UKCP
UK Council for Psychotherapy

New Psychotherapist

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ON WHY MEN NEED TO TALK – AND HOW PARLIAMENT CAN HELP

ALWAYS ON

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New Psychotherapist
The magazine of the
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EDITORIAL POLICY
New Psychotherapist is published for UKCP members, to keep them informed of developments likely to impact on their practice and to provide an opportunity to share information and views on professional practice and topical issues. The contents of *New Psychotherapist* are provided for general information purposes and do not constitute professional advice of any nature. While every effort is made to ensure the content in *New Psychotherapist* is accurate and true, on occasion there may be mistakes and readers are advised not to rely on its content. The editor and UKCP accept no responsibility or liability for any loss which may arise from reliance on the information contained in *New Psychotherapist*. From time to time, *New Psychotherapist* may publish articles of a controversial nature. The views expressed are those of the author and not of the editor or of UKCP.

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Welcome

ISSUE 69 / AUTUMN 2018

FLIC EVERETT
Flic Everett has been a journalist and editor for 25 years. She has written for *The Times*, *The Daily Telegraph*, *The Guardian*, and many other titles, most often on relationships, personal development and family issues. She has promoted the benefits of psychotherapy throughout her career

Welcome to this Autumn issue of the UKCP members' magazine.

The expertise of qualified psychotherapists is needed more than ever, as mental health crises bite across all demographics. As UKCP is also a campaigning organisation, it's vital that policy makers hear what professionals have to say about lack of funding and the importance of putting mental health at the forefront of future NHS planning.

That's why we were delighted to speak to Johnny Mercer MP about his own passionate commitment to better mental health and provision of therapy for everyone who needs it (p26). He talks openly about his own depression and anxiety after serving in the army.

But while everyone can benefit from psychotherapy, millennials are, it seems, currently in the most need. In this issue's Report (p16), we look at the concerns of clients born after 1980, who have grown up in a digital world, and ask what resources are needed to support this group. Plus, academic Bridgette Bewick introduces her new research in this vital area (p24).

On a lighter subject, this issue also looks into humour in the consulting room (p42). Is there ever a place for jokes between client and therapist – or are they generally a cover for uncomfortable feelings? UKCP therapist Alex Dalziel explores the limitations of laughter in the therapeutic process.

Elsewhere in the issue, we meet cult survivor Dr Gillie Jenkinson who now uses her psychotherapeutic experience to help ex-cult members break the vicious psychological hold (p52). In this fascinating interview, she explains why it happens, and how to begin undoing the damage. Finally, UKCP's chief executive Sarah Niblock outlines her vision for the organisation, and discusses her own life-changing experience of therapy (p32).

New Psychotherapist welcomes your thoughts, feedback and ideas – please do get in touch, we are here to represent you, the members of UKCP, bring the importance of psychotherapy to a wider audience and campaign on your behalf.

I hope you enjoy the issue,

FLIC EVERETT
Editor

Get in contact

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

- **editor@ukcp.org.uk**
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- **www.psychotherapy.org.uk**
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info@ccpe.org.uk, www.ccpe.org.uk, Tel: 020 7266 3006

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On the Cover

Adapting therapy to address millennials' mental health needs

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Bulletin
ISSUE 69 / AUTUMN 2018

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

The report recommends further research and evidence-based work

NEW STUDY

Only the lonely?

A study has found that more than nine million Britons 'always' or 'often' feel lonely

Loneliness is Britain's hidden mental health issue. While people are encouraged to open up about depression and anxiety, feelings of loneliness are often dismissed and stigmatised, entrenching the sense of isolation.

Now, after a study from the Jo Cox Commission on Loneliness found that more than 9 million Britons 'always' or 'often' feel lonely, the government has attempted to recognise the problem by appointing a Minister for Loneliness: politician Tracey Crouch. Since her appointment in January, she has been 'inundated' with requests for help.

'The main thing is recognising the issue and breaking down the stigma'

'The contact we had from people who either provide solutions for communities to stay connected, or people themselves suffering from loneliness has been extraordinary,' she said. 'I think one of the things the announcement has done is made it clear there is a thing called loneliness and we should take it seriously. And it does have a public health impact.'

FURTHER RESEARCH

The study recommended further research and evidence-based work to tackle the problems, with younger people more likely to feel lonely than older ones, according to research from the Office for National Statistics.

