

New Psychotherapist

ISSUE 71 / SUMMER 2019

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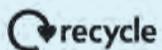
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DIVERSITY AND EQUALITIES STATEMENT

The UK Council for Psychotherapy (UKCP) promotes an active engagement with difference and therefore seeks to provide a framework for the professions of psychotherapy and psychotherapeutic counselling which allows competing and diverse ideas and perspectives on what it means to be human to be considered, respected and valued. UKCP is committed to addressing issues of prejudice and discrimination in relation to the mental wellbeing, political belief, gender and gender identity, sexual preference or orientation, disability, marital or partnership status, race, nationality, ethnic origin, heritage identity, religious or spiritual identity, age or socioeconomic class of individuals and groups. UKCP keeps its policies and procedures under review in order to ensure that the realities of discrimination, exclusion, oppression and alienation that may form part of the experience of its members, as well as of their clients, are addressed appropriately. UKCP seeks to ensure that the practice of psychotherapy is utilised in the service of the celebration of human difference and diversity, and that at no time is psychotherapy used as a means of coercion or oppression of any group or individual.

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Welcome

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ANNA SCOTT

Anna Scott has been a journalist and editor for 20 years, writing about health, education and management issues. She also works part time with primary school-aged children, and has a keen interest in psychotherapy, along with psychology, completing a Bachelor of Science in Psychology in her spare time

'Psychotherapy is a highly informed discourse about what it is to be human, one that bears witness to the harm done by inequality and discrimination to individuals, couples, families and groups,' says UKCP Chief Executive Professor Sarah Niblock in this issue.

That's why UKCP prioritises collaboration with other organisations to campaign for equal access to psychotherapy for everyone – regardless of ethnicity, gender, age, sexuality, economic or mental health background. And that's why, and because of an apparent rise in prejudice across UK society, we have made diversity and division the focus this issue. Our Big Report (p16) examines the healing role psychotherapists can play in easing division and embracing difference, and

on page 27, we examine the reasons for family estrangement and how people experiencing this can use psychotherapeutic approaches for support.

We also look at the work of organisations that provide therapy for clients from diverse backgrounds and ethnicities, notably the Nafsiyat Intercultural Therapy Centre in London (p22). And in Spotlight psychotherapist Dr Dwight Turner outlines the importance of taking an intersectional approach to understanding difference (p52).

Diversity in mental health is also an issue that's reached Parliament, and Labour MP, Jeff Smith, who is Vice Chair of the All Party Parliamentary Group on Mental Health, tells us why he thinks an equalities champion is needed, and what his thoughts are on how access to talking therapies can be improved for those experiencing poor mental health (p46).

We've also spoken to Ariane Sherine, comedian and writer, who has tried a vast range of therapeutic approaches over 20 years and written a book about her experience (p42), reviewed on page 12.

UKCP has four new members of the Board. We've spoken to them about the defining moments of their careers in psychotherapy (p36) and UKCP Chair, Martin Pollecoff, outlines the different, innovative psychotherapeutic work some members are doing in the community (p32). Finally, Fe Robinson explains why, as a psychotherapist, she writes blogs and uses social media (p40).

We welcome your ideas and feedback. And on that subject, we'd like to draw your attention to the compostable bag that you have received this issue of *New Psychotherapist* in. Enjoy reading the magazine.

ANNA SCOTT
Editor

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Share your views and ideas on our profession and this magazine:

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Making the profession and practice of psychotherapy more inclusive
Turn to page 16



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Bulletin

ISSUE 71 / SUMMER 2019

News, CPD, reviews and members' updates – here's what's happening in the profession now



The NHS has revealed concerning figures about the mental health of children

5.5%

of preschool children had at least one mental health condition

16.9%

of 17 to 19-year-olds were found to have a mental health condition

46.8%

of 17 to 19-year-olds with a mental health condition had self-harmed or made a suicide attempt

6

RESEARCH

Mental health of children

NHS data reveals an increase in children who are experiencing mental health issues

The prevalence of a mental health diagnosis among children in England has increased since 1999, NHS figures reveal. In 2017, 11.2% of five to 15-year-olds had a disorder, as defined by the NHS diagnostic manual. This was up from 10.1% in 2004 and 9.7% in 1999. When taking 16 to 19-year-olds into account, the proportion of

children and young people diagnosed in this way rose to 12.8%, or one in eight.

NHS Digital collected data from 9,117 five to 19-year olds and found that anxiety and depression were the most prevalent concerns, with 8.1% experiencing them in 2017. They were found to be more or less common at different stages of childhood, with rates of diagnosis higher in older age groups.

And females aged 17 to 19 were more than twice as likely as males of the same age to be diagnosed with a mental health problem. Young women in this age group were also identified as having higher rates of emotional problems and self-harm than other demographic groups, at 22.4%.

An association was also found between sexual identity and mental health issues, with 34.9% of the young

people aged 14 to 19 who identified as lesbian, gay, bisexual or with another sexual identity having such an issue, as opposed to 13.2% of those who identified as heterosexual.

The figures reinforce the 'scandalous' underfunding of children's mental health services in the NHS, said UKCP's Chief Executive, Professor Sarah Niblock.

'Given the scale of need shown by the figures, it is clearly important that the government provides for as many children as possible,' she added. 'But this cannot come at the cost of the quality of provision. It is simply vital that a proper range of support is available to children in need, including highly specialist interventions for highly complex cases. And there is a workforce of highly regulated and qualified therapists ready to carry this out.'

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Let us know what you think of your redesigned member magazine

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Inspiring inclusivity

The Big Report looks at how psychotherapy can help an increasingly divided society

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MENTAL HEALTH

SPENDING ON SUPPORT FOR YOUNG PEOPLE FALLS

More than a third of regions in England have seen a real-terms fall in spending on 'low-level' mental health support for children – that's preventative and early intervention services provided by people or organisations such as a school nurse, drop-in centre or online counselling – a Children's Commissioner report has shown.

The total reported spend on preventative and early intervention services for depression, anxiety and eating disorders increased by 22% between 2016/17 and 2018/19 in cash terms and 17% in real terms, according to the report, Early Access to Mental Health Support. But for nearly 60% of

local authorities this represented a reduction in spend over the same period, once inflation was accounted for.

Local areas, which included both local authorities and NHS spending, allocated a total of £226 million for low-level mental health services in 2018/9, just over £14 per child, the report found.

In addition, there were wide variations between areas in how much funding is available – the top 25% of local areas spent at least £1.1 million or more, while the bottom 25% spend £180,000 or less.

'This report reveals the postcode lottery facing the increasing number of children suffering from low-level mental health conditions,' said Anne Longfield, the Children's Commissioner for England. 'It is worrying that a third of local areas in England are reducing real-terms spending on these vital services.'

LEFT: Spending on 'low-level' mental health has fallen in real terms



'This report reveals the postcode lottery facing children with mental health issues'



MONEY

WORSE MENTAL HEALTH FOR PEOPLE IN DEBT

One-and-a-half million people in England are currently struggling with debt and their mental health at the same time.

Analysis of data from the Adult Psychiatric Morbidity Survey by the Money and Mental Health Policy Institute also found that people with mental health issues are three-and-a-half times more likely to be in problem debt than those without. In addition, 46% of people in problem debt are also experiencing a mental health issue.

'We know for many people financial difficulties are the catalyst for the development or worsening of mental health issues, and policymakers have a vital role to play in addressing this major social issue,' said UKCP's Policy and Advocacy Officer, Adam Jones.

'That's why we supported the Money and Mental Health Policy Institute's successful campaign last year calling for people in mental health crisis to be given time and space to deal with debt problems, and why we are asking the government to end benefit sanctions for people with mental health issues.'

46%
of people in problem debt are also experiencing a mental health problem

Sensible and compassionate policymaking in areas such as these could save millions of people across the country from anguish.'



Becoming estranged

The role of psychotherapy in helping people who are estranged from their families

Pages 27



RESEARCH

SUMMIT WILL EXAMINE CITY LIVING

UKCP's Chief Executive Professor Sarah Niblock is chairing a summit on cities and psychology that will examine our understanding of the emotional and psychological impacts of urban environments.

The Urban Psychology Summit: City, Psychology and Place, will bring together academics, healthy professionals, planners and politicians to consider the links between 'personality of place' and economic success, advances in neuropsychology with implications for urban planning and place-based approaches to integrated health and care delivery.

Speakers include Jon Rouse, CEO of the Greater Manchester Health and Social Care partnership, Ron Martin, Professor of Economic Geography at the University of Cambridge and Professor Tim Kendall, National Clinical Director for Mental Health at NHS England.

Earlier this year, research from King's College London found that feeling lonely could put a negative bias on young people's perceptions of their local area. More than 2,000 18 year-olds living in the UK were surveyed and lonelier people rated their neighbourhoods lower on 'collective efficacy' – a mix of social cohesion and the willingness of locals to tackle disorderly behaviour in the neighbourhood. The Summit will be hosted by The Heseltine Institute at the University of Liverpool's London Campus, on 27 June 2019.



EDUCATION

Poor mental health 'epidemic' among academics

Higher education in England and Wales has been described as an 'anxiety machine', in a report that has found a big increase in the number of university staff accessing counselling.

Data from 59 universities obtained by a thinktank, the Higher Education Policy Institute (HEPI), found there was a sharp increase in referrals of staff to counselling after the implementation of the Browne Review funding arrangements in 2012, which included the removal of the cap on the level of fees universities can charge.

This has put pressure on staff to enhance the student experience, resulting in work-related stress. More directive performance management, heavier workloads and fewer secure short-term contracts have contributed to the increases, the report suggests.

Rises in the number of referrals to counsellors by 50% are common, and some universities have seen much higher rises, such as 316% at the University of Warwick.

'Academics are inherently vulnerable to overwork and self-criticism, but the sources of stress have now multiplied to the point that many are at breaking point,' said the report's author, Liz Morrish. 'It is essential to take steps now to make universities more humane and rewarding workplaces, which allow talented individuals to survive and thrive.'

If you have an interest in higher education and the mental health of students and staff, why not join our Higher Education Special Interest Group. See psychotherapy.org.uk/HESIG

► The report is called *Pressure Vessels: The epidemic of poor mental health among higher education staff*

BELOW: The mental health of academic staff should be more closely considered, says new report



'Academics are inherently vulnerable to overwork'



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RIGHT: The guidelines aim to balance the rights of offenders with the protection of the public



LEGAL

Guidance on sentencing people with mental health issues

A consultation on draft guidelines to give judges and magistrates in England and Wales a clear structure and process to follow when sentencing people with mental health issues is now open.

The Overarching Principles: Sentencing Offenders with Mental Health Conditions or Disorders aims to help judges and magistrates assess how much responsibility offenders experiencing learning disabilities and substance misuse have for their crime. Any approach taken by the courts should focus on

individual circumstances because the level of impairment caused by any issue will vary significantly, and some mental health issues are not obvious, it suggests.

The rights and needs of offenders should also be balanced with the protection of the public, and the recognition of the rights and needs of victims and families to feel safe.

'This is a big step towards the justice system having a better understanding of mental illness, as it's the first time there will be specific sentencing guidelines in

this area,' said Lucy Schonegevel, Head of Health Influencing at Rethink Mental Illness.

'In practice it will mean that people affected by mental illness who are in contact with the criminal justice system will have their illness properly taken into account, and in a consistent way.'

► *The consultation is open until 9 July 2019. See sentencingcouncil.org.uk/consultations/sentencing-offenders-with-mental-health-conditions-or-disorders-consultation*

Events

CONFERENCE

EXPLORING THE FUTURE OF PSYCHOTHERAPY

The Society of Psychotherapy has marked 20 years since its inception with a conference entitled 'Is there a future for a unified profession of psychotherapy?', writes Society Chair and UKCP-registered psychodynamic psychotherapist, Malcolm Peterson.

