NewAssociations

NEWS, ANALYSIS, OPINION FOR THE PSYCHOANALYTIC COMMUNITY | **ISSUE** 1 **AUTUMN** 2009

BRITISH PSYCHOANALYTIC COUNCIL

Navigating a new landscape

By Malcolm Allen

'We must ask where we are and whither we are tending.'

ABRAHAM LINCOLN

STUFF HAPPENS, as Donald Rumsfeld alluringly told us in 2003. And an awful lot of it is happening at the moment that is changing the environment for psychotherapy and counselling; though Nostradamus himself might have struggled to foresee how the precise contours will finally take shape.

We are launching this magazine with two ambitions. The first is to help psychoanalytically-oriented practitioners find their way around these unfamiliar surroundings and position themselves more favourably in relation to them. The second is to encourage a broad conversation within the psychoanalytic community and beyond about the future relevance of psychoanalytically-informed ideas and practice.

Statutory regulation draws closer – slowly, but surely. This month sees the end of the consultation period about the Health Professions Council (HPC)'s recommendations to Government on the detail. Following the consultation, the Professional Liaison Group will meet once more in November and make its final recommendations to HPC Council. When agreed, they will be passed over to the Government to translate into the necessary secondary legislation. This is likely to take until 2012, though an election may disrupt this timetable a little.

In a separate development, Skills for Health recently signed off a set of National Occupational Standards for psychoanalytic and psychodynamic therapies. This is the first time – certainly in the UK – that a systematised description of psychoanalytically-informed practice supported by an evidence base has been drawn up and endorsed by a Government agency. Some may have reservations about trying to translate psychoanalytic approaches into a competency-based framework. But these will be weighed against the enhanced intelligibility and credibility that psychoanalytic psychotherapy can win with the help of this body of work, especially within the public and voluntary sectors.

At the same time, the Government is launching a new 'shared vision' for mental health and well-being under the title New Horizons. Unlike the National Service Framework it replaces, it is a broad strategic framework which can help shape the interventions of a range of agencies rather than a set of 'hard' objectives simply for NHS organisations.

'... sharpens the need to advance the vision of psychoanalytic renewal...'

The approach has 'well-being' at its heart, emphasizing the links between mental health, physical health, social and economic factors – and the premise that this area cannot be the sole preserve of the health sector. Whilst parts of the vision can echo the brave new world of 'positive psychology', the broad approach chimes with a number of psychoanalytic insights. A developmental perspective has much to offer here, as does a multi-dimensional view of mental distress and disorder – a contrast to the necessary, though sometimes overly narrow, focus on symptomatology that prevails elsewhere.

Many questions hang over the future direction of the Government's Improving Access to Psychological Therapies Programme (IAPT). The current programme funding, now in its second year, will be devolved to Primary Care Trust (PCT) baseline budgets in 2010/11. Devolved funding will be based on certain expectations of service delivery around priorities set out in the National Service Framework. But the ending of the 'command and control' model that has held sway until now is bound to alter the shape of the programme, in as yet unforeseeable ways.

This all takes place within a broader set of social and economic forces bearing on the profession... shifts in consumer expectations, deeper changes in social structures that help shape psychic realities, ongoing cultural diversification as well as the economic downturn. The entire psychotherapy and counselling sector will need to negotiate these factors, psychoanalytic psychotherapists no less than anyone.

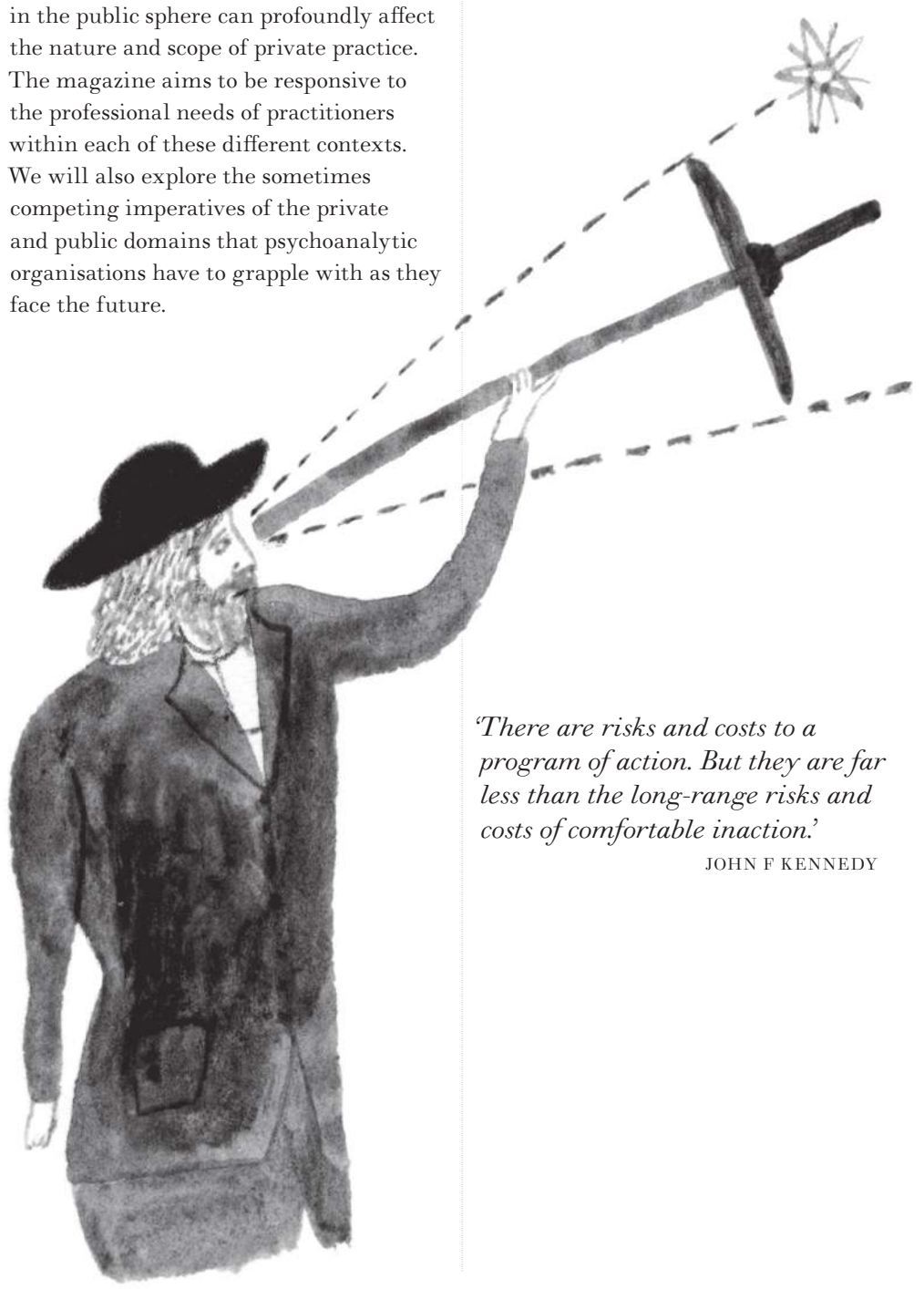
It sharpens the compelling need to advance the vision of psychoanalytic renewal that the Psychoanalytic Psychotherapy NOW conference called for and started to define.

New Associations aims to be a resource for the whole psychoanalytic and psychodynamic community. We will cover all aspects of activity underpinned by psychoanalytic thinking, including cultural and academic work, whilst giving centre stage to our therapeutic mission.

The impact of the developments we describe will not necessarily be the same for those in private practice as those working primarily in the public and voluntary sectors; although what happens in the public sphere can profoundly affect the nature and scope of private practice. The magazine aims to be responsive to the professional needs of practitioners within each of these different contexts. We will also explore the sometimes competing imperatives of the private and public domains that psychoanalytic organisations have to grapple with as they face the future.

We will cover work across all patient groups and settings (individual adult, child and adolescent, couples, groups, organisational), and across all psychoanalytic orientations. We want to establish an intelligent and respectful 'meeting ground' for all this work and thinking. We will publish all shades of opinion from across the spectrum. But neither will this be a flabby ecumenicalism without any strategic muscle. Our editorial stance is based unambiguously on the need for the renewal of psychoanalytic institutions and culture, an engagement with society at large and public health and social care provision in particular, a passion for social justice and combating mental health inequalities, an alertness to modern intercultural realities, and an engagement with scientific development and research.

The future will belong to those institutions capable of undergoing the systematic renewal necessary to face the challenges ahead with robust, forward-looking strategies. *New Associations* aims to provide a lively, sophisticated forum for that process to happen ■



'There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.'

JOHN F KENNEDY

Good Luck From...

We always knew magnificent psychoanalytic thoughts were emerging from consulting rooms, but they never really got out of the door to where it really matters in day to day life. It was an intimate tennis game between analyst and patient sustained by the gravitas of moth-ball scented intellectuals and their libraries. So imagine our delight at the prospect of *New Associations*; I think it's the new psychoanalytic adventure. Will it dare to take this precious thinking to the dirty spaces of politics and meander through the mundane beyond the consulting room and surprise us?

Camila Batmanghelidjh
Chief Executive, Kids Company

Psychoanalytically-informed thinking is now mainstream thinking in many clinical and non-clinical settings. This new magazine aims to provide a forum for further exploration and discussion, and brings together a number of ideas which work across disciplines. Such an approach is to be welcomed. I congratulate the Editors in taking this major step forward and wish them all the very best.

Professor Dinesh Bhugra
President, Royal College of Psychiatrists

Congratulations on the creation of *New Associations*. May it have a long and successful life keeping psychoanalysts and psychoanalytic psychotherapists up to date on psychoanalytic events and developments. I especially applaud your policy of making timely information about psychoanalysis and psychoanalytic psychotherapy available to the allied professions in the United Kingdom.

Professor Charles Hanly
President, International Psychoanalytical Association

Freud originally conceived of psychoanalysis as a robust science. Popper famously attacked this idea, arguing that it was untestable so unscientific. But the subject in the brain scanner turns out to be quite like the one on the analyst's couch – possessed of emotions and deep-seated instinctual drives, and very much concerned with social relationships. So perhaps a rapprochement between 'hard' science and psychoanalysis is again on the cards. At the very least there is a fruitful conversation to be had.

Matthew Taylor
Chief Executive, RSA

We are moving into an era in which, more than ever before, value for money and evidence on what works will drive the NHS. Some psychotherapies, although valued by patients, are not easily described in these terms and a debate on how to address this is vital – bringing together therapists, researchers and others. *New Associations* can be a vital forum for this debate – I welcome it and wish it every success.

Professor Louis Appleby
National Director for Mental Health in England

I welcome this new journal which will add to the thinking and discussions around helping people to grow and develop. At this time there are debates to be had about the future of our services and our society which greater psychological awareness will enhance. All contributions should be gratefully received. Good Luck!

Sue Gardner
President, British Psychological Society

I know from personal experience that psychoanalytical therapy has the potential to help make sense of our existence and to transform lives. I'm delighted to support *New Associations* and wish the team every success in its mission to renew and revitalise the practice of psychoanalytic psychotherapy for the 21st century.

Lorna Martin
author and journalist

Informed debate and discourse is the lifeblood of all professions. It is through mechanisms for exchange of innovation and challenge that professional practice flourishes. I'm delighted to see the launch of *New Associations*, a new platform at a new time in the life of this profession, and one which will be welcomed by many from within the discipline as well as those outside it.

Anna van der Gaag
Chair, Health Professions Council

New Associations looks to be an innovative, entertaining and informed venture and I very much look forward to witnessing its success.

Dr Lynn Gabriel
Chair, British Association for Counselling and Psychotherapy

I am delighted to see psychoanalytically informed therapists addressing how political, social and economic realities impact on our work. The launch of *New Associations* improves the chances we can continue addressing the psychological realities that challenge our patients and ourselves. Well done!

John, Lord Alderdice FRCPsych,
House of Lords, London

I warmly welcome this new magazine, which could certainly play a most helpful role in articulating and publicising informed debate about contemporary psychoanalytic practice and thinking, in the consulting room and beyond. It will be a huge challenge to integrate the voices that should be heard. Best wishes to the Editorial Board in this task!

Margaret Rustin
Consultant Child and Adolescent Psychotherapist, Tavistock Clinic

Best of luck with your magazine. May it be informative and fun.

Antonio Damasio
David Dornsife Professor of Neuroscience, University of Southern California

On The Frontline

Be inventive, man!

By Michael Kerman

TWO BROTHERS once wrote a letter (from which our title is taken) to psychoanalytically trained child psychotherapists. 'You guys are too clinical, too far removed from the street kinda life. You only think maternal-centric. We can get attached to the street… it gives us a clear sense of belonging. It's cut and dried. You are going to rob the shop or not… the rules are clear, not as clouded as family politics. We feel comforted by the clarity.'

How does one reply to a letter like this? We might not like what they have to say, but they clearly want their story told, and their views to be taken seriously. 'Children… have no use of psychology,' said Isaac Bashevis Singer in 1978. 'They detest sociology. They still believe in God, the family, angels, devils, witches, goblins, logic, clarity, punctuation and other such obsolete stuff… When a book is boring, they yawn openly. They don't expect their writer to redeem humanity, but leave to adults such childish illusions.' One key commitment of Kids Company is to change society's attitudes towards children and young people – to develop the most effective strategies in reducing violence amongst disturbed and hard to reach young people.