Her team is now looking into which groups are most vulnerable to loneliness, and 'trigger points' such as leaving home or bereavement.

'The main thing is recognising the issue and breaking down the stigma around it. We are really at the start of a journey that perhaps mental health was at a decade ago,' she said.

How mental health professionals can help the understanding of loneliness is a key factor – so UKCP is very much hoping that Tracey Crouch's office will be interested in our input, as her research into this vital area continues.

▶ *Read more about the study at www.jocoxloneliness.org*

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Mirror on millennials
Overwhelmed and undersupported: a look into the mental health of Generation Y
Pages 16-23

LEFT: Former UKCP chair (and remainer) Emmy van Deurzen

NEWS

BREXIT THERAPY

With Brexit looming, UKCP psychotherapists are increasingly finding that clients are suffering uncertainty, anger and anxiety over the coming severance from the EU and its potential consequences. In response, five therapists from London's Existential Academy are volunteering up to six free sessions of one-to-one support for those with 'Brexit anxiety'.

The scheme is headed by former UKCP chair Emmy van Deurzen, a Professor of Psychotherapy at Middlesex University, who specialises in identity issues. She and Dr Helen De Cruz surveyed 1,300 UK citizens who had voted to remain in the UK and found they were experiencing emotions such as anger, devastation and depression.

'Many clients no longer feel welcome in a country they have considered home for many years,' Prof van Deurzen said. 'Significant tension, sometimes even hostility, in families and colleagues between 'leavers' and 'remainers' has also been a common issue and several users have experienced blatant prejudice,' she added.

Dr van Deurzen expects demand for the service to increase as the leaving date draws closer. 'Recent comments from the Brexit Secretary 'assuring' EU citizens that they won't be 'turfed out' by the government, do not assuage but rather consolidate a sense of otherness for many of our callers,' she said.

▶ *www.existentialacademy.com*

'Many clients no longer feel welcome in a country they have considered home'

NEWS

TUNE IN TO NEW UKCP PODCAST

UKCP has launched a new podcast series in partnership with *Psychologies* magazine: Talking Therapies with *Psychologies* and UKCP.

The series launched on 12 June and subjects tackled so far include infidelity, social media, sex addiction and wellness in the workplace.

UKCP CEO Professor Sarah Niblock talked to UKCP member and LBC Radio host Lucy Beresford for the first episode, which asked 'Can you heal from cheating?' Lucy hosts LBC Radio's sex and relationships phone-in show and is agony aunt on ITV's *This Morning*.

In the second episode, Niblock discussed social media with UKCP member Aaron Balick, an expert on social media and technology.

UKCP chair Martin Pollecoff has also hosted two episodes, talking to UKCP registrant Rodney Collins about whether sex addiction is real, and to UKCP psychotherapist Jared Green about the benefits of keeping work and home life separate.

▶ *You can listen to the podcasts at: www.psychotherapy.org.uk/ukcp-news/ukcp-podcasts/*

Have your say
Tell us what you think about this issue. Email editor@ukcp.org.uk

LEFT: The survey suggests mental health education is still in its infancy

SURVEY

Education, education, education

A new BUPA survey has found that 25% of people delay seeking help for mental health issues because of 'misconceptions' about signs and available help. A huge 86% did not recognise bipolar disorder, while 78% believe OCD is simply about 'liking things to be neat and tidy'. However, 90% could identify common signs of depression. The study also made it clear that widespread mental health education is still in its infancy, with 46% getting information from TV and 49% from a friend or family member with a condition. Better education and early intervention are areas of mental healthcare that UKCP is committed to improving – and it seems the need is definitely there.

78% believe OCD is simply about 'liking things to be neat and tidy'

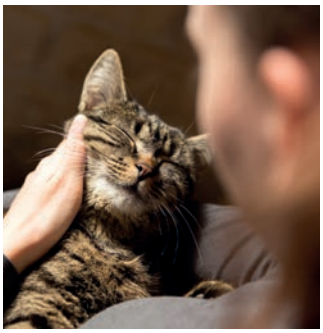
86% did not recognise indications of bipolar disorder

90% could identify common signs of depression

ANIMALS

PET THEORY

A new study published in the *Journal of Psychiatric Research* suggests that pets can help people who have previously been unresponsive to interventions. Treatment-resistant depression (TRD) has been recently identified as 'depression that does not respond to two or more adequate trials of different medications or psychological therapies'. The study found that 33 patients (who did not have pets) experienced dramatic improvements 12 weeks after choosing a cat or dog – and over a third no longer met the criteria for depression. Therapy and anti-depressant medication continued during this time. Both men and women responded equally positively.



