A 'Critical Psy' Perspective on Covid, Part I:
Therapy as Praxis, and the Limitations of 'Medico-scientific' Psychology, Mental Healthism and 'Cure'

Bruce Scott Ph.D. is interviewed by Richard House

Richard House [**RH**]: Thanks so much for agreeing to this interview, Bruce. The Covid phenomenon has dominated all our lives for over 18 months now; and while I have my own pretty clear views on what we might call 'the Covid conjuncture', I still struggle a great deal to understand just how people have come to hold the views they hold – and to comprehend just what has happened to critical thinking in that process. I hope we can explore these questions, and more, in what follows. But first, can you share with our readers your own professional journey in the therapy world?

Bruce Scott [**BS**]: Initially I was a school 'failure', academically at least, and pursued a cycling career. I lived in France for three years racing for cycling teams. Anyhow, to cut a long story short, by the end of 1993 I had ditched the bike and enrolled in night school to study for Scottish Highers in English, French, Human Biology and History. Having the benefit of living in France for three years, I was pretty fluent in French, and with an interest in psychology I decided to study for a degree in French and Psychology. I was accepted into the University of Stirling in 1994 and was there until 1998.

After my degree I spent a year unemployed. I had hoped to train as a clinical psychologist, but that didn't happen. Instead, I worked in the high-security forensic hospital in Scotland (The State Hospital, Carstairs) as an associate psychologist on the anger-management programme. It was basically providing individual Cognitive Behaviour Therapy (CBT) and group therapy with patients who had anger issues. I really enjoyed working there. My boss, a Dr John McGinley who was previously a Catholic priest, was, as I recall, a very wise guy who was brilliant at mentoring people and guiding them in such a challenging atmosphere. He most definitely had the therapeutic gift; he taught me a lot about how to deal with the stress of working with very disturbed people.

When I left there towards the end of 2000, having failed in my applications to train as a clinical psychologist, I was offered a fully funded scholarship to study for a Ph.D. at Southampton University. My research was concerned with unconscious information-processing in depression and the effects of SSRI antidepressants on information processing. Basically, I found that even though people had been on SSRI's for 6+ months and scored low on self-report measures of depression, at an 'unconscious level' they still didn't show a positive self-evaluative bias like non-depressed people. This was an interesting finding, as a lot of the research (at the time) showed that psychological therapy for depression is more effective than antidepressants for preventing a relapse; and in more recent times, Jonathan Shedler (e.g. 2010, 2015) has confirmed the enduring effect of certain kinds of psychotherapy (e.g. long-term psychotherapy) on things like depression. In other words, my research and others' research confirmed the idea of treatments like antidepressant drugs being a short-term fix.

Ironically, during my Ph.D. research, I fell into a deep malaise, professionally and personally. I had been struggling for several years, to be honest, and a kind older academic friend of mine suggested to me that I should try psychoanalysis. I was at the end of my tether: I just couldn't go on in the way I was going on. I was kind of out of control; hedonistic, self-destructive. Anyhow, I found a psychoanalyst (a

Kleinian), a woman who I saw for three-and-a-half years, three times a week. I was lucky that it was low cost.

My experience of analysis was one of the most important events of my life. I do not have the space to go into it here, but suffice to say, psychoanalysis saved my life. In essence, I had been hooked, trapped into a technological view of seeing the human psyche and mental health. I essentially realised that there *was* no cure, really, and that *in itself* was the cure – a kind of Wittgensteinian or Zen moment. The illusion dropped, and I was liberated from the medico-scientific-technological way of seeing mental distress. I can't emphasise this enough; it saved my life.

As a result of this experience, like many therapists I was already keen to do some kind of therapeutic training after my Ph.D., and I decided to train at the Philadelphia Association (PA), of R.D. Laing fame, in London. I had applied and was ready to start their introductory year. However, in the July before the October start, I developed pericarditis (a virus, notice, where there is no vaccine, and no lockdowns have ever been needed!). I was rushed to hospital, and transferred to the cardiac care unit. During the night my condition worsened whereby the inflammation of my pericardium was so bad that it stopped my heart beating (even though it was not technically a heart attack). I had no heart beat for 1 minute 52 seconds. It then happened again for around a minute. Both times I flat-lined, so to speak, and the doctors and nurses had to do chest compressions to try to get my heart moving again. They were going to operate to remove my pericardium, but luckily I came round.

