



IAFP

International Association
for Forensic Psychotherapy

30th ANNUAL CONFERENCE
13 -14 May 2022



**VIOLENCE AS A PUBLIC HEALTH EMERGENCY:
PREVENTING, TREATING AND HUMANIZING THE
DANGEROUS MIND
EXPLORING THE PAST, PRESENT AND FUTURE OF
FORENSIC PSYCHOTHERAPY**



BMA HOUSE
LONDON



IAFP

**International Association
for Forensic Psychotherapy**

Long before the emergence of the coronavirus in 2019, our planet had already been struggling with an even more virulent pandemic, namely, human violence, which results in literally millions of assaults per annum, whether in the form of domestic abuse, arson, paedophilia, rape, or murder, as well as terrorism and genocide. Violence has indeed become a veritable global public health emergency which has destroyed innumerable lives.

For much of human history, our predecessors have treated offenders with punishment, torture, and execution. But, thankfully, forensic psychotherapy professionals offer a more humane and more hopeful alternative by providing compassionate mental health treatments which can help to identify those at greatest risk of perpetrating offences and thus assist in the containment and cure of these more deeply-seated aggressive psychopathologies.

In 2022, the International Association for Forensic Psychotherapy will celebrate its thirtieth anniversary and will lay out an agenda for how we can all contribute to the prevention, treatment, and humanization of global aggression in years to come.

This special two-day conference wishes to welcome not only those who specialise in forensic mental health but, most especially, all of our colleagues in the fields of counselling, psychology, psychotherapy, psychoanalysis, social work, and probation, as well as members of the criminal justice community and other related arenas. We know only too well that even our “non-forensic” patients can commit acts of violence; hence, we warmly welcome colleagues from every branch of these fields.

Our speakers will include esteemed mental health practitioners, politicians, academics, and social activists from many countries, including Australia, Italy, Peru, Russia, the United Kingdom, and the United States of America.

We are delighted to be able to offer this special conference in a hybrid way. The conference papers and banquet will be in person at the London headquarters of the British Medical Association, the elegant B.M.A. House in Central London, designed by the famous architect Sir Edward Lutyens. Remote participants can join us via Zoom, and will have access to the plenary and parallel sessions, as well as the AGM and large group.

KEYNOTE SPEAKERS

Dr Anne Aiyegbusi (UK)

Lord John Alderdice (UK)

Dr Ronald Doctor (UK)

Natalia Frolova (Russia)

Professor James Gilligan (USA)

Professor Brett Kahr (UK)

Professor Timothy Keogh (Australia)

Dr Bandy Lee (USA)

Dr Moisés Lemlij (Peru)

Dr Carine Minne (UK)

Konstantin Nemirovsky (Russia)

LARGE GROUP CONVENOR

Dr Earl Hopper (UK)

CONFERENCE COMMITTEES

Scientific Committee:

Leslie Lothstein

Caterina Marchetti

Francesco Spadaro

Emma Went

Organising Committee:

Colin Campbell

Ronald Doctor

Barbara Jacobs

Brett Kahr

Carine Minne

Elena Mundici

Konstantin Nemirovsky

Estela Welldon

Gill McGauley Prize Committee:

Anne Aiyegbusi

Richard Curen

James Gilligan

Timothy Keogh

Cleo Van Velsen

Large Group Convenor:

Earl Hopper

THURSDAY 12 MAY

EVENING

VENUE

THE FREUD MUSEUM
20 Maresfield Gardens
London
NW3 5SX

7 PM - 9 PM

WELCOME RECEPTION
IN PERSON ONLY

CANAPÉS AND DRINKS

**PRIVATE TOUR OF THE HOME
OF SIGMUND FREUD BY
PROFESSOR BRETT KAHR**

**ANNOUNCEMENT OF THE
ESTELA WELLDON PRIZE
WINNERS**

****NUMBERS ARE LIMITED AND WILL
BE ALLOCATED TO THE FIRST 80
REGISTRANTS****



FRIDAY 13 MAY

MORNING

VENUE

BMA HOUSE

LIVESTREAM VIA

<https://iafpconference2022.streameventlive.com>

8.15 AM

REGISTRATION & COFFEE

8.45 AM - 9 AM
PAGET ROOM

WELCOME INTRODUCTION

9 - 11 AM
PAGET ROOM

PLENARY 1

CHAIR: DR CARINE MINNE

PROFESSOR BRETT KAHR

"Let the Great Axe Fall": From Ancient Babylonian Torture to Modern Forensic Psychotherapy. Freud, Welldon, and the Humanization of Criminality

PROFESSOR TIMOTHY KEOGH

Bringing our light out from under the bushel: The unrealised potential of forensic psychotherapy

11 - 11.30 AM

COFFEE BREAK

SNOW ROOM

11.30 - 1 PM
PAGET ROOM

PLENARY 2

CHAIR: DR ESTELA WELLDON

DR MOISÉS LEMLIJ

Politics and Violence

DR JAMES GILLIGAN

What is Forensic Psychotherapy, and Why Is It So Important?

1 - 1.45 PM
SNOW ROOM

LUNCH

SNOW ROOM

BOOK STALLS

*Phoenix Publishing House
Karnac Books*

FRIDAY 13 MAY

AFTERNOON

1.45 - 3.15 PM

PARALLEL SESSIONS

PARALLEL 1

LISTER FLEMING
ROOM

1A: STEPHEN BLUMENTHAL

1B: ELENA MUNDICI

CHAIR: ESTELA WELLDON

PARALLEL 2

BLACK ROOM

**2A: NATALIE PARRETT, KATE MARSH,
VIKKI WAKEFIELD**

**2B: LESLIE LOTHSTEIN, KATHRYN
THOMAS**

CHAIR: CLEO VAN VELSEN

PARALLEL 3

HARVEY ROOM

3A: DAVID MILLAR

3B: DEBORAH JUMP, PAUL GRAY

CHAIR: ROBERTA BABB

PARALLEL 4

SIMPSON ROOM

4A: RAFFAELLA HILTY

4B: MARIANNA CASERIO

CHAIR: RICHARD CUREN

PARALLEL 5

JENNER ROOM

**CELIA TAYLOR, STELLA COMPTON-
DICKINSON, ALEX MAGUIRE**

CHAIR: LORNA DOWNING

3.15 - 3.45 PM

COFFEE BREAK

SNOW ROOM

3.45 - 5 PM

PAGET ROOM

PLENARY 3

CHAIR: PROF. NICOLA LACEY

DR CARINE MINNE, DR RONALD DOCTOR

*Violence, Psychoanalysis, the Law and the
Superego.*

Introduction by Dr Harriet Wolfe, IPA President.

5 - 5.30 PM

COFFEE BREAK

SNOW ROOM

5.30 - 6.30 PM

PAGET ROOM

LARGE GROUP

DR EARL HOPPER

FRIDAY 13 MAY

EVENING

VENUE

BMA HOUSE

*Tavistock Square
London
WC1H 9JP*

7.30 - 10 PM

CONFERENCE GALA DINNER
SNOW ROOM



SATURDAY 14 MAY

MORNING

8.30 AM - 9 AM

REGISTRATION & COFFEE

9 AM - 10 AM

PAGET ROOM

PLENARY 4

CHAIR: DR COLIN CAMPBELL

DR ANNE AIYEBUSI

Big, Black and Dangerous': Primal Scene of Racial Trauma

Discussant: Dr Abdullah Mia

10 AM - 11 AM

PAGET ROOM

PLENARY 5

CHAIR: DR RONALD DOCTOR

DR AMY HAMILTON, PROF GWEN ADSHEAD,

DR BRADLEY HILLIER

Introducing a homicide offender rehabilitation programme to medium secure services? High time!

11 - 11.30 AM

COFFEE BREAK

SNOW ROOM

11.30 AM -

1 PM

PAGET ROOM

PLENARY 6

REMOTE

CHAIR: DR MASSIMO DE MARI

KONSTANTIN NEMIROVSKY

The root of evil: why ordinary people lose their humanity in unordinary circumstances

NATALIA FROLOVA

Odd one in: A Psychotherapist's Experience of Interaction with the Judicial System in Working with Patients with High Levels of Destructiveness

1 PM - 2 PM

LUNCH

SNOW ROOM

1.30 - 2.30 PM

**ANNUAL GENERAL
MEETING**

IAFP BOARD ELECTION

ALL MEMBERS WELCOME

CHAIR: CARINE MINNE

SATURDAY 14 MAY

AFTERNOON

2.30 PM - 4 PM

PARALLEL SESSIONS

PARALLEL 1

LISTER FLEMING
ROOM

1A: JOHN YOUNG (REMOTE)

1B: CHRISTIAN EIGNER (REMOTE)

CHAIR: DAVID MILLAR

PARALLEL 2

BLACK ROOM

2A: JIM RYMER

2B: EMILY TURTON

2C: MANJIT SIDHU

CHAIR: SANDRA GRANT

PARALLEL 3

JENNER ROOM

**3A: CATERINA MARCHETTI, PATRIZIA
DE ROSA**

3B: ROSS GOSLIN (REMOTE)

CHAIR: MOUSTAFA SAOUD

PARALLEL 4

SIMPSON ROOM

4A: ANDREW SHEPHERD (REMOTE)

4B: GERARD DRENNAN

CHAIR: VICTORIA CHILDS

PARALLEL 5

HARVEY ROOM

5A: JESSICA COLLIER

5B: AIMEE PARKER

5C: MIZUHO KOIZUMI

CHAIR: PAMELA WINDHAM-STEWART

4 PM - 4.30 PM

COFFEE BREAK

SNOW ROOM

4.30 PM - 6 PM

PAGET ROOM

PLENARY 7

CHAIR: SIMON ISRAEL

LORD JOHN ALDERDICE

*Can a focus on the importance of relationships help us
address the pandemic of violence?"*

DR BANDY LEE

REMOTE

*Societal disorder as a precursor to dangerous minds in
politics*

SATURDAY 14 MAY

EVENING

6 PM - 6.15 PM

COFFEE BREAK

SNOW ROOM

6.15 - 7.15 PM

PAGET ROOM

LARGE GROUP

DR EARL HOPPER

7.15 - 9 PM

SNOW ROOM

CLOSING EVENT

**ANNOUNCEMENT OF THE GILL
MCGAULEY PRIZE WINNER**

**2023 IAFP CONFERENCE IN
TURIN**

CLOSING DRINKS & CANAPÉS

PLENARY 1

PROFESSOR BRETT KAHR (UK)

"Let the Great Axe Fall": From Ancient Babylonian Torture to Modern Forensic Psychotherapy. Freud, Welldon, and the Humanization of Criminality

*Professor Brett Kahr has worked in the mental health profession for over forty years. He is Senior Fellow at the Tavistock Institute of Medical Psychology in London and, also, Visiting Professor of Psychoanalysis and Mental Health at Regent's University London. A Consultant in Psychology at The Bowlby Centre, a Consultant Psychotherapist at The Balint Consultancy, and, also, the Honorary Director of Research at the Freud Museum London, he is the author of sixteen books and series editor of over seventy further titles. His most recent books of interest to forensic colleagues include, *Bombs in the Consulting Room: Surviving Psychological Shrapnel* and, also, *Dangerous Lunatics: Trauma, Criminality, and Forensic Psychotherapy*, as well as *Freud's Pandemics: Surviving Global War, Spanish Flu, and the Nazis* – the inaugural title in the new "Freud Museum London Series", published by Karnac Books. Professor Kahr serves on the Executive Board of the International Association for Forensic Psychotherapy and as Series Editor of the "Forensic Psychotherapy Monograph Series" for the publishers Routledge. He works in private practice in Central London with individuals and couples.*

Since the dawn of time, those men and women who had committed acts of violence would often be subjected to incarceration, followed by torture, and then, execution. We have no shortage of historical evidence documenting the use of beating, branding, flogging, confinement to stocks and pillories, breaking on the wheel, mutilation, tearing of the flesh with red-hot pincers, amputation of body parts, not to mention execution through such varied methods as hanging, impalement, stoning, beheading, garroting, guillotining, boiling, burning, drowning, drawing and quartering, poisoning, shooting with arrows or bullets, starvation, and, in more recent years, electrocution or injection of a lethal dosage of drugs.

