

## **Shrink Rap Radio #627: January 24, 2019, How to flourish as a psychotherapist**

**David Van Nuys, Ph.D., aka “Dr.Dave” interviews Professor Brett Kahr. Transcribed by Fatemeh Abbasi.**

**Introduction:** My return guest today is UK psychoanalyst, Professor Brett Kahr and we'll be discussing his recent book “ ”. For more information about Professor Brett Kahr, please see our show notes at [shrinkrapradio.com](http://shrinkrapradio.com)

Now, here's the interview:

**Dr. Dave:** Professor Brett Kahr welcome back to Shrink Rap Radio.

**Prof. Kahr:** Greetings to you David. It's a pleasure to talk to you again.

**Dr. Dave:** well, it's always delightful to have you on as a guest. And, something leapt out at me and the updated bio that you sent me and maybe it wasn't the version that you sent me in the previous interviews as well and it just didn't impact me, but I'm referring to the fact that on top of all your other accomplishments for a number of years, you had a weekly program on the BBC reaching 15 million listeners! Where do I even get the nerve to interview you!

**Prof. Kahr:** Yes I think that may have been in the previous biography but yes for many years I did work at the British Broadcasting Corporation. It's very interesting story because back in the early part of the twenty first century, it's getting close to twenty years ago now, the controller of BBC Radio 2, which is the biggest branch of the BBC radio and really developed a very strong interest in mental health and the public understanding of mental health and they very kindly invited me to work with them on the project to introduce psychological ideas more broadly. At that time, twenty years ago, there was still in the United Kingdom a tremendous amount of public stigma towards psychotherapy. That is shifted considerably in the last few decades I have to say.

**Dr. Dave:** I'm sure you get some credit for that with reaching out to that many people.

**Prof. Kahr:** Well I hope I made a small contribution in that direction. Certainly when I enter the profession about forty years ago, people thought that if you went to see a therapist you really had to be quite crazy and it was an act of desperation, but over my lifetime I have seen the most enormous shift when now it is a stage where in this country we have prince Harry and prince William, the grandsons of her majesty the Queen, publicly trumpeting the virtues of talking therapies left, right and center. Over in the United states I don't have to tell you we now have Mr. and Mrs. Obama having outed themselves publicly as having undergone couple therapy of some variety, which I think was a magnificently generous piece of information for Mrs. Obama to have included in her recent best-selling autobiography. I think that will really contribute to the destigmatization of psychotherapy worldwide.

**Dr. Dave:** yeah, I certainly hope so. I am actually in the process, still, of listening to her book on audio as an audio book and she reads it in her own voice and I have to say I am so impressed by her, because she is well if you've read the book you know she is so candid about the details of

family life, kind of sharing behind what the public doesn't see and I'm just amazed by her courage and as I say her candor .

**Prof. Kahr:** She is quite a remarkable person.

**Dr. Dave:** Yeah she's so capable of herself.

**Prof. Kahr:** Absolutely

**Dr. Dave:** She was kind of forced to be a figure ahead for those years but she's so much more than that.

**Prof. Kahr:** But she's not join the pool of some really impressive internationally venerated public spokespeople. Because also his holiness the pope year before last came out and admitted publically that he too had used psychotherapy and I found it very useful experience and back in the nineteen sixties there was a huge scandal when one of the popes came out publically one's faith in a shrink rather than in a higher power. So, the fact that the Vatican has now come on board, this is all really hopeful.

**Dr. Dave:** Yes. That's great. Well, we should talk a bit about your latest book "*How to Flourish as a Psychotherapist*" and I have to say it's another *tour d'force*. You are aTwriter [laughs] among all your other accomplishments and talents, because the books of yours that I've had a privilege of reading are compelling. They kind of pull you in and part of it, I will speak about this more maybe as we go on, is that you like Michele Obama are so self-revealing. It's always a story grabs us and it seems like no matter what you write even if your writing about Freud or you're writing about Winnicott, your story comes through as well, that's always very compelling I find.

**Prof. Kahr:** That's interesting that you describe the style self-revealing because a colleague of mine here in London literally just said I've finished reading your book, Brett, and I didn't learn a single thing about you.

**Dr. Dave:** How could he say that!

What I do reveal of course is about my professional life, not my life outside the office which that's of little interest to anybody but me and my family. But yes I did try to reveal some of the stories of what it is actually like to work at the core face, and try to talk about in the book some of the aspects that don't often get talked about. How finances handled, for example, and how envy among some colleagues managed. Even if you're very well analyzed psychotherapist, psychologist or psychoanalyst, you are also a human being living in a community and there can be a lot of venom among fellow practitioners and that rarely gets talked about in a serious way or in a published way. It's usually confined to backstairs gossip and so for. And I also talked about the inevitability of the death of a mental health practitioners. So, I suppose to that point of view I have been self-revealing, yes.

