Psycho-social perspectives on living and working with violence in distressed and traumatised (dis-) organisations

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ABSTRACT

The published work presented in this submission examines the nature and form of psychosocial processes that lead towards and away from mental health, social security and community and organisational cohesion. It demonstrates the application of psychosocial research methods to the problem of living and working with violence in a range of clinical and educational settings. The emergent work is described in 14 pieces of work; 8 peer-reviewed articles, 4 book chapters and 2 edited volumes. Each of these pieces of work is accompanied by short discussion and commentary on its impact and dissemination.

The published work presented extends over a 15 year period and demonstrates learning derived from a 30 year professional and academic commitment to an in-depth exploration of the ways in which structural and cultural processes of inclusion/exclusion give rise to personal and interpersonal violence that poses significant risks of psychosocial harm. The work also explores the reciprocal nature of the violence played out between 'identified clients', the systems of care tasked with helping them and the wider society from whom these systems of care take their authority. A central concern of the presented work is to consider the often distressing and traumatising ways in which this reciprocal structural and behavioural violence impacts frontline workers and teams that comprise these organisations.

The submission also draws upon psychosocial, group analytic, systems psychodynamic and educational theories of practice, to explore the ways in which reflective practice and team development interventions may be deployed to equip multi-disciplinary teams with the necessary resilience and reflective capacity to work with this psychosocial violence in more creative, thoughtful and collaborative ways. The impact of the published work and the implication for future professional clinical, educational and consultancy practice is also discussed.

PART 1

1:1. Introduction

> "If you want to truly understand something, try to change it."
> - Social psychologist Kurt Lewin (1890-1947)

The *foci* of the enquiry described in this submission are rooted in over 30 years of active clinical, educational and academic engagement in the over-lapping fields of general adult and forensic mental health, housing, homelessness and related areas of health and social care. During this time I have worked as a clinician at every level from support worker to Consultant grade. Throughout my career I have been, and continue to be, impressed by the suffering and the plight of people with severe psychosocial difficulties and have dedicated myself to an in-depth critical enquiry into the clinical, political and organisational factors that leads towards, and away from, complex emotional, relational, behavioural and social problems of all kinds. I have developed a specialist clinical and academic interest in working with those people who have problematically come to be described as 'the socially excluded' and who as a conseqeunce of this psychosocial *positioning* become violent.

In using the description 'violent' I wish to make clear from the outset that I make no *conceptual* distinction between those who express their violence towards others; for instance through assault, theft, murder, rape or emotional, physical or sexual abuse and those who perpetrate this violence upon their own bodies and minds, such as through dangerous dependencies, substance misuse, self-harm, self-neglect and other types of passive-aggressive and masochistic enactments (Welldon, 1998; 2001; 2011; Motz, 2008; 2009; Scanlon and Adlam, 2009b; 2013a).

Rather the focus of this enquiry is to understand better the common dynamic personal, interpersonal and social processes that underlie these self/other destructive actions as well as to better understand the considerable

challenges faced by practitioners, teams and organisations that are tasked with reaching out to these deeply troubled and seriously troubling members of our communities. In this context, a central concern of the enquiry is to consider how, together, we might enable a greater understanding of the relational, structural and cultural factors that help and hinder a more effective and better organised accommodation of these psychosocial problems in our social institutions, communities and organisations – as well as in our minds.

A central focus of this enquiry, therefore, is to understand better the ways in which violation turns to violence, grief turns to grievance, shame turns to contempt; and how the endangered become dangerous and the offended become offensive. In this sense it is to enquire into how some of the most vulnerable members of our families, social groups and communities become intrapsychically 'unhoused' and psychosocially 'dis-membered' when their membership of *ordinary* social groupings are withheld or suspended. More specifically it is to enquire into the ways in which these psychosocial processes of inclusion/exlusion lead to vicious, self-perpetuating cycles of reciprocal violence and mutilation that are played out at the interface between 'the acting-out and the institutional response' (Norton and Dolan, 1995).

It is in this context that main the aims of this psychosocial enquiry that comprise this submission are to:-

1. Work towards reducing future victimisation through a psychosocial examination of the complex reciprocal processes that give rise to the types of interpersonal and structural violence that lead towards and away from complex emotional, relational, behavioural and social problems
2. Explore how this interpersonal and structural violence is played out in our staff teams, organisations and social institutions and to promote more effective reflective mechanisms to enable practitioners, team and organisations to contain this disturbance.
3. Describe the ways in which we might promote a more compassionate, tolerant and better informed debate, between those who use and those

who provide these services, and between these systems of care and those who commission and manage these services on behalf of the wider social world.

1:2 Psychosocial dis-order and the dis-organised response

> *"The neurotic position is … the result of an incompatibility between the individual and his original group. It is at the same time an expression of destructive and aggressive tendencies." (Foulkes 1948, p89)*

My contention from the start is to assert, despite many authoritative and contentious statements to the contrary that there are no 'excluded' people – and so by logical extension no 'included' people either. Rather a key philosophical assumption underpinning this enquiry is that it is not physically or psychosocially possible for any human being to be 'outside' the boundaries of the species-defined group and so of the communities and social groups that we co-construct. My assumption is, therefore, that *we* are, whether we like it or not, inter-subjectively and inter-dependently - *in it together.*

This is not to say that we are all the same – indeed it is our differences and respect for these differences (or the lack of it) that determine the quality of the communication and of the exchange that takes place across the boundaries that mark these differences. S.H. Foulkes (1948, 1967), one of my major influences, suggests when the quality of relatedness and relationships allows for effective communication and with it a sufficiently consensual and reciprocal exchange of ideas, goods, services and other psychosocial commodities, then a creative and mutually rewarding intercourse can take place. Indeed, as psychosocial creatures we rely upon this creative exchange for much of our personal, interpersonal, familial, social, cultural and historical development. However, it will be equally clear that when boundaries become barriers whose purpose is to separate 'us' from 'them' then the quality of exchange across them is characterised by types of fear and suspiciousness that bring forth powerful, sometimes de-humanising, feelings of hostility and contempt which reinforce the maintenance of oppressive, regressive and exclusive psychosocial structures in the mind and in the world.

A central concern of this enquiry is, therefore, to draw attention to and to explore the reciprocally violent and violating *defensive* and *offensive* exchanges that take place across psychosocial boundaries. In particular, it is to explore the ways in which systems of care as *perverse* structures too often exclude *through the very act* of seeking to include and so inadvertently become part of the problem rather than part of the solution (Cooper and Lousada, 2005; Long, 2008, 2012; Hopper, 2012).

In taking this binocular perspective the focus of enquiry is as much upon the predicament of the system of care itself as it is upon the plight of those who are, are imagined to be, or imagine themselves to be, psychosocially excluded. In this sense it is also an exploration of the nature and quality of the relationship between 'us' and 'them' that is established across interpersonal, organisational and social boundaries; dynamics that are central to the psychosocial, socio-economic and political construction of complex emotional, relational, behavioural and social problems that are embodied by the types of people that I describe as *the homeless, the dangerous* and *the disordered*.

For example, one of the ways in which we construct the homeless other that has influenced my thinking in this area is provided by the French psychoanalyst and anthropologist Patrick Declerk who, with reference to his own fieldwork with the homeless of Paris, stated: -

> "…we hate *them*, and we hate *them* because *they* refuse and in their refusal are experienced as mocking everything that the mainstream of society holds dear: hope, self-betterment, personal relationships, pro-creation, bringing up children, and even simply getting up in the morning ... and as such are an insult to *our* aspirations and our narcissism" (Declerk, 2006) [my italic]

Whereas in describing the psychosocial construction of *dangerous* people, another of my major influences, Prof James Gilligan, who worked with the un-housed men in the Prison Mental Health system in the USA stated; -

> "I have yet to see a serious act of violence that was not provoked by the experience of feeling shamed and humiliated, disrespected and ridiculed, and that did not represent the attempt to prevent or undo this 'loss of face' no matter how severe the punishment ..." (Gilligan, 1996:110)

In this sense the violent disturbance of groupishness (Bion, 1961) that manifests in the identified clients as *behavioural* violence must always be understood, in part at least, as *paralleling* the wider inter-personal, socio-economic and political disrespect that is played out within our families, neighbourhoods, communities and in our violently excluding and shame(less)ful world (Galtung, 1969a; 1969b; Gilligan, 1996; Žižek, 2008). In discussing the *location* of this disturbance of groupishness, Foulkes suggested such 'symptoms' should be understood as a failure of communication in, and by, the social group and that *"… the whole community must take a far greater responsibility for outbreaks of disturbing psychopathology generally" (Foulkes, 1973:225).*

For those of us working in the types of organisations and social institutions whose primary task demands a more intimate engagement with these symptoms the challenge of thinking one's own thoughts and to not get corrupted or damaged by these vicious cycle of shame-ful [sic] violence is enormous. There is now an extensive literature that describes the ways in which workers do become (dis)stressed and burned out (Freudenberger, 1974; Maslach, 1981) whilst the teams, agencies and organisations in which they work become '*dis-organised'* (Foster and Roberts, 1998; Cooper and Lousada, 2005; Aiyegbusi and Clarke-Moore, 2008; Adlam and Scanlon, 2011a; Adlam et al 2012; Aiyegbusi and Kelly, 2012; *inter alia*). These pressures are of course, greatly amplified, intensified and condensed when these practitioners and the teams they comprise are working either with high levels of client disturbance, or within highly deprived, (dis)stressed or (dis)organised social contexts or, as is frequently the case, both.

Viewed from this perspective, it is never only the *identified clients* who find themselves struggling to recognise our interdependency and to articulate their

feelings: it is all of us. Too often as workers (and as citizens) our individual and *social minds* break down under the strain of having to think about our participation in these pernicious and excluding dynamics because to do so would require us to face up to the feelings of individual and collective *helplessness* that underlies them. It is at times like these that we most often *turn away* from the organisational and social structures that are supposed to help and support us because to make effective use of the them would be to face up to the awfulness and, equally awfully, to recognise that we need each other (Armstrong, 2005; Ballatt and Campling, 2011). In this turning away 'the work task' is corrupted and suborned and replaced by basic assumption functioning (Bion, 1961; Hopper, 2003a, 2012; Sher, 2013) and by co-costructing more (mal)adaptive and defensive social or organisational structures in a, more or less, futile attempt to protect ourselves from feelings of helplessness that might otherwise overwhelm us (Menzies-Lyth, 1992; Hinshelwood and Skogstad, 2000; Campling *et al,* 2004; Long, 2008, 2012).

A major influence on the development of my own thinking about the nature of these organisational processes and dynamics was through my participation in the Traumatised Organisation Study Group with Earl Hopper (see Section 4:1.4). In our work together we observed and described how individual workers and teams working within (dis)stressed and (dis)stressing organisations, like the wider society from which they take their authority, inevitably find themselves 'stuck in the middle'[1] of oscillating tensions. I have also drawn upon Honig's (1996) use of the concept of a *dilemmatic space* which she describes as opening up when conversations about things that do not fit together or situations that contain inherent contradictions *must* take place and within which certain *actions* are demanded that cannot easily be explained or justified and will inevitably disappoint *someone*. For example, the inherent dilemma that exists between *espoused* notions of 'client-centeredness' and the social reality that all such help is rationed, conditional

[1] This is a reference to the 1972 upbeat hit song 'Stuck in the Middle With You" by Stealer's Wheel for their eponymous first album. It is also an homage to Quentin Tarantino who used the same song to such *spectacular* effect as the background music for the gruesome torture scene in 1992 film 'Reservoir Dogs'. It is the latter image of being tortured and tormented by the work that I am invoking in this use of the term.

and socio-politically controlled. Living and working in these dilemmatic spaces inevitably leads to day-to-day conflicts about how to make sense of the work and so how to exercise a proper 'duty of care' in the face of a pervasive anxiety and underlying experience of helplessness.

Using Hopper's formulation to illustrate these dynamics I have described how in these conditions and under these pressures we observe the emergence of incohesive patterns of relating that involve a mirroring of both, the clients' fractured and fragmented experience of themselves and inherently split and contradictory responses of the various societal stakeholders. The more 'difficult' the client and the more limited the resources, the greater the pressure on the individual isolated worker and the teams who find themselves caught between the heart-breaking demands of the client group and hopelessness of meeting ever greater organisational-driven targets with ever diminishing resources.

