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From here to I.A.P.T? (improving access to psychological therapies), preview for a new deal for dynamic psychotherapies: The psychoanalyst as street-level bureaucrat

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Abstract

This paper offers a preview of a forthcoming article on the world's first, universal free-to-access, evidence-based talking therapies programme to treat depression: Improving Access to Psychological Therapies. It was pioneered not in the USA, but the UK, in 2007. At one time it could have been led by psychoanalysts, but it wasn't. It was a New Deal, in fact, for CBT. But did this New Deal in 2007 also offer psychoanalysis an opportunity to renew its vitality as a discipline, after decades of being eroded by our long-term retreat into private practice? Illustrated in the film *From Here to Eternity*, through characters played by Burt Lancaster, Montgomery Clift and Frank Sinatra, this Preview shows how applied psychoanalysis can once again aspire to become a universal, genuinely popular, relevant professional discipline. How would we engage ethically with psychiatric casualties of war, for example, within an evidence-based practice framework today? A novel, brief psychoanalytic treatment for depression, Dynamic Interpersonal Therapy, was developed for use in the UK's Improving Access to Psychological Therapies (IAPT) programme. It is recommended by NICE (National Institute for Health and Care Excellence) as cost-effective for treating depression. By engaging with evidence-based

practice in this way—as Street Level Bureaucrats—we can reclaim our position at the centre of contemporary publicly funded mental health services.

KEYWORDS
street level bureaucrats, universal applied psychoanalysis

We are poor little lambs who've lost our way
Baa, baa, baa
We are little black sheep who've gone astray
Baa, aa, aa
From Gentleman Rankers (Kipling, 1892)

1 | INTRODUCTION

We all remember the scene. Burt Lancaster and Debbie Reynolds in a passionate embrace on the beach in Hawaii (Figure 1, below). The film and novel *From Here to Eternity*[1] (Jones, 1951; Zinnemann, 1953), took its title from Rudyard Kipling's poem, with one word unspoken as its *leitmotif*:

> Gentlemen-rankers out on the spree, damned from here to eternity.

The novel's author, James Jones, had served as a G.I. in Pearl Harbour. The Japanese attack on their naval base in 1941 led to the USA entering the 2nd World War. Post-Hiroshima, it bequeathed us a world we still struggle to comprehend: an Age of Anxiety (Auden, 1947).

FIGURE 1 Burt Lancaster as Milt Warden, Debbie Reynolds as Karen Holmes.

2 | 'DEATHS OF DESPAIR'—MENTAL HEALTH IN THE USA TODAY, HOW DID IT COME TO THIS?

Economists Ann Case and Nobel prize winner Angus Deaton have shown us, compellingly, how American capitalism at the turn of the 21st C. is literally killing its own working classes (Case & Deaton, 2020). The USA's corrupted healthcare system is their public enemy no. 1.

The rot set in decades ago. And psychoanalysis, the version that emerged hand in hand with dynamic psychiatry in the 1950s, enjoyed its golden age in complicity with this promise of a 'cure' by following its grubby trail of money (Hale, 1995). Cure for what? 'It seemed to me', wrote Joan Didion (1979), 'that James Jones had known a great simple truth: the Army was nothing more or less than life itself'. But for all its brutal honesty, the film version of *From Here to Eternity* left certain aspects of G.I. life on the censor's cutting room floor. It was here that psychoanalysis staked its claim to offer truths about *an inner life*, albeit far from simple.

With medicine holding its hand on one side, Hollywood holding the other, for a few decades following the 2nd World War, and as Aron and Starr (2013) have brilliantly documented, psychoanalysis USA-style entered a blissful matrimonial promise with its wealthy American patrons. Marlon Brando, Marilyn Monroe, Ava Gardner, Joan Crawford, Edward G. Robinson, Cary Grant, Judy Garland, James Dean—and Montgomery Clift, playing Freud himself on screen; if psychoanalysis was the treatment of choice for such stars, how should dynamic psychiatry not claim a monopoly position in providing a cure for depression to the American public in general? In the Age of Anxiety, the medical psychoanalyst was king. 'He' could cure, ran the claim, by piecing back together those traumatic scenes that had been censored and repressed, as in Ingrid Bergman's 'detective-analyst' to Gregory Peck's amnesiac patient, in Alfred Hitchcock's (1945) *Spellbound*; or Montgomery Clift, again, as 'saviour analyst' to Elizabeth Taylor, in Tennessee Williams' (1959) *Suddenly Last Summer*.

