that the basic act of respect and care for the patient is the gift that practitioners have; their compassionate witnessing presence. They communicate to the child that their ‘credit rating’ (respect) is not in the balance. The vision, Camila said, is of a community of carers to restore respect and dignity, not only through caring, but through demanding political change.
Building a child psychotherapy community

By Beverley Tydeman

MOST OF THE psychotherapy and counselling professions, who had been preparing for statutory regulation with the Health Professions Council (HPC), are now thinking about the way forward, given that this national framework for regulation has been shelved.

As Chair of the Association of Child Psychotherapists (ACP) for the last three years, the experience of working with the other professional bodies towards HPC regulation has led me to think about how, as a small profession of 458 members, we can best position ourselves in the current landscape of child and adolescent mental health, as well as in relation to other psychotherapy bodies. It seems to me at this point that the ACP cannot operate in isolation and we need to link up, primarily, in order to deal with representation to government.

Our aim seems to follow one of the strategies that the BPC has in mind, i.e. to become an umbrella organisation that represents all psychoanalytically trained professionals. We have been in preliminary talks about a closer association with the BPC, and at this point it may be helpful to give some background to our organisation.

As a regulatory body our principal aims are to monitor, develop and protect training standards; maintain standards and ethics within the profession; maintain the continuing professional and clinical development of our members; increase children and young people’s access to psychotherapy within public services, particularly the NHS, schools, hospitals, the third sector, as well as independent practice; and inform the public and other professions about the role of child psychotherapy in child and adolescent mental health.

The ACP Training Council sets standards for the professional training through quality enhancement and accreditation of the different training schools the Birmingham Trust for Psychoanalytic Psychotherapy, the British Association of Psychotherapists, the Northern School of Child and Adolescent Psychotherapy, the Scottish Institute of Human Relations, and the Tavistock and Portman NHS Foundation Trust. Training used to be offered by the Anna Freud Centre but their last graduates completed their training around 2008.

The ACP supports academic and professional development through its annual conference, scientific programme, journal, bulletin/web site, special interest groups, and research committee, providing various forums for members to join and meet and exchange ideas. This also involves a network of regional advisors, so that members across the country can get together locally to feel linked up. More recently, we have been thinking about how we project our image in the modern mental health world and communicate with those we need to influence.

Some brief history

During the 1920s, Melanie Klein and Anna Freud began to explore how Freud’s discoveries with adult patients could be extended to help troubled children and promote their development. Around the same time, the child guidance movement was gaining ground in the UK, although there was no specific child-focused training for the professionals doing this work.

The Provisional Association of Child Psychotherapists (Non-Medical) was created in 1949, and in 1951 it became the Association of Child Psychotherapists, with non-medical being later dropped in 1972. A new profession had been established, with its own professional body, training council and rules, providing an organisational umbrella for the different training schools.

The first child psychotherapist was employed in 1975 by the London Child Guidance Centre. Since then, the number of child psychotherapists has grown significantly, and the profession has become more established in the last decade.

Most of the current child psychotherapists have been trained in the last 10 years, and the profession is now recognised as a distinct and separate discipline from adult psychotherapy.

In the early days the ACP could best have been described a family organisation, with many members knowing each other by sight if not personally, and the ACP secretary working from home. The Bulletin first appeared in published form in May 1991, while the Journal of Child Psychotherapy, started in 1965 and produced in-house, was moved to Routledge in 1994. By 1995, the Association had moved to its present location in West Heath Road, London, and employed a full-time secretary.

Child psychotherapy

Individual long-term or intensive work is only a tiny fraction of the work load of the modern child psychotherapist in a CAMHS team. We also apply our framework of thinking to work with parents, families and carers and to training and supporting other professionals who work with children, young people, parents and families to ensure a deeper understanding of the child's perspective.

In our relationship-based work, when there is more than one person in the room, the configuration of treatment includes intimations that will best serve the children’s mental health – a goal that involves a constant effort to balance the parent’s and the children’s needs, because parents cannot listen to their child when they themselves feel in urgent need of being listened to.

‘Our Big Society prefers a happiness and well-being agenda.’

Child psychotherapists also offer school and hospital-based assessment and therapeutic services, including within neo-natal units, or child neuro-developmental teams. A more recent area of specialist work is assessments for the family courts, usually seen as the territory of child psychiatry or psychology, but now increasingly including child psychotherapists who are proficient in assessing the interactions and attachment relationships between infants, children and their parents.

Reality matters

Many of us are worried about cost improvements and service redesign in the NHS, where in several localities around the country CAMHS services have had their funding cut and jobs, particularly when senior people retire or resign, are deleted. We are also concerned about the funding budget for training child psychotherapists, and are expecting the trend of some decline in the number of funded posts for trainees to continue.

This leaves our profession very concerned about its future in public service, given the current drive for throughput, outcomes and reducing costs by commissioning workers offering children’s IAPT. Those who work alongside us know that we are not one-track ponies, that we are solidly reliable courageous colleagues, who are research orientated, but not overly impressed with purely NICE-approved treatment approaches.

We have to justify our service activity and increase our face-to-face contacts. Where is the culture of meaningful emotional contact with the people we see? The pressures we are under against creating relationships that have some depth of understanding and meaning, and can be seen as being in the service of defensive practice against risk.

Within our clinics we take on the cases that no-one else wants – those who have exhausted everyone else – but we are asked to contain those hard cases that leave a residue within any worker who has the courage to work in-depth, making emotional contact with real mental anguish, vulnerability, sadness, despair – intolerable states of mind that our Big Society disowns. Why? Because it prefers a happiness and well-being agenda, where any family difficulty can be quickly assessed and ‘signposted’ to six sessions – that should do it!

Future strategy

In the face of this, as a profession whose future feels under threat, we are turning to other professional bodies with like-minded views. What we recognise is that there is a lot of work to do in redefining ourselves and presenting what we do in ways that truly reflect our breadth and depth of training and our core values.

