

CONFER

# THE DEPRESSION

**DEBATE** FIVE PANELS  
DISCUSS THE  
CLINICAL  
DILEMMAS

**WEDNESDAY EVENINGS  
JANUARY - MARCH 2007  
LONDON**

# INTRODUCTION

As an increasingly integrated view of the human being as a complex mind-body entity is becoming accepted as part of the theoretical basis of good mental health care, we have turned our attention to the question of how we can most usefully conceptualise and treat depression.

Depression is considered to be a psychological epidemic and a problematic psychosocial malaise. Each mental health discipline is striving to distinguish and treat its many manifestations and their personal and social costs. We now have numerous refined distinctions within the category of depression - melancholic, catatonic, psychotic, dysthymia, bi-polar, postpartum and so on – and a plethora of treatment approaches. This multiplicity creates issues for the practitioner. Which treatment approach is most effective? What works for whom? Are some treatments undesirable? Is it possible or advisable to mix treatment strategies?

The dis-ease of depression is a particularly good example of a mental health concern which bridges the doctor's consulting room, psychiatry and psychotherapy, and thus offers an excellent opportunity for multi-disciplinary discussion. This series poses the question of how we can work together and puts this into action. Bringing together experts in the field, and a diverse range of theoretical perspectives, the five panel discussions pivot on dilemmas that are central to understanding the components of an effective and integrated approach to the treatment of depression.

- The dynamics of depression: do we need a whole person perspective?
- Anti-depressants: are they a hindrance to psychotherapy or an essential support for people who are incapacitated by their depression?
- Is depression a natural or pathological response to loss and grief?
- To what extent should we allow time for both patient and therapist to jointly experience and bear the affective state of depression? Might this be an important part of the therapeutic process?
- How and when can complementary approaches be successfully integrated into a psychological therapy?

17 January 2007

## The dynamics of depression: do we need a whole person perspective?

### Dr David Taylor

In some sense depression is a universal reaction pattern. It is of the same family as other biological reactions such as the inflammatory response to injury. However, it differs in that it is a psychosomatic entity where levels of human meaning and significance play an important part - both as causal factors and as central forms of the human condition. In the Tavistock Adult Depression Study what we see is that patients characteristically present as sufferers from a defined illness. However, in the course of therapy patients become connected with themselves as individuals with experiences of loss and damage and with painful emotional conflicts. A passive identity as suffering from an inexplicable neuro-pharmacological disorder gives way to a much more complex view.

Dr David Taylor is a psychoanalyst and consultant in the Adult Department of the Tavistock and Portman NHS Foundation Trust. He is the Clinical Lead of the Tavistock Adult Depression Study. This is evaluating the role of psychoanalytic psychotherapy in the treatment of chronic depression.

### Professor Angela Clow

Although the origins of depression are complex and diverse it is clear that chronic stress can be a contributory factor. This talk will examine the mechanisms by which stress can increase susceptibility to clinical depression and how understanding these links can also empower non-pharmacological treatment strategies.

Professor Angela Clow is trained in neuropharmacology, physiology and psychology and likes to work at the interface of these disciplines. For her PhD (Institute of Psychiatry, London) she investigated the function of brain dopamine receptors and during her post-doctoral studies (Royal Postgraduate Medical School) and developed an interest in the biochemistry of stress. In 1989 she joined the University of Westminster where she became a founder member of the interdisciplinary Psychophysiology and Stress Research Group (PSRG). Professor Clow's current research investigates the physiological pathways by which stress and well-being can affect health. In particular she studies daily patterns of cortisol secretion, a hormone important in the regulation of day-night cycles as well as stress responding. Professor Clow has published over 85 full-length peer-reviewed papers, 2 books, and 24 book chapters or reviews.