Anyhow, the first flat-lining 'episode', which was the long one, was profound. I don't discuss this very much with people. It's very personal, but highly pertinent to my life and professional trajectory. I experienced what is called the 'near death experience', or NDE. I experienced the full gamut of the NDE: the floating above my body, seeing the doctors and nurses working on me, and there was the tunnel, the light etc. I will

not go into details, but suffice to say it was a profound experience that has influenced my thinking regarding therapy and its relation to existential ideas, religion and spirituality.

This was in the July of 2003 and I was ill for quite a while, around a year; but I managed to start the PA training, moved to London, finish my Ph.D., and find work: it was a challenging time. However, the training at the Philadelphia Association was a very good fit for all that had happened to me; it was a wonderful antidote to my doubts and scepticism regarding medico-scientific psychological views of humans, and allowed me to study more existential and spiritual ideas in relation to mental distress and psychotherapy. Further, and most importantly, I had some wonderful teachers and mentors; Rosalind Mayo, trained in theology as well as psychotherapy, who taught us on St Augustine and his 'Confessions'; Noel Cobb, who introduced me to the poetry of Rumi and the theological philosophy of Ibn Al 'Arabi; Paul Gordon, who introduced me to the philosophy of Emmanuel Levinas and its application to psychotherapeutic matters; and my training therapist, Dr John Heaton, heavily into Wittgenstein (amongst many other things). John Heaton was also a great therapist whom I saw for over six years. These were invaluable years, and extremely formative for me. I will be forever grateful for meeting people like that.

RH: I always love hearing the often deeply moving stories of 'practitioner-becoming', Bruce; it strongly reminds me of something I learnt quite early in my own experience as a practitioner (way back in the early 1990s), that every therapist's journey to being and becoming a practitioner is a uniquely individual one, that can never be neatly fitted or shoe-horned into proceduralist protocols by the Professionalising Tendency (if I can call it that) without doing a kind of violence to the process (e.g. House, 2007). I was especially struck by your comment that you were 'trapped into a technological view of seeing the human psyche and mental health', and that you were 'liberated from the medico-scientific-technological way of seeing mental distress'.

I'm going to 'do a Lacan' and essentially stop there (even though there's much else arising from what you say that I'd like to pick up on). Specifically, I wonder if you can say more about this polarity – i.e. the technological view of the human psyche, on the one hand, and the new place you got to as a result of psychoanalysis, on the other. For example, can you say more about precisely what this shift was, and how you experienced it happening? And would you say that there was/is something specific to psychoanalysis per se that enabled this transformation to happen for you? – or whether other kinds of therapy could have had the same or a comparable impact for you? And I do hope these questions aren't overly intrusive.

BS: Looking back it seems that a technological view of the psyche was the cultural hegemony in most aspects of the modern world. I was brought up Catholic; I went to a Catholic primary school for seven years (from 5 to 12 years of age) which at the time didn't seem significant for me; but I think it at least bolstered my psyche for the onslaught of the technological world, and the scientism and psychologism that are dominant in an increasingly technological and secular world.

My religious schooling, which for many years I regarded as unimportant (at times I didn't really enjoy school), opened me up to sensibilities I otherwise wouldn't have been exposed to. Now looking back, it gave me something very important. I'll always be very grateful to my mother for this; she wanted my brothers and me to have such an education. It's only now, in later life and after much reflection and soul searching, that I can see the value in that religious education. I know many progressives, or rather atheist postmodernists, would like to see all religious schooling banned, but I think this is a mistake. I will not go into detail about this here, but suffice to say I at least became interested in things like ancient civilisations, mythology, fairy tales, the supernatural, religion and philosophical matters (I'm sure Freud and Jung would approve of such an education!).