In such incohesive teams the task of thinking about how best to house and re-member, dis-stressed, *un-housed* and dis-membered people is lost and the organisation-as-a-whole is then in danger of becoming a distressed and potentially traumatised (dis)organisation deploying the services of dis-membered workers, in un-housed states of mind. In this state the possibility of a more realistic appreciation of both of the demands of the clients and the finite nature of resources is replaced by the workers' constant unconscious attempts to defend themselves and/or each other against the helplessness of being squeezed between these insatiable and inescapable sources of (dis)stress. In effect, the organisation-as-a-whole and its individual members are caught between, and paralysed by, both, the behavioural violence of their clients and the structural violence of the wider establishment described above.

Stuck in the middle of this incohesiveness there is an inevitable tendency in practitioners to retreat from the work in a frantic and ultimately futile attempt to free themselves from these distressing experiences and so to avoid a more meaningful and reality-based appreciation of the work because it is too

stressful. The un-bound distress and associated hostility is then either channelled by individual workers or sub-groups into spuriously gratifying fight with 'the establishment', or, more worryingly still, is inflicted upon the vulnerable people that they are charged with 'helping' (Hopper, 2003; 2012; Armstrong, 2005; Cooper and Lousada, 2005; T. Dartington, 2011; Munro Report 2011; Francis Report, 2013).

A further assumption at the heart of this enquiry is that in the prevalent socio-economic climate all organisations concerned with the management, treatment, care or support of such un-housed and dis-membered people will become *increasingly* susceptible to traumatised, and traumatising, modes of disorganisation as they find themselves more tightly squeezed between the increasingly limited supply of resources and the on-going, and perhaps worsening, distress of the clients they serve.

One of the central concerns of this enquiry, therefore, is to promote the possibility of opening up *reflective spaces* in order to exercise what Ballat and Campling (2011) have described as *intelligent kindness.* In order to appreciate how such initiatives might be supported it is first necessary to consider the nature of skilled intervention and the dynamics of more effective collaborative action when working in these highly stressed and dilemmatic places and in particular the ways in which individuals and teams can be supported to 'learn from experience'. One of the assumptions underpinning this enquiry is that the broad field of psychosocial studies has a significant part to play in addressing these epistemological and methodological questions and it is to these questions that I now turn.

1:3 Conceptual framework: towards the study of *psychosocial practice*

> They constantly try to escape
> From the darkness outside and within
> By dreaming of systems so perfect that no one will need to be good …
> T.S. Eliot (1934) *Choruses From The Rock.*

I am drawn to psychosocial studies because as a relatively new critical field it is quintessentially an integrative *project* that assumes a necessity for effective academic and practitioner collaboration in exploring the relationships between individual emotional life, family, group, community, organisational and social experience, and wider cultural and political identities as exemplified through the work of Clarke and Hogget (2001), Frosh, (2003), Clarke et al (2006), Day-Scalter et al, 2009; Frosh and Baraitser (2008), Hoggett (2005) and Hoggett et al (2010) – amongst others. In holding this position psychosocial approaches value and build upon the knowledge derived from practitioners' experiential knowledge to probe the boundaries and to add depth and complexity to our understanding of the individual-in- context and to engage with debates around the relationship between theories of social policy and professional practice (Froggett, 2002, Cooper and Lousada, 2005; Hoggett, 2005; Walkerdine, 2008; Stenner and Taylor, 2008; T. Dartington, 2011). In so doing psychosocial approaches tap into key contemporary debates about personal and social unconscious processes that shape human social identities and to locate this knowledge in an informed understanding of the complexities and intimacies of inter-personal, group and social encounters of all kinds.

To develop my own contribution to this interprofessional, multi-disciplinary professional and academic enquiry and to understand better the epistemologies and methodologies that are underpinning them I have done further, advanced and specialist training in mental health nursing, group facilitation, psychodynamic psychotherapy, group-analysis, traditional teaching, clinical teaching, clinical supervision, and clinical management. I have been particularly influenced by my early professional and academic

grounding in the critiques and applications of New Paradigm and Feminist researchers as exemplified in the work of Heron (1981; 1992), Reason and Rowan (1981); Lincoln and Guba, (1985); Reason (1988) and Reinharz, (1979; 1992). More recently I have become steeped in the theories and practices derived from Group Analysis (Foulkes, 1948; 1964; Pines, 1983; 1998; Dalal, 1998; Hopper, 2003a; 2003b; 20012; Stacey, 2003 *inter alia*) and the group-relations a systems psychodynamic approaches pioneered through the Tavistock traditions (Menzies Lyth, 1983; Obholzer and Roberts, 1994; French and Vince, 1999; Gabriel, 1999; Huffington et al 2005; Armstrong, 2005; Sievers, 2009; Sher, 2013 *inter alia*).

In all aspects of my professional and academic enquiry I consider my practice to be rooted in *experiential* epistemologies that are *situated* and *contextual*. Therefore, irrespective of whether my *identified client* is a patient, a colleague, a student, a professional peer or a fellow citizen my concern is to think of him/her in relation to the figure/ground constellation of the *individual-in-context.* The theories informing my practice can also be understood as *grounded* in and developed through, *active participation*, in 'action-oriented', reflexive and collaborative *projects* with a stated intention of enhancing greater understanding and a conscious personal and political commitment to better understanding of personally and socially embedded unconscious processes and so to bring about change through *learning from experience* (Bion, 1961; Kolb and Fry, 1975; Boud *et al*, 1985; Holway and Jefferson 2000).

In my work as a critical researcher-practitioner I have also been heavily influenced by the work of Gilbert Ryle, Michael Polanyi and in particular the work of Donald Schön and his colleagues. My particular interest is in these theorists' elaboration of the complex philosophical and practical relationship between traditional *academic knowledge* and epistemologies of the skilled practitioner. For instance, in my early published work (Scanlon and Ballie, 1994; Scanlon and Weir, 1997, Scanlon, 1998; 2002) I drew on Ryle's (1949) distinction between two domains of *knowledge* that he described as 'knowing that' and 'knowing how', and Polanyi's (1958; 1967) notion that practitioners'

‘know how’ is embedded in a domain of knowledge that is more tacit and of a different kind to the more *propositional* or theoretical ‘knowing that’. This experiential understanding is rooted in personal experience and so is necessarily more fragile and doubtful; more affective and ‘anxious’ and so more susceptible to denial, disavowal, dissociation and other mental defence mechanisms that serve to protect us from experiencing these anxieties, doubts and painful affects that accompany them and so more difficult to articulate. Meerabeau (1992) suggests that trying to get at knowledge that is embedded in practice through the more traditional academic discourse is rather like *‘trying to push the bus in which you are riding’*.

In this context Schön (1983) also construes the world of practice as ‘dilemmatic space’ (Honig, 1996) and characterised by mess, complexity, environmental turbulence, emotion, unpredictability, change, paradox, and contradiction and so falling outside the territory of *knowing that.* The characteristics and qualities of skilled practice, therefore, tend to ‘slip through the gaps’ and are under-theorised and undervalued compared to the more *technical-rational* forms of knowledge that rely on theorisation, quantification and measurement that dominate the discourses of modern organisational life. These forms of knowledge are also inherently *dilemmatic* in the sense that they are necessarily contested and conflicted – perhaps irresolvably so? Schön describes the tensions inherent in these different epistemological and methodological positions in terms of 'rigour-relevance' dilemma out of which,

> The practitioner must choose. Shall he remain on the high ground where he [sic] can solve relatively unimportant problems according to prevailing standards of rigour, or shall he [sic] descend into the lowlands of important problems and non-rigorous enquiry. (Schön, 1987:96)

Donald Schön (1983, 1987), coined the term 'knowing-in-action' to refer to the type of experiential understanding that allows the practitioner ‘to think ones own thoughts’ whilst under fire (Gabbard and Wilkinson, 1994; Adlam et al, 2012). He describes this more personal and tacit knowledge in terms of a distinct epistemology of 'doing' which is more concerned with bringing about

change in the here-and-now. For Bion (1970; 1975) a crucially important aspect of this capacity is the ability to tolerate the *experience* of not having a clear theoretical understanding and the mental capacity to contain the anxiety about *not knowing* until something more thinkable begins to emerge. In the papers presented in this submission I have drawn heavily on these ideas to demonstrate the ways in which individual practitioners learn from experience but I have also extended the thinking to describe the ways in groups and teams can enhance and develop (or well as hinder) this learning from experience in ways that enable more effective collaborative action.

The assumptions underpinning this enquiry, therefore, are that 'an effective team is a reflective team' (Department of Health, 2010) and 'managing the business' (including the delivery of formal therapies and other defined aspects of the treatment regime) and learning how to learn about '*what is really going on'* (Department of Health, 2010), though *systemically* related, are distinct activities that utilise distinct ways of *knowing* and so need to be developed through different types of conversation in different spaces.

In this context Schön links 'the art of practice ... to the scientists' art of research' (Schön,1983:69) and suggests that artistic integrity, rather than scientific objectivity, as a desired outcome, is achieved when these reflective conversations communicate something of the richness and diversity of human experience in an engaging – even poetic manner. These ways of thinking about the relationship between 'academic research' and 'skilled practice' were described by Schön'*as 'a reflective conversation with situation that does not separate thinking from doing but which seeks a understanding within which they are more integrated'* (Schön, 1983:68).

Discussing this from a contemporary psychosocial perspective Hoggett et al (2010) suggest that it is possible to assess the value of a psychosocial intervention of this kind '*…by observing if it does lead to strings of new associations and connections, enriches and deepens the dialogue and provides … new insights'.* For Lincoln and Guba (1985) such psychosocial enquiry, whether it be described as more formal research, clinical practice,

education or management necessarily involves a blending of scientific rules and artistic imagination in such a way that 'credibility' is achieved when the *findings* of these emergent conversations 'seem to make sense'.

PART 2

2:1. Statement pertaining to the extent of the applicant's contribution to the work submitted including joint authorship and other types of collaboration

Because of its inter-disciplinary focus, collaborative working is an essential feature within the field of psychosocial studies. My own attitude to scholarship, like my attitude to effective multi-disciplinary practice is that active collaboration with others is inevitable, desirable and necessary in order to articulate and to share ideas across the lowlands of practice (Schön, 1987:96).

Of the 12 papers selected, 3 are single-authored and the others are co-authored. The 2 boxed items are collaborative edited volumes that also bring together like-minded inter-disciplinary colleagues to address themes central to this enquiry. I have included one *empirical* paper (Scanlon and Weir, 1997); all the others are 'case-based' or review papers.

I have not included any papers where I am not first-author or joint first author and where my name does not appear first in the author listing, such as in the edited volumes, we are using the convention of alphabetical listing of *joint first authors*. Nor have I included other papers that do not, in one way or another, directly address the central foci of the submission and a full list of my other published papers is provided in Appendix 1. As in all jointly authored work it not always easy, or perhaps even necessary to know which idea originated from whom but in attempting to de-limit my own unique contribution I think it might be helpful to outline the history and nature of the shared work with my main collaborator John Adlam.

My collaboration with John began in 2005 when we were both invited separately, by Dr. Estela Welldon, President of the International Association for Forensic Psychotherapy (IAFP) to write papers for a 'Special Edition' for *Group Analysis*. At that time I was professional lead for Adult Psychotherapy and lead for Training and Consultancy at Henderson Hospital Services where John was my supervisee and junior colleague. As a consequence of our relationship we were aware of each other's professional interests and work histories. Some of these interests overlapped and converged and others represented our own unique contribution. Our ideas coalesced around a shared interest in the figure of Diogenes of Sinope which served as an illustrative and mutative metaphor (Cox and Theilgaard, 1997) to bring together our shared and separate interest in 'homelessness, dangerousness and personality disorder' and the institutional response. These ideas were explored and developed in subsequent papers, were well received and led on to a very fruitful collaboration in which we have each developed, broadened and deepened our shared interests.

