

BAPPS

# *Supervision Review*

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## **Contents**

<i>Foreword</i>	<i>Deborah Wilde</i>
<b><i>BAPPS Autumn Conference 2014 : Time and Value in Supervision</i></b>	
<i>Time Beings</i>	<i>Lesley Murdin</i>
<i>Conference Evaluation</i>	<i>Helen Harvey-Humphreys &amp; Ann Hughes</i>
<i>Book review:</i>	
<i>Managing Difficult Endings in Psychotherapy: It's Time</i> <i>by Lesley Murdin</i>	<i>Annie Power</i>
<b><i>BAPPS Spring Conference 2014 : Bowlby, Winnicott and the Therapeutic Process: Attachment- informed Therapy and Supervision</i></b>	
<i>Conference Report</i>	<i>Susan Lendrum</i>
<b><i>Other contributions</i></b>	
<i>Why Genocide?</i>	<i>Ruth Barnett</i>
<i>Book Review:</i>	
<i>Love Hate and Indifference: The Slide into Genocide</i> <i>by Ruth Barnett</i>	<i>Rhoda Dorndorf</i>
<i>Autumn Conference 2015 Noticeboard</i>	<i>Contributions for Future Journals</i>
<i>Guidance for Authors</i>	

# Foreword

Deborah Wilde

This issue of the Supervision Review marks a relaunch and carries with it the hope that the journal can once again provide a valuable means of communication for BAPPS members and more widely through our website. To do this we will need your input and ideas, offers to write articles or review books as well as help in the editing team. Please consider how you might contribute to ensuring that the Review has a future.

We are very fortunate to have as our lead article a contribution from Lesley Murdin about time in therapy and supervision. Those who were at the BAPPS Conference in November 2014 will remember her most engaging and interesting paper, which set us thinking in our small groups about some important issues. Helen Harvey Humphreys and Ann Hughes have collected together some of our responses on the day and their summary gives some idea of how successful the conference was. Annie Power's review of Lesley Murdin's latest book about managing endings in psychotherapy also encourages us to keep thinking about this very important aspect of time and its limits in the work that we do.

We also are pleased to have in this issue a report by Susan Lendrum of our other 2014 conference, when Christopher Clulow spoke about supervision from an attachment perspective. This was another thought-provoking and interesting conference which many found valuable. As you will see from the report, it encouraged us to think about how an attachment perspective can be helpful in our work, and gave a chance to discuss many important questions for us as supervisors.

We also have two other contributions that relate to Ruth Barnett's work through the National Holocaust Centre and in schools, speaking about genocide. Ruth describes her motivation for writing about this difficult topic, and how genocide is often an unprocessed trauma that we may see passed on to subsequent generations in our work as therapists and supervisors. Her latest book entitled *Love Hate and Indifference: The Slide into Genocide*, which Rhoda Dorndorf has reviewed for us, was written with teenage schoolchildren in mind to help convey the important lessons that we have to learn from our history of genocide and its denial.

The title of Lesley Murdin's paper *Time Beings* puts me in mind of the opening lines from Ruth Ozeki's Booker short-listed novel *A Tale for the Time Being*:

“Hello, my name is Nao, and I am a time being. Do you know what a time being is?

Well, if you give me a moment, I will tell you. A time being is someone who lives in time, and that means you, and me, and every one of us who is, or was, or ever will be.”

These are the words of a Japanese girl Nao whose diary and other papers have been found sealed in a lunch box washed up on a beach in Canada. The finder

does not know if Nao is still alive or a casualty of the tsunami. The story plays with the sense of time, of the past in the present, through the medium of Nao's diary (written in a blank book between the covers of Proust's *À la recherche du temps perdu!*). The past of the diary infuses the present in Canada with a quest to unravel its story, but events hinted at in the diary are lost, and we are left not knowing for sure:

"I really thought I would know by now. I thought if I finished the diary, the answers would be there or I could figure it out, but they weren't, and I can't. It's really frustrating."

Not unlike this, it is our task in therapy and in supervision to imagine, to reconstruct as best we can, to bring the past to light in the present... and then to bear the frustration of an end to the story, or of not knowing how the story ends.

Lesley reminds us that we can be tempted by omnipotence, the wish to escape the limits of time. 'Can we have a sense of omnipotent control of time? At least until there is an ending in sight we are able to live in an illusion of timelessness'. Certainly in open-ended work we, and our patients, can have a fantasy that we will have all the time we need to do all that needs to be done. Yet it is not always like this; much of our work is limited, each session with our supervisees is constrained by not being able to hear about every aspect of their work since the last meeting.

If I think about how time is impacting on my clinical work, I can barely find a case where time is not an issue in one way or another. The end of a pregnancy; impending surgery; a patient with a terminally ill mother; a Ph.D. submission deadline; a referral I can't take because I don't have an appropriate time slot; a supervisee facing multiple endings with vulnerable clients due to cut backs in funding.

As I struggle with these limits there is some comfort to be found in Freud's discovery that having unlimited time carries the risk of an interminable analysis. Limits can have their uses in undoing resistances to change, and spurring change in therapy. But not always; sometimes there is a real loss and time does feel too short. Then limits remind us perhaps of the ultimate limit of death and we have to be prepared to mourn what can't be, what we can't do, and live as creatively as possible as 'Time Beings'.

These are just some of the thoughts that have been triggered for me by Lesley's paper and there is still much more to think about in what she has written. But I must accept my word limit and the limit of the publication deadline and leave it there for now!

I hope that you will enjoy reading this issue of the BAPPS Supervision Review and that you will find plenty to stimulate your own thoughts about the issues we face as supervisors and therapists.

[return to contents](#)

# BAPPS Autumn Conference 2014

## Time and Value in Supervision

### Time Beings

*Leslie Murdin*

*Time and Value in Supervision: Transactions and Transitions* was the title of the BAPPS conference in November 2014, at which Lesley Murdin spoke to us of the importance of time in our practice as supervisors. This is a paper she has written around these themes for the BAPPS Supervision Review.

**Abstract:** Within the profession there is a growing awareness of the temporality within each therapeutic process and the tripartite relationship of supervision. Our experience of time is subjective. We need to spend time, and use time in creating a narrative. The past, present and future interact with each other through memory, transference and repetition. The capacity to symbolise is important for the supervisee's mature processing of material that avoids empty repetition. There is a need to model an ending for our supervisees.

**Key words:** temporality, narrative, Nachträglichkeit, value, ending

You must spend time to make money or spend money to make you time. This is a commonplace but it indicates how intertwined time and money have become, not only in language -we spend both- but also in the need to understand our relationship to both. They are both part of the warp and weft of supervision. Like everything else in supervision there are different levels and depths at which we have to think about these concepts. I shall begin with time. What is it?