**Dr. Dave:** Oh, what's more than that [laughs]. Maybe you accidently revealed more than you intended but I don't think so.

**Prof. Kahr:** Very possibly, yes. But we will talk about it, thank you.

**Dr. Dave:** you talked about how early you were drawn to psychoanalysis. How much you read. I'm just bowled over by all the reading that you've done. They're plenty of clues there for the person who's interested in Brett Kahr to kind of figure out who this guy is with a very demanding standards for yourself and I have to assume maybe for others as well. So, there are lots of clues there that I delighted actually in those glimpses. What motivated you to write this book?

**Prof. Kahr:** I think I was motivated really by age that I'm getting older that I ever have been previously, and very much wanting to pass on some of what I've learned from the psychological trenches as it were, particularly for students. And although I still have many students of different varieties and I teach on a number of different trainings and I have supervisees who come to discuss the clinical cases with me. I don't have students in the same quantity that I did when I was a much younger practitioner, working part time clinically and part time in a university setting where I had, you know, I could easily reach hundreds of students on a regular basis every single week. But now I am in full time clinical practice with patients. So that automatically reduces the possibility. And I do miss teaching. I do miss those regular weekly Freud seminars and psychopathology seminars. They were very important to me in terms of the pleasure of helping to educate the next generations and also the great benefit to me of really helping to develop my ideas and thoughts because so many of books and so many of my research projects actually began with lectures in the classroom which you try out in one term but you've done this yourself forever. You know what it's like. It's a real privilege to be able to teach intelligent young students. Because you can share your ideas with them and they will give you very frank feedback. They will tell you the exactly what they understand and if something is not clear they will be the first to say it, especially as the university fees keep going up over time, so they are entitled to clear lectures and are entitled to ask for that. So I think I wrote the book partly because I missed having that contact with the larger numbers of students which I had enjoyed so much. I think also if I'm really honest with you, David, part of a reason I wrote "*How to Flourish as a Psychotherapist*" is that as I have got older and as I have met more and more colleagues, I mean like you I must admit, literally tens of thousands fellow of mental health professionals over the last four decades and especially as I am somebody who's been quite public about writing, I do get a lot of colleagues coming up to me saying "Oh, I've been working on a book on ADHD for the last twenty years but I never seemed to find a time to finish it. And I get that kind of story all the time. And I'm confronted by colleagues often very compassionate very lovely very clinically experienced colleagues. But colleagues who are really frustrated that they never fulfilled many of their professional aspirations. Often it's writing, they feel frustrated in writing. Many have wanted to engage with the media as you are doing, as I have done in my time. Many wished that they could have served on committees or set up research projects, so I think we have a lot of very frustrated colleagues and one of the reasons that I wanted to write the book was to try to reach those colleagues who are dealing with their own inhibitions and frustrations to see if I could offer any insight or encouragement or optimism that would help them to work through those professional inhibitions but also to set out very bold and very ambitious canvas for the next generation of mental health professionals coming up through the ranks, whether they are psychiatrists or social workers or psychologists or what have you. so that they can really feel

authorized from the beginning to embrace all the different possibilities that these professions offer from clinical work to teaching from publication to broadcasting from research to social activism, collaboration with politicians and community leaders, and new ideas you and I have never even thought about. This was really meant to be an inspiring tract in so far as it can be.

**Dr. Dave:** you've triggered the whole flood of ideas here for me, and I'll try to share some of them with you. One that comes to mind is Erick Erickson and what he has to say about the stage of generativity as we get older. It seems to me like you are really in that stage and you are fulfilling the promise and the gifts of that stage and in kind of wanting to pass it on and I have wrestled with them myself because I think I might be older than you are actually and I'd like to see Shrink Rap Radio continue on beyond me. I'm not sure what to do. I haven't heard from any other podcasters about "How do you will?, how do you pass it on?, put it on a will or something like that" and one thing I did discover in speaking with one of my guests was that he was saying my interviews are such a valuable resource, they ought to all to be available for psychologists a hundred years down the road to see how people thought about it in the twentieth and twenty first century. How they were thinking about psychology and so what's emerged out of that conversation was I discovered something called "The Internet Archive." So, I've managed to post the whole corpus, if you will, of this work on The Internet Archive which you know, it's like Wikipedia. It's a privately funded resource and who knows with any luck maybe it will last a hundred years or even further. So, all of that is triggered by what you are saying and I'm wondering about well, could I find somebody else that I would feel good about picking this up and continue the future? So, if you know anybody!!!

