Depression Inside Out Conference
Parallel Paper Session 2
Abstracts
Depression and the Problems of Manic Functioning

Francesca Hume (British Psychoanalytical Society, and Tavistock and Portman NHS Trust)

Abstract

Francesca Hume will describe the interactions that can occur between omnipotent identifications, triumph, manic forms of repair and descent into depression, compared with other circumstances, that however difficult, involve the patient in a more realistic recognition of what are usually severe losses and irreparable damage sustained to the patient’s objects – internally and externally. However painful, mourning these may permit more symbolic forms of repair, and greater psychological stability. Francesca Hume will describe these dynamics in the patients she saw in the TADS Study. The developments over the course of the therapy of one of them will be detailed: somatised experiences of depression, often alternating with periods of acting out and violence, can evolve into forms of mental experience that are felt to be meaningful and valuable. But ending time-limited treatments with severely damaged patients poses an equivalently severe challenge for such patients in terms of the threat to development after the treatment has ended. Ample time will be allowed for discussion.

Biography

Francesca Hume is a Fellow of the British Psychoanalytic Society and a Consultant Clinical Psychologist and Psychotherapist at the Tavistock Clinic where she has worked for the past 22 years. In addition to being a member of the senior clinical staff at the Tavistock, she runs the Adult Psychoanalytic Psychotherapy Training (M1) where she has a substantial teaching role. She is chair of the Adult Psychology Discipline and was one of the clinical staff in the Depression Study.

She also works with patients analytically in her private practice.
Mortality: A Psychiatrist in Hospice work

Matthew Hotopf (King’s College, London, South London and Maudsley NHS Foundation Trust, and St Christopher’s Hospice) & Michael Feldman (British Psychoanalytical Society)

Abstract

In this session I shall describe my work as a liaison psychiatrist consulting to a hospice which cares for patients with advanced disease and their families. Most patients have a life expectancy of only a few months. The hospice also cares for relatives some of whom present with complex bereavement. I shall illustrate my work with a description of two clinical cases, one in a patient receiving care and another in a bereaved relative, in which depression and suicidality were prominent. Whilst distress in these circumstances may seem “understandable”, the extreme presentations I see are not typical. Instead they are almost invariably over-shadowed by past losses, trauma or early neglect. Michael Feldman will comment from a psychoanalytic point of view.

Biographies

Professor Matthew Hotopf MBBS BSc MSc PhD RCPsych FMedSci, is Vice Dean of Research at the Institute of Psychiatry Psychology and Neuroscience, King’s College London, and Director of the South London and Maudsley NHS Foundation Trust National Institute of Health Research Biomedical Research Centre (BRC). Matthew trained in epidemiology at the London School of Hygiene and Tropical Medicine and in Psychiatry at the Maudsley. Matthew’s main area of research is in the grey area between medicine and psychiatry, exploring the interaction between mental and physical health, and uses “big data” approaches to understand this interface better. He has worked extensively in areas where mental health relates to other walks of life – including occupational and military health, mental health law, and the wider community. He has received many research grants, including the Innovative Medicines Initiative RADAR-CNS (Remote Assessment of Disease And Relapse in CNS disorders) program, which seeks to use data streams from smartphones and wearables to assess and predict health states in people with epilepsy, multiple sclerosis and depression. He works clinically as a liaison psychiatrist at King’s College Hospital and St Christopher’s Hospice, and leads the award-winning IMPARTS (Integrating mental and physical health, Research training and Service) project which seeks to provide better mental healthcare to people with physical illnesses. He received the Academy of Psychosomatic Medicine’s 2016 Wayne Katon Research Award, is an NIHR Senior Investigator and Fellow of the Academy of Medical Sciences.

Dr Michael Feldman M.R.C.P., M.Phil, F.R.C.Psych., F.Inst. Psychoanal., is a Training Analyst of the British Psychoanalytical Society. He studied psychology and medicine at University College, London, and his subsequent training in psychiatry was at the Maudsley Hospital. He was appointed Consultant Psychotherapist, and later Chairman of the Psychotherapy Unit at in the Maudsley where he worked for many years.

