

Psychotherapy and other stories

Frank Tallis on life as a clinical psychologist and novelist

It is still considered somewhat unusual for an individual to straddle C.P. Snow's 'two cultures' divide. We live in a society in which art and science are still viewed as being irreconcilable pursuits. Yet, over the past decade, I have been both a clinical psychologist and a novelist. In a few months I will stop seeing patients to concentrate on my writing, and then I will be described as a novelist and former clinical psychologist. However, I don't really see it like that at all, as I have always recognised continuities linking clinical practice and writing novels.

The practice of psychotherapy has long been associated with 'storytelling'. Anna O., the very first 'psychoanalytic'

patient, entered an altered state of consciousness during which she would tell Josef Breuer (Freud's avuncular patron and collaborator) stories that reminded him of those written by Hans Christian Andersen (Guttman, 2001). These formed an integral part of her treatment and prompted her to describe Breuer's approach as the 'talking cure'.

Yet more extraordinary is Ernest Jones suggestion that Freud's revolutionary technique of 'free association', was inspired by a now little known author called Ludwig Börne, who in 1823 wrote an essay titled 'The Art of Becoming an Original Writer in Three Days' (Jones, 1977). Börne's advice to aspirant authors was to simply write without interruption, 'falsification and hypocrisy, everything that comes into your head' (pp.218–219 in Jones). This of course recollects Freud's famous injunction that patients should ignore all censorship and express every thought – however trivial or unpleasant. Freud had been given the collected works of Börne when he was 14 years old, and they were the only books from his adolescent library that he kept as an adult.

Since Breuer and Freud's time, all forms of psychotherapy have involved some form of 'storytelling'. Patients tell stories to therapists, and therapists tell stories (in the form of rationales, schemes and myths) back to patients (Frank & Frank, 1993). Moreover, in many contemporary

therapies, the 'storytelling' component has acquired particular significance (e.g. reminiscence with the elderly or narrative therapy). It may even be the case that being able to tell a good story about one's self, is a powerful predictor of mental health. Mary Main and colleagues (1985, 1990) have found that a sense of emotional security is closely related to the presence of internally consistent and coherent self-narratives (see Gerhardt, 2004, for a summary). A failure to develop a cohesive and emotionally 'literate' personal narrative might not only have consequences with respect to poor mental health, but lead to antisocial behaviour. For example, David Canter (2006) has suggested that the inner narratives of violent criminals are impoverished, resulting in a breakdown of empathy.

Like all therapists, I have become accustomed to patients telling me their chaotic life stories. At such times, I often find myself offering them a number of narrative schemes to help them make sense of their experiences. These schemes frequently correspond with some of the basic plots we find in literature, for example, 'slaying the monster', 'rags to riches', or 'voyage and return' (Booker, 2004). The line between clinical psychology and creative writing becomes blurred, as the patient and I produce life-story drafts and edit them accordingly. Of course, this doesn't happen with every patient. Where the presenting problem is characterised by specific symptoms and clearly circumscribed, CBT has been quite sufficient; however, when dealing with complex or difficult presentations, helping a patient to put the chapters of their life into a meaningful order has frequently proved extremely productive.

Perhaps it is true that a good therapist will also be a good storyteller, and vice versa. There are several reasons why this



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should be the case.

Firstly, therapists and novelists must have a well developed theory of mind. Keith Oatley – also a psychologist/novelist – has recently argued that fiction is a kind of social simulation that runs on the hardware of the human brain (Oatley, 2008). Thus, the more time we spend reading fiction, the more socially skilled we become. More interesting is his suggestion that frequent reading of fiction (i.e. exposure to meaningful narrative) might strengthen selfhood.

Secondly, therapists and novelists must be able to use language well. Unlike psychiatrists, a clinical psychologist does not have an armamentarium of drugs at his or her disposal. To ‘change’ a brain (which surely must be the ultimate effect of psychotherapy) armed with only the English language and a few models of mental functioning still strikes me as vaguely miraculous. In the same way, suspension of disbelief while reading a novel – achieved with only well-chosen words on a page – is also a kind of miracle.