In this paper, the author will present a history of the sadistic treatment of criminality across the ages. He will then explore and celebrate the ways in which Professor Sigmund Freud and his psychological successors ultimately created a radical paradigm shift, introducing immense compassion into the understanding and treatment of offender patients. After reviewing the contributions of some of the leading pioneers of forensic psychoanalysis, Kahr will then examine the ways in which Profesora Estela V. Welldon and her contemporaries helped to formalise and validate and expand the profession of forensic psychotherapy on clinical and theoretical and institutional levels, thus providing us with hope that, in decades hence, those who perpetrate violence will be offered more humane treatment.

PLENARY 1

PROFESSOR TIMOTHY KEOGH (AUSTRALIA)

Bringing our light out from under the bushel: The unrealised potential of forensic psychotherapy

Timothy Keogh PhD is a training and supervising analyst with the Australian Psychoanalytical Society (APAS) and an Adjunct Associate Professor at the University of Sydney. He is past president of APAS, Founding President of the newly formed Australian Forensic Psychotherapy Association, President of Penthos (penthos.org.au - a psychoanalytic charity providing a brief intervention for parents experiencing prolonged grief), Chair of the Ethics Committee of the Australasian Confederation of Psychoanalytic Psychotherapies (ACPP), Co-Chair (Asia-Pacific) of the International Psychoanalytical Association (IPA) Committee on Couple and Family Psychoanalysis (COFAP) and a member of the IPA Violence Committee. He is author of Through a Glass Darkly (Karnac) and the senior editor of Psychoanalytic Approaches to Loss (Routledge) and Interpretation in Couple and Family Psychoanalysis (Routledge).

If as Dostoevsky noted a society gets the criminal justice system it deserves, then can forensic psychotherapy help to promote a more humane criminal justice system? As a branch of criminalistics, forensic psychotherapy is concerned with applying the scientific theory and methods of psychoanalysis which provide not only a unique understanding of crime, but also a tailored approach to the remediation of offending. Its conceptual framework, which privileges unconscious processes, not only provides this elucidation of the meaning of crimes which can more accurately help to predict future crime, but in doing so it has the potential to promote a more humane criminal justice system. It is these capacities that represent the real strength of forensic psychoanalysis.

Notwithstanding this, its utility is currently undervalued and insufficiently appreciated by many involved in the criminal justice system. Following an era of relentless attacks on psychoanalysis, it seems that as a profession perhaps we have internalised a sense of inferiority which has left us feeling unconfident about demonstrating the power of our theory and methods compared to those of the related disciplines of forensic psychiatry and psychology. Their approach, based on nomothetic research profiles, places an offender in a broad topography of offending, such as sex offending, offers prediction (based largely on static risk factors) about the risk of recidivism and provides generic cognitive / skills-based treatments.

Useful in their own way, they do not provide the unique understanding of an individual offender that forensic psychoanalysis can, especially in its ability to drill down into the unique object relations and related motives of the offender which can result in a more accurate (psycho) dynamic risk factor prediction, along with treatments that target the unique motives of the offender. Using clinical illustrations this paper argues the case for a more confident promotion of the contemporary utility of our approach and our (scientific) methods with reference to the burgeoning outcome literature concerning psychoanalytic interventions.

PLENARY 2

DR MOISÉS LEMLIJ (PERU)

Politics and Violence

Moisés Lemlij, M.D., D.P.M., FRCPsych has been Vice-President, Treasurer and Associated Secretary of the International Psychoanalytical Association, President of the Peruvian Psychoanalytical Society, Visiting Professor of the Elliot School of International Affairs and of the Guy's London School of Medicine. He has been distinguished with the Mary S. Sigourney's Award for his outstanding contributions to psychoanalysis and with the Medal for Exceptional Merits of the Peruvian Medical College. He is the author of Face to Face: Profane Interviews and The Tablas of Sarhua: Art, Violence and History in Peru among other books.

Freud stated that there are lay religions that have the same characteristics as any theistic religion. Like the latter, they are perverse illusions, delusions. I will take an example that is based entirely in one particular space and time: the place is Ayacucho, a region in the Peruvian Andean highlands; the date is 1960-2000. It was there and at that time that the main development and activities of the Shining Path, a terrorist political group whose structure and ideology had markedly religious features although they claimed an absolutely rational and material basis, were concentrated. Obviously, my choice is not by chance. After a number of years in England, where I did my psychoanalytic training, I returned to Peru in 1981, precisely at the time of the Shining Path's conflict with the Peruvian state. I panicked when I heard a bomb explode near my house, I wept for a close friend murdered by the subversives, I had to negotiate with a terrorist group that kidnapped a member of my family, I supervised the cases of victims and perpetrators of violence, and, together with other colleagues, I tried to understand what was happening. From this position, I try to understand what had happened then, to shed some light on the relationship between religion, violence, and civilization.

PLENARY 2

PROFESSOR JAMES GILLIGAN (USA)

What is Forensic Psychotherapy, and Why Is It So Important?

*James Gilligan is an American psychiatrist who became Director of the Institute of Law and Psychiatry at the Harvard Medical School in 1977, on whose faculty he remained until 2001. That enabled him to use prisons as the social-psychological “laboratories” in which to investigate the causes and prevention of violence, including the cure of the psychopathologies that cause violence. In 1993-94 he was a Visiting Fellow at the Institute of Criminology of Cambridge University, where he wrote his first book, *Violence: Reflections on a National Epidemic* (1997). From 1999 to 2001 he was President of the International Association for Forensic Psychotherapy. In 2002 he joined the faculty at New York University, where he is now a Clinical Professor of Psychiatry and Adjunct Professor of Law. He has served as a consultant on the causes and prevention of violent crimes and war crimes to President Clinton, Tony Blair and the Law Lords of the House of Lords, the Secretary General of the United Nations, the World Health Organization, and the World Court (in the Hague). In 2011, the *Times Literary Supplement* named his book, *Why Some Politicians Are More Dangerous Than Others* a “Book of the Year.” He was a contributing author of *The Dangerous Case of Donald Trump* (2016), which was a *New York Times* best-seller. He has also written *Preventing Violence* (2001), and *Holding a Mirror Up to Nature: Shame, Guilt and Violence in Shakespeare* (2022).*

The American Psychiatric Association’s Diagnostic Manual considers suicidal behavior as an appropriate problem for psychiatric attention, but not homicidal behavior. There is no scientific basis for this distinction. It is clearly a moral distinction, in which for purely arbitrary and irrational reasons homicide is defined as a moral evil that deserves punishment, unlike suicide, which is considered (appropriately) as a symptom of illness that deserves treatment. And yet moral value judgments are clearly not scientifically testable hypotheses, unlike medical diagnoses and treatments. The distinction here is between moral philosophy and medical science. The fatal flaw with moral value judgments is that they are of no help to us if our goal is to learn what causes violence, and how we can prevent it, in the same way that we search for the causes, cures and prevention of cancer and heart disease, and other causes of pain, death and disability – for those are empirical questions, not moral ones.

The historically unique achievement of forensic psychotherapy is that it provides us with both a theory and a method for transcending the limitations of moral condemnations and punishments as our default response to violent behavior, and thus improving our ability to actually achieve the ostensible goal of morality: namely, to reduce the degree to which people inflict pain, injury and death on each other (whether legally, through the so-called criminal “justice” system, or illegally, when it is called “crime”), and to expand the degree to which we actually help each other.

PLENARY 3

DR CARINE MINNE (UK), DR RONALD DOCTOR (UK)

Violence, Psychoanalysis, the Law and the Superego

Representing two of the IPA Committees in the Community and World, this panel will explore areas of overlap between the law and criminal justice system, mental health law and aspects of the superego. One focus will be why the unconscious is so neglected within criminal justice systems despite psychoanalysis' unique understanding of crime and ability to provide a tailored approach to offenders and their treaters and carers. Estela Weldon's novel idea that Forensic Psychotherapy has gone beyond the special relationship between patient and psychotherapist has been particularly helpful in that she crystalises forensic psychotherapy into a triangular situation: patient, psychotherapist, and the law (or ID, Ego and Superego). We will refer to when the overlapping systems of the law and mental health functioned well and when they did not, with cases to illustrate. This will include ideas, to elaborate in discussion with the audience, about how the interaction between these two systems could be improved.

Dr Carine Minne is a Psychoanalyst of the British Society and a Fellow of the Royal College of Psychiatrists. She trained as a forensic psychiatrist and psychotherapist, bringing these specialties together in her posting in 1998 as Consultant Psychiatrist at the Portman Clinic, (Tavistock & Portman NHS F Trust) and Broadmoor Hospital (West London NHS Trust). She is President of the International Association for Forensic Psychotherapy and chairs the IPA community committee on Violence. Carine is the Editor-in-Chief of the International Journal of Forensic Psychotherapy. Her focus for the last 25 years has been mainly on providing psychoanalytic treatments for patients who have acted violently or are troubled by sexual perversions. Many of her patients are in secure settings, psychiatric hospitals or prisons where psychoanalytically informed supervisions are provided to staff, given the strength of the reactions such patients or prisoners can provoke in those caring for them. Long term in-depth work is an important part of the overall treatment for such multiply traumatized people, given their background histories, the offenses they commit, and their discovery during treatment of being mentally disordered. Strong resistance to this work is regularly encountered, particularly by the general public that can mistake understanding with condoning. However, providing psychoanalytic approaches within relevant mental health and criminal justice organizations is often appreciated.

