



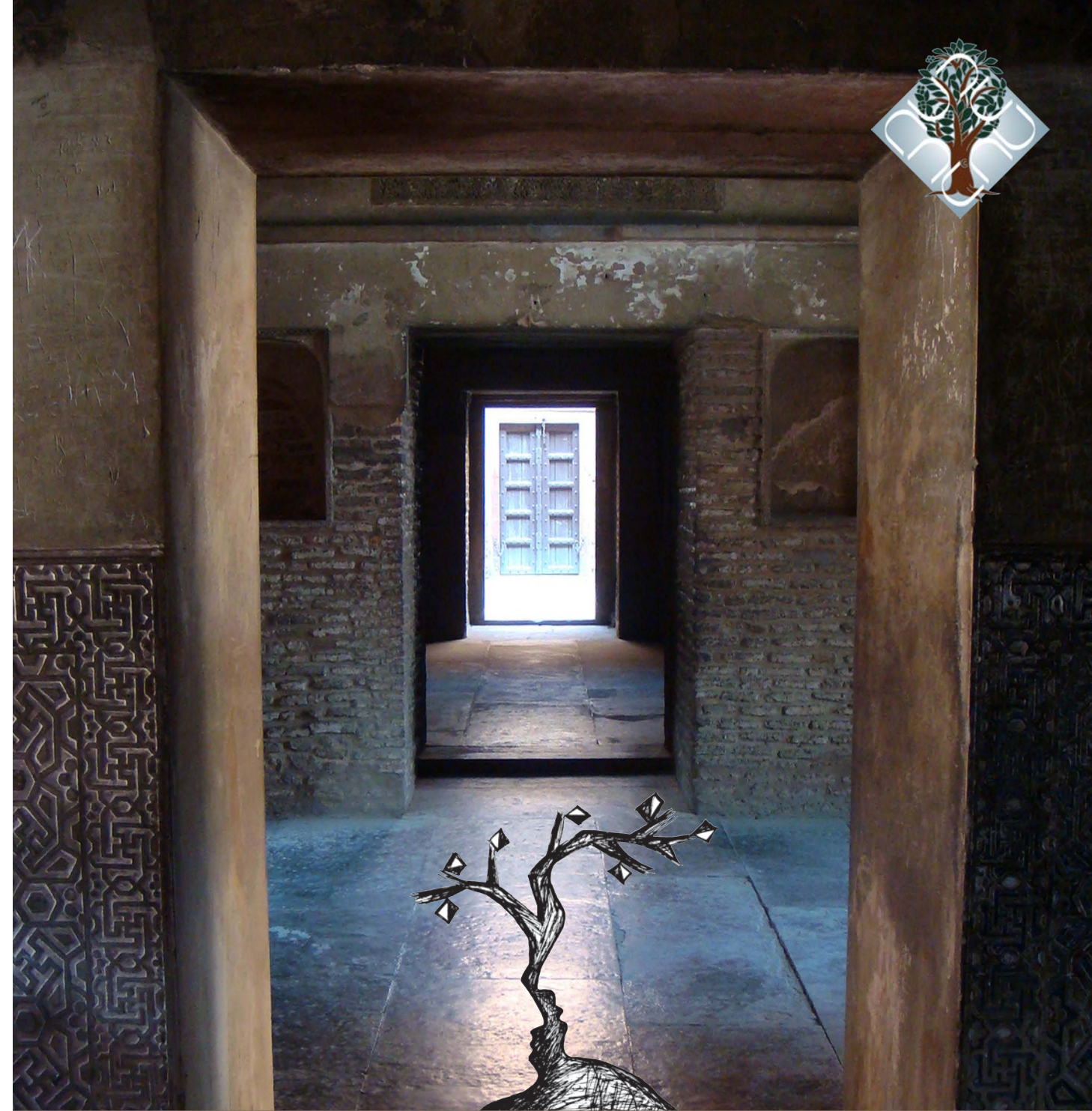
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Centre of Psychotherapy
and
Clinical Research (CPCR)