Everything was set fair, if the promise could hold true, for realising Freud's (1918) radical vision for psychoanalysis as *A Psychotherapy for the People*. Yet it was not to be. The golden age for psychoanalysis and Hollywood together fell away in the second half of the 20th C. and the promise that psychoanalysis could offer a universal cure for depression faded into decline, like Hemingway's bankruptcy, at first gradually, then suddenly. Instead, according to a well-regarded history of psychiatry's dominion over mental illness: "like the gnawing of termites proceeding unnoticed till a structure is fatally compromised, the new drugs and the transformations that flowed from their discovery undermined the supports of psychoanalysis and eventually led to its startlingly rapid collapse" (Scull, 2022, p. xvi). And in stepped CBT.

3 | WE NEED TO TALK ABOUT IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES: THE UK, 2007

When an influential British economist stepped forward, Professor Lord Richard Layard, he noticed something about what preceded the deaths of despair that Case and Deaton later came to analyse. An alternative treatment for depression, recommended by the National Institute for Health and Care Excellence (NICE), the UK's authority on cost-effective treatments that our National Health Service should procure, was *not* being provided (Layard, 2006). In consequence of this, he warned, billions of pounds of UK taxpayers' money were being wasted, year on year, in needless expenditure on disability benefits. The Treasury bill, as well as the significant human cost, would keep rising (Layard & Clark, 2014). That clinched it. Policy makers at the Department of Health were dispatched to come up with a plan, a new deal for CBT: *Improving Access to Psychological Therapies* [IAPT] (Clarke, 2020).

Anyone who has sat on a NICE clinical guideline committee,[2] or its equivalent counterpart around the world for reviewing 'what works' in treating depression, sees immediately how CBT researchers, following in the footsteps of Aaron T. Beck, kept their eye fixed on the ball. "CBT", says a current textbook, with evident pride "has become the most dominant form of therapy, and recent policy developments have rendered it by far the most dominant

form of psychotherapy now available through the NHS" (Marks, 2012, p. 12). Certainly, for the UK, but true elsewhere, expansion of CBT in publicly funded mental health services has benefitted from the NICE/IAPT axis. NICE is independent, its recommendations gave CBT practitioners access to those holding the purse strings. In 2007, IAPT became the flagship programme in the UK government's mental health strategy, thanks to Layard. It galvanised policy makers to implement NICE's guidelines. But CBT's success was built over decades, in sum, by establishing itself as an evidence-based therapy, using randomised control trials (RCTs) to test its efficacy for the treatment of specific disorders (Clark & Fairbairn, 1997).

Few people, including leading lights in IAPT itself, (David Clark, Tony Roth, Steve Pilling, Glenys Parry, Roslyn Hope, Sheena Liness, Dave Richards, Ben Wright and Graham Turpin), had anticipated how audacious Richard Layard's proposals would be (Layard & Clark, 2014).

To the Department of Health, a promise was given that access to evidence-based therapies would be scaled up, rapidly, and to a level never seen before, through CBT-led workforce training plans. The NHS was promised a return on this investment over time as more patients received access to treatment, whose effects would be sustained beyond those for medication. The prevalence of depression, predicted Layard, would eventually be reduced. To the Treasury was given the greatest prize of all: spending on welfare benefits would fall. This was bold. If it could work, and reverse the upwards trend, governments elsewhere both in Europe and beyond would look to follow suit (OECD, 2014). IAPT was truly revolutionary.

And more by accident than design, as it felt, I found myself in the room where it happened.[3]

4 | IN THE ROOM WHERE IT HAPPENS … AN ARGUMENT FOR A UNIVERSAL PSYCHOANALYSIS TODAY

The main thrust of my argument in my forthcoming article *A New Deal for Dynamic Psychotherapies* sets out how we step up, *ethically*, to the challenge IAPT offers us. How do we recapture a mass popularity that could engage the general public with psychoanalytic ideas in our schools, workplaces and, across television and computer screens, in our homes? What is our offer to financially challenged public healthcare systems, who need evidence-based treatments that can be delivered at scale? And why were we so far off the pace when Richard Layard put his business case forward for the government to create 10,000 CBT therapists for IAPT, that just getting ourselves a seat at the table was so immensely difficult?