At around 10–12 years of age a change occurred in me where I felt a 'cut' develop between me and the world; a schism where I felt I did not quite fit, where I was a bit of an outsider. The injustices of the world gave me great pain. The cruelty of people to others pierced me and saddened me. Fast-forward many years, looking back, I was in a period of suspended animation until 22 years of age. Competitive racing cycling was a good antidote to too much (painful) thinking. However, emerging into the academic world to find a landscape of medico-technological markers (re mental health) and psychologism informing the world was, at first, exciting, and I embraced it with vigour; gone was all such meanderings of a religious-philosophical nature (apart from a hedonistic interest in mind-altering substances/psychedelic culture, which lends itself to this). However, in the cold light of sobriety, statistics, measurement, evidence etc. to a very large extent ruled my conceptualisation of the psychological world.

So, fast-forward again through my psychology degree, my first job in a forensic psychiatric hospital, and then on to doing my Ph.D., I began to sense another 'cut' emerging. The medico-scientific psychology world repeatedly grated on me; there was a growing awareness of (for me) a brutal, violent objectification or *totalisation* of the human psyche which seemed more and more apparent. Later on, I read the likes of Martin Buber (e.g. his *I and Thou*) and Emmanuel Levinas (e.g. *Totality and Infinity*, *Otherwise than Being*) – works and ideas which shed an immense light on my struggle with these issues.

Cutting to the chase, in my own struggles with the dark night of the soul using primarily the tools of, let's say, the cognitive model of depression, which was a big focus of my Ph.D. research, it became increasingly apparent that this method led into a rabbit hole or cul-de-sac. One can quite easily become the fly in the bottle with such a method. In essence I was looking for *the cure*. But how would I know if I'd reached there? A sterilised version of happiness and/or human existence didn't seem to be an

achievable goal of any sorts; and as a side issue, the psychotherapy world/industry is very much infected with this cultural hegemony of mental healthism. I entered into psychoanalysis partly sceptical, as I was schooled in ideas with regard to CBT/evidence-based psychotherapy, but also realising that these ideas couldn't save me.

After about one year of psychoanalysis, I realised there was no cure for me. My analyst didn't 'give me' anything (e.g. formulae, cognitive tricks, solutions, self-help tips etc.). I can only describe it thus – I became aware of my 'Being-in-the-World' in its utter nakedness and fragility towards death. At the same time there was the the presence of my analyst, her witnessing, co-presencing and 'sharing' her nakedness/fragility/humanness in the 'container' of the analytic frame, so to speak. Although in this moment (and it was a moment I recall vividly) the fact that I knew she was there, I was there (*Being there*, *à la* Heidegger) and that there was no cure (for my/our human state). This moment was a liberation from a scientistic or technological view of conceptualising my world. It was a liberation from the cultural hegemony of mental health or mental healthism. It was as Louis Berger describes in his book *Psychotherapy as Praxis: Abandoning Misapplied Science* (drawing on Aristotle's definitions of knowledge); it was a shift away from the telos of *poesis* (e.g. technical knowledge), going from point A (depressed) to point B (cured), and a shift *towards* the telos of *praxis* (non-technical, non-rational, phronesis); doing an activity for the sake of the activity, not grasping after fact and reason; essentially, 'negative capability' like the poet John Keats described.

Many patients or clients, therapists and those involved in a mental health struggle suffer from being in the grip of *poesis*. I think some Lacanians do a very good job of getting to the heart of the patter of psychotherapy as praxis – perhaps the original Freudian project embodies this. I recall reading Freud's introductory lectures and being struck by the extra-ordinariness of what he was getting at. The religious existentialists of the Eastern European

existential school, Alexander Alexeychik (Lithuania), Semyon Yesselson (Russia) and others (who have influenced me a great deal in recent years in my meetings and discussions with them) most definitely draw out this aspect that psychotherapy is *a praxis.*

My analyst was an orthodox Kleinian. I'm not a particular fan of Kleinian theory (bits and bobs, perhaps), but dogmatic psychoanalytic approaches tend to lend themselves to mystification. Anyhow, at the end of the day, a switched-on therapist or counsellor, whether knowingly or not, will practise therapy at the level of praxis, irrespective of their training. The lure and seduction of evidence-based outcome, or the technical cure, is a real 'curse', or at least a spanner in the works of psychotherapy as a praxis. Of course, governments and regulators hate this idea; they want to control, itemise and set out the parameters of what therapy is. It is very dangerous. Perhaps I can discuss more on this later.

