

Newsletter from the UK - April 2013

Psychoanalytic Psychotherapy faces much the same crisis in the public sector in the UK as it faces elsewhere in Europe. Government health commissioning agencies favour evidence-based practices such as CBT and pharmaceutical treatments. And these, it must be said are also favoured by patients with their offer of short-term 'quick' treatment and the alleviation of symptoms. In private practice too the economic crisis makes patients less willing to commit themselves to long and relatively expensive treatments. In the UK very little insurance-based treatment exists and this is only paid to psychiatrists or psychologists and for a limited number of sessions. In the public sector long established clinics offering out patient and inpatient psychoanalytic psychotherapy treatment have been closed or replaced by limited short-term psychological therapies offered by less experienced mental health practitioners. Those of us who are primarily psychoanalytic psychotherapists and not members of one of the two core professions or employed by a national mental health service team, face a difficulty not only in our own practices and livelihood but also in our professional organisations looking to train the next generation of psychotherapists. The intensive training for a minimum of four - six years is expensive, time consuming, and has an uncertain career path. At present only child and adolescent psychoanalytic psychotherapists receive a training paid for by the national health service which includes a four years paid training post in an NHS clinic, as well as training fees and fees for supervision and analysis.

Alongside this as was pointed out at the delegates meeting in March 2013 by the two main speakers Hansjoerg Messner and Gary Fereday ** both from the UK, psychoanalytic thought is no longer prevalent in the culture. In the seventies and eighties and even into the nineties, social and political crises would elicit comments in the media from leading psychoanalysts and psychoanalytic thinkers who were regarded with respect; debate on issues of social concern were part of mainstream culture. With the rise of an extreme cult of individualism and a culture of instant celebrity this is no longer the case. It might be argued that this is the crisis of capitalism and the multi national market economy; individuals in cut throat competition within cut throat multi national corporations rise and fall with impunity and do not value reflection and being put in touch with psychic reality, the life cycle of birth ageing and death and the mourning for loss that is entailed.

Psychoanalytic organisations and clinicians have also woken up rather late to face reality having preferred to stay for years in their somewhat elitist, ivory towers, 'psychic retreats' of their own making, fearing a narcissistic loss, rather than a letting go of and a mourning for an old order which has to face change.

Gary Fereday pointed that of the three vision statements of the Budapest 1918 congress - Training, Research and Access to low cost treatment, we in the UK, and this is also true for Europe as a whole, have been relatively successful in only one area - training. That is to say in 'reproduction.' But we have ignored the conditions in which reproduction can take place and have been producing a species, which may not survive in the new environment.

We have largely ignored until recently the issue of research, and we have not successfully pursued access to clinical treatment. Many of the clinics that were established in the upsurge of post war optimism of a UK Labour government and the birth in 1948 of the National Health Service, have largely been closed down. The highly renowned Tavistock clinic for both training and treatment in the public sector manages to survive but at the cost of renouncing some of its excellence. The Anna Freud centre survives as a private institution but has had to abandon its world famous child analysis/child psychotherapy training founded by Anna Freud herself in the aftermath of the Second World War.

The provision of private sector adult training developed over the last 60 years has led to organisational competition for candidates, and to internal hierarchy. This has tended to produce an elitist profession whose primary task may unconsciously have been to restrict access only to those who are 'likeminded' and prepared to submit to an apprenticeship positively medieval in its ranks of attainment. While of course the maintenance of standards, and the monitoring of candidates are essential, this has become a shibboleth, a sacred concept that cannot be questioned and which is or can be used defensively to prevent the profession from engaging with the reality of the 21st century. The recent paper by Kernberg on ways to assist suicide for Psychoanalytic societies was read with much interest in the UK and is highly relevant.

What has been important as an emergence from our narcissistic retreat in the UK is the development of the British Psychoanalytic Council, the BPC. This is an umbrella

organisation for all the Psychoanalytic Psychotherapy organisations in the UK, including the two IPA component societies, and the Society for Jungian Analysis, the SAP.