Time is of course a human concept. Ray Cummings in a novel written in 1922 wrote that time is what stops everything from happening at once. Because things do not all happen at once, we are capable of perceiving and even remembering some of them. But that definition cannot satisfy us as it begs the question of what we mean by time. One view is that time is part of the fundamental structure of the universe independent of human thinking. Another view would emphasise that it is a human concept.

This paper is an opportunity to consider the importance of the registers of time and the values that we bring to our use of the passing of time to help supervisees and through them the people who are suffering.

I will use the term 'therapists' to cover all of us and use the feminine pronoun because most of us are women.

## **Time enables cause and effect**

Analytic therapy demands that we have a concept of cause and effect. The experience of the infant causes behaviour and thinking in the adult. If we don't know the sequence of events, we cannot form theories about cause and effect and we cannot free people from the effects of the past. In terms of supervision, I find that what I said last week or last year may not have seemed significant as far as I could see, and yet the remark that I made becomes the cause of behaviour now.

Time delay is a problem for the supervisor. Events might hang on a metaphorical clothes drier in sequence, but the supervisee brings them in the order in which they present themselves to his memory. Even that order will be subject to contamination by the events intervening. For example:

My supervisee Y comes saying that she wants to talk about N who has been worrying her lately. He is a senior academic in a university and has been coming to therapy for six months. His father was a well known scientist and he seems to have achieved a great deal in order to compete with his father. He has missed a number of sessions and is now talking of ending. She gets as far as saying to me that she thinks it would be a pity if he stops now because he is just beginning to be able to use the sessions. I ask her "so you think that there is more that he could usefully do?" "Well...." she says "I was just thinking about R who has the same habit of missing sessions. Of course N has good reasons but then so does R." She then begins to tell me about R.

R is someone who is in the middle of working on the angry relationship that he has with his sister who was the apple of his father's eye. R's father has just told him that he will leave the family business to his sister. R does not think that he will actually do this but it infuriates him that his father would say this. The supervisee is very concerned that R should continue with the therapy and not walk away in a rage. She says that she is just beginning to feel that she has a therapeutic relationship with R. For her, time is to be saved and savoured. We are both likely to start thinking the therapeutic mantra, 'If only we had more time to spend we could do great things'. It seems to me that Y has more hope for R that the future could be different and this makes her want to dwell on his material.

But that is superficial. Y is avoiding N and I need to bring that into conscious view. She is anxious not to leave R out, and that might be a fear of a repetition of the slight that he fears from his father. She does not want to think about N, because he wants only admiration and does not even seek the possibility of more love and the future being made different, and she has developed the same lack of expectation. I can see that something has been used as a bargaining chip. R's parents have made much use of demand: 'Love me more and I will treat you better', thinks King Lear as father, 'What can you say to win a third more opulent than your sisters?' My dilemma relates to time rather than money for the moment. Who needs the time in the immediate present. And which one can wait? Does my narrative now involve both of them or only one at a time?

I listen for a while to get more clues about what is going on. I know that N has found it very difficult to be a patient at all. He has nevertheless managed to get himself to therapy often enough for it to emerge that he is still seeking to impress his mother with his success, so that his father's successes will not be all that she can see. Y is turning away from his demand that she should admire him. I am torn between commenting on the diversion from N and listening to what I am now being told about R. Which one is now the patient and does the time sequencing matter? I also need to think about the structure of time. Whose time are we spending here? Is it an idea that somehow belongs to the patient or is it the therapist's or is it mine? We are all accustomed to working on this conundrum and never reaching a conclusion, just trying to find a way of making the problem itself useful.

What I can see is that distraction is a large part of N's experience, and clearly I am being offered this experience rather than a clear account of what happened in N's session in sequence. I have registered the sequence so far but I am not sure which path to follow first. Will my choice form a cause of some further attention or distraction?

In this case, I have to decide on my own structure and how much I will dwell on the sequence in time, and how much I will pay attention to an overarching structure that I have given to the supervision session, so that I can see some behaviour as a diversion from the path that I have in my mind.

### **The subjectivity of time**

Time is a subjective experience, but also carries the complication of clock time which has the quality of external reality. How long an interval of time seems will be different for each one of us. We are into the complexity of temporality rather than time.

Temporality temporalizes as a future which makes present in the process of having been. (Heidegger, 1927)

That might lead back to the question of the degree of subjectivity in the perception of time. It hints at some of our basic human emotions:

We look before and after,  
And pine for what is not:  
Our sincerest laughter  
With some pain is fraught;  
Our sweetest songs are those that tell of saddest thought.  
(*To a Skylark*, Shelley)

Heidegger is also emphasising that although living in the present might be desirable, we are unable to ignore the potentiality for the future, and we can see the sadness of the way in which experiences and people inevitably become the past as we ourselves all must.

In the meantime, does it matter that we each perceive time differently? Some sessions fly by and in others I begin to wonder whether the clock has stopped. This is not just an effect of the subject matter, although of course that makes a difference. Nor is it all to be explained by countertransference, although that clearly

is a filter. I know that my own inner state alters the use that I can make of time and my willingness or wish to spend it. Since I began work on this subject I have noticed that my experience of time is much more consistent in supervision than in therapy. That is perhaps because there is an accepted subject matter, a story which I am told in various forms, but usually a narrative emerges as well as the meta-narrative that includes me. Nevertheless, as I work with supervisees, time is passing for me and I will have to let them go and eventually stop working altogether.

### **Omnipotent control**

One of the reasons why supervisors find it difficult to end their work and retire is that it fills the time. Can we have a sense of omnipotent control of time? At least until there is an ending in sight we are able to live in an illusion of timelessness. Supervision provides stories and allows us to experience them in a different way from therapy. I would certainly miss them. I would also miss the effort to think at different levels both of time and emotional intensity. Perhaps there is also a sense of overcoming the power of time. For the Greeks, the fates sat spinning the thread of a life until Atropos cut each one with her shears.

One of the functions of the therapist is to adjust each person's relation to the impact of time; the supervisor brings the supervisee back to considering her role in that. Since transference is a repetition of the past in the present, and is damaging partly because that aspect of an emotional experience is not conscious, the therapist's role is to enable the patient to begin to see the past as a memory and no more.

Facing reality means accepting that time is limited and that the arrow of time points in only one direction. Supervision is always about catching at something that has passed. Some supervisees are very good at conveying the essence of a person or the content of a session and clearly enjoy the story telling. But should she decide what to tell and how much and when? You might all have differencing views about that. I tend to leave it to the supervisee if it is someone qualified and responsible. Her choice will tell us both something useful when we think about it.