**Prof. Kahr:** I'm so glad you've said that because first of all Shrink Rap Radio is the remarkable resource. And I was so delighted, David, to read that the American Psychological Association have honored you with a special award for your contributions to psychology and the media which I think it's absolutely fantastic. And I'm pleased about it on two levels. I'm very pleased for you personally, because my goodness you've done literally hundreds of these interviews and you've archived them. So it's a huge library of data for the students and senior practitioners. I listen to Shrink Rap Radio over time while I'm walking to and from work on my headphones. So it deserves it, but it is also an indication that our professional organizations are now recognizing the need for a media engagement. In the old days people were very frightened, if you'll remember, to let the therapists to go on the radio or television. I think it was considered a bit exhibitionistic, a bit narcissistic. But I think that we are now at the point where we realize actually if we wish to destigmatize psychotherapy and make it available and encourage people to allow themselves to be helped, we can't hide in our consulting rooms. We have to come out and be open and speak up about what it is we do. So I think Shrink Rap Radio is making an immense contribution in that direction. I was so delighted to read about your award. Congratulations!

**Dr. Dave:** Thank you so much. It's been very meaningful to me to get that recognition. It definitely motivates me to keep going as long as I possibly can.

**Prof. Kahr:** Yes, you must and just the fact that you are talking about this in an open public way hopefully there will be some younger colleagues who are big fans that you haven't quite met yet

who will reach out and contact you and offer to have a traineeship with you so they can learn what it is you do and how you do it and help to continue it. I think that's very important.

May I say I'm so glad you mentioned Erik Erickson and his notion of generativity and as you remember only too well, Erickson wondered that we if are not to generative, the obverse is stagnation. Generativity versus stagnation. I think you've really hit the nail on the head that what I've tried to do by encouraging mental health professionals of all shapes and sizes to improve their capacity to flourish is to move from that state of stagnation into that state of generativity. Because many of our colleagues as you know suffer burn out. They suffer inhibitionism. You know, if you working in a full time mental health practice you can be chained to your clinical consulting room chair, not get out at all. You know you've got a five minute brake which is barely long enough to have a quick pee in between sessions let alone a dose of fresh air, and it can be a very restrictive life style for the clinician which then does not allow for space and time to think about well how can I do research? How can I write up my findings? How can I take this work further? How can I teach what I'm learning in the consulting room? So I do think that although I would say ninety nine percent of the clinicians that I've met in my life time are very warm-hearted, very ethical, very compassionate, good-egged people. But many stuck in that state of stagnation rather than allowing themselves to be what Erick Erickson referred to as you said as generativity. I think you've really, really encapsulated it beautifully.

**Dr. Dave:** well, you certainly take it up in your book and to some detail talking about the danger of sitting all the time saying in a chair, developing a stooped spine and you write about, I've said that you're self-revealing in this book. We discover that you have embarked on walking at least ten thousands steps a day and have for some time been walking 10 to 20 thousand steps and I asked you just before the interview commenced, if you'd walked today, let me know while you've done 11thousand steps!

**Prof. Kahr:** Today have been 11 so far. That's right. I only wish that I had discovered exercise as part of a mental health practice when I was a young man. When I grew up nobody ever talked about the dangerous consequences of sitting. We didn't know it. We were taught to go to the library and study as much as possible and I spent many decades sitting either in a chair listening to patients, or in a library doing research and reading all of which I love doing, but as we age we need to keep the blood pumping my goodness we know only too well what the health consequences are from being sluggish in that respect and also I know from my discussions with physiotherapists that psychotherapists are particularly at risk for spinal compression. Because we are literally not stretching. We are in an enforced seated position. I'm sure there are many creative therapists who do walking therapy with their patients or I'm sure somebody must take their patients jogging. But certainly in the United Kingdom 99 percent of my colleagues and I are pretty much confined to a comfy chair all day long. And as somebody who does very intensive Freudian psychoanalytical work I can't take my patients outside. A. I would regard that as a violation of privacy, because the sorts of needs that my patients need to tell me can only be told in the absolute confidential setting of a quiet room with no other observers. And there is something as you know about that tremendous intensity of two people sitting quietly in a dim

room, where secrets have never been verbalized before can emerge. So, a lot is happening in the psychoanalytical session, but not a lot of calories are being burned.

**Dr. Dave:** Right! I've read of some sessions where the whole session goes by, maybe you've written about this. I'm sure you've had this experience. And not a word is uttered on either side.

**Prof. Kahr:** I think, of course I know that session. I don't think I have ever done a completely silent session. I think probably a lot of the early Freudians did and part of the reason they did, and this is very interesting I'm writing about this at the moment. As you know one of the greatest influences in the history of psychoanalysis was Adolf Hitler.