'The children who we struggle to reach are literally buried under social disadvantage,' write Fonagy and Higgitt in 'The early social and emotional determinants of inequalities in health' (2001). '"Hard to reach" is a child buried under the rubble of cumulative psychosocial risk… Taking help to the child rather than expecting the child to seek help is perhaps the single most important lesson that the cumulative nature of risk teaches us.' There might be many explanations as to why Kids Company has been successful in engaging children who are hard to reach. One may be that its founder, Camila Batmanghelidjh, values psychoanalytic theories and believes that therapeutic supervision is the reason the organisation has a 95 percent staff retention rate. Camila trained as a psychotherapist, and has worked for more than twenty years with exceptionally disturbed children and young people in the two charities she founded, The Place2Be and Kids Company. This year the University of London completed a comprehensive three-year evaluation. It found that 84 percent of the children who self-refer to the street level centres arrive homeless; 87 percent suffer from psychiatric and significant emotional difficulties; 81 percent are addicted to substances (of these more than 90 percent were introduced to drugs by their parents or carers); and 82 percent of the children are surviving through crime.

'What the children all have in common is the absence of a functioning adult…'

The outcomes of Kids Company have been consistently between 80 and 100 percent in numerous independent evaluations. Its delivery points are 37 inner city schools (Work in Schools Programme), a children's centre at street level (The Arches II) and a post-sixteen educational programme (The Urban Academy). Over 97 percent of the children self-refer. Our 330 staff and 5600 volunteers collectively speak more than 40 languages. Staff have experienced displacement and loss; they understand, and intervene creatively and flexibly in the life of children. Many of the 13,500 clients the charity supports are 'lone children' living in chronic deprivation, with limited or no support from the adults in their family. Psychotherapists, psychiatrists, social workers, rollerbladers, martial arts practitioners, art workers and many more create a holistic community. The child is viewed as the primary client to whom the organisation is accountable. Everybody else is a secondary client whose needs are met, provided that they meet the needs of the child.

What the children all have in common is the absence of a functioning adult in their lives, with the role of child and carer often reversed. The consequence of an absent parental figure is that the child becomes invisible, unable to communicate their needs or hold service providers accountable. When the child is unseen their needs cannot be met, so the first rule of child-centred therapeutic work is to see the child; but the question becomes what do you see, and once you have seen it, what do you do about it?

Kids Company sees psychotherapy as located on a continuum. It begins with 'therapy on the go' – in situations, in corridors, whenever the circumstances will allow. It's a snapshot intervention, illustrating to the child how their behaviour 'now' is a consequence of an experience from the past, and may have consequences which are not relevant to the situation in the present. It is about untangling realities and separating the trauma of the past from the actions needed today. Transference and countertransference phenomena are used here as a guide to understanding the child's inner world.

As the child's life settles, they become more secure and feel less fragile. The therapeutic attitude might be deepened to address specific traumatic memories, stored for example in the limbic area. Advances in neuroscience are providing us with greater understanding of the origins of violence.

'As the child's life settles, they become more secure and feel less fragile.'

To ensure clinical excellence we run a robust programme of neuro-psychiatric research, involving some 35 international emotional trauma specialists. Often, traumatised children struggle to use words; for this reason we deploy therapies in art therapy, music, drama, play, movement and fine arts to help the child communicate their emotional experiences. The role of the therapist is to be the compassionate presence, accompanying the child in the exploration of painful experiences, organising these experiences into manageable chunks. The therapist becomes a 'developmental object' enabling the child to return to ordinary developmental pathways (see Hurry, A. (ed.) *Psychoanalysis and Developmental Therapy*).

Using the relationship with the therapist as well as with keyworkers, the child is helped to 'internalise' a caring experience which they can use to learn self-care. Initially, the therapist is needed in the outside world as a carer, but as time goes on, this experience is internalised by the child even when the therapist is not physically there. The development of a trusting relationship between the young person and a Kids Company staff member is the most crucial aspect of the delivery of services. Love and the importance of loving care are clearly central to our service provision. Freud said that the goal of psychoanalysis is to allow the patient to love and to work.

'Being yourself is the "quality" – we end up believing you,' the brothers end their letter. 'Relationships are reciprocal – you've either got a connection or you don't. You do more damage trying too hard to make it work.' Weekly supervision by experienced psychoanalytic psychotherapists enables Kids Company workers to recognise unconscious mental processes such as projection, splitting and manic defences. Please contact me (m.kerman@kidsco.org.uk) if you could provide voluntary weekly supervision to one of our staff members ■

Statutory regulation: A guide for the perplexed

Almost forty years after it was first mooted in the 1970 Foster Report on Scientology, statutory regulation of psychotherapy and counselling is now in sight. Taking their cue from the title of Maimonides' epic work, Julian Lousada and Malcolm Allen attempt to throw some light on some of the thornier questions.

Where are we in the process?

The deadline has now passed (16 October) for the Health Professions Council (HPC)'s consultation on the recommendations made by the Psychotherapists and Counsellors Professional Liaison Group (PLG). The group was drawn from a range of professional psychotherapy and counselling bodies plus a small number of HPC Council members.

The PLG will meet once more in November to consider the responses before making its final recommendations to HPC Council. When agreed, the council's final recommendations will be passed to the government to begin the work on drafting the necessary secondary legislation – known as a 'Section 60 Order'.

This will be undertaken by the Professional Regulation Branch of the Department of Health; we understand this is unlikely to be completed before 2012. An election and potential change of administration is also an unknown factor, though the inside view is that whilst it may impact on the timetable, it is unlikely to alter the overall parameters of regulation.

What are the main recommendations of the PLG?

The PLG is recommending a differentiation between psychotherapists and counsellors and that 'psychotherapist' and 'counsellor' should both be protected titles.

It has identified various criteria to help select which voluntary registers would be transferred to the statutory register. The body with the voluntary register has to demonstrate evidence that it has: definitions of the qualifications required to register; processes for assuring that applicants meet the required standards of entry, e.g., accreditation of trainings; codes of conduct and ethics; robust and transparent procedures for complaints; commitment to CPD; commitment to supervision. It is recommended that the HPC itself will make the recommendations about which voluntary registers will transfer.

The HPC will also provisionally accredit all those training programmes accredited by the body with a voluntary register that is selected for transfer. The HPC will then embark on its own process of accreditation of these training programmes using its own standards of education and training. This will take some time as there are likely to be a large number of training programmes to assess.

A 'grandparenting' period of two years is proposed.

The PLG has outlined draft standards of proficiency (for individual practitioners), including some differential standards between psychotherapy and counselling.

The PLG is recommending that the 'normal' threshold level of qualification for entry to the Register should be:

- For counsellors, level 5 on the Framework for Higher Education Qualifications – HE & FE diplomas, foundation degrees, higher national diplomas
- For psychotherapists, level 7 on the Framework for Higher Education Qualifications – Masters degrees, postgraduate certificates and diplomas.

Is there a link between Skills for Health's National Occupational Standards and regulation by the HPC?

There are perhaps two generalised connections between the two developments. First, they have both happened because the position of 'psychological therapies' in society is greater than ever before; and they are significantly higher on the agenda of Government and the public health sector. The second is that they share a set of imperatives which now govern the work of public bodies, e.g., accountability, audit and evaluation; clearly defined objectives and outcomes; cost-effectiveness; evidence-based approaches; competency-based descriptions of professional roles and functions.

Otherwise, the two bodies have different roles and objectives. The HPC is a professional regulator set up to protect the public. It does this by keeping a register of health professionals who are required to meet certain standards for training, professional skills, behaviour and health. The standards to be met by individual practitioners are called 'standards of proficiency'.

Skills for Health's National Occupational Standards (NOS) have a completely different role. Some have confused these with HPC's standards of proficiency, which has led to the mistaken claim that there will be 451 'rules' for psychotherapy.

HPC's standards are very broad and basic and are contained in a slim brochure. NOS tend to be very detailed. They have no mandatory status, but can be used to: support workforce development and redesign; help shape services; inform qualifications and training programme developers of what skills and competencies are needed; inform commissioners as to what competencies are required.

They will only be used in so far as training providers, employers or commissioners find them useful. They will have no direct bearing on private practice. HPC is clear that NOS are unlikely to be referred to, for example, in HPC disciplinary hearings relating to competency – the reference point would be the HPC's own standards of proficiency.

The HPC's draft standards of proficiency don't really capture what I do as a psychoanalytic psychotherapist

HPC's recommended standards of proficiency for psychotherapists and counsellors have four elements:

- Generic standards of proficiency which cover all the professions that HPC regulate
- Profession-specific standards of proficiency which are common to psychotherapists and counsellors
- Profession-specific standards of proficiency for psychotherapists
- Profession-specific standards of proficiency for counsellors.

A number of critics of these proposals have focused, for example, on some of the 'health and safety' dimensions of the standards. It is very easy to make fun of the irrelevance of generic advice of this kind even though we follow such recommendations, e.g., announcing at a conference that a fire alarm is not a test but should be treated seriously. Any government document is going to cater for the large group not the sectional interest, and the language correspondingly may tend towards the anodyne or even the clumsy at times. These documents will have to govern the work of more than 50,000 psychotherapists and counsellors of all persuasions.

The role of the standards of proficiency is to represent the basic entry-level standards that are regarded as necessary for the protection of the public – not as a detailed manual of how psychotherapy in its various forms is carried out.

How will regulation affect the status of our trainings?

It may be worth explaining the likely chronology of events around day 1 of statutory regulation and beyond. This sets an important context for this and other questions.

The initial statutory register will be established by incorporating those registrants on existing voluntary registers which meet the HPC criteria for admitting voluntary registers. This initial entry to the register will be regardless of previous qualification. In addition, all training programmes accredited by those bodies whose voluntary registers have been accepted will be accepted by the HPC for a period of time. This means that all existing and future trainees on such courses who successfully qualify will be eligible for HPC registration (for a period of time).

There will also be a period for those individuals who have been practicing for a period of time and who are not on these agreed voluntary registers who can apply for 'grandparenting' (for a period of two years).

Once the register has been opened, the HPC will embark on a programme of assessment of those courses against the HPC's Standards of Education and Training. Apart from meeting the HPC's generic criteria, the training programmes will be assessed as to whether they train people in the agreed standards of proficiency for either psychotherapy or counselling (assuming these are the protected titles). The assessment will also take into account the normal profession-specific threshold entry level. In the case of psychotherapy, the PLG is recommending that this is Masters level or equivalent (NQF Level 7). If the training programme is judged to successfully meet these criteria, then it will be properly accredited by the HPC.

As HPC are not likely to adopt modality-specific protected titles, then it will only be accrediting training courses for a generic qualification as a psychotherapist or counsellor. It will be the role and responsibility of the professional bodies to offer accreditation for modality-specific qualifications.

However, the HPC is clear that, even if it does not adopt modality-specific titles, it will still recognise the importance

of modality, e.g., that it will need to use experts in specific modalities to properly assess modality-specific training programmes.

The BPC could then still perform the function of the accreditation of psychoanalytic trainings. But these would not form part of the regulatory structure. In these circumstances, training programmes would be both accredited by the HPC (offering registration as a psychotherapist) and by the BPC (offering, as it does now, recognition by the BPC as a psychoanalytic psychotherapist).

What happens to titles such as 'psychoanalyst'. 'Jungian analyst' or 'psychoanalytic psychotherapist'?
The PLG rejected early on in its discussions the notion of modality-specific titles. For one thing, it considered there would be too many possible titles, with current estimates of up to 600 different schools of psychotherapy. It was also emphasized that this left the responsibility for accrediting and validating these sorts of titles to the relevant professional bodies and that this would tend to strengthen their role.

Therefore, psychoanalysts, Jungian analysts, psychoanalytic psychotherapists, child and adolescent psychotherapists, couples' therapists, group analysts, etc., would all register with the HPC as 'psychotherapists'. The more advanced levels of qualification which are associated with professional bodies (such as the BPC) would continue to be accredited at those levels by the bodies concerned. Therefore, titles such as 'psychoanalyst' or 'Jungian analyst' would not be statutorily protected titles.

If HPC is only protecting the titles of 'psychotherapist' and 'counsellor' can I practice as a 'psychoanalyst' or 'Jungian analyst' or something else without being registered?
The HPC regulates by title not by function. The HPC's powers to protect titles are contained within Article 6 (2) of the Health Professions Order 2001. The HPC's legal powers mean that it can prosecute individuals who use a protected title whilst not registered, if they do so with 'intent to deceive'. A person found guilty can be liable to a fine on level 5 of the standard scale (up to £5,000).

A person could also be liable for prosecution under Article 39 (1) b of the Order if the protected title is not used but its use is implied. Therefore, if someone does not use the protected title 'psychotherapist' but claimed to offer 'psychotherapy' then the use of the title may be judged to be implied.

