THE BRIDGE PROJECT: RADICAL PSYCHOTHERAPY FOR THE TWENTY-FIRST CENTURY

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ABSTRACT *The concept of equality has been central to radical thinking in psychotherapy. But it often becomes confused with sameness or some kind of final solution, a thing to be obtained. The model presented here is that of equalizing as an ongoing process at all levels in terms of gender, class, race, age, power and literally hundreds of other hierarchies. Most therapies are also about equalizing or balancing internal opposites in the psyche. This paradigm shift from hierarchical thinking to the rhythm model of equalizing processes is a way forward for therapy and social change in the twenty-first century. The Bridge Project (West London, UK), providing counselling for disadvantaged women, is an example of an organization using the equalizing paradigm in all areas of the work and at all levels. It offers us a vital sign of hope, in spite of the fact that the original aims of feminist and socialist community change have not been fully realized.*

Key words: paradigm shift, hierarchy, equality, radical psychotherapy, Bridge Project

This project in West London shows the change from the theory of the personal as political in the 1970s and 1980s to what it can mean today. It both reflects the demise of left-wing optimism and provides an example of another deeper and more complex revolution. The hope that personal therapy would lead to more feminist and socialist social change has not yet been fully realized, despite talk of a post feminist era. However, in the midst of so much disillusionment, Bridge is one of many projects actually practising ways of working and relating that dissolve the old hierarchical structures at *all* levels of consciousness and behaviour.

The project was set up in 1980 with a left-wing perspective based on class, race and gender as the main and most oppressive hierarchies or structures of domination. These inequalities are still massive and the gap between rich and poor is actually wider now than it was when the project was set up. But in a postmodernist era there has been too much questioning of simplistic narratives to explain everything in these three terms. Yet, this very questioning has made possible the victory of consumer capitalism into which psychotherapy has fitted all too comfortably. The search for individual happiness has often become its primary goal. The alternative approach, that it is really about transforming the world and increasing equality in it, appears to have been completely lost. Hillman and Ventura (1992)

argued this case most convincingly. But has it?

The idea of equality at all levels, politically and personally, is often implicit rather than explicit in writings that link psychotherapy and politics. Orbach (1982) talks about the need for 'psychic structural changes at a fundamental and a mass level . . .' What kind of structural changes are meant? Surely these are from hierarchical structures to more equalizing and fluid ones. Rowan (1976) explicitly writes that 'more and more research findings have piled up to show that hierarchy does harm to people.' Since then post-modernists and users of the term 'political correctness' tried to demolish the idea of equality along with other Enlightenment ideas. Phillips (2002) explicitly writes that we are lost without hierarchy in personal relations. While Samuels (1993) writes that 'pluralism is intended to be an anti-hierarchical attitude'. Yet without a clearer commitment to equality the strong often still win in a pluralistic world. Derrida (1982) describes our tendency to divide everything into binary opposites with one privileged above the other. This is the structure of hierarchy. But he does not go on to offer solutions.

Perhaps the concept of equality can be rescued. In fact today it seems to be having a comeback. For example, the word is being mentioned again in government papers (see below).

Perhaps the old, rigid idea of working towards a perfect, totally equal society does need replacing. In a post-postmodern world the paradigm of equalizing as an ongoing process at all levels may be returning in different forms. This paradigm/ model fits well with the internal dynamics of the psyche trying to balance itself. In spite of the continuing central importance of class in left and progressive groups everywhere, there is an increasing awareness of all the other hierarchies. These include subtle as well as obvious interpersonal, organizational ones. This change is going on right in the midst of the apparently increasing power of capitalism. Yet what also seems to be happening in the twenty-first century is a profound paradigm shift from hierarchical ways of being to more complex equalizing processes of change.

Bridge is one powerful example. This mental health project is already working in ways recommended by the government with its theoretical commitments to equality. This project could show the way forward for countrywide provision, using the new paradigm of equalizing and empowering at *all* levels. It is radical, not only in its understandings of social inequality but in its daily working practices and attitudes. It is not only about working with oppressed groups but doing it differently.