We have not been active enough in developing our public relations, having more public events and linking up with other bodies through joint conferences. As well as forging a link with other psychoanalytic bodies, we need to develop a ‘child psychotherapy community’ with others trained specifically in working with children and adolescents, and we continue our dialogue with the Child Faculty of the UKCP. As a small profession there is a limit to the energy and resources of our members who give their time, most often after the day job, working well into the night and over weekends.

A new, closer association with the BPC makes a lot of sense, particularly as far as representation to government is concerned. At our recent AGM our members were overwhelmingly in favour of exploring this further. However, it is complicated, in that we are ourselves a long-standing self-regulatory body, hence, not like the other member institutions of the BPC.

We are not ‘up for’ any kind of ‘merger’ or merely becoming a child section member. We need to maintain our own regulatory function and ‘brand’ and find a way of showcasing our specific training functions, such as CPD procedures, shared conferences, EFPF membership.

We have the mandate from our members to take this further and will need to use our creativity to find some organisational means of accommodating our joint aims.

Beverley Tydeman is Chair of the ACP

www.childpsychotherapy.org.uk
Minding the markets

By David Tuckett

Can psychoanalysis, as an interdisciplinary science, help to produce understanding and better policy to create a more sustainable financial system and, if so, which ideas are useful?

The catastrophic financial events of 2008 and their ongoing consequences will be felt for years and years. Greed, corruption, trade imbalances and regulatory mistakes are all frequently cited as causes. But they do not create behaviour on their own. Rather, at the heart of the crisis was a failure to understand and organise markets in a way that adequately controls the human behaviour financial trading unleashes. What happened in 2008 and the period before required many judgements made by many human beings who were subject to human psychology.

The understanding we have developed about unconscious phantasy, the states of mind I call divided and integrated (but which in the psychoanalytical literature are those of the depressive and paranoid-schizoid positions) mourning and working through as well as the ideas about group thinking that Bion captured with his notion of a basic assumption group, if elaborated and substantiated in a rigorous way, have an enormously important and exciting potential.

As an illustration, I conducted an interview study with 52 money managers investing $500 billion in global markets. These are the people who decide what to do with ordinary people’s savings and pension contributions so that they grow appropriately for when they are wanted, or who manage the assets of very wealthy individuals, foundations, states and local authorities, etc. They can buy, sell or hold all kinds of securities. In their interviews they told me in detail about examples of their daily work.

Such interviews can reliably tell us why each person decided what they did. But interviews can be used to describe the context in which decisions are made, and allow some reflection on the implications. I found two features of the context in which financial decisions are made by professionals quite striking: they are characterised by uncertainty and information ambiguity, on the one hand, and by the expectation everyone can be exceptional on the other.

Uncertainty and information ambiguity are built into the nature of financial assets, which means markets in them are in at least three respects very different to those for other goods and services.

1. Their value is uncertain, changing and inherently volatile. This fact engages twin emotions in all those who form what is a dependent relationship to assets – those of great potential excitement about gain and anxiety about loss.

2. They are abstract entities and working out their value depends on future expectations and assumptions. This fact means that there are significant limits to how far it is possible to value assets and to respond to news and price changes simply by calculation of subjective probabilities. Emotions and judgements (guesses about the future) are involved at every turn. Price change also tends to function as a signal of ‘something uncertain happening’, generating distrust and the suspicion that others might know more. Distrust is marked given the inherent information asymmetries involved.

3. Performance in trading them is hard to evaluate. When was success skill, and when was it luck? What behaviour gets rewarded? What does not? These facts mean that there is continual anxiety in the agency relationships between managers and their clients (and superior) and ongoing scope for considerable confusion about how well any one is really doing, which creates feedback, time-experience and learning issues, as well as much emotion.

‘Nearly all the agents in the market are telling stories.’

The context of exceptionality is also important because managers are mostly employed (indirectly by us or our pension providers) on the understanding they should be and can be so, which means that they must continuously seek exceptional opportunities. To do this they need repeatedly to make the claim they are at some form of information advantage, with the consequence that they are continually concerned the opposite may be the case.

In the decision-making context professional investors find themselves, it is rarely obvious what they should do. The standard economic mantra, that they should consistently maximise utility by building a portfolio to optimise risk and reward under constraints and using probability theory, doesn’t get them far. It is usually logically impossible to make the necessary commitment to action to purchase financial assets – which involves you and your clients making yourself dependent and potentially vulnerable on what is an imagined future relationship – on probabilistic reasoning alone. Neither, with its contrast between rational and irrational behaviour, does standard behavioural economics help very much. All this does not mean you make decisions irrationally – far from it. To get the conviction to act you develop the best reasons you can, and support them by telling to yourselves and to others ‘convincing’ stories you believe to be true about the underlying fundamentals of what is going on. I actually analysed over two hundred stories told to me to understand something of their common and crucial features.

For example, one interviewee given the pseudonym George Monroe described buying stock in a company I called My Utility. Its dynamic management team had acquired other companies and was considered by Monroe to have exceptional ability. His theory about the facts at his disposal was that although the way their accounts were presented had some complications which were hard to see through, this new management would cut costs and made the acquisitions work. If true, his calculations suggested the stock was under-priced: ‘There was a valuation discrepancy between this company and most of the other peers because the business model was a little bit different.’

They had a training business and a small marketing business, which some investors judged might be more volatile, and therefore less predictable and therefore deserving of a lower multiple. ‘My argument was this management team was very good’ and that once they had brought in changes the shares would rise along with future expectations.

In fact, on close inspection we can see that nearly all the various agents in the market are telling stories to themselves and others – to manage the meaning and emotional conflicts in the situation and to create enough belief in their analysis to allow them to commit or to get others to do so despite ambivalence.

A great deal of academic work over several disciplines has elaborated how stories, narratives, are uniquely suited to this task, as they are the mechanism human evolution has developed to create a sense of belief, trust, coherence, meaning and truth in situations where data is incomplete and outcomes far from certain. We tell stories to give meaning to what we do. And as psychoanalysts we think these stories are based on unconscious phantasy.

Most significantly, if we agree future valuations are stories supporting rationales, then in a sense we need to think of financial markets differently. They might usefully be conceived as the best device we have for arbitrating the truth of the available stories about the underlying fundamentals at any one time. Moreover, the stories which are ‘felt’ to be most plausible change according to

‘There is continual anxiety in the agency relationships between managers and their clients.’
**Hanna Segal**

The psychoanalytic world has sustained a great loss in the death of Hanna Segal on 5 July.