Opponents of statutory regulation have been seeking legal advice on the possibility of using titles such as 'psychoanalyst' or 'Jungian analyst' without being HPC-registered and believe, with the use of carefully-worded disclaimers, that this would withstand potential prosecution. There may be questions around what descriptions may or may not be considered an implied use of the title and these may finally need to be tested in the courts. Ultimately, it will be for the public to judge whether they would wish to use an HPC-registered professional for the sort of help they are seeking.

What safeguards will exist against future incursion into regulating the content of training and practice?
It is not the job of professional regulation to incur into detailed curriculum content, except to ensure basic standards of safety and competence. As the number of professions that the HPC regulates grows, so the logistical barriers to any ambition it might have to interest itself in detailed structure and content are increased. It simply would not have the resources to be concerned with anything that it is not charged statutorily to achieve.

By far the most massive threat to psychoanalytic trainings is surely not that of regulation but from the market place where our trainings occupy an increasingly weak position. The real anxiety for the community is that our trainings are looking less and less relevant for young people interested in a career in modern psychotherapy. If anything, statutory regulation affords an opportunity for psychoanalytic psychotherapy to reposition itself within this market.

The question of how to make the structure and content of psychoanalytic training courses fit for purpose for the 21st century will require enormous intellectual effort and imagination on behalf of the whole community.

Is there a gap opening between the NHS and private practice? If new qualifiers are not registered as psychotherapists with the HPC are they unlikely to be considered for NHS psychotherapy posts?
There is probably already a fairly considerable set of differences between working in the NHS and private practice. Working in the NHS has carried with it (and has done for some time) a whole range of regulatory disciplines, multidisciplinary working, sets of expectations around outcome and value for money, reporting and monitoring requirements, etc. Therefore, working within the NHS will require a range of skills and competencies that are not necessarily required within private practice. It is unthinkable that the NHS would employ a non-registered psychotherapist or counsellor once statutory regulation begins. Equally, surviving in private practice these days also requires a range of different specific skills and disciplines.

Institutions providing training in adult psychoanalytic psychotherapy certainly need to be more attentive than has previously been the case to these factors. Within child psychotherapy trainings and in some psychoanalytic training abroad, treating patients under supervision within a public sector context is an important component of a training. This is obviously much more difficult to achieve in the UK but, clearly, our training institutions are going to have to think very hard about how to structure their training curricula in terms of modern career opportunities.

Who determines who is fit to practice – the professional body or the HPC?
An individual will be eligible for the HPC register through qualifying from an HPC accredited training programme, subject to some other basic checks that HPC operates. The individual will be considered to have met the HPC's standards of proficiency by virtue of having obtained the qualification. From then on, the practitioner will be expected to meet (a) HPC's standards of conduct, performance and ethics, and (b) HPC's standards for continuing professional development.

If an allegation is made against an HPC registrant, it will be considered by the relevant HPC's Practice Committees. They can remove a practitioner from the register, suspend them, restrict their work in some way or publicly caution them.

This does not preclude any professional body or association having its own fitness to practice standards which they require as a condition of membership (but these have no legal powers attached to them, as is currently the case).

Will the HPC's disciplinary committees have the expertise to judge complaints involving psychoanalytic patients?
In an HPC Practice Committee, one of the three panel members should have appropriate levels of knowledge of professional and clinical issues. It is important that we make sure that senior colleagues from our sector register as HPC 'partners' who will then sit on the Practice Committees. Specific professional knowledge will also be represented by expert witnesses called by defendants.■

A special section of the BPC website is dedicated to statutory regulation. Find out more and discuss your concerns at www.psychoanalytic-council.org

Julian Lousada is Chair of the BPC and a member of HPC's Professional Liaison Group. Malcolm Allen is CEO of the BPC and has been actively engaged in work on statutory regulation, including attending meetings of the Professional Liaison Group.

Living with the HPC

By Julia Ryde

Since my core profession is in art therapy, subsequently training as a Jungian analyst at the BAP, I have been asked to write about my experience of being registered with the HPC. I was not involved with the politics of the registration of art therapists. It happened in 1997 under a different name, and then changed to the HPC in 2003. I registered in 2005 having been practising since 1979. I needed to, in order to be employed as a supervisor in the NHS and to teach art therapists in the university where I was teaching. I had to fill in forms and gather references but once that was done it could be left until a reminder arrives to renew registration every two years.

I have had no sense of my relationship with my profession changing, since I registered. I am a member of BAAT (British Association of Art Therapists), and when I became a Jungian analyst I felt I then had two 'homes'. I look to each 'home' for sustenance for the development of particular aspects of my work. I would hope to still have two 'homes' if we end up under the HPC roof sharing the same handbook of 'standards of conduct' with chiropodists and paramedics and all the registrants of the 14 different professions that the HPC deal with.

I had a closer encounter with the HPC this summer. I helped an art therapy supervisee deal with allegations made towards her from a patient. The patient, her first private patient with whom she had been getting into difficulty and the reason she sought supervision, had put a complaint in against her to the HPC.

My experience of the hearing at the HPC, being questioned by a panel of three (one of whom was an arts therapist) and two lawyers, was respectful; the questions asked pertinent. It was all over much quicker than I had expected. There were aspects of the process that I disagreed with, like the allegations being made public on the website, but overall I felt it was dealt with carefully.

I wondered afterwards how different my experience would have been if the BPC complaints procedure had dealt with it. What may be lost or gained in this area if the HPC takes over? Perhaps a sense of detail and knowledge, but I am not sure it would have been so different in terms of fairness and common sense. I know I would have still had to deal with the anxiety and fear that I felt in the build up towards the hearing. A colleague suggested contacting the BAP ethics committee for support, and indeed one's 'home' institution would be a good resource in these circumstances. Whether the present climate of litigation breeds regulatory bodies, or vice versa, I am not sure, but my experience of the HPC, so far, has been of an umbrella organisation which has not interfered with the way I work ■

Gazing at new horizons

New Horizons is the government's new national programme for mental health and wellbeing. It replaces the National Service Framework for Mental Health, which for ten years set out national standards for mental health services for adults. New Horizons' cross-government approach involves a collaboration of government departments, charities, local authorities, health and education services, and other stakeholders.

The new initiative was launched in July and finished its public consultation period in mid-October. Its underlying philosophy is that encouraging physical and social well-being – 'building mental resilience' – will lead to a reduction in the incidence of mental ill health in the community. New Horizons is also charged with improving the quality and accessibility of mental health services. Ian McPherson, Director, Department of Health's National Mental Health Development Unit, Matthew Patrick, CEO, Tavistock & Portman NHS Foundation Trust, and Malcolm Allen, CEO, British Psychoanalytic Council talk about this 'shared vision' for mental health.

Malcolm Allen

Ian McPherson

Matthew Patrick

Malcolm: New Horizons is described as a 'shared vision' and follows on from the Government's National Service Framework (NSF) for mental health – now coming to an end after ten years. What are the main features of this new approach?

Ian: The NSF had a huge impact, pushing mental health up the agenda, but we're now in a different era. The NSF was driven by targets which were largely met. There's now a surprising degree of unanimity amongst all stakeholders as to what should be in a replacement strategic framework.

The strong message is that mental health is not just the responsibility of the Department of Health (DH), but is affected by all government policy. How we can improve the overall wellbeing of individuals and communities? This goes beyond the traditional concept of a mental health service, which only helps people once problems have developed, into the area of prevention: services and interventions that impact on the whole population.

Matthew: I think that's one of the most exciting area, but also the difficult to translate into practical reality. The move from tertiary prevention (managing long term conditions) towards secondary and primary prevention, then moving on towards health promotion, and on further to the concept of wellbeing as distinct from an absence of ill-health, these are very interesting developments. And the recognition that these need to be multiagency interventions is crucial. One difficulty is that if you're investing in mental health, a lot of the savings won't appear in health, but in other areas, and similarly vice versa with investment in housing, education and employment for example.

New Horizons includes some of these exciting ideas, including a whole developmental perspective that's now embedded in the public mental health agenda: a significant majority of mental health difficulties can be viewed developmentally (70 % have clear antecedents before the age of 18; 50 % before the age of 14). But how can we translate that perspective into something that retains some of its sophistication and complexity of thought? The danger is that we get routed down an overly narrow evidence-based model and that we end up with overly simplistic interventions. Ian: if you go down a simple evidence base route we're not going to get to where we need to. On the other hand, if you don't have some kind of evidence base, why should anybody invest in us, especially in an economic downturn?
My hope is that people who are psychoanalytically trained will see the value of this approach, possibly more than some traditional colleagues who may struggle with the developmental perspective. So I'm interested in how can we work together to ensure that this conceptual understanding gets translated into practical action. The psychoanalytic community might be better placed than most to help us move forward with this.

Malcolm: Perhaps a relevant concept is what some social theorists call 'wicked problems' – problems that come together and reinforce each other in a complex interdependency (poverty, education, crime, substance abuse, mental health) – they become hellishly difficult, impossible to disentangle and solve individually. Most are bound up with poverty. I guess Sure Start was one attempt to get to grips with the multi-causal and multi-dimensional nature of these problems. But generally this approach is some way from the often narrow focus on symptomatology, important and necessary though this is, that is often associated with certain types of health-based intervention.

Matthew: One issue is the extent to which mental health, and health generally, are held and viewed from within a medical model. It's difficult for this model to relate to a concept of wellbeing, and this is complicated when we know that the single biggest determinant of mental ill-health and wellbeing is social inequality.
I think that this affects the sorts of evidence that we might be looking for. The evidence will be complex in this sort of arena, and we may have to build it as we're going along; we may have to try and do some things that make absolute sense but which may not initially have a strong evidence base, and to build that evidence base as we go; much as is happening with the IAPT programme. You've got elements of the evidence base to start with, but the actual programme has had to build its evidence and its justification as it goes along.

Ian: A lot of the best evidence here is not coming from traditional sources, for example the Foresight report on Mental Capital and Wellbeing, This is a government initiative to do a twenty-year scanning exercise. To simplify the message: society cannot afford not to invest in the mental capital and wellbeing of its population, not just for altruistic reasons but because of the impact on society.

Without diminishing the advantages made by all forms of intervention, this is a chance to promote more psychosocial approaches and it requires a sophisticated input from people who can make the connections. That is probably going to be from people who come at this from a developmental perspective, whose training helps them understand why early experience is a major determinant of how people may present in later life.
We need to form alliances with people who are more in tune with community interventions. For example, we've

been talking to the Financial Services Authority, who have a responsibility to promote people's ability to handle money. They've done some interesting research which suggests that intervening with people to promote capability and resilience yields significant benefits over and above those you get from dealing with the problems. The model focuses on promoting people's abilities, rather than trying to treat their symptoms or deficits.

Matthew: There are other drivers in mental health at the moment such as the personalisation agenda and proposals for personalised budgets. If you give someone a personalised budget, of course they may not choose psychotherapy at an institution or with a private practitioner. They may choose to join a local bird-watching group or take a holiday in Croatia, and indeed might feel better for it. That's a challenge for the professional community. It links in with the whole development of patient-centred care, and the idea that outcome measures shouldn't be prescribed by the professionals. Maybe we should actually be asking the people who are coming to services what they want to get out of treatment and health. And it may not be a reduction from X to Y in their Beck Depression Inventory – it might be on a completely different axis.

Ian: We're seeing a significant paradigm shift, driven by the expectations of people who use services. If we spent more time listening to what people want rather than thinking what we should give them, we may be surprised by what could be achieved.

Personalisation will also open up some very interesting debates. On the one hand, we are required to implement NICE-related guidance, commissioning services that have an evidence base. On the other, people may want types of intervention which are not currently evidence-based. We have got the first wave of applications for people to do personal health pilots, and actually about just under a third of these came from organisations indicating they at least in part wanted to do work on mental health. Maybe all of us who have worked in mental health services in whatever capacity need to reflect on what that might mean in terms of a future.

Matthew: This is a very interesting area. We know, for example that there is a psychoanalytic view that has within it a notion of human destructiveness and self-destructiveness; this perspective would argue that if you give people the power to choose, they will not always choose what is going to be developmental. They may be caught up in particular states of mind characterised by self destructiveness, and these may be the very things they need help with. Of course, there are also people in the psychoanalytic community who would not hold that view. It's going to be very interesting to see what plays out in reality, and what sort of evidence base develops in relation to what people choose, and what the outcomes are if you actually empower people to take control over what they want to do in relation to their mental health.

Ian: A personalised approach is about helping people feel they have some influence, some choice, some sense of being heard and respected. The evidence still supports the notion that that one of the best predictors of outcome is the perceived relationship with the person with whom you're working. We need to think about a personalised service as being one that responds more appropriately to the needs of the person as an individual. And I think a psychoanalytic approach could do that more effectively than others.

Matthew: We need to be a little bit cautious about just talking about individuals. I think that the individual perspective is rooted in a particular model of mental health and mental illness; there are other models that include the notion of social construction, also systemic models. In this place we see a lot of families, a lot of social groups, a lot of people involved in relationships with one another – not just the individual. What New Horizons also offers is the opportunity of engaging with groups and networks that may go beyond the family. One of the challenges is how to target resources in relation to this, and it's quite an opportunity. We know from research that a lot of the risk factors in mental illness are not just individual factors but social, community, economic and educational factors. I wonder whether there isn't an opportunity for putting some of that research data together, some of these different research databases that don't talk to one another at the moment. That might allow us to see where the high-risk communities are, where we might consider offering more help. Because there is a reality: we're going into a public sector recession. No one has money to make large investments that are not targeted in a way that it reasonably intelligent.

