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Forging a modern profession

By Malcolm Allen

The life so short, the craft so long to learn

HIPPOCRATES' APHORISMS

HIPPOCRATES NOT ONLY laid the foundations of modern medicine but in so doing created a new profession. The seventy books of the *Corpus Hippocraticum* mapped out the knowledge and skills expected of a physician, alongside stringent requirements for ethics and rigorous practice. Together they shaped a concept of professionalism that has reverberated down the centuries.

The modern profession of psychotherapy is likewise based on a disciplined craft grounded in training, supervision, continuing professional experience and reflection on that practice. Psychotherapy as a distinct approach emerged at the end of the 19th century. The term was first popularised within medicine and psychology by Hippolyte Bernheim to describe his school of hypnotherapy; it was then widened to encompass the 'rational persuasion' methods of Paul Dubois and his followers. By 1905, in 'On Psychotherapy', Freud was championing this new psychological treatment in a variety of forms, of which his own was but one. He said: "There are many ways and means of practicing psychotherapy. All that lead to recovery are good."

In the past hundred years these various 'ways and means' have burgeoned into several hundred different models and schools. Today, psychotherapy faces a range of questions critical to its evolution and status as a modern profession. A number of articles in this issue explore how some of these questions are being played out currently in the UK. In a challenging piece, Patrick Pietroni takes his cue from Donald Schon's 1970 Reith Lectures on modern professionalism and calls for a new institutional culture that can avoid the dangers of entropy and inertia.

The approaching introduction of statutory regulation distils a set of crucial questions

about the nature of the 'moral contract' between the profession and the public. A full update on the latest state of play is available on the BPC website together with links to all the relevant documents. Since 2007, all the principal professional bodies have accepted that the choice of the Health Professions Council (HPC) as regulator was the Government's settled position. We have therefore all focused on a constructive dialogue with HPC as the most effective means of achieving the optimum form of regulation.

However, this is not an easy process for the profession. A number of fault-lines have opened up, representing some of the tensions and anxieties that exist for practitioners. These issues and differences of judgement are explored in the discussion between the Chairs of BPC, UKCP and BACP, as well as in the article by Andrew Samuels, the newly-elected Chair of UKCP. We also welcome a contribution from a group of psychotherapists recently formed to support regulation by the HPC called Integrity.

'This is not an easy process for the profession.'

Some of the unease amongst practitioners is taking the form of opposition to regulation by the HPC. But beneath the surface of this often vocal opposition lie a series of conflicting and probably irreconcilable demands. Much of the rhetoric of the Alliance for Counselling and Psychotherapy against State Regulation is critical of regulation by *any* 'state-sponsored body'. Others, and this includes the new Chair of UKCP, are calling for there to be an alternative regulator to HPC, but set up by the same legislative mechanism, the Health Act 1999. This is an attempt to breathe life into the corpse of the 'Psychological Professions Council' which was discreetly buried by the professional bodies in 2007.

Claims for the realism of this demand are premised on the possibility that an incoming Conservative administration

would favourably consider this proposal. Of course, even if this was on the cards, it would be no less a 'state-sponsored body' than the HPC (instead a profession-specific version of it, operating under the same regulatory imperatives and constraints). In any case, there is no intelligence to suggest this is a likely possibility.

Advocates for this proposal (who usually admit in the end that it won't happen) will often then revert to claiming that making such a demand gives them greater leverage in their 'negotiations' with HPC. In our experience, much more can be achieved through a mutually respectful dialogue with HPC than by the constant hammering of a 'four legs good [the professions], two legs bad [government/bureaucracy]' message.

There are further discussions to be had with HPC and Department of Health around the preparation of the Section 60 Order, HPC's current review of the generic standards of proficiency and certain aspects of its fitness to practise procedures. We are committed to working closely with our professional body partners in those discussions.

In our view, the evidence is that HPC is a pretty good regulator, open and transparent in its procedures, and responsive to the professions it regulates. This view tends to be supported by the positive experience of art therapists described in Helen Morgan's interview with Val Huet, chief executive of the British Association of Art Therapists.

Another difficulty for many has been the proposal from HPC's Professional Liaison Group to differentiate between the professions of psychotherapy and counselling. BACP is vigorously asserting that such a distinction does not stand up to scrutiny and there was a large response to HPC's consultation supporting this view. As further work is undertaken on the profession-specific standards of proficiency, BPC will continue to affirm the validity and truthfulness of this differentiation. At the same time we recognise the considerable points of convergence between the two professions and the need for a system with a level of permeability between them.

Recently, the United Kingdom Commission for Employment and Skills endorsed the National Occupational Standards put forward by Skills for Health for four major psychotherapy modalities, including psychoanalytic psychotherapy. For all the many limitations of competency frameworks, this is nevertheless a sign of growing public recognition of the critical importance of psychological therapies to modern mental health and social care.

Written between the fourth and seventh centuries BCE, the (Homeric) Hymn to Hephaestus first celebrated the gift of craft to humanity by the blacksmith god of fire. Whilst it is right for us to focus on the many challenges ahead, perhaps too we need to find an echo of that celebration as the modern profession of psychotherapy comes of age ■

Malcolm Allen is CEO
of the BPC



Statutory Regulation

Debating our professional future

The Council of the Health Professions Council (HPC) met in December 2009 and considered a report from the Professional Liaison Group (PLG), together with the results of a consultation on its recommendations. The Council concluded that it could meet the regulatory needs of psychotherapists and counsellors using its normal 'building blocks' such as protected titles, standards of proficiency, etc. HPC's chief executive subsequently wrote to the Secretary of State for Health stating that HPC believed it had fulfilled the requirement of the Government's White Paper that it would undertake a 'rigorous process of assessing their (the professions') regulatory needs and ensuring its system is capable of accommodating them.'

The letter said that the Council did not reach a conclusion on whether the two proposed protected titles should be regarded as interchangeable titles for one profession or separate titles for two, related professions.

The differentiation between psychotherapy and counselling was in fact recommended by the PLG but was challenged by many responses during the public consultation. The Council therefore decided that more work was needed on this and other issues.

Council decided that further work on profession-specific standards of proficiency would need to await the outcome of the current review of the generic standards of proficiency. That work is intended to ensure that the generic standards are less focussed upon the 'medical model' of health care delivery, thus providing the basis for regulation which is more inclusive of therapeutic models of practice.

The Chairs of the United Kingdom Council for Psychotherapy, the British Psychoanalytic Council and the British Association for Counselling and Psychotherapy explore some of the issues now at play around the question of statutory regulation.



Andrew Samuels



Julian Lousada



Lynne Gabriel

Andrew: Would it be a good idea to talk about the history of cooperation between the three organisations: how much has there been over the years, has the pace of cooperation increased or decreased, things like that?

Julian: During my time as BPC chair, for the last two and a half years, there has been quite a bit of collaboration with a whole series of formal and informal discussions. The fact that we find ourselves in different positions on certain things shouldn't undermine that commitment. I think one of the positive outcomes of the whole HPC period has been that we have all got to know each other a lot better.

Lynne: Collaboration has been very important but I think we also need to acknowledge that whilst we collaborate we also recognise our differences.

Andrew: Just to get us up to date, UKCP had a meeting in December at which Marc Seale (HPC's Chief Executive) said that there was still a lot of work left for the Professional Liaison Group (PLG) to do; it would be starting again after HPC's

Council meeting in February. I now want to ask questions such as: has the remit changed? has the personnel changed? how many meeting will there be? how long has it got, etc.? It's definitely a change of direction to reinstate the PLG.

Lynne: They are aware that we have a Psychological Professions Alliance Group (PPAG) meeting in February and they are interested in us, as professional associations, making comments about the work plan for the PLG. My understanding is that they will hold over any recommendations to the Council until after the PPAG meeting, and take into account the information we put to them at their March Council meeting.

Julian: I think HPC is aware that they have a substantial amount of work to reassure the professional 'community'. It can't just be a sort of cut-and-paste job. They need to make sure the HPC can accommodate a non-medical profession and that the standards of proficiency, especially the generic standards of proficiency, actually reflect this. My sense is that a combination of robust opposition (to the HPC as regulator) and the sustained discussions that we've been having with them on the same issues have together resulted in their acknowledgement that there will have to be a substantial rewrite (of the generic standards of proficiency) in order to accommodate us. Perhaps wrongly, I trust that they are going to do that but I have a slightly more benign attitude towards them than Andrew does.

Lynne: I agree. I think the Westminster debate was a critical point, when we had Anne Milton calling for collaboration from HPC. I think she will hold them to that should she be in post.

Andrew: I agree, and I think that the robust opposition has worked. I want to say something about the HPC's letter to the Secretary of State sent on 23 December. This letter effectively says the HPC is good to go. This really isn't an accurate outcrop of what happened with the PLG. I think they believe that the Section 60 will be so general, that they can leave all these problematic issues, once they have got the 'go ahead' back. I'm not happy with this. The professions are going to be extraordinarily weakened if we are arguing about things that matter after a Section 60 has been issued, even if it takes 18 months to get one.

Lynne: Could we look at whether our respective associations are saying they are, in principle, in support of HPC or not as regulator, and whether we are, in principle, supportive of statutory regulation or not?

Andrew: The question is: can we get a result? Julian thought that a mixture of relentless pressure over time and more recent robust argument had produced a change. For UKCP, the questions around things like fitness to

practise, the differentiation between 'psychotherapist' and 'counsellor', the child psychotherapists' register, have come back on to the agenda. People are genuinely scared about going under something like HPC.

'HPC is aware they have to reassure the professional community.'

Julian: I have concerns too over certain aspects of the HPC's complaints procedure, e.g., that the case is published online once a determination of a 'case to answer' has been made. But I didn't think in the end that their procedures were hugely different from ours, especially given how badly our profession has done it and often still does it.

Lynne: HPC's procedures are certainly not so different from ours.

Andrew: HPC's system is too adversarial and bureaucratic. We now have a lot of information about what does or doesn't get full hearings, and we have a lot of revealing information about what hearings are held in camera. Incredibly, the HPC doesn't know what proportion of fitness to practise hearings are held in camera and doesn't know what proportion of requests for hearings to be held in camera are allowed or denied.

Lynne: Are you saying that the counselling and psychotherapy profession should have in camera hearings?

Andrew: Probably more than HPC does, and it's not against European law to have them. If you go to the website and look at the practice guidelines about in camera hearings, I don't think you'd be terribly happy.

Lynne: I understand that. But at BACP, we have recently experienced a huge backlash about the publication of cases in BACP's *Therapy Today* journal. What our professional conduct department were doing was bringing things into line with expected practice within the UK and Europe. I can understand your membership's anxiety because we had a similar experience with our members around the very public notifications of cases of misconduct.

Andrew: If you don't write up cases where there has been nothing found against the defendant. The problem with the HPC system is that it can cause huge difficulties in the lives of people found utterly innocent. Worst though is that the thinking rules out mediation and conciliation. However, Marc Seale has confirmed that mediation was allowed under article 26 of the Health Professions Order of 2001. But screeners undertaking mediation had not been used because

by the time complaints were considered by the HPC investigating committee, the allegations were usually so serious that it would not be appropriate to arrange conciliation or mediation. HPC's legislation could be amended to facilitate mediation at an earlier stage.

Julian: We all want this to be a thoughtful and fair process, as well as transparent to the complainant, which it hasn't been in many of our organisations. We are also trying to look after the clinician and their other clients or patients. It's quite difficult to meet all of these requirements. But what you are saying, Andrew, confirms that HPC is willing to adjust and develop some of these protocols so that we feel that the interests of all three parties concerned are as far as possible protected and respected.

Lynne: I agree. Our three associations should discuss some recommendations at the next PPAG to make to HPC in order to amend their fitness to practise procedures, to make them more fit for purpose for our profession.

Julian: Generally speaking, what is the state of mind of the membership on statutory regulation, and as a professional leadership do we continue to support an engagement with HPC, subject to negotiations?

Andrew: What do you mean by 'subject to negotiations'? Is it possible that BPC would find HPC in its final form unsatisfactory and advise the members accordingly? Can you imagine that happening?

Julian: Hypothetically I can – we are not giving HPC a blank cheque. We are working with their political reality and the political reality of the state of mind of our membership. I don't anticipate that being the outcome – but certainly, if I believed that HPC regulation was prejudicial to the future of the psychoanalytic profession I would vote against it.