After qualifying as a psychoanalyst he initially combined this work with his NHS responsibilities, but having retired from the NHS, he is now in full-time private practice, and involved in teaching and supervising psychoanalysts and trainees, in London, and in several European and North American centres. His clinical and theoretical approach has been influenced by the work of figures such as Herbert Rosenfeld, Hanna Segal, and Betty Joseph, and he has collaborated for many years with his colleagues John Steiner and Ronald Britton. He has published a number of papers, focusing mainly on psychoanalytic technique, and exploring the nature of psychic change. A selection of his papers has been published by Routledge as ‘Doubt, Conviction and the Analytic Process.’
Towards the Depressive Position: Psychoanalytic ideas and the psychosis ward

Robert Harland (British Psychoanalytical Society, South London and Maudsley NHS Foundation Trust)
Discussion: Marcus Evans (British Psychoanalytical Society)
Contributing Chair: John Steiner (British Psychoanalytical Society)

Abstract

Since NHS psychiatric care moved to the community and in an era of budgetary constraint inpatient units have become increasingly focused on reducing length of stay.

Wards are generally now locked and the threshold for admission is high based on risk to self and others. There is a worrying tendency towards a factory mentality of efficiency, with performance measured in terms of numbers in and out. Chaos, violence and self harm are the currency of clinical need and the criteria against which a patient is understood as settled and therefore ready for discharge. Over the last decade, on both male and female units, the author has worked as a consultant psychiatrist and also run weekly psychodynamically informed groups. The benefits and challenges of these groups are described and a session is presented. The groups appear to have a humanising effect and aim to help patients and staff face the situation they are in. In terms of a conference on depression: however chaotic the ward may be, unbearable depressive feelings – in the broadest sense of the word - are often in the background. A therapeutic atmosphere promoted through groups helps to contain these feelings.

In the discussion following Robert Harland’s presentation, Marcus Evans will describe how a psychoanalytic perspective can contribute more generally to the care and treatment of patients with psychotic illness. This will be based on the psychoanalytic consultations he offers to a psychiatric intensive care unit.

Biographies

Dr Robert Harland studied social anthropology at UCL and medicine at Barts and the London Medical School. He has worked at the Maudsley since 2001. For the last 10 years as a consultant he has worked in community teams and on male and female acute admission wards. On these wards he has set up and run a number of psychoanalytically informed inpatient groups. He is a member of the British Psychoanalytic Society. He has an interest in and teaches at the IOPPN on philosophy and ethics in psychiatry. He is a Trustee of the Maudsley Philosophy Group Charitable Trust. He is an editor of the Maudsley Reader in Phenomenological Psychiatry.

John Steiner is a training analyst of the British Psychoanalytical Society, and although he has retired from clinical practice he continues to supervise and write.

Marcus Evans is a psychoanalyst as well as consultant psychotherapist at the Tavistock & Portman NHS Foundation Trust. After qualifying there as a psychotherapist, he was appointed Head of Nursing and subsequently Associate Clinical Director of the Adult & Adolescent Departments 2011-15. He has given outreach courses to frontline staff in several Mental Health Trusts including Camden and Islington, the Bethlem and Maudsley and Broadmoor. His book, Making Room for Madness in Mental Health: the psychoanalytic understanding of psychotic communications was published recently.
Suicidality: What we learned from the Tavistock Study

Birgit Kleeberg (The Tavistock and Portman NHS Foundation Trust, and British Psychoanalytical Society), Maxine Dennis (The Tavistock and Portman NHS Foundation Trust, and British Psychoanalytical Society), & Gideon Hadary (The Tavistock and Portman NHS Foundation Trust, and British Psychoanalytical Society)

Abstract

The irreversibility of suicide, and its long-term damaging effects upon relatives, family members and caregivers, are important reasons why the suicidal impulses, that our patients so often feel, stir up such powerful and complicated anxieties in us. These feelings, which include a fear of being held responsible, whose realistic element is sometimes confirmed by supposedly ‘no-blame’ inquiries, and as well our own persecutory and depressive guilt about our own death wishes, are exacerbated in the current context because psychiatric services are so often overstretched, fragmented or simply unavailable. Great uncertainty attaches to any attempt to distinguish which suicidal mental state may lead to death from those many others that likely may not. This adds to the pressures operating within all of us, as we try to find forms of understanding - and courses of clinical action - that might be therapeutically meaningful as well as safe. Suicide, and attempted suicide, confront us with the limits that exist on our capacities to anticipate, to understand and to help. They are particularly likely in patients - like those in the TADS Study - whose depressive condition is long-term and recalcitrant.

