New Associations
NEWS, ANALYSIS, OPINION FOR THE PSYCHOANALYTIC COMMUNITY | ISSUE 9 SUMMER 2012
BRITISH PSYCHOANALYTIC COUNCIL

Defining the task ahead

By Gary Fereday

AS I ENTER my fifth month as Chief Executive, the task ahead is becoming clearer. I'm still busy meeting member institutions and registrants and continue to be struck by the positive and warm welcome I receive. I get a real sense of support and desire for the BPC to increase its role representing the profession nationally.

There have been many words written, many of them in this magazine, questioning the state and future of psychoanalysis and psychotherapy. There is a tendency for some to become despondent and express feelings that the profession is in decline. Whilst recognising the environment doesn't always feel friendly, I'd suggest that there are opportunities if we look for them. We need to think creatively, with a 'treatment' and a 'service' state of mind; the latter requiring an entrepreneurial spirit as to how we can take psychoanalytically informed work out into the wider world.

For those working in the public and voluntary sectors, the profession clearly feels under attack. The Government will argue they are investing more into psychological therapies than ever before. They are right, but that investment is primarily in CBT under the IAPT programme, and the picture for psychoanalytically informed work seems rather more troublesome. But there are psychoanalysts and psychotherapists developing positive relations with IAPT services and others developing new and innovative ways of working, such as the City and Hackney service outlined by Brian Rock on page 10.

In the private sector the picture often depends on where you practice. In North London it can feel crowded with psychotherapists and institutions all competing for trainees and patients. Those patients often have increasing need for psychological help, but often have little or no ability to afford private fees. As reflected in Rupert Nieboer's piece on page 11, recent open days at institutions have been well attended. This is encouraging and exciting, yet at the same time some of the same institutions are struggling to fill their courses. Meanwhile in rural Norfolk or mid-Wales, plying a trade as a psychotherapist must at times feel a rather lonely existence, and the ability to connect with fellow psychoanalytic travellers rather restricted, particularly when looking for training.

So with all this complexity what are we to do? What is the task that lies before the BPC? I've been working closely with our Chair, Julian Lousada, and the BPC's Executive and Future Strategy Working Group, to develop a new business plan. With limited resources to respond to this complexity it is vital we are clear about what we are going to do. We have developed the key themes as follows:

1. The BPC's primary function is to protect the public. We will do this by maintaining the recognised authoritative Register of psychoanalysts and psychoanalytically informed psychotherapists in the UK; maintaining and developing accreditation, professional standards and ethics.

2. The BPC will lead and support the psychoanalytic community working closely with our member institutions and registrants to help develop skills and knowledge to support their businesses and careers (whether in the public, private or voluntary sector).

3. The BPC will become an authoritative voice of psychoanalytically informed work, influencing Government policy and wider thinking; ensuring the work is recognised as an effective treatment for those is psychological distress; and promote psychoanalysis as a theory of mind that can help tackle society's wider ills.

4. The BPC will create a safe space for informed debate to drive leading edge thinking in the development and application of psychoanalytically informed work.

Underpinning delivery of these themes will will ensure the BPC will be well governed and transparent in our decision making and ensure we spend our funds efficiently.

We recently held an away day with the Executive and Future Strategy Working Group to develop these themes. The meeting was very successful, with people from many of our member institutions involved. But it also led me to think about some of the difficult issues not least the relationships between our member institutions. Through the BPC our member institutions collaborate but we cannot escape the reality that they also compete with one and other for trainees and influence. This is an issue that the BPC cannot dodge, and serves to remind us of the need for a clear common voice for the profession as a whole.

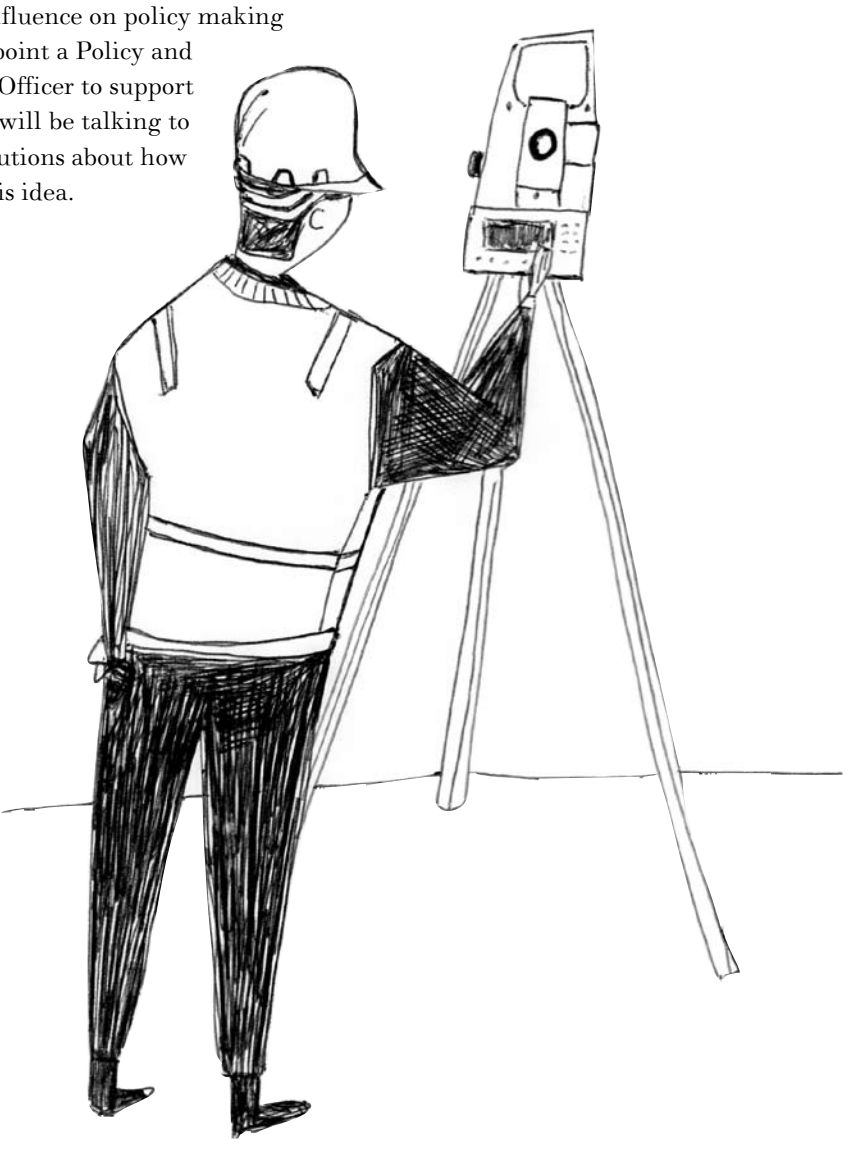
The professional world we inhabit is complex and answers to questions about the future of the profession depend on who one asks. All too often psychoanalysts and psychotherapists operate in bubbles only seeing the world from their own particular perspective. I often observe people falsely assuming the world is as they see it and don't (or even won't) see the whole picture. The need to influence the debate about the future is urgent. This is a vital role for the BPC; we must reflect on these different perspectives and build a common authoritative voice, and do it well and professionally. To help increase our influence on policy making we want to appoint a Policy and Public Affairs Officer to support this work. We will be talking to member institutions about how we progress this idea.

We are building closer relations with other professional bodies and the need for an authoritative voice becomes even more urgent. I'm delighted that we have agreed with the Association of Child Psychotherapists (ACP) that we will sponsor them through the voluntary register accreditation process. We are also in talks with The Association for Psychoanalytic Psychotherapy in the NHS (APP) and I'm looking forward to bringing the two organisations closer together. Our partnership with the UKCP on maintaining choice and quality in NHS psychological services continues and is outlined on page 4, and the conversation between Julian Lousada and the new UKCP Chair, Janet Weisz, on page 2, demonstrates how relations between the two organisations are respectful and warm.

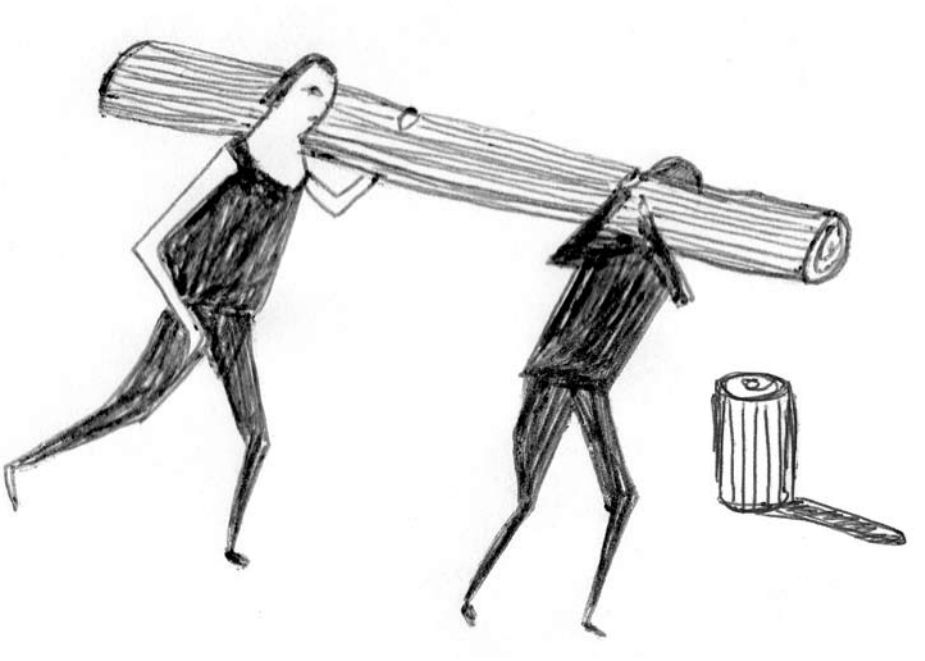
The scale of our task cannot be underestimated and we may not be able to tackle everything given our limited resources. But, with the support of member institutions and registrants, we will be able to make some very real progress. I look forward to that task.

I hope you have a good break over the summer ■

Gary Fereday is Chief Executive of the BPC



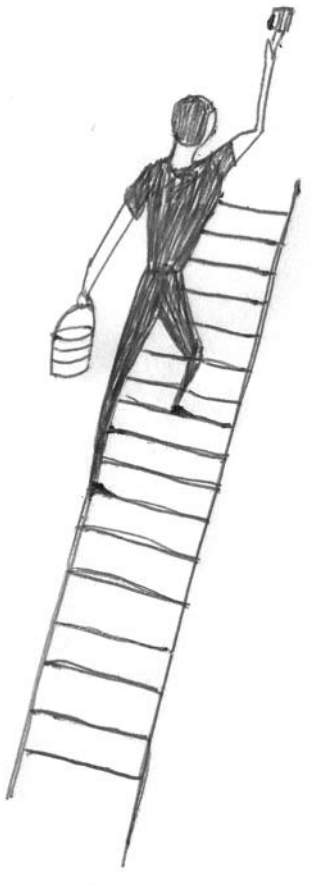
Chair to Chair



Last month Janet Weisz, the newly elected Chair of the UKCP, and Julian Lousada, Chair of the BPC, met to discuss ways of working together. The conversation began with some reflections on how the two registering organisations have moved on a long way from the cool relations that once characterised the relationship

Julian Lousada

Janet Wiesz



Julian Lousada: I'm not sure how useful it is to go into history. The important thing for me is that we've found a way of working together. It doesn't mean on the edges there isn't competition or poaching, but it's not the substance of our relationship. In a period where psychological therapies are seemingly expanding while the quality of them and the choice on offer is decreasing, it's really important that we keep an eye on what's happening, and how we can best use our organisations.

Janet Weisz: I agree. I am a psychoanalytic psychotherapist by profession and before becoming chair of the UKCP I was chair of the Council for Psychoanalysis and Jungian Analysis College in UKCP, so I think that is an added element to this relationship. About six years ago the organisations were nowhere near the relationship they have now, and from a personal point of view I am absolutely delighted we are working more closely together. I think it's time to leave some of the history behind.

JL: I think there has also been rivalry and jockeying for authority and prestige across other modalities, and truthfully none of us can look back and believe we behaved terribly well. Maybe it's because of the difficulty of this period, but I think there is now recognition of a difference between protecting the clinical space and the need for an organisation that represents the profession. I am very passionate about protecting the quality of my clinical work and the environment for my members to do clinical work in, as I am sure you are, but in the end we have a social project. We represent the profession, promote it, and promote standards.

JW: And the added part we have got now, which we thought we were going to be relieved of with the HPC[1], is the regulatory function. I think we were all thinking we were headed in one direction and now the regulatory part has come back into the fore again.

JL: Although I regret the move from the HPC, when we were all together being regulated under the same criteria against the same titles and so on, now the decision to work together is a much more deliberate decision. We have a struggle ahead of us to become really useful rather than just administrators of regulation, training, and organisers of the occasional conference. We need to do something to make an impact on the environment and mental health policy.

