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## Section 1: What can go right

### Author's note

1. Overture: All is Therapy; All is Diagnosis. Unmapped and perishing latitudes of healthcare (2013)  
*Advances in medical science have often subtly and inadvertently subverted human connections and understandings. Vignettes spanning sixty years show how and why.*
2. The Medical Model – its Limitations and Alternatives (1976)  
*What it says in the title! Uses the example of an ailing, elderly man struggling with later-life changes. The biomechanical can only take us so far: after that we need a certain kind of imagination. What is that?*
3. Illness as Strategy and Communication (1977)  
*Illness is often best understood and approached beyond the biomechanical. Experiences or conflicts not otherwise manageable can find a refuge and conduit in illness. How and why?*
4. Adjustment or change? Radical issues in psychiatry (1978)  
*Often mental distress is designated in a way that further 'pathologises' and stigmatises the sufferer. How may we, rather, reframe our problems in ways that are self-realising and empowering?*
5. The Elements of Psychotherapy (1981)  
*A short survey written for Doctors. How may thinking and talking with another person help the harmony of body, mind and relationships? How to start and when to stop?*
6. A Psychosomatic Approach (1982)  
*How, by expanding the biomechanical approach into a more multifaceted holism, can we broaden and deepen understanding and engagement with individuals?*
7. The Psychosomatic Mosaic (1982)  
*A further coaxing of the biomechanical into a broader holism. How can individual illnesses be encountered and understood in family systems?*

8. Mother, Magic or Medicine? The Psychology of the Placebo (1984)  
*Placebos are fascinating phenomena of induced interpersonal healing, sometimes by accident! How does this happen? What are the developmental and transactional psychological theories that can explain?*
9. Physician Heal Thyself: The Paradox of the Wounded Healer (1984)  
*What are the personal vulnerabilities of doctors? How are these related not only to individual wounds, but to idealised roles and depersonalised trainings?*
10. Babel or Bible? Order, Chaos and Creativity in Psychotherapy (1986)  
*Theories of mind are only ever 'good-enough', for now. What happens when psychotherapists (and others) elevate their theories to a realm of Immaculate Truth?*
11. Three Types of Encounter in the Healing Arts: Dialogue, Dialectic and Didacticism (1987)  
*Knowledge, language and understanding are all human activities and constructions. What are the different types when we encounter others? How do we then 'pack' or 'unpack' the experience of these others? How, when and why does it matter?*
12. The Psychoecology of Gladys Parlett (1988)  
*Distressed people often want skilful, if ritualised, human contact. What happens if we unimaginatively and excessively medicalise this? Gladys, in the 1980s, forewarns us.*
13. The Front Door of Psychotherapy: Aspects from General Medical Practice (1989)  
*The communicative skills – enabling others to heal, grow and become more resilient – have been distilled and documented, especially by psychotherapists. What happens in other venues with these kinds of complex exchanges? How is this enacted in General Practice?*

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### **Intermezzo**

The Shadow of Venus: Altruism and Sexuality (1995)

*Our sexuality is one of the more tragi-comic deciders of destiny. Can an understanding of our evolution, as a species and as individuals, explain why?*

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### **Section 2: What can go wrong**

1. Where in the World are You? Miraculous cyber; insidious dislocation (2013)  
*What do mobile communications, Internet sex and modern schematised health systems have in common? – a computer mediated disconnection of intended content from embedding human context What happens?*
2. Edward: shot in his own interest. Technototalitarianism and the fragility of the therapeutic dance (2005)  
*We have become accustomed to almost everything being prepacked, containerised and computer-coded. This has happened to knowledge. What happens to personal knowledge?*
3. Planning, Reform and the need for Live, Human Sacrifices: Homogeny and Hegemony as Symbols of Progress (2006)  
*What are the hidden psychological currents that may lie behind zealous attempts to 'modernise' and 'standardise'? Some motives may be obscured and dark. How are they expressed?*
4. Modern Times: True Parables from the Frontline of the NHS (2008)  
*Change is often called 'progress'. Looking at changes in healthcare, this considers two themes: 'Imagination' and 'Belonging'. When is change progress?*
5. No Country for Old Men: The Rise of Managerialism and the New Cultural Vacuum (2009)  
*The more we control, the less free we are to explore. If we increase the culture of management, what happens to the spirit of enquiry? And patient care? A historical account.*
6. Psychiatry Love's Labour's Lost: The pursuit of The Plan and the eclipse of the personal (2010)  
*In psychiatric and psychological healthcare, personal attachments and investments in therapeutic work have been eclipsed by 'objective' attempts at management. What has this been like for patients and staff? A thirty-five year spanned portrait.*
7. Why Would Anyone Use an Unproven Therapy? Treasures in the Mist (2010)  
*Much of the most effective work healthcare workers do is inexplicit and undesignated. What does it, then, consist of? The Wizard of Oz has much to tell us.*
8. Idiomorphism: the Lost Continent. How diagnosis displaces personal understanding (2011)  
*Diagnosis is a professional convention enabling us to cluster and code. Sometimes it is essential and crucial to help. At other times more is lost than gained. What? Why? Who?*
9. Resolved or Abandoned? Irresponsibly lost Transference: a professionally embarrassed tale (2011)