### **Spending time and money**

I also have to recognise the human temptation to spend the time on what interests both of us, not to mention on what the supervisee thinks she is doing well. Most people are well aware of this last one and are willing, even anxious, to bring what bothers them and what they fear they got wrong, or not right. But choosing to spend the time on someone who is not very interesting or demanding is more difficult. Money of course is involved. For those who are paying the supervisor there is the raw question: Am I willing to spend this precious time that I am paying for on someone whom I do not find too difficult?

When that choice is made, each supervisor manages the complexity of time in the telling of the stories. They manage the time delay inherent in their work as Edward Martin puts it 'listening to the absent patient'. There comes a point when time catches up and the supervisory relationship itself must be evaluated and maybe terminated.

## **Telling time: supervisor as editor**

Therapists need to be novelists and part of the time when they are writing their novels is in supervision. Of course I am not talking about fiction but about coherence of narrative. Novelists have managed time as one of the dimensions that they can use, ever since Laurence Sterne wrote *Tristram Shandy* in the mid eighteenth century (1759). He wrote this novel just as a patient might tell you about themselves in therapy.

I wish either my father or my mother, or indeed both of them, as they were in duty both equally bound to it, had minded what they were about when they begot me; had they duly consider'd how much depended upon what they were then doing;—that not only the production of a rational Being was concerned in it, but that possibly the happy formation and temperature of his body, perhaps his genius and the very cast of his mind;—and, for aught they knew to the contrary, even the fortunes of his whole house might take their turn from the humours and dispositions which were then uppermost;—Had they duly weighed and considered all this, and proceeded accordingly,—I am verily persuaded I should have made a quite different figure in the world, from that in which the reader is likely to see me.....Pray my Dear, quoth my mother, have you not forgot to wind up the clock?—Good G..! cried my father, making an exclamation, but taking care to moderate his voice at the same time,—Did ever woman, since the creation of the world, interrupt a man with such a silly question?.

Sterne's father was just at the most crucial point in his love making and no wonder he was indignant. Supervisors of course can provide this sort of interruption to the supervisee which is sometimes useful and sometimes not. In good analytic style, Sterne later places considerable weight on the importance of the question in relation to himself and his attitude to life, just as the supervisor might in hearing of something for which he was not actually present. He might remind us of the way in which we hear the stories of our supervisees and clients.

When does a story begin? Virgil famously began the Aeneid 'in medias res'. So do we. The first telephone call or letter or e-mail is the first contact, but is by no means the beginning of the story. Likewise, the last session is not the end. Sterne, like a modern therapist, goes right back to conception, for him a history begins with conception. Sterne was using the medium of the novel to convey his insights and views of human nature, although he does it by comedy and satire.

## **Moving around in time**

The supervisor hears little pieces and cannot know what the whole is like for the participants. The time of the supervisor is very different from the time of the therapist, which is different again from that of the patient.

The supervisor usually lives in a once weekly time frame regardless of the frequency that she hears about. Some people want less frequent supervision and this may lead to quite widely separated and episodic accounts of the work. Depending on the parameters that she has agreed, she may be hearing about more than one session in a fifty minute supervision. For her, time will be compacted and many verbal actions and interactions, not to mention silences and pauses will

be telescoped into much shorter times. For most supervisors this will be a matter of automatic correction. I know that I am hearing about a week's worth of intensive work from a trainee psychotherapist, or a month's worth from a counsellor working once weekly, and I mentally try to compensate and create a sense of the space/time that has not been conveyed to me.

As I have said, one of the images of time that we all know is that it moves like an arrow, always in one direction: this means that what's done is done. Or is it? Of course that would be an impossibly simplistic view. Freud saw the importance of time in both its forwards and backwards manifestations. For Freud the murder of the father is both anticipated as an event that is feared in the future, but is also a source of guilt because it is felt to have taken place in the past (Freud 1919).

Jacques Lacan returned to it under the title of the 'après coup' (Lacan 1964, p203). He saw the importance of being able to understand how the present can affect the past, which can then wash back up on the shore of the present in its magnified state. What has happened since the original event has the power to reshape the impact of the original occurrence. This includes what goes on in supervision, which acquires the power to be part of the 'après coup'. What this implies is that it is the memory that is important, not the original event itself. And memory as we know is infinitely subject to change. The two aspects of *Nachträglichkeit* are descriptive and dynamic. The supervisor is involved with both of these. She cannot escape from the dynamic in which she takes part.

The supervisor is also likely to be very much concerned with Winnicott's working of the theory of trauma in his paper, *Fear of Breakdown* (1974). Since the fear of breakdown is the fear of something that has already taken place, the supervisor is possibly dealing with something that cannot now be changed. Fortunately, the theory of *Nachträglichkeit* means that a constructional element is possible even in the light of this theory. Either way, the supervisor has to recognise her importance in the very event that is being considered. This applies both to Oedipal issues and to other forms of early trauma. Winnicott (1974) wrote:

It must be asked here: why does the patient go on *being* worried by this that belongs to the past? The answer must be that the original experience of primitive agony cannot get into the past tense unless the ego can first gather it into its own present time experience and into omnipotent control now (assuming the auxiliary ego-supporting function of the mother (analyst)).

... if the patient is ready for some kind of acceptance of this queer kind of truth, that what is not yet experienced did nevertheless happen in the past, then the way is open for the agony to be experienced in the transference, in reaction to the analyst's failures and mistakes.

Infants have to learn to locate themselves in space and time. Time is perhaps the more difficult of the two, poised in a present which encompasses past and future. In order to do this, symbolising appears and is used as a solution. The development of the symbolising ability enables us to use words for what is absent. It also enables the use of money which also is a matter of potential. Symbolising allows us to develop empathy and the social sense that enables us to live in groups usually without killing each other.

## **Telling the story: the past in the present**

What do you know and how much do you demand to know about what is happening and what has happened? Edward Martin has emphasised that the pursuit of facts is often defensive and is not the same as listening to the absent patient. We learn about the past through paying attention to the present. Some supervisees seem to repeat the same problems or the same kind of mistakes which can lead to boredom or irritation in therapist and supervisor. Yet repetition goes on in the therapeutic process, as we all discover, and may continue until we understand it.

Repetition may be a more serious condition than regression since regression can lead to a forward movement. Repetition is 'an iterative stagnation a figure and a metaphor of death' (Green 2002, p96). We have to be concerned with the meaning and importance of repetition. If regression is preferable to repetition, as André Green points out, does that mean that we could prefer to see regression in supervisees? He is saying, with Freud, that of the two regression is preferable, and we might expect to see a degree of it in supervisees who are prepared to find something of value and probably an authority in the supervisor, at least in the beginning.

The associative process that is set going in the consulting room is generative. It leads to representing which we could perhaps equate with symbolising. The supervisee must take the ideas that arise in supervision and must process them, not merely retain them. They cannot be reproduced exactly as they are. The time that applied when the material was presented has passed, and the supervisee must find the way of conveying something of the idea in a form that fits the new time. Unless the supervisee can find the symbolic level of response, he or she will merely repeat and this is at best static, at worst inhibiting and may lead down a destructive path.

