

NWRPA Friday Evening Seminars

Projective Identification

Friday 12 June 2015, 6.30pm-8.30pm

Cost £7.50 or free to members. This includes light refreshments.

Our speaker invites us to reconsider the usefulness of 'projective identification' by drawing on arguments put forward in the book, *Projective Identification: The Fate of a Concept* (2012) by Elizabeth Spillius and Edna O'Shaughnessy.

During the course of the evening our speaker discusses the development of the concept, which had important antecedents in the work of Freud and others, but was given a specific name and definition by Melanie Klein. She goes on to consider the ways it has been modified in practice by therapists working in a wide variety of locations, and asks whether this unusually widespread interest in 'projective identification' suggests it is a universal aspect of human interaction and communication.

Three Words in Therapy

Friday 11 July 2015, 6.30pm-8.30pm

Cost £7.50 or free to members. This includes light refreshments.

For our end of season event we've invited three members to speak for 20 minutes each on a favourite word or phrase used in their therapy or counselling. They'll be lots of time for questions and discussion.

The NWRPA takes a holiday in August

Our 2015-16 season begins 6.30pm Friday 11 September - reserve that date in your diary!

Venue: The Manchester Institute for Psychotherapy
454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

Information about the Association is also available on our website at: www.nwrpa.org.uk

Psychosis and 'Strictly Bipolar'

Andrew Shepherd

Friday 8 May 2015

Andrew Shepherd is a Doctoral Research Fellow working in the University of Manchester and Greater Manchester West Mental Health NHS Foundation Trust. Clinically he works as an higher trainee in Forensic Psychiatry and alongside his research conducts a weekly clinic within a women's prison.

Andrew drew an enthusiastic audience who clearly relished an opportunity for a dialogue between therapists and a psychiatrist. In his PhD he is looking at personality disorders and asking what a recovery approach would be for people with these disorders. He also introduced us to recent debates within psychiatry. For example the article *Curing bipolar with the lithium sword* in the British Journal of Psychiatry and debates around the latest version of the American diagnostic manual DSM 5 and the widely known statement *Understanding Psychoses and Schizophrenia* in the British Journal of Psychology.

Key themes in his talk were also based on, as his title suggests, *Strictly Bipolar* by the Lacanian Psychoanalyst Darian Leader. In this book Leader challenges the rise of 'bipolar' as a catch-all solution to complex problems, and argues that we need to rethink the highs and lows of mania and depression. NB his talk is also based on what his clients said during research interviews. As is our custom this material is not included in this newsletter.

These debates centre round psychiatry being founded on a medical model which treats human distress as an illness. As with any other illness the doctor will ask about the presenting complaint, obtain the

Each NWRPA Friday Seminar adds two hours to your Continuing Professional Development

Psychosis and 'Strictly Bipolar'

patient's medical history and note the relevant signs and symptoms and test results. This leads to a diagnosis which informs treatment and the patient is monitored for responses to that treatment.

Another way of looking at this is that the person's identity is replaced by a diagnosis of mental illness. Leader writes about the power of diagnosis to create an external object which the patient can then relate to. This encourages passivity. Rather than being actively distressed we have an illness and we may have it for life as often happens with a diagnosis of bipolar disorder. The very idea of personality disorder also carries this illness for life metaphor. There is a quote in Leader's book of a patient saying *I'm strictly bipolar, I have nothing else going on.*

Generally with physical illness the treatment is directed to the underlying physical disorder which produces the symptoms. With most mental disorders the treatment, mainly medication, is not targeted at specific disease process but acts to mask the symptoms. Andrew suggested that medication can be seen as providing a containing function and also provides an attachment object. Being more Freudian there is also all the implications of an oral fixation. The medical model of psychiatry also provides a legitimisation of the social role of the doctor, for example in permitting patient's to withdraw from the workplace.

Psychiatry makes a claim about the truth of a number of mental illness disease entities. We can see this is plausible. We are embodied entities and our brain and nervous system are part of ourselves. However what psychiatry does is to provide an evidence base of symptoms separated from the person. An example of the beginning of this separation is the debate about grief in the new version of the DSM. Grief in previous versions was not listed as a mental illness and seen as a universal human response to death. In the new manual it is proposed as a mental illness.

Andrew returned to the theme of evidence based medicine being in crisis. There are the fundamental questions of whether mental illnesses are disorders in the same way that physical illnesses are. The idea that mental illness disease processes will be discovered through brain imaging techniques seem to be contradicted by our increasing knowledge of the neuroplasticity of the brain.

Another feature of this current crisis is the growing awareness that negative clinical trials and studies of the effectiveness of medications for mental illnesses are rarely reported because this runs against the interests of the drug companies who fund much of the research and who have an interest in promoting positive studies

Andrew's view was that more qualitative methods should be used. He was enthusiastic about the proposal in the British Journal of Psychology. This suggested that basing treatment on diagnostic categories should be replaced by basing treatment on an individualised formulation. This would place an understanding of a client's psychological distress in a picture which offers a personal understanding of their difficulties.

From his reading of *Strictly Bipolar* Andrew said Darian Leader challenges psychiatrists to think of the meaning of an individual's experiences. He added that the Mentalisation based approach of Anthony Bateman, Peter Fonagy and Mary Target would also push us out of a diagnostic approach as the medical model itself is a failure to mentalise patient's experiences.

Thank you to Andrew for his willingness to engage in debate, both within psychiatry and, as with this evening, with psychological therapists. The conversation he inspired continued long after the formal end of this seminar.

If you would like a CPD certificate for any of the NWRPA seminars you have attended past or present email Frank Kelley at nwrpa2010@ntlworld.com

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