



Faculty of Medical Psychotherapy Executive Committee

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Vice Chair: Jessica Yakeley, London

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CONTENTS

Page 3	Editor's Welcome
Page 5	Message from the Faculty Chair, Steve Pearce
Page 7	Message from the outgoing Academic Secretary, Mark Evans
Page 10	Message from the new Academic Secretary, Maria Eyres
Page 11	Message from the SAC Chair, William Burbridge-James

Executive Committee Task Groups

Page 13	Primary Care Working Group, Haroula Konstantinidou and Matteo Pizzo
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Contemporary Practice in Medical Psychotherapy

Page 14	MDMA Assisted Psychotherapy for Treatment Resistant PTSD, Tim Read and Jo O'Reilly
Page 17	Psychotherapy Tutors meetings at the 2017 Annual Conference in London 2017 & in Cardiff in 2018, Maria Eyres, Jo O'Reilly, Harriet Fletcher

International Voices

Page 19	An interview with Bruce Fink, Tiago Gandra
---------	--

Trainee Voices: Medical Psychotherapy Trainees' Section

Page 25	Message from Trainee Voices editors, Anna Croxford and Alex Chatziagorakis
Page 26	Reflections of The Fragile Phallus, Lucy Allender
Page 28	Reflections on the annual RCPsych Medical Psychotherapy Conference, Victoria Chamorro
Page 31	'World Cup, It's Coming Home', John Mason
Page 35	Some Personal Insights: My Developmental Journey in Dual Training, Jose Maret

Book Reviews

Page 38	Transgender Psychoanalysis: A Lacanian perspective on sexual difference by Patricia Gherovici
Page 39	Call for book reviewers and contributions

Survey

Page 40	Survey about sexism in resource allocation, Tamsin Peachey and Aneal Sidhu
---------	--

Events, notices and dates for your diary

Page 41	Psychodynamic Psychiatry – a psychoanalytic approach to working disturbed states of mind and destructive acts, 8 November 2018
Page 41	Joint Faculty Conference with the Eating Disorders Faculty, 8 February 2019
Page 41	Faculty of Medical Psychotherapy Annual Conference, 10 – 12 April 2019

Contributions and contacts

Page 42	Contributions and Contacts
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Editors' Welcome

Maria Eyres and Harriet Fletcher

Dear Readers

Welcome to the Summer/Autumn edition of the Medical Psychotherapy Faculty newsletter.



We are now well into autumn; we apologise for its lateness and thank you for your patience!

This is our last edition as editors and we hope that, like previous newsletters, it demonstrates the breadth of the work we do as medical psychotherapists and the range of interests across the Faculty. We are very pleased to have another excellent contribution from Tiago Gandra, who travelled to Denmark to interview Bruce Fink, the American Lacanian psychoanalyst who is also a key figure in translating

Lacan's works into English. To British readers, Lacan's style and way of thinking can seem culturally unfamiliar, and Tiago's interview with Fink contains some fascinating insights into how to approach the work. He also has some interesting things to say about Freud, suggesting that we have tended to overlook Freud's teachings on therapeutic style, arguing that these are the most important part of his legacy.



From Freud and Lacan to some very modern developments in psychotherapeutic treatments. Jo O'Reilly and Tim Read have penned an article about the use of MDMA in the treatment of PTSD. Some people will already have heard Tim speak about this growing area of research, and the article is a thought provoking one, challenging us to think innovatively about new ways to help patients for whom we may often have relatively few helpful tools. More recently, Tim, Jo O'Reilly, Jo Stubley and Maria attended a week-long training in the Netherlands on MDMA- assisted treatment of PTSD so watch this space; there is more on this subject to come!

This edition is also the last for our trainee editors, Anna Croxford and Alex Chatziagorakis. They have collated another interesting and varied set of contributions from trainees across different settings, and we would like to thank them for all their hard work across the editions that we have worked on together. We have appreciated their dedication. They will be succeeded by Alastair Forrest and Michael Milmore who will be taking over from the next edition of Trainee Voices; a very warm welcome to them.

We are also pleased to include another book review by Andrew Shepherd: we would like to thank him and his co-editor for the Book Reviews section, Dan Beales, for all their work with us over recent editions, since they established this new element of the newsletter. They will be continuing in their role and as always, they are keen to receive contributions from readers or suggestions of books to review.

On a more practical note, we have included an account of the Psychotherapy Tutors meetings from the 2017 and 2018 conferences. This is an increasingly important role for Faculty members who are Medical Psychotherapy CCT holders, particularly as we work to ensure that the psychotherapy competency requirements for higher trainees in other psychiatry subspecialties are taken seriously at ARCP and that trainees are supported to have a positive experience of this which enriches their training, whatever their career interests. This is a significant workload for psychotherapy tutors and it is important that this is recognised in job plans. Those of us who are Psychotherapy Tutors, please look out for the meeting which will be part of the programme of the next conference.

On that note, Maria is excited to be taking up a new role as Academic Secretary, and you can read her piece about the upcoming conference below. We are stepping down from the newsletter and our new Chair, Steve Pearce, will be overseeing the appointment of the new editors. We would strongly encourage readers to consider taking on the role and wholeheartedly recommend a job share. We have learnt a lot from each other, playing to each other's strengths, contributing our perspectives from different services and geographical areas and last but not least, enjoyed working together. We have built on the work of the previous editor, Jan Birtle, adding new sections of Contemporary Practice, International Voices, Book Reviews and including photos of the editors alongside some other visual images which we hope have enriched the newsletter and extended its reach. We are grateful to all contributing editors for their work alongside us and to everybody who had their articles published under our joint editorship. We will miss working with Stella Galea who has patiently supported us throughout, and who has spent considerable time on making each newsletter look polished and professional.

As always, the newsletter welcomes your contributions, so please get in touch with Stella if you have photos or articles that you would like to submit. And most importantly, get in touch if you would like to try your hand as editor: we would both be happy to talk it through with anyone who is considering it.

Happy reading, and thank you for all your comments which have helped us to improve the newsletter.

Maria and Harriet

Editors in chief: Maria Eyres, London Harriet Fletcher, Sheffield	Contributing editors: Anna Croxford, Trainee voices Alex Chatziagorakis, Trainee voices Tiago Gandra, International voices Dan Beales, Book reviews Andrew Shepherd, Book reviews
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Message from the Chair of the Faculty of Medical Psychotherapy

Steve Pearce



First, introductions. Thank you for electing me your next Faculty chair. I am a full-time consultant in medical psychotherapy, working within a Tier 3 (i.e. specialist community-based) personality disorder and complex needs service covering Oxfordshire and Buckinghamshire. I was previously Vice Chair of the Faculty, and am also a member of the Professional Practice and Ethics Committee of the College. I am currently the Chair of the Clinical Reference Group for specialist mental health services in NHS England.

Sue Mizen, the outgoing chair, has done a sterling job, and has kindly agreed to continue to take a lead both in the Talking Therapies Task Force, our joint initiative with a range of psychotherapy oversight bodies to place complex conditions on an equal footing with mild to moderate conditions targeted by IAPT; and in the inter-faculty personality disorder working group.

This is both a difficult and a potentially interesting time for mental health services generally, and therefore for the Faculty. The government seems interested in increasing investment in mental health, and psychological approaches figure prominently. The College is in the process of responding to an NHS England request for input into the successor to the '5 Year Forward View', which may well be the '10 Year Forward View'. That's 10 years from 2019, not just adding another 5 years – twice as optimistic as Stalin.

EXECUTIVE COMMITTEE UPDATE

The executive welcomed newly elected members, Dr Mark Morris (who kindly agreed to stand as Finance Officer and continue in this role), Dr Parveen Bains, Dr Jonathan Garabette, Dr Simon Heyland, Dr Florian Ruths, Dr Padakkara Saju and Dr Dinesh Sinha.

Rapid responses

From time to time the executive is asked to respond to urgent requests for comment, primarily to the media; and less urgent requests to respond to college and NHS consultations. While most of these can be fielded by Exec members, we are aware that there is significant expertise in the rest of the Faculty. **If any Faculty members have a particular interest, and would be willing to be contacted if necessary, please get in contact with [Stella Galea](#).**

Newsletter

Maria Eyres and Harriet Fletcher have edited the Faculty newsletter for three years but will be stepping down as editors after the next issue. They have developed the newsletter over the years by introducing different sections, each with its own editor, including an international section and a book review section. It has become a key means of communication in the Faculty. They have found it particularly helpful to have two editors. **If any Faculty member is interested in taking on editorship, please get in touch with Maria and Harriet.** Maria has kindly agreed to take on the role of Academic Secretary.

Post suicide

Rachel Gibbons, who is currently a co-opted member of the Exec, gave a presentation to the July meeting about the impact of patient suicide on professionals. Of 174 responders to a recent survey of College members, 140 had experienced a patient committing suicide, most between 3 and 6 times. They reported that the suicide had a significant emotional impact on them, particularly when it occurred in the early part of their career. Many of us will have had a similar experience.

The experience had a significant effect on clinical confidence that lasted up to two years. Many valued having a senior clinician who they could ask for support confidentially, and support in the formal process. Having a confidential reflective space was important, an area in which faculty members should be able to help. Workshops on suicide and confidential support groups had been found to be valuable. The survey will be published by the end of 2018.