We asked these questions, knowing that sitting around to indulge in recherché disputations, essentially hoping IAPT would fail, was not a luxury we could afford (Lemma & Allen, 2010). In my forthcoming article, I tell the reader how we drew on our tradition of applied psychoanalysis to engage with the IAPT revolution in mental healthcare. Its main idea is to reinvent ourselves as street-level bureaucrats (Zacka, 2017). Here, in this Preview, using the characters in Jones' novel as exemplars, drawing on the concept of moral injury (Williamson et al., 2018, 2021), and its renewed, *urgent* salience for frontline staff in public mental health services, I try to illustrate what a universal form of applied psychoanalysis could offer today. First, we need to understand how IAPT changed the game. IAPT represents the 2nd major paradigm shift, underpinned by evidence-based practice, as the only viable way to meet the scale *and nature* of demand for modern mental healthcare (Clarke, 2020a, 2020b, 2021). The 1st revolution—which Pharma cashed in on - was the disestablishment of the asylum hospitals in the 1960s and 70s by, surprisingly, Minister for Health Enoch Powell (1961) in the UK, and President Kennedy (1963) in the USA. This was driven by cost and, in the USA, urgent, unmet demand from 'psychiatric casualties' of the 2nd World War. In a speech to the National Association for Mental Health (now Mind), Enoch Powell laid out the daunting task:

> This is a colossal undertaking, not so much in the new physical provision which it involves, as in the sheer inertia of mind and matter which it requires to be overcome. There they stand, isolated, majestic, imperious, brooded over by the gigantic water-tower and chimney combined, rising unmistakable and

> daunting out of the countryside—the asylums which our forefathers built with such immense solidity to express the notions of their day. Do not for a moment underestimate their powers of resistance to our assault…
>
> …We have to strive to alter our whole mentality about hospitals and about mental hospitals especially. Hospital building is not like pyramid building, the erection of memorials to endure to a remote posterity. We have to get the idea into our heads that a hospital is a shell, a framework, however complex, to contain certain processes, and when the processes change or are superseded, then the shell must most probably be scrapped.
>
> (Powell, 1961)

Understanding the 'shell' that supports NICE-recommended treatments for depression must be our starting point—for which IAPT's Manual is compulsory reading (NCCMH, 2021). IAPT is a work in progress. In my forthcoming article, I describe how psychoanalysis can add value, primarily by taking up a role of street-level bureaucrat (SLB). What is an SLB? Police officer. Teacher. Social worker. Immigration control officer. Welfare benefits officer. GP (primary care doctor). Mental health nurse. In IAPT, we can add Counsellor, CBT and PWP (Psychological Wellbeing) Practitioner to the growing list of street-level bureaucrats; *and* Dynamic Interpersonal Therapist (Lemma et al., 2011). What do they have in common? SLB decisions make the difference between someone getting on in life—*thriving*, to use the fashionable concept, or someone being plunged into misery, sometimes to the point of pointlessness. In ways both ordinary, big, *or often small*, they make life and death decisions. SLBs function at the interface of state and society—*in the room where it happens to us* - and they share another common feature: they are invariably under-resourced (Lipsky, 1980). In consequence, explains Bernardo Zacka (2017), and whether they recognise this or not, these kinds of professional or para-professional roles exercise discretion along a *moral* dimension. Here, with its sensitivity to implicit unconscious conflict, psychoanalysis is vitally necessary.

But equally necessary, therefore, and for *our* vitality, is a capacity to hold on to a place on the frontline of mental health services. Few psychiatry trainees see prospects in undertaking psychoanalytic training in the USA today (Katz et al., 2012). Increasingly, it seems, we are "aging rapidly" [sic] (Scull, 2022, p. 316). In truth, our long-term retreat into private practice, away from the field of combat with rivals in competition for scarce resources, has eroded our discipline. Why is that? Although this is a larger, methodological argument, one of the casualties of evidence-based practice was the clinical case study (Clarke, 2020b). And the psychoanalytic study, particularly, deals with certain kinds of objects (unconscious), and dysfunctional dynamics they engender (defences against anxiety), including in wider society (Armstrong & Rustin, 2015). Our tradition of therapeutic communities—a 'containing shell', originating in work with psychiatric casualties during the 2nd World War, first brought into focus the suffering of veterans—their *moral* injuries (Shay, 2010). During the pandemic a growing recognition is that healthcare staff suffer similar injuries (Greenberg et al., 2020). It is by renewing our distinctive contribution in these kinds of contexts, *public service* and its vicissitudes, that our own case material, from the bottom up, can have wider traction again.