RH: This is a brilliant answer, Bruce, that has me wanting to ask you so many follow-ups, I have to contain and discipline myself! Synchronistically, I've also recently been reading Louis Berger's excellent book *Psychotherapy as Praxis,* which I wish I'd come across a long time ago. I'm also reminded of the great paper by Rob Woolfolk, 'The power of negative thinking: truth, melancholy and the tragic sense of life', and also the deliciously counter-cultural book *Against Happiness* (Wilson, 2009). Woolfolk concludes his paper by maintaining that: 'If psychology is to avoid a banal and prosaic delimitation, it would be well advised to take heed of some ancient and cross-cultural sources that give prominence to the tragic, finite, and negative aspects of human existence' (p. 26).

You refer to 'medico-scientific psychology' in relation to 'a brutal, violent objectification or totalisation of the human psyche', and also to the 'cultural hegemony of mental healthism'. I wonder if we can explore these aspects a bit more, Bruce, as they possibly lead to the heart of critical-psychology, humanistic, depth-

psychological and postmodern critiques of mainstream 'scientific psychology'. Could you say more about the notion of 'mental healthism'? – e.g. how it manifests in the psy world today, what its main characteristics consist in, and the ways in which it does harm (presumably by both commission *and* omission).

Can I also just ask you to spell out a bit more what you mean by the statement, 'I realised there was no cure for me'. I'm assuming you *don't* mean by this that there was something intrinsic to who *you* are, as Bruce, that meant *you* were uncurable; but rather, that there's something fundamentally awry with *the very notion* of 'curing' human souls per se. It would be fascinating to hear you say more about this. I'm reminded of Anthony Storr's discussion of the notion of 'cure' in that great little 1968 reader, *Psychoanalysis Observed* (Rycroft & others, 1968) that I assume most ageing therapists (like me) have on their bookshelves!

I also really noticed your statement that 'a switched-on therapist or counsellor… will practise therapy at the level of praxis, irrespective of their training'. So, is the implication here that it's not necessarily a training's content and 'core theoretical model' (Feltham, 1997) that are decisive in enabling therapists to be 'practitioners of praxis' (to coin a clumsy phrase), but rather, something less easy to define and control by programmatic procedural means? (or to misquote former England cricketing fast bowler Fred Trueman: are good, 'switched-on' therapists born rather than made (i.e. trained), with it being exceedingly difficult to 'put in what God left out'?).

And finally, have you ever come across a training approach, modality and/or organisation that succeeded well enough in providing an effective training experience in 'therapy as praxis'? Lots to chew on there, Bruce, as you wish.

BS: Richard, it is great to chew over these issues and be asked these questions, and to open up the dialogue about these issues;

psychotherapy as praxis, life as praxis! I think what we are discussing (i.e. psychotherapy as praxis) is being cultured out. As R.D. Laing said in his last televised lecture, the world is becoming psychophobic – and in the mainstream/non-specialised psychotherapy context, this is especially so. Within the psychotherapeutic context, in many places, schools, systems, ideas etc., psychotherapy as praxis, so to speak, is being cultured out too, and is being replaced slowly and steadily with what I call 'mental healthism' or the cultural hegemony of 'mental health'. This is a huge topic, but let me try to flesh out some aspects for you and our readers.

I've written about these issues elsewhere (Scott, 2017), where I highlighted why, worryingly, the mainstream media, the political left and mental-health activists/organisations, surprisingly (or not, depending on how you look at it) predominantly on the political left, have blindingly adopted the cultural hegemony of mental health; the psychopathologising of everyday life and a reverence for therapeutic culture. Many have previously warned about this 'virus' coming from totalitarian communist regimes to infect the West (e.g. Alexander Solzhenitsyn and Vladimir Bukovsky) – and echoed by A.K. Chesterton, who writes about the psychopolitics of mental healing that will infect the West:

> The western half of the projected World Police State seems to be preparing the way for silencing its political opponents. Its method will be somewhat more subtle than that employed by the murderers and enslavers of the Kremlin. I quote from the letter of one of my most reliable Canadian correspondents: The Health Department is still at it, trying to make everybody mental-health conscious, so that they will think nothing of being sent to a psychiatrist, thence to an asylum. (A. K. Chesterton, in his journal *Candour*, 26 October 1956)

So from the communist psychopolitical tactics in manufacturing mental healthism in the West, the attempts to destroy the value of words, in how one perceives and understands words

versus the actual reality, one can easily think of the mainstream Covid-19 narrative and the inflation of risk from Covid-19, and the UK government's abuse of language and propaganda. But of course, 'capitalism' can also be just as insidious; one can witness mental healthism from both political poles, and the ideologies both have similar aims: create a good unthinking comrade, or an unthinking consumer; e.g. under capitalism, the mental-health industry offering the promise for a price, the perfect psyche or mind; and under socialistic ideals/communism, a good psyche for the collective, the paradise of mental hygiene on Earth. Both are Godless, so to speak, or devoid of the spiritual transcendent (as Solzhenitsyn would most definitely attest to).

Mental healthism is essentially the psychopathologising of ordinary experience; borrowing from Michel Foucault, our society problematises our minds in such a way as to lead us to see our minds (e.g. moods, feelings, emotions, cognitions) as an object to be monitored, controlled, manipulated, in the worst of ways and *contra* being human. It is essentially a technical exercise in the worst way, encapsulated by Martin Heidegger's critique of technology and being a human; we can only become more polished objects in such a system, as Heidegger pointed out in his wonderful Zollikon seminars (Heidegger, 2000).

I could go on, but to end this part of the question, I always find that Lacan is wonderfully succinct and on the ball when it comes to the problem of mental healthism:

> The aspiration of happiness will always imply a place where miracles happen, a promise, a mirage of original genius or an opening up of freedom, or if we caricature it, the possession of all women for a man, and of an ideal man for a woman. To make oneself the guarantor of the possibility that a subject will in some way be able to find happiness, even in psychoanalysis, is a form of fraud. (Lacan, 2008, p. 373)

My last point on this; when I have taught on this topic (or tried to introduce it), I often use the painting by Bosch entitled 'The Conjurer' and the ideas of Kurt Falk on the paintings of Bosch.

Falk sees 'The Conjurer' as depicting how people are deceived through lack of insight and awareness. People are very willing to allow themselves to be deceived by trickery and illusion. I think the mental health 'industry' and the pathologisation of life, from both the political left and right, offer solutions to the problems of life through cheap miracles or solutions (man-centred, technical) which ultimately deceive and delude. But enough of that. We can return to it. It is a huge topic, that fascinates and occupies a lot of my thinking around psychotherapy and its non-legitimacy in terms of being a technical/ mental-hygiene exercise.

How, then, does this manifest in the real world? Look around. Schools being turned into mental-health clinics (Resilience, Wellbeing programmes based on CBT for 5 year-olds upwards), a coercive group therapy-type approach-cum-confessional, where children are encouraged to spew out the darkest corner of their minds (without parental consent, of course). Every other week, a new mental health crisis is in the news, and the resultant iatrogenic effects of this; teenagers being inculcated to think they are mentally ill if they score in a certain way on a Teen Vogue questionnaire. Our culture is saturated with it; even universities and psychotherapy trainings; from the boot of regulators (Health and Care Professions Council education guidelines for teaching therapy inflicted upon trainings), students/trainees having been inculcated from an early age and thinking with a medico-scientific hat, that Clinical Psychology or their brand of psychotherapy is just another branch of medicine for 'mental health'. The wonderful book by Miles Groth, *After Psychotherapy: Essay and Thoughts on Existential Therapy*, describes where psychotherapy has gone wrong in relation to the issues that I discuss above.