A further point worth making, concerns the subject matter of psychology. The topics which psychologists study – for example, memory or psychopathology – frequently play a part in tried and tested plot lines (e.g. man wakes up in hotel next to body covered in blood, but can't remember who he is or how he got there).

The parallels between detective fiction and psychotherapy are obvious. Psychotherapists and detectives have a great deal in common. Both scrutinise evidence, look for clues, reconstruct histories, and seek to establish an ultimate cause. It is no coincidence that Freud viewed himself as the Sherlock Holmes of the mind and was a great fan of Conan Doyle.

I doubt very much that there are many students who embark on a psychology degree thinking that the education they are about to receive might equip them to become novelists. Yet, I firmly believe it can. I have found my background in psychology immensely useful – far more, I think, than the traditional writer's training of a degree in English followed by a career in journalism.

My most successful fiction has been a series of psychoanalytic detective thrillers set in Freud's Vienna. Without an appreciation of Freudian theory and my experience as a practitioner – I could never have written them. Moreover, when I am no longer seeing patients, I will not see myself as a *former* or *retired* clinical psychologist, but rather, as a clinical

FEATURED JOB

Job Title: Chartered Occupational Psychologist
Employer: London Fire Brigade

‘We definitely need an experienced practitioner,’ says Jim Robinson, Head of HR Policy and Transformation, who will be line manager for this role. ‘There’s a need for some desk work and report-writing, for researching new approaches and making improvement recommendations, but this job involves getting out, selling approaches and ideas and then implementing them.’

Jim describes an organisation with change on the agenda. ‘There’s uncertainty about future transformations of the job and service. Work on behaviour change is at the centre of what my team will contribute to successful wide-scale change.’ He analyses a number of core areas where this job must make a difference. ‘This person will work with the recruitment team and must have knowledge of psychometrics and the ability to develop effective assessment centres. We need to work with our recruitment specialists to streamline our recruitment processes and ensure our managers have the necessary skills in areas such as interviewing.’

The psychologist will also work with three change managers. ‘There’s a huge job in developing leadership skills and enhancing teams. In a changing environment we’ve got to go beyond our undoubted strength in process management to improve people skills. This is a huge programme. So this person must be strong at facilitation and also at developing and using 360s in team-building activities – something I’m keen to introduce more.’

This person will work alongside another occupational psychologist who is already in post. Are psychologists and their skills accepted in the service? ‘They are when they’re involved in selection process: but we will need to work hard to get buy-in to our focus on behaviour change. We’ll need someone who’s strong, enthusiastic about their work and can explain ideas clearly to people. They won’t sit around waiting for work to arrive: it’s a case of getting out and talking. And they must have experience working in complex organisations where you have to understand professional and organisational dynamics.’

Jim highlights another area. ‘We’ve not had a formal performance management and appraisal system for that long and it is going to be a long job to embed this and get maximum value out of it – the psychologist will help here.’

“this job involves getting out, selling approaches and ideas”

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psychologist practising in a different context.

I Frank Tallis's latest Freudian detective thriller is *Darkness Rising*, published by Century.

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The benefits of internships

The British Psychological Society's Division of Occupational Psychology has a 'Job Board' at www.pow-bps.com, where you can advertise or seek voluntary experience (and paid positions that have appeared in *The Psychologist*). In particular, the site is designed to advertise internships for recent completed MSc graduates and students looking to get initial experience.

To illustrate the benefits for employers, as well as for applicants, we meet three people who've been making internships work for them.

At Sainsbury's, Veronika Solloway describes how an internship has helped launch her career as an occupational psychologist, whilst Peter Burnham outlines the benefits from the employer perspective. Inga Pioro at PDI Ninth House has also used the Job Board to support sourcing three interns this year and describes how this helped the recruitment process.