Steve Pearce
Faculty Chair

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Message from the outgoing Academic Secretary

Mark Evans

Reflections on the Medical Psychotherapy conference, Cardiff 2018



The 2018 Medical Psychotherapy Faculty conference was held at the Radisson Blu Hotel in Cardiff from 25th to 27th April, with an adjoining neurosciences day on 28th April. The conference organising team consisted of Jo O'Reilly, Jo Stubbley, Sue Mizen and myself. Informal feedback after the event was positive and the conference had the overall feel of a more inward-looking Faculty conference, that challenged delegates to consider new and cutting edge approaches to psychotherapy, and potential combinations with adjunctive medication. The formal feedback showed that 100% of attendees rated the overall conference experience, 96% rated the workshops and 96% the quality of speakers as 'good or excellent'. (However, value for money was rated lower, at 77%, which might give us food for thought if we have any influence on pricing going forward).

This year's conference was entitled *Power and humility, the agony and the ecstasy – Geopolitical issues, Psychotherapy and Neuroscience*. It took the same form as previous years, with an expanded offer of pre-conference workshops on Wednesday afternoon prior to the guest lecture, and an extra whole day on Saturday coordinated by the Neuroscience Interest Group.

The pre-conference workshops were both well subscribed. Jeremy Holmes and Tobias Nolte invited us to think about the translation of recent findings in neuroscience to the psychotherapy consulting room, while Ian Kerr addressed systemic and psychosocial dimensions of mental health through the example of a Cognitive Analytic notion of the Social self.

The evening guest lecture was given by Billy Hardy who gave an exposition of the achievements of 50 years of the Family Therapy Institute. There was a lively discussion about the current paucity of involvement of psychiatrists and medical psychotherapists in family therapy, what this meant and how it might be remedied to the enrichment of both professions.

The Thursday morning programme, chaired by Ian Kerr, commenced with lectures from Salman Akhtar (USA) and Philip Stokoe. Salman gave a rare personal and professional insight into what it means to be an immigrant and how the subtleties of this experience might affect the dynamics of the consulting room. In contrast, Philip explored the issue of power in the

mind of politicians, and authority figures in general, in order to try to make sense of current national and international movements and politics. The two talks approached some of the context of the work that we do with patients in both contrasting and complimentary ways and led to a lively plenary discussion.

In the second part of the morning, there was a plenary session on recruitment in psychiatry and medical psychotherapy led by William Burbridge-James, Clare Cribb, Stephanie Guidera and Neda Mehrpooya. This session was enlightening in terms of defining and putting into context both the wider problem and some of the particular issues being grappled with in Wales, and reminded us of why medical psychotherapy is important from a service user perspective.

The afternoon commenced with attendees splitting into groups for small group discussions. This was a revival of an aspect of the Faculty conference of two years ago and it offered to delegates a bounded time for engaging and reflective discussion in order to digest and make sense of the learning of the day, under the calm facilitation of Group Analysts from within the faculty.

The now well-established 60 second poster presentation plenary session was firmly chaired by Haroula Konstantinidou who kept strict time. In this session, all poster authors were given one minute in which to bring alive the key points from their poster. This was informative and fun and brought a good energy to the afternoon session encouraging more poster viewings throughout the conference. The posters were later judged and the winners announced at the close of the day.

The Thursday afternoon workshops on offer were: *Humility: the concept and its clinical relevance* by Salman Akhtar; *Working with certainty, from consulting room, through institutions to politics* by Philip Stokoe; *Interpersonal Dynamics Consultations Training: A Simple Psychotherapeutic Tool for Difficult Patient Interactions* by Sandra Scott, Thomas Hillen, Ching Li and Michael Maier and *Dynamic Interpersonal Psychotherapy (DIT): Psychodynamic practice, alive and relevant for the NHS* by Richard Taylor.

Prior to Ben Sessa's talk on MDMA therapy for addictions, there was a 10 minute period of right brain refreshment entitled a 'culture shot'. In this, Jason Hepple played violin in a haunting and beautiful fashion and allowed the audience to reconnect in a different way. Ben spoke passionately about his research into psychoactive adjunctive treatments to psychotherapy in this group of people which suggests that this might be a very promising new strategy.

The conference meal was held at an intimate local restaurant, a short walk from the hotel. The food was good, the wine flowed and Rob Poole not only gave a most entertaining after dinner speech, but he also produced a slide guitar and proceeded to play two of his own compositions on this with a small amplifier!

The first Friday morning panel comprised a theme of *The agony and the ecstasy: the use of currently illegal drugs to assist psychotherapy*. David Nutt kicked off with an energetic exposition of the subject area with suggestions about how psychedelic drugs could 'revolutionise' psychotherapy with certain hard to treat patients, such as those with resistant depression, end of life anxiety and OCD. Michael Mithoefer (USA) gave a moving and grounded account of his work and research into treating chronic PTSD with MDMA-assisted psychotherapy. It was particularly interesting to hear about the importance of the setting and the 'holding' offered by the female and male therapists in order for the therapy to be effective and safe. Sue Mizen finished the plenary with some observations from a psychoanalytic perspective. She gave her thoughts about defences in trauma and addictions and the implications for a neurobiological and psychotherapeutic understanding of post-traumatic stress disorder and addictions.

In the second morning panel, Michael Moutoussis took us to a different subject area, in his talk on the new field of Computational Psychiatry and its implications for psychotherapy. Using a Bayesian approach to delineate which inferential biases and beliefs can be considered normal, he explained how he would like to extend this technology to a better understanding of relationships.

After lunch there was an experiential group session before another 'culture shot', this time facilitated by Stephanie Guidera, service user representative for the Faculty, who involved the audience in a fun, joint vocal activity. There followed two lectures by Tiago Gandra *Early Intervention in Borderline Personality Disorder: a critical review of the HYPE programme* and Andrew Williams *Challenges in the psychotherapeutic treatment of perversion and violence*. Sue Mizen, Faculty chair, rounded off the conference by thanking all of the contributors and by giving out the poster prizes.

Saturday was dedicated to the Neuroscience Interest Group.

The 2019 Faculty Conference will be held in Prescott Street in London from 10th to 12th April and will be organised by our new incoming Academic secretary, Maria Eyres. She will shortly be putting out a call for papers, workshops and posters. So please get the date in your diary and we look forward to seeing you for what should be an exciting conference next year.

Mark Evans
Academic Secretary (outgoing)
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Message from the new Academic Secretary

Maria Eyres

I thank the Faculty Exec for their confidence and encouragement which led me to take up the role of the academic secretary; I am sure it is linked to the work Harriet and I have done editing the Newsletter over the last three years. Stepping into the shoes of the excellent previous academic secretary, Mark Evans will not be an easy task and I am grateful for the support of Jo O'Reilly, Haroula Konstantinidou and Matteo Pizzo.

Please note the forthcoming Medical Seminar Series 2018 on the 8th of November; this is the third such event and the previous ones have been very successful so book early.

We also have the joint conference with the Eating Disorders faculty on the 8th of February followed by our Annual Conference in London 10-12 of April 2019. The provisional title of the Conference is Creative and Destructive Forces in Groups in Clinical Settings, Organisations and Society; please pencil the dates in your diaries.

Maria Eyres
Academic Secretary
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Message from the Chair of the Specialty Advisory Committee

William Burbridge-James



I would like to welcome Steve Pearce as the new Chair of the Faculty.

Since I last wrote for the newsletter I had the opportunity to attend the enriching Faculty conference in Cardiff, where I spoke about the problems in recruitment to psychiatry. The College campaign 'Choose Psychiatry' has made an impact and data from Health Education England show that 368 doctors will start core psychiatry training in England this August. This is the most since 2009 and compares to 277 for 2017. This is good

news.

Alongside the Choose Psychiatry campaign, other initiatives have contributed to this resurgence, including the CAMHS run through training which is currently being piloted and which was oversubscribed in this recruitment round, and Pathfinder and Foundation fellowships for medical students and foundation doctors. This is in addition to the work undertaken by James Johnston and his Student Medical Psychotherapy Committee who have been proactive in developing Balint groups in throughout U.K. medical schools; half of UK medical schools now have Balint groups running. Research by Jessica Yakeley into the medical student psychotherapy scheme at UCH has shown that medical students who had been part of the scheme were more likely to choose a career in psychiatry, even if this was not an aim of the scheme.

This early exposure to psychotherapeutic reflective practice in Balint groups helps destigmatise psychiatry by creating a space where 'reflective self-awareness can help the student filter affective resonance as an antidote to the defence of detachment' (Zalidis). This is at the heart of psychotherapy training, which has a fundamental value in developing empathy, through developing our capacity to listen, and an awareness of our identifications; thus helping to understand and contain our anxiety, reducing stigma, improving patient care, and facilitating retention by helping prevent burnout.

We need to continue to provide good quality psychotherapy training experiences for our Core trainees who will be higher trainees and our consultant colleagues of the future. Here is a link to the [2018 report of 2016 data of our faculty psychotherapy training survey](#). While there is much to celebrate, as previously mentioned, there is work that needs to be sustained, and more work to be done to ensure that higher psychiatric trainees from across specialties have access to meaningful psychotherapeutic experience, under the educational governance of the Medical Psychotherapy Tutor.

The results from the 2018 GMC training survey corroborate our findings that higher psychiatric trainees are struggling to find meaningful psychotherapy experiences in higher training, although good levels of attendance at Balint groups is encouraging.