Gathering a range of speakers from different theoretical orientations across the profession, the inclusive event opened with existential psychotherapist and former UKCP Chair

Professor Emmy van Deurzen considering whether the profession was 'facing an uncertain future'. Consultant psychoanalytic psychotherapist Susanna Abse examined the history of splits within the psychoanalytic field and UKCP Chair Martin Pollecoff's presentation acknowledged the many different roads the profession had gone down over time.

The audience also heard from Professor Digby Tantam, also a former UKCP Chair,

psychodynamic psychotherapist and emeritus professor of psychiatry at the University of Sheffield, whose presentation explored the theme of 'what a unified profession might look like'.

The society will continue to explore the theme in its forthcoming lectures and seminars, which take place each month.

► *See societyofpsychotherapy.org.uk for further details.*

FORTHCOMING EVENTS

20 JULY

Research Workshop 2019
Enjoying research: a day to celebrate the value of research for psychotherapy practice. [London](#)

14 SEPTEMBER

Transforming Lives in Changing Times: Humanistic and Integrative Psychotherapies in Practice. hipc.eventbrite.co.uk
[Roehampton University, London](#)

19 OCTOBER

Sleepwalking into the Anthropocene – the new age of anxiety. [London](#)

2 NOVEMBER

Sharing learning from complaints. [London](#)

23 NOVEMBER

Scottish Public Policy Forum: Annual Conference 2019. [Edinburgh](#)



Diary dates

For more information on UKCP events visit psychotherapy.org.uk/events

Member News

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*UKCP members share their news and updates.
Let us know yours – email editor@ukcp.org.uk*

PRACTITIONER RESEARCH NETWORK

Highlighting the benefits of research into practice

Partnerships between researchers and practitioners are increasing, enhancing the landscape of psychotherapy

Every member of UKCP is automatically a member of our Research Faculty, a growing community from all modalities who are focused on practice-based evidence.

In addition, UKCP's Practitioner Research Network (PRN) is developing a community of researchers and practitioners to plan collaborative projects and add new dimensions to psychotherapy practice.

Collaboration between researchers and practitioners is increasing as the profession seeks to understand how best to translate research into practice, and how practice informs research.

Comprising a cross-modality membership, the PRN helps members to engage at all stages of psychotherapy research, from design through to dissemination.

'The PRN not only encourages psychotherapists and researchers to think about the larger picture of the psychotherapy landscape, but also places them in the middle of it, as they experience the interlinking and continual stream of ideas, debates and dialogue created by the therapeutic experience,' says Sheila Butler, PRN Coordinator, psychotherapist and clinical researcher, and coordinator of projects in Mental Health Psychological Therapies in the NHS.

Members' research topics include weight stigma and self-objectification, differences between a client's and a therapist's perception of what went well during therapy and an evaluation of an holistic strengths-based approach to working with a client with ADHD.

'The ultimate aim of the PRN movement is to democratise research and demonstrate that ordinary practising psychotherapists can work together to become not merely consumers but creators of genuinely useful psychotherapy research,' says Mike Shallcross, psychotherapist with the BeeLeaf Institute for Contemporary Psychotherapy.



Sheila Butler and Mike Shallcross

► Email prn@ukcp.org.uk for more information. The UKCP's forthcoming *Research Workshop* (see box, left) will showcase why research is of huge benefit for all psychotherapists.

This is based on the collaborative PRN article – *Practice/Practitioner Research Network (PRN) – Landscapes for dialogue and debate: Entering the field of practice-oriented research*, written by Sheila Butler with collaborations from Michelle Oldale, Mike Shallcross, Vanessa McHardy, Melissa Dunlop, Elaine McKenzie, Afra Turner, Vasiliki Chryssikou, Brian Cheetham and Gella Richards (PRN)

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Let us know your news, views and updates

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Reviews

Psychotherapists review new and recent work in their own fields, and recommend essential additions to your bookshelves

C. G. Jung: The Basics

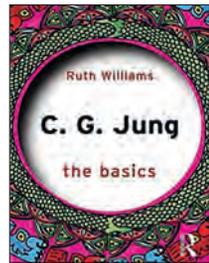
Presenting a basic overview of someone as complex and influential as Jung is a major challenge. Ruth Williams has set the bar high and, in my opinion, has cleared it. The problem of even defining what is in 'The Basics' is difficult; there are 20 volumes of the collected works, a myriad of papers and letters, and hundreds of other books on Jung.

The author painstakingly sets out the key concepts of Jung's thoughts and ideas – which Jung modified during his life – devoting a chapter to each. His key analytic concepts, for example, his views of the unconscious, archetypes, individuation (among many others) are clearly examined. Each chapter is well-

structured, guiding the reader through the topic, and ending with a useful summary.

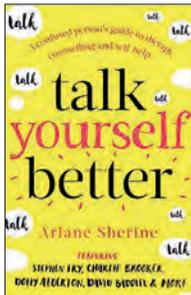
There is a clear biographical timeline detailing key moments in Jung's life and setting it in a historical perspective. The controversy around his views (both actual and perceived) on race, anti-Semitism and his stance during 1933-45 are well covered.

Rather like the advert, this book 'does what it says on the tin'. Even the most experienced Jungian scholar will find this work useful as one can get so easily to the relevant topic. This is then backed up by a solid, well-researched reference and further resource section at the end of each chapter, thus inviting the reader to find out more and form their own conclusions. I very much hope that this work will be included in the reading list of any psychotherapy or counselling training.



Details

- **Reviewed by:** Alex Dalziel, psychoanalytic psychotherapist
- **Author:** Ruth Williams
- **Publisher:** Routledge
- **Price:** £16.99
- **ISBN:** 978-1138195448



Details

- **Reviewed by:** Mike Moss, counsellor, supervisor, trainer
- **Author:** Ariane Sherine
- **Publisher:** Robinson
- **Price:** £13.99
- **ISBN:** 978-1472141330

Talk Yourself Better: A Confused Person's Guide to Therapy, Counselling and Self-help

I believe Ariane Sherine has written a very important book, attempting to access the world of therapy, and has created a readable and accurate account for both client and therapist. I imagine she has taken a lot of hard work.

From the writer's own experience of therapy, she shares her powerful story and presents stories of clients and therapists she has interviewed. We are taken on a journey through therapy in today's world. Observations are respectfully developed in ways that attempt to amuse and inform us.

The aim is to unravel confusion for the client, exploring all the different therapies available in a simple and intelligent way, and this also works for the therapist. This book feels long overdue and presents a genuine and heartfelt dialogue about therapy, counselling and self-help. Questions are asked and answers offered in a conversational style that flows. What also comes across clearly is the importance of the relationship between client and therapist.

I particularly enjoyed the tone of the book, its mixture of light and

dark touches, and I recognised myself both as therapist and client. I was also moved to hear the clients' stories, which were attended to with reverence, humour and wisdom. As therapists we can learn from our clients.

I can imagine this book wriggling its way into a space between some of the classic psychodynamic, humanistic and behavioural tomes and settling very nicely, as well as being at home on the more popular self-help bookshelves.

► [See page 42 for an interview with Sherine](#)



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with Prof. Ernesto Spinelli

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Introduction to Countertransference in Therapeutic Practice: A Myriad of Mirrors

This useful book gives many live examples of psychotherapists working with their countertransference (strong thoughts and feelings towards a patient) in a number of settings: when they are not sure where feelings are coming from; with individual patients; in groups; supervision; teaching; and in organisational work.

Jungian analyst Paola Valerio writes an invaluable introduction, telling the story of the developing understanding of countertransference: from Freud's imperative that the analyst

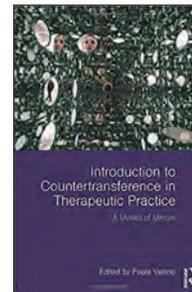
understand themselves well enough never to impose, to the way the therapist takes up the patients' unconscious experience, to the more recent, relational approach of intersubjective dynamic creation with the patient.

Not just another book about the wounded healer, it allows us to wonder again if we are simply anxious, hurting, people in a room with other wounded humans. When we are intimate with another person to the exclusion of others, our losses can resonate in an uncomfortable but dynamic way.

The book guides us in how to make use of the so-called 'real' person of the therapist in our work. This is not so much a 'talking' cure as a 'being with the other' cure.

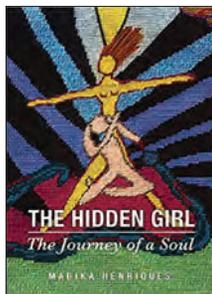
The clinical material moves us away from the traditional case-study approach, where we only hear the doctor's account of treatment, by including two chapters that are co-written with patients.

In his foreword, Andrew Samuels calls this an 'outstanding book'. I agree. Compelling reading, there is much for seasoned practitioners and students.



Details

- **Reviewed by:** Mog Scott-Stewart, psychoanalytical psychotherapist
- **Edited by:** Paola Valerio
- **Publisher:** Routledge
- **Price:** £19.99
- **ISBN:** 978-1138690110



Details

- **Reviewed by:** Tania Glynn, psychoanalytical psychotherapist
- **Author:** Marika Henriques
- **Publisher:** Shephard-Walwyn
- **Price:** £25
- **ISBN:** 978-085683522

The Hidden Girl: The Journey of a Soul

In 1944, aged nine, Marika Henriques was separated from her family and became a hidden child. The dark times of the Holocaust (all of her extended family were killed) had a lasting effect on her. This book – a finalist in the People's Book Prize – is a journey back into repressed memories and feelings. It is a therapeutic journey unlike any I have ever read.

As a Jungian therapist, Marika has worked with archetypes, myths, dreams, imagery and words. Little did she know that all of these would become essential to her personal healing in ways she never could have imagined. On feeling forced to have a needless operation for a suspected cancer, unconscious memories were triggered. Post-operation she found herself drawing images that poured out of her

unconscious mind. What had remained hidden to her for many years began to reveal itself through imagery.

The role of repression, dissociation and forgetting are protective defences when dealing with traumatic events. The journey into the return of the repressed is painful and disturbing. What is clear in Henriques' account is that creativity linked with the emergence of what has been repressed is ultimately healing.

Henriques links her journey to the Sumerian myth of Inanna, an archetypal goddess providing a many-faceted symbolic image of the feminine. Inanna's descent into the underworld and back is ultimately healing. So is Henriques'.

This is a book that remains hopeful, despite the darkness of its origins.



AUTUMN CONFERENCE
Saturday 16 November 2019

9.30 registration – 3.30, followed by AGM 3.40 - 4.40
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PREJUDICE & HEALING

RADHIKA HOLMSTRÖM TALKS TO PRACTITIONERS FROM ACROSS THE FIELD OF PSYCHOTHERAPY ABOUT WAYS THAT THE DISCIPLINE CAN HELP AN INCREASINGLY FISSURED SOCIETY

Prejudice in our society appears to be on the rise. According to a 2018 Ipsos Mori poll of 11 European countries, three-quarters of respondents agreed that their society was divided, and a clear majority felt their country was more polarised than a decade before.

From the UK, half the respondents cited a divide between 'immigrants' and 'nationals'; followed by differences of religion (47%), ethnicity (41%) and political views (40%) as sources of division. As a society we seem to have lost a sense of identity and belonging to a unified whole. And a currency of 'othering' has become commonplace, with groups blaming other groups – and as result individuals attacking other individuals.

It is tempting to blame Brexit for the splits in society. But as one psychotherapist has said: 'It's not Brexit itself. The fractures in society were already there, it's just that Brexit has shone a light on them. If it wasn't Brexit it could easily be something else.'

So, what lies at the heart of these fissures and what role does psychotherapy have in helping to heal the divides?

THE IDEA OF 'OTHERING'

One issue different groups face is the idea of 'othering'. Psychotherapist Carmen Joanne Ablack, whose theoretical and practical approach includes explorations of culture, heritage, identity and the intersubjectivity of relationships, says, 'In reality we are all from diverse backgrounds.' But by talking about an 'other', she says, we avoid any discomfort caused by considering any oppression, power and authority issues that may be emerging within relationships, rather than focusing on them and learning from them.