Which takes us nicely to the next part of your question of 'the cure' – and yes, I too have a copy of *Psychoanalysis Observed* on the bookshelf! What I try to get at when I say there was 'no cure' for me, what psychoanalysis brought me to was, I think, *the language game*,

à la Wittgenstein, of medico-scientistic psychology *vis à vis* mental health; for me, this was what was exposed. I felt myself caught in the trance of that language game; I had been educated in it at high school and university. A huge part of the reason for this is the nature of how our culture is being cultured out of a religious/spiritual worldview. Because of this, it lends itself to a medico-scientific way of seeing human problems, and we have had 100 (or more) years of modern psychotherapy (to quote James Hillman) and the world is not getting any better (Hillman & Ventura, 1993). So the spell-word of the 'cure', with all its historical and cultural significance, was exposed to me during my psychoanalysis. It was a shedding away of the spell. It was a major part of my psychoanalysis, but not the only part; and of course I have evolved and built on that, and reflected upon those early days, which has brought me to reflect upon the religious/spiritual nature of it all.

Later on after those moments, I discovered the work of St John of the Cross (e.g. The dark night of the soul) and the poet Rumi (e.g. The Mathnawi) and, actually most recently, the 'Institutes of the Christian religion' by John Calvin. There is a definite tone of paradox in such writings when it comes to mental suffering (or psychosomatic, even), in that unlike the medico-scientist look which wants to erase or get rid of such suffering, these religious-spiritual ideas/practices do not do this, but instead use them as food and nourishment. I am not sure I can put it any more clearly than that. Everyone's 'cure' or 'pass', in the Lacanian sense, is unique, different and unrepeatable, but the elements of the paradox I am speaking about are probably best described by Søren Kierkegaard in his 'Philosophical fragments', which is a must for psychotherapists to read (Kierkegaard, 2009).

Regarding the issue of a 'switched on therapist', I would say this: ultimately to be bound by one's training modality/theoretical basis – and this will probably get me into trouble – is such a fixity to dogma that can at least lead to a cul-de-sac in an existential sense. It may provide a sticking-plaster to help the therapist (and patient/client), but in doing so, are we just contributing to a general *non-thinking of Being* (i.e. of our contemporary culture in the Heideggerian sense) about this problem? I think the 'switched on therapist' has a sniff of the 'Docta Ignorantia' (wise or learned unknowing, re Nicolas de Cusa), and it matters not what his or her training is. I think/know there are 'switched on' counsellors and therapists of *all* persuasions, and some people who have had no formal training at all.

Personally, where I trained, at the Philadelphia Association, I can say that it was a good place to nourish this in its trainees. My experience of the eastern European existentialists (e.g. the 'schools' of Dr Alexander Alexeychick and Semyon Yesselson) also exude this approach. My PA training was more like an *un*-training or *un*-learning, of what psychotherapy or psychoanalysis should *not* be. Of course, there is the danger of such a method to fall into the abyss of postmodern nihilism (e.g. there is no truth, there is nothing); one has to be wary – this way of thinking is essentially anti-human, anti-love and, ultimately, destructive. It is all fine and well to worship at the altar of groundlessness, but there is something to be said for grasping the extra-ordinariness of ordinary life. People get shipwrecked in life, and people can be shipwrecked by psychotherapeutic cultish dogma.

The wonderful Dr Alexeychick of the psychiatric hospital in Vilnius, Lithuania, demonstrated the importance of *the ordinary* to me. I visited his hospital a couple of years ago; he is the head of a department in a psychiatric hospital. I was invited to intern there for a week to see how things were done. The ward rounds were at 7.30 a.m. I followed him around to observe. The patients were all standing to attention next to their beds waiting for him to arrive. One patient had not made his bed. Dr Alexeychick began to speak and started to make the patient's bed for him. Dr Alexeychick was mildly grumpy and stressed to the patient the importance of getting up and ready in the morning and making his bed.

Afterwards, I questioned Dr Alexeychick about his methods and how it seemed a little harsh and authoritarian. He explained how, when people are so lost, damaged, psychotic, ungrounded etc., the smallest thing like getting up and making one's bed can make a huge difference. It is such an ordinary thing, something that grounds a person. Dr Alexeychick went on to explain how, if a patient can get up and make his bed, then they may come to the group (therapy); the process, so to speak, is not evident to the patient or the therapist; it is the living praxis of what is occurring in the here and now, existentially, that is important. Such experience transcends theory….

[To be continued….]

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Note: The second and concluding part of this interview will appear in the online *AHPb Magazine for Self & Society*, 8, Winter 2021–2.

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