YOUNG MINDS

SCOTTISH STUDENTS NEED SUPPORT

The millennial mental health crisis (Report, page 16) is cutting deeply north of the border, with NUS Scotland data showing that the number of students seeking counselling has nearly doubled in five years. There were 8,180 requests for counselling support in 2016/17, compared with 4,541 in 2012/13. The growth may be due, in part, to greater mental health awareness and movements such as #metoo, but NUS Scotland also blames exam stress, part-time work and debt, and is demanding more resources to address the shortfall in support staff. While currently there are 55 'part-time counsellors' at Scottish universities, the need for trained professional psychotherapists in higher education is greater than ever.

Meet Professor Sarah Niblock
UKCP's chief executive on her ambition to raise the profile of the organisation
Pages 32-36

KIDS

Unhappy childhood

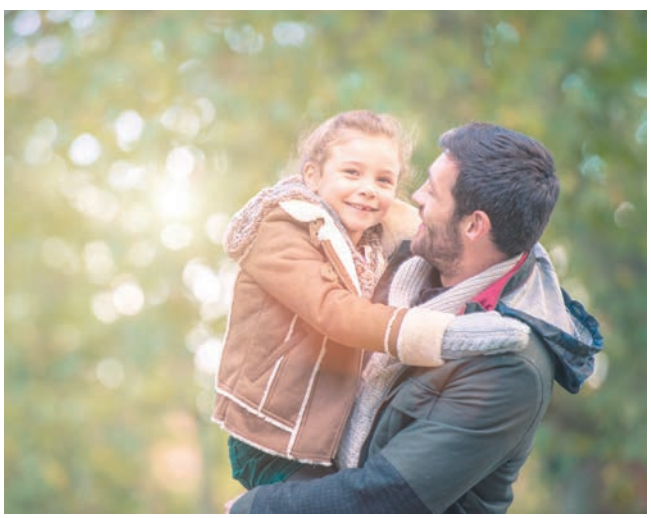
Children with depression could be helped by an interactive therapy for parents, according to new research from Washington University School of Medicine.

'By identifying depression as early as possible then helping children try to change the way they process their emotions, we believe it may be possible to change the trajectory of depression and perhaps reduce or prevent recurrent bouts of the disorder later in life,' said the study's principal investigator Joan Luby MD, director of the university's Early Emotional Development Program.

The participating families attended a series of 20 sessions focused on emotions, using activities such as giving a child a parcel and making him or her wait to open it, while the parent observes and is coached through an earpiece to help the child control their emotions. The aim is to help parents manage their own emotions, and help children to do so too. The depressed children were aged three to seven, and half of the study group received the therapy, known as parent-child interaction therapy emotion development (PCIT-ED).

Those receiving the intervention soon after diagnosis had lower rates of depression 18 weeks later and the severity after therapy was also lowered, while parents also reported reduced levels of depression. Researchers are now conducting follow-up tests and brain-imaging to investigate changes in structure as a precursor to later problems.

'Even without targeting the parent directly, if a parent has been depressed, his or her depression improves,' said Luby.



LEFT: New therapy aims to help parents help their children manage emotions

RIGHT: Long NHS mental health waiting lists are forcing patients to book privately

NHS
PRIVATE PROBLEM

NHS patients are requesting better access to therapy in the face of lengthy waiting lists. Since 2016, demand for private therapy has risen by 65%, while mental health trusts are receiving less funding than they did in 2012.

Over three-quarters of patients who booked sessions with a private therapist said that they did so due to the NHS waiting time. The most common reasons for booking were depression and anxiety, eating disorders and stress.

Out of 2,129 counselling and therapy patients who were surveyed by an online service marketplace, more than three-quarters (77%) said that they booked because NHS waiting lists were too long.

The Royal College of Psychiatrists reported that in 2017, the income of mental health trusts in England was lower than in 2011, adjusted for inflation: 62% of mental health trusts reported a lower income.

UKCP would like to see a greater commitment to training new therapists and funding earmarked for NHS therapy that offers more choice for patients.