My own particular contribution is based in my prior clinical experience of psychiatric nursing, psychodynamic psychotherapy, crisis intervention, forensic psychotherapy, therapeutic communities and group analysis applied to work with people presenting with personality disorders, victims and perpetrators of domestic violence, self-harm, substance misuse and related post-traumatic phenomena. The more psychoeducational focus on interpersonal skills and team development also draws upon my prior writing and research in facilitation styles, peer-learning communities, interpersonal skills training, 'reflective practice and team development', and my emergent personal and professional interest in group relations, leadership development and organisational consultancy.

My ideas have also been developed through informal and formal conversations and presentations and with colleagues at the Centre for Psychosocial Studies at UWE, the *Organisation for the Promotion of the Understanding in Society* (OPUS), the Institute of Group Analysis (London), the International Association for Forensic Psychotherapy (IAFP), the

'International Society for the Psychoanalytic Study of Organisations (ISPSO), as well as my active participation in the *Association for Psychosocial Studies* (APS), the *Tavistock Institute for Human Relations (THIR)*, and in particular my membership of the *Traumatised Organisations Study Group* (see Section 4:1.4. and Appendices).

2:2. Statement setting out how the research training requirement has been met.

I have undertaken research training at M-level, equivalent to at least 60 credits. My research training has extended over 30 years. This has included an extended engagement (1984-1989) with *New Paradigm* and *Feminist research methodogies* as part, and extension, of the *Diploma in the Theory and Practice of Humanistic Psychology* (now MSc in *Change Agent Skills and Strategies)* with several highly influential researcher-practitioners, firstly at the *Human Potential Research Project,* Department of Educational Studies, University of Surrey and later at the Centre for Action Research in Professional Practice (CARPP) in the School of Management at the University of Bath.

I attended an optional short course in 'Educational Research', School of Post-Compulsory Education and Training (PCET), Thames Polytechnic (now Greenwich University). I also undertook a compulsory, assessed module in 'Psychological Research Methods' as part of an MSc in *Psychological Counselling*, Department of Psychology and Counselling, Roehampton Institute, University of Surrey and later attended a one-year course in 'Social Research Methods' as part of the *Doctor in Education* (EdD) programme at the Institute of Education, University of London.

I have also attended specific modules in "Psychosocial Research Methods', on the 'Researching Beneath the Surface' course with Prof. Michael Rustin, as part of *Doctorate in Organisational Consultancy* (DOrgCon) programme at the *Tavistock Consultancy Service* and the 'Beyond Consciousness: New Methods of Social Inquiry' with Prof Paul Hoggett and colleagues at the

Centre for Psychosocial Studies (CPSS) at the University of the West of England.

In addition I have also completed several experiential Action-Research and systems-psychodynamic 'Leadership Development' programmes in the Tavistock-Approach at the *the Tavistock Institute for Human Relations; the Grubb Institute for Behavioural Studies*, the *Baywater Institute,* the Irish Group Relations Organisation (IGRO), Faculty of Philsophy, Vilnius University, Lithuania, the *Tavistock Consultancy Service* and the Institute of Group Analysis.

I have published 3 empirically based papers in reputable peer-reviewed Journals (Scanlon and Baillie, 1994; Scanlon and Weir, 1997; Godin and Scanlon, 1998). Each of these papers were interview-based studies using a *grounded theory* approach utilising a *constant comparative method* of data analysis. In my own teaching I was module leader for 'Research Methods' on the undergraduate programmes, School of Health Science, City University and have also offered research supervision on a wide range of undergarduate and post-graduate programmes. I also acted as external examiner for Undergraduate BSc (Hons) programmes, in the Faculty of Health, University of Bradford (1998-2000).

2:3 Statement confirming which part of the work submitted, if any, has been or is being submitted for another academic award.

No part of the submitted work has been submitted for any other academic award elsewhere.

PART 3

3:1. The Submitted Work

The papers that I have selected for this submission span a period of time extending over 15 years – although most were written in the last 7 years. The papers are not presented in chronological order. Rather, they are presented in such a way as to demonstrate an iterative movement *from* an elaboration of the psychosocial nature of the dynamics of inclusion/exclusion and reciprocal violence (Scanlon and Adlam, 2008a; 2010; 2013a), *through* a discussion of the impact of working with these vulnerable people on individual practitioners, teams, organisations and our systems of care and social institutions (Scanlon and Adlam, 2006; 2008b; 2011a; 2012a); and then move *on to* discuss the nature of reflective practice and organisational and clinical consultancy as an adaptive response to these theoretical, technical and practical difficulties (Scanlon and Weir; 1997; Scanlon, 1998; 2002; 2012; Adlam and Scanlon, 2009a; Scanlon and Adlam, 2011a). The Boxed Items (Adlam and Scanlon, 2011a; Adlam, et al, 2012) bring together discussions that address all these different aspects.

In presenting the papers in this sequence my intentions is to demonstrate how my own thinking has evolved and been refined over the years and to illustrate this through an ever more elaborated description of my practice and to highlight my contribution to the development of robust theories of practice about how to provide effective containment for staff working with people with complex and severe mental health and social problems.

The presentation of each paper is preceded by a short commentary discussing a context for the papers, what I was trying to achieve and the subsequent impact of the work on professional and academic colleagues. Many of the ideas presented have also been presented at numerous national and international conferences in psychosocial studies and related fields and a list of selected relevant conference presentations is provided in Appendix 2.

3:1.1. Scanlon, C. and Adlam, J. (2008a) 'Refusal, social exclusion and the cycle of rejection: a *Cynical* analysis?' *Critical Social Policy,* 28 (4): 529-549 (Special issue on Psycho-social Welfare).

The paper was submitted for a special edition on psychosocial welfare – one of the early Special Editions in Psychosocial Studies. The paper was well received and has been cited on numerous occasions. It also later formed the basis of a book chapter published in collaboration with the Zito Trust (see Section 4:1.3).

> Scanlon, C and Adlam, J (2008b.) 'Homelessness and disorder: the challenge of the antisocial and the societal response'. in C. Kaye and M. Howlett (eds.) *Mental Health Services Today and Tomorrow: Part 1 Experiences of Providing and Receiving Care*. Oxford: Radcliffe. pp. 27-38

The work was later developed as an invited key note lecture to the Biennial International Students' workshop at the *Institute of Group Analysis* that was subsequently published as: -

> Scanlon, C. and Adlam, J. (2011b) ''Defacing the currency': a group-analytic appreciation of Homelessness, Dangerousness, Disorder and other inarticulate speech of the heart?' *Group Analysis,* 44 (2): 131 – 148.

This latter paper was published with 3 accompanying invited commentaries from Prof. Michael O'Loughlin from Adelphi University, New York, Dr. Juan Tubert Ocklander, psychoanalyst, group analyst and academic from Mexico City and Sue Wallace who is a group analyst working clinically with the homeless in an inner-city project in Glasgow: -

- O'Loughlin, M. (2011) Commentary on Scanlon and Adlam [Anti?]Social Critics - Mangy Curs or Pesky Gadflies, *Group Analysis,* 44 (2): 149-154.
- Wallace, S. (2011) At least Diogenes made his Choice – a brief clinically focussed response to defacing the currency, *Group Analysis,* 44 (2): 155-160.

- Tubert-Oklander, J. (2011) Responses to 'Defacing the currency?' by Christopher Scanlon and John Adlam, *Group Analysis,* 44 (2): 161-174.

I was also invited to present this paper as a Key Note address at the first Polish Group Analytic Society, Academic meeting in Warsaw in 2011. The lecture was translated and published as 2 inter-related papers in the Bulletin of the Polish Group Analytic Society: -

- Scanlon, C. and Adlam, J. (2011c.) „Krzywe zwierciadło": grupowo analityczne zrozumienie dia bezdomności stwarzania zagrozen. Dezorganizacji oraz wszelkiej innej nieartyktułowanej mowy serca. *Biuletyn Dla Czlonkow i Kadydatow, 13: 54-72.*
- Scanlon, C. and Adlam, J. (2011d.) Zaburzenia osobowosci i bezdomne. Przynaleznosc i „bezdomne umysty" z perspektywy opieki penitencjarnej. *Biuletyn Dla Czlonkow i Kadydatow,* 12: 21 – 36.

A companion paper is also included in boxed item Adlam and Scanlon (2011a): -

- Scanlon, C. and Adlam, J. (2011e) Cosmopolitan minds and Metropolitan societies: social exclusion and social refusal revisited (Special issue on psychosocial perspectives on the dynamics of inclusion and exclusion in groups, organisations and communities), *Psychodynamic Practice,* 17 (3): 241 -254

3:1.2. Scanlon, C. and Adlam, J. (2013a) Reflexive Violence. *Psychoanalysis, Culture and Society, Society,* 18 (3): 223–241

This paper is the culmination of work developed through a series of workshops and conferences that I established with colleagues at Henderson Hospital Services. An earlier iteration of the work was published as a book chapter: -

> Scanlon, C. and Adlam, J. (2009b) '"Why do you treat me this way?": reciprocal violence and the mythology of 'deliberate self harm'', pp. 55-81 in A. Motz (ed.) *Managing Self Harm: Psychological Perspectives*. London: Routledge.

This book (Motz, 2008) has been critically acclaimed and has had enjoyed many positive reviews including the following from Alison Higgs (2010)

> "… Managing Self-Harm offers interesting perspectives on clichéd views about self-harm. Many of the authors discuss the widely held view in the helping professions that self-harming behaviour is deliberate and must be stopped. For example, one paper talks about the 'mythology' of 'deliberate self-harm' (p. 36). Scanlon and Adlam (Chapter 3) assert that professionals often ascribe a rational motivation (deliberateness) to something which is fundamentally not rational (and caused by psychological distress). They argue that people who self-harm are then blamed and punished by professional responses, which in the worst cases amount to institutionalized violence, such as suturing cuts without anaesthetic. In describing this as 'reciprocal violence' these authors demonstrate that such responses do not only ignore the communication, they may promote an exacerbation of self-harming behaviour …"

At the time of this submission a further elaboration of the themes in this paper is being prepared as a book chapter for

> Hopper and Weinberg (2014) The Social Unconscious. Volume III: Clinical Applications. London, Karnac.

3:1.3. Scanlon, C. and Adlam, J. (2010) 'The *Recovery Model* or the modelling of a cover-up? On the creeping privatisation and individualisation of dis-ease and being-unwell-ness', *Groupwork: an Interdisciplinary Journal for Working with Groups*, 20 (3): 100 -114

This paper is different in that its focus is not on work with people with 'complex needs' *per se* but rather its focus is on, what is considered to be a rather muddled, perhaps even perverse, set of social policies directed at people with 'common' and 'general' mental health problems. However, it is included because I want to use it as a different illustration of what I am describing in terms of 'structural' (Galtung, 1969; Gilligan, 1996) or 'systemic' (Žižek 2008) violence and the ways in which this is played out at the level of social policy.

The editorial invitation for the article was to offer a *psychosocial* critique of the current literature, policy and practice addressing 'happiness', 'well-being' and 'recovery' as viewed through the lens of the 'positive psychology' movement. The paper has been well received by colleagues in the critical social policy field but less well by 'positive psychologists'.

A further elaboration of the themes highlighted in this paper has also been published in Special Edition on Psychosocial perspectives in *the Journal of Ethics and Social Welfare: -*

> Scanlon, C. and Adlam, J. (in press 2013b) On knowing your place and minding your own business: perverse solutions to the imagined problems of social exclusion, *Ethics and Social Welfare*, 7 (2): 170-183 (Special Edition on Psychosocial perspectives)

3:1.4. Scanlon, C. and Adlam, J. (2006) 'Housing 'unhoused minds' – inter-personality disorder in the organisation?' *Journal of Housing, Care and Support*, 9 (3): 9-14.

This paper was an invited piece from the editor of *Housing, Care and Support* following up on an invited key note address that I gave at major national conference organised by *Mental Health Today and Guardian Newspaper (G2)*

> *Scanlon, C. (2006)* Personality Disorder and how best to treat it? Key note presentation*, Mental Health Today and Guardian Newspaper (G2), Islington Business Centre, London, November 2006*

The paper was written to engage the front-line workers in thinking about the impact of working with people with complex needs on workers, team and organisations and has been taken up as a core text for the Department of Health's '*Knowledge and Understanding Framework* (KUF)' (http://www.personalitydisorderkuf.org.uk/) - a multi-site Personality Disorders' training which has been rolled out to tens of thousands of front-line workers across the UK.