The media, in particular, have a tendency to other, and help to make and perpetuate divisive and inaccurate stereotypes. 'Black people, Muslims, have been made into "folk devils",' says psychotherapist, trainer and supervisor in intercultural therapy, Lennox Thomas. 'People feel fear, make misapprehensions and there can even be wrongful convictions as a result of it.'

The internet and social media also play a role in 'othering', a particular cause for concern for psychotherapist and UKCP Chair Martin Pollecoff. 'We get into smaller

and smaller holes of reality. The internet, for whatever reason, demands outrage,' he says. 'It's not enough to say "that's right"; people are told they are disgusting, not fit to hold their office, and so on. We have moved from thinking to feeling, and reality has become, "what I feel is correct". Social media also lessens our attention span. We can't concentrate, because something new and shiny comes on the screen, with the mind flipping from one thing to another but unable to maintain a moral compass.'

The consequences of othering and the creation of folk devils are multiple. 'From my experience, the labels in society give rise to a sense of "them against us", as well as the segregation of communities who want to huddle together for safety, which then results in further marginalisation,' says integrative psychotherapist Rozmin Mukhi, who practises intercultural therapy.

'We need to pay attention to the minority groups who feel disenfranchised. And it's important for everyone to look inwards, as these prejudices lead to an internalised



model of unconscious bias, which is more dangerous as individuals are able to absolve themselves of responsibility for their actions,' she adds.

Person-centred psychotherapist Ann Simon, who practises multicultural counselling, goes so far as to question whether the term 'diversity' is useful: 'My view is that "diversity" is a semantic term used to disguise the true meaning of integration. The real questions are: what do different racial groups and cultures face when they look at the idea of integration, and what does integration mean to each individual?'

DISCRIMINATION

One group often subjected to othering are people experiencing mental health issues. A 2013 report from the World Health Organisation stated: 'Stigma is a major cause of discrimination and exclusion: it affects people's self-esteem, helps disrupt their family relationships and limits their ability to socialise and obtain housing and jobs.'¹

Earlier this year, UKCP joined eight other mental health organisations including the Mental Health Foundation, the Centre for Mental Health and the British Association for Counselling and Psychotherapy (BACP), in calling for the removal of benefit sanctions for people with mental health difficulties.

'Too many people lose their jobs or are denied opportunities in the labour market because of a mental health condition,' a statement from the group reads. 'Too often the social security system treats people with insufficient dignity and humanity. These issues can exacerbate or contribute to mental health problems.'²

UKCP Policy and Advocacy Officer Adam Jones says: 'We wanted to make clear that punishing people on benefits by threatening to reduce or stop their benefit payments exacerbates the problem.'

The statement concludes: 'No one should be left in poverty because they have a mental health condition. We pledge to work together to achieve an end to the harm we have seen that sanctions can cause.'

'Psychotherapy bears witness to the harm done by inequality and discrimination to individuals, couples, families and groups'



THE ROLE OF PSYCHOTHERAPIES

The statement reflects the efforts UKCP is making to collaborate with other organisations to ensure equal access to psychotherapy for all. UKCP Chief Executive Professor Sarah Niblock believes that psychotherapy has a critical yet untapped potential to help develop individual and collective responsibility in society towards sensitivity, compassion and respect towards difference. 'Psychotherapy is a highly informed discourse about what it is to be human, one that bears witness to the harm done by inequality and discrimination to individuals, couples, families and groups,' she says.

Niblock thinks that it's crucial that psychotherapy isn't only seen as a practice in the consulting room. 'If organisations, councils and government departments are really committed to developing and implementing diversity policies that enrich communities, they would do well to draw on the knowledge and experience of psychotherapists. It may sound simplistic, but many institutions and communities – from zoos to stately homes – have writers or artists in residence who deliver creative programmes and responses to their environment. We need investment in psychotherapists-in-residence to analyse human



‘One of the challenges facing the profession is the extent to which psychotherapy is available to all’

enabling different ways of thinking and meaning-making to thrive, and to come together and understand each other.’

ACCESSING THERAPY

But one of the challenges facing the profession is the extent to which psychotherapy is available to all. ‘Psychotherapy has in the past been a middle-class profession which people from various different cultures and socio-economic backgrounds [find difficult to access],’ Rozmin Mukhi says. ‘I’m glad to say that it is becoming better, but we have a long way to go. The main hurdles are finances as well as resources. This is one of the areas UKCP is aware of and is trying to make it more accessible.’

UKCP is also working to develop a national infrastructure for psychological therapies for people with complex mental health needs as part of the Talking Therapies Task Force, a coalition of six leading psychotherapy and counselling bodies, including the Royal College of Psychiatrists, the Society for Psychotherapy Research and BACP. One of the strands of this work is to secure more appropriate support for people who exhaustively use primary care services without getting the psychotherapeutic intervention that they need at great cost to both themselves and the NHS. ‘We’re calling for more investment in psychotherapy,’ says Adam Jones. ‘We need to either move people to more appropriate services or, far better, to stop them getting to that point of crisis in the first place.’

Lennox Thomas thinks that the exclusion from psychotherapeutic support has other roots too, suggesting that people from minority backgrounds may come up against the view that they cannot use psychotherapies. ‘According to this view we don’t understand the concepts and it may be that we don’t speak English well enough.’

There are some approaches and initiatives that are making this wider embrace more possible – and which are explicitly aiming to heal those social divisions. Thomas is a former clinical director of

processes and culture to assess to what extent difference is recognised and valued or marginalised.’

For example, integrative arts psychotherapist Jo Parker wrote in *New Psychotherapist*, about working as a therapist in residence on an arts programme with the Brighton Oasis Project, a charity supporting women, children and families affected by drug and alcohol dependency.³ One of her concerns was the people not engaging or who had disengaged. ‘In the field of substance misuse most people don’t even pick up the phone, let alone ask for help. These are the ones most in need of help,’ she wrote.

Psychotherapists can also use their work to address the way of interacting that has led to widespread ‘instant reactions’ perpetuated by social media and the internet, and the tendency to rely on feeling rather than both feeling and thinking.

‘Psychotherapy allows an opportunity to challenge this tendency towards instant reaction,’ says Carmen Joanne Ablack. In particular, it’s important that we are able to challenge our tendencies to dismiss both thinking and feeling, and to dismiss the meaning-making of different groups. ‘Meaning arises out of a context, and psychotherapy enables people to reflect on this,’ she adds. ‘We need to create environments





Nafsiyat Intercultural Therapy Centre (see p22), which offers therapy in over 20 different languages. 'Nafsiyat's population of therapists are from a whole range of ethnicities and the clients can choose from this – whether they want to see someone from a similar background or alternatively want someone else. All of the people who come into therapy here have had experience of racial insults or slurs, or attack. This is a place where they can talk about it. The new thing is looking at transgenerational trauma: the transgenerational trauma of slavery and how that has shaped psychological development.'

In addition, the Black, African and Asian Therapy Network (BAATN), which offers seminars, mentoring programmes, support groups and conferences, has one primary aim of addressing inequality of access to appropriate psychological services for black, African, South Asian and Caribbean people by seeking partnerships with white majority therapy and training organisations that recognise racism, and the importance of undoing the impact of racism, as an essential

part of being mentally healthy. 'It is about helping those in power (trainers and supervisors) engage and integrate a consciousness about diversity and healthy inclusion that gives equity to multiple perspectives,' says Carmen Joanne Ablack, who is clinical associate and member of the leadership group at BAATN.

At the same time, we must ensure that our profession does not perpetuate exclusion. UKCP is working with a new coalition of psychotherapy and counselling organisations including BACP, Association of Child Psychotherapists and Place2Be, to address fundamental questions of diversity in the profession. 'We are very focused on workforce planning, which includes looking at breaking down any diversity barriers to training,' says Sarah Niblock. 'Two ways we are doing this are through looking to grow a sustainable diversity bursary programme as well as continually enhancing our processes and standards. We must ensure that our profession does not perpetuate exclusion.'

A WIDER ROLE

It's clear that there are many strands to helping mitigate the divides in society.



References and reading

- (1) www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/priority-areas/stigma-and-discrimination
- (2) www.psychotherapy.org.uk/wp-content/uploads/2019/04/consensus-statement-on-sanctions-190318.pdf
- (3) Parker, J. 'Therapist in residence'. *New Psychotherapist*, 70/Spring 2019, pp22-27

Psychotherapeutic thinking can help but it needs to be part of the discourse in the 'big' conversations in society and critical decision making. Niblock says, 'In the business world the prevailing view once was that humans could be moulded to fit whatever circumstances best suit profitability. Yet more and more organisations are looking for psychotherapeutically informed leadership and management strategies to create healthier thriving sustainable values-driven companies because the old management rulebooks aren't working.'

'Imagine a world where there are psychotherapists sitting on boards of directors, on planning committees, on school governing bodies and ideally on all major governmental bodies at local, national and global levels. They would be extremely well-placed to analyse human processes and culture. Instead of these bodies being seen as 'doing things to' us, they could start to reframe their perspective more positively by better reflecting the needs of those they impact.'

'I am hugely proud of and inspired by therapists within the UKCP who engage in advocacy and outreach, whether that's on issues of ethnic diversity, class, gender, and so on. Psychotherapy has an enormous potential, by virtue of the knowledge and experience of serving those who face prejudice, to function as a change agent at societal and institutional level simply by being involved.' ●



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Feature

Intercultural therapy



EMBRACING DIFFERENCE

THE NAFSIYAT INTERCULTURAL THERAPY CENTRE PROVIDES SUPPORT TO CLIENTS FROM BLACK, ASIAN AND MINORITY ETHNIC COMMUNITIES. **BAFFOUR ABABIO** EXPLAINS THE CONCEPTS BEHIND THE CENTRE



BAFFOUR ABABIO is a UKCP-registered psychoanalytic intercultural psychotherapist and clinical supervisor in private practice and at the Nafsiyat Intercultural Therapy Centre.

He is co-editor of Ababio, B. (Ed), Littlewood, R. (Ed). (2019) *Intercultural Therapy: challenges, Insights and Developments*, London: Routledge

Located in a quiet mews not far from Archway Station, North London, the Nafsiyat Intercultural Therapy Centre feels bright and welcoming and the spectrum of diversity visually represented through clothes and ethnicities is striking.

The quiet hum of conversation in the work and reception areas reflects an array of languages including Tigrinya, Arabic, Turkish, Spanish, Swahili, Kurmanji, Somali, Farsi and English. The centre lists 20 available languages on its website. Individuals coming for their appointments mirror that richness of ethnic depth: Middle Eastern, East African, black British, Mediterranean, European and white English coalescing in the rainbow that is the Nafsiyat Intercultural Therapy Centre.

Adults living in the North London boroughs of Camden, Islington, Enfield and Haringey can access free short-term therapy with a GP or self referral. Demand often outstrips delivery, though.

The introduction of Nafsiyat's Choice service fractionally mitigates this, making long-term intercultural therapy available to people living in all London boroughs, for a fee. Open-ended therapy is delivered to clients who pay £60 for the first 50-minute session, then between £40 and £60 per session, depending on individual financial situations.

Securing grants from trusts and mainstream healthcare sources is crucial for the centre's work and, as a charity, it relies on the generosity of its supporters. Therapists – both volunteer and paid – are qualified or in

the final stages of post-graduate training and come from different ethnic and cultural backgrounds.

BEGINNINGS

Nafsiyat was set up in the early 1980s by psychotherapist Jafar Kareem and colleagues. Before the centre's inception, people from black, Asian and minority ethnic (BAME) communities tended to have limited access to counselling and psychotherapy.