5 | IMAGINE TURNING BACK THE CLOCK: DYNAMIC INTERPERSONAL THERAPY FROM HERE-TO-NOW?

In *A New Deal for Dynamic Psychotherapies*, I describe how the necessity of IAPT in the UK in 2007 became the mother of our invention of Dynamic Interpersonal Therapy (DIT); a new, brief model for treating depression, now tested, and recommended by NICE as cost-effective (Fonagy et al., 2020; Lemma et al., 2011; NICE, 2022). DIT is *not* analysis interminable (Freud, 1937). DIT is brief, goal-oriented, *in the here and now* (8–16 sessions). It is proving to be a valuable addition to IAPT's offer (Clarke et al., 2020c). DIT is ideal also for psychiatry trainees to gain experience using psychoanalytic ideas. It is effective, for example, with veterans (Chen et al., 2020). DIT is one way to put us back in the game.

FIGURE 2 Montgomery Clift as Prew, Frank Sinatra as Maggio.

Imagine we could turn back the clock to *before* the attack on Pearl Harbour? For a glimpse of how DIT takes up relational dynamics of *hegemonic masculinity* (Chen & Dognin, 2017; Dognin & Chen, 2018), let us look at how its central mechanism, the Interpersonal Affective Formulation (IPAF), works in *From Here to Eternity* (1951). Private Robert E. Lee Pruitt, 'Prew' (played by Montgomery Clift) [Figure 2, below], 23 years-old, has trouble with military authority. He is a talented bugle player, but fell out with his commanding officer, and was transferred to Hawaii. On arrival, he falls out with his new commanding officer for refusing to join the boxing team, even though he is a talented boxer. He accidentally caused a former sparring partner's blindness, and he vowed never to box again. To break his will, he is put through demeaning tasks, hazing, 'the Treatment'. But he remains unbending. The other central characters are Private Angelo Maggio, 'Maggio' (Frank Sinatra) [Figure 2, below] and Sergeant Milton Anthony Warden, 'Milt' (Burt Lancaster). As friendship between these three grows, we see variations on this *leitmotif* of conflict with authority. Maggio is quick-tempered, a 'tough monkey'. He gets himself drunk to pick fights with the military police. Milt is well-respected by the men he leads, but he has an affair with Karen, his superior officer's wife (Reynolds). Sergeant Judson, 'Fatso' (Ernest Borgnine) [Figure 3, below], in charge of the military prison, is extremely violent and frighteningly sadistic. True to Hollywood, there is romance involved—Lorene (Donna Reed) is a fallen woman, dreaming of returning home to the USA, to be rescued by a respectable marriage. But the dramatic narrative and tension revolves around the four men.

From a psychoanalytic perspective, we can identify unresolved, pre-oedipal conflicts, which repeatedly pull both Maggio and Prew into self-destructive encounters with Fatso. Away from the protective influence of Milt, within the domain of the military prison, where Fatso can beat, humiliate (rape) and torture his victims in front of each other with impunity, the loyalty between Maggio and Prew serves only to reinforce their vulnerability to his abuse.

Trapped within this culture of hegemonic masculinity, their attempts to prove their un-breakability and hardness prevent them turning towards each other in moments of need.

Unlike the novelist, though, by focussing on re-enactments of this core, conflictual pattern, the DIT practitioner intervenes, actively, to prevent Prew and Maggio harming each other.

There are deeper conflicts of identity that the DIT practitioner, drawing on psychoanalytic knowledge, would be able to link with the interpersonal dynamics between Prew, Maggio, Milt and Fatso (Figure 4, below). We learn that Prew was a victim of sexual abuse prior to joining the army, which helps to make sense of his stubborn unwillingness to 'give in' on the one hand, but which only perpetuates his mistreatment. Though still evident, the novel's more explicit homoerotic scenes were excised by army censors from the film. As well as a brothel, there is a gay bar frequented by the soldiers. Maggio has a boyfriend, Hal, a sugar-daddy. He and Prew go on an ill-fated double date with Hal and Tommy. Such relationships, if found

FIGURE 3 Ernest Borgnine as the murderously sadistic Fatso.