JW: I am picking up that both of us are excited about how we influence policy and how we get psychotherapy more available to the people that could really benefit from it. That is where we could work together more.

'Both of us are excited about how we influence policy.'

JL: I suppose one of the differences between us is simply the size. We're slightly bigger than a family business, and volunteers run much of the organisation. I do sometimes enviously look at your staff in the office. We are moving in that direction as we can afford to and I know our new Chief Executive, Gary Fereday, gets the best out of our staff.

JW: I don't know how different it really is. We have 7500 members, so we need more staff, but the Colleges are run primarily by volunteers.

JL: Well, perhaps we are more similar than I imagined. Since I have been Chair, the attitude of our MIs towards the BPC is changing. We were seen to be somewhat of an interference, but I think now there is a sense that we are concerned about their sustainability. Being in a public market place as opposed to private one is a new experience and we need to learn about it somewhat urgently because the marketplace is going to become much more aggressive in the next period.

JW: There is still this 'pull yourself together' attitude.

JL: There is certainly a contemporary trend that wants to make mental distress simple and therefore easily treated. There are values in the concept of recovery and wellbeing, but if they damage the knowledge that mental distress is frequently multilayered and complex we are heading for trouble. The investment in psychotherapies tends to be located in anxiety and depression and not in enduring mental distress. There will always remain the need for very well trained clinicians and I think that is what we stand for, and I know you are committed to. That isn't to denigrate clinicians who work in other ways. The rivalry between counsellors and psychotherapists seems to me profoundly unhelpful. We do different things. Psychotherapists are trying to work with really complex problems, and we know it takes time.

JW: In the UKCP we have a distinction between psychotherapeutic counsellors and psychotherapists. I am a psychotherapist myself, but I also had a training as a counsellor and have worked in the NHS with the title counsellor for the past twenty years. I think there are differences, and both are absolutely vital and should be celebrated.

JL: People talk about choice but then offer patients a very limited menu. We know that there is a demand for what we offer from the psychoanalytic domain. It doesn't mean that everybody likes it, but an awful lot of patients do. 'Patients' – that is a very contentious word these days. I can't stand the word 'user'. I notice CHRE[2] are calling them 'consumers'. Even worse!

JW: I don't like it either. Maybe it's because I have a business background, but for me 'consumer' is better because it implies that they have a little bit more power than a 'user', which I find very passive. Some therapists might feel they are doing something *to* the client, rather than *with*. We all know we have patients who come in and say 'tell me what to do', and that reflects how in our society we are told how we should feel.

JL: It's omnipotent of any modality to say 'we know we are the best'. The truth is that we are all pretty modest about the outcomes because there are so many other factors that influence the journey between clinician and patient. The competition that NICE has encouraged between CBT

and ourselves is disingenuous: most clinicians in the NHS know we do our best for those patients. There are some patients who are offered psychotherapy and find it too demanding, and others who find CBT not demanding enough. Whether we can have a system that understands this and can commission services so there is real choice remains to be seen.

JW: What about two treatments together?

JL: That is more than I can get my head around. No, frankly.

JW: I'm talking about someone who is in individual therapy but is also in couple therapy to work on their relationship.

JL: That might be possible, although I don't think optimal. I think the idea of being in both grows out of the anxiety of the individual therapist that they might be losing their patient. If there was a choice I would go for the couple psychotherapy first because that's the primary relationship, we never are.

JW: What is being offered on the NHS today is more like a formula to go through. If a box is ticked, you're cured. I was thinking just now about misconceptions of the public. The tea-and-biscuit 'let's have a nice time together' perception, whereas psychotherapy really challenges, and when it works it gives clients another perspective of themselves and their influence on others. I often wonder how much that gets across to the public.

JL: Very little I think. We have got to get out of the habit of saying, 'We have a right to sell our product. It's called psychotherapy.' I might produce a Rolls Royce but when a Bentley comes along, suddenly the market changes.

'We have acted as if patients fall out of the sky.'

JW: There is still this thinking that psychoanalytic psychotherapy is the Rolls Royce. It's easy to slide into the psychoanalytic mindset because it's what I do, but one of reasons I stayed with the UKCP is because of the wider picture.

JL: Leaving aside whether we are the Rolls Royce (which of course I think we are!), I admire the intellectual weight of psychoanalysis and how it has matured and developed. But of course the real difference is that I am representing my family, my friends, a tribe I feel deeply connected to. You have to be in a different role, and it must have its benefits and opportunities and also its limitations.

JW: Well, it's impossible. There is a constant need to hold the tensions between the different tribes, the different modalities.

JL: Why did you want to be Chair? Most of our members would no more compete for Chair of the BPC or UKCP than die!

JW: I suppose fundamentally I believe psychotherapy helps, and I am a frustrated businesswoman as well. I like to get things done. I think the there is a big difference between the UKCP and the BPC now because I have been elected by the entire membership. Andrew Samuels, whom I succeeded, was first elected under this system. I am not sure I would have stood for Chair in the previous structure. I like being in touch with our member organisations and I am much more engaged with individual members.

JL: Authorised.

JW: Absolutely.

JL: In the BPC, members' identification with their MIs is fiercely loyal and strong, and maybe that is the same in the UKCP, but I suspect it is not quite as strongly held.

JW: Our members have commitment to their training or accrediting organisation, attachment to the college representing their modality within the UKCP, and they can also choose to have an engagement directly with the UKCP.

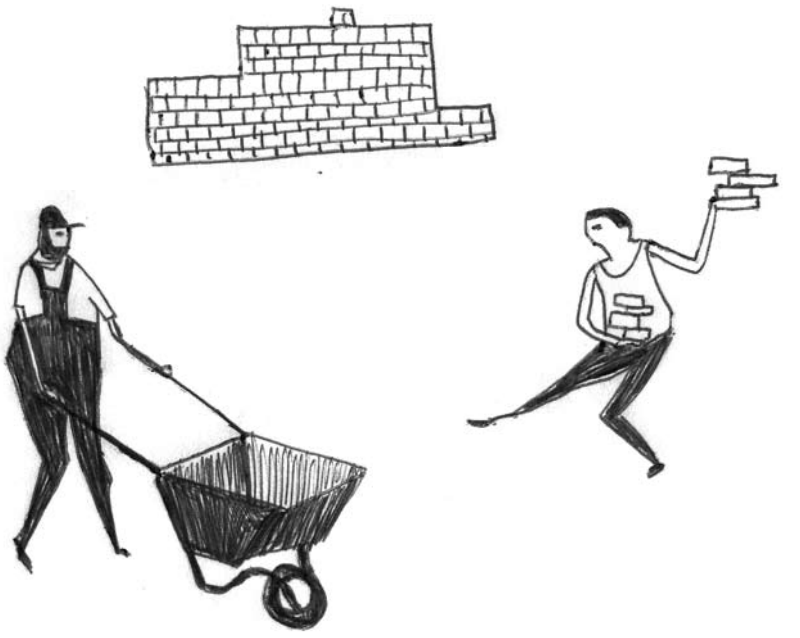
JL: I would be delighted if the membership said we want to have direct membership of the BPC.

JW: I worry a lot about recent members. Will newly qualified psychodynamic and psychoanalytic psychotherapists be able to have a successful career in their profession?

JL: The higher trained you are the less likely you are to get a job.

JW: If someone now came to me and said they wanted to train as a psychotherapist I would have to think twice about recommending it. Could I send them to the Tavistock, to the WPF, the SAP, or any of them, because there are not jobs out there after training?

JL: That's because we still assume employment is in the public domain. We ought to be training people how to set up practices. We have acted as if patients fall out of the sky, and increasingly they don't because there are all sorts of other hungry mouths that are collecting them up. We ask people to spend great sums of money on training analysis and then say 'you are on your own, kid.' I've found this difficult because I am an old lefty and if my Trot friends could hear me now they would probably kill me, but actually psychotherapists have to be taught how to be entrepreneurs.



JW: I think we have done ourselves a disservice over the years by charging too little. We put years into training, and then we charge under a hundred pounds. I think voluntary organisations are amazing, but they are providing a service that is free to the government and the country. Some services have so many honorary psychotherapists, far more than paid staff. The analytic world is cost and labour intensive, we think we are the Rolls Royce, but we are charging like we are a Lada!

'Psychotherapists have to be taught how to be entrepreneurs.'

JL: I am proud of the fact that the average fee in my neck of the woods is between £55 and £70. We have created amazing psychotherapy services on the basis of free labour, and maybe that has been a problem because it's very easy to get rid of by just making a few supervisors redundant. We have contributed to our own demise in all sorts of ways, not all of it is laziness, but what we have not done is realise that market conditions change. Even using that word I can hear some wise person is going to say 'Julian's lost his analytic touch.' I am preoccupied in my role, but someone has to understand the marketplace.

JW: I think it's also about how we get people to appreciate what we have got and why the profession is of such value. That's where it links with the campaign we're organising, Strategy for Choice.

JL: It's not a campaign about defending the NHS because it's pretty much gone. It's a campaign that is aiming to influence what replaces it, and to teach members how to network and market. Local commissioners and private insurance companies are more important than the House of Lords these days.

JW: We sit in consulting rooms, day in and day out, and one of the things a campaign can do is get us out there, talking and explaining.

JL: Yes, that's what we will do ■

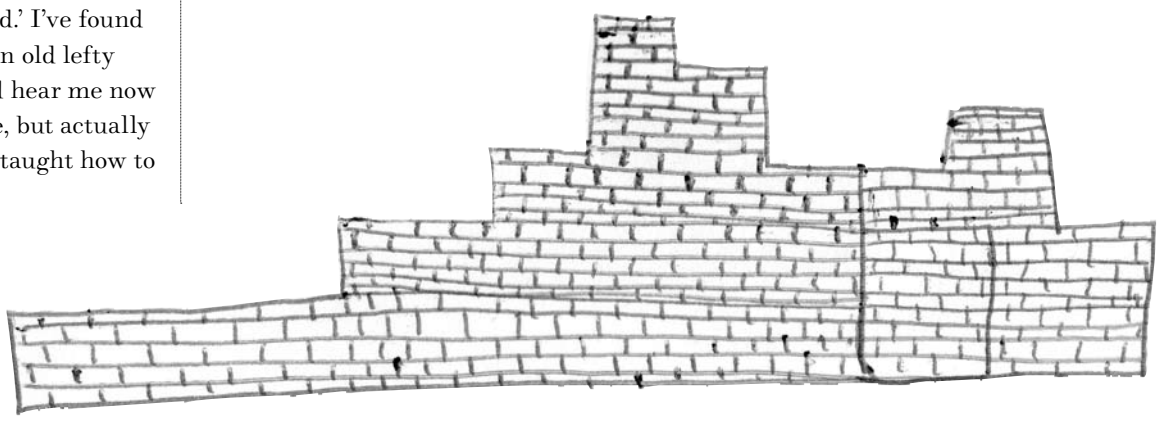
Notes

1. HPC: Health Professions Council

2. CHRE: Council for Healthcare Regulatory Excellence, to be renamed the Professional Standards Authority (PSA)

For more details on the BPC and UKCP's campaign Strategy for Choice turn to page 4.

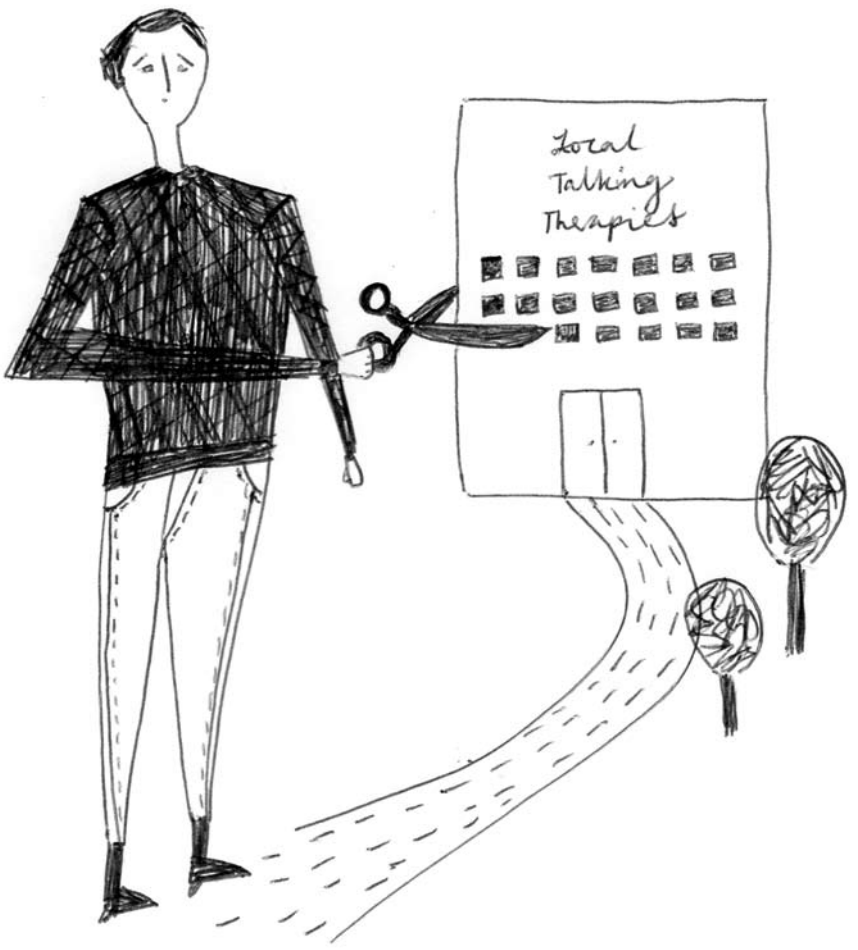
Conversation edited by Chloe Diski.