62%
of mental health trusts reported a lower income

Member News

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

CPD

Working with dreams and nightmares

UKCP therapist **Dzmitry Karpuk** has developed a framework for dealing with sleep disturbances

LEFT: SEER was originally created as a set of interventions for working with multiple traumas

A novel Systemic Experiential Embodied Reprocessing (SEER) framework for working with nightmares has been developed, and is being offered as potential CPD by UKCP-registered therapist Dzmitry Karpuk.

This method was originally created as a set of interventions for working with multiple traumas in response to the limited choice of trauma recovery therapies, and specifically to address the high dropout rate related to re-traumatisation during trauma-focused therapies. Nightmares are a common manifestation of PTSD and other complex traumas.

According to a 2017 survey of 146 therapists, conducted by the University of York, only 19.3% reported that their formal training provided a good theoretical framework and interventions for working with nightmares. However, 83.4% of respondents have had clients who presented nightmares (recurring dreams: 67.6%). Interestingly, 78% of respondents reported that nightmares and sleep disturbances were usually associated with embodied experiences such as pain, tension and other uncomfortable bodily sensations, while lacking the confidence to integrate embodied experiences in their therapies. This survey motivated Karpuk to continue developing the SEER framework.

'Nightmares are a common manifestation of PTSD'

One major challenge is that SEER seems to run counter to most existing theories of the causes of dreams, so an alternative was needed. Professor Tom Stoneham, from the University of York, had developed a cultural-social model of dreams that fits perfectly with SEER. Tom is collaborating with Dzmitry and contributing to the CPD training, while his researchers are following up with participants at those workshops to explore their experiences using SEER and to assess its effectiveness.

▶ *Find out more on trauma recovery support at www.complextrauma.uk*

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LEFT: Dr Divine Charura who received a UKCP research grant

'The awards... support a diverse range of projects and members'

STUDY GRANTS

Research update

In 2017, the Research Faculty Committee in UKCP offered seven awards in support of member research, with the intention of supporting a diverse range of projects and members. Some projects were at an early stage and ethical approval was required; five are now complete. Read the final reports on the UKCP site at bit.ly/2017researchawards

Two projects were presented at the Research Conference in 2017. Divine Charura reviewed the literature on the use of psychometric measures for assessing refugees and asylum seekers, followed by a qualitative study exploring therapists' experience of using measures with these populations. Peter Stratton reviewed outcome literature on systemic and family therapy (supported by the Association of Family Therapy). Azmin Remuntullah and colleagues identified the effects on therapy for women who had experienced sexual violence or abuse and therapy under pre-trial conditions, while Elizabeth Cohen explored the use of the calendar and consideration of time issues in therapy for children, and Siona Bastable Vizard interviewed adults who self-identified Attention Deficit Hyperactivity Disorder (ADHD).

Congratulations to all those who took part.

TRAINING MILESTONE

CONGRATULATIONS TO THE MINSTER CENTRE

This September, the Minster Centre in London celebrated 40 years of providing highly regarded psychotherapy training. Founded in 1978 by Helen Davies as the first integrative training programme in the UK, it is now one of the longest established and leading Integrative Psychotherapy and Counselling training institutions in Europe. The centre caters for around 300 diploma and MA students each year, as well as offering a range of short courses and CPD events.

The training begins with the belief that many approaches have valuable contributions to make to the field of psychotherapy and counselling. This encourages people to find their own identity as therapists, enabling them to understand more deeply what causes human dysfunction and unhappiness, and also what facilitates change.

The centre has a long tradition of social commitment, reflected in its training syllabus, and students are encouraged to reflect on issues of diversity and society as part of their work. It runs an affordable therapy service and offers student bursaries.

'To reach a milestone like this is an achievement and testament to our approach,' says director Lissie Wright. 'I believe we've created a training programme that is integrative, relational and embodied. It is theoretically rigorous and fosters self-awareness, curiosity, courage and a sense of community in our students.'

▶ *www.minstercentre.org.uk*

ABOVE: The Minster Centre has provided psychotherapy training for 40 years

Reviews

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

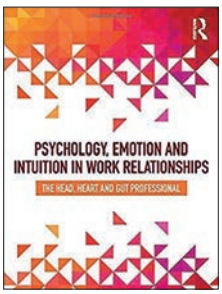
Psychology, Emotion and Intuition in Work Relationships

This book is relevant for every practising professional in our stressful workplaces. Its key theory is that the essential element of professional therapeutic success is the practitioner's ability to form a relationship with the client through a judicious combination of 'head, heart and guts'. Most of us have encountered a practitioner whose knowledge and experience is marred by a complete inability to relate to us as people. Professional expertise, albeit significant, is not enough.