Back then, BAME individuals were, as they are now, overrepresented in psychiatric hospitals (particularly locked wards), probation services and prisons, in proportion to their numbers within the general population. Compared with the white British population, these communities had high rates of diagnosis of psychotic illness, prescriptions for pharmaceuticals and other physical treatments such as electro-convulsive therapy. There was also a





sense that the psychotherapy offered to individuals with cultural heritages from all over the world was laden with Western cultural values and inherent biases. Intercultural therapy provided – then and now – a way to probe the universal application of Western psychotherapy and include non-Western concepts of mental illness and healing into the practice of psychotherapy.

A ‘DECOLONISATION OF PSYCHOTHERAPY’

Kareem’s theory of intercultural therapy draws on psychoanalysis, sociology and medical anthropology, and prioritises the recognition of the consulting room’s dynamics. Conscious and unconscious assumptions made when client and therapist are from different cultures are particularly important, and the therapy is more likely to be successful when they are understood and explored from the outset (Kareem and Littlewood, 2006).

Discomfort often emerges in the spaces between different cultures, and working through – rather than avoiding – any variance is integral. Differences are embraced in Kareem’s theory: the matching ethnicity of client and therapist is not considered necessary unless warranted by language differences. The belief is that the commonality of humanity will emerge alongside or after naming these differences.

Intercultural therapy also shines a light on the external political and socio-economic realities for clients – their inner worlds and practical needs. This doesn’t just happen inside the consulting room: Nafsiyat employs community link workers (CLWs) who provide practical support for clients with issues such as housing, immigration and employment, arrange referrals and help signpost clients to access further support from different services during and after therapy. CLWs provide a link between the therapy and practical requirements.

‘Discomfort often emerges in the spaces between cultures... working through any variance is integral’



ADDRESSING POWER INEQUITY

Marginalisation in the external world can also lead to client distress. Therapists must name, explore and work through any power inequity between themselves and clients at the outset to avoid re-enacting marginalisation in the consulting room.

For example, several of Nafsiyat’s BAME clients describe previous treatment sessions with other therapists ‘steeped in Eurocentric theoretical models’ as ‘useful’ but with a caveat: the therapists missed issues arising from the clients’ experience as members of a BAME population.

This wasn’t because the therapist was white, or even BAME (BAME therapists can also avoid tackling discrimination), but because they had avoided examining what impact oppression and difference in the consulting room had on the client. In other words, the clients’ external world experience of feeling diminished or of being dominant (in the case of a white client and a BAME therapist) was reinforced during therapy which then had an impact on their inner experience of oppression or domination.

EXTERNAL ISSUES

Events outside the consulting room can have an impact on clients’ inner worlds, too. Therapists at Nafsiyat pay attention to local and global current affairs, to keep in mind during therapy.

For example, could an earthquake in Iran stir up something for the Iranian client currently in treatment in London? What bearing might the Grenfell Tower tragedy have on a client (not from Grenfell) who appears unusually depressed following the disaster? Intercultural therapists must entertain the possibility of old wounds being reopened (re-traumatisation) by shifting external events.



LEFT: Therapy is more likely to be successful when cultural assumptions are explored and understood



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NEW IDENTITIES

Globalisation has resulted in traditional notions of identity making way for fluid identities; intercultural therapists cannot surmise a client's identity based on their name, appearance, dress, language, ethnicity or gender. The multiplicity of human interaction across and within borders has also changed expressions of self, reconfigured identities and cultures.

Religion, class, ethnicity, sexuality, language, dialect and accent, gender, disability, sexual orientation, race, age, education and ability form the constituent and cultural parts of these identities.

The founder of Nafsiyat, Jafar Kareem, chose the name Nafsiyat based on three different syllables from different ancient languages, which stand for mind, soul and body (Kareem and Littlewood, 2006). Clients from certain regions are also drawn to the centre because of the name – in Arabic, Urdu and Somali – Nafsiyat means 'soul'.

Intercultural therapy takes a holistic approach – no matter the cultural make-up of the therapeutic relationship, the therapist must examine inter- and intra-relational discomfort, keep an eye on the impact of the external realities on the client and react to their needs. ●



Case study

Stereotypes, colonialism and father issues

Intercultural therapy with someone of the same sex, heritage and ethnicity

Intercultural therapy is not solely conducted between people in a therapeutic dyad with visible or overt differences. When I engaged in work with Kuma* in his mid-thirties, a middle-class black man of African heritage, it was assumed that as I was a male, black therapist of African heritage, I would engage with and quickly forge a working alliance with him. He relocated to the UK in his early twenties to further his education, sponsored by a father who was strongly committed to the British educational system.

Soon into the assessment consultation I became aware that he seemed unusually constrained and uncomfortable and asked him how it felt working with another man – a black man at that. Indicating his preference for a female assessor, he revealed that he had never worked with a black male therapist, only with women of different

ethnic backgrounds, but he decided to continue therapy with me.

His story revealed a very difficult relationship with his father and his engagement in professional relationships with female therapists could be understood as his attempt to work through his father issues, which were avoided in previous therapies. His reaction to me during the assessment seemed linked to this avoidance.

The notion of the stereotype of the strong black male may also have been present. The facade of strength that he projected was possibly inhibiting and damming up the vulnerabilities seeking exposure (Ababio, 2019).

I hinted that I might somehow be a representation of his problem, his father, but I could also be an opportunity – albeit a painful one – to enable him to grasp the nettle he had so long been avoiding.

Kuma engaged in three short-term treatment episodes. Towards the end he became cognisant of some of

the connections between his father issues and aspects of his internalised colonial structure (the cultural and psychological impact of Britain's colonisation of his country of origin). His examination of these concerns within his relationship with me; of transference, countertransference and pre-transference (a term used by Andrew Curry to denote myths and fantasies linked to 'darkness' and 'blackness') helpfully clarified for him the nature of his inner tapestry (father issues, colonial history and the exertions of his class aspirations within a British context).

An internal psychological fabric which in some measure was being expressed by Kuma's depression, drink problem, not completing his studies and in his dynamics of avoidance regarding his masculinity and blackness. His commitment to therapy had launched the process of helping him overcome some aspects of these proclivities and their injurious effects.

*Name has been changed

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BREAKING FREE

WHATEVER THE REASON FOR RUPTURES, BEING EXCLUDED FROM THE CONCEPT OF FAMILY TOGETHERNESS, OFTEN SEEN AS THE HEART OF SOCIETY, CAN CAUSE CONSIDERABLE EMOTIONAL DISTRESS. **HAZEL DAVIS** EXAMINES HOW PSYCHOTHERAPISTS CAN HELP





Family relationships form the basis of so much of our popular culture. Whether they're comically dysfunctional, heartwarming (or damagingly) close, the dynamics fascinate and entertain us.

However, research from Stand Alone, a UK charity supporting people who are estranged from family members, suggests that estrangement affects at least one in five British families¹.

People experience rejection from a family unit for a variety of reasons, such as lifestyle, sexuality or relationship choices, religious differences or behavioural or mental health issues. Sometimes estrangement occurs because of sexual, emotional or physical abuse. Sometimes the causes of estrangement or rejection are obvious, sometimes they're complex and buried in history. Or, says psychotherapeutic counsellor Sally Parsloe, they arise through 'intractable harmful internal family dynamics involving emotions such as envy, fear, resentment, insecurity and jealousy, written about so powerfully by RD Laing'.²

The main reasons for estrangement, says Brighton-based therapist Helen Gilbert, 'are things like mismatched values, abuse or something simply as "ordinary" as feeling you were the least liked.' Crucially, she says, 'These things can build up gradually over time. Parents, particularly, will often say they don't know what happened or why it happened, and that uncertainty is difficult to live with. Often, they put the blame on the other person, citing mental health problems. Joshua Coleman [author of *When parents hurt: compassionate strategies when you and your grown child don't get along*]³ talks about subjective truths. There's often a rigid position: I'm right and this is how it is.'

It's worth giving a fair bit of weight to relational processes, says Krysia Ochyra, counsellor and psychotherapist at Wellspring Complementary Health Centre in Sheffield. 'So, if we're talking about the narcissistic process, for example, a narcissist's need is to maintain inflation at all times because to become deflated is terrifying. So they will push other people down and judge others to maintain this inflation. Often, this puts all the shame that they're denying on to the other person and children are a prime target for this.'

Occasionally, you get people who are unwillingly estranged. 'Something which is really upsetting around parent work is where a child has got a partner and it becomes obvious that the partner is trying to pull the child away from the parent. Where there is someone else involved, that can be very hard to deal with. While the parent stays in the dynamic and continues to make contact they often give that other person grist for the mill and take the focus away from the relationship between the child and their partner. If they pull back and stop making contact the problems in the relationship might come to a head.'

Whatever the reasons, not being part of the concept of family togetherness that is often seen to be at the heart of society can cause considerable emotional distress.

THE STIGMA

According to Stand Alone, 68% of people who have experienced estrangement still feel there is a stigma attached to it.

'For many, the loneliness of family estrangement is made worse by the stigmatisation and lack of understanding

'It's a big, big step to walk away. You're essentially saying there will be no structure holding you up, particularly if you haven't got a partner'



Have your say

Share your thoughts and opinions by emailing editor@ukcp.org.uk



Case study

Nicole's story

Therapy helped Nicole* after she realised that estrangement from her parents was 'the least-worst option' available

from friends or colleagues,' says Parsloe, 'People who are estranged from family feel that they are seen as "different" and feel that other people might blame them, or think they are responsible for their lack of place in a family.' She adds, 'Where mothers are estranged from children, in particular, the judgement of other women can be quite harsh.'

This perceived judgement can serve to further alienate people from support and help that can take the pain away from the estrangement, and the sense of 'not belonging', being a failure on the part of the estranged person can feed into a perceived lack, or an unloveableness, leaving them lonelier and more isolated than ever.

THE IMPACT

The implications of family estrangement can be extensive and painful, depending on how the estrangement came about. Sometimes people are able to easily create alternative supportive family or friends networks which can enable the estranged person to live alongside the pain of the estrangement. However, says Parsloe, 'It can affect aspects of the person's new relationships.' On the other hand, if the estrangement has been worked on in therapy (especially long term) then it can make the person aware of some of the unhelpful dynamics in the original estrangement situation which they could now do differently, allowing more supportive, enduring relationships. However, Parsloe adds, 'Commonly, you might find that people who are estranged from family will experience insecurity, resentment, sadness, confusion, low self-esteem and an inability to trust others and themselves in relationships.'

There are practical implications too, says Ochyra, 'It's a big, big step to walk away. You're essentially saying there will be no structure holding you up, particularly if you haven't got a partner. There are matters such as designating a next of kin and making a will to deal with and if these are neglected then there are issues that can get resurrected if something happens to you or the other party.' And then there's the dreaded social media: 'I have known a few people who have been estranged from someone and that person has started stalking them on Facebook or Twitter.'

HOW THERAPY CAN HELP

If relationships cannot be rebuilt then there is still the possibility of creating alternative satisfying relationships and this can be worked on in individual therapy. Ochyra suggests that relational therapy, particularly humanistic therapy, lends itself well to this: 'The shame needs a lot of healing and one of the ways to do this is through a healthy

'Things had been very difficult during my childhood and a lot of traumatic things happened that really weren't okay.'

'I'd put things to the back of my mind because I really wanted to believe that my parents and I could have a good relationship, but it was difficult and always involved me putting up with things I wouldn't have tolerated from anyone else. I'd been feeling very stressed and suicidal and I thought it was because of work, but when I tracked my moods for a bit I realised it was actually happening every time I saw my parents.'

'I stopped making an effort with my dad after one particular nasty comment that was just the final straw and I realised I'd had enough. It turned out I was making all the effort as once I stopped contacting him I never heard from him again. I told my mum and she reacted by bombarding me with text messages. I asked her to give me some space and she wouldn't, and I was just really sick of being the person who mattered the least.'

'People find it hard to believe when they haven't experienced it, but that's how I was treated. It wasn't exactly a decision – I just couldn't take it anymore and had to make a change.'