Choice not cuts

By Gary Fereday

BPC Chief Executive Gary Fereday explains the thinking behind the BPC's and UKCP's Strategy for Choice



OVER THE PAST year the BPC and UKCP have been working together to support NHS psychological services that have been under threat of closure or downsizing. These services have included SLAM, Forest House, St George's, and the Camden Psychotherapy Unit (see case study below) which is primarily funded by the NHS. Our efforts have had some success but it is increasingly clear that a more coordinated strategy is needed. In March this year the BPC and UKCP brought together a group of wider stakeholders to see if such a strategy had support. The meeting agreed that there was, and that the BPC and UKCP should drive it forward to focus on how existing and new psychodynamic and psychoanalytically oriented services could develop alongside the IAPT CBT oriented model of working. The contention being that whilst CBT is a valuable intervention for many patients, there are many others for whom in-depth psychoanalytically informed work would be far more effective.

The Government's mental health strategy 'No Health Without Mental Health' aims to achieve parity between physical and mental health with an additional £400 million made available to expand the IAPT programme. The funding was never intended to replace funding for other psychological therapy services, but it appears that some existing NHS psychotherapy and counselling services are facing closure, threats of closure or downgrading. Services are being broken up and often dispersed into community settings which, whilst appearing to make services more accessible to patients, are potentially jeopardising the viability of services, and may make the training of honoraries difficult; honoraries who play a significant, but often unacknowledged, role in delivering NHS psychological services. We are also in danger of replacing a highly trained and experienced workforce with a less experienced and less trained one; and replacing a multi modality service with one predicated on a narrower CBT model. Any aspiration to reduce mental health problems, improve wellness of the population, and attain parity between physical and mental health seems unlikely to be achieved.

'We are in danger of replacing an experienced workforce with a less experienced one.'

By working in partnership with other interested parties the BPC and UKCP are planning to develop a national coordinated campaign, a strategy for choice and quality in NHS psychological services, that will:

- Get 'upstream' as far as possible and map current NHS provision and when commissioning decisions may be taken
- Develop an alternative model that has outcomes and costs clearly identified and make a clear case for the efficacy and cost effectiveness of psychoanalytically informed psychological therapies
- Describe how these services will support the aims of the IAPT programme
- Demonstrate the cost of the service compared to the drain on resources through patients repeatedly presenting to GPs (the so called 'heart-sink patients')
- Raise awareness of the benefits of psychotherapy and psychoanalysis with patient groups and the media

The starting point has to be to develop a comprehensive map of the current situation. Services closures and reorganisations that we have so far been involved in have been mainly London based. Anecdotal evidence suggests that similar changes are afoot in the rest of Britain, but a comprehensive picture is needed, and the BPC and UKCP are developing an online survey for members to generate this information that in turn will be used with existing data from a recent BPC/APP in the NHS survey and data from the National Audit of Psychological Therapies.

It would seem that all too often NHS Trusts' plans are tilted in terms of their own organisational perspectives and a keenness to deliver the CBT modality that the Department of Health wants developed under the IAPT programme. Whilst the BPC supports the IAPT initiative we are equally clear that the roll-out of services was never intended as a replacement for existing well-regarded and highly valued services that are working with patients with very real and complex mental health problems. This strategy will start to address this problem and try to ensure that NHS patients do really have a choice of quality psychological services ■

Case Study: Ora Dresner on the Camden Psychotherapy Unit, London

The Camden Psychotherapy Unit is a 42-year-old psychoanalytic psychotherapy service which has lost its entire funding. We see over one hundred people a year and almost all our patients are on benefits or on an extremely low income. The way we work very much resembles the accessibility of a private service, while it is free; people can self-refer and over sixty local GPs and others refer to us as well. The costs of running CPU are extremely low; about £30 for a service hour as opposed to well over £130 in the statutory sector.

Long term psychotherapy is now viewed by the NHS largely as not effective and too expensive. Our experience shows the opposite. The vast majority of patients working here have been able to return to ordinary life and the quality of their life has improved greatly. We have almost no dropouts from long term therapy and most of our patients start to work and come off medication and benefits.

Our threatened existence is a perfect example of the destructive consequences that the current misguided financial and clinical policies have on psychotherapy services in the statutory and voluntary sector. Camden NHS authorities are claiming that the new psychological services which they commissioned, which excluded funding CPU, will provide services to the people we see if we close down. But this cannot be true. In Camden, psychological therapies of all kinds are suffering cuts which will continue to increase. New commissioning policies by the NHS in 2013 are still not known publicly.

As the situation now stands, by March 2013 CPU may have to close and will not be available to be contracted. As everyone knows, an established service, once it has to close down, cannot be rebuilt. What the local residents who use CPU will lose is access to psychotherapy that so many of us can buy in the private sector, but they cannot afford to do. CPU is fighting passionately to remain open because we are deeply concerned about those patients who will be left without any means to pay for psychotherapy privately and will be left with limited if any access to psychoanalytic psychotherapy.

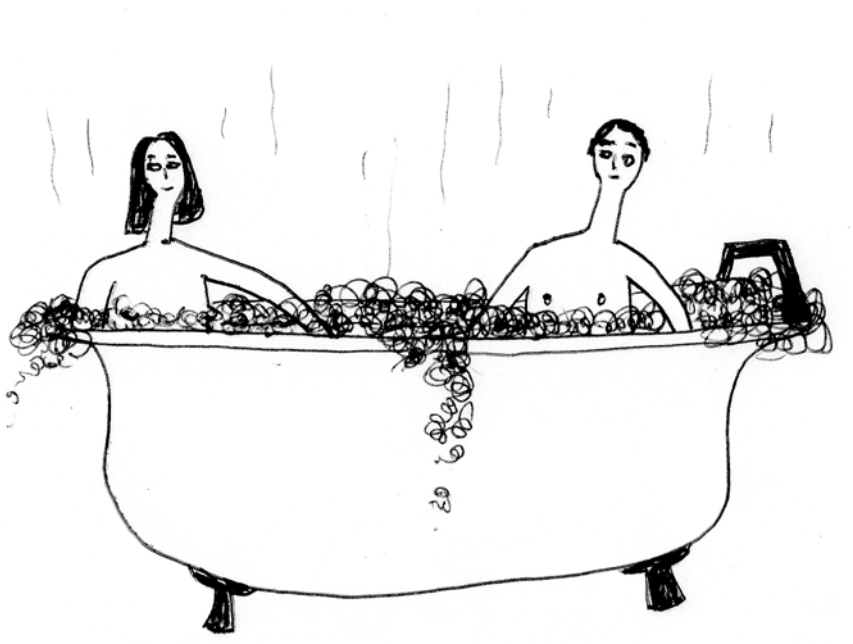
We despair at this short sighted and increasingly narrow approach.

Ora Dresner is a psychoanalytic psychotherapist and psychoanalyst, and director of the Camden Psychotherapy Unit
www.camdenpsychotherapy.org.uk

‘Take a bath with a friend’

By Andrew Cooper

The BPC Search Event in April brought together seventy member institution representatives to think about how the BPC can best contribute to the future of its registrants. Andrew Cooper spoke movingly at the event; this is an edited version of his talk



OURS IS NOT THE FIRST or only period in which psychoanalytic psychotherapy has faced hard times. Austerity and rapid social transformation create an atmosphere of crisis, and to borrow from a well known saying, in such periods ‘many morbid symptoms appear’. Writing about the post second world war period, Henry Dicks in his history of the Tavistock Clinic noted that the creative adaptations of that time attracted considerable opposition from some quarters who felt that ‘playing with innovations like group therapy and other “perversions” of Freud’s technique was a very dangerous “deviationism”’ (Dicks 1970, p 6).

In some quarters psychoanalysis and its many fruitful adaptations, applications and translations are already vigorously seeking and finding new terrain in which to put down roots; new kinds of service, different approaches to training, fresh contributions to other contemporary crises such as climate change, the poverty of mainstream economic theory, the persistence of organised forms of prejudice in our society, and so on. But in tension with these goes the anxiety that we might be neglecting or abandoning our own vital sources of meaning and legitimation, which we probably all locate in the arena of intensive clinical work and training.

‘Our task is to afford ourselves the risk of some insurrectionary spirit.’

This site of anxiety is our ‘internal establishment’, a place of immeasurable value with deep and long roots; but also a site of active resistance in the face of threats. I am drawing here of course on Meltzer’s striking reading of aspects of Bion (Meltzer et al. pp39ff) in which he proposes that this ‘establishment’ dispenses rights to the obedient self to carry out passionate interests and relationships. But what if the obedient self seeks more ‘elbow room’ for its pursuits, counter to the strictures of the establishment? Might it not, says Meltzer, find itself accused of a kind of breach of the peace, an insurrection? Then, the thinking part of the personality might find its privileges withdrawn. ‘It would be similar to one’s water or electricity being cut off,’ he concludes.

Our task is to afford ourselves the risk of some insurrectionary spirit – in pursuit of survival, but not survival on any terms, but equally not solely on our internal establishment’s terms. At the risk of mixing or confusing metaphors, I have a little more to say about water supplies. The fact is that we are, or at least believe ourselves to be, the guardians of a precious resource – psychoanalysis. Let’s think of this precious resource, for a moment, as water. Well, our record in distributing this life-giving resource effectively to the population is patchy, to say the least. Some parts of the country are plentifully supplied while some exist in a state of permanent drought. In those areas with plentiful supply, access to wells or standpipes is denied to some, while others are availed of limited free rations, and yet others drink as freely as they wish – although at a cost – creating a crisis of competition in some localities. In short, our purification plants are some of the best in the world, but our pumping stations are creaky, and the supply chains and infrastructure are up the creek.

‘Success is not measured by an increase in the number of watering holes, but in making the desert flower.’

The metaphor has its limits, I’m sure, but the spirit of innovation created by actual water shortages may be instructive. Take a bath with a friend; mend leaky pipes and improve efficiency; buy a water butt; connect and partner with other suppliers to improve local services. And finally, the metaphor may help us leave behind a familiar distinction I personally have always found false and unhelpful – between the pure and the applied. The *aqua vitae* of psychoanalysis is an essential, vital source of nourishment to a huge variety of things that look nothing like water. Success in our venture is not measured by an increase in the number of watering holes, but in making the desert flower. The agriculture that gives food and life, and in turn depends on irrigation networks, is not ‘an application’ of water technology. It is a process of transformation.

And so to the Search Event – initially we considered presenting delegates with some fertile examples of current innovation as a stimulus, but then thought better of it. The resources with which to animate the proceedings are amongst members, and not in ‘us’. Just as our capacity to meet the challenges of the future are in ‘us’ and not in some other ‘them’. Of course there are hard choices, and hard realities of which we also need to be aware. Creativity alone will not halt the current contraction of NHS psychotherapy services for example; business acumen is required, a capacity to scrap it out with competitors and commissioners and a stronger grasp of the evidence base that works in our favour, and the weaknesses of some of our competitors’ cases. All of us are surely anxious about the future, some of us may be despairing about what is happening to our jobs and to the services we have nurtured and loved. Anger about the politics of our times is inevitable and justified. But I think we need to try to make these feelings work for us, not against us.

The state of mind we need to make the event a success is simultaneously one of realism and objectivity about ourselves and our predicaments, allied to curiosity and openness to one another’s experience and standpoint ■

Andrew Cooper is a member of the BAP and Professor of Social Work at the Tavistock Centre and the University of East London

The Search Event report is available in the member’s section of the BPC website, www.psychoanalytic-council.org

The will to win

By Ian Williamson

Ian Williamson asks why Olympians are driven to be the best of the best

IN 1896 Baron Pierre de Coubertin made a famous observation. He said the most important thing in the Olympic games is not to win but to take part, just as the most important thing in life is not the triumph, but the struggle.

While De Coubertin's words seem curiously antiquated in today's more cut-throat sporting world, they encapsulate the honest struggle that should be the cornerstone of sporting endeavour.

In a matter of days we will be engulfed by this famous sporting event. Its triumphs and tragedies, heroes and heroines will be celebrated, dissected and analyzed in forensic detail. We will marvel at the extraordinary feats of athleticism. We hope we will be enthralled, but it is safe to say that at some point we will also be appalled. The intensity of the competition, the total commitment required to win is such that at some point the thin veneer of honest endeavour will fracture and reveal a more disturbing side.