*Dr Ronald Doctor is a Consultant Psychiatrist in Medical Psychotherapy, West London Mental Health NHS Trust, and has a private psychoanalytical practice. He is a Fellow of the British Psychoanalytical Society, Senior Member of the British Psychotherapy Foundation, Chair of the IPA Psychoanalysis and Law Committee, Fellow of the Royal College of Psychiatry and Board Member of the International Association for Forensic Psychotherapy. He has edited two books: *Dangerous Patients: A Psychodynamic Approach to Risk Assessment and Management* (2003) and *Murder; a Psychotherapeutic Investigation* (2008) contributed chapters to numerous books, including *Psychoanalysis, Law and Society*, and published papers including, *History, murder and the fear of death*, *International Journal of Applied Psychoanalytical Studies* (2015) 12.2 152-160.*

PLENARY 3

Introduction: Dr Harriet Wolfe

Harriet Wolfe, M.D. is President of the International Psychoanalytical Association (IPA), Past President of the American Psychoanalytic Association, Clinical Professor of Psychiatry and Behavioral Sciences at the University of California San Francisco School of Medicine, and Training and Supervising Analyst at the San Francisco Center for Psychoanalysis. Harriet's scholarly interests include clinical applications of psychoanalytic research ("Clinical discussion of Psychodynamic Therapy: a Meta-Analysis Testing Equivalence of Outcome" in: Outcome Research and the Future of Psychoanalysis: Clinicians and Researchers in Dialogue, 2020); organizational processes ("Consultation to organizations" with W. Myerson et al, in: Textbook of Applied Psychoanalysis, 2018), female development ("Female leadership: Difficulties and gifts", American Journal of Psychoanalysis, accepted 2020) and ethical aspects of therapeutic action. Harriet has a longstanding commitment to psychoanalytic public health intervention. She has co-authored a number of guided activity workbooks for children, parents and teachers that help children cope with natural and manmade disasters: the current pandemic, wildfires hurricanes, homelessness, war and terrorism (see "Resources" at childrenpsychologicalhealthcenter.org). Harriet teaches analysts-in-training, psychiatric residents, and junior faculty psychodynamic understandings of severely ill patients and the value of listening to listening in the clinical setting. She has a private practice of psychoanalysis, and individual and couples psychoanalytic therapy in San Francisco.

Chair: Professor Nicola Lacey

Nicola Lacey is School Professor of Law, Gender and Social Policy at the London School of Economics. From 2010 until September 2013 she was Senior Research Fellow at All Souls College, and Professor of Criminal Law and Legal Theory at the University of Oxford. She has held visiting appointments at Harvard Law School and at New York University Law School. She is an Honorary Fellow of New College Oxford and of University College Oxford; an elected member of the Council of Liberty; and a Trustee of the British Museum. She was a member of the British Academy's Policy Group on Prisons, which reported in 2014, and co-directed the LSE Gender Institute's Commission on Gender Inequality and Power (2015). Nicola's research is in criminal law and criminal justice, with a particular focus on comparative and historical scholarship. Her most recent book provides an analysis of the development of ideas of criminal responsibility in England since the 18th Century. She is currently working, with David Soskice, on American Exceptionalism in crime, punishment, and social policy; and, with Hanna Pickard, on the philosophy and psychology of punishment. Nicola also has research interests in legal and social theory, in feminist analysis of law, in law and literature, and in biography.

PLENARY 4

DR ANNE AIYEBUSI (UK)

'Big, Black and Dangerous': Primal Scene of Racial Trauma

Dr Anne Aiyegbusi is a Group Analyst, Forensic Psychotherapist and Registered Mental Health Nurse. She worked full time in NHS forensic services for 30 years and this included Consultant Nurse roles in two high security hospitals. After taking early retirement from an NHS Director of Nursing role, Anne now works part time as a Principal Psychotherapist and Group Analyst within the NHS. She is also Director, Consultant Nurse and Psychotherapist at Psychological Approaches CIC where the focus of her work is providing training and consultancy including staff groups to forensic services. Anne is a member of the Board of Trustees at the Institute of Group Analysis and is the member for anti-discrimination and intersectionality. She is a member of the Board for Forensic Psychotherapy Society. Anne is a former Board Member and Secretary of the IAFP. Anne has spoken at national and international psychotherapy conferences for many years. She has also published a number of peer reviewed papers, book chapters and co-edited and co-authored books. She is currently writing a book about forensic psychotherapy and racial trauma.

'Race' and racism occupy a central position in the landscape of forensic and criminal justice systems. This can be most readily seen in disproportionality with regard to detained and incarcerated populations, sectioning practices, conviction rates, deaths in police custody, patterns of restraint, rates of stop and search and tasering. Additionally, repeated real time bystander footage of U.S. police killings of unarmed Black people circulated on social media casts a long, menacing and traumatising shadow over Black populations and other minority ethnic groups. Underpinning but unseen beneath this catalogue is the perception of Black people as fundamentally dangerous, warranting excessive force and even death as a result. The construct of 'Big, Black and Dangerous' will be explored from its presumed roots as a projection from white enslavers who required justification for their inhumane and savage treatment of enslaved people. Additionally, by locating dangerousness in the victim, the oppressor was able to maintain a position of distance, denial and even dissociation from the trauma of their own brutalizing actions. It will be argued that the current picture of disproportionality may be understood in terms of transgenerational transmissions of trauma whereby the enduring projected perception of Black people as dangerously out of control continues to justify excessive responses. In turn, this position maintains racial trauma from multiple perceptions, effectively functioning as a primal scene. The contribution Forensic Psychotherapy might reasonably make to addressing this enduring picture will be explored. In particular, it will be suggested that at the very least, given the disproportionality described, incorporating an understanding of racial trauma into the mainstream of forensic work is warranted.

PLENARY 4

DISCUSSANT - DR ABDULLAH MIA (UK)

'Big, Black and Dangerous': Primal Scene of Racial Trauma

Dr Abdullah Mia is a Consultant Clinical Psychologist within an NHS male medium-secure unit in Birmingham. He has additional training in group analysis and organisational dynamics. Abdullah was a former Treasurer and Board member to the Institute of Group Analysis. Abdullah has worked in forensic services for the past ten years, and balances this with engaging in community psychology projects within his local community. Abdullah has worked on projects addressing racial inequalities within healthcare settings since 2007, and currently consults to various organisations (e.g. NHS, Universities, and HMPPS) on developing anti-racist practices incorporating views from an intersectional lens using a group analytic frame. Abdullah is interested in supporting and developing networks of resistance against conscious and unconscious abuses of power and authority, with a particular focus on racism. He is particularly interested in, and has written on, how institutional and systemic racism impacts upon the mental health of employees and people who use services.

PLENARY 5

**DR AMY HAMILTON, DR KATHERINE PAPASPIROU, DR BRADLEY HILLIER,
DR JULIA O'CONNOR, DILAKSHANA RAMANATHAN, PROFESSOR GWEN
ASHEAD (UK)**

Introducing a homicide offender rehabilitation programme to medium secure services? High time!

Authors: Dr Amy Hamilton ST4 Psychiatry, Dr Aikaterini (Katherine) Papaspirou Consultant Forensic Psychiatrist and Psychotherapist and Head of Forensic Psychotherapy, Dr Bradley Hillier Consultant Forensic Psychiatrist, Dr Julia O'Connor Consultant Clinical Psychologist and Head of Psychological Services, Dilakshana Ramanathan Psychology Graduate and Nursing Assistant, & Prof. Gwen Adshead Consultant Forensic Psychiatrist and Psychotherapist.

Organisation: West London Forensic Service, Three Bridges Medium Secure Unit,

Address for correspondence: Falcon Ward, Three Bridges Medium Secure Unit, Uxbridge Road, Southall, UB13EU Email: amy.hamilton@westlondon.nhs.uk, Bradley.hillier@westlondon.nhs.uk

This workshop explores the process by which a psychotherapeutic group for homicide offenders is being introduced to a medium secure setting, involving learning from high secure experience. Studies have been conducted in high secure settings exploring the use of therapeutic interventions for homicide offenders. These studies have suggested that attending to the offender's narratives about their own offending can allow us to generate themes which contribute to further interventions to reduce risk. The literature also lends support for reinforcing the rehabilitative process through the development of new resolutions of identity, encouraging agency, and providing opportunities for healthy connections to develop.

Anecdotally, it has been observed that the rates of admission of homicide offenders appear to have increased over time within the medium secure setting. In high secure settings, there is the provision of homicide offender group, which is a mode of therapy aimed at this cohort of patients. This does not exist within the medium secure setting currently. We describe our approach and rationale, which involves data collection and analysis to establish quantitatively whether there is indeed an increasing rate of homicide offenders in our service, and a service improvement process to argue for and anticipate resistance to introducing such a programme in the medium secure setting. In the process of developing this intervention we explore experience from a longstanding homicide group which has been running in Broadmoor Hospital for many years, using the learning there to inform the medium secure approach, particularly in terms of individual and organisational resistances, and how these may be overcome.

PLENARY 6

KONSTANTIN NEMIROVSKY (RUSSIA)

The root of evil: why ordinary people lose their humanity in unordinary circumstances

Psychoanalytic psychotherapist, registered with the British Psychoanalytic Council (BPC), member of the Forensic Psychotherapy Society (FPS), the European Federation for Psychoanalytic Psychotherapy (EFPP) the candidate of the International Psychoanalytic Association (IPA) and Moscow Psychoanalytical Society.

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Throughout history, people have struggled to understand the nature of evil - starting with primitive beliefs in evil spirits leading people astray and monotheistic conceptions of the dualism of Good and Evil, during the Renaissance the focus shifted to understanding the evil influence of society on the good in man. The horror of the two wars of the last century forced a different view of the problem - philosophers suggested, and social psychologists confirmed, the existence of a "banality of evil" in which the ordinary person in certain circumstances becomes a likeness of Lucifer. In turn, psychoanalysis has proposed a host of theoretical concepts to explain the inner nature of violence, from Tanatos and compulsive repetition to attachment dysfunctions and destructive narcissism. Whatever the models, dehumanisation remains an extremely serious problem, threatening not only the lives of individuals, but more and more often the existence of different ethnic groups and the world as a whole. This paper attempts to discuss different factors that influence dehumanisation, as well as reflecting on some ways to prevent it.