In this workshop, we will describe what we understood of suicidality as it arose in the patients in the TADS study. We will look at how it presented and evolved amongst some of those who received the psychoanalytic psychotherapy. We will chart the course from assessment, the beginning of therapy, the ongoing process, and the ending of the treatment. A psychoanalytic psychotherapy with chronically depressed patients can feel a daunting and over-ambitious prospect - given the inwardly directed destructive forces we think it might release. “Containing the container” is important if such work is to be possible: it may be necessary for the therapist to live with a fear that the patients might kill him or herself.

We would like those coming to this workshop to bring their own clinical experiences and to discuss these matters together with us to identify further possible ways of understanding and managing suicidality both in general settings as well as during the specialist one of psychoanalytic psychotherapy.

Biographies

Maxine Dennis is a psychoanalyst and a Member of the British Psychoanalytical Society. She also works in the Adult Department, Tavistock Clinic as a Consultant Clinical Psychologist and Psychotherapist where she chairs a Psychotherapy Unit and is lead for Groups. She did many of the psychodynamic assessments for the Tavistock Adult Depression Study (TADS) and treated some of its ex-patients in individual and subsequently group psychotherapy. She teaches and supervises on the Tavistock Adult Psychotherapy training and is a visiting lecturer at the University of Essex.

Gideon Hadary is a psychoanalyst and a child analyst, Fellow of the British PsychoAnalytical Society. He works in private practice and he is a visiting lecturer at the Tavistock Clinic. He worked as a Consultant Child Psychotherapist in the NHS and served as the Head of the Child and Adolescent Department in the London Clinic of Psychoanalysis. He was one of the clinicians who took part in the Tavistock Adult Depression Study (TADS).

Birgit Kleeberg is a psychoanalyst, and a Member of the British Psychoanalytical Society, she treated patients in the Tavistock Adult Depression Study, and is now a Consultant Psychotherapist in the Adult Complex Needs Service at the Tavistock Clinic. She also co-manages the Fitzjohn’s Unit, a specialist service
for patients with complex and enduring mental health problems. She previously worked at the Cassel Hospital.
Abstract

Criteria for defining a psychiatric disorder as chronic usually require a minimum duration measured in time, that is months and years (typically, two). And correspondingly, so-called ‘treatment resistance’ is defined by what is conceived of as a ‘failure to respond’, in the case of depression typically, to antidepressants over a duration, typically, measured in weeks. This presentation examines an alternative concept, namely that chronicity is more profoundly understood when it is viewed as a form of psychological functioning whose powerful emotional impact on those interacting with the patient is immediate.

All the patients in the TADS research satisfied the conventional descriptive research definitions of chronicity and treatment resistance; most vastly exceeded thresholds. However, clinically considered, many seemed to be more under-treated, potentially, treatment avid and responsive, not resistant. Thus, not all evoked the reactions in caregivers that typically form part of the alternative concept of chronicity this presentation focuses upon. However, some did. And in these the reactions induced are difficult for caregivers to endure. As a result, we tend to make our experience of them brief - by withdrawing, becoming routine, adopting attitudes of moralistic confrontation masquerading as interpretations or, in reaction to these, by adopting therapeutic stances that are overly zealous, solicitous or identified. The states in the patient evoking these reactions include emptiness, desolation and despair.

The Presentation: After David Taylor’s introduction, Michael Mercer will describe a case in detail. He will refer to other patients who were similar in how they avoided contact with both psychic and external reality, resisted attempts to get closer to understanding them and shared some features of their early histories. He suggests that deep-seated conflicts of ambivalence underpin these patients’ dependence upon avoidance. David Taylor will then look at the relationship between chronicity and perversion. He will consider why it might be that the sense of chronicity used here occurs in many mental disorders. There will be ample time for discussion, including the data of post-treatment follow-ups and, given the right framework of understanding, the extent to which it may be possible to improve on the limited benefits we found.

Biographies

Michael Mercer is a Fellow of the Institute of Psychoanalysis. He was one of the clinicians who saw patients throughout the TADS project. He is a past Clinical Lead of the Adult Department of the Tavistock & Portman NHS Trust.

David Taylor was Clinical Director of the TADS project. He is a Training & Supervising analyst of the Institute of Psychoanalysis, holds a Visiting Professorship at UCL and is a trustee of the Melanie Klein Trust.