GMC Survey 2018*: Higher trainees in Child and Adolescent, Forensic, General Adult, Old Age, and Intellectual Disability.	CAP	FP	GAP	OA	ID
My current post includes supervised psychotherapy learning opportunities	80%	61%	63%	56%	57%
The above psychotherapy opportunities have been adequate to meet curricular requirements	76%	56%	60%	56%	54%
The above psychotherapy opportunities have improved my ability to deliver psychotherapeutic interventions relevant to my specialty	75%	55%	58%	53%	54%
I have attended a Balint/reflective practice/case discussion group since beginning higher specialty training	72%	75%	74%	n/a	63%

*Please see the GMC NTS reporting tool results, available online, which fully provide the context for the above summary results.

Lastly, the work of rewriting the current psychiatric curriculum to meet GMC [Generic Professional Capabilities framework](#) has begun under the leadership of the newly appointed associate dean for the curriculum John Russell. The aim is to develop a single curriculum defining the capabilities of a doctor working in Psychiatry (at the end of CT3 and ST6 training), which has attached detailed specialty syllabi. The aspiration is to ensure that there is flexibility built into the structure of specialty syllabi to ensure capabilities can be enhanced proactively and flexibly in response to changing demographics, understanding of mental

disorders, legislation, service delivery and needs following appropriate governance processes. At the moment, each specialty has been tasked with developing a 'Purpose statement' by December for their syllabus. For us that will be an overarching statement of the aims of medical psychotherapy training.

The College and the Faculty need to consult widely, so if you would like to find out more and get involved please get in touch via, curricula@rcpsych.ac.uk. If readers are interested in looking at examples of other colleges which have already had their curricula approved by the GMC, the Royal College of Paediatrics and Child health 'Progress' is a good example. Another helpful introduction to the work of writing their curriculum is this [video](#) from the Royal College of Obstetricians and Gynaecologists.

I would like to thank Tony Roche, Curricula and Quality Manager, for his assistance with this article.

William Burbridge-James

SAC Chair

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EXECUTIVE COMMITTEE TASK GROUPS

Primary Care Working Group

Haroula Konstantinidou and Matteo Pizzo, chairs of the working group, have begun to review college report CR151: Psychological Therapies in Psychiatry and Primary Care. This was originally published in June 2008 and an update is expected by 2019. The aim of this report is to improve the provision of psychological therapies to people with mental and physical disorders, in both primary and secondary care settings. It provides information and guidance about psychological therapies that should be useful to psychiatrists, general practitioners, employers and commissioners of services.

The two co-chairs are also participating in a working group looking at Primary Care Mental Health and GP training which is led by the National Workforce Skills Development Unit. The purpose of this project is to obtain a better understanding of the mental health training available to staff in a primary care setting, and how this maps to current competency frameworks. This will enable Health Education England (HEE) to understand where gaps in training and competency are and support and develop new and existing training where needed.

Haroula Konstantinidou and Matteo Pizzo

Chairs of the Primary Care working group

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CONTEMPORARY PRACTICE IN MEDICAL PSYCHOTHERAPY

MDMA Assisted Psychotherapy for Treatment Resistant PTSD

Tim Read and Jo O'Reilly

In recent years there has been a rekindling of interest and a resumption of clinical research into the potential therapeutic benefits of psychedelic drugs such as MDMA, psilocybin and LSD. A development of particular interest to medical psychotherapists has been the use of MDMA (3,4-methylenedioxy-methamphetamine) to augment psychotherapy in cases of treatment resistant post-traumatic stress disorder (PTSD). The Medical Psychotherapy Faculty Conference in Cardiff in April 2018 hosted a session to learn more about this work and invited Dr Ben Sessa, Professor David Nutt and Dr Michael Mithoefer to speak to us about these advances in research and clinical use in both Europe and the USA.

The developing field of psychedelic assisted psychotherapy is obviously controversial and requires some unpacking. The first generation of research into psychedelics came to an end when therapeutic use and clinical research using LSD was made illegal during the social and political turmoil of the 1960s. There was a hiatus until the first decade of the 21st Century when the clinical research was slowly resumed against the background of difficult legal and administrative barriers. The evidence base has now accumulated to the point that psychedelic assisted psychotherapy appears to be moving from a fringe subject of limited interest to a significant new treatment method.

The United States has led the field in developing MDMA as an adjunct to the psychological treatment of severe, treatment resistant PTSD. The results have been impressive and sustained at follow up. In August 2017, the USA Food and Drug Administration (FDA) granted Breakthrough Therapy Designation in 2017 to MDMA for the treatment of post-traumatic stress disorder. This is a highly significant step; in granting Breakthrough Therapy Designation, the FDA concluded that this treatment might have a meaningful advantage and greater compliance over available medications for PTSD. This paves the way for phase 3 trials with a view to making this treatment available for clinical use. So in the USA, MDMA assisted psychotherapy appears likely to become a mainstream treatment.

Dr Michael Mithoefer, a psychiatrist in North Carolina has been the lead investigator in the MDMA for PTSD research over an 18-year period working with his wife Annie as a co-

therapist. The research is funded and coordinated by the Multidisciplinary Association for Psychedelic Studies (MAPS) and there is a wealth of information on the www.maps.org including a detailed treatment protocol. At the conference, Dr Mithoefer presented his research alongside clinical vignettes of the sessions. He showed a video clip of a session where he and Annie worked with a military veteran who was engaging with and processing his traumas during an MDMA session. This looked to be mutative work and was deeply moving to witness.

Dr Mithoefer has presented his work in the UK on one previous occasion – the RCPsych International Congress in Liverpool in 2009. This was a pilot study on 20 patients with severe treatment-resistant PTSD, 12 received placebo and 8 received MDMA. All patients underwent preparation and non-drug psychotherapy sessions before and after the drug-assisted sessions. At follow up, 83% of the MDMA group and 25% of the placebo group had a reduction in symptoms so that they no longer qualified for a diagnosis of PTSD. This looked worthy of further investigation but numbers were small; this remained a fringe and possibly eccentric topic.

There followed Phase 2 trials with 107 subjects. The key finding was that after 3 sessions of MDMA assisted psychotherapy, 68% no longer had PTSD at 12 month follow-up. All the participants in this had chronic, treatment-resistant PTSD for an average of 17.8 years. The key points to note are that three MDMA sessions seem to be required and that both preparatory and integrative sessions to process the experience before and after the drug sessions are crucial to the endeavour. As Dr Mithoefer says – it is not just a matter of taking the drug, it is the combination of the medicine and the use of skilled psychotherapy.

The current situation is that MAPS is recruiting and training 300 MDMA therapists to staff the phase 3 trials involving 200 – 300 subjects. The phase 3 trials begin in 2018 in the USA, Canada, Israel and Europe and it is planned that MDMA will become a prescription medicine for use by licensed practitioners by 2021. The potential therapeutic use of psychedelic drugs is not limited to PTSD or to the USA. In the UK Ben Sessa is leading a clinical study in Bristol looking into MDMA to enhance the treatment of alcoholism and David Nutt with Robin Carhart Harris are leading a clinical study at Imperial College London regarding the therapeutic use of psilocybin in treatment resistant depression.

The model of treatment in psychedelic assisted psychotherapy combines biological and psychotherapeutic approaches, which are applied synergistically to facilitate trauma processing, thereby decreasing or eliminating chronic hyperarousal and stress reactions to triggers. The setting and technique have some important differences to traditional psychotherapy. This treatment approach challenges some of our existing models and our ways of being with patients. At the same time, as clinicians, we will all be aware of the

limitations of some of our existing therapeutic strategies in helping some of our most fragile and vulnerable patients.

A key point in psychedelic assisted psychotherapy is that the substance is seen as a catalyst for the process of therapeutic change – not as a pharmacological treatment in itself. The therapeutic effect is thought to flow from the interaction between those pharmacological effects, the therapeutic setting and the mindsets of the participant and the therapists. MDMA produces an experience that appears to temporarily reduce fear while increasing positive emotions and interpersonal trust, without clouding consciousness or reducing access to emotions.

MDMA may catalyse therapeutic processing by allowing participants to revisit traumatic experiences without being overwhelmed by anxiety or dissociating. This in turn enables a processing of the index trauma, as well as underlying vulnerability related to previous traumas. The therapeutic process may enhance the development of a positive therapeutic alliance during sessions and allow for anxieties linked to insecure attachment to be overcome.

This raises some questions as to how we understand the process of therapeutic change and what we may be able to add to our existing theoretical and clinical models. We may need to be open to models and ideas that are different to our usual paradigm if these represent a therapeutic advance for our patients. There are clear areas of overlap between the MDMA assisted sessions and more conventional therapy; the setting is seen as crucial, as is the mindset of the therapist with an openness and curiosity about the patient's experience and an ability to tolerate and explore distress. Containment of highly disturbed states of anxiety and affect is of crucial importance, both by providing a suitable setting and by the psychological availability of the therapist to help to process some of the experience.

A psychoanalytic model of trauma and PTSD includes an overwhelming of the defences and loss of the ability to symbolize, so that the experience can only be repeated through flashbacks and nightmares rather than being processed. This can cause major challenges in establishing a therapeutic alliance when there is no longer any good object to call upon to help with the psychological tasks of facing a terrible reality and mourning one's former, un-traumatised self. It may be that the euphoriant effect of the psychedelic substance enhances the potential to create a positive transference, which can allow some of the psychological work towards recovery that had previously not been possible.

The mechanism of action is incompletely understood, but MDMA is known to significantly decrease activity in the left amygdala. This is compatible with some of the effects of MDMA such as reduction in fear or defensiveness and enhanced interaction with the therapist. Psychological models concerning the process of change and the interaction between substance, patient and therapist are developing.