The government's NHS Plan (2002) makes the commitment to reduce inequalities. This is quoted in the Department of Health's Strategic Paper on Women's Mental Health (Department of Health, 2002) as pointing the way for a study on services for women as a particular unequal population.

The concept of equality is very complex. In this paper it is not conceived of as a thing to be acquired or some final static state. Nor is it seen as having anything to do with sameness as described and dismissed by Greer (1999) in connection with equality feminism. The difference is vital but is still usually still seen in terms of superior and inferior as in Lacan's (1966) sense of women as having a lack. Here the term equality is retained but it is seen as a process: *equalization.*

The model on which this paper is based is of endless conflict between unequal, hierarchical structures in society, institutions and individuals and equalizing, rhythms of change to transform them. This contrast

between the rhythm model and hierarchies is explored in feminist counselling in action (Chaplin, 1988). The conflict operates in many ways and on many levels, both externally *and* within the psyche.

HISTORY

The Bridge Project (Women's Action for Mental Health) was set up by a psychologist called Sue Holland in 1980 on the White City estate in West London. Its initial aim was to prevent women on the estate from experiencing serious depressive breakdown. Its second aim was to put into practice social action psychotherapy and empower women to demand changes in their community. Most of the women were and still are working class, many are single mothers and they come from a variety of ethnic backgrounds. Today many are also refugees.

The project was *and still is* based on a psychological understanding that recognizes the way social and economic structures directly and indirectly influence mental health. In particular there are the unequal social and economic hierarchies that disempower and create depression amongst women, working-class people, and many other groups. Depression literally means 'being put down, lowered'. As James (1997) points out, 'It is the growing socioeconomic divisions that create depression. Britain is more unequal than it was before the 2nd world war.' Gilbert (1997) argues that our whole psychology has become focused on winners and losers, superiors and inferiors.

Depression, which is even greater amongst women, has been linked to their lower social status as well as to practical issues such as relative isolation (Nairn and Smith, 1984).

As Sue Holland wrote, 'Prevention must therefore be addressed to both the internalised social structures (object relations) of the human psyche, AND the external social structures (class, gender, race) of society and state' (Holland, 1988, 126). Her theory was that women would start with one-to-one psychotherapy, move on to consciousness-raising group work and then to social action to change their communities. In the early 1980s there was perhaps more optimism about local community action. But there were also more resources available from central and local government to encourage this process.

BRIDGE IN ACTION TODAY

Twenty-three years on, most of the work is focused on the one-to-one stage of individual counselling. There is an ever-increasing demand for this from the local women themselves. But there is also supportive action such as advocacy work, accompanying women to hospitals, courts and so forth. Wherever the women suffer injustice, the project will help as far as it can. It is deeply committed to redressing inequality wherever it exists. The first inequality with which it is concerned is gender.

Gender

The Department of Health paper on Women's Mental Health (Department of Health, 2002) stresses the need for different approaches to women as a particular population. Women often ask for single-sex services. These are seen as more likely to be responsive to their needs. There is statistical evidence from many bodies of research quoted in the WMH paper (2002) that women have different and particular needs.

Depression, anxiety and eating disorders are more common with women. Two-thirds of adults living in the poorest households are women. They are three times more likely to have been sexually abused with all the ensuing psychological problems. Ninety-five per cent of sexual abuse is carried out

by men on both sexes. Social isolation is a major factor in mental illness and women are more affected, have less mobility and more fear of going out at night, and so forth. Lone mothers, who are often particularly isolated and make up a large percentage of Bridge's clients, are three times more likely to be depressed than other women. Between 18% and 30% of women suffer domestic violence at some point in their lives (Department of Health, 2002, 12–15).

Redressing these inequalities in society requires a much deeper social change than has yet taken place. The women's movements of the past have made changes but we still live in a largely patriarchal world. Indeed many gains of the recent past, such as greater access to workplaces, give a superficial impression of equality finally achieved. This is clearly not the case. By seeing equalizing as a multi-layered complex process we avoid simple conclusions and can look at the particularities of each context.