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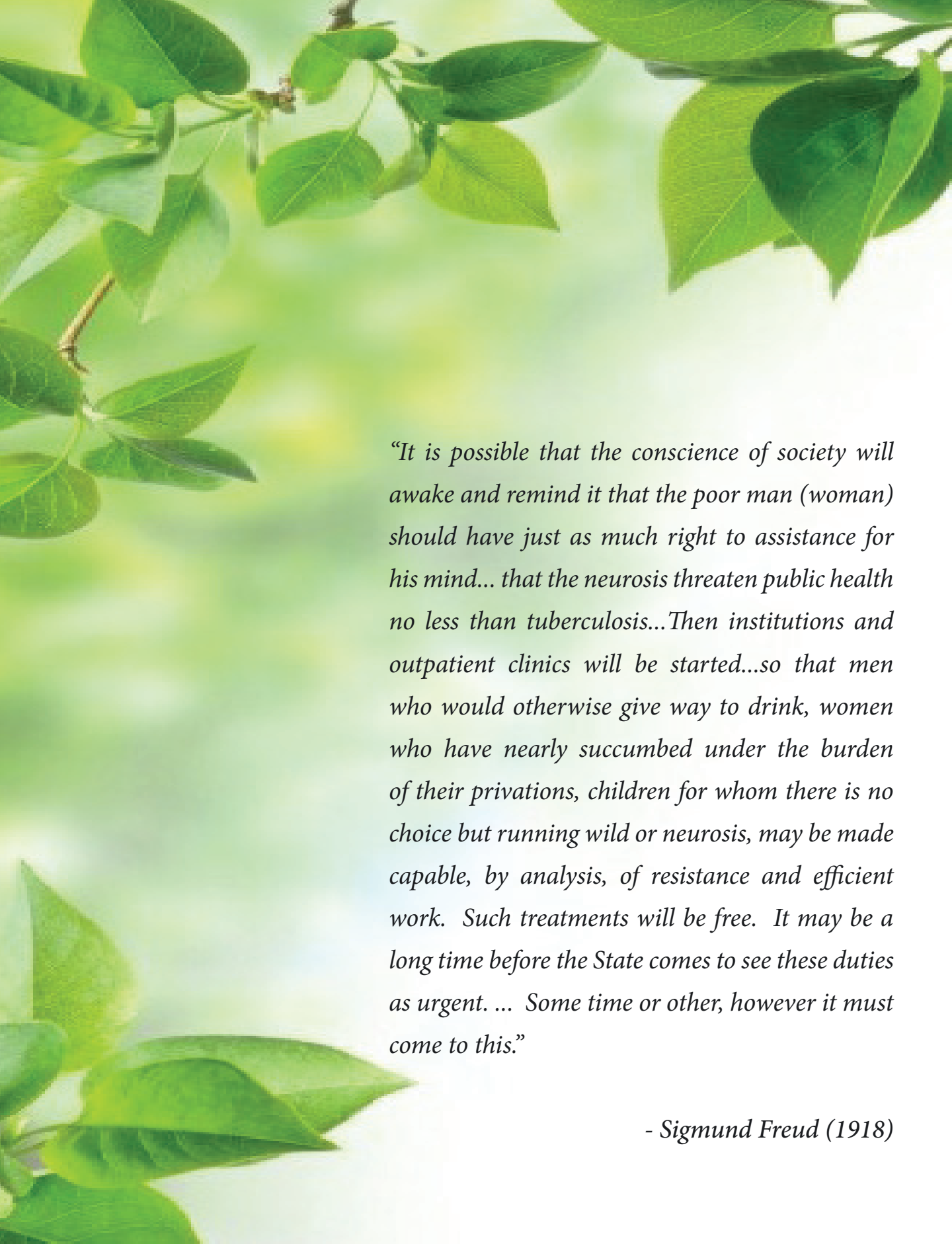
Ehsaas
Psychotherapy
and
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**CENTRE OF PSYCHOTHERAPY
AND CLINICAL RESEARCH**

AMBEDKAR UNIVERSITY DELHI



“It is possible that the conscience of society will awake and remind it that the poor man (woman) should have just as much right to assistance for his mind... that the neurosis threaten public health no less than tuberculosis... Then institutions and outpatient clinics will be started... so that men who would otherwise give way to drink, women who have nearly succumbed under the burden of their privations, children for whom there is no choice but running wild or neurosis, may be made capable, by analysis, of resistance and efficient work. Such treatments will be free. It may be a long time before the State comes to see these duties as urgent. ... Some time or other, however it must come to this.”

- Sigmund Freud (1918)

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FOREWORD

The Centre of Psychotherapy and Clinical Research (CPCR) is guided by a psychoanalytic orientation, which believes in the unconscious, in an experiential lens, a value for caring relationships and an ethic of cultivating compassion. By focusing on psychological complexity—the ironic and tragic in existence—psychoanalysis makes us aware that all humans banish, exile and split off parts of the self in order to bear or avoid emotional pain and conflicts. The sources of suffering in individual and group life may range from subjection to emotional injustice, socio-economic marginalization and political oppression. Sometimes survival may become precariously contingent on the capacity of an individual or group to make life bearable by forgetting, repressing and dissociating or by over-emphasising and remembering in a frozen and un-symbolizable manner, one's history of endured trauma and abjection. Either way, at stake is the human potential for holism - a capacity to be in touch with our inner sense of freedom, playfulness, dreaming, creative fantasizing, lovingness and empathy.

The psychoanalytic journey, mediated by the long term care of a non-judgemental and devoted therapist, helps the patient - the suffering being- to reach relative health and integration of one's painful losses. More often than not, this process also opens up the patient's potential for dreaming and embracing life with a relative sense of self-aware joyfulness.

Unique to this tradition is the emphasis that before becoming a healer, the analyst too undertakes the same treatment as the one through which she would lead her patients. In this sense, the analyst and the patient are fellow travellers, both of whom journey through the darker labyrinths of their respective inner worlds. This is the authentic space from where empathic understanding and compassionate attending take birth.

At CPCR we are also concerned with the modern crisis of capitalism which plagues all fields, including education and health services, particularly mental health, psychiatry and psychotherapy. Our times threaten us with a dangerous dehumanizing situation. All other imaginations of care are quickly being subsumed under a profit oriented, individualistic, "give and take model", with little or no regard for social justice. Going against the powerful currents of mainstream medicine and health care, we at CPCR, AUD work with a free work or low fee ethic. Of course we are aware of the multifarious ways in which the setting and question of fee impact the work of the therapeutic dyad. Therefore ours is not a rigid ideological position.