Psychedelic substances and the psychological experiences associated with them do tend to challenge paradigms and elicit powerful reactions ranging from prohibition to evangelical enthusiasm. Neither of these positions predispose to the sober and thoughtful consideration of their clinical potential based on a developing evidence base. This would appear to be an important area of interest to medical psychotherapists, to appraise potential benefits and risks, expand our models of therapeutic change, learn new skills and potentially take a leading role in the development of new treatments.

Dr Tim Read, Psychiatrist and Psychotherapist, London
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Psychotherapy Tutors meetings at the 2017 Annual Conference in London 2017 & in Cardiff in 2018

Maria Eyres, Jo O'Reilly, Harriet Fletcher

For the last two years, we have held a working lunch for psychotherapy tutors from across the country at the Faculty Conference in April. We talked about the joys and struggles of working with trainees to achieve the psychotherapy requirements of the curriculum, and a wide range of issues were discussed. In fact, an hour didn't seem long enough to cover all the topics that emerged. As not everyone was able to attend these events and there seem to be have been some shared themes, we thought it would be helpful to gather them for this newsletter.

In relation to the framework around psychotherapy training, we spoke about the importance of building alliances with the Schools of Psychiatry around the need for proper psychotherapy training provision. The Schools have the power to threaten to withdraw trainees if the training isn't properly delivered. There have even been examples when they have pressed for increased medical psychotherapy time - and they can inform the GMC if things are 'fudged' by Trusts. Good relationships with Directors of Medical Education and Training Program Directors are also helpful.

The Trusts are being more scrutinized in relation to psychotherapy tutors being consultant medical psychotherapists (MP) as time goes by. A year ago, some non-MP CCT holders were in the role of psychotherapy tutors. In 2018, there is evidence that some new MP posts are being created largely because of the pressure on Trusts and training schemes to improve training delivery. However, it has not been possible to recruit into some consultant MP posts, meaning that core psychiatry training was potentially threatened. We wondered how much the difficulty recruiting may be related to the nature of the posts - for example one being linked with an Early Intervention Service and others not having a dedicated psychotherapy

service to support the medical psychotherapist or offering too few sessions to make it an attractive proposition, especially if relocation is required. If a post is offered in a Trust where there is no psychotherapy service this is likely to make it difficult to find suitable cases for trainees, particularly for psychodynamic psychotherapy.

Stand-alone medical psychotherapy posts or those not based within a psychotherapy service, whilst at the same time being expected to train core psychiatry trainees, were generally seen as a problem and as unsuitable settings for trainees. People felt that it was likely to be problematic in a number of ways if the only available treatment option was therapy with a core psychiatry trainee. Patients may fall out of care pathways and be discharged from other teams if they are engaging in psychotherapy, although in reality they are not engaged with a service that can meet their needs once their therapy with the trainee has ended, or if things do not go well in one therapy and there is a need to look at other types of work. It can be particularly difficult to find patients likely to benefit from psychodynamic psychotherapy as a long case if this is not offered elsewhere in the Trust and patients are not therefore routinely assessed for this approach.

We discussed issues related to taking up short cases by core trainees; traditionally these are Cognitive Behavioural Therapy (CBT) cases, which work best in places where there is a CBT medical psychotherapist. Increasing pressures on psychology services have meant that some psychologists are less willing or able to offer supervision. In some areas of the country, patients seen for CBT in secondary care are considered too complex for short term therapy. While links with some Improving Access to Psychological Therapies (IAPT) services worked well in the past, they have become more difficult over time, as primary care services become more scrutinized, with IAPT supervisors requiring trainees to take at least 2-3 cases into treatment in exchange for supervision to ease a pressure on their waiting list. However, in other areas IAPT services continue to offer introductory training days/ group supervision. Building good relationships with those services can potentially become a source of long term cases for trainees as IAPT scope can be limited to 6 sessions only. Some IAPT services are provided by voluntary sector organisations and this will throw up educational governance issues which will need careful thought and discussion with local Directors of Medical Education.

Colleagues working in other modalities such as systemic therapy and CAT may also be able to offer an alternative to short CBT cases. Those colleagues can be very helpful in identifying suitable cases and providing supervision.

Possible ways to find patients for long cases without psychotherapy services were discussed. Trainees may need to be more proactive in seeking potential sources of patients and finding supervisors; IAPT services and some voluntary sector organizations might be possible.

Psychotherapy training for higher trainees in general adult psychiatry was also discussed. The Medical Psychotherapy Specialty Advisory Committee (SAC) has clarified that best practice guidelines are available on the website, but it has not been possible to change the curriculum at this time because of the work being done across all curricula within the College to bring them into line with new GMC requirements.

Some confusion was reported about online forms and the use of the SAPE/ CBDGA forms (Structured Assessment of Psychotherapy Expertise/Case Based Discussion Group). As the curriculum stands, all higher trainees need to complete an annual SAPE; the most recent annual survey carried out by the Medical Psychotherapy SAC showed that although 80% of higher trainees reported completing an annual SAPE, very low numbers are taking on psychotherapy cases or attending a reflective practice group. It is therefore unclear what experience they are drawing upon as the basis of their SAPES or who is completing them. In some areas, higher trainees are being proactive and innovative, for example gaining experience in cognitive stimulation therapy for trainees in older age services; this is in keeping with the emphasis for higher trainees to gain experience in their main placements and to undertake experiences which are in line with their clinical interests. Building in training days in existing academic programmes and using existing services within teams are all possible ways to further skills and understanding.

We spoke about how much time a medical psychotherapy tutor may realistically be able to offer higher trainees; there are currently no guidelines linking the number of trainees to PAs. Supporting higher trainees in their professional development is likely to lead to psychotherapy-friendly consultants across the range of specialties, but it also takes time.

Good relationships with psychiatry colleagues can be key, and finding funding from medical education/ local deaneries for training events/ supervisors has been successful in some areas.

Both meetings ended with a general agreement that they had been helpful and with wishes expressed for this to be a regular event at the conference.

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INTERNATIONAL VOICES

An interview with Bruce Fink

Tiago Gandra



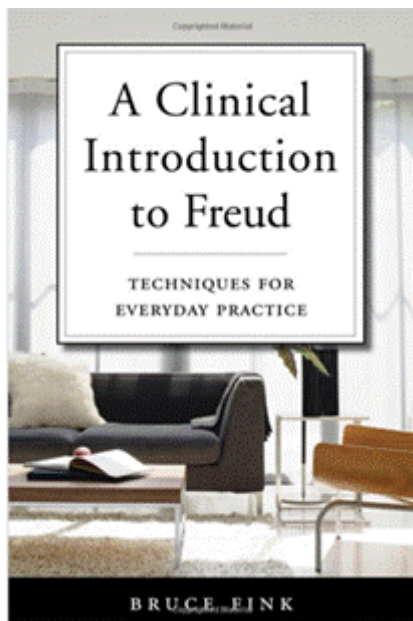
One of the challenges of psychotherapy training is the need to navigate different models and paradigms of the mind, delving into different discourses and theories which often define themselves in opposition to one another.

Psychoanalysis in particular has had more than its fair share of sectarian tensions and divisions. Among the many divisive figures in its young history, Jacques Lacan looms large. With his unique and often cryptic style, the provocative French psychoanalyst is known for his power to both captivate and alienate the reader, often in the same paragraph.

That is one more reason to be grateful to Dr. Bruce Fink, who over numerous original works and translations, has been able to make Lacanian thought more accessible to the English-speaking world. In his most recent work, *A Clinical Introduction to Freud*, Bruce Fink revisits classical Freudian theory and practice. It is very much a technique-orientated manual, written with the same clarity and breadth of thought as his previous works. It is also a journey through classical Freud and therefore familiar in parts - but the Lacanian attention to language and the structure of the text stands out as a reminder that engaging with the 'psychoanalytic Other' can be as rewarding as it is challenging.

Following a weekend workshop organised by the Danish Psychological Society, I took the opportunity to meet Dr Bruce Fink and discuss this new work along with other aspects of his journey with Freud and Lacan.

Bruce Fink is a practicing Lacanian analyst and psychoanalytic supervisor who trained in France with the institute Jacques Lacan created shortly before his death, the *École de la Cause*



Freudienne in Paris. He has translated several of Lacan's works into English – including *Écrits: The First Complete Edition in English*, *Seminar XX: Encore*, *Seminar VIII: Transference*, and *Seminar VI: Desire and Its Interpretation* – and is the author of numerous books on Lacan, including *The Lacanian Subject*, *A Clinical Introduction to Lacanian Psychoanalysis*, *Lacan to the Letter*, *Fundamentals of Psychoanalytic Technique*, *Against Understanding*, and most recently *Lacan on Love*. A board member of the Pittsburgh Psychoanalytic Center, he has also penned several mysteries involving a character loosely based on Lacan: *The Psychoanalytic Adventures of Inspector Canal*, *Death by Analysis*, *Odor di Murderer/Scent of a Killer*, and *The Purloined Love*. His most recent book, *A Clinical Introduction to Freud: Techniques for Everyday Practice*, was published by

Norton (2017).

Q: I thought we could begin by talking about your most recent book, 'A Clinical Introduction to Freud', in which you set out to revisit some classic Freudian ideas, bringing them to life in the consulting room. Was this a 'return to Freud' for you, or has Freud's work always been central to your clinical practice?