The book covers a wide range of issues, from psychotherapy and neuroscience to working in systems and organisations, and mediation. Most importantly, the reader is referred to other sources where subjects can be pursued in further depth.

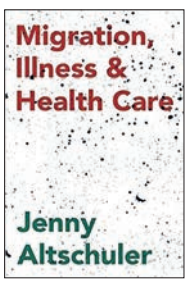
The authors have experience across a range of professions, demonstrated in their excellent chapter on 'difficult people'. Reading this could make it a little easier to deal with those people we have all encountered who may present as charming and personable at first but can reveal themselves to be dominating and utterly intransigent.

The book ends with some reflections on the transitions and endings with which we all deal in our professional and personal lives. Nowadays, it is a constant source of wonder to me that so many people manage to practise in accordance with the book's model, despite the difficulties. Perhaps reading this will encourage others to follow suit.



Details

- **Reviewed by:** Val Simanowitz MBACP senior accredited counsellor, supervisor and ex-trainer
- **Authors:** Henry Brown, Neil Dawson and Brenda McHugh
- **Publisher:** Routledge
- **Price:** £24.99
- **ISBN:** 978-1138302747



Details

- **Reviewed by:** Rory Worthington, CFCST Chair
- **Author:** Jenny Altschuler
- **Publisher:** Palgrave
- **Price:** £24.99
- **ISBN:** 978-1137378507

Migration, Illness and Healthcare

This book adds an important dimension to the work of psychotherapists with clients who have migrated to the UK, often under challenging circumstances. Specific attention is given to refugees and asylum seekers, whose circumstances can be especially difficult.

The book's strength lies in the way the author avoids stereotypes by focusing on individual experiences. Altschuler begins by addressing the links between migrancy and health. There is a lengthy analysis of the emergence of mental health issues, and the impact of violence.

Following a rich section on culture, diversity, language and prejudice, she invites us to think about the effects of migration on the individual and the family. Altschuler emphasises the role of psychotherapy, in helping address issues of confusion, alienation, shame and guilt associated with leaving. These are often exacerbated at times of reunions with loved ones.

The chapter written by Rachel Hopkins on work with patients at a general practice is at times painful to read. One story concerns a patient who could not think of his health until he had resolved the continuing changes to his temporary housing.

This book helped me consider how to make my own practice more responsive to cultural differences, as well as widening my understanding of healthcare on the lives of clients.

Feedback

We want to hear your stories, news and views, so please get in touch

Moving in the right direction

Well done and thanks for a great relaunch issue of *New Psychotherapist*. I feel happy about the direction UKCP seems to be moving in.

I really like the new emphasis on bringing psychotherapeutic ideas into the mainstream. I think we have such a lot to offer society. I believe that if psychotherapy comes to be seen as useful and relevant, more funding will come. It has to be that way round.

I also enjoyed the focus on individual therapists' practice. However, I did wonder whether space could still be given to the odd in-depth case study or practitioner's dilemma.

Overall, though, thank you for this interesting and engaging magazine, and for the major shift in direction.

Zac Solomons

UKCP replies: *Thank you for your feedback; we're really pleased you like the direction of the relaunched issue of* New Psychotherapist. *We are constantly reviewing the content of the magazine with the editorial team and will be considering your suggestions.*

A breath of fresh air

I just want to say how much I appreciate the developments within UKCP. I've just listened to a podcast made in conjunction with *Psychologies*. I liked the lack of jargon, the outward-facing approach to the public and the promotion of our organisation and psychotherapy. A breath of fresh air.

I also really like the way *New Psychotherapist* has been given a facelift. It's altogether more engaging, interesting and inspiring to read. Thank you.

Judith Waring

▶ *See page 7 for more information on our podcasts.*

Have your say
Tell us what you think of this issue. Email **editor@ukcp.org.uk**

BLOGGING WITH LIFELABS

As part of our partnership with *Psychologies* magazine, our members have been able to sign up to use LifeLabs, the blogging platforms.

The feedback from the active members on the site has been very positive. The blogs on the UKCP channel have been seen by more than 250,000 people and shared more than 500 times on social media.