In Beijing in 2008 Usain Bolt, the Jamaican sprinting sensation, took the games by storm. He obliterated his competitors in the 100m and 200m and in doing so destroyed the world records for both events, and extraordinarily appeared to do it without even trying. In 1988 at the Seoul Olympics, Canadian sprinter Ben Johnson produced what at the time was an equally astonishing performance to win the 100m gold medal, and in doing so eclipsed the great American sprinter Carl Lewis. However, the incredulity that accompanied his performance was soon followed by a swift dose of reality as Johnson tested positive for the anabolic steroid Stanozolol and was stripped of his gold. Johnson was vilified, although he claimed that others were doing the same thing. It transpired that four athletes in that final subsequently failed drugs tests and were banned. The trend has continued: Justin Gatlin, Tim Montgomery, Marion Jones – all great Olympians and world record holders – have been outed as drug cheats in recent years.

Reading this litany of cheats one could easily be forgiven for thinking that the real competition is between the chemists and the drug testers. But the more interesting part of the story is the glimpse it affords us into the mindset of world class athletes, namely that they are willing to give everything and, in some cases, willing to do anything to win.

To the casual sporting enthusiast the will to win is a somewhat noble endeavour borne of an unusual cocktail of talent, desire, determination and competitive spirit. This may have been so in more amateur days, but now those qualities are merely the prerequisites to join the game. What's required to be a sporting great is a whole lot more dark and complex.

Researchers in the US asked some potential champion athletes this question. Would they take a drug that guaranteed them a podium finish at an Olympic games but would kill them within five years? An overwhelming number of them said, yes, they would.

'It is the feelings associated with loss (losing) that cannot be tolerated or managed.'

This rather disturbing piece of research is the starting point for understanding the mindset required to be a sporting great; it is that they are willing to sacrifice everything and anyone in the pursuit of winning. While this literal take on the notion of the will to win is perhaps true for a boxer or a motor racing driver, in other sports the sacrifice is total but less dramatic. Sir Steve Redgrave, in a talk he gave after his fifth Olympic Gold Medal (his Olympic career spanned twenty years), said he trained three to four times a day for forty nine weeks of the year.

In order to unravel the imperative of 'giving everything' we need to take a look first at the psychological impediments to accepting loss. It is here that we find the fuel that stokes the fire. Vince Lombardi, the iconic American Football coach, commented somewhat ironically that he never lost a game, he just ran out of time. But a vignette from the sporting life of the basketball legend Michael Jordan is perhaps more apt. At the time Jordan was arguably the pre-eminent sporting superstar of the times. A man who had won everything there was to win several times over. During a break in basketball practice Jordan played what to the outsider seemed like a casual game of table tennis with one of the kit men, during the course of which the kit man had the misfortune to beat Jordan. Jordan is alleged to have stormed off and then spent six weeks practicing in private. He then summoned the kit man and played him again and again and again, beating him comprehensively each time until the man was, in Jordan's eyes, humiliated.

The point of this story is that it is the feelings associated with loss (losing) that cannot be tolerated or managed. The sporting arena and the contest that ensues can be a place where loss can be triumphed over by force of will. Sigmund Freud, writing in 'Psycho-analytic Notes on an Autobiographical Account of a case of Paranoia' (1911), suggests that long remembered psychological slights or injuries are evidence of traumatic disappointments early in life, and that the vindictiveness and capacity for revenge is an attempt to avenge those early traumas. Vindictiveness and the capacity for revenge are key components in the will to win mindset. Athletes may appear sanguine in public but they don't accept loss. Losing is not a feeling to be digested and reflected upon but an opportunity to regroup and seek revenge. This is dramatically played out every week in post match interviews when managers or players blame the referee, cheating, the pitch or anything else rather than themselves.

Harold Searles in 'The Psychodynamics of Vengefulness' (1956) similarly stresses that vengefulness is often a defense against overwhelming feelings of grief, fears of separation and anxiety. The vengeful person would rather seek retaliation than passively tolerate grief. The siege mentality with its accompanying paranoia heightens the intensity of the athlete's will to win; the critical point here is that the need to win becomes an imperative. It's a case of 'I have to', rather than, 'I choose to'.

But what about the serial winner? Athletes for whom winning one Olympic gold or one competition is the beginning of the journey, not the end. How is it possible to sustain the motivation over such a long period?

'Vindictiveness and the capacity for revenge are key components in the will to win mindset.'

The competition and all its dramas can be thought about in many different ways, but at a psychoanalytic level it is in essence about the sometimes heroic efforts made to manage psychological dilemmas. The sporting contest is a physical expression of an unconscious conflict; the intensity of the feelings within and around the contest reflects the energy and intensity of the unconscious conflict. Without an understanding of the psychological component, and by that I mean an illumination of the desires, anxieties and conflicts that lie behind the competition, the deeper meaning of the challenge remains hidden and no transformation or emotional growth takes place. Without this illumination the athlete remains locked in a repetitive cycle. The psychological rut the athletes inhabit is fed by the opiate of the next challenge; and these, like the junkie's fix, need constantly to get larger to maintain equilibrium, hence the serial winner.

The cycle comes to a grinding and, in many cases, catastrophic halt as their careers draw to an end. Sporting success can feel the most impregnable place to defend against the sometimes traumatic legacies of childhood. When retirement comes hopes for a graceful transition may woefully underestimate the power of that pathology, particularly as these athletes don't become champions by entertaining the more complex and

subtle areas of psychological life, qualities such as circumspection, temperance, compromise, doubt, self reflection and equanimity. The only trade they know is winning. As the mantle of greatness slips uneasily from shoulders, the infantile conflicts that have driven the athletes are laid bare.

Five years on from retirement 75% of professional sportsmen have been clinically depressed, divorced, bankrupt, have committed suicide or had some kind of addiction. The Olympics will no doubt prove compelling viewing, but rest assured it's a very dangerous business.

Ian Williamson is a child and adolescent analyst, a member of the Association of Child Psychotherapists and an Associate Member of the SAP. He is the co-author with Paul Gogarty of Winning at all Costs: Sporting Gods and Their Demons. *He was also a Cambridge rugby blue, captained Blackheath for several years, and was on the fringes of the England rugby team.*

BPC Monthly Newsletter

British Psychoanalytic Council

The BPC team were delighted to receive all the positive feedback from BPC registrants about the relaunched BPC e-Newsletter. Its aim is to provide a short snapshot of current BPC activity and key issues in the wider psychoanalytic and mental health world.

We are aware that some registrants and trainees have not been receiving it due to technical issues.

If it has not arrived in your inbox and you are a registrant or trainee, please contact us at mail@psychoanalytic-council.org

On the road to voluntary regulation

THE COUNCIL for Healthcare Regulatory Excellence is developing standards for organisations that hold voluntary registers for practitioners, who are involved in providing health and social care for people, and who do not by law have to be on a statutory register. Organisations will be able to ask the CHRE to assess whether they meet the standards and those that do will be accredited. These registers will then be known as an assured (or approved) register, but crucially the organisations will continue to hold and manage their own registers.

The BPC has committed to becoming one of the assured voluntary registers. We believe this offers our registrants significant advantages: as employers, commissioners and members of the public will increasingly choose psychoanalysis and psychotherapists who are on a register that has been assessed and approved. Assured voluntary registers should:

- Enable people on an accredited register to demonstrate that they are committed to good practice.
- Enable consumers to find practitioners easily and to understand what they offer.
- Provide consumers with enhanced protection.
- Provide commissioners with additional assurance when placing contracts for services.
- Provide employers with additional assurance about employees.

What accreditation will not do is provide an endorsement of therapeutic validity or effectiveness of any particular treatment or modality.

From November 2012 the CHRE (to be renamed the Professional Standards Authority for Health and Social Care, or PSA) will announce the agreed standards. The BPC has been closely involved in the development of the standards and have indicated to the CHRE that we intend to apply to become one of the first wave accredited registers. It's likely that the accreditation process for the first wave of applicants will be completed by the end of 2013.

What does the CHRE currently do?

The CHRE oversees the nine statutory health professional regulators and in doing so promote the health, safety and well-being of patients and the public. Under the NHS Reform and Health Care Professions Act 2002 and the Health and Social Care Act 2008, the CHRE has the powers to carry out the work below.

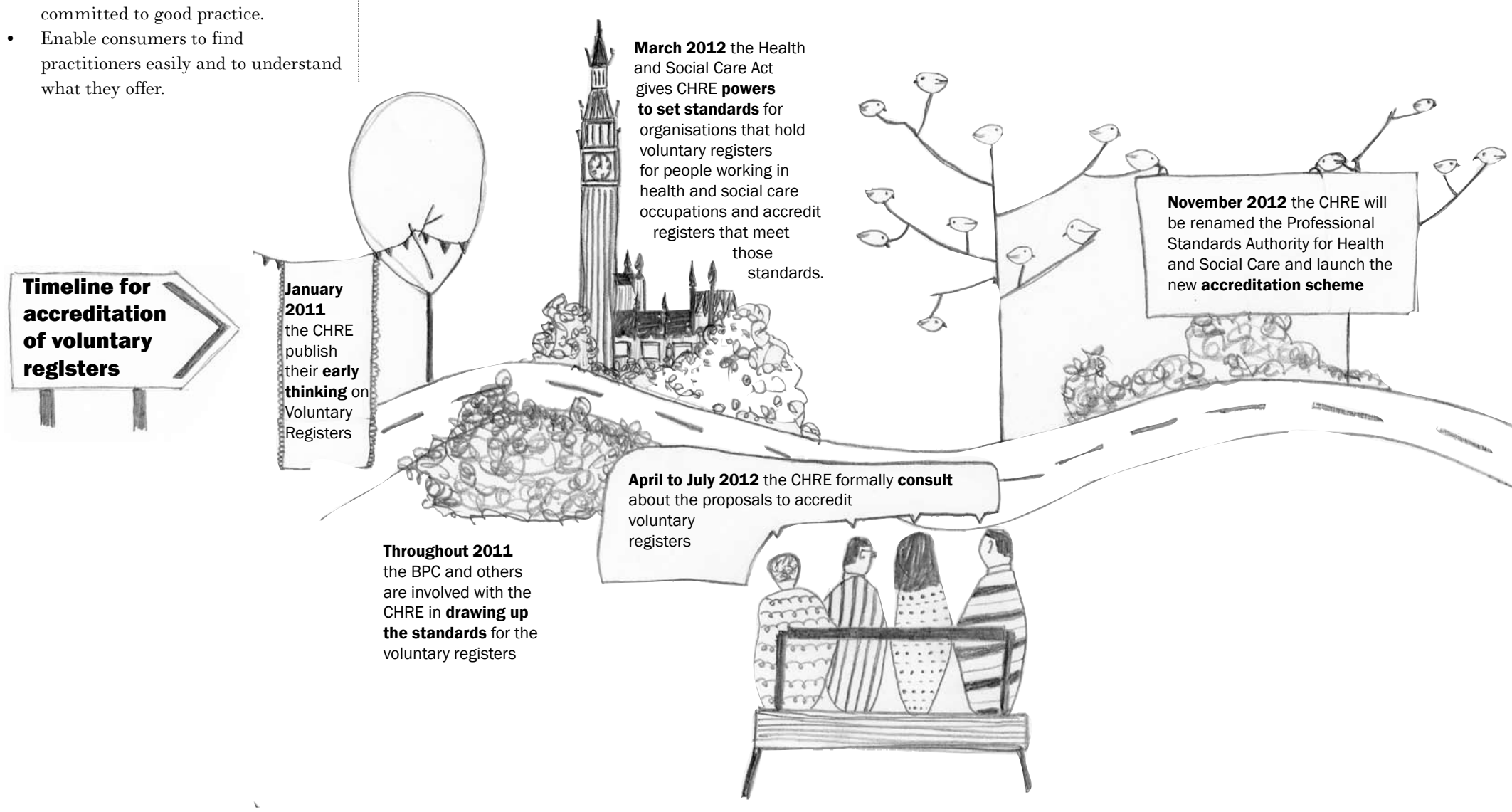
- They check how well the statutory health professional regulators carry out their work. Every year carrying out a performance review of each regulator. They look at how the regulators carry out their functions against agreed standards, highlight good practice and identify issues that might benefit from a co-ordinated approach.

- They audit the initial handling of the statutory regulators' fitness to practise cases. They look at the initial stages of the regulators' fitness to practise processes, and at the way regulators make their decisions; and assess whether the decisions made are in the interests of patients and the public.

- They refer cases to court where they feel decisions of the statutory regulators are considered too lenient; looking at the final stage decisions made by the regulators on professionals' fitness to practise. If they feel a decision is unduly lenient and fails to protect the public interest, they can refer the case to court.

- They give advice on policy to the Secretary of State and health and ministers in Scotland, Wales and Northern Ireland about the regulation of health professions.