BF: More the latter, I'd say. The book was based on semester-long undergraduate and graduate courses that I taught at Duquesne University for twenty years, so for me it was not a 'return' to Freud. I have been reading Freud's texts for over forty years, and they have informed all of my work. While most of my writing was devoted to presenting Lacan to an English-reading audience, my teaching always included Freud. It was only when I decided to leave the university that I thought I might be able to do something interesting with all the course notes I had, which reflected much of the work I had done on Freud over the years. In many American training institutes Freud was being forgotten, or at least less often read seriously, and I felt it was important to reintroduce Freud to clinicians. That is why I tried to focus the book on very practical techniques that can be used every day; I did not want to delve into "heady" Freudian theory, but to take things in a rather more clinical direction.

Q: You mentioned the American context in particular, but do you think there is a risk of Freud being forgotten in training institutes worldwide? Or is it rather the case that clinicians and academics will continue arguing with Freud, even when they are doing so following a conceptual map that was largely drawn by Freud himself?

BF: I can't answer that question for the whole world, but it seemed to me that there was a risk, especially as of five or ten years ago, that Freud and psychoanalysis as a whole were

being systematically eliminated from psychology training programs. Clinical psychology programs seemed to be completely uninterested in Freud, as were most psychiatry programs. Even in the psychoanalytic institutes it was rare to come across someone who had actually read *The Interpretation of Dreams* from cover to cover. Now something of a sea change appears to be taking place, and I have been hearing more about people who are again starting to read Freud and to teach Freud at institutes.

Indeed, there was a point at which people were still implicitly arguing against Freud. But if people stop reading Freud for a long enough period of time, that generation will eventually die out, and the new generation will have little or no interest in his work. I think there is a growing interest in Lacan in the United States, which is driving a renewed interest in Freud, but there are probably other reasons of which I am unaware for the current return to Freud. In any case, it's a good sign!

Q: In this book you chose to give particular emphasis to Freud's early work on hysteria, dream interpretation, obsession, and the Freud of the first topography, so to speak. Is this because it is there that the focus on language and discourse, so central to the Lacanian tradition, stands out the most?

I especially wanted to emphasize Freud's early work, as that is the work that I myself find most clinically useful. His later works – such as *The Ego and the Id*, *Civilization and Its Discontents*, and *Moses and Monotheism* – all contain intriguing ideas and theory, but they don't seem to me to be immediately relevant to clinical practice.

Q: I suspect that in the UK, some analysts might argue that the structural model [i.e., the second topography] has been particularly helpful in working with patients presenting with a non-neurotic pathology. There is a sense of a different population of patients walking into consulting rooms these days presenting with a different clinical picture where the textual dimension and the metaphorical nature of symptoms seems to be less prominent.

I am not so sure of that! I am always a bit sceptical of trend-spotters. In France there are people who have declared 'the death of interpretation', that symptoms are no longer what they used to be, and so on, but I don't buy that personally. I think there are changes for sure, things are evolving, but the idea that there is a radical break in the way subjectivity is structured – I just don't see that in my own consulting room day in and day out.

Q: In brief, and bearing in mind that many clinicians reading this interview will have been trained in the British school of object relations, what would you say is most distinctive about a Lacanian approach to Freud?

Many things, of course. But the one that comes to mind right now is that Lacan emphasizes something that is clearly there in Freud's work, but which seems to have been largely overlooked. People tend to emphasize the *meaning* of the things that Freud talked about, but not his attention to the *letter*. People are far more interested, for instance, in the Oedipus complex, drives, and the superego than in the way Freud actually worked, the way he paid

attention to speech, language, double-entendres, slips of the tongue, and so on. Much of what Freud tells us about the way he himself practiced seems to have taken a back seat to his theoretical views. Personally, I find that the theories and models of the mind he constructed are of less enduring interest than the actual practice he helped develop. Lacan does not really endorse Freud's topographical models – he plays with them, talks about them, and examines them; but you rarely see Lacan truly take them up in his own name. Freud's clinical method, however, is something he uses a great deal.

Q: In the UK there has been a rich dialogue with the “French school” of psychoanalysis in recent years, and with that a renewed interest in some key Lacanian ideas. It is not unusual to hear references to, for instance, the ‘mirror stage’ in the emergence of subjectivity; or a reference to the ‘Name-of-the-Father’ when discussing an aspect of paternal functioning. Other central concepts of Lacanian theory have not gained the same traction. Why do you think that is?

It's hard for me to respond because in the United States, for instance, my sense is that people in the psychoanalytic community have often heard of the mirror stage but don't have any clear understanding of what it means, and often simply confuse it with Winnicott's notion of mirroring. As for the Name-of-the-Father, they may have heard the expression but generally don't know much about it, and when they do they usually don't endorse it because the Lacanian conception of a radical difference between neurosis and psychosis is foreign to them. They have a very fluid notion of psychopathology, such that one and the same person can be sometimes neurotic and sometimes psychotic. ‘Borderline’ is a major category for them, and it is incompatible with the theory built around the Name-of-the-Father. I don't have the impression that Lacan's work has been even the slightest bit assimilated by the psychoanalytic community in the U.S.

Let me point out that the two notions you mentioned – the mirror stage and the Name-of-the-Father – are theoretical, not clinical. They can inform clinical practice but have little to do with what one does in the consulting room. They have nothing to do with how one employs time, as in the use of *scansion* to create variable-length sessions, or the way one *punctuates* words or phrases, or how one might interpret from a Lacanian perspective. Just as with Freud's work, people are fascinated by Lacan's theory, but pay little attention to his approach to practice. Interestingly, Lacan was kicked out of the IPA not because of his theory but because of his practice!

Q: For the uninitiated, who know very little of Lacanian theory or practice, reading Lacan can be a really daunting exercise. What advice would you give them? Where should people begin?

I always advise people to read the Seminars, beginning with Seminar I. They should certainly *not* begin with the *Écrits*. In the English-speaking world, *The Four Fundamental Concepts of Psychoanalysis* was the first seminar to be translated, but it was presented as a stand-alone

book, which it certainly is not, rather than as the eleventh seminar. Had it been presented as Seminar XI, people might have realized that there were ten years of seminars that preceded it, about which they knew nothing, and that might have helped explain why it was so difficult! How can anyone possibly understand the 11th year of somebody's course without having attended the first ten years? In any case, the first seminars have now been very competently translated into English, so why not begin there? They allow for an at least relatively easy introduction to his work.

What people should know when they later decide to tackle the *Écrits* is not to get bogged down on the first page or two of any one article. Lacan often made the first couple of pages of his texts impenetrably dense, but they get easier after that. Lacan had a penchant for making the reader's task as difficult as possible; we have to be careful not to fall into his trap by being scared off by a couple of cryptic pages.

Q: That reflects Lacan's suspiciousness of definite explanations and clear understanding. He was more comfortable with ambiguity and equivocation.

For sure, but those are not the only reasons why the reader's task is a difficult one. I think Lacan both wanted to be understood and didn't want to be understood in certain ways. He wanted to slap a lot of people in the face and say, 'If you haven't read as much poetry or philosophy as I have, you can't possibly follow my work'. Thus it is only those who are undaunted by the first pages and feel they can actually understand a little bit who tend to go on and continue to read. Like Plato, perhaps, Lacan was only willing to be understood by those whom he considered to be "worthy".

Tiago Gandra

International Voices editor

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TRAINEE VOICES: MEDICAL PSYCHOTHERAPY TRAINEES SECTION

Anna Croxford and Alex Chatziagorakis

Welcome to the 2018 Summer/Autumn edition of Trainee Voices, a space for discussion within the Faculty newsletter dedicated to trainees with interests in Medical Psychotherapy.

This edition of Trainee Voices brings a broad range of topics including conference reviews, thoughts on training, doctors' health, and other cultural topics. A number of themes run through these articles, including the interplay of psychiatry and psychotherapy with politics, culture, economics, and culture. The current environmental and economic context of our work as psychiatrists is considered and the difficulties and challenges that trainees encounter on a daily basis. The importance of training psychologically minded psychiatrists who can take responsibility for, and become aware of, their own personal development alongside an openness to engaging in personal therapy or psychoanalysis is emphasised. A move towards provision of services specifically tailored more broadly to safeguard doctors' health is also discussed.

The value of having contact and meeting with our trainee group, as well as being part of other groups and with movement between them, appears important. It is on this note that we are both stepping down from our role as co-editors of this section of the newsletter, and welcome Dr Alasdair Forrest and Dr Michael Milmore to continue maintaining this valuable space for the conversation to continue. We have very much enjoyed working together as co-editors, in particular meeting and working with other trainees and seeing the richness and diversity in their articles.

We encourage others to continue writing and be in contact with Alasdair and Michael [c/o stella.galea@rcpsych.ac.uk](mailto:c/o.stella.galea@rcpsych.ac.uk) for the upcoming winter newsletter that we are looking forward to reading.

Trainee Articles Introduction

Dr Lucy May Allender talks us through her recollection of the interesting and recent conference at the Freud museum – Reflections on the Fragile Phallus – thinking about current concepts of masculinity via a psychoanalytical perspective.

Dr Victoria Chamorro shares her experience and thoughts about the Royal College of Psychiatrists Annual Medical Psychotherapy conference in Wales this year. She reminds us of key topics discussed and opportunities that were available to attendees, including the value of having time and space to meet with other trainees over food.

Dr John Mason makes interesting use of psychoanalytical concepts to think about various aspects of football as a global sport in his article written at the time of the 2018 World Cup.

Dr Jose Maret gives us some insight into the last 5 years of his dual training in Psychiatry and Psychotherapy and the challenges this can present, including the importance of personal therapy and thinking about finding a balance between the two specialities and over time his place as a future consultant.