PLENARY 6

NATALIA FROLOVA (RUSSIA)

Odd one in: A Psychotherapist's Experience of Interaction with the Judicial System in Working with Patients with High Levels of Destructiveness

Natalia Nikolajevna Frolova was born in 1971 in Latvia. In 1999 she completed her education as a psychiatrist in St. Petersburg (Russia) and worked at the Research Psychoneurological Institute mainly with patients with addictions. In 2008, she defended her thesis on «Solitary drinking». In 2012 she specialised as a psychotherapist and works in commercial medical organisations and private practice. Since 2016 she has been studying psychoanalysis and psychoanalytic therapy, and in 2019 she graduated from the East European Institute of Psychoanalysis. In 2019 - 2020 she studied in the Russian Forensic Psychotherapy programme. She also worked as a psychiatrist in the detention centre of the Russian penal system from 2014 to 2020.

During arrest and investigation the perpetrators of a grave crime find themselves not only locked up in a place of detention, but also in a close dyadic relationship with the judicial system, duplicating the role of the archaic punitive superego. This limits the ability to symbolize, and hence the ability to reflect the crime committed, to grieve and repent. The Russian judicial system lacks the position of a psychotherapist, and the psychiatrists on staff act in the interests of the judicial system mainly by restrictive psychopharmacotherapy. This configuration does not imply psychic triangulation as a space in which traumatic reality could be accepted and symbolized. The alternative becomes involvement in the criminal community, in which protective narcissistic identity feeding can take place, reinforcing the ego, but not bringing it any closer to contact with reality and the capacity for coming to depressive position. In both cases, when mature psychic mechanisms fail to work, archaic processes come into play, fraught with severe manic conditions with a high risk of destructive enactments. This article presents the experience of a psychiatrist working with a forensic patient whose situation went beyond these typical scenarios. The high level of behavioral destructiveness of the patient helped to negotiate with the «system», and the author's psychoanalytic background helped to organize the conditions of interaction which approximated psychotherapeutic ones. The result was the experience of valuable observation and possibility of building therapeutic relations with the patient in a state of active psychotic acting out. The material is analyzed in terms of the theoretical model of object relations.

PLENARY 7

LORD JOHN ALDERDICE (UK)

Can a focus on the importance of relationships help us address the pandemic of violence?

Professor, the Lord Alderdice FRCPsych, Director of the Centre for the Resolution of Intractable Conflict, Harris Manchester College, University of Oxford. During his eleven years as Leader of the Alliance Party of Northern Ireland, Lord Alderdice played a significant role in the negotiation of the 1998 Good Friday Agreement. He was then appointed first Speaker of the new Northern Ireland Assembly and retired in 2004 when he was appointed to the Independent Monitoring Commission tasked by the British and Irish Governments with security normalization and closing down terrorist activity in Northern Ireland. He was also President of Liberal International, the global federation of more than 100 liberal political parties (he is now President D'Honneur), Chairman of the Liberal Democrat Party in the House of Lords, and a consultant psychiatrist and Senior Lecturer at The Queen's University of Belfast. He is currently Director of the Centre for the Resolution of Intractable Conflict at Harris Manchester College (University of Oxford), Chairman of the Centre for Democracy and Peace Building (Belfast) and a Clinical Professor in the Department of Psychiatry at the University of Maryland in Baltimore (USA). His work on violent political conflict has been recognized with a number of honorary doctorates, prizes and awards from various parts of the world.

PLENARY 7

LORD JOHN ALDERDICE (UK)

Can a focus on the importance of relationships help us address the pandemic of violence?

When the first Annual Conference of the IAFP was held in London thirty years ago, we lived in a different world. Politicians regarded themselves as leaders when they were resolving violent conflicts. Now they believe that leadership is about conducting violent conflicts.

Concern about the potential for climate catastrophe, is being rivalled by anxiety about economic and social chaos, warfare of every kind, and the reversal of the historic trajectory towards liberal democracy. For those who work in forensic psychotherapy this marks a profound and relevant change in the intellectual and political context. Until the 1990s the challenge was to understand and deal with those who broke the law, whether domestic legislation or the increasing corpus of international human rights instruments. Unexpectedly, when the Cold War ended and it seemed that liberal democracy had won the day, there was a waning of conviction about the efficacy of the rule of law in dealing with individuals, and the rules-based international order in managing global relations.

The events of 9/11 showed that individuals and groups were prepared to embark on attacks which were not only criminal but suicidal, in the promotion of their political ambitions. The expenditure of massive human, financial and military resources over many years failed to suppress these actions. The practical and symbolic demonstration of this failure was the ignominious withdrawal of the United States and its allies from Afghanistan in 2021 and the immediate takeover of the country by the Taliban who they had set out to defeat twenty years before. However this is only one example of how the rule of law can no longer be seen as having the capacity to manage domestic and international relations. In addressing the challenge of terrorism, it has been clear for some time that if groups believe that they are being humiliated and treated unfairly, and peaceful democratic mechanisms fail over many years to resolve this to their satisfaction, they may succeed in destroying the social order they hate through violence. Such angry destructiveness is well-known in individuals, and while a direct read-across from the psychology of individuals to that of large groups would be misleading, there is a need to explore from a psychological perspective, what a new paradigm for addressing global problems might look like. This paper cautions against the use of our psychological understanding to promote a particular political agenda and proposes three elements as a guide to the development of a new paradigm –the ideas emerging from complexity science; human emotions as a positive evolutionary advantage rather than an irrational flaw; and the significance of relationships between large groups rather than a rule-of-law approach based on individuals. This is a potentially radical agenda, but the author suggests that leaders may be well-advised to pursue an approach that takes more account of complexity, emotions, and relationships, as a necessary evolutionary path for the survival of our civilization.

PLENARY 7

DR BANDY LEE (USA)

Societal disorder as a precursor to dangerous minds in politics

*Bandy X. Lee, M.D., M.Div., is a psychiatrist who works at the interface of mental health, criminal justice, and the law, as well as in public health approaches to global violence prevention. She taught at Yale School of Medicine and Yale Law School for 17 years before joining Union Theological Seminary to cofound a Violence Prevention Institute. She was director of research for Harvard's Center for the Study of Violence, director of Yale's Violence and Health Working Group, project leader for the World Health Organization Violence Prevention Alliance, editor (with J. Adlam and T. Kluttig) of *Violent States and Creative States: From the Global to the Individual* (Jessica Kingsley, 2018), and author of *Violence: An Interdisciplinary Approach to Causes, Consequences, and Cures* (Wiley-Blackwell, 2019).*

Violence as a public health emergency, and the rise in recent years of dangerous, mentally-impaired leaders across the globe demonstrates vividly the importance of education and prevention with respect to the psychological factors that play a role in contemporary international politics. "Strongmen"—or, more accurately, fragile men—including Vladimir Putin, Donald Trump, Jair Bolsonaro, Rodrigo Duterte, Mohammed bin Salman, Kim Jong-un, and Xi Jinping, among others, all portray themselves in a defensive and overcompensating show of force that threatens not just their own people and neighboring countries, but the survival of humankind. Scholars have identified a number of factors that underlie conflict, such as relative poverty, civilizational differences, styles of governance, and the treatment of women. This talk will outline the importance of considering these factors in light of societal/cultural disorder, as character/personality disorders writ large, and how it not only gives rise to but supports the rise of the latter in leadership positions

FRIDAY PARALLEL SESSIONS

Parallel 1A

A State of Inbetweenness: The Challenges of Working with Disavowal

Stephen Blumenthal

Dr Stephen Blumenthal is a psychoanalyst and clinical psychologist in private practice and at the Portman Clinic, Tavistock and Portman NHS Foundation Trust. He is a Fellow of the British Psychoanalytical Society and an Associate Fellow of the British Psychological Society. He has a particular interest in understanding the connection between the mind and behaviour, and the risk of acting out in ways which are harmful to self and others. He is interested in the public understanding of psychological ideas. He is author of a number of books, including 'Assessing Risk: A Relational Approach'. He has published many peer reviewed research papers, as well as articles in the popular press.

A presentation of emotional detachment is sometimes encountered in working with challenging patients. The term 'disavowal' describes a particular kind of splitting of consciousness in which the person repudiates awareness of disturbing realities or their meanings. Disavowal involves a distortion of emotional significance, rather than a distortion of perception, as in the case of a dissociative split in consciousness. Detachment protects the individual from emotional contact, which is experienced as potentially overwhelming. Safety is achieved, but at the cost of denuding mental life of meaning. With the help of detailed clinical material, the challenges of working with a person who has established a psychic retreat based upon disavowal are outlined. I describe the clinical challenges of working with someone who places themselves out of reach of emotional engagement. A state of inbetweenness protects the person from knowing about their aggressive impulses, their need for care and the passing of time. This forestalls experiencing the dangerous, shameful feelings of dependence. The clinician needs to recognize the necessity for the defensive retreat, whilst being patiently ready to enter engagement when the patient becomes available.

A matter of wife and death. Reflections on music and violence

Elena Mundici

Elena Mundici is a psychodynamic and forensic psychotherapist registered with the British Psychoanalytic Council, the Tavistock Society of Psychotherapists and the Forensic Psychotherapy Society. Prior to embarking on psychotherapy, she trained as a classical pianist and received a MA in Piano Performance at the Milan Conservatorio Giuseppe Verdi, and an MA in Modern Literature and Musical Dramaturgy at the Università degli Studi in Milan. She has worked in prisons and forensic institutions both in Italy and the UK. She currently works as Psychotherapy Lead and Adult Psychotherapist at the North East London NHS Foundation Trust. She is founding partner and former Director of Panoptikon. She also works in private practice. She is the Treasurer of the International Association for Forensic Psychotherapy and is on the Editorial Board of the International Journal for Forensic Psychotherapy. Email: Psychotherapy.m11@gmail.com

Many authors have explored the connection between creativity and destructiveness, and from a psychodynamic perspective both creative and destructive acts carry a psychic significance. Forensic psychotherapy, notably in the work of Estela Welldon, has shown the importance of understanding the unconscious meaning of the violent act, which can be seen as a form of communication. Similarly to violence, the execution of a piece of music involves a synergy of physical, mental and affective functions, and an interaction of conscious and unconscious forces.

Reflecting on her experience of working in prison, the author explores the relationship between music and violence. Describing her work with an inmate who had committed a violent offence, the author illustrates how the structured and formal language of music provided a rigorous yet flexible space where the prisoner's internal world and unconscious phantasies could begin to be confronted. In particular, the author discusses how split off aspects connected with the index offence emerged in the ambiguous language of music. Finally, the author illustrates how the progressive acquisition of music technique can be understood as the beginning of a process of symbolisation and integration.

Social Responsibility Units (SRU): A Serco custodial initiative designed to address institutional violence and anti-social behaviour

Natalie Parrett, Kate Marsh, Vikki Wakefield

Organisation: Serco

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Institutional violence and anti-social behaviour in prisons has far reaching consequences on individual, organisational and political levels. In an effort to manage and support prisoners with a history of anti-social and violent prison behaviour, Serco has developed and introduced the Social Responsibility Unit (SRU) within four prisons that we manage for the UK Ministry of Justice, namely HMPs Doncaster, Dovegate, Lowdham Grange and Thameside.