Andrew: But you won't be given a vote. The only thing you can do if you don't like it is enter, as an individual, some form of alternative professional accountability. 'Subject to negotiation' means there is a hypothetical scenario in which it wouldn't be fit for purpose. Lynne I think has bravely and accurately said this with regard to the PLG process. I think that there is a risk that we get something which we don't think very much of – then what do we do? Where are you going to vote?

Lynne: If we as a group of associations decide en masse that the final tabled statutory regulations framework is not something that the associations can live with, then we can take – hypothetically – the 'principled non-compliance' (PNC) route.

Julian: I have been honestly thinking about what an alternative might be. I

cannot imagine an alternative that will have statutory authority and not struggle with some of these difficult issues. It's got to be big enough to accommodate all the varieties of people that are being thought about and trying to get some threshold standards and titles; I cannot imagine an organisation at the moment that is likely to be much better. It doesn't mean that I don't believe in robust negotiation about the issues that we have been discussing.

Andrew: What I'm saying is that UKCP can see a possible endgame in which we honestly, hand on heart, can't recommend HPC; and then we know what we are going to recommend because we are very far advanced as regards PNC.

'There is a risk that we get something which we don't think very much of.'

Julian: The problem is that PNC is not a strategy of citizenship; it's a strategy of individualism. If we are trying to create a modern profession of counselling and psychotherapy we are struggling with quite a large number of our members who operate as independent traders. Many are not comfortable with the idea of regulation either within their own organisation or from a statutory body. We need to accept that we are a modern profession, and we are actually trying to encourage people, at all levels, to join the profession and grow up in it.

Lynne: You are picking out some of the positive aspects of regulation for you and

psychoanalysis. This is something that is missing from many of the discussions about regulation. I do get from colleagues and students that actually there are benefits to being regulated. One is recognition, professional recognition on a wider platform, and the status that comes with that. It also opens up avenues to research funding, perhaps some kind of centralised funding for training – a number of things that some people say are positive.

Julian: Yes, I think for young people joining the profession, it does matter that they are going into a system that is publicly mandated, i.e., that there is a 'contract' between the profession and public institutions.

Andrew: To go back to what would happen if we weren't happy, in those circumstances PNC will be an even more attractive and large-scale activity than it's going to be already. Just as there will be independent statutory regulation – and UKCP accepts this – there will be PNC, and UKCP accepts that. Our policy, and it now is our official policy, is to take care of both scenarios. I'm in an odd position because my version of PNC, and I believe UKCP's emerging version of the PNC, is actually quite stringent. It's about as stringent as conscientious objection is in the military context.

Julian: What I find confusing is that you (Andrew) think that it's probable that the HPC will prevail. Yet you are always arguing from a position of opposition rather than trying to make something work. Now we are talking about PNC – I cannot imagine how anybody thinks this is good for the profession. A tiny fraction of our membership are active – and you

come up with this extraordinary idea, as if it's a principled position, from which our profession is going to be strengthened. It fragments the profession in the most frightening manner.

Andrew: It will be legal and can be made a professionally responsible position. At the end of the day there will be regulation. The UKCP is totally open-eyed about it; at the moment HPC is the front-runner.

Julian: So why don't you say so publicly that you think on balance this will be the case – even though there are things that have to be worked out?

Andrew: I've said a million times that HPC is the front-runner. However, the gap is closing, and the Milton meeting and my election are but two signs of that. I would like your two organisations to join with UKCP in exploring all the avenues. Number one is negotiating with HPC and UKCP is doing a lot of it. I also think, and I hope BACP will agree, that it would be a good idea to look at alternative models and that would be done under what we could call the Convention. PNC is something that you can't stop people from doing.

Lynne: You can't stop it but you are encouraging it.

Andrew: I am a leader and I have to respond.

Julian: Are you not also leading it, Andrew? You are part of both camps.

Andrew: But if you actually allowed the registrants of the BPC a free choice in this matter, you and the leadership of



the BPC may find that there is far more support for something like PNC, and/or an alternative regulator to HPC, than you are permitting to emerge at the moment.

Lynne: The support for an alternative often comes from a lack of awareness and understanding of what HPC has said it will do, which is to work closely with us towards a regulatory framework. If we were to adopt en masse a principled non-compliance position, what is the premise underlying that? Why are we doing it? Where does that leave our clients or patients in terms of their perceptions of us?

Julian: I think that our clients will think that here is yet another profession organising itself in its self interest. In this day and age, self-regulation is a dirty word. I would find it very hard to think that our patients and clients would say that's a good stance.

Andrew: A lot of psychotherapists and counsellors feel that what's on offer from HPC does not adequately represent their work, the nature of their work. The BACP's response to the PLG document refers to the medical model and its unsatisfactory nature as regards to counselling and psychotherapy. The BPC's response refers to the overly rigid nature of the requirement to diagnose or formulate, instruct a treatment plan, deliver the treatment plan and provide evidence that you have delivered it. There are numerous other examples in the profession-specific standards of proficiency, which an awful lot of practitioners feel is utterly foreign to the way they work.

Lynne: That's right, but the HPC are open to changing that. This fact is not being promoted to the members in our respective associations, and it's perpetuating the mythology and the assumptions that are out there. HPC are not always best at defending themselves. They are not getting out there vociferously enough and saying we're going to change this. They have made a public statement at Westminster Hall

that they will collaborate, and we have to hold them to that. I think if we use PPAG to agree recommendations to put to the HPC, to inform their March Council meeting and the plan of work for the PLG, they will seriously listen to us.

'In this day and age, self-regulation is a dirty word.'

Julian: This is something that we have all been working on, and now all our interventions have brought about this position. Now, with the work that's still to be done, I don't think we need to take a sledgehammer to them at this point in time; it's premature.

Lynne: I agree, we need structured movement forward, not bickering as a group of associations, or misleading or misrepresenting HPC to our members. We need to be giving them the facts as much as we possibly can.

Andrew: The thing is that the professionals have doubts about what their leaderships have obtained for them thus far.

Lynne: Where are you getting your information from?

Andrew: Mostly from the election of UKCP, and the fact that 4,000 people have signed petitions, and this is normally a very passive profession.

Lynne: What our members are concerned about is whether HPC can achieve a regulatory framework that's fit for purpose.

Andrew: I wanted to know really about this group in BACP, because we've got it in UKCP and I believe they've got it in BPC.

Lynne: Part of it is about a lack of understanding; perhaps we haven't communicated clearly enough or often enough. The unease is based on the

premise that it's a medicalised framework. But we all know that HPC are committed to making change that's more relevant for counselling and psychotherapy.

Andrew: So we would be able to agree if it was sufficiently de-medicalised, if fitness to practise was fit for purpose and if we resolved the problem of the counselling and psychotherapy differentiation, then HPC would look a lot better. There will always be PNC as a negotiating tactic, and I also think that it is intellectually elegant to think about calling some sort of Convention if the government won't do it. I think the government — a new government — might, but they might not.

Julian: I just think it's hard enough to get our membership and your membership clear. If we have two tracks [see page 8] the confusion and fragmentation and the splitting that that we are so good at in our community will just flourish. Chaos often sounds attractive.

Lynne: I'm challenged by this multifaceted position on regulation. I can't grasp both the willingness to go with HPC and then also the willingness to say that HPC are not going to shift in the way that we want them, and we'll not go with them.

'We need structured movement forward, not bickering as a group of associations.'

Andrew: I don't find it very difficult, and people I talk to usually get it. At the very least, the UKCP will continue, as one of its tracks, to argue that the HPC isn't the right regulator. I don't rule anything out, and I certainly don't think that HPC are as closed as they were a few months ago. However, I recommend that the notion of HPC not being the regulator be retained

in the discourse. It concentrates their minds wonderfully.

Julian: I'm aware that the one issue we haven't talked about is the differentiation between psychotherapy and counselling. It's a very difficult one, and I think it's one that has to be approached with a lot of respect. I don't know how we're going to find a way through it.

Lynne: I agree, it's a seemingly intractable position. My take on all this is that we can hopefully get round the table at PPAG, be aware of our various positions, enter into debate, and take further the conversation that we've had this evening.

Andrew: We have to argue and less deferentially than we have. If our three organisations get together on key issues then we could get a result.

Julian: I think this discussion has been really useful, airing a bit how we're going to navigate through these very complicated waters with our respective memberships ■

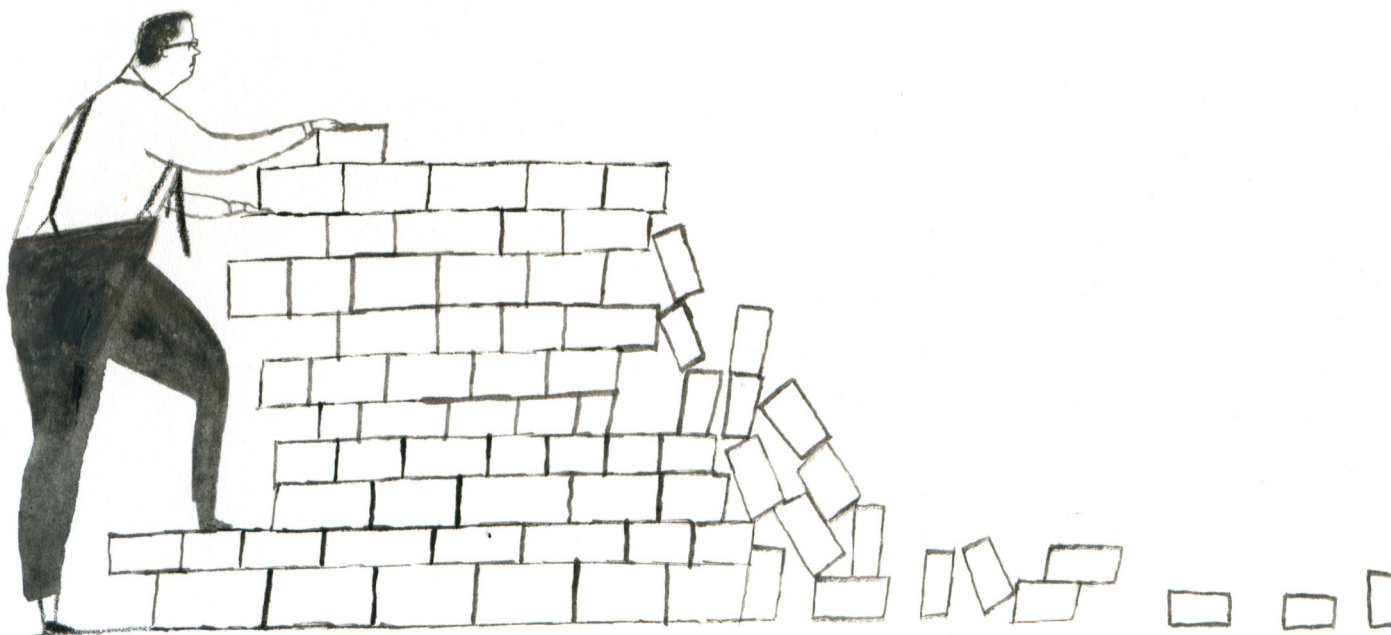
Dr Lynne Gabriel is Reader in Counselling and Relational Ethics, Chair of the BACP, and Head of Counselling and Psychology, Faculty of Health and Life Sciences, York St John University.

Julian Lousada is Senior Clinical Lecturer in Social Work in the Adult Department of the Tavistock Clinic, Chair of the BPC, and a member of HPC's Professional Liaison Group.

Andrew Samuels is Professor of Analytical Psychology at Essex and holds visiting professorships at New York, Goldsmiths and Roehampton. Training Analyst, SAP. Registrant, BPC. Co-founder, Psychotherapists and Counsellors for Social Responsibility. Chair, UKCP.

The British Association for Behavioural and Cognitive Psychotherapies (BABCP) were also invited to participate in this debate, but sent their regrets that they were unable to join us at the scheduled time.

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



Statutory Regulation

Professional autonomy to practitioner accountability

By Patrick Pietroni¹

We find ourselves in a rapidly changing world and yet, as a Society, we have done nothing, I repeat nothing, to meet these changes, to influence them or to adapt to them. That is not the reaction of a living organism but a moribund one. If our Society died of inertia it would only meet the fate it had invited.

John Bowlby, 1948²

There is no established institution, moreover, which now feels adequate to the challenges which confront it.

Donald Schon, 1970³

The 'Reflective Practitioner' delights in another's work and in connecting their own to it.