Freud's theory involves abandoning anachronistic infantile wishes in favour of an acknowledgement of the needs of today. The supervisor can recognise the infantile wish to be the ideal therapist, getting it right and pleasing the parents who are located in the patient and in the supervisor. Of course the needs of the present involve getting it right as much as possible, but the supervisor who can accept a mistake and say 'Yes, I didn't quite see that clearly' is modelling something that mitigates against infantile omnipotence.

## **Past, present and future**

Once therapy is established, this is the time when attachment develops. If it is working well, the relationship is fruitful for both people. Time becomes infinite and none of the three thinks about ending. In the triangle of past present and future, some of the work that a therapist needs to do may relate to the child's inability to manage all three. Putting each in its place is part of the therapeutic work, and has to be part of the work in supervision.

For example like patients, supervisees may be over anxious to find the knot in the past that they can undo. Similarly the therapist might be focussing too much on the future and worrying about having a plan for the next session. Like the patient, he or she will need to live through the middle term of the triangle, putting the present at the centre just as the child must learn to focus on her own sexual life and leave the parents to have theirs.

### **Difficulty of ending with supervisors**

One of the most difficult questions for supervisees is how to end work with a supervisor who is respected, admired maybe loved. Should the supervisor regard it as her role to help the supervisee? Some organisations attempt to set up rules about moving on from the supervisor. Some simply set up supervision groups and leave no choice to the therapist. This is usually the case in training. A conversation is needed for qualified therapists to feel that the supervisor can survive their departure.

The transference to the supervisor of course is set up and may have been used constructively. Yet because it is not interpreted and is usually only recognised explicitly when it causes trouble, there is little chance of it being usefully understood. As long as the transference is positive, the supervisor will be heard and probably internalised. The problem here will be the tendency to take what is said without processing. I sometimes think that supervisees confuse price with value. If I have paid for this advice I will certainly use it. The payment of the supervisor can in this scenario be substituted for a genuine evaluation of the merit of the ideas that she gives.

How then do you come to leave and manage without these ideas? Sometimes practical external factors help and sometimes they hinder. All the usual scenarios of moving away and changing life circumstances may help with the change. Other factors such as the illness or age of the therapist may make it more difficult. These latter phenomena join with the transference to make the supervisee sometimes believe that she is essential for the well-being or continued life of the supervisor. Even someone who has acknowledged that she is not well enough or reliable enough to go on seeing patients may not be able to decide to end her practice of supervision, and her supervisees may not be able to take themselves away. The supervisor has to accept in the end that she will have to take responsibility for ending her practice and giving her people the sense that she can survive without them. In doing this she is giving a valuable gift in showing how an ending can be managed by the one who has most to lose.

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**Lesley Murdin** is a psychoanalytic psychotherapist and supervisor in practice in Cambridge. She teaches and supervises in many contexts and has considerable experience in running psychotherapy organisations. She was Chief Executive and National Director of WPF Therapy and chaired the Ethics Committee of UKCP and is now Chair of the Psychoanalytic Section of the Foundation for Psychotherapy and Counselling. She has published widely including three books on endings and money in psychotherapy: 'How Much is Enough? On the ending process'; 'How Money Talks'; 'Managing Difficult endings in Psychotherapy: It's Time'.

[return to contents](#)

## Autumn Conference Evaluation November 2014

*Helen Harvey Humphreys & Ann Hughes  
BAPPS Conference Committee*

The evaluation feedback from Lesley Murdin's conference last autumn clearly demonstrated that both time and value were present in abundance. It is always invaluable for the conference committee to get your feedback and particularly interesting when we find views diametrically opposed – would that we had the wisdom of Solomon, but it does keep us on our toes, and helps to inform both our planning and organization.

One of the great pleasures is receiving the attendee list and seeing the names of both old mates and new faces. The satisfaction percentages from the evaluation forms were never less than 93.3% for all aspects of the conference, with the keynote speaker, usefulness to our work, and administration coming out with top marks. Below is also a selection of the feedback, which has been edited, partly to be more succinct, and partly to ensure confidentiality.

**Overall:** excellent and stimulating discussion in both small group and plenary; extremely useful, both Lesley's talk and groups; relevant in terms of both time and money; so many issues emerged that were relevant to my practice; topical for most of us.

**Structure and format:** prefer a circle for plenary – maybe would work better if each group had a space to feed back; discussion group a bit long; our discussion group could have continued all day but it was great to get more ideas from the plenary; more time after presentation for questions and discussion in large group keeping content on focus of lecture.

**Keynote speaker:** Lesley was first class, clear, human and generous; and used an interesting mix of casework and literature. It was extremely thoughtful and thought/feeling-provoking. Appreciated the way Lesley Murdin made possible the discussion of painful things and held us carefully. If possible the speaker's paper in advance; enable a more interactive process.

**Small groups:** groups overall welcomed as good; small groups gives everyone a chance to speak and contribute; good opportunity to meet different colleagues.

**Administration:** so smooth it was not noticeable; well held and organized (as always); and letting us know about public transport problems in advance.

**Venue:** seems to suit all as good public transport and able to park easily; request from some for more central London venue, or later start for day for those travelling in.

**Overall experience** of the day was very satisfying; it was warm, welcoming, informative and holding; bookshop appreciated; good value for money.

Please let Helen or another member of the committee have any further feedback or ideas about topics or speakers for conferences that BAPPS might hold in the future.

[return to contents](#)

We hope we will see you on the 14<sup>th</sup> November 2015 for the  
20<sup>th</sup> Anniversary Autumn Conference.

Full details printed elsewhere in this issue of the journal.

# Book Review

## **Managing Difficult Endings in Psychotherapy: It's Time**

**by Lesley Murdin**

**(2015 London: Karnac)**

*Reviewed by Anne Power*

The title of this book perfectly conveys the contents within: the reader is given the opportunity to reflect on a very wide range of difficult endings. There is a significant focus on retirement but I felt the strength of the book was the exploration of painful dynamics occurring in a range of contexts, not least when a complaint is either threatened or actually brought. This makes the book highly relevant to therapists at all stages of their career and I think the numerous clinical dilemmas narrated in each chapter could make a very useful resource for training courses, including supervision ones.

For me the greatest delight in reading this volume was the clinical vignettes which are woven throughout. Creatively constructed from Murdin's experience as a therapist and thus by-passing any dilemmas about confidentiality, these clinical stories are rich and compelling. In remarkably few words she conveys a complete story: we are given a client's background, the way they manage their defences in the room, the way these relational strategies may threaten the therapist's own internal world and then the denouement – what happened when the these two lock horns and in particular what happened when they parted.