Several members have also seen their profile raised by the partnership, with enquiries from potential clients increasing from the promotion.

We're pleased to have secured another offer with LifeLabs for the price of £30+VAT for a 12-month subscription. For more details please visit ***bit.ly/psychologiespartnership***

WORKING WITH BACP AND THE BPC

Earlier this year we told you about a ground-breaking project we're working on with BAPC and the BPC to set out the training requirements and practice standards for psychotherapy and counselling.

This will be moving into its next stage soon. You can keep updated with it on our website at ***bit.ly/framework-counselling-psychotherapy***

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If you would like to know more about group analysis and group therapy, or how to continue your learning journey, join one of our events or courses.

EXCITING DEVELOPMENTS IN SCOTLAND

- **Quarterly Meetings for Members and Colleagues for professional contact, dialogue and development (QMMAC)** Edinburgh • Fridays: 30 November 2018, 22 February 2019, 21 June 2019 • £15/ £30
- **LAUNCHING SOON – Introductory Weekend in Group Analysis** Glasgow • Spring 2019

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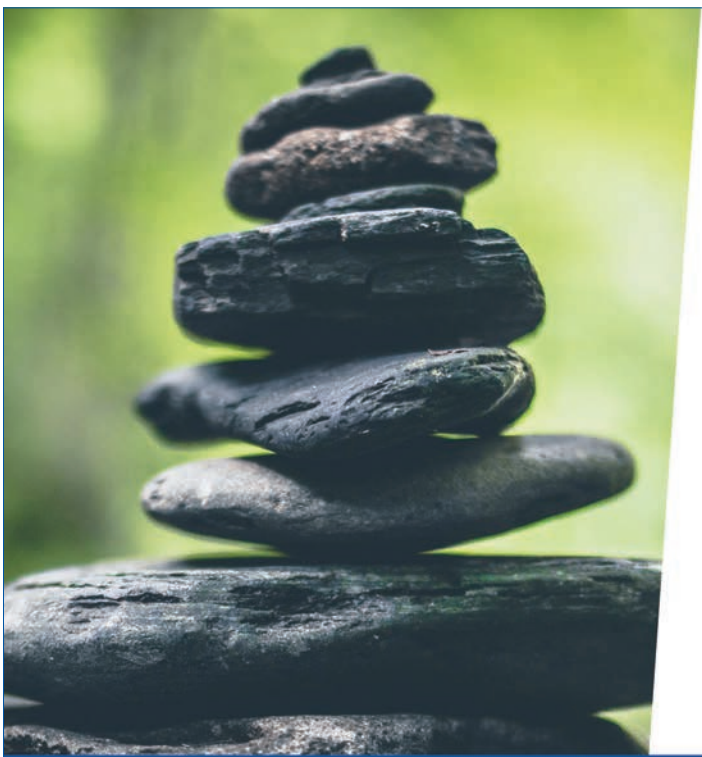

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OVERWHELMED AND UNDER-SUPPORTED: WHY MILLENNIALS ARE FACING A MENTAL HEALTH CRISIS

YOUNGER ADULTS ARE STRUGGLING WITH ANXIETY AND DEPRESSION, BUT HAVE NO BETTER ACCESS TO MENTAL HEALTH SERVICES AND PSYCHOTHERAPEUTIC SUPPORT THAN THE REST OF THE POPULATION. **RADHIKA HOLSTROM** EXPLORES THE PROBLEM

There is a great deal of attention at the moment on young people's mental health, and rightly so. In response, the government is making efforts to recognise and indeed fund strategies to tackle the problems. However, researchers are also pointing to a slightly older age group facing mental health challenges. 'Millennials' (roughly defined as people born between 1988 and 2000, or aged 18 to 30) are experiencing their own crisis.