Please continue to send your contributions and suggestions for the next newsletter - submissions [c/o stella.galea@rcpsych.ac.uk](mailto:c/o_stella.galea@rcpsych.ac.uk), who will forward your article to the new editors - Dr Alasdair Forrest and Dr Michael Milmore.

Without your contributions the conversation would not continue!

Dr Anna Croxford¹ and Dr Alex Chatziagorakis²

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Reflections on The Fragile Phallus:

A Conference by The Freud Museum London on 1 July 2018.

Lucy May Allender

This conference, held at The Anna Freud Centre, invited psychoanalytically informed reflections into notions of masculinity using several examples from popular culture as an arena in which to situate the debate. The poster used to advertise the event had on it a lifelike image of a partly shattered banana made from synthetic material – a powerful image of a fragmented phallic symbol, possibly a commentary on the fragility of contemporary constructions of masculinity in terms of toxicity and the loss of identity.

The event was introduced and chaired by Stefan Marianski who is Education and Digital Strategy Officer at The Freud Museum in London in addition to being a trainee analyst. The first lecture was a thought-provoking discussion by Callum Neil of Lacan's reading of Freud's myth of the primal horde using the films 'Avengers: Infinity War' and 'Custody' to illustrate

modern fantasies of a return of the destructive primal father as a reaction to a perceived loss of identity in relation to the effacement of previous notions of masculinity, i.e. the suggested crisis in modern masculinity has galvanised the desire for the return of the primal father as played out here in cinematic fantasy. The discussion which followed the lecture was highly charged and comparisons were drawn between the fantasy of the return of the destructive primal father and certain contemporary world leaders such as Donald Trump and Vladimir Putin, whom according to the speaker, function as screens upon which these fantasies may be projected. Thought-provoking discussion also ensued surrounding the struggle for identity in terms of modern fatherhood with the speaker sharing an anecdote about being unable to find a pack of nappies at a supermarket because they were in the 'feminine hygiene' aisle.

The subsequent lecture by Dorothee Bonnigal-Katz began enigmatically with a picture of Don Corleone from the film 'The Godfather'. The audience were clearly intrigued as to how an image of Vito Corleone could be read as a powerful symbol of maternal omnipotence. In a fascinating talk we were taken through countless cultural representations of phallic, omnipotent mother figures in order to discuss the idea that concepts of masculinity may have roots in an identification (derived from primary narcissism) with and ultimately a defence against the tyranny of the phallic mother, all the while being underpinned by the fear of castration.

The final lecture of the morning was delivered by Ivan Ward who is Deputy Director and Head of Learning at the Freud Museum. The talk began with images of the much ridiculed 'Tory power stance' – we were then shown similar cultural images of the power stance at various points in history, from Henry the 8th to Blackadder. We learned that the portrait of Henry the 8th which was commissioned to celebrate the birth of his son was in fact painted at a time when the monarch was suffering from multiple injuries and health problems. This was compared to what the speaker considered to be the hollowness of the Tory power stance, where he described fear and uncertainty being masked by a phallic, defiant statement of power. The speaker also displayed a picture of himself as a young boy at a time of family turmoil, standing in the same stance. The talk also visited the idea that the power stance could be read as a position of urination and links were made to humiliation/impotence.

The afternoon began with a fascinating talk on male circumcision and 'intactivism' (the term for a group of campaigners against circumcision who attribute a host of psychological and physical ailments to the practice). Jordan Osseman has recently completed a PhD on the subject and has been the recipient of much attention on social media in reaction to his chosen topic. The talk invited reflections on how the concerns of a relatively small group of campaigners could enrich the discussion around the nature of masculinity. The idea of intactness or wholeness was examined as a defensive fantasy against fragmentation. The concerns of the group that they were missing out on an enhanced (but unknowably so) sexual experience were looked at in relation to the foreskin being a useful organising symbol of the

frustration and fear surrounding the un-lived life. An interesting alternative reading of circumcision was presented which stated that a mark on the body (be it circumcision or a tattoo for example) can be viewed as being in opposition to the fluidity of identity, endowing us with a sense of a stable identity.

The final talk of the day was given by Renata Saleci, Professor of Law at Birkbeck University. The talk looked at toxic masculine identity in relation to the Incel fringe group (an involuntarily celibate online community who blame women for their celibacy and occasionally advocate rape and violence against women). The talk looked at how neoliberal ideology has created the expectation that seduction can be learned - that being ignored and criticised could be read as a communication to promote desire. With this in mind the version of toxic masculinity promoted by Incel has its roots in the question – who am I to the other? Renata Saleci built on this idea by discussing impostors in society. One particular example used was a murderous journalist who covered his own crimes until he was discovered. This was viewed as being driven by the desire for self representation with a link back to the previous discussion of the Tory power stance rounding off the talk.

Overall, an extremely thought provoking dialogue was generated throughout the day. The application of psychoanalytic theory to the construct of masculinity and how this can be viewed in relation to contemporary culture made for a fascinating day of lectures at the Anna Freud Centre.

Dr Lucy May Allender

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Reflections on the annual Royal College of Psychiatrists Medical Psychotherapy Conference

Victoria Chamorro

I am a core-trainee 3 in psychiatry with an abiding interest in psychotherapy. I came to the psychotherapy conference in Cardiff via the Welsh Valleys for a patient assessment that I had squeezed in before the first workshop. I had never been to Wales before and my introduction was a boarded up, vandalised church. I was entirely unprepared for the level of poverty in our very own United Kingdom. It may have been the rain, that appeared as if it had settled in the for the next decade, or the solitary shapes slumped at various bus-stops but this was not the green, rolling hills out of Arthurian legend that I had imagined.

This formed the backdrop for an engaging, interesting conference with an eclectic mix of speakers. The focus was on the wider picture and the systems that doctors find ourselves in, whilst advocating for our vulnerable patient group. Patient well-being was at the forefront of every talk and group discussion which gave a humanistic and caring tone to the conference - something that is sometimes lost in the daily grind of delivering care on the front lines to increasing numbers of patients with a diminishing pot of resources.

The conference kicked off with workshops on the Wednesday evening with sessions until 21:45. I attended the workshop on *The Social Self: Addressing the Systemic and Psycho-Social Dimensions of Mental Health*. This was an informal lecture with audience participation and discussion. It introduced humans as social animals that cannot be looked at in isolation. Dr Ian Kerr explained complex theory in simple terms and included influences from psychology, psychiatry and literature: certainly a highlight of the conference. I settled into Cardiff with my mind buzzing with new ideas.

On Thursday, there was a full day of lectures and workshops with a focus on politics and the NHS system that we find ourselves working in. Particularly interesting was Dr Akhtar's brave and sensitive account of being an immigrant and the harmful effect it has on the brain to be away from all things familiar. This was followed by a systems approach to management dilemmas, the problems facing today's politician and possible reasons for rising political extremism by Dr Stokoe. Of course, it is the patients that lose out whilst the left and right war with each other – my mind returning to the valleys.

On both afternoons were experiential groups. These were allocated with people that had not met before and had a task to discuss the systems in psychiatry. For me, this had been a real draw to the conference, as I had taken part in some experiential groups before and found them fascinating. My group settled into an academic discussion about these topics and the experience of being in a group was lost as our minds were on the lectures and not in the here and now. Although I valued the insights from my group – including eminent consultants, trainees like myself and patients, I feel that it was not a true experiential group, but that, of course, could be me imposing my expectation based on my previous experience. At least the anxious glances at the facilitator with the cryptic replies were familiar.

There was a trainee discussion about the difficulty in recruitment in psychiatry, psychotherapy and to Wales in general. The situation seemed bleak and grossly under-resourced in both money and staff, despite trainee enthusiasm and stamina.

The third day was just as fascinating with a focus on NMDA and LSD. There was a moving discussion from Dr Mithoefer, who discussed his personal experience of treating patients with LSD in the USA. He showed extended video footage of his patients under the effects of the drug. The audience was moved by the power of these experiences and there was more than

one tear-stained face. I, personally, would have preferred to see statistical evidence of long-term outcomes, but then I never cried at Jane Eyre either.

Professor Nutt discussed the illegal drugs movement from a historical basis and drew the audience's attention to discrepancies in the legislation that makes the law nonsensical and also prohibitive to drugs research. It seems that avenues of research are being curtailed based on misinformation. Professor Nutt's studies are heroic, considering the public and professional backlash, and his results are exciting.

In the afternoons, during the post prandial slump, "Culture Shot" was scheduled. The beautiful musical interludes demonstrated Dr Hepple's and Ms Guidera's exceptional violin and operatic talents respectively. Both included haunting laments that reminded me of why we're all here – to help people.

Now to the most important topic of all: the food was excellent. There were multiple breaks for tea and coffee, pastries and cake. There was a large selection of choice for lunch with dessert, all justified by the increased calorific demand of our brains during such an engaging conference.

In the evenings, the trainees met together for dinner. We went to the most fabulous Greek restaurant that Cardiff had to offer and gossiped about our various areas, giving unedited reviews of localities. A large part of trainee life still sadly revolves around the punitive costs of mandatory personal therapy. This was an eye opener and makes me hesitate to choose psychotherapy as my speciality, although the removal of caps for study budget may change the situation.

Overall, the conference was excellent, engaging and inspiring. Discussions with trainees from around the country are as valuable as lectures from eminent speakers. I went away feeling part of a larger community in an exciting and progressing field that has not lost sight of what really matters in today's ever-changing climate – the patients.

Dr Victoria Chamorro.