More recently the paper has also been taken up by the Department for Communities and Local Government (CLG) (2012) 'Complex needs good practice guide on 'Psychologically Informed Environments (PIEs)' and was described by Robin Johnson Professional Advisor to the CLG as *"… to have originally sparked off … this discussion of the psychological and emotional impact of working with individuals with chaotic emotional lives* (Johnson, 2012)". In recognition of the impact of this paper I was invited by the Editor of *Housing, Care and Support*, to re-visit and update this paper in the light of the guidance on Psychological Informed Environments (PIEs): -

> Scanlon, C and Adlam, J. (2012b.) On the (dis)stressing effects of working in (dis)stressed homelessness organisations. (Special Edition on Psychologically Informed Environments), *Journal of Housing, Care and Support*, 15 (2): 74-82.

3:1.5. Scanlon, C. and Adlam, J. (2009a) 'Nursing dangerousness, dangerous nursing and the spaces in between: learning to live with uncertainties'. in A. Aiyegbusi and J. Clarke (eds.) *Relationships with Offenders: An Introduction to the Psychodynamics of Forensic Mental Health Nursing*. London: Jessica Kingsley. pp. 127-142

This book chapter was invited by Dr Anne Aiyegbusi, Executive Director of Nursing and Quality Assurance in one the largest Mental Health Trusts in London and represented for me a welcome opportunity to revisit my earlier research and writing about the support, supervision and development needs of nurses and related healthcare staff (see below).

The book was the first of its kind that looked to address the psychosocial and psychodynamic aspects of the nurse-patient relationship in Forensic Mental Health settings. It also led to a second commission from Dr Aiyegbusi and our mutual colleague Gillian Kelly, Nurse Consultant, to contribute a further chapter to a second inter-disciplinary volume; -

> Scanlon, C. and Adlam, J. (2012c) 'Dangerous Liaisons': Close Encounters of the Un-boundaried Kind *in* A. Aiyegbusi and G. Kelly (eds.) *Professional and Therapeutic Boundaries in Forensic Mental Health Practice*. London: Jessica Kingsley. pp. 240-252

3:1.6. Scanlon, C and Adlam, J. (2011a) Who watches the watchers? Observing the dangerous liaisons between forensic patients and their carers in the perverse panopticon. *Organizational and Social Dynamics*, 11 (2): 175–195.

An earlier version of this paper was presented at the *International Association for Forensic Psychotherapy* (IAFP) conference in Konstanz in 2004 and later at the annual conference of Organisation for the Promotion of the Understanding of Society (OPUS) in London. It builds upon earlier work focussing on the challenges for care workers, working in forensic mental health setting with dangerous and perverse individuals.

The paper was *Highly Commended* and judged in 3rd place overall in the 2013 *Excellence in Organizational Scholarship Award* – for papers in Organization Studies published 2010-2012, from the Center for the Study of Organizational Change, (*CSOC)*, Harry S. Truman School of Public Affairs, University of Missouri in the US.

In certain aspects this paper re-visits some of the themes of an earlier paper (Godin and Scanlon, 1996) and sits as a companion paper for an invited compendium piece in which John Adlam and I explored some ways in which the conditions of the total institution described by Erving Goffman could also be understood as also operating outside the walls of the Institution – with particular reference to the treatment of the homeless population: -

> Adlam, J., Gill, I., Glackin, S., Kelly, B.D.; MacSuibhne, S and Scanlon, C. (2012) *Beyond These Walls - The Total Institution of Homelessness: Perspectives on Erving Goffman's "Asylums" Fifty Years On. Medicine, Health Care and Philosophy*, Advance on line publication 9th May 2012 DOI 10.1007/s11019-012-9410-z

3:1.7. Scanlon, C. and Adlam, J. (2012a) 'Disorganised responses to refusal and spoiling in traumatised organisations' in E. Hopper (ed.) *Trauma and Organisations*. London: Karnac. pp 151 – 175

I consider this paper to be one of my signature pieces of work. It emerged from my membership of the 'Traumatised Organisation Study Group' with Dr Earl Hopper (Section 4:1:4) and has been a major influence on my thinking and my strategy for intervention in as a clinician, reflective practice facilitator, team development and organisational consultant. My collaboration with Dr Hopper and the Study Group is on-going and has expanded to join with other colleagues to think about the dynamics manifest in traumatised organisations and a manifestation of deeper disturbances in the fabric of the Social Unconscious which is also now being expressed in the literature (Hopper, 2003a; Hopper and Weinberg, 2012).

The paper has also been adapted for presentation at numerous conferences (see Appendix 2) and has been elaborated for 2 further publications for specific readerships: -

- Scanlon, C and Adlam, J. (2012b) On the (dis)stressing effects of working in (dis)stressed homelessness organisations. *Journal of Housing, Care and Support*, (Special Edition on Psychologically Informed Environments), 15 (2): 74-82.
- Scanlon, C. and Adlam, J. (2012d) The (dis)organising effects of working in traumatised organisations: *nowhere to run nowhere to hide. Journal of the Association of Student Counselling, March, 2-10*

3:1.8. Adlam, J. and Scanlon, C. (2009) 'Disturbances of 'groupishness'? Structural violence, refusal and the therapeutic community response to severe personality disorder', *International Forum of Psychoanalysis,* 18 (1): 23-29.

The paper stands as a testament to the work of the Training and Consultation Team, Henderson Hospital Outreach Services where I was Consultant Psychotherapist and lead for training and consultation, 1999 – 2007 and describes some of the clinical complexity in out-reaching to 'the dangerous' and 'the anti-social'. A version of the paper was later developed and published as a book chapter in: -

> Adlam, J. and Scanlon, C. (2011b) 'Working with hard-to-reach patients in difficult places: a Democratic Therapeutic Community approach to consultation', in A. Rubitel and D. (eds) *Containment in the Community: Supportive Frameworks for Thinking about Antisocial Behaviour and Mental Health*. London: Karnac. pp. 1-22

This paper was also translated into German as: -

> Adlam, J. and Scanlon, C. (2010) 'Störungen des „Gruppismus" (Groupishness)? Strukturelle Gewalt, Verweigerung und die Reaktion der therapeutischen Gemeinschaft auf schwere Persönlichkeitsstörung', *Forensische Psychiatrie und Psychotherapie* 17 (2): 48-60.

3:1.9 Scanlon C. and Weir W.S. (1997) 'Learning from practice?' Mental health Nurses' perceptions and experiences of clinical supervision. *Journal of Advanced Nursing, 26: 295-303*.

This paper was accepted for publication in 1996 and was written whilst I was employed as lecturer/practitioner in applied psychosocial sciences in City University. It is perhaps interesting to note that this job title was one that I specifically negotiated with my employers and reflects my very early interest in the application of 'psychosocial' studies to professional practice.

It is included in this portfolio as an example of an empirical study that informed my future and developing interests in 'educating the reflective practitioner'. The study was carried out with my colleague William Weir who at that time was tutor in Mental Health Nursing in Surrey University and is one of the earliest examples of empirical work in clinical supervision in mental health nursing. Its publication led to me being invited to lead on the Strategic implementation of reflective practice and clinical supervision in 3 local mental health Trust in East London as part of Knowledge Transfer Consultancy from City University. It also resulted in my being invited to contribute a book chapter (Scanlon, 1998) to an influential early text on reflective practice and clinical supervision (see Section 3:10 below).

3:1.10. Scanlon C. (1998) Towards effective training of clinical supervisors. In. Veronica Bishop (ed.) *Clinical Supervision in Practice: Some Questions, Answers and Guidelines.* London: Macmillan. pp. 143-162

This book was one of the first Policy Guidance Documents on Clinical Supervision for nurses and was edited by Prof. Veronica Bishop, then Nursing Adviser at the Department of Health.

In many ways my contribution to this book was historically anomalous and somewhat precocious. My proposal was that nurses, and perhaps mental health nurses in particular, might consider drawing upon psychosocial sources to the develop skills in advanced clinical supervision. Regrettably these recommendations, that were a recapitulation of similar critiques including Menzies-Lyth's (1992) and A. Dartington's (1994), were not taken up and aspects of the psychosocial critique may have, once again, have been lost.

3:1.11. Scanlon C. (2002) Group supervision of individual cases in the training of psychodynamic practitioners: towards a group-analytic model? *British Journal of Psychotherapy, 19, (2): 219-235*

This paper was awarded the 1999 Essay Prize of the *British Association for Psychoanalytic and Psychodynamic Supervision (BAPPS).* It builds upon previous work to refine and describe a psychosocial and group-analytic model for understanding the place of group supervision in helping practitioners to reflect upon the complexities of their work. In particular, it builds upon the conceptual framework outlined in Scanlon and Baillie (1994) and Scanlon (2000): -

- Scanlon C. and Baillie, A.P. (1994) 'A preparation for practice?' Student's experiences of counselling training within Departments of Higher Education. *Counselling Psychology Quarterly,* 7, (4): 407-427.
- Scanlon C. (2000) The place of clinical supervision in the training of group analytic psychotherapists: towards a group dynamic model for professional education and training? *Group Analysis*. 33, (3): 313–324.

This paper provides a bridge between reflecting upon work with individual clients in a supervision group and 'Reflective Practice Team Development (RPTD) interventions described in Section 3:12 below.

Aspects of this paper have also been presented at National and International conferences where it has been well received and is essential reading on numerous psychodynamic counselling and psychotherapy and clinical supervision training programmes in the UK and elsewhere.

3:1.12. Scanlon, C. (2012) 'The Traumatised Organisation-in-the-mind: Creating and maintaining spaces for difficult conversations in difficult places. In J. Adlam, A. Aiyegbusi, P. Kleinot, A. Motz and C. Scanlon (Eds). *The Therapeutic Milieu Under Fire: Multi-Disciplinary Perspectives on Forensic Work*. London: Jessica Kingsley. pp. 212-228.

This book chapter brings together my clinical interest in working with people with complex mental health and social problems and my interest in reflective practice, team development and organisational consultation. At the time of submission the work is beginning to have a significant impact and I have developed the work for various practitioner focussed workshops and conferences. Of particular significance are:

1. Scanlon, C. (2013) 'Working with Complex Trauma', Workshop, Communities of Practice: Delivering on the integration agenda for people with multiple and complex needs. Does Sharing Knowledge and Expertise Across Agency *Boundaries Make a Difference? Revolving Doors Agency,* ESRC and Social Care Workforce Research Unit, Kings College, University of London. Feb 2013
2. Scanlon, C. (2012) *Relational (in)security in forensic mental health settings: opening up spaces for difficult conversations in difficult places*. Workshop presentation. 5th Psychosocial Studies Network Conference, 'Knowing and not knowing: thinking psychosocially about learning and resistance to learning', December 2012
3. Cornes, M., Anderson, S., Clarke, M., Hennessy, C., Manthorpe, J. and Scanlon, C. (2012) Seeking Shelter: The Role of Psychologically Informed 'Communities of Practice' in Developing Front Line Collaborative Responses to Multiple Exclusion Homelessness. Workshop presentation 5th Psychosocial Studies Network Conference, 'Knowing and not knowing: thinking psychosocially about learning and resistance to learning', December 2012
4. Scanlon, C. and Adlam, J. (2012) *Inter-personality dis-order, and psychosocial dis-ease in the Traumatised (dis)organisation. Invited workshop.* Annual Workshop, Alumni of the Masters programme in "Coaching and Consultancy', Utrecht University and RINO Noord-Holland, Amsterdam, Holland, December, 20012
5. Scanlon, C. (2012) The place of Reflective Practice Team Development (RPTD) in working with boundary challenges in traumatised organisations. Workshop presentation. Nursing conference Boundaries and Behaviours: Nursing and the Challenge of Remaining in Role within Forensic and personality Disordered services. 3rd Annual Forensic Nursing Conference. West London Mental Health Health Trust, Nov, 2012

3:2 BOXED ITEMS

3:2.1. Adlam, J. and Scanlon, C. (2011a) (eds.) Special Issue on psychosocial perspectives on the dynamics of inclusion and exclusion in groups, organisations and communities, *Psychodynamic Practice, 17 (3): 235-377.*

This invited Special Issue gathers authors from different *communities of practice* to pursue a collaborative psychosocial enquiry into the vexed question of what happens when the irresistible force of the out-reaching societal in-group encounters the immovable object of the excluded outsider's refusal to 'come in from the cold' on the terms that are offered.