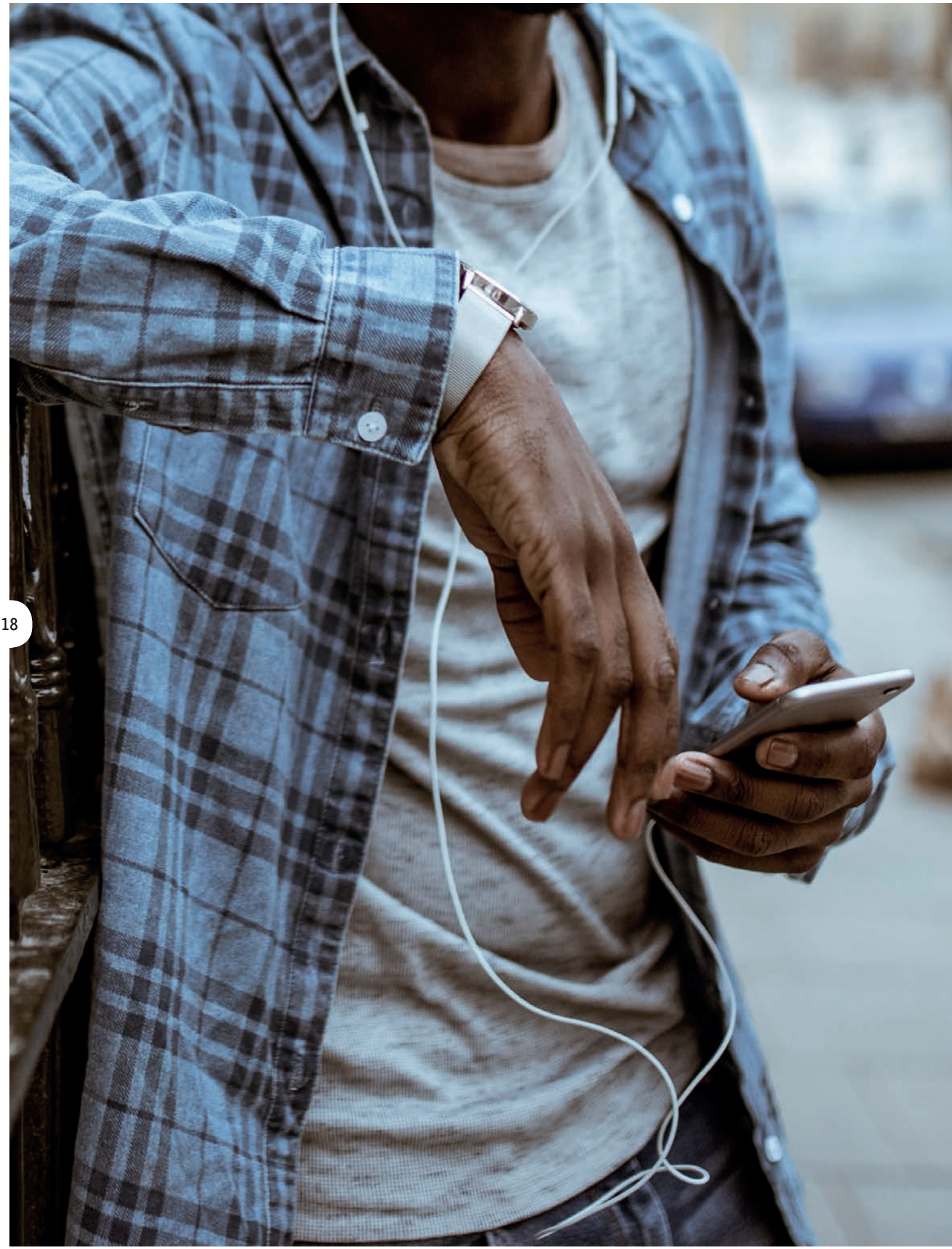
The Office for National Statistics (ONS) reports that 5% of adults in England report feeling lonely 'often' or 'always', particularly younger adults aged up to 24. The ONS also singles out 'people who feel they belong less strongly to their neighbourhood' and 'people who have little trust in others in their local area' – and in particular 'younger renters with little trust and sense of belonging to their area'[1]. In fact, the think tank Resolution Foundation points out that those younger renters have up to a one-in-three chance of staying renters for the rest of their lives[2]. Young people today face an uncertain financial, political and economic future; many graduates are leaving university with at best an entry-level job, and very little job security; they have experienced an education system that simultaneously demanded high-level achievements and repeatedly changed the context in which these achievements were expected; and they inhabit a world where their interactions with others are conducted in a very public sphere, 24 hours a day.

JUGGLING TWO WORLDS

In fact, the issue that comes back again and again with this age group is that of 'growing up digital'. Dr Bridgette Bewick of the University of Leeds has been looking in successive studies at the effects on university students, who make up around a third of the post-school population[3]. As she reports in her feature on page 24, a number of these young people felt that they were 'out of control' about the online world, which was not only running in parallel with real life but sometimes becoming more important. 'Many felt that they were endlessly distracted and, if they weren't mindful, they could spend much longer than they wanted online. They were looking at endless news feeds or following people who perhaps they didn't find particularly helpful. Some of them felt everyone else was having fun and perhaps they'd done something that meant they weren't being asked to join in.'