Malcolm: I wanted to explore the concept of New Horizons as a broad framework which people may or may not buy into, rather than as a hard blueprint for service reorganisation. What NSF brought with it was quite a quantum leap in terms of resources, but also a commitment to new types of focussed intervention and targeting priorities. So it did make a massive difference in a very concrete sense: there were real targets, real outcomes and real money. Is there a problem that New Horizons won't have that hard-edged quality?

Ian: Top-down targets have gone. At one level we could say that's unfortunate, because we saw that when there were targets things happened. But having targets sometimes stops people thinking. If you look at the NSF, certain areas didn't progress: for example, Standard 1 (mental health promotion); there wasn't a target in respect of carers.

The concept of co-production is very much at the forefront of government thinking. Where people actually have a chance to shape what is on offer, they will get outcomes that are more satisfactory. We shouldn't fall into a hard/soft dichotomy. An organisation like the Tavistock would not be here if it was down to national targets. It is here because it has delivered things that people value, in a complex and challenging commercial world. We need to use the drivers and leverage that will be in both this and other policies.

Malcolm: How can the psychoanalytic community engage with this overall policy direction?

Matthew: Instead of saying 'Yes, but…', we need to find a way of saying 'Yes, and…'. We're very good at dissecting these sorts of enterprises and concluding they are a fatally flawed and as such a waste of time. But there's a lot in New Horizons and in public mental health developments that are very much aligned with our thinking as psychoanalysts. There are also areas that are not aligned… theoretical and conceptual differences. But I think we need to avoid getting caught up in a way of engaging that views this as just another centralised policy that fails to understand the essence of human nature, as if we properly understood the essence of human nature. The fact that we do have a policy development that locates human development, human relationships, and social and community functioning as central in relation to mental health – that's fantastic. And we ought to be engaging with it in a constructive and creative way, contributing in a manner that might refine it and make it better ■

The transcript of the entire conversation can be viewed on the BPC website: www.psychoanalytic-council.org

See the consultation documents at www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/

News In Brief

Skills for Health signs off standards

National Occupational Standards (NOS) in psychoanalytic and psychodynamic psychotherapy have finally been signed off by the National Reference Group, chaired by Lord Alderdice, at Skills for Health (SfH). SfH is set to finish the mammoth exercise in producing NOS for four psychotherapy modalities by the end of October: cognitive behavioural therapy (CBT), psychoanalytic/psychodynamic therapy, family and systemic therapy, and humanistic therapy.

An attempt was made to derive a set of 'cross-modality' NOS but the group working on this felt it could not find a language, in the time available at least, that would do sufficient justice to each of the separate modalities.

The next stage will be approval by the UK NOS Panel of the UK Commission for Employment and Skills before the NOS are officially launched in early 2010. The Department of Health also hopes to launch a digest of the NOS and the original competency frameworks on which the NOS were based at the Psychological Therapies in the NHS conference in November.

Andy Burnham to appear at Savoy conference

Health Secretary Andy Burnham is expected to deliver a major policy statement on mental health at the next Psychological Therapies in the NHS conference in November. He is anticipated to give an update on how the Statement of Intent, launched at last year's conference, will be implemented. The Statement commits the Government to a broadening of therapies available through the Improving Access to Psychological Therapies Programme (IAPT).

This issue has been debated throughout the year in the IAPT's Programme Board and Expert Reference Group with no satisfactory resolution of the issue. For the third year of the new tranche of funding for IAPT (2010/11), all funding will be devolved into the baseline budgets of the primary care trusts. There will be an agreed framework but the days of a tightly-controlled 'national programme' will be over.

The shape and scope of the IAPT programme will be decided in the future at a regional and local level, but within the context of the new levels of funding constraints that the NHS will face.

Mental Health Providers Forum challenges NICE

Mental Health Providers' Forum (MHPF), a national umbrella organisation for third sector mental health providers, has embarked on a major attempt to persuade the National Institute for Health and Clinical Excellence (NICE) to revise its methodology for evaluating psychological therapies.

MHDF has set out a six-month plan as the first phase of a longer term five year plan for this work. It aims to achieve a radical shift in the selection, weighting and evaluation of evidence used by NICE. So far, four panels have been established:

- a Science Panel (chaired by Michael Barkham), to debate the research controversies regarding NICE methodology, to present the scientific case for a revised methodology, and to formulate recommendations for alternative inclusive methodologies.
- a Philosophy Panel (chaired by Jocelyne Quennell), considering the value of a diverse range of therapies and paradigms.
- a Service User Perspectives Panel (chaired by Giles Tinsley), considering what patient choice means.
- a Campaigns Panel (chaired by Judy Weleminsky, CEO of MHPF), which will lead the work in putting together the case for the revision of the methodology used by NICE.

British Psychoanalytic Association gets international status

The International Psychoanalytical Association (IPA), at the Congress in Chicago this July, voted unanimously that the British Psychoanalytic Association (BPA) will become an IPA Component Society on 1 January 2010.
Sharon Raeburn, President of the BPA says: 'We have been working towards this development for a very long time and are delighted to become the 2nd IPA Component Society in the UK offering a training in psychoanalysis, recognised by the IPA. The BPA has its own Board and Constitution enabling the BPA to function as a separate IPA Society, whilst residing in and relating to the BAP. This has been a complicated process and we are grateful to all those who have contributed to this achievement. It is our hope that we will be able to contribute, along with our BPC colleagues, to a greater awareness and appreciation of psychoanalysis and psychoanalytic thinking within the UK.'

New brief dynamic therapy launched

A new form of brief therapy for mood disorder is being tested for use by therapists with an interest in and experience of psychoanalytic and psychodynamic psychotherapy.
Dynamic Interpersonal Therapy (DIT) is a simple short-term (16 sessions) individual therapy, designed by Alessandra Lemma, Mary Target and Peter Fonagy. It is devised as a semi-structured treatment protocol that is easy to acquire and draws on the work of the Expert Reference Group on the clinical competencies. Key components from manualized psychoanalytic and psychodynamic therapies are used. DIT is currently being tested in a pilot study in a primary care service in Tower Hamlets, and appears to be effective with individuals presenting with symptoms of anxiety and depression.

The first training workshop, organised by the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust, will take place in February 2010. The plan is then to seek funding for a multi-site randomized control trial to test its efficacy and to be able to offer this as an alternative brief treatment model to CBT within IAPT services. This will help psychoanalytic practitioners find a way in to make a contribution to Step 3 care within the IAPT service model.

New Vetting and Barring Scheme

The new Vetting and Barring Scheme came into force on 12 October. It will eventually require everyone who works with children or vulnerable adults to register with the Independent Safeguarding Authority (ISA) from November 2010.

Responses to the new scheme – which will potentially affect some 11 million adults in the UK – have largely focussed on people who work with children. However, the inclusion of vulnerable adults as a protected population raises issues for psychotherapists and counsellors.

A vulnerable adult is defined as someone '18 years of age or over… who is or may be in need of community care services by reason of mental or other disability, age or illness…' Anyone employed to work with adults in the context of a regulated activity, such as a therapeutic session, will be affected. However, it may also be the case that any private practitioner working under the auspices of a regulator such as the BPC or HPC will also need to register. See www.isa-gov.org.uk for more information.

New identity for the SCPP

Couple psychoanalytic psychotherapists registered with the Society of Couple Psychoanalytic Psychotherapists have joined forces with couple psychodynamic counsellors trained at the TCCR to form an integrated professional body, The British Society of Couple and Psychotherapists and Counsellors (BSCPC). The new organisation now offers a professional home for all TCCR graduates.

BSCPC chair Brett Kahr said, 'We anticipate that the blending of counsellors and psychotherapists within the same organisation will prove to be stimulating in terms of exchange of clinical knowledge and experience. The increased size of the membership will allow the new BSCPC to accomplish important work, such as the creation of a couple psychoanalytical journal and monograph series.'

The BSCPC will be based at the new TCCR headquarters at 70 Warren Street. Over 80 TCCR therapists transferred to the new central London site in September.

Psychotherapy training by Skype

The rising rates of mental illness, the growing middle class, and rising societal pressures have led the Chinese government to address the psychological impact of its growing economy. The China American Psychoanalytic Alliance (CAPA) promotes psychoanalytic thinking, psychoanalytic treatment and psychotherapy training in China via distance learning and treatment, using technologies such as Skype. Trainees complete 240 hours of coursework and 60 hours of individual supervision to qualify in the two-year adult psychodynamic psychotherapy training program. The group also runs a low fee psychoanalysis and psychotherapy program.
25 CAPA members, affiliated with the American Psychoanalytic Association, the IPA, and the William Alanson White Institute among others, travelled to China in October for the first CAPA study tour of lectures, consultations, and supervisions. The organisation hopes to make the study tour an annual event ■

NICE: are patients losing out?

By Daniel McQueen

THE NATIONAL INSTITUTE for Health and Clinical Excellence (NICE) earlier this year published the draft of a new updated clinical guideline for the treatment of depression in adults. The BPC, APP, Anna Freud Centre and Tavistock and Portman as a group cautiously welcomed the draft, but disagreed with the way that NICE had assembled its evidence, favouring CBT at the expense of other psychological therapies.

The draft revision* rightly emphasises the complex nature of depression and its importance, highlighting the central importance of psychological therapies in the treatment of depressive disorders. However, the guideline and its proposed implementation through IAPT centres have been criticised by third sector mental health providers, psychoanalytic practitioners, and CBT researchers, as being flawed and unworkable. The Mental Health Providers Forum (MHPF), for example, representing 36 third sector mental health providers, shared our concerns about the methodologies and limited range of studies used by NICE.

Clinical thinking should be informed by an understanding of aetiology and developmental psychopathology. By adopting a narrow and simplistic conception of depression, NICE excludes important evidence that aetiological factors significantly influence outcome. Different developmental pathways and personality types respond differentially to exploratory versus supportive treatments, and to short-term versus long-term treatments. Some patients may be harmed by short term or directive treatments.

The guideline only considers evidence from randomised controlled trials (RCTs) of efficacy (efficacy studies typically are short-term RCTs using highly selected groups of patients, to increase the chance of demonstrating an effect, at the cost of reduced relevance to real world clinical practice). It excludes effectiveness studies ('real world' or naturalistic studies, often observational, with heterogeneous groups of patients who better represent the complexities of patients seen in clinical practice), despite their clear advantages in assessing treatments in clinical practice, particularly in psychotherapy research. The guideline development group would do well to heed the advice of NICE's own chair Michael Rawlins, who has criticised the 'undeserved pedestal' that RCTs occupy, and quotes Bradford Hill, the architect of the RCT: 'Any belief that the controlled trial is the only way would mean not that the pendulum had swung too far but that it had come right off the hook.'

NICE has failed to review the evidence for the superiority of long-term psychotherapy in depression that is chronic or mixed with other conditions, even though depression is frequently chronic, recurring and comorbid with other psychiatric disorders in more than 70 percent of patients. Short-term treatments have important but limited effects. For CBT these effects appear temporary. Much current research may lack equipoise, with research teams attempting to 'prove' the superiority of their own brand of therapy. Investigator allegiance of this type introduces large biases; when sensitivity analyses (testing the robustness of the results) are conducted the apparent superiority of one treatment method may disappear.

'NICE has failed to review the evidence for the superiority of long-term psychotherapy in depression.'

The guideline gives very little consideration to patient choice, even though strength of preference has a strong influence on whether patients take up and complete treatment. Its proposed 'stepped care' model is unproven as a method of providing psychological therapies, and in practice doesn't appear to function well, with high rates of drop out (nearly half), and low rates of stepping up. A fifth of referrals to the Doncaster IAPT pilot were referred on to counselling, but only some two percent stepped up to intensive CBT, suggesting that CBT may be less well suited to the needs of IAPT's patients than counselling.

By excluding evidence of the effectiveness of short-term psychodynamic psychotherapy, NICE has introduced ascertainment and confirmation biases. NICE then recommends CBT and interpersonal psychotherapy (IPT) as preferred treatment options not on the basis of superiority, but because there were more trials of CBT. Such vote counting is simply misleading.

The economic analyses are based entirely on short-term models and exclude many informative studies on dubious grounds. Guidelines should be based on impartial systematic reviews of all the relevant evidence and not simply counting selected trials. Through bias, 'vote counting' and misrepresenting the data, they arrive at recommendations which will be widely misinterpreted as showing that CBT and IPT are superior treatments. This leads to an unscientific guideline, with the attendant risk that it won't work.

The evidence presented finds equivalence between cognitive behavioural therapy, interpersonal psychotherapy, short term psychodynamic psychotherapy and brief supportive counselling, further supporting the 'equivalence paradox' that different short-term psychotherapies are equally effective, at a global level and in the short-term, in a range of neurotic conditions. The equivalence paradox has survived over thirty years and has recently been confirmed in the NHS.