Hanna Segal, born in Poland in 1918, was one of the most distinguished psychoanalysts of our time. Before the second world war she moved with her family to France, but in 1940 they had to flee the German occupation to England. There she completed her medical studies and, having discovered the work of Sigmund Freud, went on to train in psychoanalysis. Her analysis and supervision with Melanie Klein was to greatly shape her own thinking, and led to her highly influential Introduction to the Work of Melanie Klein (1964).

As Daniel Pick has written: ‘Over the last fifty years, Segal’s many papers, essays and books have explored the nature of her own psychoanalytic experience and made important conceptual contributions, for instance regarding the nature of unconscious phantasy, the clinical relevance of the death instinct, and the psychic consequences of the capacity (or lack of it) to use symbols. She has investigated the wider applications of psychoanalytic ideas in diverse fields, notably aesthetics, politics and literature. In the 1980s she was a leading figure amongst a group of British psychoanalysts who sought not only to think critically about the mad ‘logic’ of nuclear war but also to speak out and protest.’

To the delight of many of her colleagues, Hanna was invited to appear on Desert Island Dics in 2006. Her choices included Edith Piaf’s ‘Les Blaues Blanches’, Paul Robeson’s ‘Of Man River’, and the second movement of Mozart’s String Quartet in C-Minor.

David Tuckett’s new book Minding the Markets: An Emotional Finance View of Financial Instability was recently published by Palgrave Macmillan. In it he elaborates the ideas in this article and discusses relevant policies to make markets safer. 


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**Shaping our Future**

The BPC Trainees’ Association annual conference on 7 May, ‘Shaping our Future: Trainees and the BPC’, looked at the current work of the BPC’s Future Strategies working group (see Issue 4 of New Associations).

More than twenty students from different training organisations came together to hear from Julian Lousada, Chair of the BPC, and Helen Morgan and Alexa Walker, Chair and Vice Chair of the working group, who gave the context to the work of the group and summarised the proposals being made. The event was an opportunity to find out directly about the proposals as well as to discuss the future of our profession in decades to come.

The conference paid particular attention to the task of redefining and realigning the profession, including an attempt to draw a definition for the wider psychoanalytic / psychodynamic professional community. The current definition based on little more than frequency is inadequate, and the aim is to replace it with one which provides an intellectual and clinical basis for our collective identity. A draft presented at the conference included reference to the central role of the unconscious, psychic damage and the place of infancy, the use of the transference, and therapy as psychic exploitation rather than the development of ‘strategies’.

This question of whether and how to clarify the profession that the BPC seeks to represent and build across the UK (not just London) is one which will be further discussed at the Strategy Conference in October. Three representatives from each of the twelve BPC member institutions will come together to consider proposals being made by the working group. The Trainees’ Association has also been invited to send three representatives, with the same voting rights as other delegates. We would like to hear from any trainees willing to take on this role (contact either Lee Smith at smith-lee36@sky.com or Liz Ford at lizieford@talk21.com).

Other key questions included whether, and the extent to which, the BPC should open up its membership to new member institutions that focus exclusively on trainings that are at a frequency of less than three times a week, but whose ethos falls within the agreed theoretical formulation. The relationship between the BPC and its member institutions was discussed, including any future role it might play in regulating the profession. Finally, we discussed the implications of the BPC becoming an organisation based on individual membership, rather than an organisation of organisations.

The change from a membership of a dozen organisations to over a thousand individuals would have consequences not just for the role of the BPC, and its relations with the different training organisations, but also potentially for our relationship with our own organisations.

If you want to participate in the debate, please go to the online Trainees’ area of the BPC’s website. Contact the BPC office (mail@psychoanalytic-council.org) if you need your login details.

**Coming soon: A Dangerous Method**

David Cronenberg’s much-anticipated film about the relationship between Jung and Freud will open in cinemas across the UK and Ireland on Friday, 10 February 2012.

Based on actual events, A Dangerous Method takes a glimpse into the turbulent relationships between Carl Jung (Michael Fassbender: Inglourious Basterds, X-Men; First Class), Sigmund Freud (Viggo Mortensen: Eastern Promises, A History of Violence; Lord of the Rings trilogy) and Sabina Spielrein (Keira Knightley: Never Let Me Go, Atonement, Pride and Prejudice), the ’troubled but beautiful young woman’ who comes between them. Into the mix comes patient Otto Gross (Vincenzo Cassel: Black Swan, Mirrorm). Determined to push the boundaries.

In this exploration of sensuality, ambition and deceit set the stage for the pivotal moment when Jung, Freud and Sabina come together and split apart, forever changing the face of modern thought.

View the trailer at http://adangerenousmethod-themovie.com/
WHEN I DECIDED to leave my career in economics to train in psychoanalytic psychotherapy, I little knew how my relationship with economics would continue to develop. We were not on speaking terms for a while, with all my economics and statistics books relegated to the loft, as I made room for Freud, then Klein, then Bion.

The exploration in analysis of my feelings about this change combined with external circumstances to help me reintegrate, gradually, the old with the new. The temporarily ostracised books began to descend and find their own place in the study, and in my mind, as they helped me think about my professional journey in preparation for a presentation I gave at the ‘Psychoanalysis, money and the economy’ conference last year, organised by the Freud Museum and Birkbeck.1

It seems that unfinished business remains, as I return to thinking about economics and psychoanalysis and the way in which they can and do illuminate – and indeed obscure – each other.

The magnitude and speed of the recent changes in the global economy are such that it is virtually impossible to escape the need to recognise that economics matters to us all and that we all are part of ‘the economy’. The often-cited laws of supply and demand quietly carry us along in a complex web of interdependence, in good times as well as in bad.

These relatively recent changes have had an impact on the profession of psychotherapy – training and practice alike. When I refer to training I have in mind both the training institutions (supply) and trainees (demand), and by practice I mean both therapists working in the NHS and privately (supply), as well as patients (demand).