These powers relate to statutory regulators. However, in the case of voluntary regulators (such as the BPC) the onus will be on the regulatory body managing its own affairs.



Full details of the standards can be found on the CHRE website at https://www.chre.org.uk/

The standards are based on the concept of right-touch regulation:

1. Proportionate: regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.

2. Consistent: rules and standards must be joined up and implemented fairly.

3. Targeted: regulation should be focused on the problem, and minimise side effects.

4. Transparent: regulators should be open, and keep regulations simple and user friendly.

5. Accountable: regulators must be able to justify decisions, and be subject to public scrutiny.

6. Looking forward to anticipate change rather than looking back to prevent the last crisis from happening again.

CHRE have set the overall standard at the level of good practice: for each standard they will be looking for organisations to demonstrate, where relevant, that they operate in accordance with recognised good practice. The standards cover five main areas of activity:

- Safety
- Quality
- Information
- Complaints handling
- Customer service

Most of the standards appear to be open to some interpretation and it appears that the CHRE will be looking for organisations to interpret the standards and demonstrate how they comply, rather than be explicit about how the standards need to be met.

The BPC feels broadly content with the standards set out, and it's important to recognise that the CHRE will have less power with regard to the voluntary registers than they currently enjoy with regard to statutory registers. The BPC feels that this relationship feels right as it enables the profession to retain its own standards and processes whilst giving the public additional assurances that the registers are operating properly and in a manner that is designed to protect the public. We also believe that most of our policies and procedures are fit for purpose as we move towards voluntary accreditation; however, there are potentially a number of areas that will require more work:

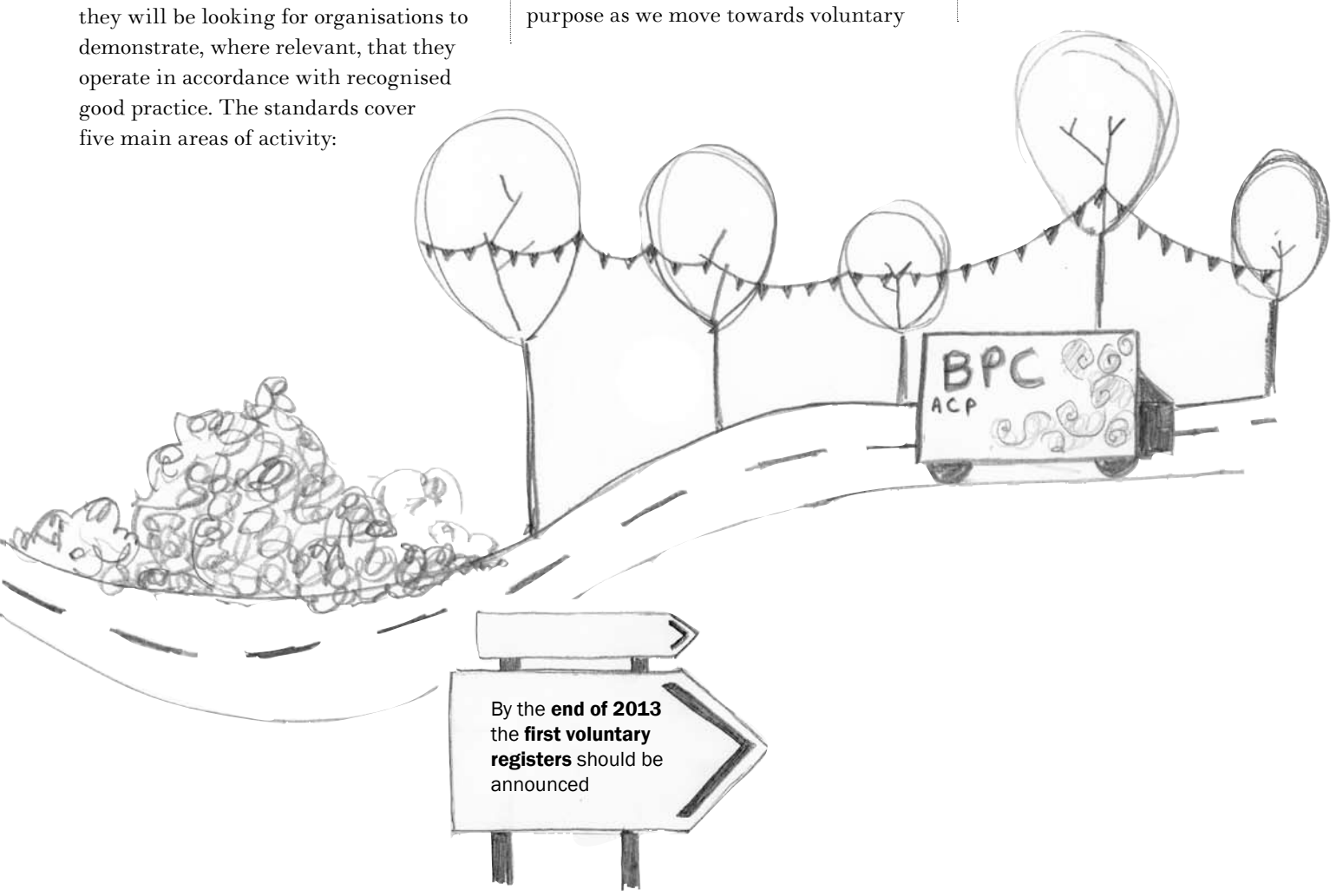
1. How we firewall the 'protecting the public' function from 'promoting the profession'
The work of the BPC in protecting the public (essentially that undertaken by our Registration Committee, Professional Standards Committee and Ethics Committee) will need to be firewalled from our other activity in promoting and supporting the profession. Our current committee structures may not be properly configured to do this and so may need redesigning. This work is currently underway, and has been considered by the Executive.

2. Lay involvement in BPC decision making
It's not clear to what degree the CHRE will expect to see lay members in our structures. Currently we involve lay people in complaints, but we are exploring increased lay involvement on our Registration, Professional Standards, and Ethics Committees.

3. Understanding consumers' views
We are developing mechanisms to better involve the public and 'users' of services in our thinking. This is complex issue, as 'users' includes other psychotherapists / psychoanalysts in training or supervision. However, we are considering creating a formal structure of 'user' and 'trainee' panels to advise on our work. Care of course will need to be taken about the concept of 'users', given the confidential and sensitive nature of psychotherapy and the need to maintain clear boundaries.

4. Making complaints public
The latest standards contain no explicit requirements about making complaints public; this has proved to be a highly contentious issue when previously raised, given the very complex nature of the relationship between a psychotherapist and the client. Whilst it would obviously be appropriate that the striking off of a registrant from the register should be placed in the public domain, it is far less clear how the public interest would be served by making public any complaint brought against a registrant.

We will be keeping registrants informed as we go through the process of accreditation ■



On the Frontline

Can primary care commissioning be creative?

By Brian Rock

City & Hackney Primary Care Psychotherapy Consultation Service is a new service which has survived and been re-commissioned in a time of severe austerity profound structural change in the NHS. Brian Rock, the service lead, explains what's working and the obstacles they face

THIS ISSUE of *New Associations* brings home the stark reality faced by many people working in the NHS. Psychological therapy services, often those of a psychoanalytic orientation, are being threatened with closure, serious cutbacks or, often at best, radical changes. But, while the NHS system is under tremendous pressure, there is also evidence of creativity and a real desire to help patients and improve services.

I have been involved in setting up and running a new NHS service, the City & Hackney Primary Care Psychotherapy Consultation Service, which became operational in 2009. It was commissioned by the City and Hackney Primary Care Trust from the Tavistock & Portman NHS Foundation Trust, based on two important observations: GPs and local surgeries play a distinctive role in the lives of their patients, their families and communities; and primary care has always catered for a more complex range of difficulties than the stepped care model framing service delivery in the NHS allows for. The service is embedded in local GP surgeries, working alongside GPs and their practice teams, and is not only expected to increase service provision in primary care through a referral service but, crucially, to support GPs and local surgery teams without necessarily involving the patient directly.

It focuses on three patient groups who typically fall between the gaps in services: patients with so-called Medically Unexplained Symptoms; patients with chronic mental health difficulties under the threshold of the Community Mental Health Teams; and patients with features or a diagnosis of a personality disorder where secondary/tertiary care is not possible.

We expected that the service would be taken up by 50% of the surgeries in the area, but it has in fact been taken up by 90%. Referrals to the service have increased steadily from around 70 in the first quarter to around 50–70 per month. We have relatively few exclusion criteria and accept around 90% of all referrals, and rapidly respond to each referral. Many patients will not necessarily attribute their difficulties to their emotional/psychological state, and are often unwilling to access help. We offer them individual therapy (including Dynamic Interpersonal Therapy), group work (psycho-educational programmes and mentalisation-based approaches), and work with couples and families (systemic and psychodynamic approaches). Our work is brief and focused, and can be offered for up to sixteen sessions.

'There is evidence of creativity and a real desire to help patients and improve services.'

A distinctive aspect of the service is its enabling capacity in the wider primary care system. We offer professional consultations, joint consultations (with the GP and patient), and case-based discussions and training with surgery teams. GPs have made increasing use of our joint consultations, in which sessions are conducted with the GP and the patient to support their on-going treatment relationship, or to provide a bridge into our clinical service or indeed a route into another, more appropriate service.

Of course, this shift in positioning (and the perspective it engenders) comes at a price. It aligns clinicians to GP surgeries so that each surgery has a familiar and accessible person linked to the surgery, which is preferred by GPs and patients and delivers more integrated care closer to people's homes in the community. However, it results in a tension in delivering a more efficient service because clinicians travelling from surgery to surgery spend a fair amount of time in transit working across five or more surgeries. Each surgery has its own systems, culture, organisational structure, and dynamics. It is quite challenging to manage the transitions between surgeries and the service team base.

Our team and Trust greeted the news that our original contract was extended for a further two years (until March 2014) with a sense of relief and achievement. In the current situation it is very common to feel that one is dealing with winners and losers, and that the success that one service might enjoy is at the price of other services being commissioned or developed. This is not to say that our service is immune to the mounting pressures in the wider environment. Collaboration was woven into the fabric of our service from the beginning, and is perhaps never easily achieved, especially when in the current context competitive instincts can so quickly eclipse cooperative tendencies.

'Collaboration was woven into the fabric of our service from the beginning.'

I would like to turn to one particular aspect of collaboration, namely our relationship with commissioners, from the PCT and now from the City & Hackney Pathfinder Clinical Commissioning Group. What has been instrumental? At the time the service was put out to tender, our Chief Executive, Matthew Patrick, emphasised the need to acknowledge and respond to the creative nature of the commission by the PCT. Significantly, this development was influenced by a number of GPs who recognised the need to supplement and build on the existing provision. This was particularly prescient in light of the controversial changes to commissioning that are now firmly in train.

A key shift in my thinking occurred when I recognised that while commissioners wanted to see (and continue to want to see) that our service was meeting targets and adhering to the service specification by contributing meaningfully to a more integrated pathway, I had to resist the temptation to split 'them' into being all 'bad' and 'us' doing only 'good' in the face of unthinking merciless attacks. Of course these dynamics can be and are played out, especially during times of social turbulence, adversity and conflict. But in my experience there can be real scope for development when providers are willing to be flexible, responsive and transparent, and when they can see public sector innovation as a real achievement. Many commissioners are thoughtful and well intentioned. Many GPs are as well, and we should seek alliance around common cause, which must be focused around patient need.

Of course this brings us straight up against the tension between the 'pure gold' of psychoanalysis and other ways of working. In Andrew Cooper's moving and penetrating opening address to the recent BPC Search Event (printed on page 5), he eloquently drew out some of the central mechanisms that inhibit creative expression in the face of charges of mutiny from internal representations of more conservative forces exerting pressure to maintain the *status quo*. Of course, this struggle does not just take place at the organisational and service level, between providers and commissioners or, indeed, colleagues within the BPC, but – I have found – on an individual, personal level ■

Brian Rock is a psychoanalyst with the British Psychoanalytical Society and a consultant clinical psychologist. He is the service lead for the PCPCS and the Tavistock-Hertfordshire MUS pilot clinics as well as the clinical lead for the online wellbeing service, Big White Wall.