**Dr. Dave:** No. I'm not aware of that!

**Prof. Kahr:** Well, let me explain what I mean by that provocative statement. When Hitler came to power in Germany. Many psychoanalysts were aware of the dangers of reality. Many of the leading German and Austrian Analysts fled. Freud having departed Austria in 1938. He was one of the very last to leave. Most of the other key analysts. got out in '33, '34 and so forth. And they fled to England, they fled to the United States, New York, Boston and some out in your direction. Others move to California and became the great pioneers. But, what is not widely appreciated is how very few of them spoke fluent English. And I think one of the reasons why in the 1940s 1950s, psychoanalysis developed this public reputation of being completely silent, you know Woody Allen has lampooned it a hundred times, is that many of them actually struggled to speak English. And so they shut up and just listened to their patients, probably with an English dictionary hidden behind the couch just to kind of keep up. They were literally forced to flee at short notice and had to get new medical licences many of them. It was a very traumatic experience that kind of immigration and I think it did contribute to the notion the silent analyst. But nowadays most psychoanalytical practitioners are much more relationally engaged. If I have a patient who is completely silent, they are allowed to be silent. I will absolutely say after a few minutes "I can see you're very silent, tell me what's on your mind" and I would say in ninety five cases out of a hundred patients are only too relieved to be asked what the silence is about, rather than being left to simmer in it. So I think we have to challenge that old stereotype that the Freudian psychoanalyst is somebody who just sits in total silence. I think the good analyst is very verbally active and engaged in trying to decipher the secret meanings of the patient's material.

**Dr. Dave:** Yeah, I'm glad you put that out there. I think your work will challenge people to rethink the misimpressions that they may have about the psychoanalysis. You know the graduate program that I went to in Ann Arbor, Michigan at the University of Michigan was very psychoanalytic, and in our local Detroit area we had our psychoanalysts who were part of that diaspora that you are speaking about.

**Prof. Kahr:** Did you know Dr. Ricard Sterba?

**Dr. Dave:** No. I'm blocking on the name of who we did have. I know one name that I recognized in your book was Bert Karon, a psychologist not a psychoanalyst.

**Prof. Kahr:** Oh, did you know Bertram Karon?

**Dr. Dave:** Yeah, I went to a seminar that he gave.

**Prof. Kahr:** He is one of my heroes.

**Dr. Dave:** He practiced something called Direct Analysis. Which was very dramatic in which he came from the assumption that the psychotic person, the schizophrenic person, is kind of living in their unconscious and so it was his position that he would speak directly to the unconscious, saying the most outrageous things, along the lines of, "I know you want me to be your daddy" and even more direct things like that. So it was a great thing to see his name there in your book.

**Prof. Kahr:** Amazing. We have to have a whole separate conversation of people we have as overlaps. Bertram Karon was one of my heroes as a young psychology student. The book that he co-wrote with Garry Wanden-Button in 1981 on "*Psychotherapy of schizophrenia, the treatment of choice*" I still use that in my teaching. It's a magnificent textbook.

**Dr. Dave:** That is good to hear, I don't know what is become of him. Do you?

**Prof. Kahr:** No, I had corresponded with him a number of years ago. Sweet man, and I think really understands the schizophrenic mind in the way that few others do. So, I hope he is alive and well.

**Dr. Dave:** Well, getting back to your book, I wish there had been such an authoritative and readable guide book when I was on the threshold of the journey, toward becoming a psychotherapist. So I think it's tremendously useful in that way. But I have to say that to be honest for me you set the bar very high and I'm not sure whether my younger self would have carried on or would have stopped right there. The book's title says "*How to Flourish as a Psychotherapist*" but I wonder if maybe it would have been more accurate to have said as a psychoanalyst, because it assumes a career, at least that is the impression that came through to me, a career that very much like a psychoanalyst even if the person is not a formal psychoanalyst.

**Prof. Kahr:** Well, I am hoping that it will be of interest to people of all different professional accent. I certainly didn't set out to write it only for nineteenth century Freudians, and I had very much the British perspective in mind and certainly in this country the vast majority of our registered mental health professionals do have a psychodynamic/psychoanalytical accent, even if they wouldn't regard themselves as a traditional five times-a-weeker. But I hope that the some of the messages and some of the lessons are relevant to trainee clinical psychologists, counseling psychologists, psychiatrists, you know people of whole different persuasions. Because when it comes to what we do outside the consulting room that helps us flourish and how we can better flourish in the consulting room, I do think does messages do apply to practitioners of every height and size and colour and shape.

**Dr. Dave:** I have no doubt that anyone following the same path that you've followed and that you advocate would rise to the top of the profession just as you have. What I question is how many people have the level of commitment that you brought to it in your life.