The branding of different modalities of psychotherapy belies their overlap. Psychoanalytic psychotherapy often contains significant elements of cognitive-behavioural process, and mutative factors in cognitive-behavioural therapy can be psychoanalytic processes. Focussing on either therapeutic brand name or diagnostic group obscures the importance of the therapist-patient interaction. Arguably, psychotherapy research should move on from the 'horse race' single-winner model to consider which psychotherapy processes work for whom and when. The quality of the therapeutic relationship ultimately contributes more to outcome than brand of therapy (or even the use of medication).

The 2004 NICE guidelines for depression and for anxiety, with their recommendations for CBT, contributed to the Centre for Economic Performance's Depression Report and IAPT. IAPT presents a range of problems. The implementation of the NICE guidelines through IAPT removes the traditional pathway to psychotherapy services via assessment by a doctor. IAPT does not make a formal diagnosis, and significant disturbances may well not be diagnosed or known about.

We recommend that all therapeutic options for depression should be fully explored. Patients with depression who are treated with CBT or IPT often have positive but limited initial responses, and high rates of recurrence. Longer-term psychodynamic psychotherapy has better and more lasting effects for some patients. We need properly funded trials to explore whether those who do not respond to CBT can benefit from other forms of treatment, including psychodynamic psychotherapy, and the extent to which long-term treatments have superior outcomes in the medium or long-term.

The first-phase IAPT model has not been shown to be more effective or acceptable to patients than existing services, but NICE's draft guideline reinforces an unproven model. Future guidelines should recognise the different types and aetiologies of depression and the differing priorities of individual patients. It remains to be seen what the published guideline will say and how IAPT evolves its second and third phase service models to continue the task both of implementing NICE's guidelines and achieving good outcomes for all IAPT's patients – including the 50 percent who fail to recover, having had NICE's current preferred treatments ■

A version of this article with full references is available at www.psychoanalytic-council.org

* NICE (2009). *Depression in adults (update): draft full guideline for consultation.* http://www.nice.org.uk/guidance/index.jsp?action=download&o=43311 and *draft NICE guideline for consultation.* http://www.nice.org.uk/guidance/index.jsp?action=download&o=43310

Psychoanalytic Psychotherapy NOW 2009

'I anticipated that the conference would enable me to go back to my organisation with a renewed sense of vision and some new kindred spirits with whom to think and work on the future of the profession. In some respects I was not disappointed…'

In June 2009 the BPC, in partnership with a range of psychoanalytic organisations, hosted the inaugural Psychoanalytic Psychotherapy NOW conference. 350 delegates shared a weekend of thought-provoking presentations, workshops and debates on the future of psychoanalysis and psychoanalytic psychotherapy. The conference was intended to engage with the challenges facing our profession and help shape a future where psychoanalytically-informed approaches will flourish. We invited three delegates to share their views on the event.

At this conference, which billed itself as 'a weekend of thought provoking presentations of workshops and debates on the future of psychoanalytic psychotherapy', a number of prominent psychoanalytic practitioners delivered some excellent presentations on the need for change. In particular, Lord Alderdice energetically impressed upon us the need to be strategic and political if we are to survive. Further speakers emphasised the need to engage with research, to be flexible and to radically rethink how we take our place alongside other services. In addition, we were urged to develop imaginative, accessible applications of our work and to beware of psychic allergies, including to each other.

One highlight of the weekend was Malcolm Allen's inspiring and revolutionary talk about our position at a crossroads. He challenged us to contest rather than vacate the intellectual arena with our colleagues in the mental health field, and urged us to build a more cohesive and united professional community which could develop a more authoritative voice and influence over key areas of policy. There were good opportunities over the weekend to work in smaller groups for clinical thinking and later for engaging with strategic thinking about the way forward on such issues as training, IAPT and the media.

One obvious gap in the Conference was the absence of a specifically Jungian perspective. As the BPC includes two leading Jungian member groups, their absence as speakers was unfortunate and their specific contribution missed.

Whilst the presentations were at times uneven, the conference was an exciting and inspiring event. It was made clear that that we cannot carry on as if 'it's business as usual'. I was especially pleased that the voices of psychoanalytic and psychodynamic practitioners were brought together and hope instilled that we could move forward as a more united and open profession. Exactly how this will unfold is for us to ensure.

Gill Dunbar
BAP representative to BPC Council

I attended this conference with enormous interest both as Past Chair of BACP, in which role I had enjoyed a warm and positive inter-association relationship with the BPC, and as an analytic psychotherapist, curious and keen to think about the future of this particular way of working.

It was clear that enormous care had been taking in pulling together speakers who carried weight in the analytic community, and it was a straightforward pleasure to hear good minds at work on complex issues. Carefully referencing the aim of uniting the clinical and the political, the conference drew in hot topics such as evaluation and evidence, science and neuroscience, transparency and survival. From the main platform there was a strong message of protection through engagement, although off the stage rather more caution, anxiety and territorialism were expressed. For me the fulcrum of the conference was the Chief Executive Malcolm Allen's conditions for the future statement on the Sunday morning. Two things stood out. Firstly, he made a powerful stand for equality in terms of ethnicity and homosexuality – the 'deal breaker' that still rests uncomfortably in the heart of analysis. Secondly, he had a passionate and incisive grasp of what, for want of a better word, a modernising agenda could look like not just for the Council but for this whole rather historically attached field. It was a vision to take seriously.

It left me hoping but not certain that he could carry the field with him. It also left me with a question about the analytic relationship with other theoretical orientations; in the even bigger picture, we're all in it together.

Nicola Barden
Head of Counselling,
University of Portsmouth

I anticipated that the conference would enable me to go back to my organisation with a renewed sense of vision and some new kindred spirits with whom to think and work on the future of the profession. In some respects I was not disappointed. Lord Alderdice, Malcolm Allen and Matthew Patrick, in particular, gave very passionate and cogent keynote presentations about the critical issues that face us all. However, what was missing in the conference were opportunities for dialogue between BPC registrants and others present in which an analysis of the issues and ideas about how to build for the future could have been broadened and deepened. If this been facilitated, I believe the conference could have had a wider and more sustained impact.
We do need to foster leadership in our community, but are we perhaps a little too self-congratulatory about what we have achieved so far in this respect? I am not at all sure that we have succeeded yet in modifying to any great extent the conservatism and elitism that have been so deeply corrosive within the profession. We need to create forums for dialogue about the 'project' for renewal that Malcolm and others outlined so that more of us have the opportunity to think about what our resistances might be to rediscovering a passion for social justice, engaging with contemporary health and social policy, celebrating, not fearing, innovatory practice and having a more direct engagement with the wider public. The conference made a start. We now need to explore further how we engage with each other, immediately, vigorously and fearlessly in this vital undertaking.

Sally Griffin
Chair, London Centre for Psychotherapy

PSYCHOANALYTIC PSYCHOTHERAPY NOW 2009
was organised by the British Psychoanalytic Council in partnership with:

The Anna Freud Centre
Association for Psychoanalytic Psychotherapy in the NHS
Association of Child Psychotherapists
British Association of Psychotherapists
The Institute of Psychoanalysis (BPAS)
British Psychological Society's Division of Clinical Psychology
Institute of Group Analysis
International Neuropsychoanalysis Centre
Lincoln Clinic and Centre for Psychotherapy
London Centre for Psychotherapy
North of England Association of Psychoanalytic Psychotherapists
North West Institute of Dynamic Psychotherapy
Scottish Institute of Human Relations / Scottish Association of Psychoanalytic Psychotherapists
Severnside Institute for Psychotherapy
The Society of Analytical Psychology
Tavistock and Portman NHS Foundation Trust

Psychoanalytic Psychotherapy NOW 2009 Award Winners

At the Psychoanalytic Psychotherapy NOW conference we inaugurated several annual awards at a special ceremony on the evening of Saturday, 6 June. We were honored to have Camila Batmanghelidjh host the awards.

Lifetime Contribution to Training Award
This award celebrates a distinguished contribution over time to the clinical training of psychoanalytic/psychodynamic psychotherapists. Awarded to Margaret Rustin. Margaret was nominated for her child psychotherapy training initiatives at the Tavistock, where she has been instrumental in developing its course programme, negotiating links with university partners, and gaining NHS funding for the Child Psychotherapy training. 'There are countless individuals for whom her inspirational teaching and supervision have been unforgettable.'

Award for Innovative Excellence
This award celebrates a striking example of ground-breaking work. The innovative nature of the work could be in terms of clinical practice (e.g., new psychoanalytically-informed treatment approaches), research, or socially inclusive practice (e.g., working with sections of the community who may traditionally find access to therapeutic treatment dif cult). Awarded to The Maya Centre, London. The Centre was nominated for its psychodynamic counselling work with deprived women in Islington, and for organising in March 2009 a successful parliamentary briefing on poverty and mental health. 'The Maya Centre is… a tiny organisation, under constant financial pressure, working on issues concerning the profession as a whole.'

Award for 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 Brian Martindale. Brian was nominated for his work in many psychoanalytic and related organisations. He laid the foundations for the EFPP, raised the profile of psychoanalytic psychotherapy in the Royal College of Psychiatrists and of the International Society for the Psychotherapy of Schizophrenia, and played a key role in facilitating the foundation of the then BCP. 'For over 30 years he has shown outstanding leadership… a highly effective ambassador.'

Agenda For Renewal

A training for the 21st century

By Jeremy Holmes

MOST BPC MEMBER institutions are defined by the training they offer. However, the lineaments of psychoanalytic education have changed little since their inception a century ago – personal therapy, supervised practice and theoretical seminars remain the bedrock. The time-honoured triad has ensured continuity from the founding fathers and mothers into the present – Balint's apostolic succession.

But times change. The esoteric guild-like culture of training – *rites de passage*, idealised senior figures, admission of students to the mysteries after a prolonged and terrifying initiation period – has become anachronistic. Psychoanalytic psychotherapy must perforce become a profession. 'Pro-fession' was the open declaration of belief required for aspiring clergy. Psychotherapy today has to deliver on today's articles of faith, transparency and evidence-based practice, especially if aspiring to NHS or other 'third party' funding.

The implications of this for training cannot be underestimated. We have to find ways of holding onto our core values while bringing psychoanalytic education in line with the zeitgeist. Ideally, there will be links from therapy of proven effectiveness in the consulting room, through demonstrable therapist skills and probity, to trainings designed to ensure competence and ethical standards.

This is a tall order, which even the medical profession, with its 150-year head start, has only just begun to address. Most psychotherapy organisations now robustly address the ethical dimension, but have thus far tiptoed round the science and the pedagogy. While students learn to think critically about their feelings and actions in relation to their patients, this reflexiveness does not automatically, or comfortably apply to psychoanalytic theories and practice itself (c.f. Tuckett et al 2008).

Two related questions are the extent to which psychoanalytic theory informs consulting-room practice (Canestri 2006; Holmes 2009), and the definition of psychoanalytic competences and how training ensures students acquire them (c.f. Roth Lemma 2008). Psychoanalytic education traditionally places more emphasis on 'character' than competence, seeing immersion in the training experience as providing an irreplaceable opportunity for psychic growth. To this extent, it tacitly accepts the psychotherapy research finding that who you are as a therapist counts more than the specific model you follow.

Some of the questions that psychotherapy trainings will have to face if they are to achieve credibility will include the following. Are your students familiar with the methodology and findings of psychotherapy research? Do they consider the indications and contra-indications for the particular form of therapy in which they are training, and how it relates to other therapies such as CBT and systemic therapy? Why is training so time-consuming and expensive? Are your trainings 'modular' and thus able to accommodate the lifestyles of potential candidates such as parents of small children? Can students progress naturally up a training ladder to increasing levels of expertise? Do you address the contextual issues of psychiatric diagnosis, ethnicity and class in relation to psychoanalytic psychotherapy, or is lip service merely paid? Is teaching in line with modern educational theory – problem-based learning and student-led enquiry – or does it merely pass on received wisdom from those 'supposed to know' to the uninitiated? To what extent is audio and video recording used to evaluate student's real-world practice?

Starting a four-year psychoanalytic psychotherapy training *de novo* at the University of Exeter in 2002, we have tried, with varying degrees of success, to address some of these issues, while remaining loyal to fundamental training principles. We settled on twice weekly personal therapy since it was the requirement for membership of the PPP Section of the UKCP; we are currently hoping, via the new policy and a generous offer of association with the BAP, to become part of the BPC.

'Students are drawn mainly from health service employees on day release...'

We opted for a university base, with its culture of open enquiry, critical thinking, and externally-validated educational standards – with the added bonuses of heated buildings and an administrative infrastructure. Students gain both a psychotherapy qualification and an academic higher degree. The course includes research and integrative modules held in common with parallel track CBT and family therapy courses. There is a natural modular post-MA 'break' after two years, enabling both students and trainers to consider their options.

Students are drawn mainly from health service employees on day release, part-funded by the Health Authority, and assigned to clinical placements in health service settings. Instead of infant observation there is an 'organizational observation' module in which students practice active listening to unconscious processes in sites such as an acute inpatient unit. Some classes are student-directed, with sessions on psychoanalytic aspects of film, literature, and photography. There is regular student feedback, and responsive alterations to the curriculum.