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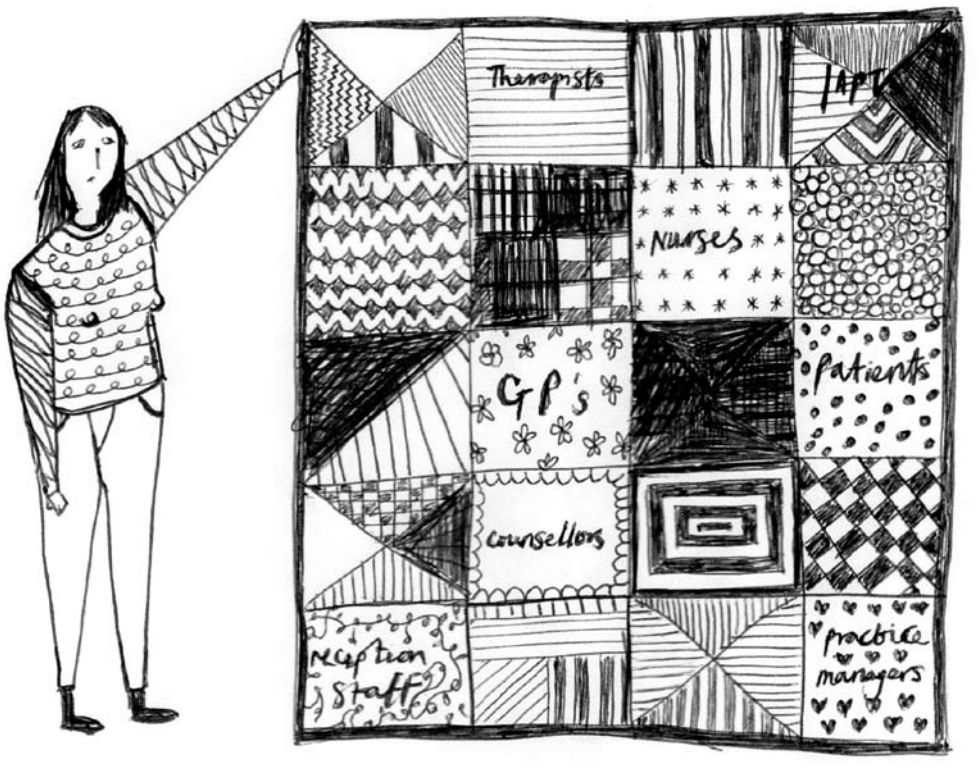


News in Brief

Green Shoots of Recovery?

Rupert Nieboer reports on the large turnout at this year's Institute of Psychoanalysis Open Evening and wonders if we need to be quite so gloomy

With the economy flatlining and the seemingly never ending gloom from the Eurozone, we are getting used to the idea that economic growth may be a long way off. Closer to home, the rise of IAPT, MBT and the continuing vogue for brief, symptom-focussed approaches creates a climate where psychoanalysis too seems in its own double-dip recession. However, there are signs that things may be beginning to turn.

The Institute of Psychoanalysis recently had an unprecedented attendance at its annual Open Evening, with 132 people attending to hear about the Institute, its training, its foundation course and other events. Whilst numbers attending the Open Evening have been steadily rising over recent years, this year's turnout was a third more than the previous year, with a significant increase in the number of younger people attending the event (55% being under 35). Over half had found out about the Open Evening from the Institute of Psychoanalysis website, and so had actively sought out this information. Not all were ready to apply for full analytic training, but they came to hear more about psychoanalysis, the Institute, and how to take forward an interest in psychoanalysis. But this is not the only indication of a groundswell of interest in psychoanalysis.

The London Clinic of Psychoanalysis continues to receive a high volume of enquiries and sees around 100 new patients a year for psychoanalytic consultation and referral, and currently has around 55 patients in full five-times-weekly low fee psychoanalysis. People are now getting in touch with the Clinic who would previously have been asking their GPs for referral for psychotherapy in the NHS.

Might all this indicate the first green shoots of recovery, a resurgence of interest in psychoanalysis, both from those working within mental health and from the wider public? Is it possible that despite an anti-mind culture in some parts of the NHS, and the quick fix culture of modern times, people are finding their own way to psychoanalysis, to find meaning and to find a more satisfying response to their experience and to their curiosity? Indeed, might it be because people are disillusioned with their professional trainings, or the psychological care they receive in the new NHS, that there is a growing interest in psychoanalysis?

'This year's turnout was a third more than the previous year.'

The recent Institute of Psychoanalysis collaboration with the Science Museum, the Institute of Psychiatry's Maudsley Debate which attracted a record audience and voted in favour of psychoanalysis (a result that was picked up by the *British Medical Journal* (*BMJ*, 2012, 344 e1188)), and perhaps the recent David Cronenberg film, *A Dangerous Method*, may have placed psychoanalysis back in the public and professional eye. Whilst these events offer information about our work, and points of access to our community, perhaps they tap into a need, or an interest, that is ready to respond when we reach out. As Betty Joseph commented in the recent 'Encounters Through Generations' film (www.psychoanalysis.org.uk/audiovisual_encounters.htm), 'there is something so fundamentally right about analysis, whatever way it goes, this way or that, you can't destroy it. It's fundamentally indestructible' – even if it can sometimes seem as though destruction were the intent.

Of course it remains to be seen how many of those guests at the Institute of Psychoanalysis Open Evening will seek to train as analysts, or perhaps take part in other courses and events, but it is already clear from the feedback that increasing numbers of people want to join us in learning about psychoanalysis. Perhaps, to borrow Freud's metaphor of dream formation, the capital is out there if we can be entrepreneurial enough to meet it.

Dr Rupert Nieboer is a psychoanalyst, member of the British Psychoanalytic Society, and one of the organisers of the Open Evening at the Institute of Psychoanalysis.

New chair for APP

The new chair of the Association for Psychoanalytic Psychotherapy in the NHS, Andrew Soutter, was elected at the APP AGM in May. Ronald Doctor, who chaired for six years, was given a warm send-off by his colleagues. The BPC welcomes Andrew in his new role.

Queen's Birthday Honours

Our congratulations go to Jeremy Clarke, chair of the New Savoy Partnership, who has been awarded a CBE.

Expanding Horizons

Sally Beeken and Rajini Lingam report on fourth annual BPC Trainees' Conference

The first BPC Trainee Association conference to be held outside of London took place in Leeds on Saturday, 16 June hosted by NEAPP (North of England Association of Psychoanalytic Psychotherapy).

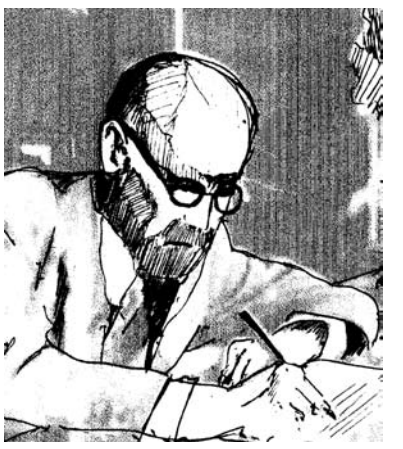
The conference, entitled 'Psychoanalysis and Culture: Expanding Horizons', was opened by Gary Fereday, the BPC's Chief Executive, who emphasised his wish to listen and give a voice to trainees. Jan McGregor Hepburn, BPC Registrar and former head of training for NEAPP, movingly argued in her paper that we need to challenge internal and external stereotypes in order to develop a robust and healthy analytic culture and profession. Walter Gibson, psychoanalyst and lead psychotherapist at Bradford District Care Trust, continued the theme of culture, observing that psychoanalysis is in a crisis of legitimacy and identity, brought about partly by the relentless march of brief intervention treatments within the NHS and the concurrent undervaluing of psychoanalytic work. The final speaker, Maxine Dennis, from the Tavistock Clinic Trauma Service, questioned the idea that the psychoanalytic model cannot be applied to working with people from different cultures and languages, and described very emotively her work and the powerful countertransference feelings that can be so unbearable.

The theme of dispersal was raised in relation to refugees moving around the country, but also in relation to the resistance in psychoanalytic culture to the idea of moving outside London. Despina Catselli, the current Chair of the trainees' association, reflected on her own idea that Leeds was 'miles' from London, and the idea that cultural prejudice might be at work in all of us. She voiced an idea that had gathered momentum throughout the day, that the need to challenge and expand our horizons is essential to our survival.

Thanks to the speakers and all who attended what was an enjoyable and stimulating day in Leeds, and we hope that, although Jan McGregor Hepburn was told of psychoanalytic work in the North East in the 80s being 'just one man and a dog – and the dog's not that well', we continue to show that the dog is pretty much on the mend!

Dr Sally Beeken graduated from her NEAPP adult psychoanalytic psychotherapy training in 2011 whilst working as a Consultant Child and Family Psychiatrist. In addition to her NHS work she works privately in York.

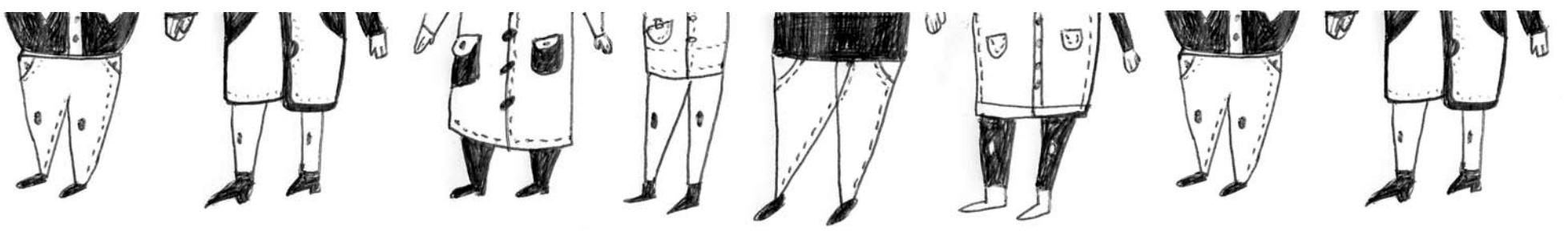
Dr Rajini Lingam is a Medical Psychotherapist, training in psychoanalytic psychotherapy with NEAPP in Yorkshire, and is currently working in private practice.



Your letters

New Associations always welcomes letters from its readers. If you have thoughts you would like to share about the articles in this issue or more general comments about the profession, please send them to mail@psychoanalytic-council.org or post to Suite 7, 19-23 Wedmore Street, London, N19 4RU.

We also welcome article submissions. Please contact Chloe Diski at the above email address with your ideas.

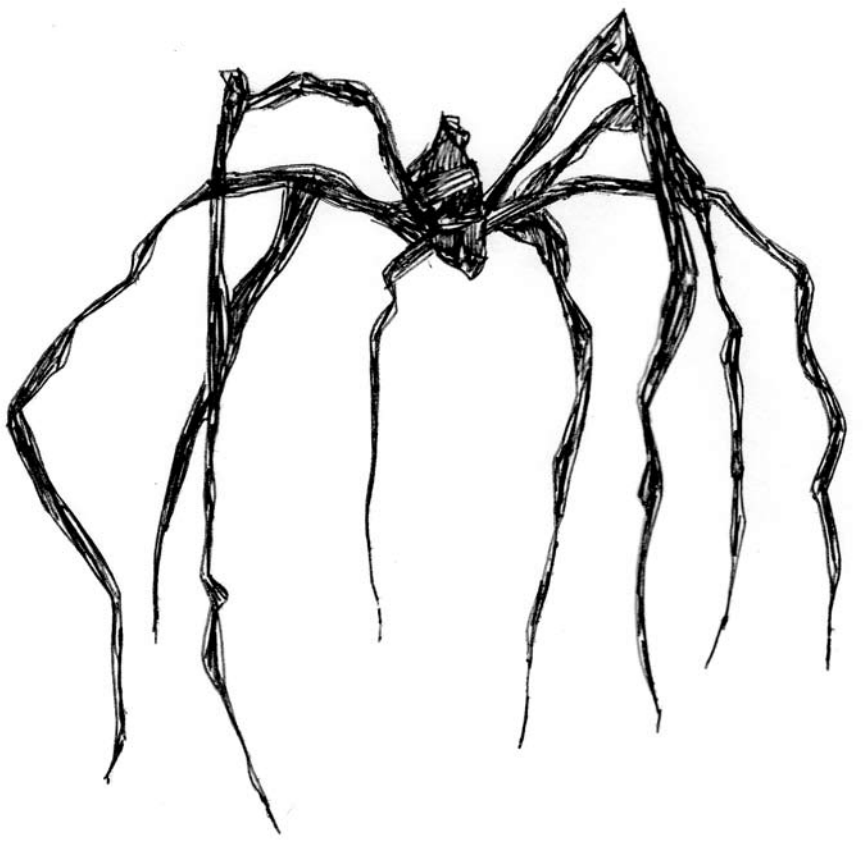


Art at the Freud Museum

Crafty art or arty craft?

By David Morgan

David Morgan provides a frank account of where he stands in relation to Louise Bourgeois's work. This article is based on his presentation at the conference attached to the recent 'Louise Bourgeois: The Return of the Repressed' exhibition



'If we picture the mind like an orifice then we cannot help but wonder what it's open to and what it should be open for.'
Adam Phillips

I APOLOGISE WHEN I admit that, like many other people who I have accompanied to see Louise Bourgeois's work, although it is wonderfully raw and challenging, there are aspects of it I really don't like. There, I've said it. I don't like elements of Louise Bourgeois's work.