Veronika Solloway

Postgraduate Occupational Psychology Placement, Sainsbury's Supermarkets plc
I started with Sainsbury's Supermarkets as a volunteer assisting on a Situational

Judgment Test (SJT) validity project. I then joined full-time as an Assistant Occupational Psychologist, working alongside Sainsbury's in-house Chartered Occupational Psychologist, Peter Burnham. Much of my experience has fallen in designing, validating and analysing SJTs. In doing so, I got the opportunity to apply my knowledge of research methods and statistical analysis taught on the Psychology BSc and Occupational Psychology MSc, and this has been invaluable in preparing me towards chartered status and supporting me in my current job search. I also learnt a number of new skills including:
 | critical incident technique job analysis;
 | interview and assessment skills;
 | conducting longitudinal research; and
 | applied statistical techniques.



I have also developed a number of

assessments for the graduate scheme and HR Shared Services (including interviews, coaching exercises and group exercises). Lastly, I have designed a team-building exercise based on the Belbin team roles for the team I was working in. This placement has given me an invaluable insight into the world of occupational psychology in commerce, a vision that was not so clear from the lecture hall. I have gained a number of new skills and sharpened others that have enabled me to design valid and fair assessments. In terms of career progression, this placement has brought me a step closer to being a Chartered Occupational Psychologist.

Where possible, organisations running occupational psychology placements should explore incorporating rotations so that postgraduates could get experience across the HR business functions (health and safety, selection and assessment, organisational development and change, training and development etc.) Rotations will provide much of the necessary experience to become a chartered occupational psychologist. The return for running a placement will be an occupational psychologist who has been trained for your organisation, who

Building roads to success in mental health

Clinical Studies Officers (CSOs) working within Leicestershire NHS Partnership Trust for the Mental Health Research Network (MHRN) describe one route to acquiring valuable research skills

The Mental Health Research Network (MHRN: see www.mhrn.info) is at the heart of mental health research throughout England. It supports NHS mental health trusts and industry to conduct large-scale, multi-site research. Working for the MHRN provides an opportunity for budding psychologists to develop applied research skills in practical settings.

The MHRN is one of the topic-specific networks of the National Institute for Health

Research and the UK Clinical Research Network. The aim of the network is to provide the NHS infrastructure with support for both non-commercial and commercial large-scale research in mental health and social care. Working as Clinical Studies Officers (CSOs) at the MHRN, we take responsibility for the day-to-day local management of the projects.

Leicestershire NHS Partnership Trust (LPT) currently has a portfolio of projects that includes:

- | Anticholinesterase inhibitors in moderate-to-severe Alzheimer's disease. This class of drugs decreases breakdown of acetylcholine (a chemical messenger in the brain) and can be used in conditions where there is an apparent lack of this messenger transmission.
- | The effectiveness of cognitive therapy in reducing distress and the risks of acting on command hallucinations, where individuals hear and sometimes obey voices that command them to perform certain acts. The hallucinations may influence them to engage in behaviour

that is dangerous to themselves or to others.

- | The cost effectiveness of supplementing standard care with an intervention for carers of people with eating disorders.

The successful setup of these and other MHRN activities has enabled LPT to become one of the lead recruiting sites nationally on some of the adopted studies.

So what is the role of the Clinical Studies Officer? We actively promote research studies to clinicians, service users and carers, working in collaboration with clinicians to

understands your culture and priorities.
 veronikasolloway@googlemail.com

Peter Burnham

Occupational Psychologist,
 Sainsbury's Supermarkets
 plc

After attending a meeting at the BPS conference, I was reminded of a need for postgraduate training schemes in occupational psychology. The meeting was made up of psychologists from all of the big consultancies, but only a few who represented psychologists who work 'in house'. A few months later I was approached by Veronika Solloway, an MSc student at Birkbeck College, University of London. She offered to work for free, three days a week, to help me gather and analyse data for a paper I was writing. I was so impressed by her determination; I decided to offer Veronika a one-year paid, postgraduate placement. This was an excellent opportunity for Veronika, who gained experience in job analysis, assessment design, test design, statistical analysis, executive recruitment practices and large-scale project management. This was good for her, but even better for Sainsbury's. The insight and academic knowledge that she brought kept us all on our toes; it was refreshing to be challenged.