A central unifying theme of this Special Edition is that we in the UK (and other so-called western democracies) are living in a sick society within which we are *all* sicker than we need to be. All our contributors, in different ways and in their diverse fields, are trying to explore ways in which the terms of engagement between the in-group and the out-group might somehow be redefined: so that it might become more possible to think together about how to remain thoughtful and committed and *to belong.*

3:2.2. Adlam, A. Aiyegbusi, A., Kleinot, P. Motz, A. and Scanlon, C. (Eds). *The Therapeutic Milieu Under Fire: Multi-Disciplinary Perspectives on Forensic Work*. London: Jessica Kingsley.

This volume offers spaces for psychosocial conversations between service-users, nurses, social therapists, project workers, housing support workers, probation officers, psychiatrists, social workers, group analysts, psychologists, psychotherapists, managers, civil servants, educators, researchers and the general public about the changing and complex relationship between troubled individuals and their troubling social, organisational and institutional context. The book also reflects upon a particular historical moment and describes the impact of attacks that have been carried out against organisations and institutions that were dedicated to providing care for some of our most vulnerable fellow citizens.

The contributors all work on the 'frontline' in one way or another, many working with marginalised and excluded outsiders at the edges of our exclusive society. This book explores the ways in which these outsiders are offended against and how, in turn, they offend against others, within systems designed both to care for and to contain them. In presenting this range of papers, and the multiple complexities that these authors explore, the editors' aim was to enable the reader to come to a better understanding of the ways in which the therapeutic milieu comes under fire from without and within.

PART 4.

4:1. Professional and academic recognition and impact of the work

The body of work that comprises this submission (and related other professional work that contributed to these publications) has resulted in numerous invitations to take up membership of various Committees and Project Boards and to present papers and workshops at national and international conferences in the broad field of psychosocial studies and practice (a list of relevant conference presentation is presented in Appendix 2). These projects have broadly been in relation to several distinct but overlapping areas of research and study: -

4:1.1. Personality Disorder: Therapy, Training and Consultation.
4:1.2. Housing and Homelessness.
4:1.3. Working for 'victims': the work of the Zito Trust.
4:1.4. Traumatised Organisations Study Group.
4:1.5. Reflective Practice Team Development (RPTD) Project.
4:1.6. Forensic Focus Seminar Series.
4:1.7. Professional interest groups, peer-review and editorial work.

4:1.1. Personality Disorder: Therapy, Training and Consultation

In my role as lead for Training and Consultancy at Henderson Hospital I became a member of small group of senior staff who worked with a group of 'expert-by-experience' to develop the *National Personality Disorder Service.* This was a major capital project, funded by the Department of Health for England, with a budget of £30M to commission two new Therapeutic Communities (Webb House in Manchester and Main House in Birmingham) and to recruit and train two new staff teams to replicate the treatment regime already established at Henderson Hospital (Norton, 2006, 2009).

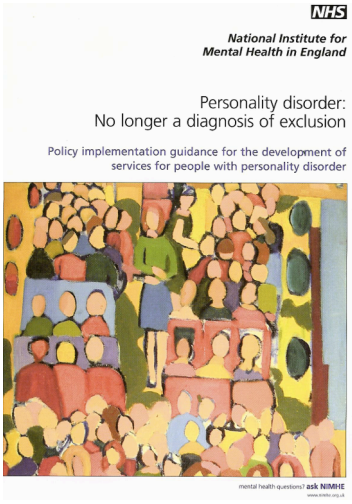
My own role was to devise a cross-service, in-house training programme and to offer on-going continuing professional development for new staff. As a follow-on from this project I was Principal Proposer and Programme Director for the development of a Post-graduate Diploma/MA in The *Dynamic Management of the Therapeutic Environment*, in association with *Henderson Hospital, Main House, Webb House and the School of Social Sciences at the University of East London*.

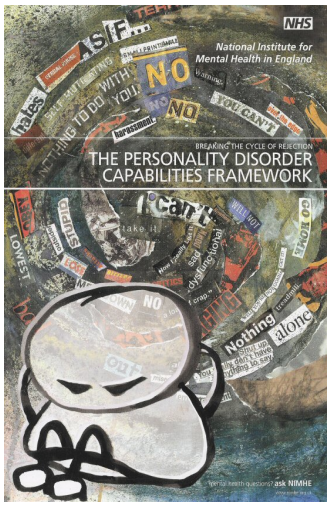
In 2000 I was invited to become a *professional advisor* to the 'training and human resource working party' for Dangerous and Severe Personality Disorder (DSPD) project at the Home Office/Department of Health. This group was formed to consider the recruitment and training needs of staff who would work in the newly established *Dangerous and Severe Personality Disorder (DSPD)* pilot sites in HMP Frankland, Broadmoor and Rampton High Secure Hospitals, South London and Maudsley NHS Trust and East London and City Foundation NHS Trust. My particular contribution was in relation to the shaping of a newly defined role of 'psychosocial therapist'.

As an extension of this expert role, between 2001-2004, I was invited to become a member of Department of Health Severe Personality Disorder, Expert Advisory group. My own contribution was to be a member of the 'spd_group3 Training sub-group' that made recommendations about training

for personality disorder to 2 highly influential policy implementation guidance documents: -

- Department of Health (2003a) *Personality Disorder: No longer a diagnosis of exclusion. Policy implementation guidance for the development of services for people with personality disorder.*
- Department of Health (2003b) *Breaking the Cycle of Rejection: The Personality Disorder Capabilities Framework*.





Based on the recommendations of this guidance I became a *Principal Proposer* on two further funded projects.

The first of these, a joint project between Henderson Hospital Service, *St George's Hospital Medical School, University of London* (where I was visiting senior lecturer) and an Independent Consultancy (SHM), was successful in obtaining a £150k pump priming grant from the Department of Health to develop *Frontline*: a web-based interactive training tool for staff working with people with Personality Disorder in general settings. (www.frontline-trainng.org.uk). This prototype project was later incorporated into aspects of the Department of Health sponsored *'Knowledge and Understanding Framework'* (KUF), which is jointly provided by the Tavistock and Portman NHS Foundation Trust, EMERGENCE (providing service user experience); the Open University and the newly established Personality Disorders Institute (PDI), Institute for Mental Health, Nottingham University.

The second major project was the development of the first post-graduate multi-agency, multidisciplinary programme in working with people with Personality Disorder the UK. The development of a PGCert in working with people with personality disorders was supported by a £30K grant from local *NHS Workforce Development Consortia* that brought together the Cassel Hospital (West London Mental Health NHS Trust), Henderson Hospital Services (Southwest London and St Georges NHS Trust), a group of Independent 'experts-by-experience' (who later went on to form *EMERGENCE*) and *the School of Social Sciences at the University of East London.* As first the Programme Director I managed the programme for 5 years until the premature closure of Henderson Hospital ended this project.

4:1.2. Housing and Homelessness

I am also a recognised national expert in the field of multiple exclusion homelessness and have acted as professional advisor to both the Rough Sleepers Unit (RSU) and the Social Inclusion Unit in the *Department for Communities and Local Government.* My work has been cited and recommended in numerous publications including the 'Good Practice Guide' on 'Psychologically Informed Services for Homeless People' (Department for Communities and Local Government (2012); an ERSC sponsored project on 'Rethinking Multiple Exclusion Homelessness' undertaken 'Revolving Doors' (in association with Social Care Workforce Research Unit, Kings College, University of London) (see Anderson, 2012) and the Faculty for Homeless and Inclusion Health, at the College of Medicine http://www.collegeofmedicine.org.uk/faculties/about-homeless-health-faculty

Since 2002 I have offered specific clinical supervision and team consultancy based on my research to numerous Housing and Homelessness services including to the 'Lifeworks Project' in St Mungo's Housing Association. In this project I offer consultation to a team of 7 psychotherapists who are offering psychotherapy to street homeless people (see Brown et al, 2011 in Scanlon and Adlam, 2011) and developing 'Psychologically Informed Environments (PIEs) in several homelessness hostels in and around London (Cockersell,

2011) – a project which in included as an exemplar of good practice in Department for Communities and Local Government (2012).

I have also been invited to make key note presentations on homelessness at several national conferences (see Appendix 2). Of particular significance were: -

- Adlam, J and Scanlon, C. (2013) *Against Social Inclusion – the Diogenes paradigm*, Invited key note address, Inaugural Homelessness, Health and Inclusion Improving the health of the poorest fastest 1st international conference on health, homelessness and multiple exclusion Faculty for Homeless and Inclusion Health, College of Medicine. London, Feb 2013
- Scanlon, C. (2013) 'Working with Complex Trauma', Workshop, Communities of Practice: Delivering on the integration agenda for people with multiple and complex needs. Does Sharing Knowledge and Expertise Across Agency *Boundaries Make a Difference? Revolving Doors Agency,* ESRC and Social Care Workforce Research Unit, Kings College, University of London. Feb 2013
- Scanlon, C. (2012) Against *social inclusion. Psychosocial Stream, 'Social Policy in an Unequal World', Annual Conference* East Asian Social Policy Research Network/UK Social Policy Association Conference, University of York, UK, *July 2012*
- Scanlon, C (2011) ''Defacing the currency': a group-analytic appreciation of Homelessness, Dangerousness, Disorder*. Invited key note paper, Polish Group Analytic Society, Warsaw, Poland, November 2011*
- Scanlon C. (2009) Thinking about Care versus Coercion in our response to Rough Sleepers, Plenary presentation, *Housing Justice and English Churches, London.*
- Scanlon, C. (2009) The place of reflective practice and team development groups in working with people who refuse to come in from the cold: psychosocial perspective, Sub-plenary *Talking Street Conference, Department for Communities and Local Government and Homeless Link, London 2009.*
- Scanlon C and Adlam J. (2006) Personality disorder and homelessness teams. *Paper Presentation, Inagural Health and Homelessness Conference, Social Inclusion Unit, Department of Communities and Local Government, Keble College, University of Oxford, September 2006. .*
- Scanlon, C. (2001) Personality disorder and Dual Diagnosis: Democratic therapeutic Community Treatment Model: Towards a national treatment service for people with severe personality disorder. Conference workshop, *Integrating Dual Diagnosis Services for People with Multiple Needs, National Homelessness Alliance. London.*
- Scanlon, C. (2001) Dual diagnosis – dual team: splitting and fragmentation in and across teams working with people with complex

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4:1.3. Working for 'victims': the work of the Zito Trust

The Zito Trust was established by Jayne Zito and Michael Howlett following the killing of Jayne Zito's husband Jonathan Zito by Christopher Clunis in December 1992, and the publication of the Clunis inquiry in 1994 which was described by Professor Tony Maden (2007: 44) as 'the most important event in the history of British mental health services'. I was invited to join as a Trustee in 1999 and was proud to serve until the Trust was dissolved in 2009. http://www.guardian.co.uk/society/2009/may/17/jayne-zito-trust-charity-schizophrenia-clunis

The Trust was a small and dedicated group comprising the Director, Michael Howlett, the chair, Michael Maher, two Trustees - Sarah Tilley-Hill and myself. The Trust set out with a number of clear objectives focused specifically on the delivery of community care services to the severely mentally disordered. These were to: -

- Raise awareness of service failures and weaknesses,
- Lobby for reform to policy and law,
- Provide a coherent support and advice service to victims of mentally disordered offenders.

From the outset the platform on which we campaigned was to recognise that Christopher Clunis was a victim of service failure, just as Jonathan Zito was, and to hold a tension that was to campaign to improve services both for the victims of mentally disordered offenders as well as for the offenders themselves. The Trust responded to the primary and secondary victims of

mentally disordered offenders, to carers of mentally disordered offenders, to those who felt they may be at risk of becoming a victim and to people who have concerns about service provision in the community or at work. In some cases of homicide the Trust actively helped the family of both victim and the offender.