Looking at her sculptures makes me feel queasy and a bit revolted. This gut feeling reminds me of an article by Rob Hale, from the Portman Clinic, in which he discusses distaste in the countertransference. With certain patients one has initially to work through this distaste or disgust, as it often acts as a barrier to grasping the pain and trauma underneath. Something of a visceral non-verbal knowledge of pain and abuse has to be processed at a somatic level before any thinking or knowledge can begin. It's as if the patient is saying, 'Can you bear this any better than I could?' The disturbing body communication can be many things, sometimes serially, sometimes in parallel. It can be a search for containment of painful emotions in the mind of another with the unconscious hope that perhaps a mind can be found to think with the analysand, and it can at one and the same time be a mechanical enactment of some undigested scene from the past, or a projection of powerful affect aimed at evacuation to be dumped elsewhere without understanding.

My experience of Louise Bourgeois's art reminds me of this visceral experience with particular patients. Does my queasy emotional response, or countertransference in psychoanalytic language, have anything to add to today's discussion of Louise Bourgeois and her work?

Sigmund, of course, the father of psychoanalysis, initiated investigation into the personal repressed psycho-sexual history of his analysands, which he endeavoured to reconstruct through analysis of their dreams, their free association, and their re-enactment of their Oedipal dramas with him in role as surrogate dad. Klein, the mother of psychoanalysis and analyst/mother of Wilfred Bion, preferred the phantasy to the real and set a different hare running with what is now in Kleinian psychoanalysis a determined interest in the 'here and now'. A narrated consideration of the emotional atmosphere created between analyst and analyst.

'For Bourgeois the phantasied and historically possibly accurate primal scene is a central motif.'

Speaking as a Kleinian analyst, I cannot help but acknowledge that both approaches, the historical and the here and now, are unavoidable in trying to make sense of Bourgeois and her objects.

A major Freudian introduction was the concept of primal scene, a phantasy elaboration of the moment of procreation and sexual relations between the parents that stands at the centre of the Oedipal configuration in all our minds. For most of us perhaps this primal scene is only allowed a fleeting appearance in the conscious. We speculate, we internally imagine and reconstruct, then we turn away in our minds, respectful perhaps of the privacy of our origins. For Louise Bourgeois the phantasied and historically possibly accurate primal scene is a central motif. Perhaps we could say her art is trapped in the primal scene, endlessly looking at the sexual parts of her parents. And she traps us with her, dragging us back to a regressed world of bottoms and tits and willies and, as Klein would say, part objects. The exhibition reminds me of a frenzied toddler stuck apparently in a world of polymorphous perversity, fixated on show and tell with the bodies and phantasies of her father, in particular.

Freud assumed that little children had powerful sexual drives of their own that lead us all to the Oedipus Complex, with our sexual desire for our parents and jostling for position with mother and father before we maturely go on to take our frustrated longings to others. But some of us stay stuck forever in that raging jealous world; and I wonder whether it was so for Bourgeois.

For Freud, 'Family Romance' was a name for the novel we internally write about our origins. I think Bourgeois's work tells us that her internal narrative is no Mills and Boon or Jane Austen, but may be closer to an X-rated horror film of lust and carnage.

What else can we make of her evocation of the remains of a man devoured by his wife and children at the family dinner table? Bourgeois performs the grisly punishment of Father in front of our eyes. Like a new Dora, Freud's famous hysteric, Bourgeois could not tolerate the rival lover Father brought into the house when she was a young girl. And, like young Dora in the same situation, the young Bourgeois seems to have taken on the wrath, the endless jealous rage of fantasy toddler wife, vengeful, psychotic, stuck forever with the Wolfman with her nose pressed against the window watching the sexual parts of father and mother and lover.

When I see two penises flanking a vagina floating above Freud's couch, I at first feel that visceral response of disgust. One hundred years ago Freud powerfully invoked disgust and shame as the dams the psyche erects against the plentiful and perverse drives of the libido. Bourgeois's work is, I believe, awash with shame and disgust and it is this that thrusts itself into her viewer.

This gut communication of revulsion and obsession seems essential in grasping Bourgeois's work. Yet in my more traditional position as the Kleinian psychoanalyst I listen to the whiffs of revulsion I experience, and they lead me to fumble my way to a sense that the revulsion is rather practiced and sophisticated, not all that genuinely sick making at all, a bit like a polished Hollywood horror-drama.

Trying to use my daily 'here and now' sensibilities I found myself, as I viewed the exhibition, feeling rather pushed. My sense when I considered it was of following a countertransference thread that began to feel less like the inchoate unconscious and more like a feeling script supplied by a Steven Spielberg of the Unconscious. I wonder how much Louise Bourgeois knew of exactly what she was doing, her conscious illustration of the theories of Klein and Freud. How orchestrated and knowing are the willies and the dismemberings?

'How orchestrated and knowing are the willies and the dismemberings?'

We know by now so many details of Bourgeois's life. The early life is writ large in all her work, including her later imagery of the weaving spider as an evocation of her loved mother. But Bourgeois's later life in New York is a little more obscure, particularly the long engagement she had in psychoanalysis and with psychoanalytic ideas.

Dreams of Jelly Roll

Artist John Goto puts down some thoughts about his new exhibition 'Dreams of Jelly Roll', which opened at the Freud Museum on 29 June

What drew you to Jelly Roll Morton?
JG: I've been listening to jazz since my early teens. Over the years I've delved further back into the music, through Bebop and Big Band jazz towards its origins, which inevitably led me to Jelly Roll Morton. For an artist a store of such interests, cultural enthusiasms and small obsessions is important. They generate ideas that incubate, sometimes over decades, and then suddenly re-present themselves sufficiently matured to work with. Giorgio de Chirico illustrated this process when in 1930 he painted a man going into a bathing hut, and thirty-six years later painting the same man coming back out!

Images are soundless, but you talk about the 'musicality of silence'. What do you mean by that?
JG: Pictures about a musician, as presented in this exhibition, might seem paradoxical as they remain forever silent. And yet music has been a recurring theme in the history of western narrative painting. As well as the symbolic and allegorical meanings to be found in musical pictures, within each viewer resonates a world of imagined sounds and rhythms, evoking what I think of as the 'musicality of silence'.

Morton is hard to clearly decipher. He is the self-proclaimed 'father of jazz', made wonderful music, recorded interviews in which he told tales that were often fabricated, and inspired many contradictory biographies. Why are your interpretations of his life informed by psychoanalysis?
JG: When discussing an artist I think you have to accept the whole personality, because good artists draw on all aspects of themselves when making work. Morton's fabrications have given many critics a problem – some attributing them to an 'immoral personality', whilst others suggest they were a culturally specific form of hyperbole, of jive talk. But I sense that the membrane between Morton's conscious and unconscious worlds was particularly porous, and this contributed greatly to his creativity. Rather than being the victim of his complexes, Jelly Roll was in accord with them and as Freud put it 'they legitimately directed his conduct in the world.'

You seem familiar with psychoanalysis. What sparked your interest in psychoanalytic ideas and why do you think they are important?
JG: Well, I haven't spent the last twenty-five years studying psychoanalysis, but I am married to someone who has. Kitchen table conversations with my wife, Celia Goto, about her work as a psychotherapist and mine as an artist have been a great source of inspiration when making this series. But I should add that I have always paid attention to my dreams, sometimes noting them down and using fragments in pictures. During my childhood I often had hallucinatory fevers when ill, I remember the wallpaper moving, and such experiences shaped my notions of reality.

'The membrane between Morton's conscious and unconscious worlds was particularly porous.'

The link between Freud and Jelly Roll Morton isn't instantly apparent. What are your associations between the two 'founding fathers'?
JG: The proposition is historically absurd, and all the more interesting for that! The disciplines of history and psychoanalysis often seem to me to be barely compatible. Histories of psychoanalysis are common enough, but in their approach shed little light on the workings of the unconscious. Psychoanalytic case histories, on the other hand, seem altogether more promising. This series is constructed using a great many historical 'facts' and documents, which have been rearranged to generate new associations in a manner akin to the dream. My aim is to take a creative approach to the possible meanings behind Morton's daydreams and tall stories. Using clues found in his pronouncements, I mix people from his musical and social circles with significant figures from the world stage to which he aspired.

You quote Bion's distinction between 'knowing about, and knowing' in your introduction to the exhibition. Can you apply this distinction to the process you went though while making this series?
JG: The process was one of internalising the research material and imaginatively transforming it. Let me give you an example. 'Jelly Roll and the Sirens' is one of the more straightforward images. Morton declared that at the height of his fame *'There was nothing under the sun that I ever wanted that I didn't get during that time but two things. And those two things – one was a yacht, and the other was a cow.'* The yacht I associated with Odysseus with whom Morton is often compared by his biographers due to his extensive travels as a young musician. The cow suggests a rural idyll, which was never available to him due to his tough urban upbringing. It maybe leads us to the Sirens who are based on his four most significant lovers. The Sirens lured sailors with their enchanting songs to shipwreck. Knowing this Odysseus had himself bound to the mast so that he should not escape their beautiful deathly music ■

John Goto's exhibition 'Dreams of Jelly Roll' is at the Freud Museum until 16 September 2012.

Interviewer: Chloe Diski.

Crafty art or arty craft?

Continued from opposite page

When I discovered in my research for this short article the degree of Bourgeois's actual immersion in the psychoanalysis of the 20th century, I realised a high degree of knowingness in her work. It seems to include not just the sculpture, but the crafting and planning of her audiences' response, like a wilful analysand who has to dominate the scene at all times.

The pieces on display turn countertransference into a theatre for the primal scene, and we all become frenzied toddlers in the midst of the primal scene with Bourgeois by her explicit scripted design. For me, being so pushed around even in my very guts feels intrusive, but perhaps that is the point ■

Louise Bourgeois: The Return of the Repressed ran at The Freud Museum from 8 March to 27 May 2012.

David Morgan is a Consultant Psychotherapist and Psychoanalyst.

Jelly Roll and the Sirens

Diary

JULY

26 July 2012
FREUD MUSEUM ANNUAL OPEN DAY
Freud Museum, 20 Maresfield Gardens, London NW3

28 July 2012
A DAY OF ART AND ANALYSIS
Hyde Parish Hall, Winchester
Contact: admin@bap-psychotherapy.org

AUGUST

30 August - 2 September 2012
BORDERLANDS: 2ND EUROPEAN CONFERENCE ON ANALYTICAL PSYCHOLOGY
Speakers include Jerome Bernstein, Jan Wiener, Helen Morgan, Penny Pickles, Mikhail Reshetnikov, Kristina Schellinski
Angleterre Hotel, St Petersburg, Russia
www.jungianconferences.com

SEPTEMBER

3-7 September 2012
WORKING WITH ORGANISATIONS: TAVISTOCK GROUP RELATIONS CONFERENCE
Lucy Cavendish College, Cambridge
Contact: 020 8938 2548, egibson2@tavi-port.ac.uk

5 September 2012
PIERRE CORNEILLE'S 'THE ILLUSION': PERFORMANCE AND ROUNDTABLE
Speakers: Brett Kahr, Valerie Sinason
Southwark Playhouse, London
http://southwarkplayhouse.co.uk

5-10 September 2012
THE PAST IN THE PRESENT: EUROPEAN PERPETRATORS AND VICTIMS
Facilitators include Hermann Beland, Shmuel Erlich, Olya Khaleelee, Edward Shapiro
Kliczkow Castle, Poland
Contact: www.p-cca.org geber.reusch@t-online.de

15 September 2012
WINNICOTT DIALOGUES
Speakers include: Jan Abram, Haydée Faimberg, Christopher Reeves, Daniel Widlöcher, Zjelko Loparic, Nellie Thompson.
Institute of Psychoanalysis, 112a Shirland Road, London, W9 2EQ
Contact: marjory.goodall@iopa.org.uk

15 September 2012
PROJECTIVE IDENTIFICATION IN PRACTICE
Workshop Leader: Paul Terry
23 Magdalen Street, London, SE1 2EN
Contact: 020 7378 2050, training@wpf.org.uk

18 September 2012
'MARY STUART': PERFORMANCE AND ROUNDTABLE
Speakers: Michael Rustin, Margaret Rustin, Kate Sawyer
New Diorama Theatre, London NW1
www.newdiorama.com

20 September 2012
IAPT FOR SEVERE MENTAL ILLNESS CONFERENCE
Double Tree by Hilton Hotel, Manchester
Contact: 01732 897788, enquiries@sbk-healthcare.co.uk

21-22 September 2012
PSYCHOANALYSIS IN THE AGE OF TOTALITARIANISM
Speakers include: David Bell, Daniel Pick, Sally Alexander, John Forrester and Michael Rustin
Wellcome Collection Conference Centre, 183 Euston Road, London, NW1 2BE
Contact: marjory.goodall@iopa.org.uk

23 September 2012
FASHION AND PSYCHOANALYSIS: STYLING THE SELF
Speaker: Alison Bancroft
The Freud Museum, 20 Maresfield Gardens, London NW3 5SX
Contact: 020 7435 2002, eventsandmedia@freud.org.uk