We treat fee as a living part of the therapeutic relationship and delve with its emerging symbolic meanings. However we believe that the question of fee needs careful rethinking, even as it remains closely tied up to the callings of ethics. It is thus not only our mandate to reach

out with quality care to those who cannot afford mental health services, but to also renew the philosophical vision of psychotherapy and psychoanalysis in a way which would be uplifting.

In our view, the therapeutic relationship is a mutual gift where the therapist helps the patient, and the patient, in turn, trustfully gifts the therapist with an access to the deepest wounds, secrets and shame-pain laden parts of one's life. The trust which the patient places in the therapist and the love that he or she develops for the latter is a gift which can never be subsumed, exhausted or neutralized by any monetary exchange. It is by acknowledging this unique meeting of two human lives that the field of mental health could reach newer responses in its bid to address questions of not only social but also emotional justice. In reflecting on emotional justice and in keeping alive an ethic of no/Low fee, our hope is to also contribute to newer imaginations of the human subject- one who in having received care will someday be able to extend the same to others as well. At CPCRC we are eager to carve out the contours of a culturally embedded, socially as well as emotionally just vision of work in the field of psychotherapy in particular, and mental health at large.

Our aim is to advocate for care of emotional life and train professionals who will embody an ethic of insight and concern, as well as an aware and responsible take on the world they co-inhabit with all other sentient beings. Living for self as well as for others and open to their own erotic, compassionate and playful potential; these professionals would dreamingly find their way in and out of life's inherent challenges and inevitable suffering.

**Prof. Honey Oberoi Vahali,
Director,
Centre of Psychotherapy and Clinical Research**

CENTRE OF PSYCHOTHERAPY AND CLINICAL RESEARCH

The Centre of Psychotherapy and Clinical Research (CPCR) came into formal existence in July 2013. Prior to this, the idea of the Centre and the work which went into its creation was being incubated by the School of Human Studies (SHS). Since 2011, the School of Human Studies had been involved in setting up its psychotherapy clinic, Ehsaas. Between the years 2011-2013, at Ehsaas, we reached out to approximately 150 persons in need of mental health care and also imagined the mandate—the various functions and the philosophical underpinnings of CPCR. In 2013, the Ehsaas clinic became the psychotherapy and counselling unit of CPCR, even as the Centre broadened its purview of work and deepened its engagements.

The Centre is founded on a psychoanalytic, psychosocial clinical orientation.

The CPCR team wishes to record with deep appreciation the continuing support received from all sections of AUD community- the Senior Management Team, teachers, non teaching staff and students. In particular the close involvement, facilitation and encouragement received by us from the Vice Chancellor, Prof. Shyam Menon, has helped us to realise our dream of making Ambedkar University, Delhi (AUD) a unique educational institution which not only values the intellectual growth of its students but is also actively concerned about their emotional and psychological wellbeing.

ASSOCIATION BETWEEN CENTRE OF PSYCHOTHERAPY AND CLINICAL RESEARCH AND PSYCHOLOGY PROGRAMMES (SCHOOL OF HUMAN STUDIES)

The link between the Psychology Programmes of the School of Human Studies and Centre of Psychotherapy and Clinical Research (SHS) and (CPCR) is an intrinsic one. SHS remains the academic home of all programmes of Psychology from BA (H) in Psychology (jointly offered by SHS and SUS), MA Psychology (Psychosocial Clinical Studies), MPhil Psychotherapy and Clinical Thinking (PSYCHOANALYTIC PSYCHOTHERAPY) and PhD in Psychology. CPCR functions as a critical site of clinical practice, on-going exploration and thinking. It nurtures and realises the dreams of the psychosocial clinical perspective in its bid to reach human lives, and to foster and advocate an ethic of sustained care in the field of mental health. The two units of AUD- SHS and CPCR- work closely. This partnership comes most alive in the teaching, training and supervision of MPhil Psychotherapy and Clinical Thinking candidates. The MPhil programme of training psychoanalytic psychotherapists is the first and only such programme in the whole of South Asia. Holding it in place, teachers, therapists and clinical supervisors from SHS and CPCR come together and cohere in offering their energies. Overtime we also look forward to a close association and professional partnership between the Gender Studies programmes of the School of Human Studies and the Centre of Psychotherapy and Clinical Research.

Teachers of SHS and therapists of CPCR also work as an organic whole to build and realise the vision of the Centre. This Centre hopes to rethink the practice of psychotherapy in India, become a hub for a culturally embedded and socially sensitive paradigm of clinical work, thinking and research in the psychoanalytic tradition, work as a training site for mental health and allied practitioners and advocate at the level of Law and Policy. Of course it goes without saying that we are most keen to take our psychoanalytic sensibility and sensitivity to communities which have thus far been neglected, ignored or rendered voiceless.