M. Kahn, 1977⁴

BOWLBY WROTE OF his concern that the response of the BPAS to the establishment of the NHS in 1948 was one of indifference. His remarks are relevant today as we debate our approach to the impending legislation regarding statutory regulation. It is unfortunate that the aloofness and indifference which characterised the professional response to the changes in our society led to the imposition of a 'managerial' and 'consumerist' solution, introduced by Margaret Thatcher. These changes which we have witnessed in the last forty years were already being debated by the Socialist Medical Association in the early '70s.

'A Labour government will need to challenge (continually) the validity of professional activity from the State's cost-effectiveness viewpoint. Are what the professionals do worthwhile? Are particular clinical activities being used though they would most certainly be useful and effective, whilst less useful practices are continued? To influence the application of health sciences in this way, we will need more than a strong DHSS that controls distribution of resources.' (S. Iliffe) ⁵

Politicians of all parties were attempting to address the problem faced by society whilst professionals, from teachers, architects, health and social care, to lawyers and town planners, attempted to retain their centuries-old privileges of:

a. they alone determining who entered their professions;

- b. using expert knowledge as a tool to maintain a hierarchical power-relationship with their clients; and
- c. their system of self-regulation with accountability only to their own professional group.

These three characteristics of the liberal-autonomy professionals were identified by Donald Schon in his Reith Lectures (1970) as the rationale for his title: *The Crisis of Confidence in Professional Knowledge*. The solution to this crisis described and detailed by Schon and his fellow workers unfortunately did not reach the ears of Thatcher. She called for Sir Roy Griffiths, chair of one of the leading supermarket chains, to review the management structure of the NHS. Since the early '80s and under three subsequent prime ministers we have witnessed the emergence of managerialism, consumerism, and the introduction of market forces in the organisation, delivery and regulation of professional services – whether in medicine, teaching, social work or psychotherapy. Harrison and Pollitt⁶ track the emergence of the manager in the NHS in four distinct phases: the professional as autonomous; the manager as administrator; the manager as diplomat; and the manager as director.

With the introduction of the manager came the accompanying processes of audit, clinical governance, resource allocation, targets and external regulation. The professional was not only to lose professional autonomy but was to be made accountable to an outside body. More was to follow. Under Major's

government, the introduction of the Patients' Charter led to a host of other changes further developed by Blair: *patient choice, patient partnership*, and the *expert patient* programmes. We were now fully launched into the commodification of health care. Managers were busily developing 'products' and 'packages' of 'care' that the patient/client/consumer would choose from a 'menu' of options delivered by professionals, ratified by 'NICE', the carefully branded National Institute for Clinical Excellence, and put out to tender. A complete cultural change in health and care services had been accomplished that radically changed the nature, language and context of professional activity of all kinds.

This nightmare scenario is clearly a caricature of how many doctors, nurses, social workers, counsellors and psychotherapists practice, but as the Bowlby quote suggests, our inertia and professional tribalism have resulted in a potential loss of the core values of professional practice. We need now to return to Donald Schon's lifework to understand where we may have gone wrong and how we may retrieve something of these values from this continuing crisis.

'We have witnessed the emergence of managerialism, consumerism, and market forces.'

Schon⁷ attracted much attention to his concept of 'the reflective practitioner', applicable in every area of professional activity. Schon called for the liberation of the professions from the tyranny of the university-based schools. He was challenging the influence of misplaced 'scientific' methodologies. In his view, the university-based schools have succumbed to the erroneous view that good professional practice is dependent on the use of 'describable, testable, replicable techniques derived from scientific research based on knowledge that is objective, consensual, cumulative and convergent.' His different perspective involves practitioners 'making judgments of quality for which they cannot state criteria, display skills for which they cannot describe procedures or rules.' This perspective evokes and underlines the importance of tacit knowledge and skill which, he argues, are some of the most important aspects of professional practice. He describes these different approaches to the professional task as a choice between 'rigour or relevance' and uses the much-quoted metaphor of choosing between the 'high ground' of sanitised academic rigour and the confusing 'swamp' in which most professional practice is actually carried out.

Schon and his colleagues perceived four professional roles. The *practical* professional is pragmatic, problem-solving, and is involved in everyday clinical problems. The *expert* professional claims expert knowledge which may result in being distanced from everyday problems, and implies a body of expertise which is unique and is difficult to share with others. The *managerial* professional – operating as a functionary official of governmental organisation – is familiar to us from the field of social work and social services (also referred to as the *bureauprofessional*⁸). A two-tiered model applies when an experienced practitioner becomes a manager responsible for personnel, planning strategies and the management of resources, and may also provide supervision. The fourth role – the *reflective* practitioner – is the ideal, recognising 'that others have important and relevant knowledge to contribute and that allowing this to emerge is a source of learning for everyone. Reflective practitioners look for a sense of freedom and real connection with rather than distance from their clients.'⁹ This model is of a professional who delights in making connections with disciplines not their own, whose relationship with their patient is based on encouraging and not controlling, and who is committed to a process of personal reflection and critical analysis that recognises the limits not only of their own discipline and its institutions, but also of themselves.

Professional organisations that refuse to adapt to the changing needs of the society of which they are a part will, as Bowlby articulated in 1948, die of inertia. Already we have seen a markedly reduced intake of students to the trainings offered by major psychotherapy institutions. If we are to survive and preserve the best of psychodynamic psychotherapy, whether Freudian/Jungian/Kleinian/Lacanian or any other specialty, we have much work to do on ourselves, our training curricula and our willingness to engage with other disciplines.

A key factor in creating the flexibility of institutional culture required is some serious reflection on the psychological base of that culture and the history of our internal and inter-group relations, which are illuminating to say the least. To take just two examples, it is now understood that the early 'controversial discussions' in the BPAS were based on primitive splitting and projection rather than on defining healthy differentiations (i.e. war before a negotiated peace settlement); the ferocity of the discussions and alienations spoke for themselves. Similarly, the separation of the UKCP and the BPC, and the debates at the margins of those institutions about membership, registration, regulation, training criteria and so on, have had a similar primitive quality.

Continued on page 7

Statutory Regulation

Art Therapists and the HPC

The member institutions of the BPC recently had an extremely helpful meeting with Chief Executive Val Huet of the British Association of Art Therapists, who have been registered with the Health Professions Council (HPC) since 1997. Helen Morgan called her for a follow-up discussion in New Associations.

Helen: What's the history of BAAT's relation to state regulation?

Val: We had become concerned over the years by the kind of complaints made to the BAAT from the public and, although our ethics procedures were there, we had no real clout. As it is for the BPC now, if we found there had been gross violation of the ethical code, we could take somebody off our membership list, but there was absolutely nothing we could do to stop them continuing to practice. So we decided to go with state regulation. We had to keep our membership as informed as possible as to what that meant at each step of the way. However, we realised later that some people hadn't fully understood the meaning of what state regulation was. We also needed very clear leadership in terms of moving forward, because we wanted to get on to the HPC register together with the drama therapists and the music therapists, so we were having to work across modalities as well as with our own members.

Helen: What were the concerns within the BAAT membership about registration?

Val: They seem similar to the ones you are experiencing in the BPC now. Will it mean I'm going to be told what to do? Are we all going to have practice in the same way? Will this produce a uniformity of training or of practice? Does this mean that we are going to lose the richness of diversity? In my view none of these concerns have been borne out.

Helen: How do the majority of your members now feel about it?

Val: Art therapists don't come in contact with the HPC very much in their ordinary daily working lives. But at the level of the BAAT it has been mostly helpful. For example, last week somebody forwarded me an advert for an art therapist who was clearly neither a member of the BAAT nor on the HPC register as an arts therapist, and all I had to do was to forward that to the HPC and they dealt with it. So now we have help to clarify who is and who is not registered.

Helen: In terms of the process of becoming registered, are there any things now that you wish you had done differently as an organisation?

Val: I wish I'd known that another sort of work starts when you are State Regulated. You have to prepare your professional body for a change in roles, for the membership getting active and involved so that you have your professional voice within the HPC. The HPC works with partners from professional bodies so you need to have people taking up different roles on committees. For example, when a new training comes to be validated one of your members needs to be involved. Or if there is a hearing, one of your members will be on the panel. It's incredibly important that able and experienced members are ready to engage in a working partnership with HPC.

Helen: Does the BAAT coordinate that?

Val: No, but we advertise every time the HPC is looking for new partners and encourage our members to apply. As a professional body there are things you can do to make sure your members are aware of the representation needed and encourage people to go forward for them. I do know from the other allied professions that there was concern because some who put themselves forward as partners were really unknown and unconnected to professional bodies. That presents a problem because you end up with people who have a voice within HPC who don't really represent the consensus within the professional body.

Helen: What impact has registration had on your professional organisation?



Val: We had to work out quickly how to give art therapists a reason to belong to the BAAT once state regulation had come in. We became more professionalised as an organization: we developed our campaigning role, liaised with official bodies such as the Department of Health to make sure that the profession continued to grow. We looked at what the practitioner needs to do his or her job better. Interestingly, our membership has continued to grow since state registration, at a rate of about five percent a year.

Helen: I imagine that it has been made easier by the BAAT losing the more policing roles of ethics and registration.

Val: It was such a relief. Any time anybody wishes to make a complaint about an art therapist I say okay, our state regulation body the HPC has the infrastructure to do that, this is who you need to contact and how. By the HPC taking on those roles we've been freed up to develop art therapy as a profession.

'State regulation needs to be uncoupled from legislation that comes from knee-jerk reactions to events.'

Helen: Many are concerned for the sacrosanct nature of the consulting room and its boundaries, and are anxious that it's going to be interfered with.

Val: Nobody from the HPC is going to stand at your elbow and say you must do this or that. Their concern is public protection. There is a false belief with a lot of private practitioners that the private practice room is sacrosanct. It has never been. I think this is something that has to be challenged because should any patient commit suicide, for example, your private practitioner will be expected to be called into an inquiry. We all have to abide by the law of this land as well as its culture and values. This is not something that the HPC creates. Any practitioner must put the safety and wellbeing of their client at the forefront.

Helen: A lot of people who have experience of the NHS dislike the increase in rules, regulations, and targets, and worry that this is now encroaching on private practice.

Val: I think people should not confuse issues. There is the ongoing attempt by the government at eliminating all risk – which is, we know, completely futile, because any work to do with psychological distress involves risk. But people should not confuse the NHS with the HPC, because they do different things. The HPC has nothing to do with the new guidelines which follow each individual

inquiry that hits the headlines. It has its own governance and the question of state regulation needs to be uncoupled from government legislation that comes from 'knee jerk' reactions to events.

Helen: There's been a lot of concern with HPC's generic standards of practice, particularly their standards of health and safety which are irrelevant for private work. I gather that the HPC itself recognises that the generic standards need changing. Are they ready to involve their members in that?

Val: My experience is that if there is something that you feel is not right, professionally, there has always been a way to get the HPC in a dialogue about it. But because it's not always about our views and our beliefs, what has to lead the way is the issue of public protection. When you approach the HPC it's got to be argued that we are putting the client first. I have always found officers of the HPC responsive and able to take on board what is being said. Recently the public debate about psychoanalytic psychotherapy and state regulation has been vitriolic, but my respect has grown for the HPC in that the tone of HPC officers has remained incredibly professional.

Helen: How do you think registration impacts on the work of the training organisations?

Val: Most of our training organisations are within universities, so whenever there is important stuff like validation or revalidation you have to use different sets of standards. Some training organisations' experience of HPC is less positive because of the increased work in having to meet the validating bodies' guidelines and criteria. Having said that, our training organisations were actively involved in designing the standards of education and training. People will be consulted and they really should be encouraged to have an active part.

Helen: Like the BAAT, the BPC would argue that its member institutes' training and ethical standards are much higher than the basic standards of the HPC. Would the BPC need to retain its capacity to validate and develop training?



Val: I think so. One thing that we haven't done yet in the BAAT is to place a kind of quality kite mark on some of the courses, because we do have standards which we feel should be met. There is nothing to stop you from continuing towards your own kind of validation. Because there will be courses which will directly approach the HPC for validation, which may well meet HPC standards, but not yours.

Helen: A huge concern for registrants is the ethical guidelines and complaints procedures and how that will impact.

Val: The situation is quite fair. If there is a case to answer a complaint goes to a further stage which involves a member of the HPC, someone from the profession concerned and a lay member. The person complained against can also call in someone from the profession to give their view. I have always found that the process has been fairly handled and that there were good causes for there to have been a complaint. It hasn't been a witch hunt. Because the complaint is heard by the HPC it has freed up the professional bodies to be called on as experts and to give their professional input at hearings, and also to support the individual being complained against.