*Psychotherapists increasingly talk of managed and schematised personal change, but often the catalysts are serendipitous. What can happen?*

- 10 **Sense and Sensibility: The danger of Specialisms to holistic, psychological care (2011)**  
*Few would want an operation done by a non-specialist. So is specialisation always a good thing, with every kind of distress? Can we go too far? What happens then?*
- 11 **How to help Harry – Friend or Foe? The scientific and the scientific in the fog of the frontline (2012)**  
*Helping others to change can be a very delicate dance. Attempts at ‘civic engineering’ frequently miss nuances of meaning and opportunity. Does this matter? Why?*
- 12 **Eric – diagnosis may sometimes be necessary; it is rarely sufficient (2012)**  
*Centralised planning and control are key to the success of many healthcare initiatives, for example the containment of dangerous infectious diseases. But what are the limits of this approach? Eric shows us what can happen in mental healthcare.*
- 13 **Fallacies in Blunderland: Overschematic overmanagement: perverse healthcare (2012)**  
*Competition, commissioning, contracting ... do such devices really ‘drive up’ the quality of healthcare? Are there other, absurd and darker consequences? What are these?*
- 14 **From Family to Factory: The dying ethos of personal healthcare (2012)**  
*NHS healthcare has transformed looser, informal, colleagueial networks of care into tighter, sharper, more managed ‘production units’. We have turned families into factories. What have we lost?*
15. **Understanding the Other: Four elemental questions for therapeutic psychology. A personal view (2012)**  
*When attempting to understand and help the anguish of another, what kind of knowledge helps us most? What lies behind and beyond designated systems? Can one have a ‘holistic psychology’?*
16. **Words and Numbers: Servants or Masters? Caveats for holistic healthcare Part 1 (2012)**  
*Holism’s fuller engagement with realities is an aspiration and ideal. It can never be complete, and in practice, there are many obstructions. These range from our use of language to our highly managed and industrialised culture. How does this happen? What are the consequences? This is the first of two articles.*
17. **If you want good personal healthcare, see a Vet. Caveats for holistic healthcare Part II (2012)**  
*The over-explicit and over-schematic can block our perception of larger and*

*more subtle realities. This second of two articles portrays how this happens, and what we may be left with.*

18. **Democratic Fatigue: information overload (2012)**  
*Is increasing choice and information always what we want? Do these necessarily facilitate democratic sense and empowerment? The non-participation in recent Police Commissioner elections suggests otherwise. Parallels in healthcare are instructive.*
19. **Institutional atrocities: The malign vacuum from industrialised healthcare (2013)**  
*Flagrant neglect or abuse in our care of the vulnerable within our advanced Welfare State seems shockingly perverse. How and why does this happen?*
20. **Beyond Orwell: Healthcare's hollow governance (2013)**  
*Our smallest difficulties with others are often rich in political complexity. What does this mean? Two apparently trivial examples from healthcare administration are explored.*
21. **Language is not just data: it is a custodian of our humanity (2013)**  
*Computers and informatics have become central to NHS healthcare. All experience and activity are now subject to official technical designations. This changes our communications: language becomes increasingly lackeyed to the computer's requirements. Much else is lost. What?*
22. **Post Mid Staffs: A Plenitude of Platitudes (2013)**  
*Can the harmful excesses of depersonalisation in healthcare be usefully addressed by further redesign of systems and management? Or do we need a different kind of thinking and vocabulary?*
23. **'GPs know their patients, families and communities' – Really? (2013)**  
*GPs are increasingly employed as task-directed, upper-echelon healthdroids. They are losing the pastoral skills that depend on holistic views and vernacular understandings. Why is that?*
24. **Hello, Health Commissioner. Goodbye, Family Doctor? The new healthcare reforms and their threat to personal doctoring (2013)**  
*The idea, now diktat, that GPs should lead the complex provision of healthcare for localities may subtract more than it adds to overall health-welfare. How and why could this happen?*
25. **Our Ill-faring Welfare. The hinterland of our headlines (2013)**  
*Despite ever-increasing funding and management initiatives, our public welfare services seem riddled with unhappiness, corruption and sometimes cruelty. These are alarming paradoxes: how do we understand them?*
26. **Bingo! Majoritarian Healthcare! (2013)**  
*Transparency, Accountability and Democracy can seem like a protective triumvirate for public decision making, but these can easily turn shallow, demotic and false. Here is a small example of what is coming.*