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'World Cup, It's Coming Home'

John Mason

Much has been said, and much can be said about the World Cup, and psychoanalysis offers some understandings of 'the beautiful game'. In psychoanalysis unconscious instinctual forces, emotions, are the key discussion, and they are no less important at the World Cup. What is it that needs to find a home, what is coming home?

In 1888 the Football Association agreed the first rules-based system, for the first football league allowing different clubs to compete; at the same time psychoanalysis was being fashioned on the continent.

The British Empire's global reach and cultural power allowed this version of the game to spread. Versions of football have existed in all parts of the world in various forms in different societies. England has had a long interest in the game, and it is known that authorities struggled to contain 'mob football' between villages, for at least the last millennium. Over 30 Parliamentary Acts could not end the games. After the Enclosure Acts of the 18th-century, football matches were ended by armed force as it was used as a political method of resisting the loss of freedom to the commons, the football fields.

In the large industrial towns the 1850 Factory Act allowed working children the possibility of time to play on a Saturday afternoon after 2 pm. By this time the 'Public schools' had succeeded in helping to codify the rules of many football games, into an ordered spectator-friendly sport, to offer a 'civilising' influence on the multitude.

The World Cup itself extended the football association 'soccer' rules into a federal structure, globalising the game, beyond its introduction into the Olympics. Like psychoanalysis, football was successfully introduced into South America, and the first World Cup was held in Uruguay in 1930.

Enough of the social historical context; as a Russian banner at the current World Cup semi-final put it "If not you, who? If not now, when?"

As with psychotherapy, the practice of the game exists in the 'here and now', and of course football on a world stage is felt personally as both a public and private spectacle. It has immediacy and outpourings of primary process group longings; a pre-modern affective resonance, as some like to say: it is in touch with primitive parts- of the people watching, both

individually and as a group. However, the management of the spectacle is contained and the setting is containing, it is a game.

The World Cup perhaps like no other occasion puts collective humanity under examination; what is the football condition? The stadium for the analytically minded provides a psychoanalytic setting for 90 minutes which reverberates beyond those transitional limits. Football in its design, in its play, is filled with the stuff of the mind, external and in motion. It's not only one-on-one expression, it's not only the memories of past glory; it is a reducing contest with a winner and a loser.

The basic result depends on who wins, who crosses the threshold over the line of the goal, in the opponent's half of the pitch. The game is replete with endless potential for Freudian metaphor-making.

The victory of players over other players, over the goalkeeper who is distinguished and not restricted to using feet as the last line of defence. The goal is protected fiercely by 10 outfield players. Wearing gloves, and brighter clothing, the goalkeeper tries to maintain the team's goal line.

The players who run wearing the flag of a nation play not only for themselves, they play for a nation of spectators. The fans, though not able to influence the field of play directly, bellow from the edges of the field of play. The actions on the field are observed, the emotions expressed in song and chant, in colours and motions; though rarely over spilling onto the pitch, the game goes on.

Halftime, the players re-emerge from the tunnel. Into the light and forms, they swap ends, play resumes, after the referee blows a whistle. Attacks are defended, the need to keep possession and not to lose ground, space is created by movement and surprise, positions are wrestled, and the team player's plan is carried out. The dialectical opposition have the same overlapping aims, the same goals, both seek to unlock the other's penalty area and to not succumb to the other.

Whoever succeeds also defeats the other and therefore wins dominance and is allowed to continue in the competition. What happens on the pitch is a spectacle structured according to the rules of football, it fully preoccupies the crowd in the stadium, pub and living room, engaging their attention and emotional appetite transferring into the game.

The need for an all-consuming spectacle was understood by Julius Caesar and described disparagingly as "bread and circuses", (*panem et circenses*), by commentators at the time as a feast or festival of consumption and entertainment - to mollify and control the masses needs, and to release instinctual collective urges and feelings beyond the individual.

In the analytic stance, one can understand something of the symbolic gratification, apparent deep needs finding voice, unearthed communal tribal longings, and to be consumed to feed and to feel engaged in life. An escapism or distraction perhaps from the everyday, the drama of a well-understood ritual, both real and phantasy emerging in a transitional space. The social containment of the stadium orders or surrenders in part the fans abilities to act, and to think beyond the collective desire to win victory on the football pitch: the representation of battle.

The fan is possessed by the game - split, partisan, divided, irrational to the needs of the other team, or fans - as the football game allows. For those who wish to indulge it offers an emotional laboratory to experience victory and defeat, and for many, it can allow the formation of a new depressive position of integrating this representation of struggle.

Football presents a set of competitive values and outcomes, only the victors will be champions; the prize, therefore, remains elusive and seductive, and the arrangement is set as the rules of the game. The supporter can hope and dream - screen-shot memories of gleaming gold trophies. Sports commentators predict with emotion that "the celebrating will go on through night" and tomorrow everything will be the same, but desires and dreams will have been accessed and released a period of "madness" has been permitted in an ordered world.

The symbolism, the phantasy, the play come together. All is contained and controlled, and something has been experienced. In the World Cup, the world goes to war on the pitch, one nation triumphs over all others. The glory is short-lived but the sense of esteem means a lot to those who internalise what this appears to represent for that moment. The possibility of being champions of the world is available to those who feel represented, by the different teams.

The goals and realities of football are as many as the participants: money, pride, excitement, nationalism, supremacy, erotic charge, and it is the beautiful game.

Psychoanalysis understands, 'the return' as Nietzsche called it, or the imaginary of coming home; for Freud this is driven and bound by repetition compulsion, the perennial philosophy, the return of summer, or the return to the fertility festival, bringing back the trophy.

For the football nations contesting the World Cup, the energies that are released at the football game seem to balance the desire for goals with something that is beyond the pleasure principle. Both forces are contained. And afterwards, the tendency is towards celebration for those involved, as something is understood beyond the spectacle.

Freud had also noted in himself the intoxicating powerful feelings evoked by the prospect of battle, before his nation entered into a world conflict. At the outbreak of hostilities of the Great War, he remarked that he had rediscovered his libido. (Stefan Zweig, 1943)

This role of football in psychoanalysis of the large group has long been understood, both as a sport and as a powerful demonstration of the human condition. The OSS (Office of Strategic Services) psychoanalyst team recommended at the end of the post second world war settlement:

“Perhaps exhibition games of soccer between English and American regiments, would serve to introduce ideas of fair play and sportsmanship;... for a whole generation of brutalized and hardened young Nazis” (Henry Murray MD, 1943)

It is unclear whether in humans there is a constant emergent potential of aggressive competitive energy, tribal tendencies which are channelled and the behaviour managed and controlled with football; or whether football and other games allow access to these otherwise locked away tendencies.

On the football field at least the emotional expression of needs is by the supporters, through chants and song. The players themselves do not hold the expression of emotions and they speak through skill, behaviour, technique, movement and maintain form. In victory players as actors on the field embody the crowd’s emotions which are mirrored back.

The game itself is a ‘Coming home’ - a return to the familiar, to the human family. Football captures the basic play. Like little children, the inner child, and the human passion are present within an adult grown up spectacle. And, conversely, especially for the players there is a need to maintain the ability to think beyond the instinctual to manage being submerged and an individual in the game, to manage a feeling crowd, a multitude; who desire you as they would desire for themselves through identification with a team shirt as their flag. The call from the terrace; “If not you, who? If not now when?”

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Some Personal Insights: My Developmental Journey in Dual Training!

Jose Maret

Embarking on my journey in the studies of the human mind in my mid-20s, little did I realise that the trip involved a typical Alice in Wonderland rigmarole down the rabbit hole. Typical as medical education was then, I started mine like most of my peers learning about what happened within the complex maze called our 'physical body' and how it was put together, with a complete or partial dismissal of what was going on within the mind and how it worked. I could not dismiss the intimate and undeniable link between the tangible and the ethereal, and recognised it more as a thirst and an ache within me, and remained elusive as to its nature. Through the years of training, beyond learning, in hindsight I realise now, that it has been a developmental voyage, a painful putting together of 'me' moved forward by the patient driver, 'me'. I recognise now what I could not see then as my medical training and cultural/personal experiences had left me with a 'blind spot', the key role of relationships in human development. However, the entire training has added to my personal and professional life, and each stride has become an unmistakable step towards integration and growth as an individual making choices with eyes wide open.

The thought-provoking paper 'Thinking Cradle to the Grave' by James Johnson in 2012, outlines this concept of keeping the focus of emotional and professional development of a student in medicine and psychiatry alive, right through medical training to the demanding professional life of a Consultant Psychiatrist. (1) The key focus of the role of the Psychiatrist in his/her line of work not just being the emotional development of the patient under their care, but also his/her own development. This comes from the understanding that the doctor in psychiatry needs to be able to contain and understand the disturbing feelings work which some patients can evoke in professionals, which 'phenomenology' alone is insufficient to contain. The work is to be achieved through understanding further the developing 'therapeutic alliance', which can be nurturing and challenging, to meet the developmental needs of the person in your care, 'Balint Groups' being at the centre of this venture. It emphasises the importance to 'life-long learning' to be 'able to confront the devastating primitive disturbance and the anxieties and aggression that emanate from risk of death', (1) and also death itself. It also puts 'emotions' at the forefront of understanding 'human contact' and making sense of the communication that is made – conscious and unconscious.

The paper proposes to develop Reflective Medical Practitioners or Psychotherapeutic Psychiatrists and has thoughts of how this can be achieved through integrating psycho-analytic thinking in General Adult Psychiatry training. This came around the time when GMC had

ratified Dual Training in General Adult and Psychotherapy in 2012. Within this short write-up, I am hoping to focus on some of the aspects of my developmental journey during my 5-year Dual Medical Psychotherapy and General Adult Psychiatry Registrar training, and provoke some thoughts in my peers as to the future of Dual training.