The SRU is distinct from other areas of the prison and is collaboratively run by specialist trained operational and psychology staff. As a psychologically informed, bespoke residential unit, it focuses on addressing institutional misconduct in a collaborative, progressive and therapeutic manner rather than punitive means. The therapeutic environment, along with individual and group sessions, promotes prisoners' positive attitudinal and behavioural change and encourages hope and optimism for a better future. Prisoners engaging in the SRU often present with challenging and complex needs with a history of trauma. Trauma informed working is therefore integral to our practice, ensuring individualised care with a compassionate understanding of how their experiences manifest in their psychopathology and presentation. Positive outcomes have been observed whereby prisoners with previous instability have progressed from the SRU to successfully engage in Therapeutic Communities and Psychologically Informed Planned Environments (PIPE).

Empirical research has been conducted as a means of SRU evaluation and to aid future development of the model. This workshop presents three key pieces of research focussed on the development of the model (pre-post psychometric evaluation), the impact on institutional anti-social behaviour and violence and the impact on staff wellbeing working on the SRU. This has provided positive outcomes for the effectiveness of the SRU model. The SRU continues to evolve by incorporating innovative approaches to address institutional anti-social and violent behaviour by having an increased understanding of interpersonal neurobiology to inform our practice; the integration of sensory stimuli objects and the introduction of Makaton sign language, all of which are showing early positive outcomes.

Social Responsibility Units (SRU): A Serco custodial initiative designed to address institutional violence and anti-social behaviour

Natalie Parrett (MSc, CPsychol, AFBPsS) is a Principal Forensic Psychologist with over 20 years' experience working in prisons and secure hospitals in the UK. She is now the Head of Custodial Psychological Services for the privately managed Serco prisons in the UK, providing the strategic leadership for Psychological Services in Serco prisons and has a particular interest in innovating and developing psychologically-informed prison practice. She is the Clinical Lead for Social Responsibility Units. Natalie is a peer reviewer for academic journals and her research includes: Assessing female sexual offenders' motivations and cognitions: An exploratory study; A re-examination of female child molesters' implicit theories: Evidence of female specificity?; Evaluation of aspects of staff stress on a prison-based Therapeutic Community; Staff-prisoner interactions and readiness to change; An evaluation of an Autistic Spectrum Disorder screening assessment constructed for use in a prison setting; 'Spokes of Commitment': The development of theory for the premature withdrawal from prison based Therapeutic Communities; An interpretative phenomenological analysis of prison officer experiences when working with personality disordered offenders with intellectual disabilities; Preliminary standardisation of the Ravens Standard Progressive Matrices and exploration of treatment need for offenders in the assessment phase of group psychotherapy and An evaluation of the Paro Seal with a vulnerable prison population in a UK Prison

Kate Marsh (MSc, CPsychol) is a Senior Forensic Psychologist with over 12 years' experience working in a custodial setting. She now works at HMP Thameside, a privately managed Serco prison in the UK. She has delivered and treatment managed a range of accredited offending behaviour programmes and has experience of working in a Therapeutic Community. Kate has been involved in the development and implementation of Social Responsibility Units at three Serco sites since 2016. She has a special interest in trauma informed and compassion focused therapy and using innovative means to engage individuals with more complex and challenging needs. Her research interest relates to staff wellbeing and prison culture and includes: 'Is it me or the job? The impact of individual and job characteristics on prison staff burnout'; 'The impact of working in different prison areas on prison staff burnout'; 'The impact of perceived dangerousness on prison staff burnout' and 'An Exploration of the Impact of Prisoner's Individual Characteristics on Perceptions of Prison Social Climate'.

Victoria Wakefield (MSc, CPsychol) is a Forensic Psychologist with over 12 years' experience working in a custodial setting. She now works at HMP Ashfield, a privately managed Serco prison in the UK, and in a residential home for adults with Autism and Learning Disabilities. She has delivered and treatment managed a range of accredited offending behaviour programmes, both with adult males and young people, has an interest in working with individuals convicted of sexual offences, and a passion for compassion focused therapy. Her research includes: Is there a change in institutional behaviour following time on a Social Responsibility Unit (SRU)? and An exploration of demographic differences in the attitudes of prison staff at HMP Ashfield towards men convicted of sexual offences.

Adam Lanza and Sandy Hook: Trying to Humanize the Dangerous Mind during a time when Lethal Military Weaponry are available at will in the USA.

Leslie M Lothstein PhD

Kathryn Thomas PhD JD

In this presentation we focus on the postmortem case of Adam Lanza based on the archival data gathered by the police in the investigation of the Sandy Hook shootings (Newtown Connecticut) involving the massacre of 20 first graders (in their classroom) and six adult females at the school on December 14, 2012. It took a 5 year lawsuit by a newspaper to get the data reported in this presentation. Adam Lanza also murdered his mother and took his own life. He used several lethal guns (Bushmaster XM15-E2s Rifle, Glock 20SF handgun & .22LR Savage Mark II bolt action rifle). The murders were the deadliest in US school history, involving elementary school first graders, and at the same school the shooter attended as a child. Over his lifetime, Adam Lanza was described as an odd child with autism, language, sensory and communication problems, isolation, shunning, bullying, developmental delays, and complex developmental trauma. His parents divorced and he lived with his mother who 'protected' him from the care of psychiatry and psychology. He was odd looking, a social isolate who lacked any real social connection, was an online addicted gamer and over time regressed into having a morbid depressive psychosis. In the fifth grade he co-authored a short story with drawings of his intent to murder a grandmother. He left a trail of evidence about his intent to kill and how lonely and desperate he was. Throughout his life, Adam Lanza was evaluated by some of the best minds in the field of psychiatry and forensics. However, there was no central database to contain documents to review and share the clinical and school reports of his threat assessment and risk. The mother, a gun enthusiast, stockpiled her home with military weapons that were, ironically, used to kill her, the children, teachers, and her son. Since 2012 there has been no lesson learned. The data were hidden from public view. No one ever got the full picture and there was no professional sharing of analytics and psychoanalytical formulations that followed Adam Lanza through school, while living in the community or after the slaughter. The community and family as Welldon (2011) wrote were "Playing with dynamite." The traumatic roots of Adam Lanza's destructiveness were embedded in the pain of attachment loss (de Zululeta, 2013), a damaged brain (Raine, 2013), and being a person who was riddled with shame and humiliation (Gilligan, 1996).

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Kathryn Thomas PhD JD

Ultimately, Adam Lanza revealed his murderous intentions online and in a radio interview. The lesson learned by Welldon (2011), and others was our need to focus on understanding the role of attachment and connection to violence and attune ourselves to the relational unconscious present during forensic interviews. Violence is embedded in our social development and personal intersubjectivity. It is a national and global health crisis. It must become an important part of the forensic assessment. A broad based psychodynamic/ modern psychoanalytic approach to forensic assessment is the gold standard of the forensic interview (Stein,2007) The case of Adam Lanza represents the failure of a system that must be changed and directed towards integrating the data of multiple subspecialties to enhance threat and risk assessment via psychodynamic and modern psychoanalytical methods and to keep lethal military weapons out of the hands of the general public. We need Welldon's modern psychoanalytical approach to understanding childhood violence so we can humanize the deranged mind and prevent more Sandy Hooks from happening.

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Contorting the Psyche: Thinking Non-Violently in a Violent World

David Millar

David is a recently retired Consultant Child and Adolescent Psychotherapist having worked in the NHS for over 35 years. He is an Honorary Senior Lecturer in Psychoanalytic Studies at the University of Essex and a visiting lecturer at The Tavistock Clinic.

Although violence, in its many forms, may not impinge directly on many of us, it nonetheless impacts, indirectly and relentlessly, on our daily lives. The news media, of course, report fighting, battling, and warring, between individuals, opposing groups, and sovereign countries, on what seems like a continuous digital loop. Then, as if we weren't satisfied with being informed from a safe distance of acts of violence, we invite the popular media to bring further examples of mayhem and murder into our homes. It seems not enough that we are surrounded by violence at a safe distance, we welcome it into our homes, as a form of light relief.

In this paper, I look at psychoanalytic theory from a variety of perspectives to see what we can learn about the above, puzzling, phenomena. In so doing, I hope to show some of the contradictions in the theory and practice that we purport to follow. Predicting the future of forensic psychotherapy is a complex undertaking, tied up as it is to the apparent need to for aggression, intimidation, and violence in our daily lives. Trying to understand it is enough to contort the psyche.

Partners in crime: the role of forensic psychotherapy in criminological thinking

Dr Deborah Jump & Dr Paul Gray

Dr Deborah Jump is a Reader in Criminology at Manchester Metropolitan University, UK and also the Head of Youth Justice in the Manchester Centre for Youth Studies. Her current research focuses on adolescent mental health, childhood trauma and the impact on serious youth violence within the youth justice system.

Dr Paul Gray is a Reader in Criminology at Manchester Metropolitan University, UK. His research focusses on the complex relationship between childhood trauma and adversity and substance use and violent offending in adolescence

Much has been written about serious youth violence from a criminological perspective. Examples usually include narratives of poverty and disadvantage, troubled families, poor educational attainment, patriarchal constructs, and power. Jock Young famously wrote: '[Criminology] is a subject where other disciplines meet and its very liveliness and, at its best, intellectual interest is because of its position on the busy crossroads of sociology, psychology, law and philosophy'. However, as much as criminology is a 'meeting place', there is a dearth of enquiry that adopts a psychotherapeutic lens.

This paper therefore wishes to offer a point of departure for encouraging collaboration between the fields of forensic psychotherapy and criminology to better understand why violence might seem appealing or necessary to those who perpetrate it. This is not to say that criminological reasoning does not play its part in the subject's thinking around violence, nor influence those who see it as a genuine option for rebelling, establishing, or defending a sense of identity and agency. Instead, this paper draws on forensic psychotherapy to help us to answer the pressing issues of serious violence perpetration, knife crime, substance misuse, female sexual exploitation, and suicidal ideation.

Drawing on the trauma narratives of justice-involved children, this paper investigates the role that psychotherapy might play in addressing the pertinent issues mentioned above, as well as the nascent discourse surrounding 'trauma informed practice'. We believe that when combined with existing criminological reasoning, psychotherapy can play a significant role in contemporary debates around adverse childhood events and serious youth violence. By applying a psychotherapeutic lens to the issue of early childhood trauma and future offending, this paper will discuss how and why young people view violence as a motivating factor in identity development, and the underpinning psychic reality for those that perpetrate it.