**Prof. Kahr:** I'm glad you've raised that because I have been told by some readers I've had very encouraging and very touching comments about the book so far. But some readers have actually said "Gosh! You do set a really high bar" and some said "I'm not sure I can reach it". But I'm very glad that I have set a high bar, whether others can reach it or not. I can't always reach the high bar that I set, but I do think that as a profession, we have a responsibility to do the most rather than the least in our training, to do the most rather than the least in our post qualification lives in terms of our continuing professional development, continuing education activities. There is a wide range of people in the mental health profession. I'm sure in any profession, whether it is doctors, lawyers, accountants, actors what have you, some of whom read absolutely everything published and others of whom just coast through and get to know the latest stuff from their colleagues, so I am setting a high bar from that perspective. I do think that reading certainly really reading the classics, whether you love Freud and Jung and Winnicott and Kline, or whether your heroes are Carl Rogers or Albert Ellis or whomever it is. In a way, I don't mind which theoretical accent clinical psychological practitioners adopt as long as they really become expert in the field. In an ideal world we'd all be alternating Freud with Carl Rogers, with Erik Erickson, with Michele Obama. We can learn from all of these people about the very intricate and complex dynamics of navigating our personal lives.

**Dr. Dave:** One of the interesting things about you I think is that you are abreast of a lot of different schools of thought, in addition to having really mastered the psychoanalytic literature and tradition and history and so on. And I was interested in the word "Flourishing" and I wondered if you pick that up from Martin Seligman of positive psychology because that is where we kind of encountered that word, Flourishing. Were you influenced by him?

**Prof. Kahr:** I've never had the privilege of meeting Martin Seligman but of course I know his work. I think he and I come from different backgrounds and different traditions. I'm not sure what professor Seligman would think of Freud and my friends from old Vienna. But I admire what he's done very much and I think his championship of positive psychology is very important. I did a television program, a very important television program for the BBC some years ago when I was working as there as a resident psychotherapist on what was then just being known for the first time as positive psychology. A group of colleagues and I went to a small English town outside of London and we would there for several weeks and we had to the task to see whether we could make the entire town happy. So, I'm a big fan of all creative interventions that will improve human happiness through whatever means. It doesn't have to be through psychotherapy. It can be through music. It can be through community groups. It can be through athletics. It could be the group projects or sorts of things. So I do like what Seligman and the academic positive psychologists are accomplishing. I don't think that was consciously in my mind when I chose the title. The initial steam, but it may have been there pre-consciously. You are right to point that out. My initial stimulus is that back in the early nineteen nineties one of our most venerable, London psychoanalysts, a very highly respected woman called Nina Coltart published a little book, very short book called "*How to Survive as a Psychotherapist*" and I remember when the book came out all the young colleagues were reading it and discussing it and very excited by it. And although I had the greatest respect for Dr. Coltart, sadly now no longer with us, and I use her work all the time. She was a very experienced clinician and I much admired senior



practitioner. I did not find myself inspired by the book called "*How to Survive...*," since to me survival is the bare minimum that you can do and by asking not how we can survive but how we can flourish I'm hoping people will invest in the maximum rather than be satisfied by the minimum.

**Dr. Dave:** I was struck both from looking at Seligman's work and then you are using the word "Flourish" because it's a powerful word when you let it in. Because it does imply going beyond the zero state, the average and I don't recall reading it very much in the psychological literature in the past. I think it's a new thing. It's emerging.

**Prof. Kahr:** I'm so glad that you mentioned that. You know, your comments are always absolutely bang on track. Because if we look at this from a historical perspective, in the early days when the talking therapies were first formalized by Freud and Jung and Carl Rogers and all our old gurus, they had come from a background of clinical medicine and clinical psychology by and large. And the cases that would be seen by psychiatrists in particular were cases of individual suffering from extremes of mental illness. If you go back and read Carl Jung's initial letters to Sigmund Freud when they began corresponding, Carl Jung was working at the infamous lunatic asylum Burghölzli asylum in Switzerland just outside of Zurich, which among the lunatic asylums of very early of twentieth century. The Burghölzli was one of the more progressive ones because at least they talked to patients. But Jung writes to Freud and says we have patients who eat their own excrement. We have patients who were covered in spittle, smearing themselves with bodily fluids. These are really traumatized individuals in grotesque states of madness. And I think that the early psychotherapists and psychoanalysts were working with some of the most ill patients and they were happy just to get their patients to not smear themselves with their own feces. That would have been a good result.