The Trust was to become highly influential through several changes of government and a number of disappointments on the road to the reform of the mental health legislation. During this time we made representation to several governmental and cross party committees, published numerous pamphlets and reports, commissioned 3 important mental health textbooks (Blumenthal and Lavender, 2001; Kaye and Howlett, 2008a; 2008b) and in 2004, on the 10th anniversary of Jonathan's Zito's death, we organised a major International conference in London. While this is not the place to explore in depth the history of mental health policy (and its failings), it is worth highlighting the Trust's principal achievement, and my own role, in setting the agenda for what became a vigorous and contentious debate about the most effective way to improve services for those most at risk of harming themselves or other people in ways that are of direct relevance to the work presented in this submission.

Throughout we remained of the opinion that those who have responsibility for some of the most difficult patients in our communities needed extra powers to manage them safely and therapeutically. We supported the introduction of community treatment orders – an area of work that I had previously researched (Godin and Scanlon, 1996). We wanted those diagnosed with personality disorders to be included in NHS services rather than rejected through a much-used and abused loophole in the Mental Health Act 1983. We wanted to see responsibility for individual patients given to a wider range of professions beyond psychiatry - to psychologists, psychotherapists and senior nurses - to broaden the use of the range of treatments now available. We also wanted improved and enhanced rights for victims of mentally disordered offenders, commensurate with victims of people in prison.

In spite of a significant amount of opposition to most of these reforms from clinicians and politicians alike, all of these objectives were achieved and were incorporated into legislation, the 'Dangerous and Severe Personality Disorders (DSPD)' programme (Home Office, 1999) and the review of the Mental Health Act 2007. While it was always clear to us that one or two pieces of legislation would not bring about all the improvements needed on their own, we became more confident they could drive new developments in the care of the severely mentally ill in the community, achieving a much-needed balance between the therapeutic treatment of the patient and the safety of the public.

At the time of submission it is almost 20 years since Jayne Zito lost her husband. She has moved on in her life and Christopher Clunis has also been successfully treated and is now living back in the community. The inquiry report into the care and treatment of Christopher Clunis revealed a catalogue of failures and missed opportunities and sent a shockwave throughout mental health services, the exploration of which have been a central concern in this submission. Since there have been over 400 further homicide inquiry reports published since Clunis, the work is on-going and it my hope and intention is that aspects of the work presented in this submission might enable some of the further thinking about how together we might be able to reduce the risks of further victimisation.

4:1.4. Traumatised Organisation Study Group

Dr Earl Hopper sociologist, psychoanalyst and group-analyst, established the Traumatised Organisations Study Group in 2001 and I was one of the founder members. The group has comprised a fluid membership of 10-12 members who were, clinicians, business and community leaders and clerics from a range settings and Countries, including Ireland, USA, Denmark, Germany, Israel and the United Kingdom. The initial focus of the group was to work together to try and to test the hypotheses contained in Dr Hopper's early manuscript (Hopper, 2003b) and to apply the thinking to a wide range of settings.

A secondary task of the Study Group was for members of the group to reflect upon and discuss our own experience of working in, or consulting to, traumatised organisations with a view to producing a collection of papers, some of which, were later published in an edited volume (Hopper, 2012). My own contribution to this volume (Scanlon and Adlam, 2012a) is presented as part of this submission, however, the work of this group has informed my thinking in several of papers presented in this volume as well as several other papers and conference presentations. It has, of course, also provided an invaluable resource for the structuring of my clinical, educational, supervisory, team development and organisational consultancy work in a wide range of settings. Aspects of the work contribution to this body of work have been presented at numerous national and Internationals conferences and have also been elaborated in several published pieces for instance: -

- Scanlon, C. and Adlam, J (in press 2014) *Chew 'em up or throw 'em up?* Disorganised responses *to inter-personal(ity) dis-order and social dis-ease.* in S. Maile and D. Griffiths (eds.) *Public Engagement and the role of Social Science.* Bristol: Policy Press.
- Scanlon, C and Adlam, J. (2012b) On the (dis)stressing effects of working in (dis)stressed homelessness organisations. *Journal of Housing, Care and Support*, (Special Edition on Psychologically Informed Environments), 15, 2; 74-82.
- Scanlon, C. and Adlam, J. (2012d) The (dis)organising effects of working in traumatised organisations: *nowhere to run nowhere to hide. Journal of the Association of Student Counselling, March, 2-10*

4:1.5. Reflective Practice Team Development (RPTD) Project.

The 'Reflective Practice and Team Development' (RPTD) project emerged out of conversations with Executive Directors of the Medium Secure Forensic mental health Services, South London and Maudsley Foundation NHS Trust in 2010 and built upon similar work that I was leading on in general adult services in the Trust. The project was to assemble a team of experienced Consultants to offer strategically driven Reflective Practice Team Development (RPTD) interventions into all in-patient Units, Community and

Prison Mental Health Teams in the Forensic Mental Health Directorate in order to enhance 'relational security' (Department of Health, 2010).

The primary aim of the project was to open up spaces for mature, robust and challenging in-depth conversations to take place. An assumption underpinning the intervention is that all staff teams have significant resources and knowledge but that the pressures of working in highly stressful environments with clients with reduced capacities for healthy and effective communication impede teams in identifying and utilizing this knowledge. In considering how best to offer the intervention it was clear to me that it should be *integrated* into and *embedded* into the extended matrix of the team.

It was also agreed that the project would be informed by the broad and developing body of knowledge emerging from a wide range of inter-professional research that draws upon; attachment theory; mentalization; group analysis and group-relations; complexity theory; systems-psychodynamic, psychosocial and *milieu* approaches to forensic psychotherapy (see Scanlon, 2012 for review). Four part-time consultants were recruited against a challenging personal specification to work as part of the team and the initial funds made available for this innovative project is in the region of £80000 per annum recurring.

The project is now entering its third year. It is being seen as innovative project within Forensic Psychotherapy service nationally and has featured as an exemplar of good Practice in the Royal College of Psychiatrist Quality Network Bulletin and in my role of project lead I received numerous invitations to present at several conference presentation and at the time of submission we are seeking further funding for a formal independent evaluation of the intervention.

4:1.6. Forensic Focus Seminar series

This series of seminars was instigated by myself, in role as lead for training and Consultation at Henderson Hospital Services, and Anna Motz then

President of the International Association for Forensic Psychotherapy (IAFP). The seminar series was self-funding and had as its aim to promote an inter-professional, psychosocial enquiry into the nature of forensic systems of care and the qualities of their relationship to the excluded outsider.

The workshops were initially offered on-site at Henderson Outreach Services Training suite in London and were later offered at a range of different sites across the Medium and Maximum Secure Forensic estate in England. The last of these seminars in this first series was a jointly organised with Prof. Lynn Froggett from the *Psychosocial Research Unit (PRSU)* at the University of Central Lancashire and was specifically aiming to bring together Forensic (and other) psychodynamic practitioners with academics from the fields of Criminology and Psychosocial Studies.

In total 11 inter-disciplinary, themed workshops were offered and the average numbers of attendees at each workshop was over 50 mental health and social care professionals and service users. Some of the recurring questions addressed were:

- What can we learn about the minds of offenders from observing our own reactions to working with them?
- How do teams working with dangerous and disturbed people survive?
- How can organisations themselves become perverse and abusive?
- What is the contribution of reflective practice and team development in maintaining an effective culture of enquiry?

All of the contributors were, in one way of another, working with, or living alongside, highly complex, disturbed, dangerous and endangered people and trying to keep their thinking alive despite conscious and unconscious assaults on the therapeutic relationships and on the milieu itself. A selection of papers was collected and published as Adlam et al, (2012) - a boxed item as part of this submission.

At the time of submission I am working with Dr Anne Aiyegbusi, Director of Nursing, and Gillian Kelly, Nurse Consultant, West London Mental Health NHS Trust, Anna Motz, Consultant Clinical and Forensic Psychologist the International Association for Forensic Psychotherapy (IAFP) and the *Association for Psychosocial Studies* (APS) to put on second series of seminars.

4:1.7. Membership of professional interest groups, peer-review and editorial work

I am currently Visiting Senior Research Fellow*,* Centre for Understanding of Social Practices (CUSP) (formerly the Centre for Psychosocial Studies), University of West of England, Training Analyst and Faculty member of the Institute of Group Analysis and Fellow of the *Royal Society of Arts (FRSA).* I am also an active member and regular attender of events organised by various learned socities and professional bodies: -

- *Association for Psychosocial Studies* (APS)
- *Psychoanalysis, Psychosocial and Sociology Special Interest Group*, of the British Sociciological Assocation (BSA)
- *Organisation for Promotion of the Understanding of Society (OPUS)*
- *International Society for the Psychoanalytic Study of Society (ISPSO)*
- *International Association for Forensic Psychotherapy (IAFP).*
- *Association for Psychoanalysis Culture and Society* (APCS)
- *British Chapter of the 'Society for Psychotherapy Research* (SPR)
- *Tavistock Social Policy Seminar,* Tavistock Centre, London.
- *Social Sciences in the City* seminar series, Bristol

At the time of submission I am also associate editor for *Psychoanalysis, Culture and Society* (www. palgrave-journals.com/pcs) and '*Free Associations'* (www.freeassociations.org.uk); and *book proposal and manuscript reviewer for Routledge* and *Taylor and Francis,* and am regularly

invited to review articles with a psychosocial orientation submitted to numerous other Journals and other publications including:

- Organizational Studies http://oss.sagepub.com/
- Journal of Mental Health www.informahealthcare.com/jmh
- Group Analysis, www.gaq.sagepub.com
- Organisational and Social Dynamics', www.karnacbooks.com/JournalsOPUS.asp

PART 5

5:1. Concluding remarks

Throughout the process of enquiry and the publication of the work that comprises this submission I have set out to describe my unique contribution to an ongoing in-depth, interprofessional, interdisciplinary, critical psychosocial enquiry into the clinical, political and organisational factors that leads towards, and away from, complex emotional, relational, behavioural and social problems in a range of settings. The papers that I have selected were chosen to demonstrate my commitment to enhancing a greater understanding of psychosocial nature of the dynamics of inclusion/exclusion and reciprocal violence; to offer some reflection in- and on- the distressing and potentially traumatising impact of working with vulnerable people, and then to discuss the nature of Reflective Practice Team Development (RPTD) interventions as an adaptive response to provide a more effective containment for staff working in the distressed and/or traumatised (dis) organisations.

In these explorations I have also set out to communicate something of my personal, philosophical and political commitment to keeping open questions about the relationships between those of us who are imagined, or imagine ourselves, to be the victims of others' offensive and anti-social actions and those others of us who imagine ourselves, or are imagined, to be offensive and anti-social. In my view these questions have at their dark-heart a far more complicated matrix of questions that takes us away from a pervasive and somewhat complacent idea of 'innocent victims' (e.g. taxpayers, citizens and 'hard-working families') and 'guilty perpetrators' (e.g. homeless/workless, dangerous and dis-ordered offenders) into a more reciprocally violent, sadomasochistic world in which we have to consider that there may also be 'guilty victims' and so by extension blameless and 'innocent perpetrators' - and that these role and relationships are endlessly fluid in the interpersonal, familial, neighbourhood, community, social and global relationships that we co-construct.

I consider that the implications of these questions to be of profound importance because in any imaginable human future there will always be what Žižek (2008:1) refers to as the casualties of 'the smooth running of social and economic systems': people who take up our membership of social groups in shameful, violent, perverse and offensive and defensive ways. Notwithstanding this psychosocial fact, in applying the knowledge derived from this enquiry my aim is to propose ways and means through which we might create containing structures and 'reflective spaces' for practitioners, team and organisations to have the sorts of conversations about these reciprocally violent psychosocial processes in order that fewer of '*us'*, at least, will resort to perpetrating structural and systemically violent, perverse and shameful, offences upon those vulnerable people who we are employed to care for.

PART 6

6:1 References

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Scanlon, C. (2012) 'The Traumatised Organisation-in-the-mind: Creating and maintaining spaces for difficult conversations in difficult places in J. Adlam, A. Aiyegbusi, P. Kleinot, A. Motz and C. Scanlon (Eds). *The Therapeutic Milieu Under Fire: Security and Insecurity in Forensic Mental Health*. London: Jessica Kingsley. pp. 212-228.