Bridge is a context in which many inequalities interact with each other. They are addressed in a number of different ways. It may be through the psychological empowerment of individual women or by supporting them to achieve justice in their community or from the State. There are the indirect effects of individual therapy/counselling on families and communities. For example, many women have been able to keep their families together and avoid having children taken into care as a result of being counselled at Bridge. It can be argued that the Project saves the NHS and Social Services vast amounts of money on hospitalization, children's homes etc. through its preventative work.

Equalizing practice

Bridge is also involved in dissolving internal hierarchies in women's psyches, in their relationships and even in the counsellors' ways of working. This can be seen in the way the project is run, in the attitude to clients, in the psychotherapeutic methods used as well as in the awareness of the unequal world the clients come from.

Team working practices

There is a strong emphasis on mutual respect and a valuing of differences. Equality does not mean sameness. Managers have played their different roles without treating others as 'lower'. This has not always been easy, as women come to work at the project initially with their own internalized hierarchies. But there is a strong culture of equality that women soon learn to be part of. This fits well with the requirements of the government. In the Department of Health paper there is a recommendation that services have a 'partnership way of working and a reduction in hierarchy.' There should also be 'transparency' and an 'understanding of the dynamics of power and gender' (Department of Health, 2002, 30).

The flat that houses Bridge has a warm and welcoming feel. It is a place in which many clients say they feel at home. Some would never have sought help in more conventional surroundings. There is a sense in which the whole team feels responsible for each client, regardless of who is his or her counsellor is. Supervision sessions are conducted in a way that involves everyone, not just the supervisor. There is also much emphasis on the counsellor's own issues in relation to the client, which also encourages a sense of equality.

Relation to clients

Many of the women who come to Bridge have had problems with professionals whom they have seen as 'higher'. The workers at the project do not behave in a

superior way, patronizing, dismissing or putting the clients down. While working with strict professional integrity there can be flexibility when it is appropriate. For example, occasionally a mother is forced to bring her baby to a session. The women who come for help are seen as whole people with their physical as well as emotional problems. So at times help is given with housing or education. This is a recognition of the interrelationship between their personal, mental problems and their external conditions of inequality.

But perhaps the most important point is the depth of respect given to the clients whatever they bring to their sessions, whoever they are, whatever situations they are in. In supervision there is often a shared amazement at the courage and determination of so many of the women against all odds. In the Department of Health report (Department of Health, 2002) there is a recommendation that services value women's strengths and abilities for recovery, rather than focus entirely on problems and difficulties. A negative approach perpetuates the very hierarchical attitudes that need dissolving. The report states that women 'want recognition that their psychological vulnerability is not rooted in their biology but in the context of their lives, their sense of powerlessness, lack of social status/value and life experiences of violence and abuse that they have survived' (Department of Health, 2002, 23).

Although many clients come with a medical diagnosis, this is often put to one side while working with this whole person in front of us. Too much emphasis on labels can at times lead to hierarchical stereotyping. They are often only bringing familiar human issues we all share, only taken to greater extremes. Most of us could be in their shoes. As women we all share some of the abuses of living in a patriarchal society.

Counselling/psychotherapy theory and practice

While the original emphasis was on psychodynamic practice, Bridge has since widened its approach to include humanistic and especially Rogerian ways of thinking and working. There is no sense of a hierarchy in which one approach is intrinsically better than another. Each client is given the kind of counselling or psychotherapy felt to be most helpful. The Rogerian approach fits especially well with the ethos of equality. Most important is really listening to the client, entering her world non-judgmentally and valuing her own capacity to change. These are considered the core conditions of Rogerian client-centred counselling.

Sometimes the level of distress and practical hardship that women bring, make it inappropriate to work mainly with transference issues as they arise in the sessions. They are more likely to need straightforward 're-mothering' (Orbach, 1982). Many of the women who come have been too busy looking after others to get their own needs met. It is vital that they have a place where they feel mothered.