'Becoming estranged was about making the least-worst option available to me. I wish it hadn't been necessary, but I can't change them, I can only change what I tolerate.'

'I was already in therapy when I became estranged. My therapist is an integrative relational body psychotherapist and member of UKCP. I needed someone who would be a real person in the relationship as I was so used to feeling like I wasn't really human. It's not been about him taking sides, but about listening to my experiences and helping me make sense of how I feel about them. It was also really important that he didn't impose any beliefs about family on to me, like whether people are obliged to keep in touch with their parents. I was trying to work out what I believed and how I felt, and I needed to be allowed to do that. After years of people telling me how to feel and what to do, it was so important to have a space just for me.'

'Becoming estranged is basically a process of complex grieving. I'm still coming to terms with the fact that I can't change my parents or the childhood I've already had and that my brother would rather pressure me to play happy families than admit how bad things were.'

**Name has been changed*



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'Many young people do have other caring adults around them and it's about working out how to harness those relationships'

relationship. The healthy relationship that a humanistic therapist will provide goes some way to helping to deal with shame issues.'

Ochyra has run group therapy for adults who have estranged themselves or have been estranged. She says, 'I've worked with people who have been estranged for years, who are on the brink of estrangement or who can't quite make the break.' This mixture of stages works in a therapeutic setting, says Ochyra, 'The people contemplating it felt supported by the experiences of people who have been estranged.' For Ochyra, it's vital that she doesn't have a vested interest in reuniting families. 'We explore their issues, feelings and thoughts to enable them to get some clarity about what they what they might do. If people raise the idea of reconciliation, we look at what reconciliation might look like for them or what they believe it to be.'

For Hannah Sherbersky, researcher, lecturer and systemic psychotherapist, it's about viewing the family as a system: 'Thinking about ourselves in terms of other people and understanding ourselves in wider systems.' She adds, 'we often see something called symmetrical escalation

[where each side ups the intensity of the conflict]. It's happening in politics and it happens in family arguments.'

REBUILDING

Some estrangements involve cutting off from the entire family but there are others who actually successfully maintain relationships with wider family members once an estrangement has taken place.

Sherbersky says, 'My work generally assumes that families love each other and want to be together, though it's obviously not always the case. For some, contact is damaging and toxic and sometimes our work becomes about helping them to be resilient without a family around them. Many young people do have other caring adults around them and it's about working out how to harness those relationships.'

Helen Gilbert runs support groups for Stand Alone, as well as working one-on-one with people who are estranged or going through the estrangement process. 'You tend to have some who want to reconcile eventually and some who don't. That reconciliation can mean different things to different people. For some, it means a supportive relationship and for others, it might be about having limited contact or being able to go to someone's funeral.' ●



A PUBLIC SERVICE

UKCP MEMBERS ARE AT THE HEART OF TWO CHARITIES HELPING PEOPLE WITH MENTAL HEALTH DIFFICULTIES

In many other fields of health, charities raise money for patients but they do not usually treat them, writes UKCP Chair Martin Pollecoff. However, when it comes to mental health there are plenty of people who shun the NHS and seek out the charities where the brunt of the work is delivered by trainees. In my three years with MIND and one year with alcohol and substance abuse clinic CAIS, I found they handle really difficult cases and they do it well.

I don't know why people don't want the NHS – perhaps it's the waiting lists. Many have already tried IAPT. Sometimes they fear all authority – they may not want a medical record, for example. Whatever the reason, without such charities mental health provision in the UK would collapse.

UKCP members are at the forefront of providing such services to people in need of them, such as the Counselling Café in Sudbury, Suffolk, led by psychotherapist Glenda Roberts and staffed by UKCP volunteers, working alongside peers from the BACP.

And the Caravan, a special service established for people living on the streets of London's West End, is perhaps one of London's smallest clinics, but for nearly 40 years has been manned by trainees of the Centre for Counselling and Psychotherapy (CCPE), one of our most exciting organisational members. The CCPE has always been socially minded and shows a generosity to all. Remarkably, the Centre treats about 500 people a week in its Maida Vale headquarters.

Our editor Anna Scott has outlined their stories here; please contact her with interesting stories about your clinics – we'd love to hear them.

TOP: The Caravan offers a drop-in service in the heart of London **LEFT:** The Just Talk Campaign's Counselling Café





Case study

The Caravan

In 1982, Reverend Donald Reeves, a man described by Margaret Thatcher as ‘very dangerous’ because of his support for the oppressed and his views on foreign policy, put a rickety, old and unlockable green caravan in the grounds of St James’ Church in Piccadilly, London, where he was rector.

He wanted to provide a place of refuge and advice for homeless people, those with addictions, sex workers and anyone needing support who happened to be in the area, and he asked CCPE student Trudy Harvey to run it. People could get help every single day of the year.

Thirty-seven years later, the Caravan has evolved into a larger and sturdier shepherd’s hut, but it’s still open 365 days a year (11am-7pm on weekdays and 10am-7pm at weekends), and offering counselling, emotional and psychological support and crisis listening, on a voluntary donation basis, to anybody walking by.

A wide range of people drop in, says psychotherapist Ian Burton, who co-ordinates the service. ‘We have the rough sleepers, who come and have a cup of tea, talk briefly and then head off,’ he says. ‘We have those people who come in who we don’t know are homeless, because they present very well. Then we realise it’s important for them not to be identified as homeless.’

Visitors come with chronic mental health issues such as schizophrenia and psychosis. They may have come off their medication and be disconnected from their support. ‘We suggest to them that it might be good if they get back on their medication,’ Burton says. ‘But it’s also about just listening to them.’

There are visitors who don’t have a particular mental health condition but, for them, thriving in the world is hard. ‘This group have lots of support but will also find the Caravan and drop in when they



are feeling a bit vulnerable,’ Burton says.

Office workers from nearby also drop in. They might have split up with their partners, be about to lose their house or have other worries. ‘It’s the secret chaos of their lives – underneath is a lot of anxiety,’ says Burton.

‘Then there are the random people who are just walking by, see the sign and walk in on a whim. For whatever reason they decide to share their anxieties.’

Clients only need make financial contributions for therapy if they want and are able to, but the Caravan sometimes



ABOVE AND BELOW:

The original rickety caravan has been replaced with a smart, comfortable shepherd’s hut, offering the same year-round service

gets wealthy clients visiting, such as designers from nearby Bond Street. ‘Some part of them doesn’t feel able to engage in therapy and they like the fact that there is something about the Caravan that is anonymous,’ Burton says.

‘People don’t have to say to themselves, “I am going to get counselling,” then fill out all the forms. They can just step into the Caravan without being fully conscious of their decision. Sometimes the idea of calling up a therapist may be too direct.’

The diversity of visitors provides a broad experience for the 21 volunteers – students at the CCPE. ‘Sometimes volunteers will feel intense eye contact from someone who has stopped taking medication, for example, and it can be scary. If they can contain their fear it encourages the client to contain their own fear and they start talking.’

‘We haven’t had violence here because so much support goes into making the space safe.’ Therapists have a silent alarm in their pocket, a walkie talkie and there are three alarms around the Caravan. If anything happens a verger can be at the Caravan within 60 seconds.

‘There have been times when the volunteer has said to a client “I think it’s time to leave now”, but the volunteer feels safe on a fundamental level,’ Burton says. ‘Even when they feel fear, they’re able to contain it because they know the support is there if they need it.’

Despite financial support from CCPE and St James’ Church – and a small group of funders, including homeless charity Streetsmart – the Caravan is independent, and given its sense of impermanence, it allows clients to use the service who otherwise feel threatened by institutions. Being able to drop in at various times helps those who see themselves as outsiders or have chaotic lives.

‘There is this gradual re-engagement with society,’ Burton says. ‘I’ve seen people start at the Caravan looking a bit rough around the edges and they are gradually able to find a way of being in the world, rather than being an outsider.’

thecaravan.org.uk



Case study

The Counselling Café

The suicides of four of her daughter's friends, aged between 18 and 22 years old, spurred psychotherapist Glenda Roberts to set up her counselling café in Suffolk in 2016. 'We found a disused three-storey building that was owned by the council,' she says. 'I walked into the building and I said to my team, "This is what we're going to do".'

What she meant was opening up a service shop, which sold products such as t-shirts to help fund the service, and a café in which people could buy a coffee and sit down with a therapist or trainee therapist for counselling. Clients arranged an appointment or assessment in the shop, then went through to the café for their treatment. People couldn't just hang out in the café, they were coming for low-cost, open-ended therapy – £5 for a 60-minute session. It was called Just Talk Campaign.

Roberts' partner constructed the café and shop and her son's South American-inspired designs adorned the walls and furniture. She carefully considered the design and atmosphere so it was 'very welcoming and open'. Classical music or low-tempo Afro beats could only just be heard in the café, and screens were put up that would cover the client and therapist sitting down with their coffee.

'My friend Anna Scher [founder of the theatre school] taught me an African word that Archbishop Desmond Tutu had taught her – "ubuntu". It means "collective community working together";' Roberts says. 'We developed our own brand from this word because we were doing this as a community.'

Roberts and some of the therapists at her centre for counselling, psychotherapy and brain injury provided free therapy, and trainee therapists who she was already offering placements to were able to get their clinical units at the café.

But it wasn't just therapists invoking



LEFT: The café offered a low-cost, welcoming route to counselling **BELOW:** Founder Glenda Roberts



'ubuntu' – Roberts engaged the young people skateboarding outside the building to help to paint the shop and café. 'Then they came along and got therapy,' she says. 'It was brilliant. That feel – that it's a community – that's what we wanted.'

Very quickly, hundreds of people were coming to the café for therapy, often travelling from London or Essex to get help. Children from the age of nine came to see a therapist and the eldest client was in their eighties. 'Everybody felt comfortable in the setting.'

It was the different approach to therapy taken in the counselling café and service shop that was such an innovation. 'Not only were we getting people coming in and making appointments who wouldn't really think of coming in for therapy, but we had a buzz around this new concept and the most amazing team that we created with the idea of changing things for the future,' says Roberts.

Word spread about the café – such as a letter from the House of Commons commending the team's work – and interest from many universities and colleges that wanted to collaborate. Soon the café had charitable status.

But then bad news came from the council in March this year: a tenant was willing to pay considerably more to rent out the building and the Café had to find new premises. 'I had to think quickly because all these people are still coming

to us, needing help.'

She closed the charity down and has relocated the clients to her own centre and another practice she has nearby. 'I've rebranded Just Talk Campaign so that it's an affordable part of my business, ExploringU Counselling.'

The new scheme, Just Talk 2019, has a website through which people can book their assessments. If they earn over £15,000 a year they are invited to pay £10 to £25 for a 45-minute appointment with a therapist or trainee therapist. 'I'm making it a really simple process like the café.'

The set-back with the council has not stopped Roberts. 'I'm already in talks with some of my contacts to open a café in London, and we're working with 13 universities to get trainee counsellors on board. I'm excited that both the BACP and the UKCP have embraced the concept of the service shop and Counselling Café as a new way of counselling.'

She's got the ambassador of the Just Talk Campaign – Delanie Forbes, a former *Eastenders* cast member – on board, to write, direct and produce a film about the effects of suicide, *Dying to be famous*, that will premiere in London in November.