31 January 2007

## Anti-depressants: are they a hindrance to psychotherapy or an essential support to people in need?

### Dr Stirling Moorey

Dr Stirling Moorey will argue that antidepressants and psychological treatments, such as cognitive therapy, help acute depression and prevent relapse. Effective management of depression flexibly balances pharmacotherapy and psychotherapy, and combined treatment is particularly important for people with more severe, chronic and relapsing depression.

Dr Stirling Moorey is Consultant Psychiatrist in CBT and Head of Psychotherapy for the South London and Maudsley NHS Trust. He has been actively involved with cognitive therapy since 1979 and was a co-founder of the Institute of Psychiatry Cognitive Therapy Course. In collaboration with Dr Steven Greer he has developed a cognitively based treatment for patients with cancer which has been evaluated in two RCT's. He is currently researching the efficacy of CBT in palliative care and is co-author of *Cognitive Behaviour Therapy for People with Cancer*, Oxford University Press.

## Dr Sue Blake

The modern world of the NHS demands an evidence-based approach, and anti-depressant medication plays its part in the management of depression, one of the commonest forms of mental illness; I will argue that, used judiciously, medication can complement the psychological approach.

**Sue Blake** is a GP Principal, Trainer and Appraiser working in North London; she is also Senior Clinical lecturer in Primary care in the Adult Department at the Tavistock Clinic, having completed training in both Psychiatry and Psychotherapy. Her research interests have included Psychological aspects of Breast Cancer, applications of psychotherapy in Primary care settings and Depression in Primary care. She has recently co-edited a book in the Tavistock Clinic Series: *Reflecting on Reality-Psychotherapists at Work in Primary Care*.

## Dr Susie Orbach

Susie Orbach will consider the different understandings of depression between medicine and psychoanalysis, sharing patients' with medical doctors, prescription drugs and notions of dependency, the patient's experience of being 'medicalised'.

**Susie Orbach** is Visiting Professor at the LSE, the author of 10 books and numerous papers. She has a practice seeing individuals and couples.

**7 February 2007**

## Is depression a natural or pathological response to loss and grief?

### Eileen McGinley

Freud's classic paper, *Mourning and Melancholia*, gave us great insights into the internal psychic world in depression. In this talk, I will look at the nature of identifications in depression and why the loss of the loved object can lead to states of mourning or depression.

**Eileen McGinley** is a psychoanalyst and a member of the British Psychoanalytic Society. She works part time in private practice and as a Consultant Psychiatrist in Psychotherapy at the Maudsley Hospital where she is the Tutor for Psychotherapy and where she runs a clinical course in the psychoanalytic understanding of borderline psychopathology.

### Roz Carroll

Research suggests that early attachment relationships can foster or attenuate the individual's capacity to regulate feelings and sustain a sense of creativity and aliveness. I will argue that in the aetiology of depression, loss and grief may be the final triggers that prompt the emergence of an underlying, hitherto unrecognised, lack of trust in mutuality, relatedness and self-agency.

**Roz Carroll** is a body psychotherapist specialising in exploring the relevance of affective neuroscience to contemporary psychotherapy practice. She teaches at the Minster Centre, the Chiron Centre, The Centre for Attachment-based Psychoanalytic Psychotherapy and Terapia. Her recent publications include chapters in *How Does Psychotherapy Work?* (Ed. Ryan), *New Dimensions in Body Psychotherapy* (Ed. Totton) and *About a Body: working with the embodied mind in psychotherapy* (Ed. Corrigan, Payne & Wilkinson). Her articles and workshop details can be found on [www.thinkbody.co.uk](http://www.thinkbody.co.uk)



28 February 2007

To what extent should we allow time for both patient and therapist to jointly experience and bear the affective state of depression? Might this be an important part of the therapeutic process?