**Dr. Dave:** Yeah. Reaching something like normality would be a big deal.

**Prof. Kahr:** Exactly. The idea of getting somebody to the point of flourishing whether a patient or a client through therapeutic work or a professional through personal development, professional development, that is a much newer idea. The notion of what mental health actually looks like is something we've only started writing about in the last few decades. It was not really on the charts in the early stages and to go back to Erik Erickson whom you mentioned, when he published his famous book "*Childhood and Society*" in 1950 which was a hugely influential text for me as a first year undergraduate I have to say. It was brilliant because he extended as you'll remember the notion of life cycle from beyond the first five years of life which was the traditional Freudian canvas up through old age and towards death. He gave us eight stages of the life cycle rather than just those early oral, anal and phallic registers that Freud and his early colleagues wrote about. So, it is only really in the last several decades, only in my professional life time and your professional life time that we're moving into the registers of extreme mental health rather than focusing solely on extreme mental illness.

**Dr. Dave:** That's what drew me to humanistic psychology and the personal growth movement because they were striking those notes which really called to me.

**Prof. Kahr:** Absolutely.

**Dr. Dave:** Unfortunately Seligman's given precious little credit to those pioneers. Partly because he wanted to distinguish himself, and partly to do so by grounding it and more in research because a lot of the early work was perhaps more philosophical or theologically based.

**Prof. Kahr:** I'm glad you mentioned the early humanistic people because I think they have become marginalized in recent years which is a shame. But I am thinking of Abraham Maslow in particular who was not a behaviorist, he was not a pharmacologist and nor was he classical Freudian. He really created a whole different voice and it was one that looked at the healthiest aspect and how one can get to the top of the triangle really. So, I have immense admiration for people from that school. And I think if we can integrate all these pools of knowledge, my challenge but also my pleasure is that I'm interested in anything to do with psychology. And I try to read as much as I can and always have done since I was a real youngster in this field. And for me, reading was never a burden. It was always a pleasure and remains so. I only wish that I had double of time to read during the course of a working day.

**Dr. Dave:** I guess another thing we should put out there since we put out my need for somebody to take over Shrink Rap Radio. In the book you expressed a need for somebody to take over your library, which I gather is immense and very important.

**Prof. Kahr:** Oh, my goodness. As long as we are putting out public requests, yes someone to be your successor Shrink Rap Radio! Yes, I am the possessor of a very large library which I collected over a lifetime. And it is now at the point where I need to begin to make a plan for it.

**Dr. Dave:** Yeah, that's a challenge.

**Prof. Kahr:** It's not as easy as one might imagine. Because if one were simply to donate it to an organization, most organizations would say "It's great! But we just don't have the physical space for it". You need space. So, if there is anybody setting up an international mental health library please do get in touch.

**Dr. Dave:** Yes. Let's touch on some of the other things in your book. Some very nitty-gritty things about how to prosper in the field. One of the things that you address that is a touchy issue for many I think. Money issues. I am under the impression that many therapists struggle with either a conscious or unconscious sense that therapy should be more or less free. Do you have that sense as well or not?

**Prof. Kahr:** Yes, absolutely. I think that, let's be very honest. I don't know anybody who entered the mental health profession thinking that she or he would become a multi-zillionaire and buy a yacht and an airplane. I think if we were that financially driven on that materialistic oriented the last profession we would have chosen would have been mental health. We would have gone into finance or something of that nature. So, I think most of us are not motivated by financial matters at all, and I do think that there is this idea that the people who come to us have already suffered enough, so we should be as obliging and accommodating and generous with our time. And I think that is a wonderful sentiment and it is something that I have done a lot in my career. I have certainly seen patients over the years who've not paid any fee at all or patients who paid very small fees and so forth. And that is the prerogative of every practitioner. But I do think that there

is an unconscious sense of shame that many practitioners have that if you charge a person with psychological problems that you are re-traumatizing them or doing something cruel to them, rather than acknowledging that you have a genuine professional competence for which you have paid for your own training, for which you have worked for many years and although I am a great supporter of the idea of socialized health care which we have here in United Kingdom and there are many places where one can get free psychotherapy through our national health service and through other charities, I do not think that all the psychotherapy should be given away automatically for free. Practitioners have to support their families, as well, and I think we have to get to a point to just being more open and honest and frank with our selves, with our colleagues and with our clients about basic financial matters. I do not think that if you set a fee as a practitioner and you are trying to support your family based on that fee that if a patient says "well, I can only pay half that fee", I don't think that one should automatically be obliged to agree to that.

**Dr. Dave:** OK. And something that we were talking about earlier is many of us don't like to blow our own horns. Yet some sort of self-promotion is necessary. Maybe we can kind of talk about that a bit.