Helen: Is there evidence of an understanding of transference and the fact that the complaint may be coming from within that transference?

Val: In my experience, if we explain simply our professional terms without using jargon, it will be understood. My experience of being recently involved in a case was that it was a fair and thoughtful process, and I was able to give a professional view which was effective.



Helen: What do you think has been the best and worst thing for your profession since state regulation?

Val: I think the best thing has been that the BAAT has been freed up in terms of complaints and validation so that we can concentrate on services for members. I think that works really very well. The worst thing? It's all pretty benign, really. The most challenging bit has to be to make members understand the actual meaning of state regulation. For quite a few years people thought it's going to be a Big Brother, so if we had any problems

with our employers, for example, we'd write to the HPC. That's not part of the HPC role. Art therapists need to turn to the BAAT, not the HPC, if they need some advocacy support.

Helen: It sounds like you feel that in a way state registration is a distraction, that there are other concerns that our professional bodies need to be focusing on.

Val: Yes. We are especially concerned about the forthcoming cuts in services. There has never been an election before when all the different parties were on the

platform saying they will make severe cuts. I think 2011 is the year when things could turn bad for a lot of NHS staff. This will affect people in private practice too; nobody works within a closed system. We will find that when money dries up in that sector it will have an effect on private practitioners generally. With IAPT the government is pushing for evidence based practice, often CBT, and again, that's the kind of thing professional bodies should be very aware of. We really need to get on with addressing these matters with considerable urgency.

State registration has had little impact on the day-to-day work of the individual arts therapist. But it has freed up time and energy in the professional bodies to focus on development and support for the profession as a whole ■

Val Huet is the Chief Executive Officer of the British Association of Art Therapists. She is a qualified Group Psychotherapist and Organisational Consultant, and co-founded the Art Therapy Practice Research Network in 2000.

Helen Morgan is a Senior Member and Training Analyst and Supervisor of the Jungian Analytic section of the BAP. Her background is in child and adult mental health and, apart from some supervision within the voluntary sector, she now works mostly in private practice.

Professional Autonomy to Practitioner Accountability

Continued from page 5

Each of these institutional crises has also been characterised by the inward-looking nature of the debate. Outside social and political changes and their theorisation by other disciplines that form the context of the institutional discussions of psychotherapy played relatively little part in the big debates, relative that is to the most fiercely argued issues. Intellectual and political energy has been focussed on sustaining what Schon would call 'the expert' professional nature of the activity of psychotherapy and, within that category, on defining exclusive homogeneous groupings. The risk therefore is that psychotherapy institutions (which are after all a special kind of group) have been established that are attempting to sustain themselves not through an interest in differences in theory and practice, but through a defensive commitment to protecting long-established homogeneous practices. That is the way of entropy and inertia ■

Professor Patrick Pietroni DSc(Hon), FRCP, FRCGP, MFPH, is a SAP analyst, retired Dean of Postgraduate Medicine, London University. He undertakes consultancy work for the Department of Health and is involved in regulatory procedures for complementary practitioners and health workers allied to medicine.

'Professional organisations that refuse to adapt will, as Bowlby articulated, die of inertia.'

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Statutory Regulation

Regulation: Do we have a choice?

By Andrew Samuels

WHO COULD HAVE thought, eighteen months ago, when we were all being told that HPC was 'inevitable' and a 'done deal', that there would still be so many unknown factors and so many serious debates going on – even a move for Judicial Review of HPC instigated by psychoanalytic organisations belonging to UKCP. The purpose of this invited piece is to stimulate discussion within BPC, and add to that already taking place between UKCP and BPC.

HPC increasingly seems to symbolise a cruel, mistrustful, authoritarian, deathly approach to life in society whose time has passed. The tick-box surveillance culture of constant control via audit and scrutiny is itself being surveilled, audited and scrutinised now, and weighed in the balance and found wanting. It ticks very few boxes in today's political *Zeitgeist*.

It would have been legally possible, and actually still is possible, for HPC to conclude on December 10th last year that it could not manage to be our regulator. The Government also has options, and HPC has accepted this.

Moreover, HPC isn't working. There is no agreement on such key matters as: the differences between psychotherapy and counselling, nor on what the profession specific standards of proficiency should be, nor on whether there should be a register of child trained psychotherapists and counsellors, nor on what changes would have to be made to their Fitness to Practise system (what we call ethics, conduct, discipline, etc.) to make it appropriate for us. The whole process has degenerated into a war of manoeuvre between the organisations.

Be warned: on the basis of UKCP's research into the statistics and procedures of Fitness to Practise, if HPC happens, and if Fitness to Practise is not changed to a huge degree, the public will be *more* at risk from predatory therapists than it is at the moment (never mind the unknown problems for us as practitioners).

Complainants who wish to raise sensitive matters, involving sexuality, for example,

will be deterred by the public, legalistic and adversarial nature of the process, with no mediation or conciliation on offer as a means of settling a complaint. Or the screening panel will find the kinds of complaints we are used to simply not worth hearing at all. Moreover, we don't even know how big the present danger is because, as those pursuing Judicial Review argue, they have not done the research – truly shocking. The fact is that HPC is not going to be able to stamp out egregiously bad practice, and its devotion to the medical model is going to damage the good work that we already do.

One recent development has been the emergence of a detailed conceptualisation of what is presently called Principled Non-Compliance (PNC) but is set to change to Alternative Professional Accountability (APA). *This is a safe, serious, legally vetted form of alternative professional accountability to that offered by HPC.* I predict that it will be warmly welcomed by many therapists and I think thousands will take advantage of PNC. The desire by so many to find a good way into alternative professional accountability is one understanding of my emphatic election victory a few months ago.

I hope space will be made to present APA to BPC registrants because it is clear now

that many thoughtful psychoanalysts, Jungian analysts, and psychoanalytic psychotherapists will surely want to know what their options are. They may well have had enough of being told by their leaders that they have none.

'Oh,' I hear you say, 'I have options? No-one told me. What are they?' Well, I have to reply, it depends at the moment on what you belong to. If you are a member of UKCP, you certainly have options. If you belong to BPC, maybe not. Under the multi-track approach adopted by the Board of Trustees of UKCP, all our members will have a choice. They can register with HPC, and we will help them to do so on the back of tireless and forceful negotiations, going on at this very moment, to improve what is on offer. *We call negotiating with HPC Track 1.*

At the same time as engaging with HPC on our members' behalf, UKCP is seeking, possibly in concert with BPC and BACP, to see if we can start to draw together all the alternative means of carrying out statutory regulation. This would take the form of the Convention on the Future of Psychotherapy and Counselling. *Looking for an alternative to HPC we call Track 2.*

But if a UKCP member does not desire to register with UKCP, then she or he may enter into *Track 3 – Alternative Professional Accountability*; and be helped to do this by the provision of legal advice as to how to present oneself as a practitioner (what titles to use and what titles not to use, what disclaimers to issue). There will also be minimum standards of ethical accountability that UKCP will tolerate on the part of those in APA who want to stay as members. For APA should never be a soft option, and UKCP will be making its Central Complaints Process available to all its members who wish to place themselves under its jurisdiction.

Please don't tell me that holding the tensions between Tracks 1 (negotiate) and 2 (look for an alternative) is too difficult. In the real world, negotiators do such things all the time. As an approach to

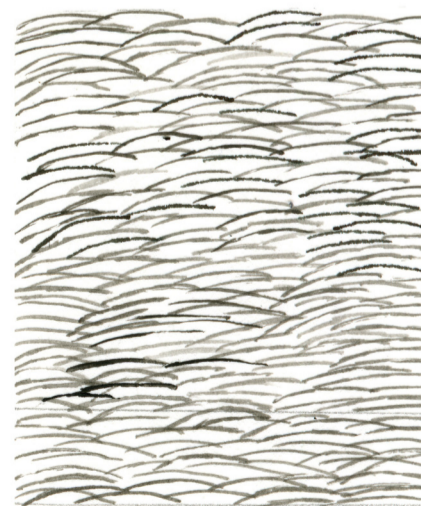
political negotiating it fits the facts on the ground, where there are so many diverse, competing and split interests and constituencies.

Psychotherapists who doubt the value of HPC are not immature and infantile rebellious types, poor citizens who constitute a small vocal minority. Over 4000 qualified practitioners have signed the petitions against HPC – not bad going for a profession that prefers to operate quietly due to the nature of our work. 1250 of them are UKCP members. Concern about HPC is so widespread in the professions, beyond the petitions, that to minimise and psychopathologise it and its significance is, as well as being insulting and unprofessional, just plain dishonest. Many of the best known names in psychoanalysis and psychotherapy have come out against HPC.

UKCP accepts that there will inevitably be some kind of independent statutory regulation. Nevertheless, I believe that members of the other large umbrella counselling and psychotherapy organisations such as BPC are starting to look to their leaderships to develop their own versions of what UKCP is doing. Far from being a destructive or contrary movement, I think this is going to be something that the leaderships and their members will do together. Psychoanalysis and Jungian analysis are, after all, the traditions of psychotherapy for which state regulation will prove the most inimical. We must avoid developing a new ego defence of 'identification with the regulator'!

I would like to conclude by challenging BPC to offer its registrants a freedom of choice on this, our generation's most crucial professional decision of our generation. Ask us: 'Do you want BPC to give your name to HPC, or not?' ■

Andrew Samuels is Chair of the UKCP, a BPC Registrant, Training Analyst of the Society of Analytical Psychology, and Professor of Analytical Psychology at the University of Essex.



Statutory Regulation

New group supports HPC regulation

INTEGRITY –

Integrating Social Responsibility into Psychological Therapies

A number of practitioners have recently come together to form a new group called Integrity that supports statutory regulation under the Health Professions Council.

INTEGRITY IS A NEW body promoting statutory regulation for psychotherapy, psychotherapeutic counselling, counselling, and other psychological therapies. It came from a group of practitioners who were interested in working constructively with the government and professional bodies towards better regulation. The information put into the public domain by some in the profession, they say, has become polarised between those who want regulation with the HPC and those who do not, with each defending their position. This polarisation in their view leaves no space for constructive critical engagement about the details of regulation. INTEGRITY aims to create this space by presenting the facts as they see them and looking at the shared reality of practitioners, the public, the government and the professional bodies.

INTEGRITY say they want to gather the voices of all those in the profession who see regulation not as a threat to our independence, but rather as a demonstration of the commitment of the profession's desire for society's recognition of the importance of what we have to offer to the psychological life of the country. They believe that through that recognition our voice will be strengthened and given legitimacy in many arenas. This includes jobs, social reform, government issues and status equal to the position of trust and responsibility we already aspire to and hold. They believe that regulation means that the psychological therapies have come of age.

An aim of INTEGRITY is to promote an open public forum through its website to inform the debate about how regulation should be structured. They want to harness our profession's vision and concerns to formulate a coherent, pro-regulation strategy and present it to the government, the public, the media and professional organisations. The group believes that engaging in a full and critical dialogue with politicians, bureaucrats, professional organisations and, most importantly, the practitioners and the

public about the issues regulation presents is the best opportunity to ensure that these reflect our collective views about best practice. If the profession does not grasp this opportunity it risks having a system imposed on it by the Government.

Regulation will have an impact on many different aspects of the profession, and INTEGRITY will seek to influence the process. They are asking for all those who are working with adults, children and families across all sectors to be trained to the highest standards, meet common requirements for continuous professional development and embody moral and ethical practice. They believe that the diversity of psychological therapies should be protected in this so that the public has a choice about how their psychological well-being is addressed.

'In a relational dialogue, both parties can be changed.'

The group says that regulation will free up access to funding both by the government and public-private partnerships for the delivery of services and research in a wider range of approaches and settings. They want us to be able to contribute to the development of these services and to influence the kind of research evidence that is used to justify the funding of services. They believe that unless we are able to do this the richness and diversity of approaches that exist currently will die out.

INTEGRITY is also aimed at those who want our profession to develop more robust and transparent systems to ensure that we are accountable to the public and to each other. They believe that an independent regulator is vital in the 21st century to ensure that the public is protected, and also want complaint systems to develop in a way that takes full and sensitive account of the complexities involved in our work, such as in the



therapeutic relationship. It is the group's view that if we engage constructively and creatively then the HPC will be more likely to be able to listen to concerns that we may need to raise. They would want complaints processes to be supportive to all those involved and to include rehabilitation as well as sanctions for example.