The Eroticisation of the Gaze in the Psychoanalytic Treatment of a Paedophile

Raffaella Hilty

Raffaella Hilty M.A. (Phil) is an attachment-based psychoanalytic psychotherapist with The Bowlby Centre. Having worked as an Honorary Psychotherapist within the NHS for a number of years, she now works in private practice in London. Her edited book 'Primitive Bodily Communications in Psychotherapy. Embodied expressions of a disembodied psyche' will be published by Karnac in June.

In this paper I discuss the forensic clinical case of a patient whose main symptoms included paedophilic perversions and an obsessive sexual interest in filming and watching himself while performing masturbatory sex in front of a web-camera, something that I have come to refer to as "self-voyeurism". Whereas voyeurism has been widely explored in psychoanalytic literature, to the best of my knowledge the psychological meaning of "self-voyeurism" in the treatment of sexual perversions has not been so much analysed.¹

Based on the relational history of my patient, I will discuss that the "self-voyeurism" and the paedophilic perversions were an eroticisation of early attachment trauma, specifically of the experience of an absent mother's gaze which had constellated a threatening inner infanticidal presence (Kahr, 2007), and of subsequent traumata, including sexual and physical abuse at the hands of a violent father. I will argue, that this perverse symptomatology was both a defence structure against attachment and relating and a powerful way to communicate the wish for closeness and intimacy.

I will explore the difference between therapeutic witnessing and perverse viewing following the voyeuristic pull that emerged in the counter transference, and I will argue that this was both an impingement on the therapeutic witnessing stance, and a role responsiveness (Sandler, 1976) to my patient's evocative projective identification. I will demonstrate through clinical material, how the perverse behaviour represented a psychic solution to a well-known early conflicting state of mind that Glasser (1979) called the core complex, and I will describe how this psychic configuration was enacted in the transference and in the treatment progression.

Finally, I will endeavour to demonstrate the improvements in the patient's capacity to attach and relate to me over the course of the therapeutic treatment.

Notes:

1. Mervin Glasser (1979) talks about a patient in analysis five times a week who used to dress as a woman and observe himself in a mirror while masturbating.

Violence and feminism: a philosophical approach

Marianna Caserio

Marianna Caserio lives and works in Italy. She is a secondary school teacher. She graduated at the University of Turin where she studied German and English linguistics and literature in 2009. She has also been teaching in companies since 2014 and she is a freelance translator. She got a second university degree in philosophy and communication in 2021 and at the moment is dealing with a MA in philosophy and political studies at UNIUPO. Since 2019 she has been carrying out research on women and violence under a historical, political and philosophical point of view. She is a member of the Swip Italia (women in philosophy association), an editorial member at Aristotelica, an academic journal to disseminate knowledge on the Aristotelian philosophy, and collaborates as a translator with the Department of Humanities at the University of Vercelli.

Published in 1988 by Estela Welldon, *Mother, Madonna, Whore* met a “mixed response” among the public because of its argument on perverse motherhood. At its center is the controversial issue of women and violence and its possible prevention. Despite works such as *Speculum of the Other Woman*[1] by Luce Irigaray or *Psychoanalysis and Feminism*[2] by Juliet Mitchell, appeared more than ten years before, the glorification of the mother was still common at the time. The present contribution aims to analyse the main theories contained in Welldon’s book from a philosophical point of view and in comparison with the thought of some feminist philosophers. We will try to focus not only on the past situation, but also on the present and future perspectives.

Attitudes in society have prevented a full understanding of the relationship between women and power. This has led to assumptions which women themselves have often considered as valid with a negative impact on their lives and those of the generations to come. This may be defined symbolic violence, i.e. the unaware assimilation of the vision of the world of the dominants by the dominates, as Pierre Bourdieu explains in *Practical Reason*[3].

According to Welldon, perversion is linked to the relationship between mother and child; however, it develops differently in women and men. This crucial distinction is also underlined by Irigaray, who claims Freud regarded women beings deprived of male traits: a relevant “empty space”[4] if we consider the importance of the body in violent acts. And besides, if perversion is often related to the Oedipus complex and it resolves in women when a little girl turns her gaze from mum to dad wishing to carry his child, could we state that women can not be perverse as they can be mothers?

[1] Irigaray L., *Speculum. L'altra donna*, Feltrinelli, Milano 1975.

[2] Mitchell J., *Psicoanalisi e femminismo*, Einaudi, Torino 1976.

[3] Bourdieu P., *Ragioni Pratiche*, Il Mulino, Bologna 2002.

[4] Irigaray L., *Speculum. L'altra donna*.

Parallel 6

Where words fail: the role of music therapy in modifying the aggressive impulse.

Dr Stella Compton-Dickinson, Alex Maguire, Dr Celia Taylor

Dr Stella Compton Dickinson worked as Head of Arts Therapies and Clinical Research Lead in Nottinghamshire Healthcare NHS Trust forensic psychiatric services for 15 years. Her research in this area was awarded the 2016 Ruskin Medal for the most impactful doctoral research. She is the author of numerous chapters, papers and two books, most recently *The Clinician's Guide to Forensic Music Therapy* (Jessica Kingsley Publishers). She is an Accredited Cognitive Analytic Therapist and Supervisor, Health Care Professions Council Registered Music Therapist, Supervisor and UKCP, BACP registered Cognitive Analytic Therapist

Alex Maguire (MSc BMus Dip Music Therapy Dip Forensic Psychotherapy)

Alex Maguire initially trained as a musician at the University of London going on to perform, record and broadcast worldwide as an improvising jazz musician as well as working at the National Theatre, with dancers from the Ballet Rambert and Julian Clary amongst many others. He then trained as a Music Therapist at the Guildhall School of Music and Drama where he currently holds a professorship as an Experiential Group Tutor. He undertook further training in Forensic Psychotherapy at West London NHS Trust and is currently studying with the Forensic Psychotherapy Society. For twenty years Alex was the Senior Music Psychotherapist at Broadmoor High Security Hospital where he specialised in the treatment of violent offenders in high dependency and intensive care settings. He has presented and written widely about this work, besides maintaining a parallel career in jazz and improvisation. Alex is currently a psychotherapist with East London Foundation NHS Trust, based at the Millfields Unit Therapeutic Community for high-risk personality disordered offenders.

Dr Celia Taylor (MB.BS, BSc, FRCPsych, Diploma in Forensic Psychiatry) trained in Forensic Psychiatry at the Institute of Psychiatry in London and went on to work as an Honorary Senior Lecturer at the Institute of Psychiatry in London, and Consultant Forensic Psychiatrist at Broadmoor Hospital. She then established a medium secure personality disorder service in the private sector, before moving to East London NHS Foundation Trust in November 2003 to establish Millfields Unit on the campus of the John Howard Centre in East London. This is an inpatient service for high-risk offenders with severe personality disorder, which runs an intensive psychodynamic therapy programme in the form of a modified therapeutic community. Celia is a member of the London Pathways Partnership (LPP) Steering Group which is a consortium of four mental health trusts. LPP runs a pan-London service to probation officers with high-risk personality-disordered offenders on their caseloads, as well as specialist services for this group in HMP Brixton, Swaleside and Aylesbury. She is a past President of the International Association for Forensic Psychotherapy, sits on the National Probation Service's London IPP panel, and teaches a Module on personality disordered offenders as part of the Queen Mary University London MSc in Forensic Mental Health.

Parallel 6

Where words fail: the role of music therapy in modifying the aggressive impulse.

Dr Stella Compton-Dickinson, Alex Maguire, Dr Celia Taylor

i) The origins of aggression

The social challenge for mental health services in general, and psychotherapy in particular, in relation to peace versus violence in today's world is both enduring and new: conflict has been a feature of every human civilisation since time immemorial, but its form, focus and underlying ideology are mutable. While cruelty and brutality are relatively unchanging, it is only in the modern era that weapons have been developed of such overpowering, destructive sophistication as to destroy untold numbers of people. Meanwhile, clinicians working with patients who are known to pose a high risk of harm to others must, for the benefit of society, seek out the treatment approaches most likely to be beneficial – to the individual, to those around him and to the community.

In this paper, we explore developments in psychodynamic thinking about the treatment of people who might have disturbing, intransigent and destructive traits. We consider how such propensities developed, are maintained and can be acted out. We then explore the role of empathy and self-awareness as central to intrapsychic and interpersonal connections, and focus on one form of non-verbal treatment – music therapy – as being in a unique position to foster human growth, self-awareness and insight.

ii) Modifying the aggressive impulse

'Empathy' comes from the German word, *Einfühlung*, meaning 'feeling in', while 'Alexithymia' is literally having 'no words for emotions'. The former is absent and the latter common in the Dark Triad traits of Machiavellianism, narcissism and psychopathy. In this second part of the Symposium, Dr Compton Dickinson will draw from the findings of a randomised controlled trial of Cognitive Analytic Music Therapy. This research demonstrated that jointly-created musical improvisation can ameliorate aggressive and antisocial responses, and improve both cognitive empathy and the capacity to relate to others.

iii) Specific clinical applications in music therapy

What does the music of the psychopath sound like? In this final part of the Symposium, Alex Maguire will present the rapping and singing of a high-scoring PCL-R patient in a maximum secure hospital. In his music he cannot resist telling all – the microphone does not lie, and his psychopathology becomes clearer through his chosen medium. Hale's paper "Flying a Kite" suggests the possibility of psychopathy as a defence against a psychotic illness, often leading to the tragedy of men and women batted between prison and hospital with, as Hale notes, potentially fatal consequences.

SATURDAY PARALLEL SESSIONS

Parallel 1A

Violence vs. Compassion: Pursuing the Pandemic

John L Young, MD, MTh

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The global public has been sharing for the past two years the challenging social experiences of the Covid pandemic. Simultaneously the public at large has had to tolerate a rapid rise in the experience of physical and emotional violence. Among the likely consequences of this double exposure has been an apparent increase in the stigmata endured by our patients, forensic or otherwise. Unfortunately, they are regularly burdened with grossly undue blame for what has been called a pandemic of violence.

Pandemic fighters or not, forensic mental health professionals need to ally themselves with maximally diverse anti-violence forces. Among these, compassion currently stands out in the literature. It has been increasingly popular with medical students. It figures prominently in foundational bioethics writings and in current reports on clinical and legal advances. As it should, it has the attention of forensic psychotherapists.