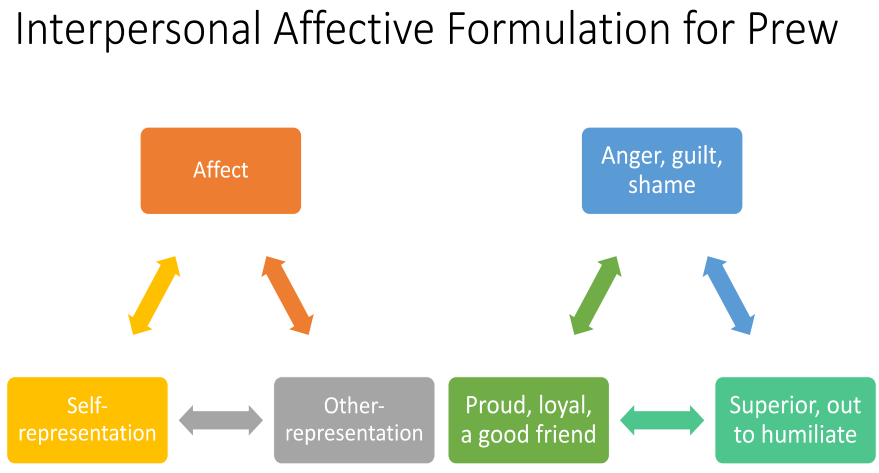

FIGURE 4 A working IPAF (Interpersonal Affective Formulation) to help inform the goal in dynamic interpersonal therapy (DIT).

out, led to dishonourable discharge. One soldier, exposed in the novel, commits suicide. Yet the alternative—Milt's affair with Karen, Prew's marriage proposal to Lorene, in-between her attending to paying customers, are just as doomed. The army exploits comradeship, much as soldiers exploit the women; it inflicts moral injury on injury on those it should look after. Finally, it destroys the friendship and real love that Maggio and Prew have for each other.

6 | A NEW ANTHEM FOR TODAY'S PSYCHOANALYTIC YOUTH? APPLIED PSYCHOANALYSIS NOW

"Someday, the conscience of society will awake", said Freud (1918) in Budapest, hoping to persuade the military authorities for the Central Powers that their duty of care to a veteran of the 1st World War, suffering as a psychiatric casualty, included his right to access free psychoanalysis. That moment arrived a century later not on the European Continent, nor in America, but England. For reasons I elaborate in *A New Deal for Dynamic Psychotherapies* the beneficiary was CBT. Nonetheless, IAPT presented psychoanalysis with an opportunity.

In this paper, I have offered a preview of our project to invent a treatment for depression, an applied form of psychoanalysis for use in universal, free-at-point-of-need NHS services. The conscience of society did not wake up to find itself in bed with us, however. When the rest of medicine embraced evidence-based practice, psychoanalysis was asleep at the wheel (Herzog, 2017). By placing *public service* back at the heart of our endeavours, by engaging *creatively* with evidence-based practice, where DIT is just one example, of course, I have argued that we can now begin to advocate a new deal for our chosen vocation, once more.

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CONFLICT OF INTEREST STATEMENT

The author declares no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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ENDNOTES

[1] Jones' original 1951 version has been republished as a Penguin Modern Classic (2013) with material restored using the manuscript, mostly authentic barrack room language and explicit sexual and homoerotic scenes. Poignantly, Montgomery Clift, who Sinatra said taught him more about acting than anyone, was in a 14-year long analysis at this time. His analyst, William Silverberg, was a founder of the New York Medical School psychoanalytic training, a colleague of Harry Stack Sullivan, and himself gay, at least in closed professional circles (Bosworth, 2012). It is impossible to know, but did enduring stigma within our profession, and within the movie industry, force analyst and patient, trapped within their respective, mutually reinforcing closets, into playing out the interpersonal dynamics being portrayed on the bigger screen (Clarke & Blechner, 2011)?

[2] I was an expert adviser to NICE's Depression guideline in 2009, and in 2022.

[3] I was National Professional Adviser to IAPT from 2008 to 2013. IAPT was given £300M funding in 2007.

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