The group points to several facts:

1. Present and future governments have a huge commitment to mental health.
2. The present government is committed to regulation of psychological therapies by the HPC.
3. The timetable for the regulation process is in place but is flexible.
4. A very small percentage of psychological therapists are standing against regulation and making a disproportionate representation to the public.

They claim the HPC have shown they are interested and available for dialogue and that they can be open to change. Already HPC have rewritten some of their central documents so as to address any medical bias in the language which they welcomed as a positive change, and have made it clear that more work needs to be done on the standards of proficiency before everyone will be able to feel confident and take ownership of these collectively. The group feels it is important to work developmentally with HPC to find the right way forward on all issues related to training standards and fitness to practise. They do not support the approach to the profession for funding towards a judicial review and believe this to be an unhelpful intervention at a time when we are trying to earn mutual trust in a newly emergent relationship with our regulator.

Those already committed to INTEGRITY believe that we have important contributions to make in all these areas and that the HPC has already demonstrated that it will listen to our views. They want to get on with the job now and not become entangled in tactics that may damage what we have achieved so far. The group is not interested in exploring other avenues of regulation, and thinks that such tactics have more to do with maintaining the hierarchies within

the profession or resistance to regulation in principle. The government has made it clear that the HPC is their choice and have invested large sums of money and time in the consultation process.

As momentum grows INTEGRITY intends to launch a petition online to establish and demonstrate that practitioners share a commitment to statutory regulation as outlined above. If you believe that a petition would express your pro-regulation position you are asked to send an email of support to info@isrpt.org. If this movement generates interest they will add forums for discussion. They have started by identifying and prioritising specific issues that may emerge in these forums that affect the development, modification or application of regulation of our profession. In this way they hope to develop policies collaboratively that can be recommend to professional organisations, the HPC and policy makers in the Department of Health and the Government.

Regulation is a system with the client/patient, professional, professional organisations and an independent regulator as the main elements. Part of INTEGRITY's intention is to bridge between the policy makers, professionals and the public who are most involved in developing or applying regulation to ensure that everyone is informed of the recommendations that emerge from these forums. They will use the media to raise awareness of the issues and promote these ideas.

In a relational dialogue both parties can be changed, which is a central tenet at the very heart of psychotherapy, psychoanalysis and counselling. It is the belief of INTEGRITY that if we enter into an effective partnership with the HPC they will become the 'fit for purpose' regulator we need them to be, and we can develop towards the transparent and accountable profession we need to become. The group is anticipating a good response to this initiative, and hopes that in creating this space many in the profession who currently feel that their views and concerns are not represented will express the voice that they say is being drowned out ■

IAPT supports brief dynamic therapy

By Alessandra Lemma

LAST YEAR NICE REVIEWED its guideline for depression, originally issued in 2004 (see Daniel McQueen's article in *New Associations*, Issue 1). This revision states that the clinician can consider offering short-term psychodynamic psychotherapy to adult patients with depression who decline an antidepressant, CBT, IPT, behavioral activation and behavioral couples therapy. This advice comes, however, with the caveat that it is incumbent on the clinician to also inform the patient of 'the uncertainty of the effectiveness of psychodynamic psychotherapy in treating depression.' Notwithstanding this cautionary note, brief psychodynamic therapy is now going to be made available for depressed patients through the Improving Access to Psychological Therapies (IAPT) initiative.

In December 2009 the IAPT Programme Board commissioned the Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre, in partnership with the BPC and APP, to develop a manual defining practitioner protocols for the delivery of brief psychodynamic therapy within IAPT. This manual is based on Dynamic Interpersonal Therapy (DIT) – an intervention that was piloted within a primary care service in Tower Hamlets in 2009. Mary Burd and her team of clinicians followed the effectiveness of DIT using the measures in place currently in IAPT sites, and observed symptomatic improvement outcomes, equivalent and superior to those reported in the examination of CBT therapies in IAPT settings. Qualitative user data also suggests the model is felt to be acceptable and accessible to a wide range of patients as seen routinely in a primary care service in a deprived part of Inner London.

DIT is a manualised, time-limited (16 sessions) intervention (see Lemma, Target and Fonagy, 2009) that was explicitly developed out of the Psychoanalytic/dynamic Competences Framework (Lemma et al., 2008). DIT is a distillation of evidence-based brief psychoanalytic/psychodynamic treatments put together from manualized approaches that have been tested in at least two randomized controlled trials (see Roth and Fonagy, 2005; Fonagy et al., 2005a&b; Fonagy, in press).

In examining evidence-based psychodynamic treatments as part of identifying skills and competences for national occupational guidelines (NOS), the working group was struck by the variety of specific complex procedures that different 'versions' of brief psychodynamic therapy models suggested

were necessary (e.g. transference focused treatments, supportive and expressive psychotherapy). Acquiring special techniques such as systematically confronting defenses (Short Term Psychodynamic Psychotherapy), or focusing exclusively on the transference relationship (Transference Focused Psychotherapy), did not seem necessary procedures for DIT. Many equally efficacious therapies do not require these specialist skills. Incorporating them into the manual would add considerably to the training burden, since their acquisition demands a significant commitment on the part of those trained in long term therapeutic approaches.

Consequently DIT has been developed so that clinicians with a psychoanalytic/dynamic psychotherapy or counselling training can readily acquire the specific priorities and competences associated with short-term therapeutic work. DIT is specifically designed to address presenting symptoms of depression and for delivery within the context of a primary care or IAPT service.

'Principles in DIT are rooted in psychoanalytic ideas.'

DIT formulates the presenting symptoms of mood disorders as responses to interpersonal difficulties or perceived threats to attachments (loss/separation) and hence also as threats to the self. It is hypothesized that these perceived threats can both result from and cause difficulties in thinking clearly and realistically, not only about the external world but also about the internal world, one's own thoughts, feelings and experiences of the self with others. Obtaining a better understanding of one's subjective reactions to threats, making implicit anxieties and concerns explicit through improving one's ability to reflect on one's own and other's thoughts and feelings, will improve the ability to cope with current attachment related interpersonal threats and challenges.

DIT is based on the premise that analytic formulations of neurotic conflicts are overspecified. To this extent DIT does not seek to prescriptively identify particular dynamic conflicts and early experiences presumed to be associated with mood disorders. Rather, DIT's starting point is rooted in the common clinical observation that patients who present as depressed and/or anxious invariably also present with difficulties and distress about

their relationships. Although the patient may well experience his or her problem as 'I cannot sleep or concentrate', the DIT therapist reframes the symptoms of depression as a manifestation of a relational disturbance, which the patient cannot understand, or understands in a maladaptive way, attributing to him- or herself and others motivations which are unlikely or unhelpful. Once the patient is helped to make some changes in the way he approaches his or her relationship difficulties, depressive symptoms are typically alleviated.

As with other brief dynamically oriented approaches, the overarching principles in DIT are rooted in psychoanalytic ideas that emphasise:

- the impact of early childhood experiences on adult functioning
- the internal and external forces that shape the mind and therefore inform our perception of ourselves in relationships with others
- the existence of an unconscious realm of experience that is a motivating force
- the unconscious projective and introjective processes that underpin the subjective experience of relationships
- the ubiquity of the transference, by which patients respond to others, and to the therapist, according to developmental models that have not been superseded or challenged.

DIT aims first to help the patient understand the connection between his presenting symptoms and what is happening in his relationships through identifying a core, unconscious, repetitive pattern of relating that becomes the focus of the therapy; and second, to encourage the patient's capacity to reflect on his own states of mind and so enhance his ability to manage interpersonal difficulties. It primarily targets symptoms, interpersonal functioning and the capacity to think about and understand changes of mood. It does not aim to address characterological problems.

Without making any specific, generalised assumptions about aetiology, DIT adopts an idiographic approach to formulation. The primary task of the initial phase,

which organises DIT's therapeutic thrust, then follows, which is to identify typically one dominant and recurring unconscious interpersonal pattern. This pattern is underpinned by a particular representation of self-in-relation-to-an-other that characterises the patient's interpersonal style and that leads to difficulties in his or her relationships because it organises interpersonal behaviour. These representations are typically linked to a particular affect(s) and defensive manoeuvres. Affects are understood to be responses to the activation, in the patient's mind, of a specific self-other representation.

Past experiences, while clearly informing current functioning and internal object-relations, are not the major focus of DIT. They may be included in the formulation shared with the patient so as to meaningfully frame his current difficulties in the context of his lived experience over time, but they are not a central component of the therapeutic process. Rather, given the brief nature of the therapy, the focus is on a core segment of the patient's interpersonal functioning that is closely connected with the presenting symptom(s). The identification of an interpersonal-affective focus (IPAF) is the core task of the initial phase (sessions 1-4). The IPAF guides the therapist's interventions during the middle phase of the therapy (sessions 5-12). The last four sessions (13-16) are devoted to helping the patient explore the affective experience and meaning of ending the therapy, to review progress and to help him or her to anticipate future difficulties/vulnerabilities.

The training takes place over four days, followed by two supervised cases. It is open to clinicians who have a Diploma level qualification or equivalent in psychodynamic/analytic psychotherapy or counselling. The next course is scheduled for 28 September to 1 October 2010. Contact Wendy Smith at Wendy.Smith@annafreud.org ■

Professor Alessandra Lemma is Head of Psychology at the Tavistock and Portman NHS Foundation Trust, Visiting Professor in Psychological Therapies at Essex University, and Editor of Psychoanalytic Psychotherapy.

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- Fonagy, P., Roth, A., & Higgitt, A. (2005). Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom. *Bull Menninger Clin*, 69(1), 1-58.
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Growing the BPC: Frequently asked questions

BPC Registrar Jan McGregor Hepburn and the Registration Committee thought it might be helpful to give an update on the developments which are taking place in widening BPC accreditation, since this policy was agreed at the strategy meeting in 2008.

What new categories have we accepted since the BPC agreed to expand?

To date, four new categories have been agreed.

The **Couples Psychoanalytic Psychotherapy (CPP)** category confers registration in the Couples category, and member institute (MI) status on their training organisation.

Psychodynamic Psychotherapy (PPT) confers registration in the Psychodynamic Psychotherapy category, and the training organisation would come into the BPC through evolving links with an existing MI.

Psychodynamic Counselling (TPC) confers registration in the Psychodynamic Counselling category, and the training organisation would come into the BPC through evolving links with an existing MI.

The **Application Trainings (APPT)** category does not confer registration, since graduates are not trained to psychotherapy practitioner level, but the training would be BPC accredited, assessed and overseen by the BPC.

In all categories which do not confer MI status, the prospective 'home' MI would normally be involved in the assessment process.

We have also just drawn up criteria for a group analysis section, and are working on criteria for IAPT psychodynamic trainings.

Who have we accepted so far?

There has been one new MI accepted in the new couples section: the British Society of Couple Psychotherapists and Counsellors / Tavistock Centre for Couple Relationships, formerly TMSI. Two trainings have been accepted in the psychodynamic psychotherapy section: one is the Tavistock training D58 and D59 combined; the second is within the new BAP training, with the BAP as the

MI. These decisions were made following extensive assessment of the trainings and their organisations according to previously agreed criteria. Two other applications are in process. There has been considerable interest and other serious enquiries.

Just remind me... why is the BPC doing this?

In May 2008 the BPC held a Strategy Day to which all its MIs sent delegates. We discussed the future of the BPC, and the possibility of broadening its remit, whilst maintaining our standards and our psychoanalytic focus. Overwhelmingly, the meeting voted for expansion of the BPC to take in trainings 'of rigour' with a psychoanalytic base.

The Executive recommended this for several reasons. Philosophically, we believe that BPC should be able to bring psychoanalytic practitioners, and others who use psychoanalytic theory in their work, under one umbrella. This will enable us to speak with authority about the profession as a whole, and give people a psychoanalytic 'family' to which they can belong. Pragmatically, we need to find ways of bringing younger people in; our demographic is truly frightening. Put bluntly, if you are re-reading this in fifteen years' time, as well as having excellent filing, you will be likely to have excellent health, and possibly a difficulty in retiring!

Politically, if psychoanalytic thinking is to survive and even flourish in this current climate, we need to be a big player on the national stage. At the moment we punch well above our weight; we need more members. We have also suffered politically from the charge of elitism.

Why is this different from the situation which caused the BPC to leave the UKCP all those years ago?

We should remember that those who apply to the BPC do so because they value its basic psychoanalytic principles, and want to participate. There is therefore a commonality of interest, which will be tested and held within our accreditation processes.

