

## *The Third AUTP Conference on 'Teaching Psychodynamic Psychotherapy' 17–19 April 1986 at University College, Oxford*

JOHN DENFORD, Consultant Psychotherapist, The Cassel Hospital, Richmond, Surrey

As is often the case, Oxford was damp and cold, but this did not deter the more athletic of us from trotting round lovely Christchurch meadows, or the more aesthetic from visiting an exhibition of Impressionist drawings in the Bodleian. The unpretentious, even homely, character of University College helped to draw a quite disparate group of psychotherapists together. This in turn was reinforced by the personal quality of all the formal presentations, and by the repeated experiences of small groups whose composition is stable. They allow the development of some degree of relationship both personal and intellectual in the course of two days.

Sandra Grant spoke of the impact on patients of being a training case, and of the problems in the supervision of trainees, often people with only a limited interest in psychotherapy, and we were able to question a panel of trainees themselves. Robert Carvalho bravely drew a group of volunteers from among us and demonstrated the psychodynamic supervision of a general psychiatry case. Four workshops—Tony Ryle on Brief Psychotherapy, Andrew Powell on Psychodrama in Training, Robert Wrate and David Will on Teaching Family Therapy, and Sidney Bloch on Teaching Group Process—focussed attention on specific areas. Robin Skynner illustrated *The Psychotherapy Teacher—Getting Older: Narrowing Down or Opening Out*,\* with an account of his own professional development. Finally we had a session on teaching the 'newer' therapies—Richard Tillet on Gestalt Therapy, Jim Gomersall on Transpersonal psychotherapy, and Geoff Pullen on the 'Creative' therapies. After each plenary session the small groups allowed some more detailed examination of each paper, but our discussions were not confined to that. It was possible for group processes to take hold and other matters inherent in our personal and professional relationships to emerge.

Dr Skynner's paper struck a common chord. He told how he had moved from one professional group to another in the course of developing his personal synthesis, the kind of psychotherapist he wished to become. His reluctance to commit himself finally to any one group or treatment concept because he wished to keep the possibility of change and further exploration open, was obvious. That a family therapist should have come at last to working in partnership with his wife seemed peculiarly fitting and completing. His talk posed many important questions, some uncomfortable.

\*A version of this paper will appear in a forthcoming issue of the *Bulletin*.

How personally responsible are most of us, in our professional development? Are not most of us content to link ourselves with a particular method and group as soon as is decently possible and stop asking fundamental questions? Do we by this become more secure, but less flexible, less enterprising, prematurely old? Skynner still appears bold, courageous, admirably independent and individual. He seemed to imply something of why psychotherapy is bedevilled by schisms, groups walled off from one another by suspicion, each convinced of their having the true wisdom. But also, that this is because it is a difficult job, with much anxiety. To draw together for comfort and encouragement is entirely understandable, but tends to impede general progress.

Dr Grant made one ask once again: what does psychotherapy training try to achieve? And further, what is psychotherapy, anyway? If the answer to the second is that it is a treatment that depends on the integrational potential of one personality influencing another through a relationship, then training presumably aims to develop capacities and techniques in the trainee, ways to use his personality better to effect such integration. Her paper was primarily concerned with the effects on patients of trainee psychotherapy, but the conference seemed more interested in the supervisor-trainee interaction, and particularly the trainees' experiences. The discussion implied that psychotherapy training and teaching by supervision are still at a primitive state of development, despite the introduction of video, etc., and that methods deserve systematic study.

Carvalho demonstrated a fundamental truth of psychotherapy: that major uncertainties must be allowed to occur in treatment, and remain, if the natural integrational capacity of the mind is to have a chance to show its presence, and in the long run restore a patient's confidence. The opportunity for the patient to internalise that confidence depends on the therapist's showing how *he* can tolerate the uncertainty.

I can only describe one workshop—Ryle's on brief psychotherapy. His material was well-prepared and convincing. He maintains that there are many other ways than verbal of influencing patients, and demonstrated the 'psychotherapy pack' his patients are given. It will be important to see the results of studies comparing outcome using such methods with those using more traditional forms, which he is currently performing. It is always harder work to incorporate new methods into one's techniques, than to continue to follow already established patterns.

