

Writing, Desire and Psychotherapy

Led by Ann Heathcote and Steff Oates

Friday 11 November 2016

6.30pm-8.30pm, free to members, £7.50 to non-members

Why do you want - or did you want - to be a therapist? What was your inspiration? What hinders you from being the best practitioner you can be? What are the joys and challenges of the profession? What are your hopes and plans for the future?

This workshop uses writing to explore your desire in therapy, led by **Ann Heathcote and Steff Oates**. Ann is a Transactional Analyst who stopped her psychotherapy practice after 25 years though she continues to run the Worsley Centre for Psychotherapy and Counselling. Steff is a Teaching and Supervising Transactional Analyst practicing primarily as a psychotherapist and as a visiting trainer to several European countries.

Three Words in Therapy

Friday 9 December 2016

Three therapists speak for 15 minutes each on a therapy word of their choosing.

They'll be plenty of time for questions and discussion, and light refreshments are available.

Each of these events represent **2 hours of continuing professional development**.

Venue:

**The Manchester Institute for Psychotherapy
454 Barlow Moor Road
Chorlton,
Manchester M21 0BQ**

A map of our venue and more information about the Association is available on our website at: www.nwrpa.org.uk

Publicise your events

The NWRPA is happy to publicise counselling and psychotherapy events in which our members are involved. Send your publicity to nwrpa2010@ntlworld.com and we can email it to all our members.

You will see an example of this with your newsletter email.

Find our more about the NWRPA on our website

Click on the link below to go to our website. You can:

- Find out more about our members and have your own entry on our members page.
- Look up our programme of seminars and find out how to get to our venue.
- Find out how to join the NWRPA.
- Read our previous newsletters.

www.nwrpa.org.uk

CPD certificates

If you would like a CPD certificate for the NWRPA seminars you attend email Frank Kelley at nwrpa2010@ntlworld.com

NWRPA Friday Evening Seminars
'Recovery' and Mental Health Care
Dr Andrew Shepherd
Friday 14 October 2016

It is always good to hear from someone knowledgeable in a different professional perspective. **Dr Andrew Shepherd** is higher trainee in forensic psychiatry, although one with a good knowledge of psychotherapy and particularly Lacanian psychoanalysis. He skilfully engaged us in his topic of recovery which was the focus of his PhD.

NB Andrew has kindly given us a copy of his PowerPoint presentation for this seminar. This is attached to the newsletter email.

'Recovery' is now commonly stated as a goal for mental health services. While presented as distinct from notions of clinical 'cure' the precise definition is unclear but is often described as shifting emphasis more to the service user's personal definition.

Through considering the historical use of the word 'recovery', and the experiences of those who experience mental distress at the boundary of what is considered to be 'illness' or 'disorder', Andrew explored what the implications of adopting this term may be for the provision of mental health care. He was particularly interested in what recovery may mean for people diagnosed with personality disorders. While he is critical of diagnoses he does take the underlying mental distress very seriously and is very interested in his patients motives for their distress.

The Recovery approach began in the USA in the 1950s. It has been spreading through America and Europe and has been the goal of NHS Mental Health Services since 2009. It is the recovery of what has been lost through the experience of illness. This approach is also associated with the deinstitutionalisation of mental health care and also the growth of the survivor movement (see the writing of Patricia E. Deegan.) As Andrew pointed out this is a world away from his traditional training as a psychiatrist

One often used definition of of this approach is:

A way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." (Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s. William A. Anthony 1993. He is the Executive Director of the Centre for Psychiatric Rehabilitation at Boston University.)

Mike Slade et al (2012 and 2015) emphasise the importance of hope, identity, meaning, empowerment and spirituality in the process of recovery from psychosis. They developed the REFOCUS approach to recovery. This has been subject to a randomised controlled trial with little evidence of effectiveness.

Andrew then talked about his case studies which were part of his PhD. As usual with this newsletter I have omitted that personal and confidential information in this summary. All were people who were diagnosed with personality disorders and had accepted their diagnosis.

For Andrew recovery is about these patients making sense of themselves as moral agents. Hence his PowerPoint diagram which centres round identity.

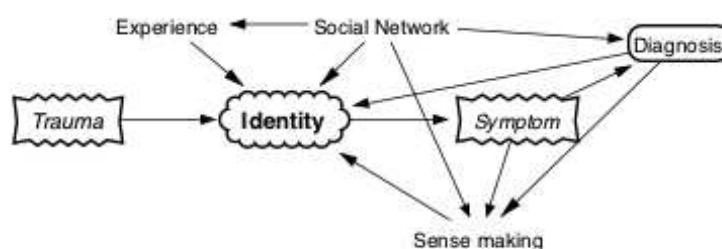


Figure 6 – Modelling the recovery process

'Recovery' and Mental Health Care

Dr Andrew Shepherd

This identity work is a constructive process of understanding based on the human question of *Who am I?* It asks what is the representation of illness and disorder in this context. Importantly it asks about the consideration of the self in relation to the other.

What emerged from his research was the importance for his patients of lay perspectives about madness. That madness is bizarre and that illness means you are not responsible for your actions. This is close to the noted sociologist Talcott Parson's concept of the sick role and captures the stigma of mental illness.

The psychiatrist Professor Louis Appleby has described people with personality disorder as the patients psychiatrists love to hate and often exclude from care. Effectively this means that people with personality disorders can become demedicalised in a system where the provision of care and support is dependent on madness being diagnosed as illness. This can lead to the malignant alienation which can precede suicide. (*Malignant alienation. Dangers for patients who are hard to like.* D Watts, G Morgan, The British Journal of Psychiatry Jan 1994.)

As a forensic psychiatrist Andrew works with offenders. Hence they are doubly stigmatised as being both mad and bad. Many have drink and drug problems as well so they have a triple stigma as addicts, the mentally ill and criminals. They have a deep sense of grief at all they have lost through their mental distress and these multiple stigmas. They also have an identity of having lost a sense of agency through the lay and medical diagnosis of illness. (*It wasn't me, it was my brain!.*)

There are also legal reasons to accept this sense of loss of agency because of the way this will affect the court's issues of guilt and sentencing. Loss of agency also allows the use of redemption narratives which can help restore a sense of empowerment and meets the need of professionals to show they are successful

These ways of thinking in terms of illness and recovery can obscure the impact of the social processes that lead to mental distress. The journalist George Monbiot has written many articles pointing out how neoliberalism has led to loneliness, isolation and distress. Similarly there are social processes that can reduce distress. For example Dementia friendly cities and social spaces where people can go mad.

Not surprisingly many health professionals believe recovery is service driven rather than patient centred (one survivor has spoken of *being nailed to the recovery star.*) A social action approach and the human act of understanding is also less likely where the medical model of psychiatrists dominate mental health care services.

It is also less likely when supervision and the recognition of how difficult it is to do this work are being strangled out of services. When you don't talk about it you act it out is a principal of many therapists. The burnout of health workers is another source of distress.

There was so much in Andrew's talk that it has been hard to do it justice in this summary. The best way to capture our members enthusiastic reception is to tell you that the seminar ended with a spontaneous collective invitation for him to come and talk to us again.



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