Economics textbooks tend to start with an explanation of how supply and demand interact to achieve and sustain equilibrium. The idea is that, for any good or service, there is one combination of quantity and price that satisfies both sides at the same time. It is not for another

few good chapters that one learns about the reality of how unstable and volatile this outcome is. In a sense, equilibrium is to market changes what ‘normality’ is to pathology. Understanding one helps with comprehending the other, but that is little guarantee that equilibrium (or normality) becomes available as a result.

Economics matters to us all and we all are part of ‘the economy’.

Training providers find themselves in a tense market place, expected to balance professional values with budgetary realities. More trainees mean more income, but there is always the consideration of quality. These willing apprentices are, after all, paying customers entitled to value for money, but what is paid for is the opportunity to learn, not learning itself. The kind of knowledge Bion denoted by K is a complicated affair, within, around and beyond the boundaries of the curriculum.

I recently took part as a student member of the panel considering the revalidation of a well-established Tavistock course.2 One of the questions was whether the course prepared me well for future employment. Given the pressures under which the NHS finds itself, I do not think that it will be easy to find a job at the end of my training. The uncertainty is high, and real. Nevertheless, my answer was ‘Yes’, because what I feel that I am gaining from my training is more solid and longer-lasting than a set of skills in which a potential employer might be interested. When I think of my training I do not only have in mind lectures, supervision and tutorials, but most of all the experiences of being a patient and of being with a patient, two separate but deeply interconnected journeys of discovery. Through this thoughtful mix of clinical experience and careful theoretical explorations, the training gives me a way to think, to reflect, to understand and to contain the feelings that emerge when all these are not possible. This is an anchor onto a set of values and a grounding that will stand me in good stead through the current economic crisis and beyond, through the ups and downs of the economic cycle, and of my life. In other words, what I feel I am gaining is a thoughtful way of recognising and maintaining professional – and human – integrity, in good times and bad.

The reality of the market-place is impacting with similar force upon practitioners. NHS psychotherapists are closer to the pressures inherent to public funding: accountability, value for money, transparency and efficiency; all of this while trying to maintain a fundamental psychoanalytic stance. In this context change has more the quality of imminent threat rather than of random change, because of a degree of buffering that longer-term contracts and commissioning provide. Psychotherapists working in private practice are more vulnerable to, and possibly more aware of, the short-term fluctuations created by existing patients deciding to stop therapy, or by potential patients unable to start in the first place. And many experience both sets of pressures.

Patients will respond differently to the changing market conditions.3

Some will feel inspired to innovate and diversify; others might find themselves in danger of compromising. In either case, the most to which they can tie themselves, like Odysseus, is that of the core values of truthfulness and meaning, tolerance and reflection that define our work.

On the demand side, patients will respond differently to the changing market conditions, seeking more therapy if they regard this as a necessity, or less of it if they regard it as a luxury at a time of hardship.

The markets’ have become the current-day version of the omnipotent and moody Olympian gods, with policy changes the new anxious offerings more mortals can make. After every economic policy announcement we get a breathy cheer to find out how the markets will respond: Will they be appeased or enraged? For how long? What else will they demand? Or when? For instance, Radio 4’s Today programme always manages to find an economist who thinks that the interest rate should and will change, and one who believes, or at least argues, the opposite. Which makes for early morning entertainment, but also shows the limits of our understanding in this area. If one single mind (one’s own?) can be so difficult to comprehend and predict, how much higher is the challenge when faced with an aggregate of a large number of equally complicated minds?

As David Tuckett shows in his new book (see page 8), misunderstandings and misrepresentations in the financial domain have been very costly to us all. It is important to recognise the extent to which this is not due to a lack of thinking, but is rather the outcome of too much thinking, too technical and localised, based more on knowledge about things (or – as Bion’s language) rather than on thoughtful understanding.

I am reminded of a caution from Clive Granger, winner of the Nobel Prize in Economics in 2003 for his work on analysing economic data over time. In an earlier lecture he drew attention to the flurry of sophisticated mathematical developments relentlessly pursued in economics. He illustrated this graphically as above and commented on how busy we are refining things ‘over here’ (E, for error); but what if the truth (T) is ‘over there’?

The experience of being caught up in the ongoing global economic turmoil, to me, can be metaphorically compared to experiencing an earthquake: everything ceases to be stable and reliable, a roof over one’s head turns suddenly from something that offers protection into something that at any time may collapse and kill. The reliability and dependability with which financial institutions have been
Response to NHS special, Issue 5

I recently went to my local hospital for a consultation about a forthcoming operation for a physical health matter. When I quizzed the lack of long term results that NICE guidelines had flagged up about this procedure, my surgeon replied that long term follow up research in the NHS is very expensive to conduct, and it is therefore very difficult to satisfy these sorts of NICE requirements for empirical evidence on an ongoing long term basis. He was able to tell me, however, about his own quite successful ‘practice based’ results from his cutting edge work in this field over a good number of years. This dilemma on a personal level had a familiar and emotional resonance for me, in terms of the rather narrow stance that I feel that NICE is taking regarding what constitutes ‘appropriate’ research methodologies in its production of guidelines for mental health talking treatments.

The current crisis facing the survival of psychological therapies within the NHS is directly impacted upon by the problem of traditional medical research paradigms for short-term CBT and manualised therapies, not easily lending themselves to the relationship based approach and individualised technique that psychoanalytic psychotherapy requires. NICE deals only with ‘measurable results of specific interventions’, which leaves much of what psychotherapy can do outside of this framework of evaluation. UKCP have commissioned an excellent analysis of the impact of NICE on the provision of psychotherapy in the UK. (NICE under scrutiny). 1 recommend that all interested BPC registrants get hold of a copy and read it. I hope that the BPC will link up with the UKCP around the robust stance that they are taking to the current crisis by undertaking just this sort of scrutiny of NICE, and by engaging their practitioners in the debate about the need for ‘counter’ political narratives to those that currently shaping the provision of services.