'We want this idea to go viral,' Roberts says. 'Something has to change and it's going to be one of the ways forward for therapy. It's proven and tested that we are helping people. It's working.' ●

justtalk2019.com



THE POTENTIAL TO CHANGE LIVES

UKCP'S BOARD HAS APPOINTED A NEW VICE CHAIR AND THREE NEW TRUSTEES. THESE ARE THE DEFINING MOMENTS OF THEIR CAREERS

ANDY COTTOM

Psychodynamic psychotherapist, counsellor and trauma specialist Andy Cottom previously worked in TV news and documentaries in numerous war zones. He became Vice Chair in January 2019, having been a member of the Board of Trustees for almost three years



'YOU DON'T GET TOUGH OLD PARAS CRYING IN FRONT OF MANY PEOPLE, BUT I STARTED MY CAREER IN TV NEWS, COVERED NINE WARS AND KNOW HOW TO ASK THE RIGHT QUESTIONS'

We are a service profession, here to help the public, but I don't see how the biomedical approach to mental health serves many people. We shouldn't be saying depression is like catching a cold, for example. Suicide is the largest killer of men between 25 and 45 years old. Something is wrong, isn't it? We should be considering how we think, what our environment is, how we fit into society and how that affects our mental health. The good news is that we are, at last, changing the situation.

'When I was training we were encouraged to do a placement. I started volunteering for Victim Support, and found it so rewarding. The camaraderie was strong - we

all became very supportive of each other and that's been so important for me. I now run a group practice and the 12 of us support each other. That is a very different way of doing private practice, which used to be mainly therapists working largely on their own.

'One of the most poignant sessions in my career was with a veteran of the Falklands War. He looked the tough guy, covered in

tattoos, had killed lots of people. The idea of thinking about emotions was alien to him, let alone talking about them. But we spent 50 minutes together with him crying his eyes out as he told me every detail of the Battle of Goose Green, about each one of the three bullets that hit his best mate and how much he wished it had been him that had been killed that day. He hadn't talked to anyone about it in 36 years.

'You don't get tough old paras crying in front of many people, but I started my career in TV News, covered nine wars and know how to ask the right questions. When we finished, he gave me a handkerchief cut from a 'chute of one of the heroes at the Battle of Arnhem. He'd kept it for years and wanted me to have it. I had made a difference, that was a real privilege.'

JULIET ROSENFELD

Psychotherapist Juliet Rosenfeld undertook integrative, psychodynamic and psychoanalytic trainings and is inclusive by nature. As a UKCP Trustee she wants to widen access to therapy, and promote and communicate better what psychotherapy is



The first seminar I attended at the Tavistock Clinic in 2003 was a defining moment. I had enrolled on the Foundation Course there, and was hooked. I'd never understood the idea of the unconscious until then. You could tap into it and explore complicated and upsetting thoughts and feelings. I left the Civil Service the next year to train.

Getting a placement in 2004 at Camden Psychotherapy Unit (CPU), with Ora Dresner as my supervisor, was significant. She startled us trainees into action and, more importantly, quiet listening to our patients. For over 40 years CPU has treated anyone requiring psychotherapy in Camden for free, offering long-term weekly therapy.

'IN ALMOST EVERY SESSION WITH A PATIENT I REALISE THEY ARE ANOTHER PERSON, JUST LIKE ME, WHO IS LETTING ME INTO THEIR LIFE'

When I worked there the unit was in a cramped scruffy office above McDonalds that no-one else wanted to rent. It symbolised the neglect a lot of our patients had experienced.

About eight years ago, psychoanalyst Michael Brearley agreed to supervise me and has continued to do so throughout some big life events, notably my husband's death from cancer. Four months after he died Michael said he thought I needed to go back to work. He was right. I said I was worried I might start crying if a patient asked me how I was feeling. He reminded me I was a psychotherapist.

I met my analyst one cold November morning – I was unhappy and traumatised at the time. He taught me the value of not being afraid of what lies below, and working out what it makes me feel. His metaphor of the internal theatre that needs an audience is convincing in its simplicity.

In almost every session with a patient I realise they are another person, just like me, who is letting me into their life. A therapist can be the most important person you ever have in your life.'



DR DIVINE CHARURA

Dr Divine Charura is Course Director of psychological therapies and mental health postgraduate courses at Leeds Beckett University, a chartered counselling psychologist and person-centred psychotherapist

Nearly 20 years ago I was on a psychiatric nursing placement at an old asylum outside Leeds and was escorting patients to the electroconvulsive therapy treatment suite where I hesitantly witnessed them receiving electric shock treatment. I spotted a notice for

a lunchtime seminar by a UKCP psychotherapist on the power of the therapeutic relationship. I attended, and the talk inspired me so deeply that the following year, having completed my first degree, I joined the psychotherapy training course at Leeds Metropolitan University.

I was deeply inspired by the commitment to psychotherapy as a way of working with clients shown by the facilitators of that course, Sheila Haugh and Stephen Paul. It was so different from the medical model I had experienced. This experience sowed the seeds for the way I practise now and for some of my writing on the

therapeutic relationship. Through their encouragement I was invited to start teaching at the university. I am indebted to them for the academic career that I love.

I have also felt privileged to work in a psychoanalytic service for NHS patients in Leeds. I am indebted to the consultant psychoanalyst and psychiatrist Dr Gearóid FitzGerald, who in supervision taught me so much about the importance of the frame and of paying meta-attention to everything that emerged therein. His attention to the importance of detail and commitment to staying with the process as identified through the work of analysts Melanie Klein and Betty Joseph has further defined my approach in how to listen, understand and respond in the therapy room.

I have just returned from facilitating therapeutic counsellors and psychotherapists on one of the first courses of its kind in Cambodia. The focus was on working with trauma, given the genocide there over 40 years ago. In dialogue with Professor Colin Lago and four trainees who travelled with us from the UK, I was reminded of a dialogue I had with Lago 10 years ago about my decision to be a therapist who also did human rights and activist work. Since then, I have had the privilege of working as a psychotherapist and psychologist with refugees and asylum seekers who have been tortured.'

'A TALK BY A UKCP PSYCHOTHERAPIST INSPIRED ME SO DEEPLY THAT THE FOLLOWING YEAR, I JOINED A PSYCHOTHERAPY TRAINING COURSE'

PROFESSOR BRETT KAHR

Psychoanalytical psychotherapist Professor Brett Kahr has worked in the mental health profession for over 40 years. A senior fellow at the Tavistock Institute of Medical Psychology, he has published 12 books and has series-edited over 55 titles



In 1982, I first visited the headquarters of Karnac Books – an Ali Baba's cave brimming with psychotherapeutic books – and had the privilege of meeting the owner, Harry Karnac, little realising that, 13 years later, his company would publish my first monograph. Eventually, I would write many more books for Karnac Books.

'As a student, I organised a lecture series at my university, in an effort to introduce psychodynamic ideas into a pharmacologically orientated department. Our speakers included Professor Hans Eysenck, who had published a scathing attack on psychotherapy. Hearing of Eysenck's visit, the local BBC radio station invited me to defend psychoanalysis. This unexpected foray into broadcasting helped launch my work in media psychology, which included an appointment as resident psychotherapist on BBC Radio 2.

I owe an immense debt to Dr Geoffrey Pullen, the consultant psychiatrist who supervised my first piece of psychotherapeutic work with a severely traumatised, hospitalised, schizophrenic patient, whom I treated three times a week for several years. The patient made such strides that, at the end of treatment, he no longer required either hospitalisation or

'THE PATIENT MADE SUCH STRIDES THAT, AT THE END OF TREATMENT, HE NO LONGER REQUIRED EITHER HOSPITALISATION OR MASSIVE DOSES OF CHLORPROMAZINE'

massive doses of chlorpromazine. These sessions proved to me that psychotherapy really does have the potential to change our lives.

'Many years ago, the erudite David Livingstone Smith recruited me as a lecturer in psychotherapy at Regent's College (now Regent's University London) to teach courses on psychoanalytical theory and psychopathology to trainees. Not only did I have the opportunity to develop my capacities as a teacher, supervisor and researcher, but I also had the privilege of working in an eclectic department, headed by Professor Emmy van Deurzen-Smith.

'I feel blessed that, as a young man, I undertook training analysis with a sagacious psychoanalyst. He offered brilliant insights and provided me with a wonderful model of compassion and professionalism.' ●

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FE ROBINSON STARTED WRITING FOR HER OWN PSYCHOLOGICAL PROCESSING AND NOW HAS A PAID EDITORIAL ROLE WITH A MAGAZINE. SHE EXPLAINS THE IMPACT BLOGGING HAS HAD ON HER WORK AS A PSYCHOTHERAPIST AND HOW SHE DOES IT

40



FE ROBINSON has been a psychotherapist since 2011 and also works as an EMDR therapist, couples counsellor and clinical supervisor working with private clients. She is a member of the UKCP College of Outcome Oriented and Hypno-Psychotherapies

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Since training as a psychotherapist, I've always written reflective pieces based on what is coming up for me, both in my work and personally. I find it enormously helpful as a means of self-supervision to complement my work with my clinical supervisors, and I find it supports my well-being and balance.

When I started to publish my musings, I generalised what I was saying. I did this to safeguard my clients' confidentiality and respect the boundaries for me as a psychotherapist putting my own process out there, but not making it about me.

MOTIVATIONS

I write primarily to facilitate my own reflective process, but I publish the pieces that I sense will be useful to those with mental health symptoms. I think of my audience as those who are exploring and/or suffering, and I write to offer gifts that may help people. It's nice when people tell me they come to see me because of my writing

but it's not my main motivation. Through my writing people get a sense of me, but it's different to sitting down with me as a psychotherapist, so I feel I can give freely knowing I'm not undermining my practice.

I write about themes and patterns, not about one-off experiences. We have to be mindful about what we put in the public domain and what it says about us and our work. For example, I went through a period of blogging about trauma, a topic I was reading about, training with and experiencing in my client work. In fairly short order, I found I had a shift in my client workload towards trauma-related work, and I found I needed to rebalance the intensity of my workload both to fully meet my clients' needs and to take care of my wellbeing. I am more mindful now to look at the overall mix of what I am writing.

SOCIAL MEDIA

I have been blogging about mental health for several years, initially just publishing on my website and sometimes the Counselling Directory site, but more recently I've been using Facebook, Twitter, LinkedIn

and the *Psychologies* magazine Life Labs platform through the UKCP partnership. I write one set of content and then use social media management platform Hootsuite to schedule my posts, putting them out on several channels at once.

When I set out, the social media tips I picked up were:

- Post an equal balance of your unique content and sharing other people's, making sure to vary your sources.
- Facebook may be the most powerful platform for customer-to-business, and LinkedIn for business-to-business, but Twitter is also useful. Now there is Instagram and others, but I have yet to explore these.
- People generally post on Twitter more often than Facebook, helped by reposting articles a few times, a few weeks apart.
- Post at times when people will be looking – breakfast, lunch and evening times primarily.

TIME MANAGEMENT

I currently post an article sourced from somewhere else once a day on Facebook and LinkedIn, and most weekdays I post one of my blogs too. On Twitter I aim for six posts on weekdays, which is manageable by mixing reposts, retweets, and my original content each week. I sit down once a week and load up my content via Hootsuite, while I write in any spare 10 minutes when the mood takes me.

It's better to be spontaneous with my content than to plan it overly. I do run the odd series – currently I'm doing a weekly blog about managing how you feel, for example. My social media output takes me between two and three hours a week in total. In addition, once a month I send out a digest of content to my mailing list. This focuses on former and existing clients who may not want to access content via social media but still want some stimulus.

OPPORTUNITIES

In terms of outcomes, I find I receive enquiries more often from Facebook and LinkedIn than I do from Twitter, while I believe that Twitter has helped my profile.

I don't find much interaction across platforms, but I suspect if I was focused more on client generation I could do more to follow up on the interactions that do happen. In terms of building my practice, though, it is Life Labs and Counselling Directory that have helped the most.

Life Labs works so well as it has a huge reach, and it draws people who already have an interest in our subject matter. The downside is that you can't schedule content, meaning if you want to post regularly you have to physically log on to post content.

My Life Labs blogging has led to me writing articles in *Psychologies* and, in January 2019, my podcast with Professor Sarah Niblock about feeling lonely in relationships. My early work posting on

Counselling Directory led to me being involved with *Happiful* magazine from its launch. I am now a paid member of the editorial team, reviewing the magazine each month before it is finalised from a practitioner perspective.