### Dr Maggie Turp

Depressed patients commonly suffer from feelings of hopelessness and helplessness. It seems to them that they can do nothing to alter their experience or state of mind. At a deep level, they believe that their efforts will come to nothing or that any improvement will be short-lived. Cognitive behavioural therapy, and associated approaches such as DBT, aim to educate the patient out of these feelings by challenging underlying negative beliefs and thought patterns. Psychoanalytic practitioners prefer to stay with these feelings, to allow them to come into view, be identified and thought about, as they find expression in the patient-therapist relationship. Although this is a painful process, it brings with it the possibility of deeper and longer lasting change. These themes will be explored with the help of examples from clinical practice.

**Dr. Maggie Turp** is a Psychoanalytic Psychotherapist and Supervisor in private practice and a Chartered Psychologist. Her academic career has included lectureships at the University of Reading and at Birkbeck College, London. She runs a programme of infant observation studies and day training workshops for counsellors and psychotherapists, exploring some of the ways in which distress and disturbance find expression in both mental and physical domains of experience. Maggie is a member of the Editorial Boards of the journals *Psychodynamic Practice* and *Infant Observation*. Her publications include journal papers and two books, *Psychosomatic Health: the body and the word* (2001 Palgrave) and *Hidden Self-Harm: narratives from psychotherapy* (2003 Jessica Kingsley). She welcomes correspondence at [maggieturp@aol.com](mailto:maggieturp@aol.com)

### Elizabeth Wilde McCormick

When people are very depressed they are often cognitively impaired and cannot think clearly. By allowing for an unconditional, non-judgmental spaciousness within the therapeutic relationship, in which the unbearable is jointly borne, we allow the patient to experience something different from the belittling, punishing sense of self that may be at the root of their depression. This approach, based on acceptance, contemplative attention and mindfulness, allows the patient to develop a deepened understanding of the process which brought them to such a state of despair. But how much time should the therapist spend nourishing this space and how much time teaching someone to deal with their negative thinking? We will consider the common countertransference experience: am I doing enough?

**Elizabeth Wilde McCormick** has been practising as a psychotherapist for over twenty years. Her background is in social psychiatry, humanistic, transpersonal psychology, mindfulness based psychotherapy and cognitive analytic therapy. She was, with Nigel Wellings, Director of Training at the Centre for Transpersonal Psychology in London. She is the author of a number of books including *Surviving Breakdown*, *Living On The Edge*, *Change for the Better*, and most recently, with Nigel Wellings, *Nothing To Lose, Psychotherapy, Buddhism and Living Life*.

**7 March 2007**

**How and when can complementary approaches be successfully integrated into a psychological therapy?**

### **Dr David Peters**

The National Institute for Health and Clinical Excellence has found little evidence for anti-depressants or specific psychological treatments in mild or moderate depression. Is there evidence for 'complementary' methods – exercise, 'wake' or light therapy, St John's wort, nutrition, fish oils and supplements, acupuncture, relaxation, hypnosis or meditation?

**Professor David Peters** is a qualified GP, who trained as an osteopath and homeopath as well. From 1990 until 2005 he directed the programme for complementary therapies at Marylebone Health Centre (MHC) a Central London NHS primary care unit set up in 1986 to develop new approaches to inner city healthcare. He is Professor of Integrated Healthcare and Clinical Director of the University of Westminster's School of Integrated Health. He chairs the Advisory Group for the Prince of Wales' Foundation for Integrated Healthcare and has co-authored five books about integrated healthcare. He currently chairs the British Holistic Medical Association and is Editor of the Journal of Holistic Healthcare. Professor Peters' interests include the emerging role of complementary therapies in mainstream medicine, health creation and the development of integrated practitioners.

### **Michael Ash**

Michael Ash will explore the relationship between the gastro-intestinal system, immune functioning and depression, suggesting how a whole-body approach and nutritional therapy can restore a healthy balance between the systems of the body. He will suggest how a whole-body approach and nutritional therapy can restore immunological energy and mucosal tolerance so down regulating pro inflammatory cytokines and influencing other neurotransmitters.

We will consider how a whole body approach can be discussed with the patient, a holistic treatment strategy introduced, and what that might include.