I mention all this because I work as an Adult Psychotherapist in the borough of Richmond within the South West London and St George’s Trust, where ‘efficiency measures’ combined with ‘restructuring’ of mental health services have resulted in a plan to terminate all medium- and long-term individual and group psychotherapy provision within the Trust. The closure of my department will mean the loss of three part time Adult Psychotherapists, who may or may not be offered redeployment elsewhere. Other psychotherapy services across the Trust stand to lose many more such posts. The alternative structure for new services within our Trust is not at all clear, but it is based on a planned increase and expansion of IAPT services, and the creation of specialist PD teams in each borough for severely borderline patients, utilising MBT and DBT models of treatment.

This would all be fine, were it not for the fact that whole other rafts of ‘severe and complex’ patients, including those for whom NICE guidelines state that choice must urgently stay focussed on retaining psychotherapy for these groups too.

I hear the voices at BPC executive level advocating that we all stay involved, and try to keep psychoanalytic psychotherapy relevant in today’s market place, and of course that is what many of us at the frontline of services want, but the realities are that this will become increasingly difficult to do from ‘within’ the public sector if redundancies are the order of the day, and if we do not take up a more politically active stance on all levels.

My plea is for all those involved in the promotion of and accreditation of NICE-backed psychodynamically rooted models such as DIT and IPT, to be cognizant of the fact that manualised short-term therapies will not help considerably more disturbed and psychologically distressed patients, and our thoughts and energies must urgently stay focussed on retaining provision for these groups too.

Anne Jennings

Complex Cases Service
Richmond Psychotherapy Department
South West London and St George’s Trust

Notes
2. Known more widely as D58 than as the PGDip/M Foundations of Psychodynamic Psychotherapy
Does the UK need the EFPP?

By Miranda Feuchtwang

Do we need an identity as European psychoanalytic psychotherapists, and to be part of an international community?

**SADLY I THINK we have to admit that the British unconscious does not believe in our European identity. Our belief in our national identity and our old unconscious conuity with our continental neighbours dies hard. What was once a mere stretch of water traversed by scholars who spoke Latin, Greek and Hebrew and who were in full communication with one another now divides us. We leave our island to cross the so-called English Channel for holidays, culture, good food, landscape, where the romantic and enlightenment notion of the Grand Tour lingers in our minds. We may recall that Freud was first and foremost a European, his ideas forged in the enlightenment history of Europe, and that psychoanalysis is essentially a European discovery, we in our profession know that psychoanalysis has no boundaries, but we may forget that in Europe we have colleagues who speak the same psychoanalytic language, and who confront the same problems.**

Over the last two decades our mindset may have shifted to become somewhat more integrated in our identity as Europeans, and even as European psychoanalytic psychotherapists. But ironically this identity, and the EFPP’s role in creating it, is only apparent when psychotherapists meet at EFPP conferences, it is less evident in the UK where it all began, and the UK may be largely unaware of its pioneering role in creating the EFPP.

**Would it work, we wondered? The EFPP was founded by Brian Martindale in March 1991, on a day of immense cold and snow. That February Martin in March 1991, on a day of immense cold and snow. That February winter in the UK. Perhaps the greatest achievement of the EFPP is that they have created, in their own countries, networks and organisations for training where none had previously existed; or they have been able to bring together several previously existing training organisations to create an EFPP Institute as an umbrella for these organisations. This is the case for example in Italy, in Finland, and in Switzerland. The BPC came into being shortly after the formation of the EFPP, and fulfills this function for us in the UK. In other countries where previously there was no organised training specifically for children, this has come into being too. Denmark and the Czech Republic are examples. New countries have joined as full or associate members from East and Central Europe: Estonia, Georgia, Kazakhstan, Latvia, Lithuania, Romania, Russia, Serbia, Ukraine and Turkey. The EFPP has run summer schools in some of these countries to aid their development.**

**The EFPP is above all pragmatic in its approach and, rather than impose unattainable conditions, we have wanted to include countries which are at the beginning of their development in psychotherapy. The four sections have clarified the minimum standards for membership. This was to recognize in the adult section, for instance, that although three and four times a week intensive trainings are offered by many countries, such as Italy, France, Germany, Switzerland and the UK, this is not an option for several other countries. In this the EFPP has been a pioneer in wanting to protect standards and a rigorous psychoanalytic outlook, but also in acknowledging that the training of mental health professionals has to be more realistic and sensitive to what is possible. Of course this has been perceived as lowering the intensity of training, which engendered considerable controversy in the general meetings of the EFPP in recent years; but the good sense of working parties composed of delegates from different European countries, including the UK, has prevailed.**

**An international identity So what use is membership of the EFPP to a country like the UK, which has a wealth of long established trainings accredited by the BPC and the ACP? We already have a richly developed scientific life. Do psychoanalytic psychotherapy in the UK need the EFPP? Do we need to look beyond our shores for our scientific development? I think it is essential, in fact, to have an international identity as psychoanalytic psychotherapists and to be part of an international community. Of course all of us have developed within the frame of psychoanalysis, and many IPA psychoanalysts come to our conferences and give keynote papers, and their participation is welcome. Several psychoanalysts are members of the Executive Committee and have been our past Chairs. But the primary task of the EFPP is to develop an international organisation and a platform for psychoanalytic psychotherapy. Psychoanalysis has its own international organisation in the IPA. The EFPP’s task is different. It is to promote the practice of psychoanalytic psychotherapy by the core professionals in the public sector, in clinics, in hospitals, centres, its primary task is to promote the good mental health of adults, children and couples and families throughout Europe.**

Anne-Marie Schloesser (Germany) was elected Chair of the EFPP at the biannual general meeting in Belgium on March 11. She brings a strong commitment to taking the EFPP forward in its aims and objectives to further the development of psychoanalytic psychotherapy in the public sector in Europe, and to meet the challenges it faces in the current political and economic climate.

All of you who are members of the APP, the BPC or the ACP are members of the UK national membership organisations of the EFPP. Please visit the website, get in touch with your delegates, Miranda Feuchtwang, Hansjoerg Messner and Cathy Tsoupp, and send us your comments and criticisms, friendly or otherwise. You will also find a link on the website to contact the Chair and the other members of the Executive.