I find social media work is a bit like this, it's an investment that leads to other things, rather than being sales in its own right.

My social media journey so far has been one of experimentation, I am no expert. I write for my own psychological processing, with my audience in mind when I choose to publish things. I enjoy the creative process for itself. I think this is important; my one piece of advice for those considering blogging is to find your own intrinsic motivation for writing. If you do that, the benefits will more easily flow. ●

'Through my writing people get a sense of me, but it is different to sitting down with me as a psychotherapist'



Get in touch

Send us your blogging and social media tips.
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ARIANE SHERINE
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Better: A Confused
Person's Guide to
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‘If you have had a traumatic and messy life, short-term therapy only scratches the surface’

By Radhika Holmström

FROM PSYCHOANALYSIS TO EMDR, COMEDIAN AND WRITER **ARIANE SHERINE** HAS TRIED A VAST RANGE OF THERAPEUTIC APPROACHES. NOW SHE'S PRODUCED A BOOK FOR OTHERS CONTEMPLATING THERAPY

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I always used to feel daunted by the thought of having to tell my big long story to yet another therapist. It was so much for them to process and remember,' says Ariane Sherine. 'That's partly why my three years in therapy with the same therapist were so helpful - because I didn't have to keep explaining and repeating the same things.'

Overall, Sherine has had nearly 25 years of different kinds of therapy, from the most 'conventional' to the wilder fringes: starting with family counselling at 15 and including psychodynamic therapy, psychoanalysis, cognitive analytic therapy, computer cognitive behavioural therapy (CBT), person-centred therapy, hypnoanalysis, hypnotherapy, eye movement desensitisation and reprocessing (EMDR), emotional freedom techniques (EFT) and mindfulness.

DRAWN FROM EXPERIENCE

It is a probably unique breadth of experience and it led her to research her book *Talk Yourself Better: A Confused Person's Guide to Therapy, Counselling and Self-Help* (Robinson), which outlines a range of different therapies, along with case studies and interviews drawn from her 'day job' as a comedy writer and journalist.

In a way, it's quite surprising that she has stuck with the profession at all, after a deeply unpromising start. 'My GP referred me after I was diagnosed with anorexia, but my mum refused to let my younger brother come, and my dad refused

to come to therapy. When I tried to tell the therapist and social worker that my father had been physically abusing me for the previous 12 years, my mother lied that my father wasn't violent. I remember yelling, 'What the hell is the point of me being here if I'm not allowed to tell the truth?'

A year later, Sherine was referred to the Tavistock for individual therapy, because she had been self-harming, and started to find that different approaches could, in fact, offer some insight into her life.

Out of them all, she says, she thinks the cognitive analytic therapy was the most helpful modality for her. 'It couples gaining insight from your past with giving you a roadmap out of your problems, and it showed me how my unhelpful behaviours perpetuated my problems - but that was on the NHS and was restricted to 10 sessions. I think the three years of psychodynamic therapy have also been really helpful in terms of boosting my confidence and allowing me the time and space to explore all my issues at length.'

Other therapies, such as 'the more austere, opaque psychoanalytic therapists' didn't suit her personally so well (though she did find the approach had its uses) and person-centred and couples therapy were quite frustrating. 'I need to be asked questions and challenged.' The computer CBT was, she felt, 'a little like putting a plaster over a gaping wound', but even the least useful was worth trying. 'I have no regrets, really. It has all been a fascinating journey.'



'I ended up talking about 35 different modalities to more than 40 different clients and therapists including Professor David Veale and Joe Oliver'

'When I got the opportunity 18 months later to pitch a book to a psychology publisher, I thought, 'I'm not a psychologist or psychotherapist - but I have had more than two decades of therapy, on and off.' I wanted to write an honest, funny book about what it's really like to have counselling, encompassing all the different modalities, and talk to other clients and therapists about their own experiences. I ended up talking about 35 different modalities to more than 40 different clients and therapists, including Professor David Veale and Joe Oliver. A number of celebrities were also kind enough to talk to me, including Stephen Fry, Charlie Brooker, David Baddiel and Dolly Alderton.'

Writing *Talk Yourself Better* has also brought home to her that different approaches work for different people. 'I couldn't imagine hypnotherapy working for me, but it cured Charlie Brooker's nicotine addiction. The same goes for mindfulness - in my case, it relaxed me, but no more. However, the client in the book found it very helpful. I feel really privileged that so many people confided their innermost thoughts to me - and I feel so proud that we've produced a book that's truly unique and fascinating, and will hopefully help many readers.'

And out of her own many experiences, is there one she'd recommend to others? It appears not. 'I'd say to someone considering therapy that they shouldn't be disheartened if therapy isn't helpful at first. Try out lots of different therapists and - money allowing - consider trying different modalities. The therapeutic relationship will be unique with each different individual.' ●

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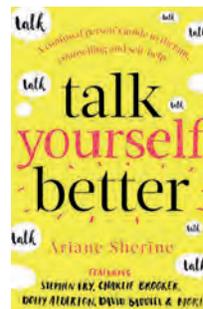
Perhaps inevitably, Sherine ended up starting a degree in the field herself and, although she left the course after a term, the therapist she worked with as part of that was so helpful that Sherine ended up staying with her for three years. She only recently stopped, partly for cost reasons; and cost, she says frankly, is, of course, a major issue for many people's ability to access a therapy that will genuinely help them.

'If you have had a traumatic and messy life, short-term therapy only scratches the surface before it has to end. But I accept that long-term therapy probably isn't feasible on the NHS.' She is equally pragmatic about the role of pharmaceuticals. 'I always say that pills made me feel better, but therapy made me feel happy. I don't feel that it's an either/or situation - in fact, studies typically show that both meds and therapy are more effective together than either alone. I'm on meds partly for paranoia, and there was no way I would have talked to a therapist freely before I went on them, as I was in such a paranoid state that I didn't feel able to trust anyone with my information. And I was so suicidal without meds that I don't feel able to come off them now.'

AN HONEST, FUNNY BOOK

The suicidal feelings started during a breakdown which began in 2010 and lasted for three years. 'After I fully recovered in 2013, I developed a huge fascination with mental health issues and how people heal from anxiety and depression - hence starting on my therapy degree in 2015. There was a toxic environment on the course, but I was really sad when I gave it up, as I wanted to help people who had been through the same things as me.'

ABOVE AND RIGHT:
In *Talk Yourself Better* Sherine describes her personal experience of over two decades of various therapies. Turn to page 12 for a review of the book





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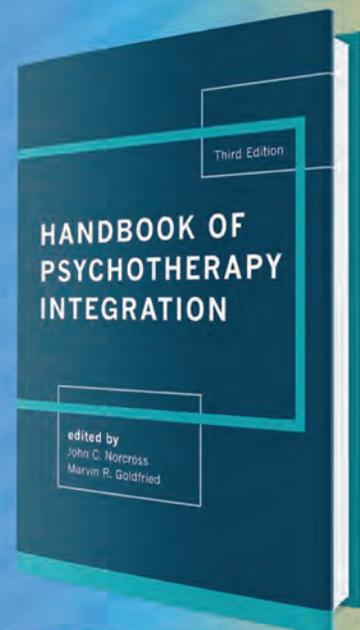
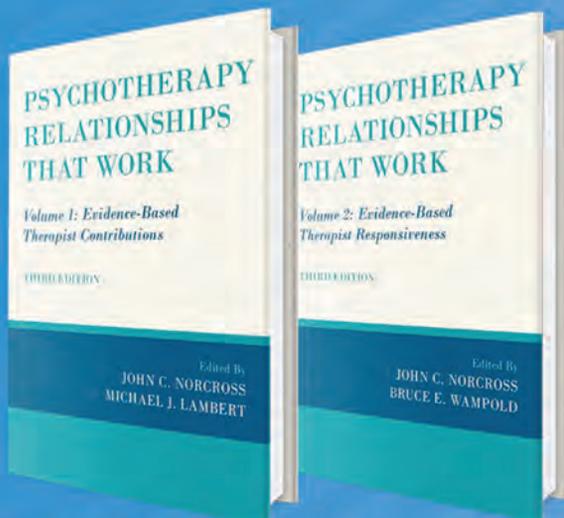
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Interview / Jeff Smith MP

‘We need to **ensure** that someone **seeking treatment** is offered what will be **most effective**, not just what is available’

Jeff Smith MP talks to Anna Scott

Smith: 'When you come into office as an MP, you'll deal with a huge range of issues, but you also have to identify a couple of areas where you really want to make a difference'



LABOUR MP **JEFF SMITH** IS AMONG THE GROWING NUMBER OF PARLIAMENTARIANS WHO ARE VOCAL ABOUT THEIR EXPERIENCES OF MENTAL ILL HEALTH. HE TELLS *NEW PSYCHOTHERAPIST* WHERE CULTURE CHANGE IN THE NHS IS NEEDED



Back in 2015, seven months after he was elected to represent the Manchester Withington constituency, Jeff Smith told the House of Commons in a debate on mental health that he, 'like many millions of people across the country, has had [my] life affected by mental ill health'.

Growing up in a home where a close family member suffered severe depression and had a number of breakdowns, the Labour MP saw how mental ill health affected the whole family over many years, with regular hospitalisation and the need for other family members to be home carers. He's also suffered himself, and understands the 'overwhelming weight' of depression.

In the three-and-a-half years since that speech, Smith has prioritised mental health issues within his constituency and in Parliament, and is vice chair of the All Party Parliamentary Group on Mental Health.

'When you come into office as an MP, you'll deal with a huge range of issues, but you also have to identify a couple of areas where you really want to focus and try to make a difference,' he says. 'Knowing first-hand how devastating mental illness can be for an individual and their family makes me feel that I can add value to that political conversation, and speak up passionately on behalf of my constituents.'

As a Labour councillor in Manchester City Council before election to government, Smith had already noticed an increase over the years in the people coming to advice surgeries with serious mental health problems.

'I know from the experiences of those around me that some still feel stigma or are still struggling to access services that will help them,' he says.

RACISM AND MENTAL HEALTH

In January this year, Smith called on the Secretary of State for Health and Social Care, Matt Hancock, to respond to the Royal College of Psychiatrists' call for an equalities champion to drive cross-government action on race inequality in the NHS, particularly within mental health.

'Everyone involved in mental health care must be taught as part of broad training about how race intersects with mental health issues,' he says. 'We've also got to work to eradicate racism in our wider society, because racial discrimination in mental health will persist for as long as anyone involved has assumed biases and prejudices.'

In particular, he says, the government should look at how the Mental Health Act 1983 disproportionately affects black, Asian and minority ethnic (BAME) groups, with high numbers of BAME patients



ABOVE: In a speech to Parliament, Smith has outlined the effects mental ill health had on his own family

detained under the legislation each year. Among the five broad ethnic groups in England and Wales, black people were the most likely to have been sectioned (288.7 people per 100,000 people) compared to Asian people (91.9 people per 100,000) and white people (71.8 people per 100,000 people)¹.

'We also need to learn that due to cultural practices and sensitivities, or varying levels of trust in mainstream institutions, some groups of people are less well catered for with services, or harder to reach,' he says. 'So time, effort and resource must be put into outreach, and improving the accessibility of services.'

One of the issues is that cultural context can affect the way communities talk about mental health and access services. Psychotherapy, among other talking therapies, has a crucial role to play in enabling the development of an inclusive culture in the provision of mental health services, he adds. 'The first step for those delivering talking therapies, or designing the services, is to recognise and assess how the diversity and difference in the community they serve may impact a person's experience of mental health.'

'There should be minimum standards for things like translated resources and liaising with community leaders to understand cultural perspectives on health. Pushing for a diverse workforce would also help promote an inclusive culture,' he adds.