There remains a degree of scepticism about the validity of our project. Our students may have acquired competence, but have they changed sufficiently in character? Is it fair to expect them to resolve the contradiction between becoming good therapists with a strong belief in the validity of one's work, and the unremitting Popperian doubt of academia? We remain convinced that the trade-off between lesser intensity but greater external relevance and validation is worthwhile, and that cross-fertilization, however demanding, fosters hybrid vigour rather than chimera.

A delegate at the recent Psychoanalytic Psychotherapy Now conference compared the current state of psychoanalytic psychotherapy with that of early evolutionary theory. Natural selection convincingly explained the origin of species, but pre-Mendel, pre-Watson & Crick, Darwin was in the dark as to its 'mechanism of action'. Similarly, we know for sure that psychoanalytic psychotherapy 'works', but how it produces change remains a mystery – therapeutic charisma, accurate interpretation, secure attachment, instillation of mentalising capacity, or as yet unarticulated factors? Therapy training for the 21st century must acknowledge the reality of that uncertainty without succumbing to dogmatism or despair, and create educational contexts fit to encompass it ■

Canestri, J. (Ed.) (2006). *Psychoanalysis from practice to theory.* Chichester, UK: Wiley

Holmes, J. (2009) *Exploring In Security: Towards an Attachment-informed Psychoanalytic Psychotherapy.* London: Routledge

Roth, A., & Lemma, A. (2008). *The competences required to deliver effective psychoanalytic/psychodynamic psychotherapy.* London: Department of Health. Available online at www.ucl.ac.uk/clinical-psychology/CORE/Psychodynamic_ Competences/Background_Paper.pdf (accessed 11 June 2009)

Tuckett, D., Basile, R., Birksted-Breen, D., Bohm, T., Denis, P., Ferro, A., et al. (2008). *Psychoanalysis comparable and incomparable: The evolution of a method to describe and compare psychoanalytic approaches.* London: Routledge

For further information about the Exeter course contact Pam Willox, p.willox@exeter.ac.uk or Richard Mizen, richardmizen@tiscali.co.uk

IAPT – into the future

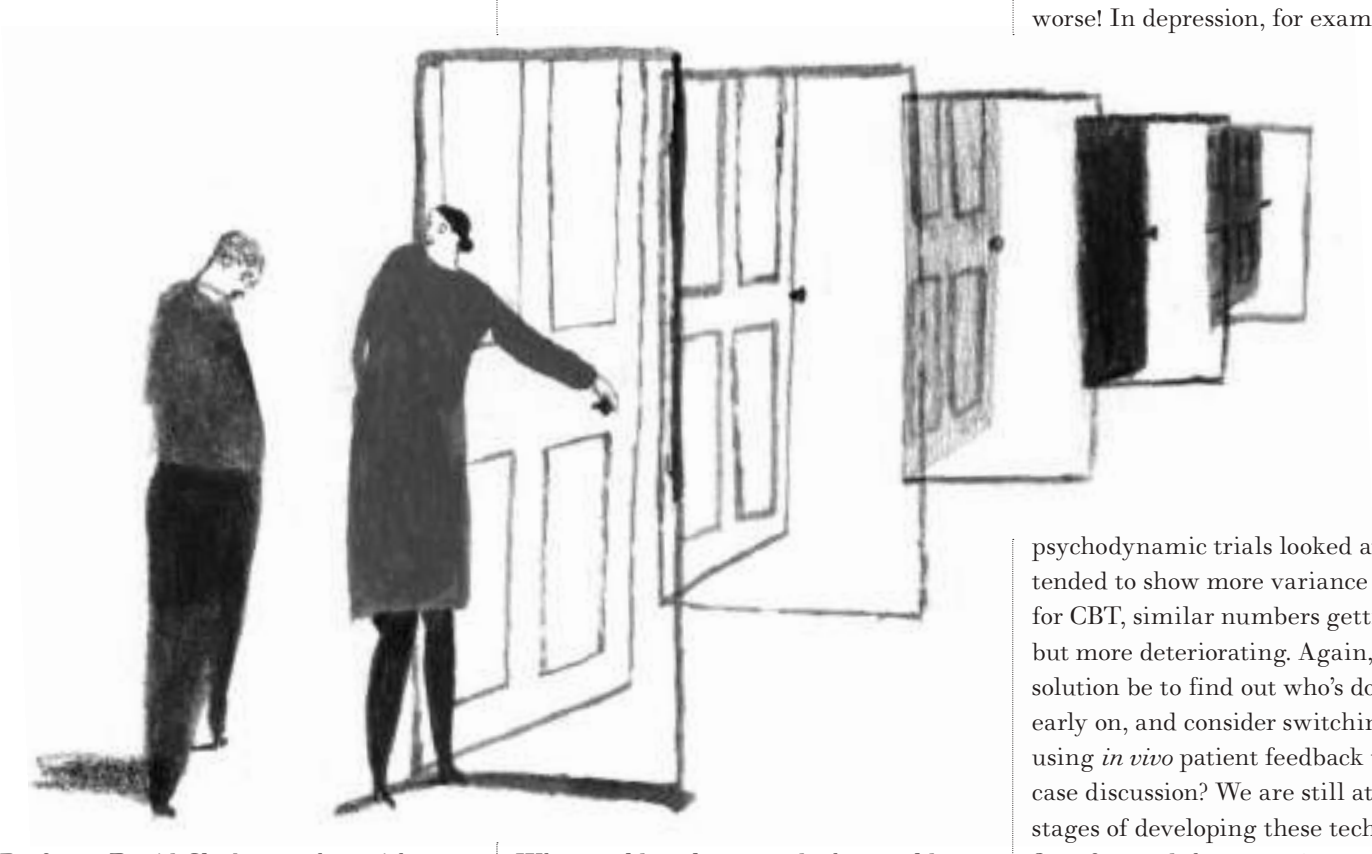
By Jeremy Clarke

IF IAPT IS ANYTHING it is an experiment. And any experiment, if it is worthwhile, must offer the possibility of failure. After all, if Freud's life work amounts to something of enduring clinical value, it shows us what can grow from failed encounters. Think of Dora. But psychoanalysts for too long since have protested their outcomes are not measurable. Are we frightened to fail too much? Are we frightened Eysenck was right?

IAPT clinicians, by contrast, are going boldly forth. In measuring what happens at every session and with each patient, a radical new experiment is being undertaken. The outcome of this, if nothing else, should entitle these practitioners to doff their hats to no one. Mere claims that it is *your* treatment that is best, whether by trial, by tradition, or by stacking up the shelf of discharged patients, higher or cheaper, from now on are not enough.

And for IAPT as a programme, as conceived originally, this is also why there is some way to go before it proves itself. This autumn, at the third New Savoy conference, Professor Glenys Parry will present findings from the independent evaluation of the IAPT demonstration site phase: the Doncaster and Newham experiments. We should not be waiting on the possibility of discovering only at which hurdles these services may have stumbled, watching and hoping that the national experiment will shy away, and then give up the race, exhausted. We should be fully engaging, seeking to learn from whatever results are found, and subjecting whatever is still to come to intelligent, thoughtful analysis. Here I argue why psychoanalytic psychotherapists should now step up to the challenge that IAPT has thrown down.

First, we should remind ourselves of what success for IAPT – in theory – could look like. Lord Layard put forward a persuasive *hypothesis*. Success in providing access to evidence-based therapies for more people with common mental health problems would lead to fewer days and years lost to employers through people languishing, ill and untreated, on benefits. This was the economic case.



Professor David Clark, together with other colleagues from the world of CBT research, made an equally persuasive *argument*. If we invest in training a new NHS workforce to match the performance standards of the best therapists in the best treatment trials (for depression and anxiety), we can improve the nation's mental Wellbeing by raising our future quality of treatments-as-usual. This was the clinical case.

Professor Dave Richards, again with other colleagues from the adjunct world of health service research, offered a third *potentially* convincing rationale. Based on evidence that offering the least burdensome interventions first can enable services to provide more care, where large numbers of people need this care delivered effectively and, *probably*, more effi ciently, he advocated a stepped care model. This was the system reform case.

There are other aspects of the IAPT experiment such as the evolution of multi-disciplinary teams deploying Psychological Wellbeing Practitioners with more Advanced Psychological Therapists. There is also a further definition of the IAPT care pathway still to come now that the new NICE guidelines for depression have been agreed. There is much to discover, including what happens where different professionals collaborate on different targets of care (helping patients return to work; dealing with medically unexplained symptoms, or long-term co-morbid physical conditions etc.). More directly relevant to psychoanalytic and psychodynamic therapists is the Health Secretary's support for publication of the IAPT *Statement of Intent*, and a forthcoming report, *New Ways of Working for Psychological Therapists*, which recommends expanding patient choice in IAPT services beyond offering CBT-based interventions. But the main arguments that supported the original IAPT implementation plan are striking in their clarity, ambition and – sheer courage.

What could we learn, and what could we gain, if each of these arguments *failed*, and we were part of the project?

Let's start with system reform.

IAPT has invented a new worker: the Psychological Wellbeing Practitioner. We know there is a sea of unmet need. We know all too well our therapy services have been cash-starved; they may be so again as NHS budgets get squeezed. Step forward the new IAPT *Stakhanovites* who might meet this challenge. One important question, though, will be whether matching more complex patients to IAPT Advanced Practitioners at the outset provides a more effi cient and sustainable care pathway.

'Let's start with system reform.'

New NICE guidance to address this and other such questions is already in the offi ng. What is imperative is that this guidance looks at data from practice-based sources, that is, routinely collected outcomes from practitioners in community settings, that begins to shed light on *who* works best with *whom*. In these new kinds of teams it should become the responsibility of the whole team to raise their average game. They can only do this by finding out who *isn't* working so well with whom. *Whose* patients drop out early? *Why* are my recovery rates *less* than hers? And *which* team member *is* the weakest link?! Actually, these are serious, difficult questions. Thoughtful, reflective practitioners must do their best to discuss them with care and honesty.

What about improving the nation's mental well-being? The good news is that we have several available treatments for common mental illness that can get up to 50 percent of patients initially into recovery. The problem is if the other 50 percent not only don't get better, they get worse! In depression, for example, the psychodynamic trials looked at by NICE tended to show more variance than trials for CBT, similar numbers getting better, but more deteriorating. Again, might the solution be to find out who's doing badly early on, and consider switching therapy, using *in vivo* patient feedback to inform case discussion? We are still at the early stages of developing these technologies. Step forward the new *teleoanalysts** whose skills we will need increasingly to interpret practice-based data and improve what we do.

If knowing what clinical strategies are failing today can help us make better judgements for our future patients tomorrow, what then, finally, post-crash, of our ability to predict whether improved access to therapy *increases* GDP? Whatever else you may think of him, for being more of a friend to CBT than to us, the way Lord Layard made an economic case can teach us a lot. The Treasury did not agree to fund IAPT just because it was a worthy cause.

That was – in 2007 – the NHS that was. In NHS 2009, from David Nicholson, the man at the top, comes the warning: 'all bets are off'. And who knows what the chill wind of a Tory regime at Richmond House might bring for NHS 2010? There will be one constant refrain though: 'From therapy (back) to work.' And he who disproves the Layard economic hypothesis, or uses new evidence from psychotherapeutic outcomes to invent a better theory, should win whatever health prize is left – and merit all our gratitude.■

* See Barkham, M. and Clarke, J. 'Evidence de rigueur: the shape of evidence in psychological therapies and the modern practitioner as teleoanalyst', *Clinical Psychology Forum, Tribute to Phil Richardson* (in press).

Freud's porcupine

By Malcolm Allen

Four days, one hundred years ago, that changed history

ONE OF THE MORE curious objects to be seen at the Freud Museum is a small metal porcupine. Few people know the story behind this spiky little rodent or that it was a hundred years ago last month when it was given to Freud. More importantly, the gift was presented at the end of four intensive days of conversation which proved to be a turning point in the fortunes of psychoanalysis.

On 15 September 1909, Freud, Ferenczi and Jung set off in a two-horse buggy for the Adirondack Mountains in New York State. Freud and Jung had both just given a series of lectures at Clark University a little way outside Boston – the main reason for Freud's first and only visit to the US. Here they met James Jackson Putnam.

Putnam was a pioneer of neurology in the US, a Harvard professor and one of the most respected neurologists and psychologists in the country. Aged 63, he could have sat back to enjoy the considerable professional prestige he had won. But Putnam combined an insatiable intellectual appetite with a deep frustration that professional psychology had not delivered on its promise to troubled patients.

The failure by the psychological establishment to achieve a viable model for psychotherapy had encouraged the growth of various proto-New Age 'mind-cure' practices such as Christian Science, New Thought and the church-based Emmanuel Movement in Boston (with a good success rate in helping alcoholics). Putnam was an initial supporter of the Emmanuel Movement though his suspicion of 'the fanatical spirit' gradually pushed him to withdraw his support.