Miranda Feuchtwang is a delegate to the EFPP, and EFPP adult coordinator and Vice Chair

www.efpp.org
The Museum was founded at the request of Anna Freud, who wanted to see 20 Maresfield Gardens become a museum after her death to commemorate her famous father. The Freud family moved here in October 1938, after their flight from Nazi-occupied Austria, and although Sigmund died here the following year, Anna remained in the house until she passed away in 1982.

The house was significantly restored and opened in July 1986. The opening was a splendid affair, attended by many of the great and good in the analytic and wider community, and with opening honours performed by Princess Alexandra. The Museum features all the furniture and collections brought by the Freuds from Vienna, including over two thousand antiquities, Freud’s personal library, his desk, desk chair and iconic couch. In the intervening 25 years the Museum has built a strong reputation in the UK and overseas, not only for its displays and collections, but also for its education, conference and events programme and innovative contemporary art exhibitions, featuring artists such as Sophie Calle, Susan Hiller and Mat Collishaw. It has also been a centre for research and scholarship.

The Museum has hosted conferences on a wide range of topics, including the first major conference on psychoanalysis and ecology in 1992. Jacques Derrida gave a three and a half hour paper at the conference ‘Memory and Archives’ in 1994, while Edward Said delivered a Freud Memorial Lecture at the School of Oriental and African Studies, entitled ‘Freud and the Non-European’ in 2001. Freud Museum objects have been loaned to exhibitions in Japan, Australia, Mexico and Brazil, and its first international exhibition toured the United States.

So why is the Museum now planning an extensive programme of change? Both the museum world and visitor expectations have moved on a great deal since the 1980s, and we are increasingly aware that despite success in many areas, the Museum is not meeting its full potential. Trustees and staff have ambitious plans to develop the Museum — to extend the displays and broaden the interpretation, to provide a greater depth of information about Sigmund and Anna Freud, their works and their legacy, to completely redesign the Anna Freud Room, and to extend facilities for visitors, events, education, research and private hire.

The Museum needs too to be financially sustainable. It is an independently funded charity, in receipt of no government funding. It receives a generous annual grant from the New-Land Foundation in the US, but has to raise the remaining two thirds of its income. In order to finance this wide ranging programme of change, and to place it on a more sustainable financial footing, the Museum is launching a substantial fundraising drive.

The exciting vision for the future is that the Museum becomes a place to engage with the contemporary legacy of Sigmund and Anna Freud, to make it a lively place of discussion, research and enquiry, while maintaining its unique and special character as the Freud family home.

Director Michael Molnar, myself as current Director, the Austrian ambassador Dr Emil Brix, writer Esther Freud, and a poem specially written by poet Ruth Padel. Ruth later said: ‘I wrote it because I was at a conference at the museum which was so inspiring I had to write it then and there!’

‘The museum world and visitor expectations have moved on a great deal.’

This year the Freud Museum London celebrates its 25th anniversary.

By Carol Seigel

www.freud.org.uk
Diary

JULY

27 July 2011
CAPE PSYCHOPATHOLOGY
Seven Arrowspace, Leeds LS7 4PD
info@sevenleads.co.uk
www.sevenleads.co.uk

28 July 2011
FREUD MUSEUM 25TH ANNIVERSARY
Freud Museum, 20 Maresfield Gardens, London NW3
Open Day
Contact: 020 7455 2002, eventsandmedia@freud.org.uk

AUGUST

3-6 August 2011
IPA CONGRESS: SEXUALITY, DREAMS AND THE UNCONSCIOUS
World Trade Center, Mexico City
Speakers include Ilse Grubrich-Simitis, Andrea Sabadini, Theodore Jacobs,
Jeanne Magagna, Franz Wellendorf
www.ipacongress.org/congress/

24-28 August 2011
WORLD CONGRESS FOR PSYCHOTHERAPY
Sydney Convention & Exhibition Centre
Speakers include Mary Target and others
www.wcgp.org

29 August-2 September 2011
EUROPEAN SYMPOSIUM IN GROUP ANALYSIS
Goldsmiths College, University of London
Speakers: E. James Anthony, Albie Sachs, Gewen Ashdow, Rohi Friedman,
Elisabeth Rolt, Melyn Lessie, Bryan Boswood, Margit G. Jorgensen
www.confer.uk.com

SEPTEMBER

11-14 September 2011
IDENTITY, AUTHORITY AND TASK IN AN UNCERTAIN CONTEXT
NSCAP, Bevan House, 54–56 Springwell Road, Leeds LS12
Group relations conference
Contact: 0113 595 8750, amy.crawshaw@nhs.net

15 September 2011
THE NEW SEX: FEMINISM AND THE DIFFERENCE IT HAS MADE
TCCR, 70 Warren Street, London W1T
Speakers: Brett Kalter, Rebecca Asher, Robert Rowland Smith, Natasha Walter
Contact: Becky Walker 020 7580 1965, bwalker@tccr.org.uk

24 September 2011
PHILOSOPHY AND PSYCHOANALYSIS: THINKING ABOUT PROJECTION IDENTIFICATION
Institute of Psychoanalysis, 112a Shirland Road, London W9
Speakers: Priscilla Roth, Louise Braddock, Michael Laevinge
Contact: 020 7563 5017, ann.glynn@iopa.org.uk

24 September 2011
WHERE THE WILD WINDS BLOW: WORKING WITH DIFFERENCE
St Pauls Church, Blantzford Road, St Albans
Speakers: Diana Bass, Linda Brown, Loraine McSherry, Lynda Norton,
Jeri Omtziskansky, Elizabeth Richardson, Susan Wax
Contact: BAP, 020 8452 9825, external@bap-psychotherapy.org

24 September 2011
MOMENTS OF EMBODIMENT
Friends Meeting House, 91-95 Harrington Grove, Cambridge
Speaker: Judith Woodhead
Contact: 020 7455 7696, clericalofficer@thesap.org.uk

24 September 2011
CONTAINING THE DISTURBING PATIENT WITHIN A PSYCHOANALYTIC SETTING
John McIntyre Centre, University of Edinburgh
Speakers include Tammy Fransman, Donald Campbell, Joan Hermann, John Shomily
Contact: SHR, 0131 454 5240, edinburgh@shr.org.uk