1. The Beginning – My first steps.

I would characterise my first steps into the Dual Training scheme as the picture clear in fantasy than reality of a rather ‘weird and confused’ combination of new-born’s journey when it has been served with a sentence of its time of birth but has no clear understanding of what it is going to be like. And how this transformed gradually into excitement as realisation of the toddler’s steps gave the taste of independence and later the bitter sweet separation while exploring the tumultuous adolescent angst.

I realise my personal steps and my earlier understanding of human development or sojourns into the therapy-world had not prepared me for the emotional impact of the growing pains involved in my personal and professional life. My first steps were tinged with excitement and dread, and it suddenly felt like I have been dropped into an alien world, rather abruptly from the warm and fuzzy familiar place where I felt content listening to the thrum of my mother’s heartbeat. I became aware of the tussle between being dependent and wanting to walk for myself, akin to wanting the thrill of being on a rollercoaster and wanting to be away from it. This ‘tug of war’ within as a developmental journey became clear to me slowly and surely enough as I realised the peek down the rabbit hole during core training years was only the beginning of a long expedition ahead. It was a task to develop an objective stance about where I was at different times, as the journey took speed or slowed down.

I have to emphasise that the whole idea centred on developing the ‘theory of mind’ (1) and thereby developing the ‘internal supervisor’ (2) who could start to feel the ground beneath my feet. This was achieved through the structure of the training scheme, under the watchful and understanding eye of my supervisor. I was learning the clinical concepts of basic emotional development through not just daily clinical work with close supervision and the structure of a thoughtful academic programme, but also through the experience of my own personal analysis, which helped navigate the ebb and flow of my emotional tides. The fervent wish for things to become clearer took its own time, and I realised in time that it was me behind the wheel tracking my journey trajectory. I could then reflect on the tools that I had at my disposal to make sense of my journey and recognise the ever-important need for ongoing support and reflection within a supportive relationship. And this was just the beginning.

2. In the Middle

After the eventful and enlightening journey of a fledgling through the Medical Psychotherapy years, I was a bit surprised to find myself in the ‘middle’ when I had moved on to the 2nd phase

of my training in General Adult Psychiatry. The inevitable and important question of where would I like to be in the future, a psychotherapist or a psychiatrist. It seemed a rather bewildering concept as I came back to my psychiatry roots and feeling that I had ingested a strange fruit, which removed the 'scales' which had so far compromised my vision and gave access to information which I had found elusive so far.

I do feel the pressure to choose sides as I still am on the journey of figuring out where I want to be. I want both sides living in me and wanting to keep it alive so that I have access to all it has to offer. I realise now that 'being in the middle' does not mean I have to go with one or the other, but that I could have both and still make a choice. I feel that I have access to that 'extra room' in my mind to think and understand and which can continue to grow and develop with time. This has become more evident in how I find I am able to relate to my patients at a human level in a real, open and honest manner, acknowledging each patient's singular developmental journey and thus making it worthwhile and enjoyable.

3. The Journey continues...

I can say that I am beginning to understand the complicated role of a consultant in psychiatry of being an effective container of 'primitive anxieties' and the anxieties and aggression linked to the tug-of-war between the life and death instinct within a person and this would include the worries and woes of the team, trainees, the institution and organisation, as well as the culture and nation which are played out in the clinician's life. The short five-year developmental ride (which I am still on) has given me some insights into what growing up is all about and the importance of the thoughtful structure and input of the training scheme in human development. This I believe I can now truly link as to what Sue Gerhardt says in her book, *Why Love Matters* about the need for loving relationships for a baby's brain development (3). The challenges of dual training, I feel are apt and chosen with the trainee in mind to prepare them on their developmental journey into his/her role to be a future consultant in Psychiatry.

Conclusion:

Writing up these few thoughts in 'black & white' has been an emotional journey for me and it has raised some questions and thoughts for future, and recognising my role in this journey for the future. One question which hankered to be put down here was about how our present understanding of emotional and physical development can be incorporated into medical training for tomorrow.

I understand many changes have been made from the stage of recruitment into medical training and into delivering teaching to medical students over the years so that we provide our future with an emotionally aware medical professional of tomorrow, who puts the 'therapeutic relationship' at the centre of his/her working life and uses it to deliver all care and treatment, and it is a work in progress.

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BOOK REVIEWS

Dan Beales and Andrew Shepherd

Transgender Psychoanalysis: A Lacanian perspective on sexual difference

Patricia Gherovici

Routledge, Taylor & Francis Group, London and New York, 2017

Transgender identity, as an umbrella term representing various forms of gender queer expression, has emerged as a growing social and political space over recent years. A space where contested discourse has developed - where TERFs (trans-exclusionary radical feminists) and others offer conflicting opinion and can serve to muddy the water of understanding (for example see [The Guardian, Comment is Free](#)

This is a space where psychoanalysis has not always been welcomed - with the strong charge levelled regarding past acts of heteronormative oppression, or indeed a 'phallogentric' ideology. Growing calls have been made for a developing encounter, or sharing of ideas, between psychoanalysis and queer theory to allow a reclaiming alongside growth of understanding in relation to the expression of sex and gender (Recordings are available for a recent conference on this theme hosted by the Freud Museum, London [Freud Museum Podcasts](#)).

Gherovici's second book (Transgender Psychoanalysis) contributing to this field is therefore timely and welcome. This book builds on her continuing clinical practice with trans-individuals seeking therapy for a variety of reasons, and on the arguments presented in her previous

work (Please Select Your Gender: From the Invention of Hysteria to the Democratizing of Transgenderism, Routledge, 2011).

The book begins with an historical overview of the experience of transgender individuals in their exposure to psychoanalysis - including an effort to rescue traditional Freudian concepts from the strict heteronormative lens through which they have often been viewed. Lacan's re-reading of the Oedipus Complex, 'return to Freud', is presented with comment on the emergence of the concept of phallus as symbol triumphing over literal representations of penis-envy and castration complex. The success of this argument will likely depend on an individual reader's interpretation and experience - was Lacan referring to an 'actual' phallus; or to a metaphorical nod, wink and knowing shrug?

For me, the stronger argument is presented in the representation of the *synthome* as stabilising representation in response to drive and lack. The argument here is that sex requires symbolisation, while gender requires embodiment, and that this is a universal process - traditionally represented through the development of heteronormative representations of 'synthome-he' versus 'synthome-she' for example, but to which gender-fluid expressions and solutions have always been developed. Here Gherovici draws on a series of fascinating reviews of classic psychoanalytical cases from the Freudian literature, alongside her own clinical work.

Ultimately, for me, this book represents a fascinating and provocative contribution to an area of discourse that transcends theoretical and medium based boundaries. A sensitive, modern, psychoanalytic theory has much to potentially contribute here and this work serves as an excellent toe-dipping point for people looking to venture into under-explored waters.

Andrew Shepherd
SpR and Clinical Lecturer in Forensic Psychiatry, Manchester

Call for book reviewers and contributions

The book review section is a recent addition to the Faculty newsletter. Thus far, the section has been somewhat ad-hoc but we are hoping it may be possible to grow and develop it further in the future. For this to happen, we need contributors and fellow bookworms. We have a number of ideas on how this section could be developed – two examples of these are review series addressing a theme or debates. We are therefore keen to hear from you - either if you have an idea for a review, a series for discussion or other contributions to make? We

have made contact with a number of publishers in the field and are able to negotiate access to review copies in many cases.

Please therefore, if this is something you are interested in helping to take forward, send an email and get in touch.

Andrew Shepherd and Dan Beales
Contact Andrew and Dan c/o stella.galea@rcpsych.ac.uk

Survey about sexism in resource allocation

Tamsin Peachey and Aneal Sidhu

Do male and female mental health patients receive the same treatment in terms of resource allocation? That's the question two psychiatrists in Dorset are asking.

Dr Tamsin Peachey and Dr Aneal Sidhu, from Dorset Healthcare University NHS Foundation Trust, would love your help to work out if what's happening at a local level is reflected across the UK.

Members are asked to complete the following [short survey](#)

EVENTS, NOTICES AND DATES FOR YOUR DIARY

Medical Psychotherapy Seminar Series Psychodynamic Psychiatry- A Psychoanalytic Approach to Working with Disturbed States of Mind and Destructive Acts

Date: Thursday 8 November 2018
Venue: RCPsych Prescott Street
Overview: During this day psychiatrists who are psychoanalytically trained and working in NHS Mental Health settings will give a series of talks covering areas of key importance to psychiatrists and allied mental health workers from a psychoanalytic perspective. Topics covered include homicidal and suicidal states of mind, the psychological impact of childhood sexual abuse and unconscious processes and their impact on mental health teams. There will be opportunities for discussion throughout the day and a closing plenary.

[Information and registration](#)

Joint Faculty Conference between the Medical Psychotherapy and Eating Disorders Faculties

Date: Friday 8 February 2019
Venue: Pembroke College, Oxford

[Information and registration](#)

Faculty of Medical Psychotherapy Annual Conference 2019

Date: Wednesday 10 - Friday 12 April 2019
Venue: RCPsych, Prescott Street

[Information](#)

YOUR CONTRIBUTIONS TO THIS NEWSLETTER ARE WELCOME

We encourage you to contribute to the dialogue. Please send contributions for the next newsletter c/o stella.galea@rcpsych.ac.uk

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