- 27 Form Devouring Essence: When brokered services tend broken hearts (2014)  
*Our healthcare rhetoric of data and systems has largely destroyed our capacity to make the kind of personal bonds that understand and heal human dissonance. Stephen and his plight serve to illustrate and explore this.*
- 28 Autoasphyxiation: The doomed brief of GP Clinical Commissioning Groups (2014)  
*The corraling of GPs to design and commission health services cannot counter the inherent disintegration and depersonalisation of Marketisation. A glimpse from the frontline.*
- 29 Neglect in NHS Healthcare (2014)  
*The dissolution of family-like configurations in healthcare staffing has impoverished the health and welfare of staff and patients alike.*

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### **Section 3: What we may do**

1. Bureaucratyrannohypoxia (2010)  
*An open letter to Mental Health Services Director*
2. Five Executive Follies (2011)  
*Submission to Secretary of State for Health*
3. Commodification, commissioning and commercialisation: the growing threats to personal healthcare (2011)  
*Letter to the Secretary of State for Health*
4. Further NHS Reforms: inevitable and unintended consequences (2012)  
*Letter to the BMJ*
5. 'Evidence' is both more and less than it seems. The rise of scientism and the demise of the personal in healthcare (2012)  
*Letter to the Secretary of State for Health*
6. Continuity of Care: Of course, but whose? A Sleight of Slogans (2012)  
*Letter to the Family Doctor Association*
7. Balancing healthcare: Technical vs Personal. Local vs Systemic. Closures at Lewisham Hospital (2013)  
*Letter to Joan Ruddock MP and Lord Ara Darzi*
8. 'Fixing the NHS is straightforward'. Really? (2013)

*Letter in the BMJ, March*

- 9 The rise of business culture in the NHS; our consequent loss of compassionate healthcare ethos (2013)  
*Letter to The Times*
- 10 Physis: healing, growth and the hub of personal continuity of care (2013)  
*A thirty-nine (39) year delayed follow-up correspondence with Sally*
- 11 NHS Savings? Abolish the Internal Market (2013)  
*Letter in The Guardian, July*
- 12 How Care Pathways obliterate care: More industrial follies from the NHS (2013)  
*Letter in The Telegraph, July*
- 13 The high price of commodified healthcare (2013)  
*Letter published in The Guardian, August*
- 14 Psychiatry? Everyone is right - but not for long (2013)  
*Letter to The Guardian*
- 15 NHS Healthchecks: more automation and less intelligence (2013)  
*Letter to The Times*
- 16 Re-establishing personal bonds and understandings in NHS Care (2013)  
*Letter to Secretary of State for Health*
- 17 Loneliness in the ailing elderly: social and healthcare responses (2013)  
*Letter to Secretary of State for Health*
- 18 Dr Frankenstein's Reprise: Industrialisation of Personal Healthcare. Adverse effects of sequestered psychiatric in-patient services (2013)  
*An open letter to Medical Directors of services*
- 19 Qualifications may be less than useful (2013)  
*Letter to The Independent*
- 20 We need an appointment with Dr Finlay (2013)  
*Letter on BMJ blog, December*
- 21 Dementia is not only (or even) a disease: it is a signal of our community cohesion (2013)  
*Letter in The Telegraph, December*

- 22 Form Devouring Essence: When brokered services tend broken hearts (2014)  
*Letter to Mental Health Colleagues and Managers*
- 23 Thank Goodness we now have business-sense to safeguard our Welfare (2014)  
*Letter in The Independent, January*
- 24 Personal continuity of care in hospitals. Restoring the role of the General Physician (2014)  
*Letter to Secretary of State for Health*
- 25 Personal continuity of care in Mental Health Services (2014)  
Letter to Minister of State for Care and Support
- 26 Renationalisation of the rail services? Why not, instead, start with the NHS?  
*Letter to Open Democracy*