OCTOBER

1 October 2011
OFFENCES AND DEFENCES: STAFF DISTRESS AND ORGANISATIONAL DEFENCES IN SECURE HOSPITALS
LCP, 52 Leighton Road, London NW5
Speaker: Gwen Ashdow
Contact: 020 7482 2002

1 October 2011
FACING SEXUALITY: WORKING PSYCHO-ANALYTICALLY WITH THE SEXUAL FANTASY, DESIRES AND FEARS OF OUR PATIENTS
Marino Institute, Drumcondra, Dublin 9
Speaker: Brett Kahr
www.conforf.org.uk/sexuality_prg.html

8 October 2011
WRESTLING WITH WINNICKOT: HATE IN THE COUNTERTRANSFERENCE
Saffron Walden, Essex
Speaker: Jan Harvie-Clark
Contact: timfox.gamasge@dsl.pipex.com

8 October 2011
LIVING WITH THE WOUND: A CONFERENCE FOR CLERGY
Friends Meeting House, 45 St. Giles, Oxford
Speakers: Chris MacKenna, Jane Leach
Contact: 020 7455 7696, clericalofficer@thesap.org.uk

14-16 October 2011
EFFP COMBINED CONFERENCE
Krakow, Poland
Speakers include Angela Joyce, Joanne Magagna, Franz Wellendorf
www.effpconference2011.coåw.pl

15 October 2011
MUSIC AND PSYCHOANALYSIS
Institute of Psychosanalysis, 112a Shirland Road, London W9
Speakers: Frances Grier, Richard Rushbrook, David Black
Contact: 020 7565 5017, ann.glynn@iopa.org.uk

22 October 2011
JUNIOR AND ACALMHE
SAP, 1 Daleham Gardens, NW5 5BY
Speaker: Bob Withers
Contact: 020 7455 7696, clericalofficer@thesap.org.uk

28 October 2011
ABOUT MEMORY, INTERPRETATION AND OBJECT RELATION IN TODAY’S PSYCHOTHERAPY
Institute of Psychoanalysis, 112a Shirland Road, London W9
Speaker: Cesar Botella
Contact: 020 7565 5000, Marysry.Goodall@iopa.org.uk

28 October 2011
CHILDHOOD DISORDERS: NEUROSCIENCE & INTERVENTION CONFERENCE
Friends House, 175 Easton Road, London NW1
Speakers: Mike Crowley, Uta Frith, Frances Gardner, Linda Mayes, Eamon McGrey, Kevin Pelphey, Mary Target, David Trickey and Eosa Viding
www.annafreud.org

NOVEMBER

3-6 November 2011
6TH EUROPEAN PSYCHOANALYTIC FILM FESTIVAL
BAFTA, 195 Piccadilly, London W1
Border-croosing: migration across national and mental states
www.psychosanalysis.org.uk/epff6/

4 November 2011
TROUBLING PATIENTS IN TROUBLED TIMES
Royal College of General Practitioners, LCP, 52 Leighton Road, London NW5
Speaker: John Shemilt
Contact: 020 7580 1970, jshemilt@tccr.org.uk

4 November 2011
AFFAIRS: THE IMPACT ON THE COUPLE RELATIONSHIP
WPF, 25 Magdalen Street, London SE1
Speaker: Jenny Riddell
Contact: Joanna Bending 020 7580 1970, jbending@tccr.org.uk

5 November 2011
LOVE AND MELANCHOLIA IN THE ANALYSIS OF WOMEN
Mansion House, Canynge Road, Clifton, Bristol
Contact: 020 7175 6074, dboard@rcgp.org.uk

5 November 2011
WORKING WITH LOSS AND BEREAVEMENT
LCP, 32 Leighton Road, London NW5
Speaker: Mayra Angulo
www.mentalhealthcongress.com

6 November 2011
INTERNET PORNOGRAPHY: WORKING WITH CLIENT PREOCCUPATION
WPF, 25 Magdalen Street, London SE1
Workshop Leader: Jenny Riddell
Contact: 020 7578 2054, mayra.angulo@wpf.org.uk

11-12 November 2011
THE RED BOOK TWO YEARS ON: 15-15 Arundel Street, London WC2R
Speakers: Paul Bishop, Christian Guillard, Soo Shamsadani, Murray Stein, George Bright, Catherine Bygott, Penny Calliford, Chris MacKenna
Contact: 020 7455 7906, claire@thesap.org.uk

12 November 2011
‘COULD IT BE MAGIC’: IDENTIFYING THE DYNAMICS OF CHANGE IN COUPLE THERAPY
TCCR, 70 Warren Street, London W1T
Speakers: David Hewison, Mary Morgan
Contact: Matt Williams 020 7580 1975, mwwilliams@tccr.org.uk

12 November 2011
INTERNET PORNOGRAPHY: WORKING WITH CLIENT PREOCCUPATION
WPF, 25 Magdalen Street, London SE1
Contact: 020 7578 2054, adming@bap-psychotherapy.org

22 November 2011
JUNIOR AND ACALMHE
SAP, 1 Daleham Gardens, London NW5
Speaker: Bob Withers
Contact: 020 7455 7906, clericalofficer@thesap.org.uk

24-25 November 2011
PSYCHOLOGICAL THERAPIES IN THE NHS
Savoy Place, London
Contact: 020 8541 1599, www.healthcare-events.co.uk

26 November 2011
WORKING WITH LOSS AND BEREAVEMENT
WPF, 25 Magdalen Street, London SE1
Leaders: Lynsey Hotchkins, Neil Stonberg, Joscelyn Richards
Contact: 020 8452 9825, admin@bap-psychotherapy.org

5 November 2011
BORDERLINE PERSONALITY DISORDER: THE PATIENT, THE THERAPIST AND THE THERAPY
WPF, 25 Magdalen Street, London SE1
Workshop Leader: Duncan Kegreiss
Contact: 020 7578 2054, mayra.angulo@wpf.org.uk