**Prof. Kahr:** Well, it's a very interesting question about how one develops a reputation and if one were working in a public relations firm, you would blow your own trumpet constantly on twitter and Instagram and Facebook. If you were trying to sell a new product, for example, you wouldn't be shy at all. You take advantage of every publicity opportunity. But certainly here in United Kingdom there has been a long standing sheepishness about any healthcare professional advertising himself or herself. That it would be unfair, it would be exhibitionistic. And to be perfectly honest, it wouldn't be a gentlemanly or ladylike under-taking. You may be interested to know again from a historical perspective that up until very recently, the British Medical Association would not allow doctors to advertise themselves. It was actually considered a breach of ethics to advertise yourself. The only way you were allowed to have patients was by being employed by a really a proper institution and the institution would get you your patients. And you would get your patients also by virtue of having a proven reputation, not by taking out an advertisement in the Times of London saying "a fancy treatment for your diabetes, come and see me". So, one was in a very restricted position back then. You know my great hero, Donald Winnicott, did do a lot of broadcasting for the BBC in the 1940's. When he went on the air, as a sort of pioneering radio psychologist, I followed in his footsteps in a very small way more than half a century later, but Winnicott was not allowed to be referred to by name. Because that would have been in his day a breach of British Medical Association codes of ethics. So, he was introduced nearly as a doctor who would be talking to us about mothers and their babies. So, all the doctors who did work for the BBC back in the old days, they had to do so anonymously. So, that links into this inhibition about blowing one's own trumpet. And I think that one needs to be thoughtful and careful. Maybe I'm channeling British perspective and colleagues working in the United States or in other countries might have very different viewpoints. But you know, I'm a big fan of people letting everybody know about their capacities. But at the same time I do encourage people to think very carefully that if they do have a personal website about how they advertise themselves. Because I've seen so many young colleagues that have websites where they are

blowing their own trumpet. But I think in a way that is actually counterproductive, because in their desperation to get work and to have a full practice that they can support themselves and their families, they say "I am a specialist in" addiction, alcoholism, anxiety, bulimia, go through every category from a to z. And I make the point that that is as unimpressive as a physician setting up a website for a general family medical practice saying, "I deal with earlobes and toenails and eyelashes and livers and kidneys and hearts," you know. One would expect a mental health professional to have a competency in all of those areas, just as one would expect a physician to be able to comment intelligently on the different parts of the body. I think the way that the trumpet is blown is by doing really good work, by sharing your work in professional contexts with your colleagues, and I think then if you are good at your job and you are actually curing your patients or helping your patients to achieve really profound characterological change, then I think you don't have to worry about blowing your trumpet because your reputation will be known and talked about.

**Dr. Dave:** That's true. If you are really that good, the word is going to get out and you won't have any trouble.

**Prof. Kahr:** I do think so. And it comes some of a variety of sources. But one cannot be a practitioner in isolation. We work in isolation with our patients. We don't allow visitors into the room. We don't have guests come in. There was a story about the Freudian psychoanalyst who got into a lot of trouble, you know all about him, Wilhelm Reich, and his biographer Myron Sharaf told a story that Reich had a friend back in the nineteen twenties or nineteen thirties who was very curious in this new fangled science called "psychoanalysis." And Reich said "if you are interested you can hide under my analytical couch one day and listen in on some sessions. Now, whether that's true or not I don't fully know but we would never do that today this is such a private piece of work. And because the work has to be so private with no visitors, no tape recorders, and no film cameras and certainly no guests hiding under the couch, it means that we as practitioners spend our entire working days in real isolation. Often a day we go by and only person I talk to, between 7 am and 7 pm, will be my patients and I'm very privileged that I have some really warm-hearted lovely patients with whom I feel very privileged to be working. But, we are isolated from the rest of the world as a result. So we have to go to conferences. We have to write papers so that people can know about our work. And that is the way that one's professional gravitas will spread and become known about and one's reputation would be known about. We can't be isolated. Years ago, the very distinguished British psychoanalyst Brendon McCarthy, who was a one-time president of the British Psychoanalytical Society, he told me that he had once served on an ethics committee and the good news for members of the general public is it's really only very tiny number of mental health colleagues who do become accused of professional improprieties. Most everybody behaves very honourably and very ethically that's not to say that there haven't been some instances of people having inappropriate crossings of boundaries and that is very unfortunate. But it is a tiny number. Most people behave very ethically. But Dr. McCarthy told me that of the cases that he had to examine for potential breaches of ethics, he said "there was one consistent pattern" he said "everybody who was accused of something unprofessional had completed a proper training. But often it was the ones who had trained in London and then moved out to the country side, never to be seen again by

their colleagues. Those are the ones who were practicing in geographical isolation, didn't come into London for conferences. They were the ones who often got into trouble. Because there was no group of colleagues to love them up or to look after them or to enrich them or to actually express a concern. You see, if I were to begin to become ill or demented and didn't know it consciously, because I go to so many conferences, I would have lots of colleagues who would be looking at me and watching me and would say "Hey, Brett! Are you alright? You forgot the name of the founder of psychoanalysis, and I've heard you give lots of lecture about that chap." If something like that were to happen, I would have a good network of people who would express that concern publicly. And I think a lot of the people who do find themselves in ethically compromised positions are often quite isolated from the rest of the profession and then sometimes go a bit rogue.