At times the book felt like an anthology of all matters to do with termination, dying and the passage of time. This means that there will be something here for most readers. Some will enjoy the erudite ruminations about ending, others may prefer the more tightly focussed passages where clinical process is put under a particularly effective microscope. Drawing on her earlier writing on this theme (2000) Murdin is able to offer an exceptional scrutiny of the very last moments of the drama as the two participants take their leave.

Theoretically the book is broadly based with Freud, Klein, Winnicott and Jung all very present. At other times Murdin casts her net more broadly with Kohut, Lacan, Searles and many poets all used to illustrate the theme of loss and aging. She can recruit and link far flung ideas. I imagine this fluidity of connections will speak profoundly to some readers and feel very creative. Those who prefer to grapple with ideas that have been marshalled into a more predictable structure may be frustrated that some chapter titles do not give a direct sense of what will be covered – the demarcation and the transitions between themes is not always clear.

The synopsis of the back cover attracted me for its emphasis on the importance of learning from experience and throughout the book Murdin stresses how essential this essential quality is in a therapist. This constructive use of experience is most

apparent in the vignettes which explore such a rich range of endings. One which will be meaningful to those who teach is the story of a student who failed to progress in her training - a very sad and difficult outcome which is rarely discussed in such depth. More than one vignette looked at a case where a complaint had been brought. In these fictional accounts Murdin beautifully portrays the experience of both parties and evokes strong empathy for practitioner and patient. We are given a chance to benefit from her years of experience chairing ethics committees and to think through some very sad cases. She has the power as a writer to take us right into the therapy room where therapist and patient are struggling with each other and with themselves. Another powerful vignette tells of a patient who committed suicide. A further one tells of a pregnant therapist. I have read many papers on this theme but never a piece of writing which conveyed the essence of the challenge within just a couple of paragraphs. Murdin poignantly sets out the painful Oedipal and attachment dynamics which are forced on these patients and which the pregnant therapist must try to contain.

Of all the chapters I felt that chapters 3 and 5 had the clearest focus and were most interesting to me. Chapter 3 looks at cases where the patient decides to end, whether as a result of changes in their circumstances, a complaint against the therapist or because they say they have achieved their goals. Chapter 5 reflects on ways that the two participants seek to manage the distress of loss. Several interesting vignettes explore powerful transference/ countertransference interactions and demonstrate the various defences that therapists themselves use to protect against loss; the therapist's omnipotence, denial and idealisation are all considered. We are reminded of the Pygmalion myth invoked by Searles (1965) – as therapists we may be tempted to believe that the growing, evolving client is our own creation. In this chapter and throughout the book Murdin does not shrink from considering the darker side of the therapist's motivation and defences. She reflects on the narcissism which makes it hard to tolerate not knowing how much good has been achieved and argues that therapists may need supervisory or therapeutic help in thinking through their unconscious guilt and sadism.

At a few points Murdin returns briefly to the theme of gratitude; for example she describes the bind that a trainee can feel if they experience their therapy as a gift. She points out that a sense of gift often results in a sense of obligation and therefore resentment. I found these passages fascinating and hoped for this question to be developed through a more explicit connection to Klein's understanding of envy and guilt.

In discussing how therapists may postpone retirement Murdin challenges us to recognise how we may be using work as a manic defence against aging. As I have also recently completed a book about retirement I found myself pondering whether this defence has become more pronounced in me since I began researching the subject. It is almost as though, as I become more aware that it will be my turn to go next, I have needed to increase my manic defence. Like Murdin I interviewed retired (and retiring) therapists and I found that several points mentioned by Murdin's interviewees were echoed by participants in my study (2015). There is a widespread anxiety that retirement will bring a loss of identity. For those who have taken the step there is often a progression which includes an initial relief about not

working, followed by guilt about not being productive. In the longer run most retirees seem to enjoy their increased leisure.

The joy of this book is the vignettes and the writer's wonderful capacity to play with the stories she creates. It is precisely because they are fabricated, yet wholly coherent, that she can freely speculate about her narratives. She first imagines what might happen if this patient leaves, and then what will happen if they stay; what will surpass if the therapist is alert to her own guilt, or what will unfold if she overlooks her own process. In her very clear but evocative prose Murdin repeatedly captures the everyday experience of the therapist. There were many times that I recognised myself directly on the page, one example that stood out was the description of the therapist's discomfort in being idealised Murdin writes of 'the bubble of admiration' which must eventually burst (2015:63). I think this book will appeal above all because therapists will recognise in these pages their own lessons and struggles and they will find that Murdin's reflections support the ongoing challenge to make sense of our clinical encounters.

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*Anne Power brings a background in attachment theory and couple work to her supervision practice. She qualified in attachment-based psychoanalytic psychotherapy at The Bowlby Centre and did an MA in supervision at WPF/Roehampton. She trained in couple work with Relate. She has written a book about retirement.*

[return to contents](#)

# Spring Conference Report, March 2014

## Bowlby, Winnicott and the Therapeutic Process: Attachment informed Therapy and Supervision

*Christopher Clulow,  
Senior Fellow at the Tavistock Centre for Couple Relationships*

Susan Lendrum

Our keynote speaker Christopher Clulow gave us an excellent Spring Conference based around the role of Attachment in supervision, held at the Tavistock Centre. The day followed the usual structure of a Talk, followed by Discussion, then after Lunch more Applied Discussion, ending with a Plenary with the Speaker. This structure worked particularly well for this Spring Conference; Christopher's Talk stimulated intense theoretical discussion after coffee, and the more applied discussion after lunch evoked, at least in the group I was in, quite deeply intimate accounts and reflections on shame-making and painful supervisory relationships. Thinking together with time for reflection and constructive ideas about the quality of attachment in 'difficult' supervisory relationships was hugely helpful. This became one of the main themes of the Plenary.

### **The Talk**

Helen Harvey Humphreys welcomed Christopher Clulow, and was then charmingly welcomed in return by Christopher, who is now a Senior Fellow at the Tavistock, to his working 'home' for many years.

He talked of working personally with Bowlby at the Tavistock and gave a clear outline of the essence of Attachment Theory and of recent developments in this most practical of theories. He showed some interesting slides outlining some of the developments and linking these, together with Bowlby's work, to aspects of supervision such as containment and various unconscious processes.

### **Discussion Groups**

Helen had invented an outrageous, yet extremely effective, system of sweetie distribution which got us quickly into our discussion groups after coffee. After what looked like very intense discussion in the different groups, they came up with a variety of questions and points to which Christopher added his thoughts. These included:

- Supervising short term work and the challenge of 'Disorganised Attachment'
- The practice of working to avoid evoking shame and humiliation in group supervision.
- Rivalry and role assumption in group supervision.