This competition from the 'irregulars' spurred Putnam and his colleagues to try to fashion a scientifically-grounded psychotherapy that could deliver results. In 1908, Putnam embarked on an ambitious series of articles for William Belmont Parker's prestigious new magazine, *Psychotherapy: A Course of Reading in Sound Psychology, Sound Medicine and Sound Religion*. But Putnam was all too aware he was struggling to create a successful paradigm for psychotherapeutic intervention.

Putnam, with his friend William James, attended all five of Freud's conversational-style lectures, delivered in German. He was enthralled, as so many of the dilemmas he had wrestled with for years were addressed.

'...his patient insistence that one need not be afraid of any variety of sexuality...'

But it was in the more intimate and idiosyncratic atmosphere of Putnam Camp, a type of wilderness retreat favoured by the Boston intelligentsia, that the life-long intellectual friendship between Freud and Putnam was forged. Putnam presided over a jolly, physically rigorous regime where costumed masques, dancing, climbing expeditions, enormous meals and Wagner sing-alongs filled the days. After a gruelling hike on the first day, Freud declared he had stomach pains and was in no state to further explore the surrounding terrain.

So it was that Putnam and Freud spent the rest of the time in concentrated discussion within the grounds. George Prochnik, who has chronicled these events in a beautifully-written account, said, 'Freud's measured response to Putnam's enquiries about even the most disturbing topics, his patient insistence that one need not be afraid of any variety of sexuality (including one's own), won Putnam's trust and faith.'

After the visit, Putnam threw his enormous professional weight behind the psychoanalytic cause, writing papers, lecturing, debating with opponents, and practicing psychoanalysis on his own patients. By the end of his life, nine years later, psychoanalytic concepts had taken hold in America: first within the medical establishment, but soon after through films, novels and the press to become household terms.

Part of Putnam's ability to win Americans over to the psychoanalytic cause may have been helped by his outlook as a Unitarian minister. A form of liberal religion, modern Unitarianism draws upon the New England transcendentalism of Emerson and Thoreau. Here the unity of individual souls with nature (or with God) lends dignity to human activity and makes possible a belief in the power to effect social change. These themes are an important strain in American popular culture, powerfully typified for example in Douglas Sirk's 1950s Hollywood melodramas. In *All that Heaven Allows*, the young gardener played by Rock Hudson lives life according to his own rules – with lush images of his nursery by an old mill contrasting with the claustrophobic snobbery of the country-club set. You can draw a line right through to the homespun 'true to yourself' values of the True Movies channel, or the moral prism of Oprah's shows.

In their subsequent meetings and correspondence, Freud and Putnam expressed profoundly divergent views on many of the big questions. Putnam insisted on a metaphysical view of the universe, a belief in human progress and the need for a 'spiritual' dimension to life. Freud remained a hard-line secularist throughout, with an ever-deepening pessimism about the possibility of progress. But their friendship and mutual respect persisted and Putnam remained a rock-solid and effective ambassador for psychoanalysis to the end.

'Putnam ... found him the perfect parting gift: a bronze porcupine.'

On the first evening at Putnam Camp, Freud jokingly expressed his disappointment that he had not yet seen a porcupine, one of his main reasons to visit America. He may have repented this aside, as the revelation that a porcupine nest had been spotted undermined any excuse for him not to join the next day's expedition. Alas, when they found the nest after an excruciating climb, the mammal's dead carcass was in an advanced stage of decay. But by the end of their visit, Putnam had resourcefully found him the perfect parting gift: a bronze porcupine. It remained on Freud's desk for the rest of his life ■

Putnam Camp: Sigmund Freud, James Jackson Putnam and the Purpose of American Psychology by George Prochnik, Other Press (2006)

Diary

OCTOBER

7 Oct – 13 Dec 2009
HYSTERIA
The Freud Museum,
20 Maresfield Gardens, London
Curated by James Putman
Contact: Front of House,
Alex Bento and Francisco da Silva
alexandfrancisco@freud.org.uk
020 7435 2002
www.freud.org.uk

22 Oct – 5 Dec 2009
MRS KLEIN
Almeida Theatre, Almeida Street, London
Written by Nicholas Wright,
Directed by Thea Sharrock
Contact: Box Of ce: 0207 3594404
ticketenquiries@almeida.co.uk

29 October to 1 November 2009
FIFTH EUROPEAN PSYCHOANALYTIC FILM FESTIVAL: Screen Memories from Eastern Europe
BAFTA, 195 Piccadilly, London W1
Honorary President: Bernardo Bertolucci
Chair: Andrea Sabbadini
Contact: ann.glynn@iopa.org.uk
www.psychoanalysis.org.uk/epff5

31 October 2009
CHALLENGE OF INTEGRATION: WILL PSYCHOANALYTIC PSYCHOTHERAPY SURVIVE?
National Centre for Early Music, York
Speakers: James Johnston, R.D Hinshelwood, Jeremy Holmes, Heather Wood, Stanley Ruszczynski, Julian Lousada, Chris Mace
Contact: 0113 305 5638
ASC@leedspft.nhs.uk
www.andrewsimscentre.nhs.uk

NOVEMBER

7 November 2009
THE TRANSCENDENT FUNCTION TODAY
Friends Meeting House, 43 St. Giles,
Oxford OX1 3LW
Speaker: Barry D. Proner
Contact: Training & events administrator at The SAP, 020 7419 8896
training@thesap.org.uk
www.thesap.org.uk/talks-in-oxford

7 November 2009
'LIBER NOVUS':
THE RED BOOK OF C. G. JUNG
Royal Society of Medicine,
1 Wimpole Street, London W1
Speaker: Sonu Shamdasani
Contact: Maggie Stanway, 0207 235 8158
maggie.stanway@zen.co.uk

10 November 2009
BEYOND THE PLEASURE PRINCIPLE
Tavistock Centre,
120 Belsize Lane, London NW3
Speaker: Nicola Abel-Hirsch
Contact: events@tavi-port.org.uk

14 November 2009
SHADOWS OF THE HOLOCAUST: Psychoanalytic/Group relations work with Germans, Jews, Palestinians, Israelis
The Institute of Psychoanalysis, 112a Shirland Road, London W9 2EQ
Speakers: Mira Erlich-Ginor; M. Fakhry Davids; Anton Obholzer
Contact: ann.glynn@iopa.org.uk

14 November 2009
MAKING LINKS: Applied psychoanalytic psychotherapy in a medical setting
Tavistock Centre, 120 Belsize Lane,
London NW3 5BA
Speakers: Julian Stern,
Shirley Borghetti-Hiscock
Contact: Aishleen Lester, Lincoln Centre, 020 7978 1545
clinic@lincoln-psychotherapy.org.uk

14 November 2009
RELATING TO SELF-HARM AND SUICIDE: Psychoanalytic perspectives on practice, theory and prevention.
LCP, 32 Leighton Road,
Kentish Town, London NW5 2QE
Speaker: Stephen Briggs
Contact: LCP, 020 7482 2002
info@lcp-psychotherapy.org.uk

15 November 2009
CONNECTING CONVERSATIONS: Novelist Sebastian Faulks in conversation with Monica Lanman
UCL Cruciform Building,
Gower Street, London
Speakers: Sebastian Faulks & Monica Lanman
Visit: www.connectingconversations.org for online bookings, 07787814316 for telephone bookings

20 November 2009
LOCKED INTO THE SCREEN: Problematic aspects of new technologies for children and adolescents
Tavistock Centre,
120 Belsize Lane, London NW3
Speaker: Tessa Dalley,
Mike Tait, John Woods
Contact: events@tavi-port.org.uk

21 November 2009
ATTACHMENT IN MIDDLE CHILDHOOD: New developments and challenges
Sir Ambrose Fleming Lecture Theatre, UCL, London
Speakers: Stephen Scott, Tom O'Connor, Sandra Jacobson, Peter Fonagy, Mary Target, Danya Glaser, Yael Shmueli-Goetz, Henrik Daae Zachrisson
Contact: www.annafreudcentre.org/shortcourses.php?id=119

21 November 2009
INTERNAL RACISM AND THE OUTSIDE WORLD
Friends Meeting House,
91-93 Hartington Grove,
Cambridge CB1 7UB
Speaker: Fakhry Davids
Contact: Training & Events Administrator at The SAP, 020 7419 8896
training@thesap.org.uk
www.thesap.org.uk/talks-in-cambridge

26 and 27 November 2009
PSYCHOLOGICAL THERAPIES IN THE NHS
Savoy Place, London
Guest speaker: Andy Burnham, Secretary of State for Health
Contact: 020 8541 1399 | matt@healthcare-events.co.uk | www.healthcare-events.co.uk

DECEMBER

5 December 2009
INSTITUTIONAL RACISM – Can psychotherapy change?
The Council Room, Mansfield College,
Mansfield Road, Oxford
Speaker: Andrew Cooper
Contact: Wessex public event secretary,
0118 966 3993
www.bap-psychotherapy.org

9 December 2009
ROLE OF ANTI-DEPRESSANTS AND PSYCHOTHERAPIES IN THE MANAGEMENT OF ADOLESCENT DEPRESSION
Association for child and adolescent mental health, St Saviour's House,
39-41 Union Street, London
Speakers: Eilis Kennedy & Gordana Milavic
Contact: Jacqui Colgate 020 74037458
www.acamh.org.uk

11 December 2009
PSYCHIC TRUTH & PSYCHIC REALITY
Cruciform Building, UCL, London
Speaker: Chris Mawson, David Taylor, David Tuckett, Rudi Vermote
Contact: n.harding@ucl.ac.uk | www.ucl.ac.uk/psychoanalysis/events/events.htm

JANUARY

23 January 2010
ENDURING PAIN, ENDURING SPIRIT – The function of a masochistic perversion in preserving the self and its good objects
Friends Meeting House,
91-93 Hartington Grove,
Cambridge CB1 7UB
Speaker: Lauren Kaye
Contact Details: Training & events administrator at The SAP, 020 7419 8896
training@thesap.org.uk
www.thesap.org.uk/talks-in-cambridge

29 January 2010
ON BEING ALIVE: Between death and the primal scene
CAPS, Byron House,
The Institute of Psychoanalysis,
112a Shirland Road, London
Speaker: Michael Parsons
Contact: Conference & events of ce:
Marjory Goodall,
Marjory.goodall@iopa.org.uk
02075635016

30 January 2010
WHY I PREFER AN EMPTY CUPBOARD: Some thoughts about finding words and meaning in the analytic situation
Friends Meeting House,
43 St. Giles, Oxford OX1 3LW
Speaker: Jennifer Stein
Contact details: Training & events administrator at The SAP, 020 7419 8896
training@thesap.org.uk
www.thesap.org.uk/talks-in-oxford

FEBRUARY

5 February 2010
TCCR ENID BALINT MEMORIAL LECTURE
Lecture Theatre, The Tavistock Centre,
120 Belsize Lane, London NW3
Speaker: Michael Brearley
Contact: training@tccr.org.uk

6 February 2010
CHANGING MINDS IN THERAPY: Emotion, attachment, trauma and neurobiology
The SAP, 1 Daleham Gardens,
London NW3 5BY
Speaker: Margaret Wilkinson
Contact: Training & events administrator at The SAP,
020 7419 8896
training@thesap.org.uk
www.thesap.org.uk/talks-in-london

27 February 2010
SCAR TISSUE THAT I WISH YOU SEE: Hidden meaning in body art and self-harm
The SAP, 1 Daleham Gardens,
London, NW3 5BY
Speaker: Marica Rytovaara
Contact: Training & events administrator at The SAP,
020 7419 8896
training@thesap.org.uk
www.thesap.org.uk/talks-in-london

MARCH

20 March 2010
BRUTAL TYRANTS, BRUTAL SERVANTS. Struggles with perversion
Friends Meeting House,
91-93 Hartington Grove,
Cambridge CB1 7UB
Speaker: Malcolm Rushton
Contact: Training & events administrator at The SAP,
020 7419 8896
training@thesap.org.uk
www.thesap.org.uk/talks-in-cambridge

APRIL

23 April 2010
INSIDE STORY: Thinking about human relations in older people
The Gillis Centre, Edinburgh
Speakers: Dr Sandra Evans, Dr Tom Russ
Contact: Amanda Cornish, Executive Director, SIHR, 0131 454 3240
a.cornish@sihr.org.uk

JUNE

12 June 2010
PSYCHOANALYTIC PSYCHOTHERAPY NOW
The Mermaid Conference & Events Centre, Blackfriars, London
Speakers: TBA
Contact: mail@psychoanalytic-council.org
0207 561 9240

Reviews

FREUD

Freud. Dir. Moira Armstrong. BBC in association with Hearst / ABC – RCTV, 1984. [Released by Just Entertainment, 2006]

In 1984 the BBC televised a six-part dramatisation of the life of Sigmund Freud, starring David Suchet. Fortunately, for those who missed the original transmission 25 years ago, this lavish and meticulously researched television series, simply entitled *Freud*, can now be purchased on DVD. I cannot recommend these one-hour programmes too highly, not only for David Suchet's skilled and sympathetic central performance, but also, as perhaps the most intelligent and comprehensive portrayal of the development of psychoanalysis.