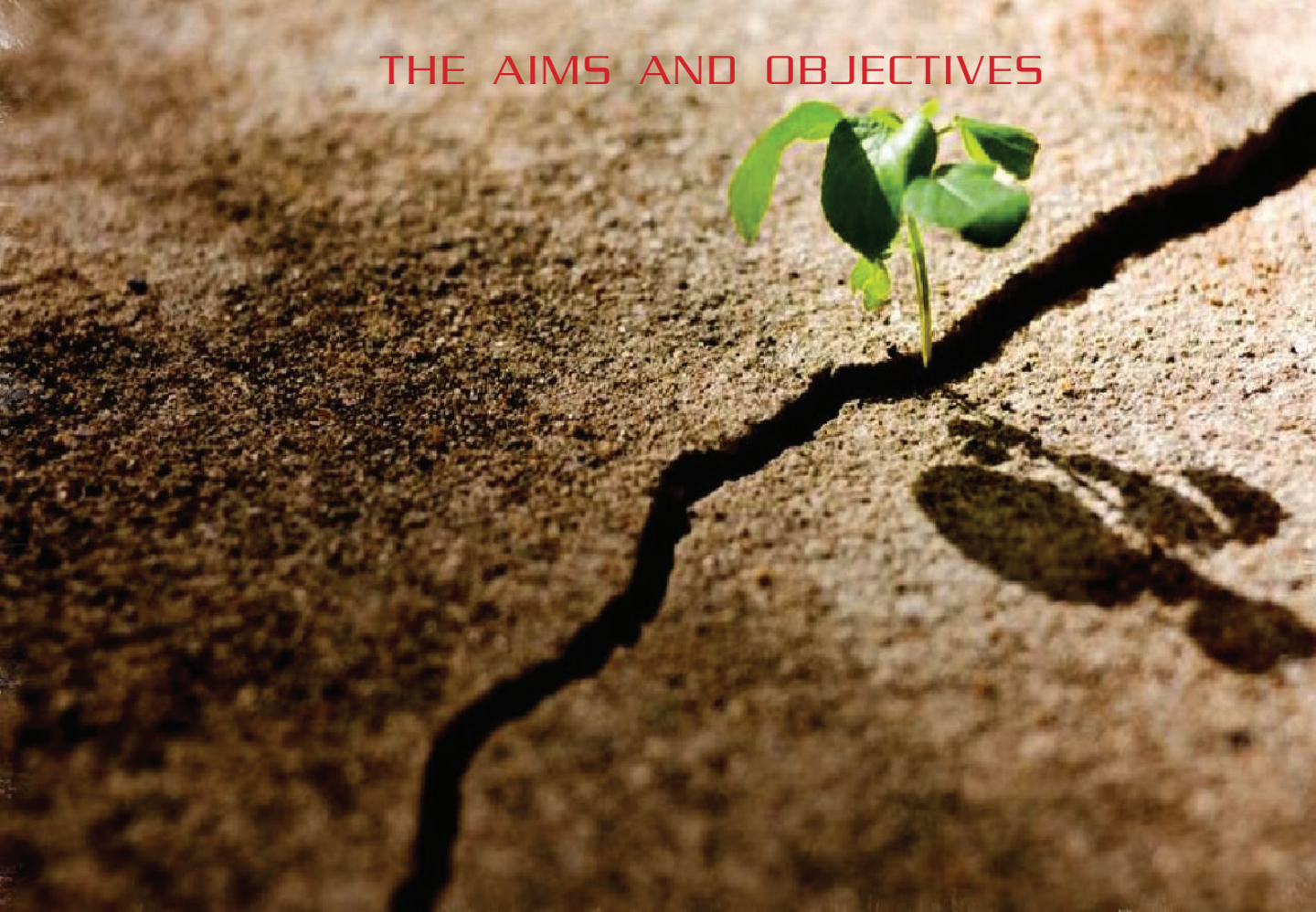
MENTAL HEALTH NEEDS IN INDIA

In India, mental health disorders account for nearly a sixth of all health-related disorders. The prevalence rate of mental disorders indicates that 65 out of 1000 persons are at some point of time in their life in need of psychological care for a mental illness or psychological breakdown. Yet we have just 0.4 psychiatrists and 0.02 psychologists per 100,000 people, and 0.25 mental health beds per 10,000 population. The burden of mental disorders, especially in urban India, is highest among young adults aged 15-44 years. This implies that students in schools, colleges and universities are especially vulnerable to major psychological upheavals.

As part of a community of individuals concerned about mental health related issues plaguing urban India, one is only too aware of the contrast between the incidence of mental illness and the grossly inadequate provision. When all forms of mental suffering are seen solely as illnesses and met with a treatment modality primarily dominated by psychiatric pharmacology, one finds a severe lacuna in engaged thinking about the care, recovery and reintegration of the individuals and families affected. In addition, the rational, scientific perspective makes it difficult for the evolving discipline of psychotherapy to learn from knowledge emanating from traditions of faith and cultural healing which can enrich psychic and emotional health. An engaged thinking requires a particular training that can keep the space to relate to symptoms through deep listening and a caring inter-personal lens. The focus must widen to include, along with symptom management, an understanding of a person's relational ambit, life-history or socio-cultural and politico-historical location.