- Managing authority in both group and individual supervision as well as in the wider organisation.
- The current challenge to analytic thinking in both the NHS and the outside world.
- Viewing supervision as an example of the 'strange situation' (Ainsworth), could raise awareness of, for example, supervisee behaviour and experience after Supervisory breaks

## **Lunch**

There was excited conversation over an excellent lunch and the break was also an opportunity to purchase a copy of Christopher's Tavistock booklet on *How Attachment Shapes Family Relationships*. This booklet is also available directly from the Tavistock and is very useful for those working with couples and families and also for training those supervising the workers.

## **Afternoon Discussion Groups**

These groups, too, were alive and intensive without, as far as I could tell, the usual post-lunchtime sag. Unfortunately we had to make a choice and it was between the following:

- a) What are the key defining boundaries between parent-infant, therapist-patient and supervisor-supervisee relationships?
- b) Reviewing your supervisory practice can you identify three implicit (non-verbal) communications that may be conveyed by setting and style?
- c) How do 'safe haven' and 'secure base' translate into supervisory practice?
- d) Can attachment style (of supervisor and supervisee) account for supervision sessions that go well or are problematic?
- e) How do you 'mirror' the emotional core of a supervisee's experience?
- f) If you accept the premise that the best therapy is the outcome of what is created together by patient and therapist, what implications might there be for transferring this benchmark to supervisory practice?

## **Final Plenary**

The themes that emerged in the plenary covered a wide range:

- Mirroring and the necessary oscillation in supervision between mirroring and the other tasks; through good attunement knowing when to move between the client work and the relationship in the room.
- We naturally supervise in the style in which we do therapy, but we must beware the re-enactment of the unconscious aspects of the other relationship recognising (à la Winnicott) the good enough collaborative experience.

- The value of a secure supervisory attachment in creating a space where the supervisee can be courageous about opening her own attachment style, without fear or threat in the supervisory situation.
- The sense that both players create an environment which is safe enough to hold and contain the anxiety about competence and exposing one's work; where maintaining uncertainty can be tolerated and used; and where one can safely say, 'We need to think about this'.
- That the supervisor lies somewhere between the institution and the supervisee, that he/she needs to be clear about lines of accountability and about her professional developmental role within the institution.
- The value of building on the supervisee's curiosity.
- The impact of our selves (eye contact, early relationship mirroring, etc) and the implicit communication of our setting (room, furnishings, flowers, paintings, etc) on the attachment experience of our supervisees and their curiosity.
- The sadness when dialogue can't happen or becomes irreversibly stuck.

## Ending

There were so many ideas being tossed around that it was quite difficult to bring the plenary to an end. Helen had asked us at tea time for adjectives we associated to Christopher that day and the list was as follows:

engaging, communicative in all senses, emotionally intuitive, calm, clear, alert, modest, safe, humane, gentle, warm, honest, generous and kind

It was altogether an excellent conference and Christopher himself also seemed to have enjoyed being with us.

**Susan Lendrum** is a psychotherapist, supervisor, trainer and consultant who now works in London whilst retaining some work in Inverness. She has written on *Counselling Training, Supervision, Grief and Bereavement work, Endings in Counselling and Psychotherapy* and on *Ethics*. She has been a member of BAPPS for 5 years and is currently both vice-chair and a member of the Conference Organising Committee. She is interested in expanding her work supervising ethnic minority groups.

[return to contents](#)

# Why Genocide?

Ruth Barnett

## Abstract

*In this short article Ruth Barnett describes how she came to write her latest book 'Love Hate and Indifference: The Slide into Genocide' published by the National Holocaust Centre and Museum. She describes how denial of genocide can happen, how this prevents processing of the trauma and how then it can be passed on unprocessed to subsequent generations. Ruth calls us to act, to challenge indifference to the past and to bear witness to the intergenerational transmission of trauma we see in our work as therapists and supervisors.*

**Key words:** genocide, denial, holocaust, racism, prejudice

Pressure from many sources encourages us or lulls us into the delusion that if we don't talk about genocide it isn't there. There are many forms of genocide denial that we contribute to without being aware of doing so. One example is the generally accepted definition of the Holocaust as 'the deliberate murder of six million Jews by the Nazis' - sometimes adding 'and others', without thinking what this may feel like if one of your ancestors was an 'and other'. A 'neat and tidy' brief definition protects the mind from the mind-blowing reality and horror of the true depth and extent of the Nazi Genocide in the service of creating a pure perfect Aryan 'master-race'.

More recently we are now encouraged to learn about and commemorate genocides that have been allowed to happen since 1945, such as in Bosnia and Rwanda. But genocides before the Holocaust cannot be called genocide in 'realpolitik-speak', because genocide did not exist before the United Nations created the Crime of Genocide in 1948. There were only slaughters and massacres before the Holocaust. That makes it more manageable and acceptable as just part of human nature. There have always been wars and massacres since the dawn of history and that is OK and exciting for children to learn about in history - as long as your immediate ancestors were not involved.

This sort of discounting denies the effect that history has on the present and on us personally. It protects us from the discomfort and pain of facing the toxicity of unprocessed genocide trauma; and that means we can shirk the necessary mental and emotional work and allow a steadily accumulation of toxic elements in the collective psyche of humanity.

This is my understanding of the problem of denial, which I have arrived at from my own personal experience of denial in the service of psychological survival. I was rescued from almost certain death at the hands of the Nazis by coming from Berlin to England at age four in 1939 on the Kindertransport. Growing up under British propaganda against Germany during the war, my means of inner survival was to identify myself as 101% English. Even after the war, although visiting my parents in Germany two or three times a year, when in England I was 100% English by cutting

off my German roots. This was how I unwittingly denied the sense of betrayal and emotional effects of failed repatriation.

The breakthrough came, after eight years of analysis in my training, when one of the Kindertransportees organised a 50th anniversary reunion of the Kindertransport in 1989. This event had the effect of an epiphany on me. I had regained my confidence and self-esteem enough to be ready to reclaim my roots. The emotional storms I had gone through made sense in the light of an analogy with a tree with severed roots that cannot withstand a storm and gets blown over. Quite suddenly I realised the extent of my unwitting denial, how little I knew about the Holocaust and my own story and how repeatedly I had avoided TV and books about World War Two.

It was catching-up time and, when the government put Holocaust education in the national curriculum in 1991, I joined a group of survivors willing to go into schools to help the teachers and talk with groups of children. The children's questions guided me in what I needed to research and prompted me to write a book of my story in more detail than I could tell them in the hour or so that schools could give me.