As many of our UKCP survivors can attest this was definitely not the position in the



psychoanalytic/psychodynamic section of the UKCP at that time.

Is it tactful for the BPC to register, in a separate category, something called psychodynamic counselling when it is trying to retain the distinction between psychotherapy and counselling for HPC registration?

When this policy was agreed about a year ago, the BPC Council was given reasons to suppose that HPC would make such a distinction: without it the baseline for registration, which would have to include short-term and beginning counselling trainings, would be so general as to be meaningless.

More importantly, however, we believe that we are best placed to hold the distinction between psychotherapy and counselling, and the associated levels of training, precisely because we do have a psychodynamic counselling category. We are saying that we know there is a difference which can be articulated, and those who apply to us in this category are subscribing to that, too. It goes along with us being the Psychoanalytic Council – i.e., taking under our umbrella all those practitioners with similarly high standards who use a psychoanalytic theory base – and keeping very clear, inside our organisation, the differences and distinctions.

Doesn't your accepting categories of membership which don't require individual training therapy go against everything the BPC stands for?

The BPC continues to hold to its core values for individual training therapy for those practitioners who will be registered with it as individual psychotherapists/ psychoanalysts/ Jungian analysts. We require training therapy to be, at a minimum, at the same frequency as the training specifies for training cases. We always recommend a minimum of three times weekly training therapy.

However, for applications of psychoanalytic theory, for instance group analysis, there will be other models of training therapy, and training

cases, which are more appropriate to that category. This will not affect the psychotherapist part of our register, but will respect the professional integrity of this other modality in its own part of the register.

Some of the BPC's criteria for training in these other categories seem less stringent than within other registering bodies. Is this right?

In some ways it could appear so, particularly in the psychodynamic psychotherapy and psychodynamic counselling categories. Some other registering bodies require more hours as a minimum than we do, for example.

However, this only matters if we are not confident in the quality of the trainings we are taking in, or if we feel we are not able to refuse an application. What matters, we think, is what is done within the hours.

What distinguishes our criteria in these new categories are the requirements for at least one long case, and that our psychoanalytic psychotherapists/Jungian analysts/psychoanalysts will do the teaching, training therapy and supervision. They are also usually required to have had some experience of working or training within whichever of our categories the aspirant training would belong.

This means that, whatever the frequency of the training therapy of the course, the training therapist would be someone who could be a training therapist for any of our psychoanalytic psychotherapy/Jungian analysis/psychoanalysis MI trainings. Similarly, supervisors and clinical seminar leaders would normally be qualified to act as such in any of these same trainings. In some of the aspirant trainings, especially in the regions, this may not always be possible. The Registration Committee will look carefully at the current non-BPC staff, and the psychoanalytic quality of the clinical work being done, and will discuss with any aspirant training their future plans to move towards a greater use of BPC registrants where possible.

In these ways we aim to establish that the psychoanalytic approach is absolute, and that there is a wish for it to be developed. The spectre of trainings wanting to join us because somehow we have set our bar too low has not much basis in reality if we hold on to our strategy and keep clear that we can, and do, assess what is sufficiently psychoanalytic in orientation, and outlook, for us.

What can I do if I have further questions?

Email the BPC Registrar, janhep@googlemail.com, who hopefully should know, or at least will find out! ■

Jan McGregor Hepburn is the Registrar of the BPC and a member of the North of England Association of Psychoanalytic Psychotherapists.

On The Frontline

The Maya Centre

By Julia Vellacott

IN JUNE 2009 the Maya Centre was the proud recipient of the BPC's first Award for Innovative Excellence. This was also the year of the Centre's 25th anniversary – 25 years of providing free psychodynamic counselling for some of the most deprived women in Islington. Much has changed over the last 25 years, but the founding aims of the organisation remain the same: first, to promote the mental wellbeing of women on low incomes through the provision of psychodynamic counselling; secondly, to spread the word about work of this kind as widely as possible. In recent years the latter has involved constant outreach work by the staff. The organisation has also put on eight public lectures on 'Resilience' (2005-6) and held a parliamentary briefing on 'Poverty and Mental Health' (March 2009). The Centre has recently started a programme of research on its work.

All women seen at the Maya Centre are on incomes of £11,000 or lower, £15,000 for those with dependents. None, with the exception of a few refugees, have had any higher education or previous experience of counselling or psychotherapy. Clients are seen once a week for up to a year, for

individual and group work. In 2008-9 the Centre provided assessments, counselling and group therapy for 322 women and worked with 55 to 60 women each week. Members of staff spoke to 360 women on their helpline and assisted 380 other professional organisations.

Clients come from a range of ages and ethnic groups. The Centre currently supplies counselling in English, Farsi, French, Portuguese, Spanish and Turkish. It provides specialist counselling for refugees, Irish, black and older women. All counsellors are professionally qualified and receive professional supervision.

A core principle of the Maya Centre is the provision for the most deprived of high-quality, psychodynamic counselling – as opposed to antidepressant medication, still the most common form of treatment available from GPs for emotional problems; and as distinct from behavioural forms of treatment such as CBT. CBT, as a short-term treatment focussing on rational thought in the present without reference to early experience, is not able to go far enough in exploring the conscious and unconscious roots of disturbance involved in medium to severe emotional difficulties, such as those experienced by virtually all Maya clients. A large proportion of women receiving counselling at the Maya Centre were physically or sexually abused in childhood, may currently be in situations of domestic violence, may have children of their own. It is now accepted that social change in developing countries needs to start with the proper care of women. This is no less the case in this country.

Another feature that has not changed for the Maya Centre is the constant battle for funding – the Centre is a charity and has to raise all its own finance. In 2009 a major grant for a domestic violence project was withdrawn by Safer Islington Partnership – because the Partnership's own budget from central government was £400,000 less than expected. Replacement funding is not easy to find. Many organisations report that domestic violence is 'difficult to fundraise for', is 'unattractive to donors'. We see, for example, rape crisis centres and women's refuges currently closing all over the place. The nation mourns the deaths of Victoria Climbié and Baby P. and is shocked at the UNICEF report of 2007 documenting Britain's rock-bottom position amongst 'wealthy nations' on

measures of child wellbeing. What is needed is follow-through in the form of ongoing rather than 'crisis' funding – bearing in mind that two women a week are killed in domestic violence in this country.

Is the lack of funding for the poorest part of a distaste for the most deprived and marginalized in our society, so often seen as the authors of their own misfortune? Lynsey Hanley, in her remarkable book on council housing, *Estates*, writes of 'the fear and hatred of the impoverished':

Any connection between the physical, economic and social isolation of council estates and the sometimes desperate behaviour of their tenants is ignored, or dismissed, or laughed at because that's what they're there for: to contain the undeserving, un-useful poor. If the feckless poor did not exist, neither would council estates. Now, do you see why they're not worth spending money on?

There are obvious parallels between the blaming and exclusion of people who live in council housing and the scarcity of funding for the most abused women. Is this rooted in denial and projection as well as very real political interests? Do the young project into the old, the comfortably off into the poor, the 'strong' into the 'weak', their own strains and apprehensions?

The Maya Centre stresses the importance of the best possible help for those under the greatest financial, social and personal strain. Here are some reflections voiced by Maya counsellors.

'Many of the women we see have never had the opportunity to speak and be heard. They may feel enormous shame about things they have never spoken about before – poverty, sexual abuse, deprivation, lack of schooling – and enormous isolation. They have many stories to tell. If memories are very fragmented there is huge value in being able to construct a narrative. Even then they may feel very numb – feelings of sadness, loss and grief may never have been named, they may not even recognise that they have such feelings. They may wonder, 'Did this really happen?' The counselling gives them a chance to speak about their lives, to be heard and affirmed, to begin to understand the unconscious choices they have made, the repeating patterns in their families and their own lives.'

'Things kept inside can feel enormous and overwhelming. One middle-aged woman had never before spoken of the sexual abuse she had experienced as a child. She had always blamed herself: "What did I do to get this?" she asked herself. "I should have said no." She had never understood that it

was abuse. It was such a relief to be able to take herself and her feelings seriously.'

'Working with people not used to the idea of unconscious feelings means treading a careful path between speaking directly in the transference, and holding in mind a psychodynamic way of thinking. One woman, very deprived in childhood, said to me, "I wish you were my mother!" With another, the links between past and present might only very slowly feel real.'

'Sadness, loss and grief may never have been named.'

'Seeing very deprived clients once a week makes it very important to understand the unconscious dynamics. Counsellors have to carry very heavy projections and transference pressures: extreme anxiety, feelings of intimidation, grief and hopelessness. You walk away at the end of the day feeling slightly punch-drunk, carrying all the feelings yourself. Supervision is crucial in helping to find some ground and keep your thoughts on track. Despite all the pressures the work can be very moving and rewarding.'

As far back as in September 1918, at the 5th International Psychoanalytic Congress, Freud proposed a radical mental health service in the form of free, psychoanalytic clinics:

'The poor man should have as much right to assistance for his mind as he now has to the life-saving help offered by surgery... out-patient clinics will be started, to which analytically-trained physicians will be appointed, so that men who would otherwise give way to drink, women who have nearly succumbed under their burdens of privation, children for whom there is no choice but between running wild or neurosis, may be made capable, by analysis, of resistance and of efficient work. Such treatments will be free...'

The first Polikliniks opened in Berlin and Vienna in the early 1920s and were followed by free psychoanalytic clinics in a number of towns and cities all over Europe. Today the Maya Centre is one among very few organisations in this country to offer free, high-quality psychodynamic help to the poorest. Innovative indeed ■

Julia Vellacott is a psychoanalytic psychotherapist working with adults in North London. She is a Clinical Trustee at the Maya Centre.



Rethinking training

A Trainee's Perspective

By Frances Roper

IN HIS *New Associations* article 'A Training for the 21st Century' (Issue 1), Jeremy Holmes addresses the need for psychotherapy trainings to adapt in accordance with the contemporary zeitgeist, and describes the University of Exeter's MSc course as an example of how this might be achieved. Robert Wallerstein expressed similar concerns in his recent *IJPA* article about psychoanalysis within the universities. Although Wallerstein describes an American rather than British model of psychoanalytic training, he voices a widespread concern that unless this training is made secure – for example by becoming embedded in a university setting – it may 'become increasingly marginalized and diminished' (Wallerstein 2009 p. 1120).

On the other hand, psychoanalysis has always relied on an obstinately independent capacity to critique and challenge *any* prevailing ideology. This applies whether the status quo being challenged is an individual's habitual way of thinking, a political dogma or psychoanalytic concepts themselves, which are always finding new forms. This psychoanalytic independence of thought exerts some tension against the evident need to adapt according to the prevailing circumstances in which we find ourselves.

I suspect this tension exists within every trainee hoping to survive the training without too much personal discomfort or economic hardship. We want the training to be practical and possible, but at the same time we do not want it to be only 'do-able'. We have all found at some stage that psychoanalytic learning is not necessarily easy or straightforward, that it does involve challenging a status quo, and that although this takes time and effort it can bring valuable rewards. Otherwise presumably we would have chosen some easier career?

Of course none of us want to carry this to the point of professional suicide, and it is good that the 'traditional' trainings have in fact developed many substantial modifications in recent years, which make them more in keeping with the 21st century. I think these developments fall roughly into three categories.

First, training has become far less restricted to London alone. There are more trainings outside London (such as the BAP's Wessex training and the NEAPP) and there are also more

opportunities for people wanting to undertake a London-based training from other parts of the UK. For example, the Tavistock and Portman's Interdisciplinary Training in Mental Health (aka M1), Option 5 for clinical psychologists, fits the formally taught parts of the training into one day of the week only. In addition, the use of telephone conferencing – pioneered in our field by the Institute of Psychoanalysis in 1998 – has been taken up by some other trainings, notably the Lincoln Centre at which I am the first (though not the only) trainee to be allowed to join the weekly theoretical seminars over the telephone. This practice now enables some of us who could not otherwise undertake an intensive London-based course to do so. Some (though not all) analytic supervisors support this development by providing varying amounts of supervision via the telephone. This move towards greater accessibility is hopefully loosening up a previous, very restrictive, bottleneck in training which I think has, in the past, damaged our credibility across the country as a whole.

'Trainings are seeking to adapt in a thoughtful way.'