This need for a more engaged thinking in the mental health care system and encouraging community-based interventions in India were the crucial factors that led to the establishment of the Center of Psychotherapy and Clinical Research (CPCR) in July 2013. The Centre offers psychotherapeutic support; facilitates forms of culturally sensitive psychological research; promotes in-depth exploration of the Indian psyche and serves as a network for training professionals.

THE AIMS AND OBJECTIVES

- 
1. To develop and provide quality psychological services with a no/low fee ethic as well as rethink psychotherapeutic practice in Indian context.
 2. To train psychoanalytic and socially sensitive psychotherapists, through an intensive MPhil Programme in Psychotherapy and Clinical Thinking.
 3. To pioneer psychoanalytic training curricula for academic institutions in South Asian context.
 4. To work in community contexts through inter-subjective and mutually transformative journeys.
 5. To research, publish and disseminate knowledge in the area of mental health and psychotherapy.
 6. To become a hub for training mental health and allied professionals and to evolve a model of appreciating and receiving subjectivity in humanities and social sciences.
 7. To form an association of psychoanalytic psychotherapists in India informing policy on mental health care.



CPCR—ITS WINGS

Ehsaas Psychotherapy and Counseling Clinic

A 'Clinic' is a site where people bring in a range of difficult emotional states and crises. At Ehsaas, we help people to reach a fuller experience of their self by creating a safe space in which anxiety provoking, conflicting shame evoking and traumatized parts can be expressed, held and worked through. This journey is mediated by a relationship with a non-judgmental therapist who serves critical emotional functions on the patient's behalf. Before healing and partial resolution of difficult psychic states takes place, the therapist allows oneself to be "used" by the patient. At times, the therapist comes to represent or symbolize a significant figure(s) from the latter's past, on whom the conflict is projected. As the previously un-bearable and un-thinkable parts come under empathic scrutiny, it becomes possible for the patient to reconnect to memories and reach forms of thinking where none may have existed before. This play between the "then and now", allows for working through of the blocks in the patient's past, as they are relived and ultimately released in the contemporary space within which the therapeutic dyad relates. At the same time, the real relationship with the therapist also comes to serve as a source of hope, trust and faith, transforming the patient's inner and relational world.

Further, in long-term psychodynamic clinical work, gradually the focus may move from being only about an individual and the therapist-patient relationship to also include reflections on pertinent social realities. Working at Ambedkar University Delhi, we have realized that the impact of social realities critically plagues many young Indian minds who find themselves torn between preserving traditional values of inter-relatedness and Western values of autonomy and independence.

Situated as it is in a university context, the Ehsaas Clinic is a unique site for meeting youth and its issues as a distinctive life stage and a creative endeavor to harness the possibility of renewal inherent in any human crisis.

Through its free and low fee psychotherapy clinics, CPCR specially wishes to cater to mental health needs of those belonging to socially and economically challenged sections of the society.

Ehsaas has four psychotherapy clinics namely



- Khel Khel Mein, the child clinic
- Abhivyakti, the adolescent clinic
- Anubhav, the adult clinic
- Humsafar, the family clinic

Ehsaas has received more than 300 persons in states of emotional distress. Patients have come with difficulties ranging from anxiety, depression and suicidal feelings, extreme mood states, body image issues, behavioral problems, adjustment difficulties, drug dependence, difficulty in

sustaining relationships, loss of a loved one or intractable family issues such as domestic violence, sexual abuse and broken homes, caring for a family member with psychosis, alcoholism or prolonged illnesses.

Ehsaas has also worked with children with issues at home such as feeling unloved, unwanted and lonely. Children have also come with issues related to adjustment in the class room, difficulty in academic work and relational problems with peers and teachers.

- Our team works with a variety of therapeutic models:
- Long-term psychoanalytic psychotherapy
- Crisis intervention
- Brief psychodynamic psychotherapy
- Sessions on demand for patients from remote locations in the city of Delhi or neighboring areas, who cannot access psychotherapy on weekly basis.



Associations with Professional Bodies :

Ehsaas has made links with institutions such as Indian Psychoanalytic Society, Lady Harding Medical College, Tulasi Foundation, Psychoanalytic Unit of the Mental Health & Behavioral Sciences Department (Fortis) and National Institute of Public Cooperation and Child Development (NIPCCD), Centre for Equity Studies, Aman Biradari, Society for Multiple Sclerosis, Delhi United Christian School and Udayan Care Foundation among others. The students of MPhil in Psychotherapy and Clinical Thinking obtain training in patient care and work alongside psychiatrists, psychologists, social workers and child-care specialists at these sites.

MPHIL PSYCHOTHERAPY AND CLINICAL THINKING

Centre of Psychotherapy and Clinical Research and the School of Human Studies jointly offer one of the unique programmes of Ambedkar University Delhi- MPhil in Psychotherapy and Clinical Thinking.* Anchored by the larger values and principles which Ambedkar University Delhi stands for, namely, engaged scholarship, praxis based generation of knowledge that seeks to approximate the contours of lived life, an active concern for social justice and equity and regard for those existing at socio-economic margins, this three-year-long MPhil programme for training psychoanalytic psychotherapists, hopes to create reflective and involved professionals who will make significant contributions to the field of mental health.