Originally conceived in the early nineties as a bastion for the protection of the profession from undue incursion from those with 'lesser' or 'different' standards of qualification, the BPC has grasped the nettle of reality rather faster than some of its membership Institutions. It has widened its doors and now includes psychodynamic training organisations as well as those training in couple psychoanalytic psychotherapy. It is in negotiation with the Institute for Group Analysis and with the Association of Child Psychotherapists, and with the Association of Psychoanalytic Psychotherapists in the NHS. It has opened up dialogue with the other main UK umbrella organisation for psychotherapists of very different orientations. And it is leading the way in making sure the profession is able to renounce long cherished but unexamined beliefs. For example the BPC was the first to issue a policy statement about 'homosexuality' and that sexual orientation was not a bar to training. It has recently issued a statement that the psychoanalytic attitude rather than 'frequency' of sessions is a better guide to treatment and training. In this pioneering role it is no surprise that the leading edge of this development has been sustained and promoted not just by clinicians but also with the employment of a professional non-clinician as a Chief Executive Officer, a general manager. Gary Fereday is the second non-clinician to take this post and the profession is extremely grateful for the renaissance this has brought about.

The BPC has two roles, one is purely within the profession: the maintenance of standards, in accrediting all the training organisations who are its member Institutions, and the regulation of the members of these organisations who are its registrants. The register is in effect a licence to practice. Each registrant must submit an annual log of his/her professional activity, hours of supervision, and other clinical hours. This is known as CPD, Continuing Professional Development. The BPC manages the ethical code of conduct for its member Institutions and hears complaints that may be brought against the members. It is a voluntary organisation with including the CEO a small and effective paid staff. It is in close dialogue with government agencies. Now that it has abandoned a policy of statutory regulation, the government is in favour of voluntary assured regulation for all mental health practitioners. To fulfil all the requirements of a voluntary assured register is the

second main task of the BPC. This in itself may oblige registrants to present their core skills in a way unfamiliar to us when as in the past we felt protected by our private professional organisations which were not publically accountable or accredited by external bodies.

The BPC also has a separate advocacy role; this a marketing role for ensuring that the profession maintains its identity in the media and the public eye, and that it is asked to comment on and contribute to mental health policy. This advocacy role reaching outwards and in dialogue with the public and with public authorities is crucial in promoting the identity and the image of psychoanalytic psychotherapy. In order to achieve this second role the BPC is looking to raise its membership fees and appoint a paid member of staff to carry out these marketing and public profiling duties.

The BPC together with sponsoring organisations the Association of Psychoanalytic Psychotherapy in the health service, the Tavistock Clinic, the Anna Freud Centre and the Association of Child Psychotherapists will hold a two-day conference in London in October 2013 - Psychotherapy Now. Details are on the BPC website. We hope participants from abroad will also want to attend.

An historic reengagement with reality has also just taken place. Three of the major training and membership organisations in London have successfully agreed to put aside the narcissism of small differences and negotiated a formal legal merger which took effect on April 1st 2013. The new organisation named the British Psychotherapy Foundation brings together the former British Association of Psychotherapists, the Lincoln Clinic, and the London Centre for Psychotherapy. Now comprising over 700 individual members, it is the largest member organisation of the BPC.

The Foundation is comprised of four associations denoting different modalities of training and treatment. The largest is the Psychoanalytic Psychotherapy Association bringing together three adult psychoanalytic psychotherapy training organisations and will provide a new intensive training in psychotherapy, as well as a low frequency psychodynamic training. It sits alongside three other associations formerly part of the BAP: the British Jungian Analytic Association, the Independent Psychoanalytic Child and adolescent psychotherapy Association, and the most recent of the former BAP's sections, the British Psychoanalytic Association which is now the second IPA society in the UK.

This is an exciting venture and has taken more than four years to plan and negotiate before securing a vote in all three organisations to go ahead. We hope that this collaboration between different sections and modalities in one organisation will help create a new model for the delivery of training, more outward looking than before, and more fitted to the requirements of a twenty first century psychoanalytic community. A new Board is in place on which both Hansjoerg Messner and myself are members.

Finally a plug for an event to be run by the BPF in October - a Group Relations event in the Tavistock model entitled Working with others: Togetherandapart. This is a small non-residential three-day group Relations training event which will take place for up to 32 participants in the former BAP house in London. Last year a colleague from Italy was amongst the membership and we would welcome more participants from abroad, not just psychotherapists but those with an Interest in organisational life from the private as well as the public sector. Details can be found on the BPF website: www.britishpsychotherapyfoundation.org.uk

Miranda Feuchtwang London April 2013

** The presentations given by Hansjörg Messner and Gary Fereday are to be found on the website of the EFPP