I became appalled by the stereotypes of racist images I found myself up against in schools, in adult groups and in general conversation with friends. The most severe stereotypes and hatred I found were directed against Gypsies. I found it totally unacceptable that the approximately one million Scinti and Roma murdered by the Nazis had been airbrushed out of Holocaust teaching. This prompted me to write a second book, particularly for schools, to compare and challenge myths about Jews and Gypsies. To ignore genocide before the Holocaust and tell only the Jewish story, leaving out the Gypsies, who were in the same camps and ghettos as the Jews, is denial by selective remembering. I needed to write a third book tackling this kind of denial.

The National Holocaust Centre in Laxton, Nottinghamshire, agreed with my ideas and paid for the publishing of *Love, Hate and Indifference: The Slide Into Genocide*, and I was delighted to donate my time and effort writing it. The book is now available from the National Holocaust Centre, or from me personally, as I keep a stock at home and take a few copies whenever I am invited to speak.

Learning and commemoration is not enough. There has to be action. My book challenges readers to act. Learning and commemoration need to involve reflection and positive challenges to the status quo. We need to find the courage to care enough to develop the will to act. We need to challenge every negative or insulting view about 'others' by simply asking for evidence. 'A great many people think they are thinking when they are merely rearranging their prejudices' (William James).

The bigger problem is indifference, which is harder to challenge. Too much horror and injustice is uncomfortable for the mind. It is much easier to withdraw into your comfort zone like a cocoon and stay there, than to come out to think and challenge.

This year there are reports of many major commemorations of the 70<sup>th</sup> anniversary of the liberation of the Nazi concentration camps but very few mentions that 2015 is also the centenary of the Ottoman Genocide against its Christians under cover of World War One. Turkey claims that it was a massacre and a necessary one to

protect itself from 'fifth column' insurrection. But the Christians, mainly Armenians, were loyal Ottoman supporters and the full evidence of genocide is in the British Government archives. These documents are available under the Freedom of Information Act but heavily redacted. The document stating the government's policy review of their position on refusing to consider it genocide, is also available but 13 of its 31 paragraphs are redacted!

Our psychotherapy profession should be interested in the issue of genocide, because atrocities, including genocide, are being allowed to happen faster than the trauma suffered can be processed at both individual and group levels. Too much trauma is still active and accumulates as it is passed to subsequent generations. This is especially so, as in the case of the Armenian Genocide, when there is denial instead of full acknowledgement, no memorials in the killing fields and no closure for the third and fourth generations of the Armenian Diaspora. Our profession should be lobbying the government with evidence of the transmission of unprocessed trauma, which keeps genocide active in the present until properly brought to closure. The Ottoman Genocide cannot be relegated to past history as a 'massacre'.

*Ruth Barnett is a writer and speaker challenging stereotypes, prejudice and denial.*

[return to contents](#)

## Book Review

**Love Hate and Indifference: The Slide into Genocide**  
**by Ruth Barnett**  
**(2015 Swanmore: Jellyfish Print Solutions)**

*Reviewed by Rhoda Dorndorf*

Ruth Barnett, who is well known to BAPPS and who has held seminars about the Holocaust for years, has recently published this, her latest book. In it she appeals to both adults and the young to stand up and confront the genocide that still continues in the world. She argues the case for being an *Upstander*, rather than a

*Bystander*, whose passive indifference is as good as sanctioning the violent destruction of any ethnic group. This reminded me of a slogan used by the cross-community Alliance party of Northern Ireland during The Troubles; 'Don't be part of the Problem, be part of the Solution!' We don't need to look farther than the UK, where after 30 years of conflict, this small community of warring tribes have managed to find a reasonably workable and peaceful compromise. I can therefore vouch for the importance of being an *Upstander*.

This publication coincides with the 70th anniversary of the liberation of Auschwitz concentration camp. Ruth reminds us that not only Jews perished in the Holocaust, but also Gypsies, homosexuals and any others who opposed the Nazi regime. But Ruth doesn't just focus on the Holocaust. She also reminds us that 'acts of genocide go back to biblical times' and refers particularly to the genocide of the Christian Armenians, the Pontos Greek and Assyrian citizens by the Ottoman Turks a hundred years ago, a fact which she says few know about today. Turkey still denies this genocide ever happened, and Ruth demonstrates her depth of knowledge and research by recounting a survivor's story (p.92). It is through these factual snippets from people's lives that her arguments come alive and touch the heart.

This is a remarkable book in that Ruth draws upon her own personal history as a refugee child from Nazi Germany, along with her insights as a psychotherapist and her wide ranging knowledge of the world's socio-political and religious history. She combines this complex and rich knowledge into a very clear, coherent and readable book. Don't be put off by the deceptively simplistic style, for she deliberately pitches this book, with its unsavoury subject matter, at young people, the citizens of tomorrow.

Her book starts with what it means to be human, then looks at identity and difference, violence, assertiveness and aggression, genocide and denial, religion, knowledge and belief, the Ottoman genocide against its Christian citizens, the Holocaust and lessons from it, civilisation and society, capitalism, the law and its penal system, citizenship, education and the role of history and understanding your community. The final chapter is about survival of the human race and she ends with ideas for further reading.

Each chapter stands alone, allowing the reader to pick and mix, dip in at leisure while each of her twelve chapters link and sustain the argument. This will hopefully encourage a young reader to engage with the subject matter. At first I was put off by the tendency for the same argument to appear in various guises in different chapters, but this serves to drive the messages home. In fact it is a bit like the 'working through' stage in psychotherapy; hard work at times but essential!

Teachers would also find this book very helpful to use as a teaching aid. No doubt gleaned from her many talks to school children, she tells us that children 'need to understand the difference between war and genocide, to understand the meaning of genocide and its history in order to question what is happening in the present' (p. xxv). She cleverly deals with anticipated objections to such suggestions right through the book, so that the result is a well-argued case for young people learning to think critically for themselves about how wars and genocide occur. I especially

appreciated her tendency to explain 'difficult' words bracketed in plain language, and not just for the benefit of young curious minds I can tell you! For example, on p.91 she explains Hitler's 1923 'Putsch' as 'an attempted coup for power'. She clearly has an affinity with the adolescent of today, as well as the adolescent in all of us, and has taken care to ensure her young readers truly understand what they are reading.

This is a *tour de force* but she always justifies her views with evidence, telling us that she gives her own opinions, but that opinions are different from fact. Indeed, for the burgeoning adolescent, it must be very reassuring to understand that the way to form your own views is by 'testing out facts against evidence and gathering a variety of opinions' (p. xxi) while warning against hearsay. I found the chapter entitled 'Violence: Assertiveness and Aggression, Genocide and Denial' a gripping read. This encapsulated many difficult concepts in a clear discursive style. Even if the reader does not share Ruth's opinions, they may disregard the stated facts at their peril! Ruth also offers an opportunity for further learning by citing a website about genocide, 'Genocide Watch', which outlines the ten stages that every known genocide has gone through (p. 57). The book abounds with such helpful information.