The same model of equalizing in relation to wider social issues applies to psychotherapy as well. For example, one side of the self may be experienced as inferior and suppressed. So the work often includes bringing out those hidden sides. A person who appears in control of everything around her may have unconsciously suppressed the terrified child within. At Bridge the counsellor provides a safe space for clients to express and accept these frightening or unacceptable part of themselves.

Another application of inner equalizing is the raising of low self-esteem, a problem for almost all of the women who come to Bridge. Several different techniques are used. Some of these are cognitive, in which

clients are encouraged to think differently about themselves. They may be asked to list their strengths or simply brought back to a focus on themselves. Questions like, 'What do *you* feel about . . .?' help women to start knowing and trusting their own intuition and judgement. So many want to be told what to do.

There may be other inner opposites that the counselling helps to equalize. Gestalt techniques and visualizations may be used to clarify and separate out opposing sides of the self. The good little girl and the naughty one could be put on two chairs, and encouraged to talk to each other to increase acceptance and understanding.

INDIVIDUAL EXAMPLES

Names and other details have been changed.

Sylvia is a 50-year-old black woman who was born in Jamaica. Her doctor referred her for serious depression and suicidal tendencies. She arrived at Bridge elegantly dressed with an air of superiority. At first the therapist found this hard as she was experiencing the countertransference of feelings of inferiority. Sylvia also talked very disparagingly of black and Asian people. It had to be pointed out that in this project we do not talk about other races in that way. But there was also a long process of exploring her own internalized racism. As she felt valued for herself and began to question her cognitive patterns of superiority and inferiority, Sylvia became easier to be with in the room. Slowly she learned to take in the acceptance being offered.

Her parents had been teachers back in Jamaica. There she was at the top of a class hierarchy. But in London she was living in accommodation for homeless people and had been in mental hospital several times. She only wanted to be rehoused in the perfect home, so kept turning down offers from the council. The flat she longed for represented her own perfect unrealistic self. Much of the work was helping her accept her non-perfect real self. She began to express her anger more, finding that this, too, was accepted. Her self-esteem grew.

During the 2 years she was being seen she was not hospitalized once. She stopped talking about suicide. And although Sylvia continues to be somewhat critical of others, she is less totally dismissive. Her inner hierarchies began to dissolve and eventually she even accepted a flat from the council that was good enough without being perfect.

Hana is 32, a refugee from Iran. She has one child, a little girl of 6. Hana was referred from the woman's refuge where they were living after escaping from a violent husband. He had been a good and loving man until he was tortured in Iran, and eventually came to Britain a changed person. Hana still loved him but was afraid for her daughter. She came to the project in a state of high anxiety. Her family was not supporting Hana's desire to leave her husband. Initially some of the work was helping her to manage the anxiety. She was taught relaxation methods and given a tape to take home.

Later she was able to talk more about her experiences, although there was a lot guilt for betraying family pride. When she first came she had barely been able to make eye contact with the therapist. But after 3 months Hana was walking in the room with confidence and her head held high. She did have some support from an aunt in London but otherwise the Bridge project played a major role in her survival. Eventually Hana was able to rebuild her life.

CONCLUSION

Although the original aim of increasing local social action has not been achieved, other aims have. The project embodies a different paradigm/model of working, thinking and acting. In this way it has retained its radical perspective and effected social change in complex and many-layered ways.

Basically the Bridge project puts into practice the equalizing model so strongly recommended by government papers such as the Department of Health (2002) report and implicit in much writing about psychotherapy and social change:

- the way the project is organized involves *equal* partnership between all the workers;
- the respect given to clients provides a sense of *equality* between them and the workers;
- the whole project is working towards general *equalizing* processes in the society at large by focusing firstly on women; and then
- specifically on disadvantaged groups such as refugees and single mothers;
- in its clinical methods it also encourages women to *equalize* the different sides of themselves by accepting the unacceptable 'shadow' sides, the vulnerable sides and the child sides as well as the strong, acceptable adult sides;
- by helping women to raise their self-esteem the project enables them to have more *equal* relationships with their families, friends and with statutory bodies such as social services.

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