Second, I think there is now a greater flexibility *within* trainings, with a move towards helping trainees progress at their own pace from one level to another. For example the Severnside Institute have split their six-year intensive training into two separate components: a pre-clinical and a clinical component, which are recognised independently. Along similar lines, the LCP has extended its Introductory Course into a two year Foundation course, the second year of which replaces the pre-clinical section of the Qualifying Course. At the Institute of Psychoanalysis, the New Entry Scheme allows psychoanalytic psychotherapists to progress towards becoming full analysts without having to start over again from scratch. And the BAP offers some flexibility for trainees to move between a twice-weekly psychodynamic course and a more intensive thrice-weekly psychoanalytic version. All these developments effectively give much greater control over the process to the trainees themselves, and should lessen the 'esoteric guild-like culture of training' which Holmes describes as anachronistic.

Lastly I think there is now greater recognition amongst 'traditional' trainings of the value of once-weekly and/or NHS work. A stellar example of this is the NEAPP's training, which since its inception in 1992 has included a once-weekly supervised case experience, embedded in an intensive (three times weekly) training. This acknowledges, and helps trainees to reflect on, the real differences between more and less intensive practice. One hopes that the BPC's recent inclusion of less intensive trainings amongst their Member Institutions will likewise promote dialogue and greater understanding of the different kinds of practice.

I have the impression that these changes are not undertaken lightly – they are not simply a capitulation in the face of fewer applicants to the trainings, although that is a factor. The Lincoln, for example, thought long and hard about whether to allow me to link in by telephone, and still reviews the process regularly with trainees and seminar leaders. The NEAPP too recently reviewed with trainees whether they wanted to keep a once-weekly component to their training (they did). Trainings are seeking to adapt in a thoughtful way, recognising as far as possible what the gains and losses are with all these developments. It remains to be seen whether these changes can help to sustain psychoanalytic training as a valued professional model in the 21st century, especially amongst a proliferation of other types of therapy training.

As far as universities are concerned, I am not sure whether they would be a safe haven. (The University of Exeter, although it has opened its doors to the MSc, carries out occasional terrifying purges of unpopular or unprofitable departments.) But universities are support systems *par excellence* for anyone wanting to learn about, or undertake, the psychotherapy research which has been so sorely lacking in our trainings. Of the handful of American researchers currently pioneering new and exciting ways of measuring and evaluating psychoanalytic process, almost all are on the faculty of major universities (see Luyten, Blatt and Corveleyn 2006). This might be a future path if we are serious about validating and scrutinising our practice through objective means ■

Dr Frances Roper is a Lincoln trainee and currently Secretary of the BPC Trainees' Association.

References

Luyten, P., Blatt, S.J., Corveleyn, J. (2006) Minding the gap between positivism and hermeneutics in psychoanalytic research. *JAPA*, 54: 571-610.

Wallerstein, R. S. (2009) Psychoanalysis in the university: a full-time vision. *IJPA*, 90: 1107-1121.

BPC Trainees' Association

I would like to take the opportunity to introduce the BPC Trainees' Association to the readers of *New Associations*. The Trainees' Association arose out of a trainees' conference held in May 2009. There was a feeling amongst many trainees that there is a need for us to have our own organisation under the umbrella of the BPC that would specifically cater for our interests. The Trainees' Association is here to represent all trainees on BPC accredited trainings.

At the meeting where we brought the new association into being we agreed that the benefits of a trainee association are:

- Information-sharing and support
- Networking
- A collective identity through discovery of similarities and differences
- Strengthening and creating a cohesive voice/platform for BPC trainees
- Contributing to the aims of the BPC
- Organisation of events of common interest to trainees of psychoanalytically-oriented trainings.

We also recognise that, as the trainees are the future of the profession, it is

important that we should have a voice in the way in which we are trained to engage in professional work, and in so doing to have a voice in the future of our profession.

On Saturday 8 May 2010 we are holding our second trainees' conference, at the Institute of Psychoanalysis: 'Making Contact'. Mary Target will be our keynote speaker. We hope that this will provide an opportunity to get to meet and know each other better across the membership institutions, and to learn from one another as well as from experienced trainers. The final part of the day will be our first AGM, and that will give everyone an opportunity to participate in choosing the officers of the association for the coming year. For more information please see the BPC website.

This conference is intended for all of us who are trainees, so please do come if you're able. If you would like any further information please contact your rep from your MI, or contact me at roryreynolds@mac.com

Rory Reynolds, Interim Chair

Diary

MARCH

13 March 2010
COUPLE WORK IN DIFFERENT CONTEXTS
TCCR, 70 Warren Street, London
Speakers: Pauline Hodson, Viveka Nyberg, Avi Shmueli
Contact: Administrator, BSCPC, 020 7380 1979, bscpc@tccr.org.uk

14 March 2010
FILM AND DISCUSSION: IL POSTINO
ICA, The Mall, London SW1
Speakers: Andrea Sabbadini and Cheryl Moskowitz
Contact: ann.glynn@iopa.org.uk
www.pschoanalysis.org.uk/events.htm

15 March 2010
FILM AND DISCUSSION: LAID DOWN
Birmingham Medical Institute, 36 Harborne Road, Edgbaston, B15 3AF
Speaker: Emily Cooper
Contact: West Midlands Institute of Psychotherapy, admin@wmip.org
www.wmip.org

17-19 March 2010
BRITISH AND IRISH GROUP FOR THE STUDY OF PERSONALITY DISORDER 10th Annual Conference
The Nottingham Belfry Hotel
Speakers: Patricia Cohen, Conor Duggan, Nick Benefield, Nick Joseph
Contact: Dianne Pflasterer, 0115 955 5437, dianne.pflasterer@nottshc.nhs.uk

19-20 March 2010
NOURISHING PSYCHOTHERAPY: Art, Science and Education
Queens’ College, Cambridge
Presentations: Darian Leader, Peter Stratton, Keith Sylvester
Contact: anita.saunders@ukcp.org.uk
020 7014 9966 | www.ukcp.org.uk

20 March 2010
BAP OPEN DAY
British Association of Psychotherapists, 37 Mapesbury Road, London NW2 4HJ
www.bap-psychotherapy.org

20 March 2010
KLEIN: An introduction to her work & ideas
23 Magdalen Street, London SE1 2EN
Speaker: Lisa Ferguson
Contact: mayra.angulo@wpf.org.uk
020 7378 2054

20 March 2010
BABYHOOD: Becoming a person in the family
Heaves Hotel, Near Kendal, Cumbria LA8
Leaders: Margret Randall, Kathy Duguid
Contact: Course Administrator, NSCAP, 0113 305 8750
nscap@leedspft.nhs.uk

24 March 2010
SOCIETY FOR PSYCHOTHERAPY RESEARCH (UK) ANNUAL MEETING
Ravenhall, North Yorkshire
Contact: carolyn.beet@obmh.nhs.uk
www.pschotherapyresearch.org

24-27 March 2010
EPF ANNUAL CONFERENCE: Passion, Love and Sexuality in Psychoanalysis
Hilton London Metrople
Register online at www.epf-fep.eu

29-30 March 2010
BPS PSYCHOTHERAPY SECTION: Beyond Words: Trauma and the Human Condition
Van Mildert College, Univ. of Durham
Speakers: Paul Gilbert, Phil Mollon
Contact: Mandy Hemsill, 0116 252 9555
ptsconf@bps.org.uk

APRIL

17 April 2010
PORTMAN SYMPOSIUM: Contemporary Psychoanalytic Ideas
112a Shirland Road, London W9
Speakers include Rosine Jozef Perelberg and Gregorio Kohon
Contact: Jane Delafons, 020 8938 2487, jdelafons@tavi-port.nhs.uk

17 April 2010
YOUNG CHILDREN: The family and the wider world
Heaves Hotel, nr Kendal, Cumbria LA8
Leaders: Margret Randall, Kathy Duguid
Contact: Course Administrator, NSCAP, 0113 305 8750 | nscap@leedspft.nhs.uk

18 April 2010
JUNG AND FILM: Post-Jungian takes on the moving image
Brunei Gallery, SOAS, London WC1
Contact: Ruth Williams, CAP, 020 7515 2012 | RuthWilliams@msn.com

18 April 2010
FILM AND DISCUSSION: OF MICE AND MEN
ICA, The Mall, London SW1
Speakers: Andrea Sabbadini and Cheryl Moskowitz
Contact: ann.glynn@iopa.org.uk
www.pschoanalysis.org.uk/events.htm

22-23 April 2010
RCPSYCH FACULTY OF PSYCHOTHERAPY: Venturing Upstream: Exploring the Art and the Science of Psychotherapy
The Moller Centre, Cambridge
Speakers include Donald Campbell, David Bell, Richard Rusbridger, Gerald Wooster
Contact: Dela Goka, 020 7235 2351 x 6145
dgoka@repsych.ac.uk

24 April 2010
LIONEL MONTEITH MEMORIAL LECTURE Fame and the Unconscious
The Governors Hall, St Thomas’ Hospital
Speaker: Brett Kahr
Contact: Aishleen Lester, The Lincoln, 020 7978 1545

MAY

6-7 May 2010
RCPSYCH NORTHERN IRELAND DIVISION Aggression: From Fantasy to Action
Hilton Hotel, Belfast
Speakers include Anne Alvarez, Lord Alderdice, Donald Campbell, Carine Minne, Rosine Josef Perelberg
Contact: Nora McNairney, 028 9027 8793
nireland@rcpsych.ac.uk

8 May 2010
BPC TRAINEES’ CONFERENCE
Institute of Psychoanalysis, London W9
Speaker: Mary Target
mail@psychoanalytic-council.org
www.pschoanalytic-council.org

8-9 May 2010
JACQUES LACAN TODAY
University College London
Speakers: Lionel Bailly, Bernard Burgoyne, Kirsten Campbell, Lorenzo Chiesa, Jason Glynos, John Phillips, Alain Vanier
Contact: Nicola Harding, 020 7678 5997
n.harding@ucl.ac.uk

9 May 2010
FILM AND DISCUSSION: THE ENIGMA OF KASPER HAUSER
ICA, The Mall, London SW1
Speakers: Andrea Sabbadini and Cheryl Moskowitz
Contact: ann.glynn@iopa.org.uk
www.pschoanalysis.org.uk/events.htm

15 May 2010
RICHARD LUCAS MEMORIAL EVENT THE PSYCHOTIC WAVELENGTH: The contribution of psychoanalytical understanding to severe and enduring mental illness
The Great Hall, St Bartholomew’s Hospital, West Smithfield, London EC1A
Contact: Marjory Goodall, 020 7563 5016
marjory.goodall@iopa.org.uk

15 May 2010
IMAGINATION, CREATIVITY & THE JOYS OF BEING ORDINARY
Barber Institute of Fine Arts, Edgbaston, Birmingham
Speaker: David Hewison
Contact: WMIP, admin@wmip.org

15 May 2010
GOING TO SCHOOL: The latency years
Heaves Hotel, nr Kendal, Cumbria LA8
Leaders: Margret Randall, Kathy Duguid
Contact: Course Administrator, NSCAP, 0113 305 8750 | nscap@leedspft.nhs.uk

17 May 2010
MIRRORING, MARKING & MEANING- MAKING: An exploration of the parent’s role in an infant’s developing sense of self
Barber Institute of Fine Arts, Edgbaston, Birmingham
Speaker: Joanna Tucker
Contact: WMIP, admin@wmip.org

20 May 2010
EFFECTIVE TREATMENT FOR ANXIETY with Intensive Short-Term Dynamic Psychotherapy
www.edtconferenceoxford.co.uk

21 May 2010
2ND JAMES MACKEITH MEMORIAL LECTURE: Torture Old and New
112a Shirland Road, London W9
Speaker: Justice Arthur Chaskalson
Contact: Marjory Goodall, 020 7563 5016
marjory.goodall@iopa.org.uk

24 May 2010
BPA OPEN DAY
BPA/BAP, 37 Mapesbury Rd, London NW2
Contact: admin@bap-psychotherapy.org
020 8452 9823

JUNE

5 June 2010
TRAUMA & THE LOSS OF SOUL
Staff House, University of Birmingham
Speaker: Donald Kalsched
Contact: Sue Harford, Jungian Training Committee Administrator, 0844 631 341
jtc@wmip.org

5 June 2010
METAPHOR & METAMORPHOSIS:
Staff House, University of Birmingham
Speaker: Margaret Wilkinson
Contact: Sue Harford, Jungian Training Committee Administrator, 0844 631 341
jtc@wmip.org