**Dr. Dave:** Yeah, interesting. You mentioned that you are doing a lot of supervision either now or in the past. How much of that was group supervision?

**Prof. Kahr:** That's a very good question, David. Do you I almost never, well I did do group supervision when I taught regularly at university. I did small group supervision, usually for three or four trainees at one time. Nowadays I have only been doing in the last several years one to one supervision with very highly motivated candidates who really want to work hard and really learn. But yes I'm open to all models of supervision. I only wish I had more hours in a day to do much more of that because I do enjoy it and supervision groups can be very stimulating and sometimes one member of the supervision group will pick up on an aspect of a patient's character structure or psychopathology. Something will get stimulated in countertransference that other members of group won't necessarily pick up on or you might see in a group a very powerful dynamic where the student is giving a very animated lively conversation, but everybody else in the group is starting to fall sleep and then as the supervisor you have to try to understand that dynamic. What is the group picking up unconsciously about a very dead sleepy part of this patient that the therapist herself or himself has not yet done?

**Dr. Dave:** Well, about an hour has gone by and that's usually the sort of self-imposed a limit that I put on these interviews, but I don't want to cut you off and I want to make sure that you've been able to say everything that you'd like to say! Are there any last thoughts that might tie a nice bow on this wonderful book and conversation that we have been having?

**Prof. Kahr:** That's very kind of you, David. First of all, I want to say it's always a joy to talk to you because you really are the best interviewer in town, bar none.

**Dr. Dave:** Thank you.

**Prof. Kahr:** It's such a pleasure to have conversations with you, and you always are so encouraging and validating. I could well imagine your patients having been under the receiving end of a very special quality. So, I did want to say a big thank you. I just hope people will enjoy reading the book. I wrote it in a very joyful spirit, wanting to convey my love for this profession and my enthusiasm for this profession. And if there are times in the book when I do say "please try and read the complete works of Freud in German every night before bed time", and it does

sound a little bit harsh superego-ish, I don't think that's such a bad thing. Because you wouldn't want to go to a surgeon who hadn't read the full anatomy textbook would you?

**Dr. Dave:** No.

**Prof. Kahr:** You wouldn't want to go to a lawyer to defend you in a big trial who had learned the law by Googling a few statutes on the internet.

**Dr. Dave:** Right

**Prof. Kahr:** When we go to see a professional we want somebody who is really as much as possible at the top of his or her game and I think we can certainly as a profession do much to improve our erudition. We can do much to improve our honesty with one another, our communal relatedness and really put the notion of professional flourishing on the map. We talk a lot about helping our patients to flourish, so they can have as few symptoms as possible and as many chapters of joy and pleasure in their lives, but we don't apply that to ourselves as practitioners as much as we could. So the book was really written in the spirit of wanting to see can we wake ourselves up more in the mental health professional, put some more into our training and our post-qualifying lives, so that we can really feel ourselves much more fulfilled doing the work and I think that when we are more awake and more fulfilled and more flourishing within our professional communities. I think our patients will pick that up quite unconsciously and also quite consciously and will be themselves inspired to undertake more creative projects in their own lives.

**Dr. Dave:** Yes. Well said. I totally agree. And this will not be the last time we speak, I hope, because I know you've got another book that's just come out or is about to come out as well. Remind me the title, I saw it on Amazon.

**Prof. Kahr:** Yes, thank you. The next one is going to be entitled: "Bombs in the Consulting Room, Surviving Psychological Shrapnel". That is a completely cynical book about those very scary moments that every mental health practitioner will have about working with patients who are either dangerous on a full time bases or not dangerous at all, but who can sometimes explode with bomb-like eruptions whether it's making a threat or being very verbally abusive or even physically abusive or throwing objects or something of that nature and I think we all have these bomb-like moments in our clinical practice. This book is an attempt to try to explore that and to tease that out. Hopefully that would be out later in 2019, from the British Publishers Routledge.

**Dr. Dave:** OK, Well. We will regard that as a preview of coming attractions, a bit of a teaser! Professor Brett Kahr, I want to thank you for being my guest again today on Shrink Rap Radio.

**Prof. Kahr:** Thank you David. It's an honor to be interviewed by yourself, being the winner of the American Psychological Association Prize, and much deserved. Thank you so much.