The major concern of the MPhil programme– the first of its kind in South Asia- is to enable a future psychoanalytic psychotherapist to work with a range of psychological states and to respond to emotional distress and conflict in an in-depth and empathic manner. While being grounded in the psychoanalytic tradition, the course draws from a strong inter-disciplinary basis, where traditions of psychoanalytic psychotherapy are enriched by contributions from literature, art and aesthetics, psychiatry, clinical psychology and neuroscience, history, feminist studies, sociology, anthropology and philosophy. This is in place with our objective of creating professional psychoanalytic therapists who are sensitive, competent, open-minded and flexible and who not only understand the neuro-bio-psychological links but also the intimate presence of cultural, social and structural-political processes in the human psyche, even as they emerge in the clinical hour. We encourage our students to note the flows and oscillations of the dynamic unconscious as it traverses alongside- sometimes in conjunction and at other times in disjunction- with the currents of cultural and historical streams in the patient's being and articulations. The therapist-in-training is invited to understand Psyche as formed through relationships and to appreciate the rhythms of psychic life through communications between the conscious and the unconscious as mediated through dreams, free associations, reveries and symptoms as well as states of mental breakdown. The student is also urged to immerse herself in the cultural mind as enlivened through myths, fables and folk tales. A unique feature of the programme is its emphasis that the trainee

* The MPhil Programme is currently under review. From 2015 onward, it is likely to be re-christened/renamed as MPhil in psychoanalytic Psychotherapy.

therapist goes through the same treatment process as one would, in the future, take one's patients through. Strengthening the axis of introspection and self-reflexive reflection is the emphasis for the candidate in training to undergo personal therapy. This also helps to become open to one's capacity for experiencing inner freedom, playing, dreaming and fantasizing.

Clinical and community based internships, reflective immersions, supervision, an ongoing series of lectures on psychosocial clinical processes, psychodiagnostic and projective testing with clinical populations along with the research dissertation, constitute the practice based components of the programme. On the other hand, a stress on Clinical Thinking and a rigorous take on theory enable this programme to actualize its promise of becoming a praxis based enterprise- balancing traditions of theoretical value with immersed and reflective practice. It is our hope that our trainees will inculcate an ethic of care and sustained relational engagement with states of emotional despair and psychic trauma, even as they grow to appreciate the diverse and complex intersections leading to suffering in the psyche- the play of instincts and drives, difficult childhood experiences, histories of social and structural neglect and deprivation.

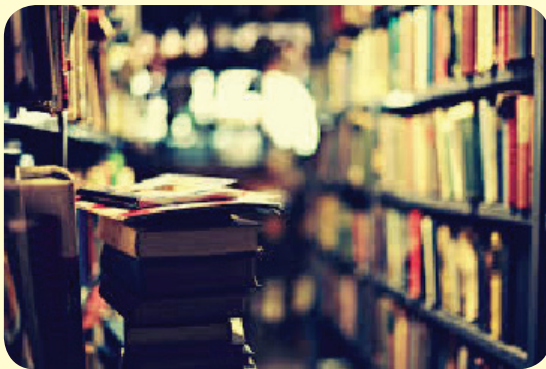
PROFESSIONALIZING PSYCHOANALYTIC THERAPY

CPCR is committed to professionalizing psychotherapy in the Indian context, a commitment reflected in the training it provides, the research projects initiated and the community work imagined within its rubric. CPCR also hopes to become the ground where young psychotherapists seek professional recognition and membership. Our aim is to become a body that works toward the recognition of the professional identity of the psychotherapist by ensuring rigorous clinical training and reflexivity.



Psychosocial Clinical Research

CPCR aims to promote psychoanalytic research and awareness to understand the psyche in a culturally rooted and sensitive manner. Through research on areas such as trans-generational trauma, individual- family matrix internalized in the conflicts, emotional vulnerabilities caused by political



and social displacements, the centre envisions to offer reflection on inter-subjective processes at play in complex human conditions. A special focus of the centre will involve psychoanalytic research and clinical thinking. In order to develop and strengthen the psychosocial and clinical praxis in SHS, we will document clinical material portraying “inner geographies” of patients shaped by their respective socio cultural concepts.

Additionally, one of the aims of CPCR is to retain psychoanalysis as a model at the core through which we understand human life, desire, dreaming, playing and suffering while also showing the presence of the Indian-ness in the clinical work which questions and compliments the Western theorizations of Psychoanalysis. In the present context an Indian corpus of psychoanalytic clinical work emphasizing on cultural nuances and processes is much needed. Our effort is to begin a journal of psychoanalytic psychotherapy and clinical research to facilitate thinking on themes of social and cultural import.



COMMUNITY ENGAGEMENT

The team of CPR is aware that those availing therapeutic services in Ehsaas are only a small subsection of the urban Indian society in transition. CPR has the ambition to reach to the varied sections of the society and formulate relevant research questions.

Among the marginalized- CPR has initiated a project to engage with psycho-social and emotional life of certain marginalized communities within (Safai karamcharis and Class IV employees of AUD). The objective is to provide them a platform to voice their inner experiences and feelings, to document these narratives and cull out relevant themes for research purposes.