The session on teaching the 'Newer' therapies showed how many methods of treatment acquire a distinct identity

through a process of emphasising a particular element present in orthodox methods, and developing that element into a general principle of treatment by an exploration and exploitation of its implications. Clear differences emerged in the discussion, between those who assume that the verbal mode of communication is primary, and that all other modes need to be related to it and eventually translated into it if methods depending on other modes are to be taught or researched, and those who do not.

The regular discussions in small groups repeated the experience of the conference as a whole, of being exposed closely but comprehensively to a wide range of psychotherapeutic ideas, of being required to think from one's habitual position out into much wider spaces of alternative conceptions and techniques. The formal presentations exposed one to this broadening influence in a theoretical and relatively impersonal way. The small groups offered the same experience of being exposed to others' views as well as exposing one's own, but in a much more intimate way, and in a group whose structure could rapidly become supportive. Such experiences are exhilarating, both personally and scientifically, because they have such a quality of freedom. The renewal of conviction about one's usual work that can

result is probably because of having been able and encouraged to think out aspects of one's own assumptions and practices anew as well as seeing the possibility of admitting entirely new ones.

Skytner's message seemed therefore particularly timely. This conference in the past has drawn together many different groups who need each other: people working in centres that are richly endowed with resources and others working in relative isolation who have to make the best of what is available; psychotherapists whose training has been extensive and expensive, and those who have had fewer opportunities; psychoanalysts of various schools, and others whose disciplines are psychoanalytically derived, but are now cousins to the source. Generally, as so often in our society, there is something of the haves meeting the have-nots. Haves have things to impart to have-nots, but have-nots because of their circumstances develop strengths denied to the easier-living haves which can be useful to them, not only technically, but to make them more aware of their blessings and so more modest. This conference has an underlying socially responsible purpose, and deserves better support in the future from a number of more secure groups, notably psychoanalysts, than it had this year.

---

## *OPCS Survey of Disabled People*

The Social Survey Division of the Office of Population Censuses and Surveys (OPCS) are currently carrying out for the Department of Health and Social Security (DHSS) a survey of disabled people in Great Britain. The last national survey of this kind was carried out by Amelia Harris in 1968-69 and DHSS need up-to-date information primarily to help them develop policies in the longer-term for social security benefits for disabled people.

The present survey is wider in scope than its predecessor. It aims to include everybody with significant disabilities whether physical, sensory, or mental and extends to children as well as adults and to people living in communal establishments as well as those in private households.

The main aims of the survey are:

- i. to provide estimates of the prevalence of significant disability in Great Britain by age, severity and type;
- ii. to collect information about the financial circumstances of disabled people, in particular their income, including social security benefits, and their expenditure.

The opportunity is also being taken to gather some information about the use of, and need for, health and social services.

Interviewing in relation to disabled adults and children in private households took place last autumn. For the third stage, covering permanent residents in non-private households, interviews are planned for later this year, preceded by

pilot work in some 40 'institutions'. A random sample of communal establishments has been selected and in each it is planned to collect information from a sample of the permanent residents. Social Survey Division interviewers will visit each establishment, select the sample of individuals and interview the chosen residents, or one of their carers if the person is unable to be interviewed.

As with all surveys carried out by OPCS, the information collected from individuals will be treated in the strictest confidence. Data will not be made available other than in an anonymised form to DHSS or anyone else, unless specific consent has been obtained from the individual(s) concerned. Survey findings are reported in such a way that neither individuals nor establishments are identifiable.

Some Members of the College may work in the establishments included in the survey. OPCS would be grateful for their assistance, e.g. helping either with arrangements for carrying out the sampling and interviewing or by answering questions on behalf of a resident who cannot be interviewed personally.

Information: Alan Marsh, Principal Social Survey Officer, Office of Population Censuses and Surveys, Social Survey Division, St Catherine's House, 10 Kingsway, London WC2B 6JP (telephone 01 242 0262, extensions 2079/2192).