Carey Harrison's teleplay, based on the biography by Ernest Jones, as well as the research of the revisionist psychoanalytical historian Peter Swales, provides a thorough treatment of all the 'set pieces' in Freud's life which will be familiar: his long courtship to Martha Bernays; his work as a physiologist, histologist, and neurologist; his experiment with cocaine; his close association with Josef Breuer; his visit to the Salpêtrière in Paris; the development of his private practice; his transformative friendship with Wilhelm Fliess, and so on, culminating in his flight from the Nazis and his death in London.

I well remember the newspaper controversies generated by this dramatisation. In particular, Freud's grandson, Anton Walter Freud, criticised the television series for underscoring Freud's putative romance with his sister-in-law Minna Bernays. He dismissed any such affair as sheer nonsense; but as a result of the recent researches of the German sociologist Dr Franz Maciejewski, we now know that Freud *did* in fact share a hotel room in the Engadine with his sister-in-law on at least one occasion. Thus, the revelation that Freud may have committed adultery seems not quite as shocking or indeed as relevant to the scientific status of psychoanalysis as it did in 1984 when the last surviving members of Anna Freud's circle would still have been alive.

Freud contains many memorable scenes. But I particularly appreciated the dramatisation of Freud as a young doctor, accompanying Professor Theodor Meynert on a ward round at the Allgemeines Krankenhaus. The horrors of the 19th-century lunatic asylum are recreated with chilling accuracy, and we cannot but recoil as we watch the cruelty with which Meynert, the chief psychiatrist, treats these ostensibly savage patients, writhing and screaming, and completely misunderstood. This scene alone reminds us of the great humanitarianism of Freud who helped to introduce the non-invasive talking cure in the privacy of a quiet consulting room.

In addition to Suchet's riveting work as Freud, one might single out the fine performances of Miriam Margolyes as the Baroness Anna von Lieben (Freud's hysterical patient 'Cäcilie M.' from the *Studien über Hysterie*), and of Dinsdale Landen as Charcot.

Sometimes, the highly clipped 1980s British accents of the supporting cast can be quite jarring. The actor portraying Freud's physician, Dr Max Schur, sounds more like a member of the British Royal Family than a Viennese refugee. Ilona Szekacs's musical score, though well crafted, often intrudes in too macabre a fashion. But these minor quibbles in no way diminish the fine quality of work in this television series.

This dramatisation will provide a great refresher course in the seminal foundations of Freud's life and work, and will be of inestimable value to teachers of introductory courses on psychology, psychotherapy, and psychoanalysis.

Brett Kahr

ASTERIOS POLYP
BY DAVID MAZZUCCHELLI.
ALFRED A. KNOPF, 2009

Comics graduated to 'graphic novels' for an adult readership in the late 70s to early 80s. Historically this followed the publication of classics such as Will Eisner's *A Contract with God* and Art Spiegelman's *Maus*, the latter a touching account of the personal experience of the Holocaust as narrated by the author's father. Growing popularity and bold experimentation resulted in many successful and memorable books. *Jimmy Corrigan, the Smartest Kid on Earth* by Chris Ware won the Guardian first book award in 2001, and the wonderful black-and-white *Persepolis* by Marjane Satrapi was filmed in 2007, to great critical acclaim and success.

I would add to these milestones a recent publication, *Asterios Polyp* by David Mazzuchelli. The author is well known, especially after his version of Paul Auster's *City of Glass*. *Asterios Polyp*, however, is his first 'graphic novel' as an author. It was apparently ten years in the making, all to its benefit.

Main character Asterios is 50 years old at the beginning of the book. Previously an academic and an architect, 'he's become the shadow of his former self.' Lightning destroys his house and, as he runs to save himself, he says, 'Not again!' It is 'the constant recurrence of the same thing' (Freud, 'The Uncanny', 1919), a familiar tragedy hitting him once more. In the same panel, we can associate the tragedy to his identical twin, Ignazio, dead at birth. Ignazio is also the narrator. Next, Asterios embarks without looking back in a personal journey 'on the road', with no clear destination. This time around, his struggle to confront his dead double and his own narcissism is influenced by the loss of Hana, his ex-wife.

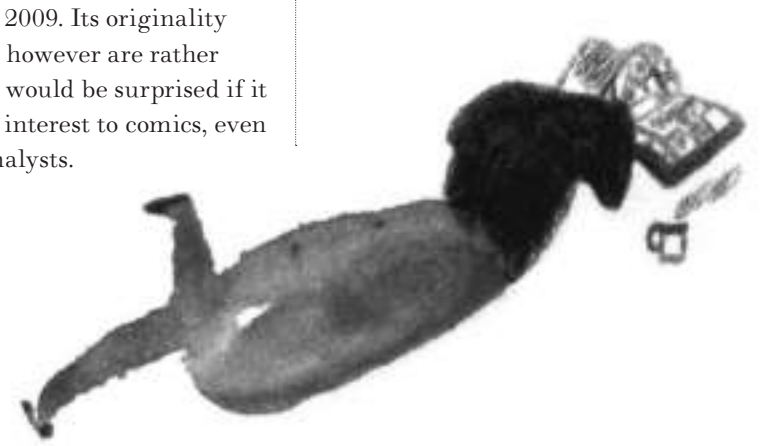
The story moves from the present to a gradual reconstruction of his past. It abounds with references to literature, philosophy, art and myth, and constantly reinvents the 'comic' medium through a dynamic and innovative use of empty spaces, thematic colours and lines. It could only exist as a comic – its graphic technique adding depth and perspective to the main narrative and revealing new details with each reading.

The dynamic relation of the protagonist to his mirror image – the double – and the implications for his sense of identity and limited freedom to relate were of particular interest to me. The double has a long history in literature, starting perhaps with the familiar myth of Narcissus losing himself while looking at his reflected image. The theme of the 'double' has also an honoured place in the history of psychoanalysis, starting with Rank's classic study *Der Doppelgänger* (1914) and the interest of Freud, who wrote of it in 'The Uncanny', along lines that help clarify the main themes of the book.

The double in Freud is described as endlessly preoccupying the subject, at times sympathetically, at others in threatening and hostile ways as an 'harbinger of death'. In *Asterios Polyp*, this preoccupation has apparently resulted in a grandiose but false sense of self-importance (he has survived, and is successful, yet he is an architect whose buildings have never been built). He is rather irritatingly full of himself. Yet, sharing Ignazio's hidden, omnipresent perspective, we also see the extent of his rigid, paranoid ideas and behaviours. We witness a profound lack of spontaneity and emotional development, that lead to a breakdown of his personal and professional achievements after the separation from his wife. The reconstruction of his life proceeds by flashbacks, as we witness a recurrent, changing dialogue with the dead brother. The various characters he meets are never predictable and Asterios is now different, open to learn from new experiences. He gradually changes, becoming a richer, more human figure. The reader too finally warms up to him – a good outcome for a case of narcissism. I won't say more as it would spoil your reading pleasure. I found a plethora of scholarly annotations and engrossing reviews on the web, detailing themes and sources and digging out hidden references well beyond what I've outlined.

Some compared it to Mann's *Magic Mountain* for its symphonic, multilayered structure. Others found similarities to Joyce's *Ulysses*, or to John Updike. These comparisons may be too rushed, as the book was after all just published in June 2009. Its originality and achievements however are rather remarkable, and I would be surprised if it didn't attract new interest to comics, even between psychoanalysts.

Giovanni Polizzi



Now Showing

IN TREATMENT

Sky Arts began screening HBO's English-language adaptation of 'Be"Tipul' from 5 October. The 43 episodes of 'In Treatment' are being shown every weeknight at 10pm, with an omnibus of the week's episodes at 10pm every Sunday. The first series will be released in the UK on DVD on 1 February 2010, although the American format DVD set is already available. 'One doctor. Five sessions. Five nights a week. Set within the intimate confines of individual psychotherapy sessions with five sets of patients, the series centres around Paul (Gabriel Byrne), a therapist who exhibits an insightful, confident demeanour when treating his patients, but displays a crippling insecurity while counselled by his own therapist, Gina (Dianne Wiest).'

HYSTERIA

The Freud Museum's current exhibition, *Hysteria*, relates to the print that hangs above Freud's iconic couch depicting Charcot showing his students a woman in a hysterical fit. British artist Mat Collishaw's work often uses visual devices that have their roots in 19th century illusionistic techniques. In the room of Anna Freud he has installed a zoetrope sculpture with animated figures of imp-like boys smashing eggs, spearing snails and throwing rocks at butterflies. Freud's study features a series of intriguing tree stump sculptures that incorporate record decks that emit evocative birdsongs. The grooves in the records could be likened to the concentric rings of the tree that record its annual growth and history. Collishaw's tree stumps allude to theories of repression, loss and the nature of memory developed by Freud, while the birdsongs bring to mind the vicissitudes of speech and the desire to communicate. The exhibition runs until 13 December.

MRS KLEIN

The Almeida Theatre's revival of Nicholas Wright's *Mrs Klein*, directed by Thea Sharrock, is playing until 5 December. Claire Higgins portrays Melanie Klein in this study of a mother-daughter relationship. The 23 November performance will be followed by a question and answer session with members of the company.

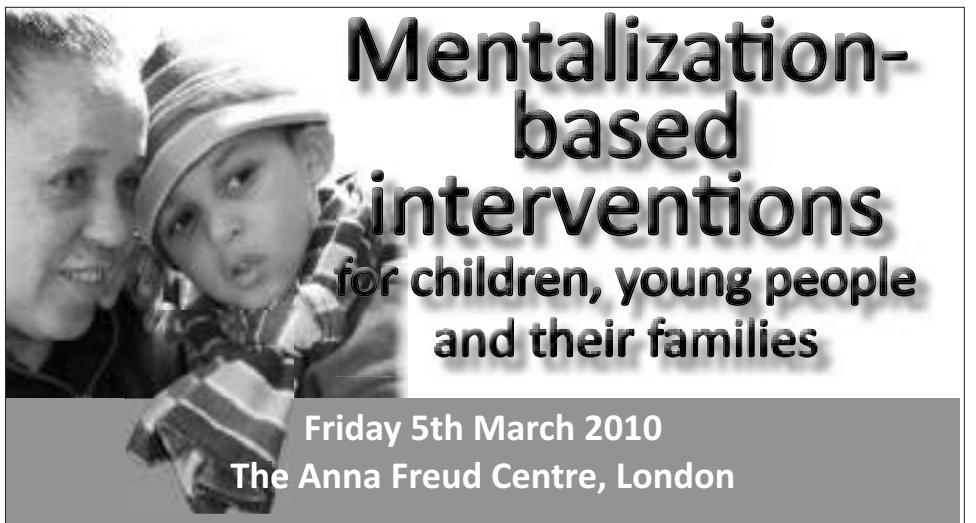
100 years of the IPA

The International Psychoanalytical Association is celebrating its centenary in 2010, and psychoanalytic organisations around the world are hosting events to mark the anniversary.

Next year's European Psychoanalytical Federation conference is being held in London: the conference theme is 'Passion, Love and Sexuality in Psychoanalysis'. Part will be open to the public, a 'Meet the IPA' panel on Saturday, 27 March. Registrants of the BPC who are not IPA members can apply for tickets for the whole conference as guests and participate in some of the pre-conference groups. This annual conference is held in different European locations each year, so next year offers a valuable opportunity when it is in London. BPA member Jan Harvie-Clark (020 7794 2486) is the chair of the local organising committee and is happy to answer any questions about the conference. Programme information can be found at www.epf-eu.org.

Similar events with public sessions are being arranged by the regional groups in North and Latin America. Celebrations are being held more locally during the annual meeting of the American Psychoanalytic Association in January, at the Asian Conference in Beijing in October, and the joint DPV/DPG conference in Berlin in March, among others.

The IPA was born out of Freud's intimate Psychological Wednesday Society, later the Vienna Psychoanalytical Society. In 1907 Ernest Jones suggested to Carl Jung in Zurich that an international meeting should be arranged to bring together colleagues from various countries in order to discuss their common interest in psychoanalysis. Freud welcomed the proposal, and it was during this meeting in Salzburg, in 1908, that the idea of an international association was discussed and agreed upon. The next Congress was held at Nuremberg in March 1910, and it was at this Congress that the IPA was founded. Today the IPA has more than ten thousand members in some fifty countries. The two British IPA component societies, the BPAS and BPA (due to achieve full status in January), are both member institutions of the BPC.



New Associations is published by the British Psychoanalytic Council, Suite 7, 19-23 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 February, June, and October.

Subscriptions
UK annually (3 issues): £10
Overseas annually: £16

Editorial Board
The *New Associations* Editorial Board is currently being convened. Details will be posted on the BPC website.
Managing Editor: Malcolm Allen

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

Design Studio Dempsey
Designers Mike Dempsey and Stephanie Jerey
Illustrations Laura Carlin
Printer The Nuf eld Press, Oxford

Contribute to New Associations
We welcome your ideas for articles, reviews, and letters to the editor. In particular we are looking for reviews of cultural events, books and films with psychoanalytic interest. If you would like to propose a topic for a longer article (up to 900 words) please contact Janice Cormie: janice@psychoanalytic-council.org

Deadlines: The next issue of *New Associations* will be published in February 2010. The deadline for article proposals is 21 December 2009. Contributions and letters to the Editor should reach us no later than 11 January 2010.