Women's Mental Health- Psychological disturbances in young mothers has not been engaged in the urban sections of the society especially the ones who don't have enough means to sustain themselves. CPR's interventions are aimed at reaching groups of women with young children, focus on their emotional needs, identify women suffering from postnatal depression, build awareness on mental health related issues as well as sustain them by building community networks.

With Schools- CPR envisions to work with students in schools who are not in a position to reach the clinic. The aim is to help students learn social skills, enhancing self esteem and communication, to support teaching staff and parents dealing with various mental health issues of the students.

Mental Asylums and Prisons- The "chronically ill", institutionalized mental patients and prison inmates remain largely invisibilized, neglected and divested of understanding and care. Most of the task force responsible for the well being of the patient and the prisoner in our country are not dehumanized and devalued themselves. Thus it is not surprising that at times they fail to be sensitive and empathic to those entrusted to their case but also fail to provide sensitivity and empathy. CPR, hopes to open dialogical possibilities through experiential work with the prison inmates, mental patients in asylums as well as their care takers in institutional setups.

EVENTS ORGANIZED BY CPR-2014

- **First Sigmund Freud Memorial Lecture**—“*Freud—A Relational Guru*” By Prof. Ashok Nagpal, (May 2014)
- **Clinical Workshops and Supervision**—“*Interpersonal Analysis*” By Dr. Gurmeet Kanwal (Interpersonal Psychoanalyst, William Alanson White Institute, New York), (August 2014)
- **Talk and Discussion**—“*Couples Therapy*” By Dr. Bari Kanwal, (August 2014)
- *Clinical Workshops with Prof. Sudhir Kakar For Psychoanalytic Psychotherapists* (September 2014)
- *First Indo-German Clinical Conference (Collaboration between Centre of Psychotherapy and Clinical Research & Association for Psychoanalysis and Psychotherapy, Berlin)* (October 2014)
- **CPCR and School of Human Studies celebrated “Awaaz”**—*World Mental Health Day* (Oct. 2014)



CPCR Team, SHS Faculty and MPhil graduates with Faculty from APB Berlin at the First Indo-German Clinical Conference (Oct 2014)



“Awaaz” - The World Mental Health Day celebration, jointly organized by CPR and SHS (Oct- 2014)

EVENTS ORGANIZED BY CPR-2015

- **Lectures on the life and thoughts of Wilfred Bion:** By Meg Harris Williams (January 2015)
- Film screening and discussion on the life of Wilfred Bion: *A Memoir of the Future* By Kumar Sahani, Meg Harris Williams and Salman Akhtar (January 2015)
- **Film Analysis** of *Chokher Bali* By Dr. Jhuma Basak (January 2015)
- **Talk on** “*Psychic Pain, Bilingualism and Poetry*” By Dr. Salman Akhtar (January 2015)
- **Film Analysis** of *The Namesake* By Dr. Diamond Alidina (February 2015)
- **Second Annual Psychoanalytical Conference—** “*Paternal in Psychoanalysis*” **Organized By Fortis Hospital and CPR** (February 2015)
- **Clinical Workshop and supervision by Prof. Sudhir Kakar for psychoanalytic therapists from Delhi and Iran** (February 2015)



Prof. Ashok Nagpal, Meg Harris Williams, Kumar Sahani (Film-maker) and Prof. Salman Akhtar at the Screening and Discussion of Film on Life and Thoughts of Psychoanalyst, Wilfred Bion
(Jan 2015)



CPCR Team and Psychoanalytic therapists from Delhi and Iran in
Clinical Supervision with Dr. Sudhir Kakar
(Feb 2015)

CPCR TEAM



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- 3. Prof. Ashok Nagpal**
Member of Advisory Board
- 4. Prof. Honey Oberoi Vahali**
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- 5. Prof. Rajesh Sagar**
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- 6. Prof. Farida A. Khan**
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- 7. Mr. Harsh Mander**
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Director
Bapu Trust and NAZMI Foundation
- 10. Dr. Vikram Gupta**
Sir Ratan Tata Trust

Adjunct and Visiting Faculty

- 1. Prof. Neil Altman**
Psychoanalyst.
- 2. Dr. Madhu Sarin**
Psychoanalyst
- 3. Dr. Vinita Kshetrapal**
Psychoanalyst.

- 4. Dr. Anurag Mishra**
Psychiatrist and Psychoanalytic Psychotherapist.
- 5. Dr. Kusum Dhar**
Psychoanalyst.

Members of CPR and Faculty (Psychology, SHS)