28 September 2012
CAN PSYCHOLOGICAL UNDERSTANDING IMPROVE QUALITY IN DEMENTIA CARE?
APP Conference
Contact: 020 7272 8681, app-nhs@btconnect.com

OCTOBER

1-3 October 2012
SPEAKING IN DIFFERENT TONGUES: DIVERSITY IN THE THERAPEUTIC ENDEAVOUR
Speakers: Jorge Canestri, Benedetto Farina, Caroline Garland, Giovanni Liotti, Russell Meares
Monash University Prato Centre, Italy
Contact: info@conorg.com.au

2-3 October 2012
CHANGING REALITIES: NEW DEVELOPMENTS IN PSYCHOLOGICAL APPROACHES TO PSYCHOSIS
Residential conference
Conference Aston, Birmingham
Contact: Ali Haddock, 0845 166 4168, admin@ispsuk.org

5-6 October 2012
MEANINGFUL COINCIDENCE: FOUND OR CREATED?
Speakers include: Ann Addison, Warren Colman, Roderick Main, George Bright, George Hogenson and Hester Solomon
37 Mapesbury Road, London NW2 4HJ
Contact: 020 8452 9823, admin@bap-psychotherapy.org

6 October 2012
LIFE TRAUMA, DEATH TRAUMA
Speaker: Lionel Bailey
Mansion House, Canynge Road, Clifton, Bristol BS8
www.sipsychotherapy.org/public/lecture.html

6 October 2012
ILSE SEGLOW MEMORIAL LECTURE
Speaker: Earl Hopper
Comtact LCP, 020 7482 2002, info@lcp-psychotherapy.org.uk

11 October 2012
WRITERS AND PSYCHOTHERAPISTS IN CONVERSATION
Poet, author and translator David Constantine with Gerry Byrne
43 St. Giles, Oxford OX1
Contact: 0845 680 1926, www.oxboffice.co.uk

19-21 October 2012
WORKING WITH OTHERS: RISK, STRUGGLE, AND CHANGE
BAP Group Relations Event
Contact: 020 8452 9823, admin@bap-psychotherapy.org

27 October 2012
AUDIENCES WITH AUTHORS: ROBERT SNELL
Uncertainties, Mysteries, Doubts. Romanticism and the Analytic Attitude
Contact: LCP, 020 7482 2002, info@lcp-psychotherapy.org.uk

27 October 2012
BORDERLINE PERSONALITY DISORDER: THE PATIENT, THE THERAPIST AND THE THERAPY
Workshop Leader: Duncan Kegerreis
23 Magdalen Street, London, SE1 2EN
Contact: 020 7378 2050, training@wpf.org.uk

27 October 2012
DREAMS AND DREAMING: A USER'S MANUAL
Workshop Leader: Francesca Raphael
23 Magdalen Street, London, SE1 2EN
Contact: 020 7378 2050, training@wpf.org.uk

NOVEMBER

2 November 2012
VULNERABILITY OR RESILIENCE? DILEMMAS IN THE ASYLUM AND THERAPEUTIC PROCESSES
Speakers: Sarah-Jane Savage, Renos Papadopoulos, Gillian Hughes
Tavistock, 120 Belsize Lane, London NW3
www.unhcr.org.uk/events

3 November 2012
NARCISSISM: A TROUBLED WAY OF RELATING
Workshop leader: Pat MacDonald
23 Magdalen Street, London, SE1 2EN
Contact: 020 7378 2050, training@wpf.org.uk

8 November 2012
WRITERS AND PSYCHOTHERAPISTS IN CONVERSATION
Poet Bernard O'Donoghue, David Morgan
43 St. Giles, Oxford OX1
Contact: 0845 680 1926, www.oxboffice.co.uk

10 November 2012
UNIMAGINABLE STORMS: CONTINUING TO THINK PSYCHODYNAMICALLY ABOUT PSYCHOSIS IN THE NHS
A tribute to the late Dr Murray Jackson
Speakers include David Bell, Marcus Evans, Brian Martindale, Gary Winship
Wolfson Theatre, Institute of Psychiatry, De Crespigny Park, London SE5
Contact: Ali Haddock, 0845 166 4168, admin@ispsuk.org

10 November 2012
THE REVOLUTIONARY UNCONSCIOUS: SOCIAL UPHEAVAL AND SOCIAL COHESION
Speakers: Mike Rustin, Sanja Bahun, Andrew Samuels, Miomir Milovanovic, Shahidha Bari
University of Essex, Colchester Campus
Contact: cpseo@essex.ac.uk

16-17 November 2012
INTERNATIONAL PERSPECTIVES FROM GROUP RELATIONS, PSYCHOANALYSIS AND SYSTEMS THEORY
Keynote speakers: Alessandra Lemma and Wendy Holloway
Ambassadors Hotel, 12 Upper Woburn Place, London WC1H
Contact: 020 7736 3844, conf@opus.org.uk

22 November 2012
ART AND THE BIRTH COMPLEX: A JUNGIAN, TUSTINIAN, BIONIAN VIEW OF MISMANAGED PSYCHOLOGICAL BIRTH
Speaker: JoAnn Culbert-Koehn
37 Mapesbury Road, London NW2
Contact: admin@bap-psychotherapy.org

23 November 2012
WORKING WITH A YOUNG UNACCOMPANIED ASYLUM SEEKER
Speakers: David Amias, Gillian Hughes, Alessandra Marsoni, Jo Stubley
Tavistock Centre, London NW3
www.tavistockandportman.ac.uk/UnaccompaniedAsylumSeeker

24 November 2012
WORKING WITH SUICIDE IN PRIVATE PRACTICE
Workshop leader: Kirstie Adamson
23 Magdalen Street, London, SE1 2EN
Contact: 020 7378 2050, training@wpf.org.uk

24 November 2012
MAKING JUDGMENTS OR BEING JUDGMENTAL? A PROBLEM IN CLINICAL ASSESSMENT AND BEYOND
TCCR, 70 Warren Street London W1T
Contact: 020 7380 1975, athomas@tccr.org.uk

24 November 2012
A RELATIONAL APPROACH TO PROVIDING PLACEMENTS IN PRIMARY CARE SETTINGS
Discussant: Anna Bravesmith
Paddington Green Health Centre, Princess Louise Close, London W2 1LQ
Contact: serena.willmott@blueyonder.co.uk

29 November 2012
WRITERS AND PSYCHOTHERAPISTS IN CONVERSATION
Poet Jane Draycott with Caroline Garland
Friends Meeting House, 43 St. Giles, Oxford OX1
Contact: 0845 680 1926, www.oxboffice.co.uk

29-30 November 2012
PSYCHOLOGICAL THERAPIES IN THE NHS
Mermaid Conference Centre, London
www.newsavoypartnership.org

DECEMBER

7-9 December 2012
UNCONSCIOUS PHANTASY TODAY
Speakers include David Bell, Michael Brearley, Catalina Bronstein
University College London
Contact: sabina.hussain@ucl.ac.uk

Opinion

A new humility

By Julia Bland

Julia Bland responds to last issue's call for a 'psychoanalytic spring' by suggesting we need to spring clean our habitual attitudes

A COLLEAGUE recently pointed out to me that in Germany the question asked during assessments is not, 'Is this person capable of using a psychoanalytic approach?' but, 'Is psychoanalytic psychotherapy of any use to this person?' This is a key distinction.

Must we insist that we have the deepest, subtlest, most intellectually and emotionally satisfying model of the mind, or can we adopt a radical new humility which places our ideas as valid and important, but as one approach among others to making meaning of human experience and relationships?

My perspective is that of a medical psychotherapist who has left one of the allegedly melting departments, but who is continuing to work in the NHS as a medical psychotherapist (in the MedNet service at the Maudsley). I'm also a systemic family and couple therapist, and so have been a long-term observer, fence-sitter, and largely unsuccessful interpreter across the modalities.

From this psychoanalytic and systems standpoint I have observed a direct link, which we are collectively uncomfortable with considering, between our own chronic embedded assumptions of superiority and the rejection of those implicit claims of superiority by others. We may have shot ourselves in the foot by being too arrogant, too unwilling to listen genuinely to other modalities and views, to adapt, and to research. A senior CBT colleague made a good point when she said to me, 'It's no accident CBT has a superior traditional scientific evidence base. A lot of people worked hard for twenty five years creating it.'

Alongside other psychoanalytic people I have cheered when analytic researchers play the EBM game and succeed. Barbara L. Milrod's RCT of manualised analytic work with agoraphobia, presented at the Savoy Conference, is a good example of this progress. While the field of evidence-based research is changing fast, and neuroimaging may yet demonstrate our psychotherapeutic effect on neural pathways, few can deny that we have been relatively slow at developing our evidence base. One level of explanation is practical. The psychoanalytic trainee, exhausted by evening seminars, training patients, their own analysis, multiple supervisions, and trying to have a life, has little reserve energy for running RCTs. But I suspect the general reticence of the profession also reflects a collective underlying response that 'scientific' research could only demonstrate what we already 'know' to be self evidently true.

'We may have shot ourselves in the foot by being too arrogant.'

Surgeons know more about what the human gut does as they look into an open abdomen and see the gut working in the anaesthetised patient, than that patient does when they are awake or asleep. Analogously, as psychoanalytic thinkers we feel in a similar position in relation to the mind of others: We know more than they know about themselves. While this may be valid, there is a danger of being fundamentally disrespectful to our patients' experience of themselves and our colleagues who do not share our model.

Here are a couple of examples of this arrogant attitude. Imagine the scene. First ever forensic psychotherapy conference. Terrified European therapist submits to live supervision in front of the audience. Highly respected senior analyst listens and pronounces 'this is not psychoanalysis'. Humiliated collapse of young female therapist in the face of elderly male superiority.

Another scene. A cupboard in a renowned psychotherapy department ten years ago. Inside are boxes of slim cards summarising patients in highly pejorative analytic terms. The utter certainty recorded on the cards may have been the result of one assessment by doubtlessly brilliant clinicians, and extremely accurate, but perhaps also refers to a mindset where doubt, curiosity, co-construction, collaboration are not in the frame. This may not describe us all, but I think many of us retain remnants of this analytic superiority, which is intrinsically and increasingly at odds with the zeitgeist.

Expertise is being debunked. Anyone can go online. Patients are better informed, not deferential, but questioning, and rightly so. They are in a hurry. They want to be seen quickly, not several times a week, not at great expense and they want to make an informed choice.

We have to meet the 21st-century patient half-way. The deeper truths of psychoanalysis are not self evident and we must help our patients reach a state of mind where they may be able to use our ideas. This is where the attitude of the therapist is key, and where systemic ideas can assist. The concept of 'taking the one down position', i.e. the patient knows best about their own life, has to be genuinely held. I have sat through clinical discussions involving psychoanalytic ideas which descend into a competition to spot the perversity in the patient. This is often accurate but risks missing the resources patients also demonstrate.

As psychotherapists, we have a special capacity to help patients to slow down, to consider if they can bear facing a bit of reality, including the disappointing but potentially life changing experience that they are being offered by us. We cannot compromise beyond the point of clinical integrity. Apart from anything else, we would lose our unique preparedness to tolerate being hated.

Then there is the generally agreed need within the NHS to adapt our technique to the current situation. This is where a more hopeful picture emerges. Alessandra Lemma's great achievement in getting DIT into IAPT is terrific. Anthony Bateman and Peter Fonagy's Mentalisation ideas have spread from treatment of personality disorder into treating families, couples and adolescents. Interestingly, purist systemic therapists can be as disapproving and threatened as purist analytic thinkers by this development. The eclecticism and open magpie-taking from cognitive, systemic and neuroscientific knowledge in mentalisation and its rapid unpretentious brief training often provokes those with long and thorough trainings. But if we are to serve the public best, we must abandon our defensive protectionism and start where people are, that is the patients, our colleagues, and our managers.

'We have to meet the 21st-century patient half-way.'

We can only expect respect when we can demonstrably acknowledge the superiority of other treatments for some patients some of the time, as Alessandra Lemma did re CBT in the Maudsley debate. We need to accept stepped care, for all our misgivings. It's a logical way to distribute scarce resources. We need to liaise, listen and explain ourselves to the rest of the system, as part of it, not gurus from on high. And, perhaps most importantly, we should admit our own prejudice. Phil Richardson did a study on post multimodal assessment recommendations at Guy's years ago and found that all therapists tend to recommend their own model. No surprises there, but we are not above prejudice, and it's high time we acknowledged it ■

I would like to acknowledge thanks to Sebastian Kraemer for reading this article.

Julia Bland is a consultant medical psychotherapist, and co-director of the MedNet service.

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Deadlines: The next issue of *New Associations* will be published in October 2012. The deadline for article proposals is 24 August 2012. Contributions and letters to the Editor should reach us no later than 14 September 2012.

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Errata

We would like to thank Ann Casement for pointing out two misstatements in the Interview on pages 10-11 of Issue 8. One confused Otto Gross with Otto Rank. Another, attributed the title of Cronenberg's film *A Dangerous Method* to a quote from Freud, when it is in fact by the philosopher William James.

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