13 June 2010
FILM AND DISCUSSION: THE IDIOTS
ICA, The Mall, London SW1
Speakers: Andrea Sabbadini and Cheryl Moskowitz
Contact: ann.glynn@iopa.org.uk
www.pschoanalysis.org.uk/events.htm

26 June 2010
ILLNESS AND CURE: Understanding and misunderstandings between analysts and patients
Contact: Mary Block, The Melanie Klein Trust, 020 8883 1700, kleintrust@aol.com
www.melanie-klein-trust.org.uk

30 June 2010
ERNEST JONES LECTURE
ICH, 30 Guilford Street, London WC1
Speaker: Anish Kapoor
Contact: Marjory Goodall, 020 7563 5016
marjory.goodall@iopa.org.uk

JULY

2-4 July 2010
PSYCHOANALYSIS, MONEY AND THE ECONOMY
Freud Museum, London
Contact: Ivan Ward, ivan@freud.org.uk
www.freud.org.uk

10 July 2010
A REVISED THEORY OF THE SUPEREGO IN THE LIGHT OF ATTACHMENT RESEARCH
Friends House, 173-177 Euston NW1 2BJ
Speaker: Jeremy Holmes
Contact: WPF Therapy Training
0207 378 2000 |www.wpf.org.uk

FORTHCOMING EVENTS

9 October 2010
PSYCHOANALYTIC PSYCHOTHERAPY NOW: The Challenge of Complexity
Mermaid Theatre, Blackfriars, London
Contact: BPC, 020 7561 9240
mail@psychoanalytic-council.org
www.pschoanalytic-council.org

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Classics Revisited

ONE FLEW OVER THE CUCKOO'S NEST

Ken Kesey, *One Flew Over the Cuckoo's Nest* (1962), London: Penguin, 2003

As many will know, each year the ICA hosts a regular series of talks on psychoanalysis and cinema organised by Andrea Sabbadini of the Institute of Psychoanalysis. The format is that a film is shown, and then a psychoanalyst gives a talk followed by a general discussion. I have had the good fortune to be the invited psychoanalyst on a number of occasions and last year participated in a series entitled 'Insane Institutions'. I was involved in the first three films of this series, 'Snake Pit' (1948), 'Shock Corridor' (1963), and lastly 'One Flew Over the Cuckoo's Nest' (1975).

I am sure the film 'One Flew Over the Cuckoo's Nest' will be familiar to many but, like me until a few months ago, far fewer will have read the original book by Ken Kesey – and it is the purpose of this brief piece is to encourage you to do so. The film is in fact extremely faithful to the book, but the story in the book is narrated by Big Chief Bromden who, because he has pretended to be deaf and dumb (reminding one of 'I Tiresias, though blind, can see'), is the ideal observer, as others believe they do not need to bother to conceal things from him.

The main narrative will be known I think to most, so I will not dwell on it here except to emphasise that it is a truly allegorical tale. Written by Ken Kesey in the 1960s, it makes use of the asylum to provide us with a model of domination, or more properly total domination. Milos Forman, who directed the film, saw in the book an evocation of the systems of absolute control that characterised the Stalinist State. Kesey, who worked as an orderly in a psychiatric hospital, recognised that this setting provided him with a model for expressing the more subtle and pervasive ways that so-called free democratic societies control the thinking and action of their citizens, and to which the citizen willingly submits surrendering his capacity for thought. (As Freud pointed out, we all have a kind of longing for submission.) In this sense *One Flew Over the Cuckoo's Nest* belongs in the same genre as *Brave New World* and *1984*.

The ward as a microcosm of society at large provides a kind of laboratory for exploring the ways in which the state / society seeks control over the individual, something that, as an important figure of sixties counter-culture, Kesey was particularly sensitive to.

The central theme of the film – the insidious forms of control on the ward, the entry of McMurphy as a combination of raw libidinal energy seeking to overthrow the sterile controlling culture of the ward

and as a Christ-like redemptive figure, the terrifying anti-oedipal mother, Nurse Ratched – are all in to be found in the original narrative as are many of the famous scenes such as the marvellous fishing trip, the ward party, and so on.

‘McMurphy is the return of a strong father who can help him face the world.’

However, the novel has other major themes not touched on in the film (they could not be as the film, for very understandable dramatic reasons, dispensed with Big Chief as narrator). We learn of Big Chief's having witnessed the decimation of his family's life as the land was taken away from Native Americans, their way of life casually destroyed, and his father's subsequent collapse as a result into alcoholism. The narrative gives this traumatic event a centrality in Big Chief's life critically related to his mental collapse. From this perspective McMurphy is the return of a strong father who can help him face the world and redeem himself.

A further major theme of considerable interest to psychotherapists is the extraordinary and vivid description by Big Chief of his own inner world. He lives in strange delusional and hallucinatory states, but these delusions and hallucinations offer a poetic and truthful description of the reality he occupies. He sees Nurse Ratched as a functionary of 'The Combine', an impersonal system that has total control, a Kafkaesque unseen presence. She is hallucinated as being a machine with extendable mechanical arms and other bizarre features which all suddenly return to normal the moment she is observed. Elsewhere she is hallucinated as a spider with web-like wires emanating from her body into all parts of the ward where she can detect the smallest disturbance (like vibration in a web) and bring it under control before it can escalate to threaten her authority.

One sustained metaphor/delusion is of particular interest. Big Chief believes that the 'Combine' pumps clouds of fog into the ward which have the effect of luring the inmates into a mindlessness where nothing happens and nothing matters. It anaesthetises the inmates who are drawn to the pleasures of this mindless world. 'Nobody complains about all the fog, I know why now: as bad as it is, you can slip back in it and feel safe. That's what McMurphy can't understand, us wanting to be safe. He keeps trying to drag us out of the fog... ' (page 112)

There is a haunting beauty in the descriptions of Big Chief's struggle against this cloud of oblivion, his struggle to hold onto his capacity to think, a capacity which brings him considerable pain:

'I realized I still had my eyes shut. I had shut them when I put my face to the screen, like I was scared to look outside. Now I had to open them. I looked out of the window and saw for the first time how the hospital was out in the country' (page 141). In other words he could begin to see the hospital, the world, from outside, from a different perspective.

It is this masterly interweaving of the individual drama with broad universal themes that gives this novel its great power ■

David Bell is President Elect of the British Psychoanalytic Society and Consultant Psychiatrist in Psychotherapy at the Tavistock and Portman NHS Foundation Trust.

THE FIRST DA VINCI CODE?

Sigmund Freud, *Leonardo Da Vinci and a Memory of his Childhood* (1910)

One hundred years ago, Freud's renowned psychobiography of Leonardo caught the wave of early-20th century scholarship bent on teasing out the 'hidden content' of iconic works of art. His interest may have been piqued by Viennese art historian Max Dvorák's investigation, published in 1904, into *The Riddle of the Brothers Van Eyck*; in any event, 'Leonardo Da Vinci and a Memory of his Childhood' (1910) proved popular and influential.

Freud examined Leonardo's suggestive childhood dream/fantasy of a kite battering the infant's mouth with its tail, married this image with the existing textual evidence of his subject's early maternal musical chairs and putative peccadillos, and concluded that Leonardo must have been a passive homosexual. Leaving aside the cultural prejudices and circular reasoning involved in his diagnosis, Freud's detective work and his explanation of the theory of sublimation remains nonetheless a fascinating journey.



Shortly after the first edition, the Swiss psychoanalyst Oskar Pfister published his claim that he had discovered a concealed culture in Leonardo's *Madonna and Child with St Anne*, the icing on the cake which Freud appended to the second edition of 'A Memory' in 1919. Together they participated in the psychocryptographic game of mining art for latent content that gave birth to pop cultural products such as *The Da Vinci Code*. That the 'vulture' is an avian misidentification thanks to an erroneous translation, and that the 'secret image' in the painting is therefore a red herring, proved a later embarrassment but not a deal-breaker. Even so, as one reads the 'Memory' with these objections in mind one cannot help but root for Freud's theoretical edifice; it is so elaborately constructed, so engagingly an artifact of his own interests and times (Egyptology, fin-de-siècle sexuality, the genesis of genius), that one has to admire the bathwater as well as the baby.

Losing the 'vulture' does undermine most of Freud's argument equating the dream-bird with 'mother', and hence his insistence upon Leonardo's maternal fixation. An alternative interpretation was ventured by art historian Meyer Schapiro in the *Journal of the History of Ideas* (Vol. 17, No. 2, April 1956): he linked Leonardo's interest in the kite's tail to Pliny's description of that bird as 'the symbol of the art of steering', its tail as the model rudder. Schapiro located the story in a literary tradition of the childhood incident as an omen of adult fortune. Cicero, he said, had recorded similar instances of symbolic manifestations around the mouths of the junior Midas and Plato, and he suggested this work will have been familiar to Leonardo. Pliny and Pausanias made similar claims. 'The omen is located in the mouth, the place of speech and more particularly of the breath or spirit,' Schapiro proposed.

Ernest Jones ('The Madonna's Conception Through the Ear,' *Jahrbuch VI*, 1914) wrote of a similar 'case' concerning the poet Henry Vaughan, in which a youth dreamed his mouth too was assaulted by a hawk, and afterwards found he was possessed of the 'gift of poeetrie'. Leonardo, who so wanted to fly, selected the symbolic pilot to guide him.

Schapiro's argument unleashed a flurry of defences of and counter-attacks on Freud's slip, culminating in Peter Gay's 1988 dismissal of 'the superstructure that Freud built on the mistranslation.' Many of these critics have themselves conducted dissections of Leonardo's arts and letters, potentially falling into the same error of interpretation. In the century since its publication, and today in the shadow of Dan Brown's appropriation of the tradition of encoding Da Vinci, the debate about the rehabilitation of the Leonardo theory continues ■

Janice Cormie is the BPC's Head of Services.

PSYCHOANALYTIC PSYCHOTHERAPY NOW 2010

Friday 8 (evening) & Saturday 9 October 2010

Mermaid Theatre, Blackfriars, London

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‘The challenge is therefore to a necessary complexity...

It is in only very complex ways that we truly understand where we are.’

Raymond Williams, *Politics and Letters*

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Friday 8 October

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mail@pschoanalytic-council.org

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We welcome your ideas for articles, reviews, and letters to the editor. In particular we are looking for reviews of cultural events, books and films with psychoanalytic interest. If you would like to propose a topic for a longer article (up to 1100 words) please contact Janice Cormie: janice@pschoanalytic-council.org

Deadlines: The next issue of *New Associations* will be published in June 2010. The deadline for article proposals is 26 April 2010. Contributions and letters to the Editor should reach us no later than 17 May 2010.

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Awards

The Psychoanalytic Psychotherapy NOW conference will once feature an awards ceremony to celebrate achievement in the psychoanalytic community. Two of the awards presented last year are on a two-yearly basis and so will be presented next year. The three awards for this year will be:

Early Career Achievement Award

This award recognises an outstanding contribution to advancing psychoanalytic knowledge or practice from someone in the early stages of their career as a psychoanalytic or psychodynamic practitioner (normally within 7 years from qualification). The award will be to an individual for a contribution within a period of 3 years before the award.

Award for Innovative Excellence

This award celebrates a striking example of ground-breaking work. The innovative nature of the work could be in terms of clinical practice (e.g., new psychoanalytically-informed treatment approaches), research, or socially inclusive practice (e.g., working with sections of the community who may traditionally find access to therapeutic treatment difficult). The award will be to an individual or project or organisation for innovative work conducted within a period of 3 years before the award.

Psychoanalysis and Culture Award

This is an award to someone outside the profession for a special contribution to the understanding of psychoanalytic or psychodynamic work (broadly understood) through a cultural work (in its widest sense). The work could be a novel, a play, a newspaper or magazine article, a piece of music, a film or TV programme or any other cultural form. The award will be to an individual or group for work produced or presented within a period of 3 years before the award.

Nominations for the awards

Nominations can come from individuals or groups and all nominations will be considered by the Panel on their merit independent of the number of supporting letters. Nominations should be no longer than 250 words presenting succinctly the reasons why an individual, group, project or organisation should receive a particular award. Where relevant the nomination should identify evidence the Panel can consult in relation to specific achievements.

The awards are focused on the UK. Individual award recipients will live or work primarily in the UK; groups, projects or organisations will be based in the UK. The awards are honorific, with a commemorative object to be presented at the ceremony by the chair of the respective selection panel.

Nominations for each award will need to reach the BPC office by Friday, 30 July: mail@pschoanalytic-council.org

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