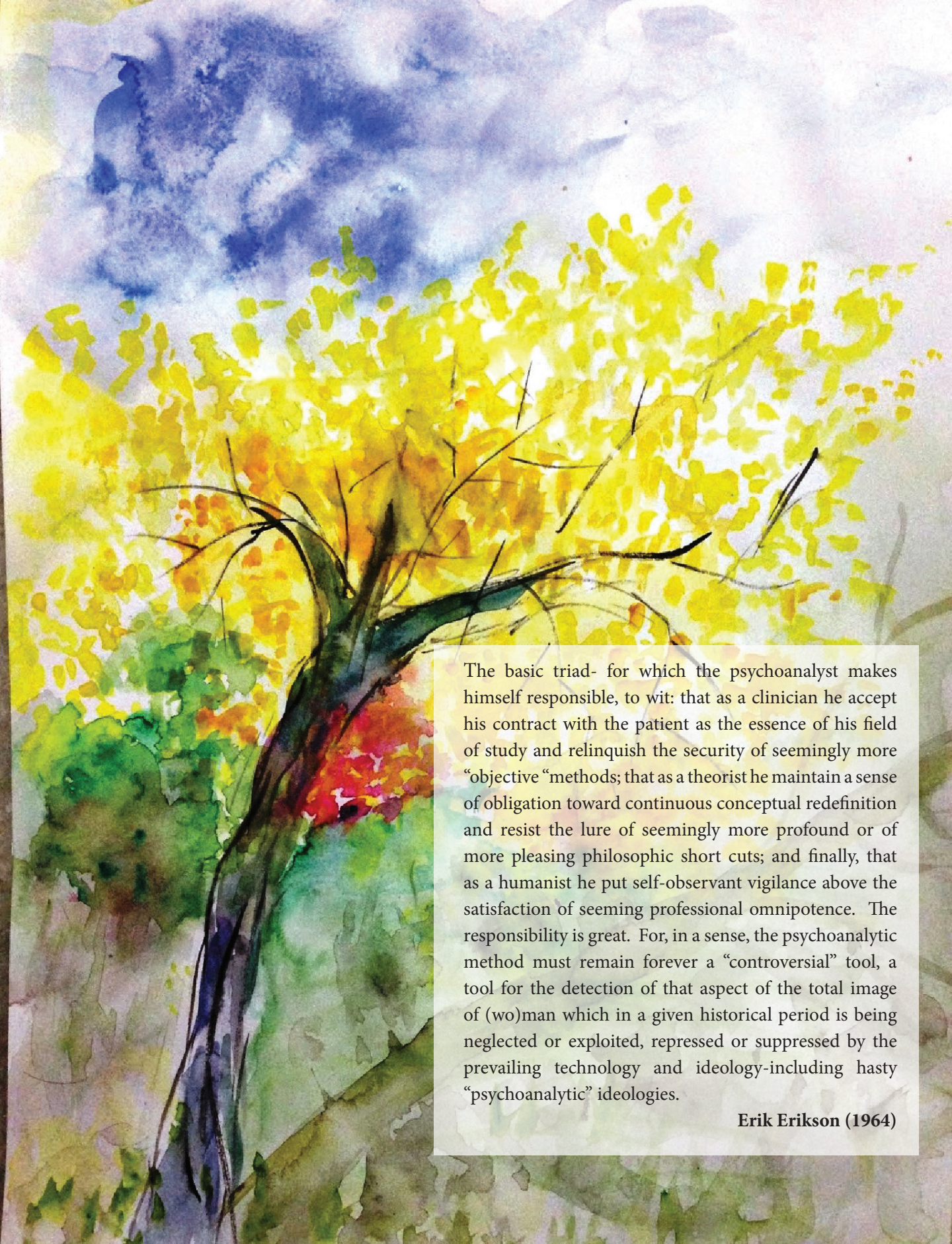
- 1. Prof. Honey Oberoi Vahali**
Dean, Professor, Psychology
- 2. Prof. Ashok Nagpal**
Professor, Psychology
- 3. Dr. Anup Kumar Dhar**
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Assistant Professor, Psychology
- 10. Mr. Gangmumei Kamei**
Assistant Professor, Psychology
- 11. Dr. Mamatha Karollil**
Assistant Professor, Psychology
- 12. Mr. Vinod R.**
Assistant Professor, Psychology

CPCR TEAM WITH MEMBERS OF PSYCHOLOGY FACULTY



From Left to Right: Wrick Mitra (Assistant Prof., SHS), Ashis Roy (Psychoanalytic Therapist, CPCR), Shifa Haq (Convener, Ehsaas, CPCR), Deepti Sachdeva (Assistant Prof., SHS), Mamatha Karollil (Assistant Prof., SHS), Bibinaz Thokchom (Assistant Prof., SHS), Prof. Rachana Johri (Associate Prof. SHS and Dean SUS), Neetu Sarin (Assistant Prof., SHS), Anshumita Pandey (Assistant Prof., SHS) and Rajinder Singh (Psychoanalytic Therapist, CPCR)

Below, From Left to Right: Prof. Honey Oberoi Vahali (Director, CPCR; Dean, SHS) and Shalini Masih (Psychoanalytic Therapist, CPCR)



The basic triad- for which the psychoanalyst makes himself responsible, to wit: that as a clinician he accept his contract with the patient as the essence of his field of study and relinquish the security of seemingly more “objective” methods; that as a theorist he maintain a sense of obligation toward continuous conceptual redefinition and resist the lure of seemingly more profound or of more pleasing philosophic short cuts; and finally, that as a humanist he put self-observant vigilance above the satisfaction of seeming professional omnipotence. The responsibility is great. For, in a sense, the psychoanalytic method must remain forever a “controversial” tool, a tool for the detection of that aspect of the total image of (wo)man which in a given historical period is being neglected or exploited, repressed or suppressed by the prevailing technology and ideology-including hasty “psychoanalytic” ideologies.

Erik Erikson (1964)