I would definitely recommend this to



other 'in-house' psychologists, but also to the consultancies.

There were of course challenges in employing a trainee psychologist, who had excellent academic knowledge but limited practical experience. It took time to show Veronika how to do some of the basics, and the challenges the consultancies face when putting trainees in front of clients, are no less pertinent for 'in-house' psychologists. However, with some careful coaching and explanation, I felt comfortable letting Veronika 'loose'. In light of this, I still feel strongly that it was worthwhile. As a society we cannot expect MSc graduates to magic experience out of thin air, without offering them the opportunities to learn a profession. Veronika will be finishing her one-year placement in September and we fully intend to be recruiting another intern before then.

Inga Pioro

Consultant
 PDI Ninth House
 PDI Ninth House is a global human resources consulting firm who partner with the world's leading organisations, enabling them to make



consistently effective talent decisions about leaders. PDI Ninth House have an established intern programme in Australia, and wanted to experience the same level of success in their London office.

The London programme has been running since January 2009, with interns working on a flexible basis depending on their commitments and the business needs, but typically around three days per month. They get involved in administering assessments, supporting and shadowing consultants, candidate care, and ongoing projects or research.

From our point of view, it's a win-win situation – interns get intensive experience in a professional environment, and get the opportunity to work toward their chartered status, and PDI Ninth House get to work with and learn from highly motivated individuals. In Australia it's already created a pipeline of talent for future roles, and early indications are that we can achieve this in the UK. We used

the DOP Job Board to find suitable candidates, and found the process straightforward and quick, and appreciated the fact that it was free to use in the current environment. We received numerous applications from a range of qualified and high-quality candidates and are very happy with the five successful interns.

screen and recruit participants onto the studies. An important part of our role is to obtain informed consent from willing participants. Once consent has been agreed, we may conduct a range of psychological assessments on behalf of the research team, as well as providing support and guidance on ethics.

The Integrated Research Application System is an important resource in our role. It is a single automated system for applying for the permissions and approvals for health and social care/community care research in the UK. It enables researchers to enter the information about a project

once, instead of duplicating information in separate application forms, and helps us ensure we meet regulatory and governance requirements.

A stepping stone?

Becoming a clinical studies officer is rapidly become a choice for many psychology graduates as a stepping stone into a career in psychology. The role offers the chance to develop applied clinical and research skills, whilst working closely with clients with mental health difficulties. The MHRN is

"CSOs tend to have a background in psychology or a nursing qualification in mental health"

a rapidly growing network, which means that there is an increasing number of CSO roles emerging.

CSOs tend to have a background in psychology or a nursing qualification in mental health. Once in this role some of the mandatory training includes:
 | good clinical practice;
 | information governance;
 | informed consent; and
 | Mental Health Act training.

CSOs undertake continuing professional development in research skills, along with specialised training for individual studies. These may range from recruitment strategies and understanding ethical considerations, to developing clinical skills. Study-specific groups meet regularly to share best practice, problem-

solve and communicate current issues, such as recruitment targets or substantial amendments to the research.

An important element of the role is to work within a multidisciplinary setting that includes psychiatrists, psychologists and other health and social care professionals. The role also helps develop scientific knowledge, excellent communication skills and an empathic understanding of mental health difficulties, whilst gaining insight into therapeutic interventions.

I Shaukat Desai, Rumun Sandhu, Sarah Lockley are all CSOs for the MHRN's Heart of England Hub. **Dr Trevor Friedman** is the Consultant Liaison Psychiatrist for Leicestershire Partnership Trust.