Parallel 1B

The overlooked phenomenon of "hysterically situated" aggression

Mag. Christian Eigner *trained as a psychoanalyst in the "Working Group for Psychoanalysis Linz/Graz", member of ISST (International Society for Schematherapy), works primarily as a forensic psychotherapist in Austrian high security and special forensic prisons. His theoretical-methodological interest is the integration of Peirce's semiotics into therapeutic work, as sign processes help to understand thinking and behaviour in a post-psychological way.*

A gentle man who doesn't seem to be able to hurt a fly - and yet crushed his mother's skull to a pulp; a still almost boyish early-thirties who behaves like a model pupil, speaks correctly - but killed his girlfriend almost a decade ago with almost 20 knife wounds;

a business economist who seems downright shy, once slid through the courtroom on his knees crying and pleading after attacking an old woman, was acquitted because of it - before he then almost strangled a next victim.

All these men have something in common, namely a repression of their aggression. In fact, they would describe themselves as unaggressive and attribute their offences to a "psychotic episode" or the like; often repeating the language of their assessors and psychiatrists. But closer analysis usually reveals massive "superego structures" or "parental modes" that have long since ceased to pronounce a sexuality taboo but do impose a ban on aggression. And to such a total extent that aggression can no longer even be felt.

With usually devastating consequences: If aggression does break out, it is - unlike in people with an impulse control disorder, who know their aggression very well and fantasise about it and thus always structure it - a "hysterical explosion" that usually leads to the destruction of the person affected.

However, it also becomes apparent that the explosion of this repressed and thus "hysterically stored" aggression requires very specific additional conditions in order to fully unfold its potential for danger. One of these conditions is massively pronounced symbiotic needs, another is a still unprocessed projective identification, i.e. a dominance of the paranoid-schizoid position. How these conditions interact with repressed aggression will be presented in the lecture, which is intended as a contribution to early detection and risk assessment of potential or already established forensic cases. For all too often, repressed aggression is misjudged or not seen.

Parallel 2A

Freud, Roupaul, Grason and a whole lot of naked attraction!

Jim Rymer MSc,BSc, BA. (MBPsS, MBACP)

Jim is an Irish Psychologist and Psychotherapist living in Norfolk UK.

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The world has moved on immeasurably from the public social restraint of Freud's day. Some of this change was a consequence of two World Wars which altered the landscape of how patients were treated. The social revolution of the sixties also saw a shift in attitudes to difference and diversity. So how would Freud now react to television programmes such as Rupaul's Drag Race, the appearance of Grason Perry on our television as his alter ego Claire: Paul O'Grady as Lily Savage hosting Blankety Blank, or the infamous Naked Attraction or Nasked Survival, becoming mainstream viewing? Voyeurism and Transvestism are conditions still considered and treated as Paraphilic Disorders, yet at the same time they now appear as mainstream light entertainment. How do we as practitioners cope with these inherent contradictions?

Society's tolerance for what is outside the norm, if indeed there is a norm, has rapidly changed. Some of this change is to be welcomed. However, a consequence of change is that it poses difficult questions for the future of Psychiatry, Psychology and Psychotherapy, in particular in relation to the definition of mental illness and its subsequent treatment. There have been five full revisions of the DSM and text revisions to boot, however there is a huge lag between current public attitudes to displays of diversity; and dependence by mental health practitioners on old philosophies as a basis for diagnosis and treatment. Problems arise with the advent of Subjective reality - fake news, and sexual self identification. In this light the thorny question of what is considered a mental illness, as opposed to an expression of self determination and choice is a difficult one to address. This is the world we practitioners inhabit, so what is the impact on Psychiatry, Psychology, and Psychotherapy? More importantly, where do we go from here?

Parallel 2B

Out of sight out of mind

Dr Emily Turton

South London Partnership (provider collaborative of South London and Maudsley NHS Foundation Trust, Oxleas NHS foundation trust and South West London St Georges Mental Health NHS trust)

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This paper will share reflections six months into a newly created consultant Clinical Psychologist role, tasked with reviewing and developing new pathways for a small number of complex service users who are placed out of area in private personality disorder units unable to progress. Challenges coming into the role have included encountering institutional defences of denial, hostility, and avoidance of taking responsibility for these service users. The paper will discuss how the current services are set up to reject those in the most complex group, through multiple exclusion criteria, lengthy waiting lists and rigid interventions which are inaccessible. This group are also rejected by rehabilitation wards, as personality disorder is still a diagnosis of exclusion for these services, and therefore the only option is an out of area placement which effectively acts as an indefinite holding facility at great personal cost and expense to the system.

This paper will explore whether the system becomes the dangerous mind. The system becomes paralysed by anxiety and risk aversion, effectively acting out Mary Shelley's Victor Frankenstein, the service users becoming an expression of this. Once the service users' trajectory towards long-term institutionalisation has commenced, the system collectively turns a blind eye to the problems it has created including aggression, self-harm and suicidality. Desperate but often ill-thought-out attempts to rectify this can too often be physical and aggressive in nature, such as use of restraints, long-term seclusion, rapid tranquilisation and NG tube feeding, all of which are likely re-enactments of earlier traumas.

The paper will explore the ways in which we can break this cycle. How can the system bring home the complex service users who have become abandoned and cast out? And how can we change and develop our services in order to circumvent this trajectory for those on its path?

Forensic Mental Health Nurses' Experiences of Working with Intimate Partner Violence

Manjit Sidhu

Manjit Sidhu is a Systemic and Family Psychotherapist with The East London Foundation Trust working across medium secure and low secure inpatient service. She has been part of embedding psychotherapy in the forensic community model and has a 10-year history working in the interface between substance misuse and criminal justice, in prisons and forensic settings. She is a tutor with the Institute of Family Therapy, offering systemic teaching to allied professionals and has set up an independent psychotherapy practice.

Objective: Violence in relationships continues to form part of a worldwide agenda. Forensic Mental Health Services work with extreme forms of relationship violence, yet there is little research exploring this from the perspective of a mental health nurse. A systemic view suggests that violence must be examined from multiple contexts. This study is interested in forensic mental health nurses' experiences of working with Intimate Partner Violence (IPV). Design: A qualitative design was used to interview three forensic mental health nurses from a London based medium secure unit. Each semi-structured interview was transcribed and analysed using Interpretive Phenomenological Analysis. Six master themes emerged from the results: (1) Forensic nursing, (2) The forensic environment, (3) Treatment and care offered to patients, (4) Thinking about patient, victim and family, (5) Beliefs about IPV, (6) Dilemmas in having conversations about IPV. Results: The results suggest that working with violence in relationships, has the power to position nurses in a variety of ways. Implicit in this is the Forensic context and their own personal and professional experiences. Whilst working with relationship violence is important, the dynamics of this felt overwhelming to consider. This is commonplace when working therapeutically with a range of problems.

The breaking of ties and the triggering of a malignant experience, as a defence from anxiety.

Patrizia De Rosa: *Psychiatric and Psychotherapeutic doctor for developing ages. Consultant and expert for judges in the penal and civil environment (from 1998 to today). Honoured judge for minors in Piemonte and Valle d'Aosta courts. Contract lecturer at Turin University - Forensic Psychology department.*

Caterina Marchetti: *Forensic Psychotherapist, psychoanalytic psychologist at Vercelli, Ivrea and Biella prisons (1994- 2016). Lecturer at the Prison Police School for the Ministry of Justice. Consultant for the civil and penal court judge (from 2003 to today). Private practice from 2000, Contract lecturer at Turin University - Forensic Psychology department.*

Why are we still unable to overcome the tendency to take sides and all too often also in the courts, the psychologists/psychiatric experts continue to practise their profession as if it were ideology forgetting in this way to think about each case, each instance without prejudice? Is it perhaps the mental laziness Estella Weldon speaks of? As clinicians, in our clinical activity we collect anamnesis (the past) of the people we meet and based on our clinical experience we make a diagnosis, both clinical and environmental (the photograph of the present). When we work as consultants for the court, and not only the court, we do so in order to assess the risk (the future risk) of harm to the minor (a clinical and environmental prognosis).

Why do we propose this intervention?

When ties are broken, the minor runs the risk of becoming an ally of one or the other of the parents in a malignant bond. Can the assessment of the judge foresee the future? In which way then do the facts or events that we observe during the collection of the anamnesis become significant to make clinical claims? To save him or herself from the anxiety generated by the bereavement of separation, a child could become attached to an overprotective mother or to a delegating parent and this can have repercussions on the mental development of the child, possibly leading to violence, maladjustment or even psychopathologies.

OBJECTIVE: To focus attention on the perverse or malignant dynamics that can be triggered in the profession of technical consultant at the expense of mental health and on how damaging it is to take sides without thought or reflection and based on the manic expectation of having a clear idea of the situation, even before clinical observation.

METHODOLOGY: Theoretical psychodynamic reflections and case studies.

RESULTS [AND CONCLUSIONS]: To identify good observation practices that take into consideration the environmental context according to the theory of the mind (and attachment?)

CONCLUSION: The need for accurate professional training for forensic mental health professionals.

Cyber violence: how does it penetrate the body barrier?

Moustafa Saoud, Ross Goslin

Dr Moustafa Saoud is a consultant forensic psychiatrist who has worked in various forensic healthcare settings across the UK, including high security and prisons, since 2008. He has an MSc in Psychotherapeutic Approaches in Mental Health and has a special interest in the application of psychodynamic principles in everyday practice. He is currently working with men at the Chichester Centre which is a secure unit in West Sussex. He is a trainee member of the Forensic Psychotherapy Society (FPS). Email: moustafa.saoud@nhs.net

Dr Ross Goslin is a specialty trainee in forensic psychiatry. He trained in Oxford and is completing higher training in Sussex and Kent. He has a special interest in forensic psychotherapy and has seen patients for psychodynamic psychotherapy in a range of settings, from high secure hospitals to the community.

Our patient is a 70-year-old resentful cyber stalker, and this is a case of diagnostic complexity and unusual presentation. This man had no apparent mental health problems until he was in his mid-sixties. There is a startling lack of collateral history available about his early life. About ten years ago he started to talk about major frauds and conspiracies that were being covered up by the government and others in positions of power. He became affiliated with online right-wing groups who were claiming to work to uncover these conspiracies. This led to offences of sending malicious communications and stalking various high profile public figures. He was transferred to our secure unit from prison as he was found to be exhibiting psychotic symptoms. The ward was soon inundated with phone calls, letters, and emails from his allies in the online group, who targeted staff members, posted personal information about them online, and made defamatory images of them. The therapeutic relationship was strained. All the while, there was never an apparent direct attack on the body. But the aggression was felt nonetheless. So how do cyber bullying and online stalking fit into our understanding of violence being a penetration of the body barrier?

