

## Friday Seminars

### **Kieran Nolan: OCD: The Research**

Friday 11 October, 6.30pm-8.30pm, free to members, £7.50 to non-members

Kieran presents a heuristic research project on Obsessive-Compulsive Disorder using narrative analysis and poetic re-representation. He is a Transactional Analyst and UKCP Registered Psychotherapist, Group Therapist and Experienced Supervisor and Trainer. He is currently studying for a PhD at the University of Manchester, researching OCD.

### **Peter Philippon: Self in Relation: on being a Gestalt Psychotherapist**

Friday, 8 November 6.30pm-8.30pm, free to members, £7.50 to non-members

Peter practices Classical Gestalt Psychotherapy, a field-relational offshoot from psychoanalysis. It is based on a theory of self and other emergent from contact, which puts the emphasis on how I become I and you become you in our encounter. The therapist cannot be an objective observer of the client's activity, but is inevitably part of the action. Any solidification of the self process, whether it is a support for living or a fixation painfully out of synch with the client's current life, is an achievement rather than a given. The therapist cannot be the same therapist for different clients, a client does not appear the same to different therapists. Therapy for both therapist and client is an act of courage and creativity.

Peter Philippon, M.Sc. (Gestalt Psychotherapy) is a UKCP Registered psychotherapist and trainer, a Teaching and Supervising Member of the Gestalt Psychotherapy & Training Institute UK, and a founder member of the Manchester Gestalt Centre. Peter is the author of *Self in Relation*, Gestalt Journal Press, and *The Emergent Self* Karnac/UKCP and *Gestalt Therapy: Roots and Branches* Karnac.



### **Winter Break**

The NWRPA will have a winter break. There is no seminar in December 2013. We are currently arranging a programme of seminars for the first three months of 2014. These will all be held on the second Friday evening of each month in Chorlton. We trust these will be as interesting and engaging as our programme for 2014.



### **Paul Melia**

#### **There's nothing to cure: psychotherapy as rhetoric**

Friday 13 September 2013

Thank you to Paul for stepping in a short notice to give this fascinating talk. My apologies to Paul and to members of the Association. I relaxed so much on my September holiday that I have only just realised that I did not write that month's newsletter.

Paul wrote the original version of his talk several years ago, as he was becoming a therapist. Through his training and experience he encountered the medical model of mental health. He had difficulty in thinking of his client's experiences in terms of medical disorders. He found a number of authors helpful in thinking outside the medical model.

Joanna Moncrieff has written about the treatment of mental illness in books such as *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment*. Her view is that while drugs have an effect in altering states of mind and controlling symptoms the idea that they cure mental illnesses is promoted by the vested interests of psychiatry and drug companies.

Michel Foucault wrote *Madness and Civilization: A History of Insanity in the Age of Reason*. This is an examination of the meaning of madness in European culture, law, politics, philosophy and medicine from the Middle Ages to the end of the eighteenth century. He describes an evolving experience of "the other" as mad and attributes this evolution to the influence of specific powerful social structures.

Richard Bentall is the author of *Madness Explained*. Psychiatric problems are part of our human nature and not reducible to disorders of brain chemistry.

Sigmund Freud in the *Question of Lay Analysis* recommended that whether a psychoanalyst is a doctor or not is immaterial.

Thomas Szasz wrote the *Myth of Mental Illness* and argued that mental illnesses are not real in the way physical illnesses are. Medical language is used in a metaphorical way.

Hence Paul's title. If we think outside the medical model then there is literally nothing to cure. This does leave us with the question of what is therapy. One psychoanalytic answer is that what are held to be symptoms of mental illness represent both the repressed and the return of the repressed.

Another, and surprising, answer Paul gave was Rhetoric. This is used today to mean empty and misleading phrase making. Previously it was part of a classical education with roots that go back to Ancient Greece. It is the art of discourse, an art that aims to improve the capability of writers or speakers to inform, persuade, or motivate particular audiences in specific situations.

Paul follows the ideas of Ian Parker, in that the idea of there there being something deeper than language is misleading. What we need to do is carefully attend to what our clients actually say. To listen to mistakes, gaps and stumbling points. For him Rhetoric's close attention to the use of discourse is something that helps with this process.

For example:

- *Metaphor* allows comparison and substitution (Beating about the bush)
- *Metonymy* allows the substitution of adjacent forms (Lend me your ears)
- *Unprovoked denials* (I don't want to criticize you, but)
- *Mixed metaphors* (Stop beating round the issue)
- *Retraction* (I think my mother neglected me)
- *Ellipses* where a client does not complete a sentence
- *Periphrases*, which are roundabout expressions
- *Irony*
- *Hyperbole*
- *Digression* - as distinct from free expression

Paul uses Rhetoric with a psychoanalytic awareness. For example *Metaphor* and *Metonymy* are what Freud describes as the primary processes of condensation and displacement characteristic of our dreams. This close listening requires the Freudian free floating attention. Paul had a good expression here. The less you understand the better you can listen.

This way of listening means that the therapist pinpoints repression. This awareness means the therapist can then choose whether and how to bring what has been recognised to the clients attention. As Paul noted this technique requires experience and tact as the therapist can appear to be paying attention to minor variations in language rather than more apparently important matters. However these variation in speech can have considerable importance. He gave the example of a client using the expression of having a *strong upper lip*. The use of the word *strong* rather than the usual *stiff* may relate to the recent death of his father where a *stiff* can also mean a dead body.

This close attention to what is actually said, taking clients speech quite literally, allows the emergence of another voice with another set of meanings. The client can listen to themselves, or perhaps their alter egos. There was a question raised in this seminar, of how can you tell if truth emerges in this way. Paul's answer was that the clients surprise and subsequent change are good indicators that the truth has emerged. He was also asked about a clients physical gestures as he had been talking about speech. His classically analytic answer was that that through the process of therapy these gestures can be returned to speech.

As well as thanking Paul, can I add that our members and guests attending that evening were, as ever, lively, informal and knowledgeable.

Contact the Association:

Frank Kelley, Secretary NWRPA, 53 Milford Drive, Levenshulme, Manchester M19 2RY

Phone: 0161 432 8653 (Evenings)

Email: [nwrpa2010@ntlworld.com](mailto:nwrpa2010@ntlworld.com)

Website: [www.nwrpa.org.uk](http://www.nwrpa.org.uk)