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Žižek, S. (2008) *Violence*. London: Profile Books.

APPENDIX 1

PUBLICATIONS AND SCHOLARLY ACTIVITY

Edited Volumes

1. Adlam, J., Aiyegbusi, A,. Kleinot, P., Motz, A. and **Scanlon, C** (2012) (eds.) *The Therapeutic Milieu Under Fire: Security and Insecurity in Forensic Mental Health*. Forensic Focus series, London: Jessica Kingsley
2. Adlam, J. and **Scanlon, C.** (2011) (eds.) "Psycho-social perspectives on the dynamics of inclusion and exclusion in groups, organisations, communities. *Psychodynamic Practice, 17,3.* (Special Issue on psycho-social perspectives on the dynamics of inclusion and exclusion in groups, organisations and communities),

Journal articles

1. Adlam, J., Gill, I., Glackin, S., Kelly, B.D., MacSuibhne, S. and **Scanlon, C.** (2013) *Beyond These Walls - The Total Institution of Homelessness: Perspectives on Erving Goffman's "Asylums" Fifty Years On. Medicine, Health Care and Philosophy***,** advance online publication, June, DOI 10.1007/s11019-012-9410-z
2. **Scanlon, C.** and Adlam, J. (2013) Reflexive Violence. *Psychoanalysis, Culture and Society,* Vol. 18, 3, 223–241
3. **Scanlon, C.** and Adlam, J. (2013) On knowing your place and minding your own business: perverse solutions to the imagined problems of social exclusion, (Special Edition on Psychosocial perspectives). *Ethics and Social Welfare*, 7, 2, 170-183
4. **Scanlon, C** & Adlam, J. (2012.) On the (dis)stressing effects of working in (dis)stressed homelessness organisations. *Journal of Housing, Care and Support*, (Special Edition on Psychologically Informed Environments), 15, 2; 74-82.
5. **Scanlon, C.** and Adlam, J. (2012) The (dis)organising effects of working in traumatised organisations: *nowhere to run nowhere to hide. Journal of the Association of Student Counselling, March, 2-10*
6. **Scanlon, C** & Adlam, J. (2011) Who watches the watchers? Observing the dangerous liaisons between forensic patients and their carers in the perverse panopticon. *Organizational and Social Dynamics*, 11, 2, 175 – 195.
7. **Scanlon, C.** & Adlam, J. (2011) Cosmopolitan minds and Metropolitan societies: social exclusion and social refusal revisited (Special issue on psycho-social perspectives on the dynamics of inclusion and exclusion in groups, organisations and communities), *Psychodynamic Practice, 17, 3*, 241 -254
8. Adlam, J **& Scanlon, C**. &. (2011) Editorial on psycho-social perspectives on the dynamics of inclusion and exclusion in groups, organisations and communities, (Special issue), *Psychodynamic Practice, 17,3, 235-240*

9. **Scanlon, C.** and Adlam, J. (2011) ‘‘Defacing the currency’: a group-analytic appreciation of Homelessness, Dangerousness, Disorder and other inarticulate speech of the heart?’ *Group Analysis* 44 (2), 131–148

With published commentaries:-

- O’Loughlin, M. (2011) Commentary on Scanlon and Adlam [Anti?]Social Critics - Mangy Curs or Pesky Gadflies, *Group Analysis,* 44 (2), 149-154.
- Wallace, S. (2011) At least Diogenes made his Choice – a brief clinically focussed response to defacing the currency, *Group Analysis,* 44 (2), 155-160.
- Tubert-Oklander, J. (2011) Responses to ‘Defacing the currency?’ by Christopher Scanlon and John Adlam, *Group Analysis,* 44 (2), 161-174.

10. Adlam, J. & **Scanlon, C.** (2011) ‘Consulting to the Out-Group’, *Forensische Psychiatrie und Psychotherapie* 17 (3), 66-81.
11. **Scanlon, C.** & Adlam, J. (2010) ‘The *Recovery Model* or the modelling of a cover-up? On the creeping privatisation and individualisation of dis-ease and being-unwell-ness’ (*Special Issue on Groupwork and Well-Being)*, *Groupwork: an Interdisciplinary Journal for Working with Groups*, 20 (3), 100 -114.
12. Adlam, J. & **Scanlon, C.** (2009) ‘Disturbances of ‘groupishness’? Structural violence, refusal and the therapeutic community response to severe personality disorder’, *International Forum of Psychoanalysis* 18 (1), pp. 23-29
13. **Scanlon, C**. & Adlam, J. (2008.) ‘Refusal, social exclusion and the cycle of rejection: a *Cynical* analysis?’, *Critical Social Policy* 28 (4), 529-549. (Special issue on Psycho-social Welfare).
14. **Scanlon, C.** & Adlam, J. (2006) ‘Housing 'unhoused minds' – inter-personality disorder in the organisation?’ *Journal of Housing, Care and Support*, 9 (3), 9-14.
15. Adlam, J. & **Scanlon, C**. (2005) “Personality disorder and homelessness: membership and 'unhoused minds' in forensic settings”, Group Analysis, 38 (3): 452-466 (Special Issue – Group Analysis in Forensic Settings).
16. **Scanlon C.** (2002) Group supervision of individual cases in the training of psychodynamic practitioners: towards a group-analytic model? *British Journal of Psychotherapy. 19, (2), 219-235*
17. **Scanlon C.** (2000) The place of clinical supervision in the training of group analytic psychotherapists: towards a group dynamic model for professional education and training? *Group Analysis***.** 33, (2), 193-208
18. **Scanlon C**. & Weir W.S. (1997) ‘Learning from practice?’ Mental health Nurses’ perceptions and experiences of clinical supervision. *Journal of Advanced Nursing. 26. 295-303*.
19. Godin, P & **Scanlon C.** (1997*)* Supervision and control: a community psychiatric nursing perspective. *Journal of Mental Health*. 6, (1), 75-84.
20. Godin P & **Scanlon C**. (1996) Community supervision. The implications for CPNs of the introduction of the *Patients in the Community Act (April 1996). Nursing Management, 3, (5), 12-14.*

21. **Scanlon C**. & Baillie, A.P. *(1994)* 'A preparation for practice?' Student's experiences of counselling training within Departments of Higher Education. *Counselling Psychology Quarterly,* 7, (4), 407-427.

Book chapters

1. **Scanlon, C**. and Adlam, J (in press 2014) *Chew 'em up or throw 'em up?* Disorganised responses *to inter-personal(ity) dis-order and social dis-ease. in S. Maile and D. Griffiths (eds.) Public Engagement and the role of Social Science. Bristol: Policy Press*
2. **Scanlon, C.** and Adlam, J. (2012) 'Dangerous Liaisons': Close Encounters of the Un-boundaried Kind pp. 240-252 *in* A. Aiyegbusi and G. Kelly (eds.) *Professional and Therapeutic Boundaries in Forensic Mental Health Practice*. London: Jessica Kingsley.
3. **Scanlon, C.** (2012) 'The Traumatised Organisation-in-the-mind: Creating and maintaining spaces for difficult conversations in difficult places pp. 212 - 228 in J. Adlam, A. Aiyegbusi, P. Kleinot, A. Motz & C. Scanlon (Eds). *The Therapeutic Milieu Under Fire: Security and Insecurity in Forensic Mental Health*. London: Jessica Kingsley.
4. Adlam, J., Aiyegbusi, A,. Kleinot, P., Motz, A. and **Scanlon, C** (2012.) Editorial Commentary. In J. Adlam,. A. Aiyegbusi., P. Kleinot,. P., A. Motz and C. Scanlon (eds) *The Therapeutic Milieu Under Fire: Security and Insecurity in Forensic Mental Health*. Forensic Focus series, London: Jessica Kingsley
5. **Scanlon, C**. & Adlam, J. (2012) 'Disorganised responses to refusal and spoiling in traumatised organisations' pp 151 - 175 in E. Hopper (ed.) *Trauma and Organisations*. London: Karnac.
6. Adlam, J. & **Scanlon, C.** (2011.) 'Working with hard-to-reach patients in difficult places: a Democratic Therapeutic Community approach to consultation', pp. 1-22 in A. Rubitel & D. Reiss (eds) *Containment in the Community: Supportive Frameworks for Thinking about Antisocial Behaviour and Mental Health*. London: Karnac.
7. **Scanlon, C.** & Adlam, J. (2009) '"Why do you treat me this way?": reciprocal violence and the mythology of 'deliberate self harm'', pp. 55-81 in A. Motz (ed.) *Managing Self Harm: Psychological Perspectives*. London: Routledge.
8. **Scanlon, C**. & Adlam, J. (2009) 'Nursing dangerousness, dangerous nursing and the spaces in between: learning to live with uncertainties', pp. 127-142 in A. Aiyegbusi & J. Clarke-Moore (eds.) *Relationships with Offenders: An Introduction to the Psychodynamics of Forensic Mental Health Nursing*. London: Jessica Kingsley.
9. **Scanlon, C** & Adlam, J (2008) 'Homelessness and disorder: the challenge of the antisocial and the societal response', pp. 27-38 in C. Kaye & M. Howlett (eds.) *Mental Health Services Today and Tomorrow: Part 1 Experiences of Providing and Receiving Care*. Oxford: Radcliffe.
10. Clarke T, & **Scanlon C.** (1999) Crisis Mental Health Nursing: Developments in the District General Hospital. In. D. Tomlinson & K. Allen. (eds.) *Crisis Services and Hospital Crises: Mental Health at a Turning Point*. London: Ashgate-Gower press.

11. Godin P & **Scanlon C.** (1999) The Community Psychiatric Nurses' role in managing crises. In. D. Tomlinson & K. Allen. (eds.) *Crisis Services and Hospital Crises: Mental Health at a Turning Point*. London: Ashgate-Gower press.
12. **Scanlon C**. (1998) Towards effective training of clinical supervisors. In. Veronica Bishop (ed.) *Clinical Supervision* pp. 143-162 *in Practice: Some Questions, Answers and Guidelines.* London: Macmillan.

Translations

13. **Scanlon, C.** and Adlam, J. (2011.) „Krzywe zwierciadło": grupowo analityczne zrozumienie dia bezdomności stwarzania zagrozen. Dezorganizacji oraz wszelkiej innej nieartyktułowanej mowy serca. *Biuletyn Dla Czlonkow i Kadydatow, 13, 54-72.* (**Polish translation of** Scanlon, C. and Adlam, J. (2011) ''Defacing the currency': a group-analytic appreciation of Homelessness, Dangerousness, Disorder and other inarticulate speech of the heart?', *Group Analysis* 44 (2),131–148)

1. **Scanlon, C. and Adlam, J.** (2011) Zaburzenia osobowosci i bezdomne. Przynaleznosc i „bezdomne umysty" z perspektywy opieki penitencjarnej. *Biuletyn Dla Czlonkow i Kadydatow,* 12, 21 – 36. (**Polish translation of** Adlam, J. & Scanlon, C. (2005) "Personality disorder and homelessness: membership and 'unhoused minds' in forensic settings", Group Analysis, 38 (3): 452-466).
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APPENDIX 2

Selected relevant Conferences papers

Over the years I have presented aspects of my work at numerous National and International conferences and workshops. Some of the more significant presentations have been listed above. Below is a selected list of relevant papers 1997 – present.