Public response to violence: Trauma and spectacle

Andrew Shepherd

Andrew Shepherd – Consultant Forensic Psychiatrist, GMMH NHS Foundation Trust, and honorary lecturer, University of Manchester
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The emergence of violence in the social and political sphere can come both as trauma and spectacle. For the immediate victims the experience may overwhelm and flood the defences – leading to classical and complex post-traumatic responses. For the wider public the event may become transfixing, a spectacle. Narratives emerge as a means of account, stabilising the social response. Public narratives take on a political dimension but, as ever, the personal is political and the response of the initial victims can come to be defined by the wider political narrative. Narrative efforts at stabilisation on the part of the victim must be performed in a social sphere – and the effectiveness of the narrative is defined at least partially by the response of the audience. At times, forcing narratives may overwhelm the narrative of those at the centre of events – events become defined by political interpretation.

In this paper, I present the experiences of A&B; two siblings who suffered early traumatic loss and the subsequent implications of a wider societal response to the tragedy. In a sense their life experience comes to be defined by their response to this crucial loss – and their attempt to make sense of events. Their personal tragedy and loss moves into the realm of the political and violence punctuates their life through grief, tragedy, intimate violence, and criminal activity.

Reflecting on A&B's experience, I draw on the public health concept of "tertiary prevention" in response to violence arguing that clinical work demonstrates that individual approaches may be insufficient: We must also consider the public response to events, and the political willingness to accept a narrative, or to challenge one. Traumatic events lead to narrative rupture – and demand narrative repair; the restorative narrative must take account of the political.

Restorative Justice - a social justice framework for responding to dangerous states of mind?

Dr. Gerard Drennan

British Psychotherapy Foundation & Restorative Justice Council

Dr Gerard Drennan Ph.D. is a Consultant Clinical Psychologist and Psychoanalytic Psychotherapist, who holds the post of Head of Psychology & Psychotherapy in the Behavioural & Developmental Psychiatric Operational Directorate of the South London & Maudsley Mental Health Foundation Trust. He is also an Honorary Lecturer at the Institute of Psychiatry, Psychology & Neuroscience at Kings College London. Gerard qualified as a clinical psychologist in Cape Town. His doctoral research examined the practical and political role of language and interpreters in mental health practice in post-colonial, institutional settings. This research ran concurrently with the work of South African Truth and Reconciliation and was touched, as all South Africans were, by the restorative aspirations of that nation-building endeavour. Gerard has held clinical and leadership roles in forensic and offender mental health settings in London and Sussex for the past 20 years. This included a leadership role in developing the Millfield Unit, part of the Personality Disorder and DSPD project. He has published on the implementation of recovery-oriented practice and, since training in restorative justice conferencing in 2012, has worked and written on the place of restorative justice practices in mental health settings.

This paper will explore what restorative justice approaches have already begun to offer societies across the world in the face of interpersonal violence of all kinds. Restorative justice is a growing social movement, an emerging social science and a developing community of practice. Its best-known application has been in the criminal justice system, but as a form of dialogue between people when harm has taken place, there is growing application in schools, organisations, communities, cities and even countries.

Restorative justice, as an intervention, has also been seen as necessarily reactive to harm that has already taken place. Increasingly there are applications that are also preventative, starting with the development of emotional literacy in children, and extending to the de-escalation of dangerous states of mind in people across a range of social settings. The paper will explore the opportunities presented in the consulting room, and in the 'clinic', to enable access to restorative approaches for our patients, whether they are victims, perpetrators or both. But beyond the consulting room, into the wider arena of public health, trauma-informed practice, or 'harm-aware' practice, can reduce the risk of the transmission of trauma and harm in the body politic.

Restorative justice practices will be considered, not as a panacea, but as one of the building blocks of more humane and less violent societies.

"Men just hit you": Internalised misogyny and art psychotherapy with women in prison

Jessica Collier

*Jessica Collier is an art psychotherapist and clinical supervisor working in prison with female offenders. She has taught as a visiting lecturer at Hertfordshire University and a senior lecturer at Roehampton University and is co-convenor of the Forensic Arts Therapies Advisory Group. Jessica was the inaugural co-editor of the International Journal of Forensic Psychotherapy and has lectured and published widely, including co-editing *The End of the Sentence: Psychotherapy with Female Offenders* with Pamela Stewart, and *Intersectionality in the Arts Psychotherapies*. Jessica is currently undertaking doctoral research on art psychotherapy and the gendered experience of women in prison at Warwickshire University.*

Women incarcerated in prison in the UK frequently detail accounts of brutality at the hands of their male co-defendants, partners and family members. Their narratives regularly describe relationships in which male to female violence and abuse is expected, tolerated and considered acceptable. Women come to expect dysfunctional heteronormative hierarchies in their relationships, in which corporeal and emotional domination is an integral aspect of the power balance between the two partners. Despite this experience of gendered violence, female prisoners who have been subject to years of degradation, habitually declare that “men just hit you and it’s over”. This short presentation examines internalised misogyny, considers the collusion of forensic professionals who perpetuate outdated gender myths and explores how women in prison are disproportionately punished for transgressing their “femininity”. These ideas will be elucidated through an art psychotherapy case study in which a woman’s therapeutic progress in prison was sabotaged by normative stereotypes about family and a woman’s place in society.

'The only patient on the ward.' Communication of distress through violence when there is limited verbal ability, and how this was contained and understood through art psychotherapy.

Ms Mizuho Koizumi

Mizuho Koizumi is an Art Psychotherapist specialising in Learning disabilities and Autism on the locked inpatient wards in East London NHS Foundation Trust, Forensic Directorate, since 2015. She has a Masters in Silversmithing and Metalwork from the Royal College of Art and has exhibited her work nationally and internationally. Mizuho has a particular interest in what is conveyed non-verbally through art psychotherapy in the forensic LD/ASD directorate.

"The double empathy problem" (Milton, 2018) suggested that misunderstanding occurs not only because of differences between autistic people and neurotypicals in social communication, but also individual's experience in the past.

This presentation illustrates how an art psychotherapist, with English as a second language, established a secure attachment relationship with a young man with a co-morbid diagnosis of learning disability, autism and challenging behaviour, and a history of extreme violent assault on staff. Jayden(not his real name) was the sole patient placed onto a fully staffed ward within a forensic medium secure unit as his risk of violent assault was deemed too severe to be on a populated ward and he required 'high-security services within the medium secure unit.' Jayden's historical experience of complex trauma could not be verbalised, but was unconsciously projected into the art making and experienced intensely by the art psychotherapist.

Bespoke and consistent art psychotherapy sessions over five years allowed patient and therapist to work through ruptures and subsequent repair in the relationship making connection without words, unspoken understanding and less need for violent communication through the body. As a clinician, whose first language is not English, she experienced parallels of not always being understood by the team and the need for observation by three or more staff in the one to one sessions generated confusing dynamics in the therapy room.

Keywords: forensic art psychotherapy, ASD, intellectual disability, Violence, trauma, non-verbal relationship, the double empathy problem

Under the skin intense fire burns: boundaries, exposure and disclosure in an individual art psychotherapy session within an MSU

Aimee Parker, Art Psychotherapist

Aimée Parker is a registered Art Psychotherapist specialising in forensics and is joint Lead for Forensic Arts Therapies for East London NHS Trust. She also offers trauma and attachment focused work with children and families for a small charity in Cambridge. Since qualifying in 2014, Aimée has worked as an Art Psychotherapist with a variety of client groups, including eating disorders, brain injury, acute services and forensics. Her clinical interests include trauma and early relational trauma, culture and identity and their links with offending behaviour. Alongside her clinical work, Aimée continues to practice as an artist, specialising in painting and printmaking.

This presentation will focus on the challenges present within the therapist-patient dyad when working with an individual with complex diagnoses, disorganised attachment and sexualised offending behaviour. The use of defensive strategies – including violence – an inability to regulate feelings of shame and exposure, and the emergence of the skin as both barrier and communicator in the countertransference will be explored. "It is well known that the most complicated challenge arising in the treatment of these patients concerns how to deal with their tendency to externalise unbearable self-state, and the strong countertransference responses which this can produce" (Bateman & Fonagy, 2004). Clinical material will be used to explore the therapeutic intervention of art psychotherapy as container and transformer of verbal distraction, disclosure and destruction.

GILL MCGAULEY AWARD OF THE INTERNATIONAL ASSOCIATION FOR FORENSIC PSYCHOTHERAPY FOR YOUNG PROFESSIONALS IN FORENSIC PSYCHOTHERAPY



This award granted by the International Association for Forensic Psychotherapy should encourage newcomers and trainees from all forensic professional disciplines to present at IAFP conferences and recognize outstanding scholarly contributions to the field of forensic psychotherapy.

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McGauley, former secretary and past president of the International Association for Forensic Psychotherapy, who died unexpectedly on the 14th July 2016. Gill's contribution to forensic psychotherapy and to our association is unique. She was the first Professor of Forensic Psychotherapy and Medical Education and Head of the Center for Clinical Education at St George's University of London and a Consultant in Forensic Psychotherapy in Central and North West London Foundation NHS Trust (CNWL).

She developed psychotherapy services for women in prison (HMP Holloway and YOI Bronzefield) and worked in the High Secure Hospital Broadmoor where she established the first forensic psychotherapy service in a high secure hospital. Gill has developed forensic psychotherapy through teaching, scholarship and research. In 2009 she was awarded a National Teaching Fellowship by The Higher Education Academy for excellence in teaching.

She gave an outstanding contribution to the research on the application of Attachment Theory and the development of Mentalization Based Treatment (MBT) for personality disordered offender patients.

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2. Eligibility criteria for the award include:
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 - c. Self-described newcomers in the field of forensic psychotherapy
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5. If a presentation is given by more than one individual, the first author of the abstract will be presented with the award. The content of the presentations may be research work, theoretical contributions, reports on innovative practice, or case reports with a relevant link to therapeutic methods and/or theory.

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2. The award committee will be three persons – a member from the local scientific committee, a member from the board of IAFP, and (given that this will develop) the editor of the Journal for Forensic Psychotherapy or the board member responsible for the one-day seminars.
3. The committee decides unanimously or by a majority on the award winner.
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1. A one year free membership to IAFP
2. Participation at the next IAFP conference (IAFP will cover the conference fee only).
3. Support for the publication of a paper based on the presentation by a prominent tutorship through IAFP members. The family of Professor Gill Mc Gauley, Tim, Sarah and Jessica Hucker will be informed each year by the president of IAFP who has been given the award.

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26th Annual Conference - CATANIA 2017

Penny Stopforth

"Under-age, under-rage:an exploration of South African children who commit sexual violence"

27th Annual Conference - BELFAST 2018

Andrew Shepherd

"Prison Walls as both internal and external structures"

28th Annual Conference - KONSTANZ 2019

Ravi Lingam, Simon Mason

"Self-cannibalism of a patient in absence of psychosis and suffering depression."

29th Annual Conference -BILBAO 2021

Joint winners

James Rymer

"Gendercide - Gender Divide and the body; The art of Francis Bacon as a point of reference to Gendercide"

Dr Hessel Willemsen

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