Inclusivity must apply to men and boys too, particularly in normalising conversations about mental health. UKCP recently submitted

evidence to a select committee inquiry on men's mental health and Chief Executive Professor Sarah Niblock has been called to give evidence to Parliament. Smith is a vocal supporter of the In Your Corner campaign to help tackle the stigma that men often feel in talking about their mental health so they are able to seek help. 'Men and boys are broadly more at risk of taking

'Knowing first-hand how devastating mental illness can be makes me feel that I can add value to that political conversation'



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‘If you can’t get help when things start to go wrong, you are more likely to end up in crisis further down the line’

their own lives, but are less likely to talk about their feelings because of how we’re brought up to understand masculinity,’ he says. ‘Representation is really important here – working with media to show positive images of men seeking help with their mental health, getting male celebrity ambassadors on board and framing things in a way that don’t seem intimidatingly medical.’

Psychotherapy has a role to play here, he believes, and access must be improved more generally. ‘We can explore and promote models of psychotherapy that can take place in a less formal setting. Medication traditionally seems to have been enshrined within the NHS, whereas psychological therapy has not.’

Smith describes as ‘promising’ the commitments made in the NHS Long Term Plan to increase access to psychological therapies in a number of areas though feels that a barrier to delivering these commitments is the workforce. UKCP is keen to draw attention to the existing therapist workforce that has too often been overlooked in NHS planning.

CULTURE CHANGE

The NHS Long Term Plan also reinforces commitments made in the Five Year Forward View for Mental Health (5YFV), published in 2017, to expanding the Improving Access to Psychological Therapies programme (IAPT). UKCP is one of six organisations that make up the Talking Therapies Taskforce, which aims to promote an alternative therapeutic pathway in the NHS for people whose needs are not being met by existing services, such as IAPT. Under existing constraints, many of these patients end up spending a huge amount of time as inpatients, with little benefit to their mental health. At the same time, many who need help as inpatients cannot access it due to a shortage of beds.

Smith says that access to all pathways must be increased by ensuring that the evidence-based referrals

BELOW: Smith is a vocal supporter of the In Your Corner campaign to help tackle the stigma that men often feel in talking about their mental health

to treatment pathways outlined in the Five Year Forward View are delivered in full. ‘There are a number of existing NICE-approved therapies beyond CBT, but many IAPT services don’t offer the full range. We need to ensure that someone seeking treatment is offered what will be most effective, not just what is available. We need to put more resource into trauma-informed therapies that help those with complex needs,’ he says.

‘We can’t have 5YFV targets being met for some services, but targets not even being set for others. It causes inequality in the care people receive, and risks sending the message that whether you’ll be well looked after is dependent on the diagnosis you have.’

The fact that some people with mental health problems end up being considered too sick for IAPT, but not sick enough for specialist secondary care, is of particular concern, he adds. ‘Being unable to get help because your condition doesn’t fit neatly within a service must be awful. It also creates a vicious cycle – if you can’t get help when things start to go wrong because you’re not currently meeting the threshold, you are more likely to end up in crisis further down the line, at which point your problems will be more entrenched, harder to treat, and more costly for services.’

Organisations such as UKCP have a role to play in helping promote joined-up working and service provision with other mental healthcare professionals in local areas, according to Smith, so that local NHS organisations and councils can work together to plan for the long-term needs of local communities.

UKCP will continue to work with influential politicians such as Smith to help ensure that both national and local services are held to account in delivering these vital elements of mental healthcare as part of the long-term plan. ●



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‘Diversity was often seen as something to be tagged on’

DR DWIGHT TURNER ON CHANGING PSYCHOTHERAPY TRAINING AND THE TECHNIQUES HE USES TO CHALLENGE STUDENTS’ PREJUDICES TO HELP THEM EXPLORE THEIR PRIVILEGE

RIGHT:
Turner: ‘An intersectional approach to difference allows us to see the interplay between the varying aspects of identity’

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Dwight Turner served in the Royal Air Force and then as a fraud investigator prior to training to become a psychotherapist. While serving in Germany with the RAF, his interests turned towards searching for a deeper understanding of the issues of prejudice and racism he had endured while growing up as the son of immigrants in London. These initial sparks have fanned many of the flames of his journey through psychotherapy ever since.

When I started on the long road towards becoming a psychotherapist, in January 2000, my only initial aim was to do some self-development work. I left school with minimal qualifications, and because of the racism I endured during my schooling, I also had a negative perception of academia, so any idea of doing any sort of degree sat way back in my unconscious. My training was important to me, though. Undertaking a course in transpersonal psychotherapy offered me the chance to work creatively in understanding myself. Dreamwork, working with sandplay techniques, drawing and visualisations, taught me that working with imagery and symbolism was a means of understanding my own unconscious and that of my clients. The attraction to exploring the internalisation of early life experiences had begun.

The one area of my training which could have been improved, though, was work around difference and diversity. As with many courses, it seems, diversity in psychotherapy was often seen as something to be tagged on to a training course, a day here, maybe a weekend, if one was lucky. As a lecturer, I still regularly hear stories about how marginalised students feel in counselling and psychotherapy training, their sense of difference often ignored, the need to be witnessed often met outside in their CPD. These

experiences are then often mirrored in their client work, and I am increasingly contacted by those who feel they have been othered or stereotyped within therapy, or who felt there were aspects of their identity they could not bring to their therapist. This suppression of their difference then means psychotherapy is as psychologically damaging as the rest of the world, with any safe space denied to them.

This underlying paucity of our understanding was a major factor in my undertaking a doctorate through the Centre for Counselling and Psychotherapy Education and the University of Northampton. With an intersectional focus on difference, that considers how different forms of social stratification are woven together, this phenomenological study was designed to explore the unconscious internalised experience of being the other; from the death or self-destruction of that which makes us different, to how explorations of our own difference are a route towards individuation.

The importance of taking an intersectional approach to understanding difference is that it allows us to see the delicate, and complicated, interplay between the varying aspects of identity as the other that we all hold. From the work of Crenshaw (Cho, Crenshaw, & McCall, 2013), an intersectional approach recognises that we are often oppressed in more ways than just those highlighted in the Equality Act (2010). The facts I am a man of colour, that my parents are non-European, or that I left school with only three O levels, mean that I have endured



varying layers of otherness. For example, my being a black psychotherapist has regularly led to micro-aggressions from other psychotherapists about my colour, my build, or even my perceived level of intelligence.

Intersectionality, though, is not just tied to issues of otherness. The idea of privilege and identity is also essential to any exploration of otherness, as one can not exist without the other. An intersectional exploration of privilege helps us to recognise that we all hold some aspect of privilege, and prevents over-identification with our sense of otherness. So, building upon my earlier example, as well as being a man of colour and the son of immigrants, I am also heterosexual and an academic. These multiple aspects of my identity mean that I am at times an outsider, but also hold certain privileges.

When training students to work with privilege and otherness I use a variety of techniques to challenge their preconceived ideas and prejudices, to help them to explore their privilege. Any session which considers otherness has to be structured to hold feelings

of shame that might come up for participants, no matter their position of privilege or otherness, or even both. Often, I have realised, the reactivity, or the fragility of recognising even the possibility that one has oppressed another human being, can lead to a defensive reactivity, the type that then often leaves minorities retraumatised.

The importance of providing students with these tools and experiences of the other should not be underestimated. This is especially important as the age we live in holds echoes of Freud's time, when he moved from Austria to the UK to avoid the rise of Fascism. This age of Brexit, with its intolerance of the other, means that understanding and holding the experiences of the other are more important than ever. So social justice, its place in psychotherapy, and how I combine these worlds has, I now recognise, always been on my radar. Personally, considering the focus of my work, the timing is impeccable. ●

► [Find out more about Dr Dwight Turner's work at dwrightturnercounselling.co.uk](http://dwrightturnercounselling.co.uk)



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Timeline

DR DWIGHT TURNER'S LIFE IN PSYCHOTHERAPY



On Screen

It won Oscar nominations and rave reviews on release, but was Ordinary People's portrayal of psychotherapy equally successful? Hilda Burke explores

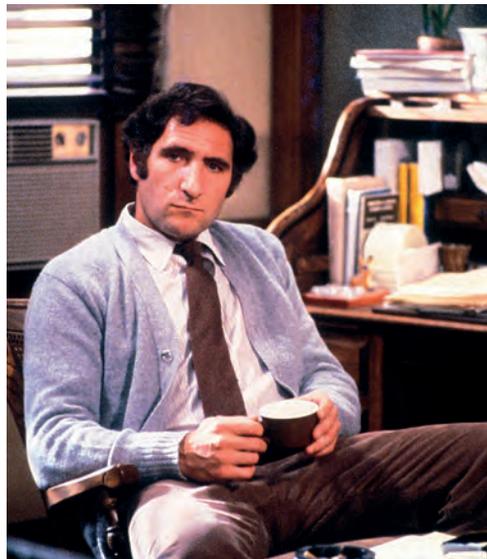
Dr Tyrone C Berger *Ordinary People*

A family is torn apart following the untimely death of the eldest son in a boating accident. Conrad, the son who survived the accident, is struggling with guilt over his brother's death, and has recently emerged from a psychiatric institution following a suicide attempt. On the recommendation of a doctor, he consults a psychiatrist named Berger.

In their first session, Berger ushers Conrad into his room and begins to tinker with his turntable. Suddenly, classical music blasts out, and with attention more focused on lighting a cigarette, Berger asks how long Conrad has been out of hospital. First impressions of this seemingly distracted therapist are not positive. We're drawn into dismissing Berger initially, getting the impression that he's half-hearted and somewhat jaded by his work.

But Berger quickly engages deeply with his client. To me, he is less therapist and more 'big truth hunter'. Berger seeks to strip Conrad down – break through his defences – in the name of 'the truth'. Pushing Conrad to express his feelings, Berger shouts: 'Cut the shit – you're mad as hell.' For Conrad, this is a foreign language, one that isn't spoken at home, and he tells Berger he doesn't know what he feels and asks him what he wants him to say, to which Berger replies, 'Tell me to fuck off, I dunno.' Dejected, Conrad explains that all he ever feels is 'lousy' and Berger taunts him by singing 'I never promised you a rose garden'. These tactics heighten the dramatic tension on screen, but I'm not sure how they would play out in real life!

At this point, the therapeutic screen is pretty much in tatters. But Berger is constantly tracking Conrad's feelings and is never less than fully engaged, albeit



ABOVE: Berger is deeply engaged, but in blurring boundaries, he ultimately betrays the therapeutic relationship

at the risk of bulldozing through Conrad's defences. This approach culminates at the end, when Conrad, in crisis after a friend commits suicide, demands to see Berger late at night. Berger meets him shortly after in his consulting room.

This doesn't feel kosher on one level, but it could be argued that, as a psychiatrist to a minor who is a suicide threat, there were other 'rules' of their therapeutic relationship. Berger strongly steps into rescuer mode in this highly charged session. Conrad is ranting about his guilt at no longer being able to grip onto his brother when their boat capsized. He is lost in the memory, visibly reliving it, when Berger steps into the role of his brother and when Conrad implores him, 'Why

did you let go?', Berger responds – 'Cause I got tired.'

This is what ultimately allows Conrad to let go of his feeling of culpability. However, the therapeutic boundaries are now totally blurred.

It doesn't stop there. When Conrad starts to question the value of his life, Berger reassures him, saying, 'I'm your friend.' It's a nice moment that works in terms of the narrative, but, as a therapist, I cringed. Conrad is very vulnerable, has been let down by many of those around him and now his therapist is offering himself as friend in a blatant betrayal of the therapeutic relationship.

Aside from Berger's trammelling of boundaries, the real disservice *Ordinary People* does to therapy is its depiction of how quickly the clients are 'healed'. Within a few months at most, Conrad transforms from a repressed, anxious adolescent into someone who embraces the mother who has rejected him, and shares his emotional pain with his would-be girlfriend. Rarely are things sorted out so simply in real life.

What have you seen on screen that has annoyed or inspired you? We'd love to hear your stories.

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12 September: London

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