5 November 2011
COULD IT BE MAGIC’: IDENTIFYING THE DYNAMICS OF CHANGE IN COUPLE THERAPY
TCCR, 70 Warren Street, London W1T
Speakers: Paul Bishop, Christian Guillard, Soo Shamsadani, Murray Stein, George Bright, Catherine Bygott, Penny Calliford, Chris MacKenna
Contact: 020 7455 7906, claire@thesap.org.uk

3 December 2011
UNDERSTANDING AND WORKING WITH ABUSE IN COUPLE RELATIONSHIPS
TCCR, 70 Warren Street, London W1T
Speakers: Judith Siegel, Christopher Chilow, Damain McCann
Contact: Joanna Bending 020 7580 1970, jbending@tccr.org.uk

3 December 2011
WINNING AT ALL COSTS: A PSYCHOLOGICAL EXPLORATION OF SPORTING GREATNESS
SAP, 1 Daleham Gardens, London NW5
Speakers: Ian Williamson
Contact: 020 7455 7906
Perversions and gender confusion, or narcissistic disturbances, sexual various mental pathologies (neurotic developmental stages or acute existential

While a 'psychoanalytic cinema' as a discrete genre does not exist, some films are particularly suitable for a psychoanalytic reading, and are in turn discussed by analysts and filmmakers and there are lectures, panels and workshops, always with lively audience participation. Many well-known European filmmakers (including several winners of Academy or other major international awards) have taken part, discussing their work with prominent psychoanalysts and film scholars. Two books have also been published which bring together the main articles to have emerged from the Festival.

One of the main events of this kind is the European Psychoanalytic Film Festival (epff) which, from its beginnings in 2001 and biennially since, the Institute of Psychoanalysis has entrusted me with directing. Organised by a committee in London and by a team of consultants in twenty countries, many of which have never been shown before in the UK. Each film focuses on the geographical and psychological border space where transitions occur and where changes – subtle and slow, or more often traumatic – can take place.

Films will include the award-winning Buick Riviera (dir. Goran Rusinovic, Croatia, 2008), which follows daily life at a centre for asylum seekers. Its director Bernardo Molgar will be on the discussion panel.

There are also documentaries including the acclaimed La Forteresse (Poland, 2009), an intriguing drama from director Borya Luskova which has won multiple awards worldwide, and which will be discussed by Luskova himself and renowned academic, critic and broadcaster Ian Christie. "Film speaks the language of the unconscious."

The publication of books, monographs and essays on various aspects of the relationship between psychoanalysis and cinema, as well as increasingly frequent professional events focusing on dialogue between psychoanalysts and filmmakers, attest to the importance of such cross-fertilising interchanges.

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There are also documentaries including the acclaimed La Forteresse (Switzerland, 2008), which follows daily life at a centre for asylum seekers. Its director Bernardo Molgar will be on the discussion panel.

The Festival will be introduced by three experts on migration (a social

critic and broadcaster Ian Christie."

Psychoanalysts are increasingly showing an interest not only in offering original approaches to film studies, but also in valuing the contributions that films can offer them. What the critical reflection on movies can do for us analysts is to enrich our knowledge of the human condition in its normal and psychopathological manifestations, sometimes usefully reminding us of how unclear the boundaries between the two can be. Andrea Sabbadini

epff6, Border Crossing: Migration Across National and Mental States runs from 3-6 November 2011 at BAFTA, London. For the full programme and booking information, plus details of other Institute film events, visit www.beyondthecouch.org.uk or email ann.glynn@iopa.org.uk

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The Society of Analytical Psychology

London

SUPERVISION COURSE 2011/12

The SAP is a member institution of the British Psychoanalytic Council. This training course in psychodynamic supervision with a Jungian emphasis leads to a two tier award - either to the SAP Certificate in Supervision or, with the addition of a written paper, to the SAP Diploma in Supervision which satisfies the requirements for membership of the British Association for Psychoanalytic and Psychodynamic Supervision. The course is in two strands:

- **Theory and Practice of Supervision:** 10 monthly Saturday workshops, 9:30 - 5pm at the SAP. These include presentations by senior SAP analysts, including contributors and editors of three leading books in the field.
  - Dates: 8 Oct, 12 Nov, 10 Dec, 14 Jan, 18 Feb, 17 March, 14 April, 12 May, 9 June and 14 July.

- **Supervision of Supervision:** In weekly groups led by senior SAP analysts.
  - Group times and locations: Monday 10 -11:30pm with Christine Oliver at 71 Umfraville Rd, N4 1RZ or Tuesdays 3 - 4:30pm with Jan Wiener at The SAP, 1 Daleham Gardens, NW3 3BY on Tuesdays 3 - 4:30pm with Catherine Crowther at 30 Lecanfield Rd, N6 2DN. Additional groups may be arranged in West or Southwest London, Oxford, Cambridge, Surrey, Sussex, North Derbyshire or Rutherford. Groups offer the optimal training experience but supervision in pairs or individual supervision may be arranged when this is not possible.

**Applicants** should normally have 3 years’ clinical experience post-qualification, be registered with BPC or UKCP or accredited with BACP, and are expected to be working as supervisors by the start of the course. A psychodynamic training and substantial experience of psychodynamic therapy/analysis are required.

**Fees:** £1325 for the course + £900 for supervision of supervision.

**Application forms and further information:** online at www.theasop.org.uk or from the Training Administrator, The SAP, 1 Daleham Gardens, London NW3 3BY. Tel: 020 7435 7496 (Email: Claire Hazelwood claire@theasop.org.uk). For information or discussion please contact Course Co-ordinator Miranda Alcock, 01932 400056 or 07766 707 413.

### Psychoanalysis and homosexuality: moving on

A one-day conference co-hosted by

The Anna Freud Centre

Association for Psychoanalytic Psychotherapy in the NHS

British Psychoanalytic Council

Tavistock and Portman NHS Foundation Trust

Tavistock Centre for Couple Relationships

**Saturday 21 January 2012**

Resource Centre, Holloway Road, London N7

**Organising committee:** Malcolm Allen, Jeremy Clarke, Alessandra Lemma, Leezah Hertzmann, Trudy Klauber, David Morgan, Mary Target

**Speakers and details to be announced on the BPC website:** www.psychoanalytic-council.org