Ruth builds her case by drawing upon Winnicottian theory to explain how we develop in a healthy way from birth, but also explains how emotional and psychological development become arrested due to both internal and external adverse factors. She addresses both the results of such arrested development for the individual, and how such individuals can behave in groups, using processes such as projection leading to the scapegoating of other weaker people. It is a very demanding task to write about such complex issues, unpicking them and explaining their origins whilst avoiding jargon, especially in relation to psychoanalytic theory, but Ruth more than succeeds. She doesn't only draw examples from history, but brings us right up to date, by referring, for example, to the current extremist threat of ISIS (p xxiii).

Ruth hopes to give the reader 'food for thought and trigger questions for discussion' for she believes that 'discussion, listening and learning from each other, is one of the main ways we can combat violence' (p. xxix). This book will certainly give food for thought and is well worth promoting especially to our young people.

***Rhoda Dorndorf*** had a background in mental health social work before training as a psychodynamic psychotherapist in the 1990s, followed by a supervision training with WPF at Leeds Counselling. She offers individual therapy to adults, adolescents and children as well as supervision to individuals and groups. She has been a member of BAPPS since 2002.

[return to contents](#)

# AUTUMN CONFERENCE & AGM

Saturday 14th November, 2015

*When the Body Comes to Therapy*

**SUSIE ORBACH**

Bodies, body troubles and eating issues are centre stage in many people's lives. They come into the therapy and can perplex clinicians. They may stimulate body and food issues that exist for the clinician. This day will look at new approaches to the body, introduces a new diagnostic tool the BODI (Body Observational Diagnostic Interview) and will provide therapists and supervisors with ample time to discuss the issues that arise for them in the therapy. ***How far do we as supervisors understand these complexities within the relationship between therapist and client?***

**Susie Orbach** is a psychoanalyst and writer, specialising in body image, our relationship with our bodies, and aspects of eating disorders. She co-founded The Women's Therapy Centre in London in 1976 and The Women's Therapy Centre Institute, New York in 1981. Her numerous publications include *Fat is a Feminist Issue*, *Hunger Strike*, *What Do Women Want* (with Luise Eichenbaum), *The Impossibility of Sex* and her award winning book *Bodies*. Susie has recently co-edited *Fifty Shades of Feminism* (2013); has been a consultant to the World Bank, the NHS and Unilever; and is a founder member of Psychotherapists and Counsellors for Social Responsibility, and convenor of Endangered Bodies ([www.london.endangeredbodies.org](http://www.london.endangeredbodies.org)) the organisation campaigning against body hatred. She is an expert member of the steering group of the British government's Campaign for Body Confidence. She is also currently in practice seeing individuals and couples.

9.30	Registration
10.00	Welcome & Speaker
11.15	Refreshment Break
11.45	Clinical Application
1.00	Lunch
2.00	Plenary with Speaker: Ideas from Discussion Groups
3.00	AGM
4.00	End

Cost including hot lunch and refreshments: Non Members: £85 / Early Bird: £75;  
BAPPS Members: £75 / Early Bird: £60; Retired BAPPS members: £45

Early Bird deadline bookings to be made by 5 October 2015

Cancellations Policy: 1 month = full refund • 2 weeks = 50% refund • 1 week = no refund

Venue: The Tavistock Centre, 5th floor Lecture Theatre,  
120 Belsize Lane, London NW3 5BA  
Nearest tubes: Finchley Road, Swiss Cottage

## Notice Board

*It is hoped that this will become a regular feature of the Journal.  
Please send any contributions you would like included to the Editor.*

### **BAPPS Autumn Conference 14 November 2015**

Don't forget to book for the next BAPPS conference, followed by the AGM. **Susie Orbach** will be speaking on **'When the Body comes to Therapy'**.

Details are to be found opposite and on the website ([www.supervision.org.uk](http://www.supervision.org.uk)).  
Bookings to [admin@supervision.org.uk](mailto:admin@supervision.org.uk)

### **BAPPS 20<sup>th</sup> Anniversary Celebration**

The 20<sup>th</sup> Anniversary of BAPPS will be marked at the AGM in a special way. Please be there to ensure you do not miss out!

### **Supervision of supervision**

Ruth Barnett is offering supervision of supervision, either on a peer basis or as supervising a supervisor's supervision. If you are interested please email [rutheclb@gmail.com](mailto:rutheclb@gmail.com).

### ***Love Hate and Indifference: The Slide into Genocide***

Ruth Barnett's latest book is available from The National Holocaust Centre and Museum and all proceeds will go to the Centre. Cost £10 +postage and packing. [www.nationalholocaustcentre.net](http://www.nationalholocaustcentre.net)

### **National Holocaust Centre and Museum**

The National Holocaust Centre and Museum in Laxton, Nottinghamshire, was established in 1995 by brothers Stephen and James Smith and their mother Marina following a visit to Yad Vashem, Israel. The Centre uses the history of the Holocaust to educate visitors and reflects upon what it means for our communities today and works with a wide range of organisations within the UK. [www.nationalholocaustcentre.net](http://www.nationalholocaustcentre.net) Tel: 01623 836627

[return to contents](#)

# Contributions for Future Journals

All contributions and suggestions for articles for the Supervision Review are most welcome. Your input is needed if this journal is to continue, so please consider writing an article or reviewing a book.

For the moment we are using the excellent series of BAPPS Conferences as our starting points, but other topics could also be the focus for an issue. Please think whether you could be Guest Editor for an issue on a topic that particularly interests you.

We hope to publish the next issue of the BAPPS Supervision Review in Spring 2016 and to continue to publish issues at 6-9 month intervals depending on how much material is forthcoming.

## **Spring 2016**

### **The Brain and the Body in Supervision: BAPPS Conferences 2015 This will also be an issue celebrating the 20<sup>th</sup> Anniversary of BAPPS**

We invite Articles and Book Reviews related to the two 2015 Conferences with speakers Margaret Wilkinson and Susie Orbach.

Also we invite Articles particularly suitable for the 20<sup>th</sup> Anniversary; about the journey BAPPS has taken since its founding; and about the evolution of thought about supervision, its theory and practice.

### **Copy Deadline: 31<sup>st</sup> December 2015**

#### **Notice board**

A notice board section for members to advertise or ask for help with anything including offers of supervision, requests for help with research, consulting rooms needed or available, books offered for sale or re-housing, seminars or conferences of interest, ideas for informal social gatherings or reading groups.

#### **Please send notices to the Editor.**

#### **Members' articles in other journals**

If you would like members to know of books or articles you have published in other journals, then please send details to the Editor.

#### **Editorial Team**

The editorial team is currently Deborah Wilde and Kimberley Carter. We would be grateful for more members so that we can share our experience and rotate the work of editing the Review. The more we have involved the easier it will be.

[return to contents](#)