1. Scanlon, C. (2013) Psychosocial and clinical perspectives on Deliberate Self Harm and other forms of Reflexive Violence, Public Lecture, Social Science in the City, Watershed, Bristol
2. Scanlon, C. (2013) 'Working with Complex Trauma', Workshop, Communities of Practice: Delivering on the integration agenda for people with multiple and complex needs. Does Sharing Knowledge and Expertise Across Agency *Boundaries Make a Difference? Revolving Doors Agency,* ESRC and Social Care Workforce Research Unit, Kings College, University of London. Feb 2013
3. Adlam, J and Scanlon, C. (2013) *Against Social exclusion – the Diogenes paradigm*, Invited key note address, Homelessness, Health and Inclusion Improving the health of the poorest fastest 1st international conference on health, homelessness and multiple exclusion Faculty for Homeless and Inclusion Health, College of Medicine. London, Feb 2013
4. Scanlon, C. (2013) *"What do you do for a living?" Inter-personality dis-order, psychosocial dis-ease, traumatised (dis)organisations: reflective practice team development and the therapeutic community?* Invited Workshop, Panevėžys Social Centre, Panevėžys, Lithuania, January, 2013
5. Scanlon, C. (2013) *"Where do you come from?" Invited response to Earl Hopper and Social Unconscious, Psychoanalysis, Psychosocial and Sociology Study Group, British Sociological Association (BSA), Birkbeck College University of London, January 2013.*
6. Scanlon, C. (2012) *Relational (in)security in forensic mental health settings: opening up spaces for difficult conversations in difficult places*. Workshop presentation. 5th Psychosocial Studies Network Conference, 'Knowing and not knowing: thinking psychosocially about learning and resistance to learning', December 2012
7. Cornes, M., Anderson, S., Clarke, M., Hennessy, C., Manthorpe, J. and Scanlon, C. (2012) Seeking Shelter: The Role of Psychologically Informed 'Communities of Practice' in Developing Front Line Collaborative Responses to Multiple Exclusion Homelessness. Workshop presentation 5th Psychosocial Studies Network Conference, 'Knowing and not knowing: thinking psychosocially about learning and resistance to learning', December 2012
8. Scanlon, C. and Adlam, J. (2012) *Inter-personality dis-order, and psychosocial dis-ease in the Traumatised (dis)organisation. Invited workshop.* Annual Workshop, Alumni of the Masters programme in "Coaching and Consultancy', Utrecht University and RINO Noord-Holland, Amsterdam, Holland, December, 20012

9. Scanlon, C. (2012) The place of Reflective Practice Team Development (RPTD) in working with boundary challenges in traumatised organisations. Workshop presentation. Nursing conference Boundaries and Behaviours: Nursing and the Challenge of Remaining in Role within Forensic and personality Disordered services. 3rd Annual Forensic Nursing Conference. West London Mental Health Health Trust, Nov, 2012
10. Scanlon, C. (2012) Against *social inclusion. Psychosocial Stream, 'Social Policy in an Unequal World', Annual Conference* East Asian Social Policy Research Network/UK Social Policy Association Conference, University of York, UK, *July 2012*
11. Scanlon, C. (2012) Large Group convenor. *Different homes for group analysis,* International Summer Conference of Group Analysis. *Lithuanian Group Analytic Society and Vilnius University, Dubingiai, Lithuania July, 2012*
12. Scanlon, C (2012) Inter-personality dis-order and other psychosocial *dis-ease*? Part 2. *Southwark Counselling Development Group, Southwark PCT. May 2012*
13. Scanlon, C (2012) Understanding Institutional Abuse: a group analytic perspective? Immigrant Counselling and Psychotherapy (ICAP), London, May 2012.
14. Adlam, J., Pelletier, C. and Scanlon, C. (2012) Colonising the agora: Perversion and parody in the relationship between work/worth and work-lessness/worth-lessness in the 'austere' welfare state, *Paper presentation, British Sociological Association (BSA) Annual Conference, University of Leeds, April 2012*
15. Adlam, J and Scanlon, C. (2011) "Reflexive Violence'. Key note address, *Dependence, Independence and Interdependence, Annual conference, Centre for Psychoanalytic Studies University of Essex, Nov 2011*
16. Scanlon, C and Adlam, J. (2011) Perversions and parodies of the relationship between work/workless-ness and worth/worthless-ness in the welfare state. *Paper Presentation, Organisation for the Promotion of Understanding of Society (OPUS), University of London, November 2011*
17. Scanlon, C (2011) ''Defacing the currency': a group-analytic appreciation of Homelessness, Dangerousness, Disorder. *Invited key note paper, Polish Group Analytic Society, Warsaw, Poland, November 2011*
18. Scanlon, C (2011) 'Making sense in uncertain times: facing difficulties both creatively & professionally'. *Professional development workshop* "Working in Traumatised Organisations: nowhere to run nowhere to hide". Annual conference, Association of University and College Counsellor, British Association for Counselling Psychotherapy (BACP), June 2011
19. Scanlon, C (2011) 'The Impact of trauma on staff and organisations'. Key note address, Annual conference, Forensic Arts Therapies Advisory Group (FATAG), June 2011
20. Scanlon, C. (2011) Media, Social Unrest and the Unconscious. *Key note panel presentation. Psychoanalysis and Popular Culture, Media and the Inner World, Tavistock Centre, London, February 2011.*
21. Scanlon, C & Adlam, J. (2010) 'Chew 'em up' or 'throw 'em up'? On the dis-organising effects of *reaching out* to the homeless, the dangerous and the disordered who refuse or spoil service provision. *Annual conference, Association for Psychoanalysis, Culture and Society, Rutgers' University, New Jersey, Nov 2010.*
22. Scanlon, C & Adlam, J. (2010) A Dog's Life?: On hostile dependency, refusal, hoarding and parody, *Parallel paper, Annual conference, Association for Psychoanalysis, Culture and Society, Rutgers' University, New Jersey, Nov 2010*

23. Scanlon, C (2011) Inter-personality dis-order and other psychosocial *dis-ease*? Part 1. *Southwark Counselling Development Group, Southwark PCT. Oct 2010*

24. Adlam, J., Pelletier, C. and Scanlon, C & (2010) Cosmopolitan minds and Metropolitan societies: refusal and social exclusion revisited? Sub-plenary, Cosmopolitan Societies Conference, `Beijing Normal University and Institute of Education, London, October, 2010.

25. Scanlon, C & Adlam, J. (2010) To 'chew 'em up' or 'throw 'em up'? Disorganised responses to refusal and spoiling in traumatised organisations. *Paper Presentation, Organisation for the Promotion of Understanding of Society (OPUS), University of London, October 2010.*

26. Scanlon, C & Adlam, J (2010) Diogenes-the-Cynic meets Alexander-the-Great: a psychosocial paradigm for modern encounters with "unhoused minds"?' *Sub-plenary, Myth, Literature, and the Unconscious, University of Essex, September 2010*

27. Scanlon, C & Adlam, J. (2010) To 'chew 'em up' or 'throw 'em up'? On the traumatising and dis-organising effects of reaching out to the homeless, the dangerous and the dis-ordered who refuse or spoil service provision*, Key note presentation,* 3rd Annual conference of the *Psychosocial Network (PSN), University of East London, Jan 2010*

28. Scanlon C & Adlam J (2009) Homelessness, dangerousness, disorder and the cycle of rejection: a *Cynical* analysis? Plenary presentation, *Department of Psychosocial Studies, Birkbeck College, Social Research Seminar series*

29. Adlam J & Scanlon C (2009) "Consulting to the out-group: a Democratic Therapeutic Community approach to working with anti-social patients", *Ruptures and Relations: Group Dynamics and Forensic Psychotherapy conference, International Association for Forensic Psychotherapy,* Konstanz, Germany.

30. Scanlon C. (2009) Thinking about Care versus Coercion in our response to Rough Sleepers, Plenary presentation, *Housing Justice and English Churches, London.*

31. Adlam J & Scanlon C (2009) "Consulting to the out-group: a Democratic Therapeutic Community approach to working with anti-social patients", *Plenary presentation, Scottish Annual Personality Disorder conference, Aberdeen.*

32. Scanlon, C (2009) Homelessness, Dangerousness, and Disorder: the Challenge of the Anti-social and the Societal Response: a group-analytic perspective, Bi-ennial workshop, *Institute of Group Analysis (London).* March, 2009

33. Scanlon C. (2004-present) Large Group Plenary convenor, *International Association for Forensic Psychotherapy, Henderson and Broadmoor Hospitals.*

34. Scanlon, C (2009) Diogenes and Alexander, Fifth Bristol Colloquium on Classical Myth and Psychoanalysis University of London, September 2009

35. Scanlon C. (2009) Homelessness, Dangerousness and Disorder; On the problematic Relationship between the in-group and the 'out group'. Groups in Communities, Communities in *Groups, 14th European group work Symposium*, University of York September 2009.

36. Scanlon, C. (2009) The place of reflective practice and team development groups in working with people who refuse to come in from the cold: psychosocial perspective, Sub-plenary *Talking Street Conference, Department for Communities and Local Government and Homeless Link, London 2009.*

37. Scanlon C & Adlam J (2008) “Why do you treat me this way?”: Reciprocal Violence and the Mythology of ‘Deliberate self harm’. *Paper Presentation, Organisation for the Promotion of Understanding of Society (OPUS), University of London, October 2008*
38. Scanlon C. (2008) ‘Homelessness, dangerousness and the forensic dilemma: inclusion/exclusion in systems of care'. Sub-plenary presentation. *14th European Symposium of the Group Analytic Society, Trinity College Dublin.*
39. Scanlon C & Adlam J (2007) Homelessness, Dangerousness, and Disorder: the Challenge of the Anti-social and the Societal Response. Parallel session in Dual Diagnosis and the Criminal Justice System Conference, *Turning Point and Pavilion Conferences, London, February 2007*
40. Scanlon, C (2007) ‘Bad Fences Make Bad Neighbours: Group Relations, Group Analysis and the (of)fence between. Key Note presentation. *Applied Group Analysis & Training Conference, ’European Group Analytic Training Network (EGATIN), Budapest, April 2007.*
41. Scanlon C (2006) Governing ‘unhoused minds’: the problem of ‘refusal’. Sub-plenary presentation*. Governing Minds conference, Tavistock & Portman NHS Trust and Citizenship Department, Open University, St Hugh’s College, University of Oxford. March 2006*
42. Scanlon C and Adlam J. (2006) Personality disorder and homelessness teams. *Paper Presentation, Inagural Health and Homelessness Conference, Social Inclusion Unit, Department of Communities and Local Government, Keble college, University of Oxford, September 2006.*
43. Adlam J & Scanlon C (2006) Personality disorder, homelessness and the Forensic dilemma. *Paper Presentation, Organisation for the Promotion of Understanding of Society (OPUS), University of London, October 2006*
44. Adlam J., Cooper V. and Scanlon C. (2006) Personality disorder and homelessness: membership and 'unhoused minds' in forensic settings. Paper Presentation, Social Policy seminar, *University of East London and Tavistock and Portman NHS Trust.*
45. *Scanlon, C. (2006)* Personality Disorder and how best to treat it? Key note presentation*, Mental Health Today and Guardian Newspaper (G2), London, November 2006*
46. Scanlon C & O’Leary C (2006). Trauma in Organisations, *Large Group Convenors and Staff group Supervisors, 35th Autumn Workshop of the Group Analytic Society (London), London*
47. Scanlon, C. & Emrys, K. (2005) Breaking the Cycle of Rejection? A descriptive account and evaluation of an innovative, collaborative, multi-disciplinary training course for mental health staff working with people with Personality Disorder*. Workshop - Annual Conference, British and Irish Group for the Study of Personality Disorders, Glasgow, 7-9th February 2005*
48. Scanlon, C. (2005) Breaking the Cycle of rejection? The work of Henderson Hospital. *Plenary session, 1st Tavistock Clinic & University of East London, Joint conference; Theorising Practice, Practicing Theory: Psychosocial Dialogues. April, University of East London.*
49. Adlam, J. and Scanlon, C. (2004) Personality disorder and homelessness: membership and 'unhoused minds' in forensic settings. *Workshop: Annual Conference, International Association for Forensic Psychotherapy, Edinburgh. April 2004*
50. Duggan, M. & Scanlon, C. (2003) Effective management of Personality Disorders, *Department of Health Conference, London, November.*
51. Scanlon, C.(2003) Effective management of Personality Disorders, *Department of Health Conference, London January, Harrogate*
52. Drescher, U., Warren, F., Menzies, D. and Scanlon, C. (2003) Evaluation of the Effectiveness of the Henderson Outreach Service training module for

professionals working with people with severe personality disorder. Poster presentation, *BPS Annual Conference, Bournemouth, 13-15 March 2003.*

53. Scanlon, C. (2002) Perspectives on the training of staff for work with difficult patients. Parallel session, *Jonathan Zito, 10 years on. Zito Trust. London October 2002*
54. Scanlon, C. (2002) Clinical Supervision for staff working with people who self-harm, *Conference paper, Managing Self Harm Conference, Henderson Hospital and & St George's Hospital Medical School, University of London.*
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