**Dr Michael Ash** is an osteopath, naturopath and clinical nutritionist who teaches nutritional medicine. He is the founder of the Eldon Health Clinic in Devon, CMIST a R&D company and of Nutri-link, a practitioner dedicated nutritional supplement distribution company. He is currently running research studies on the treatment of the immune system disorders in autism and miscarriage via nutritional therapy. He has pioneered the therapeutic use of natural agents in the management of immune mediated inflammation conditions and continues to explore the role of the immune system in complex health problems such as depression, on which he has made a detailed study summarised in his paper "The Stressed Gut and the Depressed Brain: The Immune Link". He lectures extensively both nationally and internationally and remains committed to the concept of integration and the capacity of the human body to restore function and health.

## Facilitators

### Jane Ryan and Judy Yellin

**Jane Ryan** worked in community development before training as a psychoanalytic psychotherapist at the Centre for Attachment-based Psychoanalytic Psychotherapy. After eight years of clinical practice she founded Confer, which she now runs. She is the editor of *How Does Psychotherapy Work?* (Karnac, 2005) and *Intriguing Tales of Psychotherapy* (to be published in 2007).

**Judy Yellin** is a relational psychoanalytic psychotherapist. She teaches at CAPP, the Centre for Attachment-based Psychotherapy, conducting seminars on Freud and on relational psychoanalysis. She is a member of the International Association for Relational Psychoanalysis and Psychotherapy, and a founder member of IARPP Britain. Judy is an Associate of Pink Therapy, a therapy service for sexual minority clients provided by lesbian and gay therapists from a variety of theoretical and clinical perspectives. She is particularly interested in the intersubjective dynamics of transference and countertransference within the therapeutic couple.

## CONFERR

Confer is an independent organisation providing innovative CPD for psychotherapists. Our conferences and seminars are designed to focus on the cutting-edge of research and theoretical thinking as it is applied to psychotherapy, aspects of medicine and to the culture as a whole.

[www.confer.uk.com](http://www.confer.uk.com)

### Environmental Policy

Because conferences have an environmental cost, particularly in terms of travelling to the event, we would like to support participants taking public transport to this event by offering a £2.50 refund on presentation of your train or bus ticket. If you need to come by car you will be able to invest in a tree – should you wish to – via our account with the Woodland Trust bearing in mind that a car journey of 50 miles takes one tree approximately 25 years to process the resulting CO<sub>2</sub>.

Abstracts and papers (where applicable) will be printed on environmentally friendly paper.

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7th February 07

28th February 07

7th March 07

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## INVOICING

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# INFORMATION

## Venue

Tavistock Centre, 120 Belsize Lane, NW3

## Time

7.30-9.30 pm

## Fees

### Complete Series of 5 evenings

Self funded: .....£140

Organisationally funded .....£300

### 3 Evenings

Self funded: .....£95

Organisationally funded .....£210

### Single Evening

Self funded: .....£35

Organisationally funded .....£75

## Invoicing

If you need an invoice to be sent to your funding body, please supply a covering letter giving full details OR a purchase order number supplied to you by your finance department for the transaction. A £20 admin fee is applied to invoiced places.

**Director of Confer:** Jane Ryan

**Academic Consultant:** Brett Kahr

### Project consultants:

Barry Christie and Trish McEntee

**CPD:** 2.5 hours per evening, 12.5 in total

Certificates of Attendance are available at event

## Contact Information

Confer

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**Booking enquiries:** sonia@confer.uk.com

Copies of the flyer from [www.confer.uk.com](http://www.confer.uk.com)

## Booking Conditions

If you have paid in full and need to cancel, 50% of your fee will be refunded if we receive your cancellation in writing 14 days before the event. After then refunds cannot be given. If you have brought a ticket to one evening and cannot attend you may give your ticket to another person, but please give us 24 hours notice if you do so. If you are applying for several evenings your ticket cannot be shared.