›

1 www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10
2 www.resolutionfoundation.org/media/press-releases/up-to-a-third-of-millennials-face-renting-from-cradle-to-grave
3 www.ucas.com/corporate/news-and-key-documents/news/largest-ever-proportion-uks-18-year-olds-entered-higher-education-2017-ucas-data-reveals



A number of students also were aware that they had used online activity to cope with feeling isolated at university, rather than going out and making a non-virtual social network. It's also significant, she points out, that the people who were letting the digital world dominate were also neglecting important things such as sleep, exercise and healthy eating, all of which help foster good mental health.

THE PRESSURE FOR PERFECTION

Bewick's work looked at that age group as a whole. What about those who are actively presenting with specific issues? Victoria Leeson, who has a private practice and also works for a charity-based counselling service in Leeds, finds that social media is a huge pressure – but it is not the only one. 'The majority of my private patients tend to be in that age group and have issues around anxiety and depression, which themselves are often around the issue of identity. Social media fosters this consistent comparison: images on Instagram, the status on Facebook, the sense of failure because you're not doing what everyone is doing. They're fostering friendships and relationships solely online, with people they may never have met. When it comes to relationships, some find social media can help them, but also it brings about certain anxieties that nobody will find them attractive, and in a very direct sense you're spending your time on your phone not talking to people.'

Elif Ebeoglu, who practises in Reading, adds another perspective. 'There is a lot more choice, because there is a lot more connectivity. They've grown up with the internet, WhatsApp, the phone, Instagram – all those things that offer such opportunity in terms of friendships and relationships and jobs, and that can seem overwhelming. If you do not have a secure sense of self, you can feel lost and also feel unable to articulate that. It's not that people come in saying they feel lost; they are coming in with issues that are a by-product of having so much choice over who they are.'

A further issue is that, unlike previous generations, the economic position that many millennials find themselves in is far more precarious than previous generations. Most are unable to afford a house, and are renting a flat-share into their thirties or have been forced to move back in with family, at a time when the developing mind is desperate to break free of childhood. They are also living in a world with far less personal responsibility – most do not marry or have children until their thirties or beyond, so many can feel purposeless and that their lives lack meaning – and are more likely to drink, 'party' to excess or take other sexual or emotional risks, as a way of generating jeopardy in their own lives.

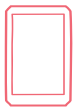
Leeson flags up another major issue for this age group too. 'The focus tends to be on academic or professional achievements rather than their inner selves. My experience is that they've never really had the emotional toolkit, the framework around them to explore what is going on in their lives, which is particularly typical of those who've had a university-level education.' This is exacerbated by the reality of post-graduate jobs that are not necessarily rewarding or fulfilling.

This is also the conclusion of a study conducted by researchers from the University of Bath and York St John University, published at the beginning of this year[4]. According to their analysis of data from over 40,000 American, Canadian and British university students – aged between 18 and 22 – from 1989 to 2017, the extent to

83% of 18-24 year olds said they had felt so stressed they were overwhelmed or unable to cope at some point over the past year. This compares to an average of **74%** of adults – **81%** women compared to **67%** men.

The Mental Health Foundation's survey for Mental Health Awareness Week 2018

4 www.bath.ac.uk/research/news/2018/01/02/perfectionism-young-people



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which young people attach an irrational importance to being perfect, hold unrealistic expectations of themselves, and are highly self-critical has increased by 10%; the extent to which they judge others by these standards has increased by 16%; and – most alarmingly – the extent to which they feel that others are judging them, and that they must display perfection in order to secure approval, has increased dramatically, by 33%.

Lead author Dr Thomas Curran, of the University of Bath, explains: 'This last form of perfectionism, associated with other people's expectations, is the form of pressure that is most linked to suicide. We looked at 27 years' worth of data and this has been on the increase since the late 1980s; there has definitely been a spike. And I'm seeing that in my office all the time – young people coming to me in distress, reporting pressure and stresses and strains associated with failure and not feeling good enough. Three or four years ago you might see one or two, but now there's an increase, and that's taking a toll on their psychological health. Student services report an increase in the need for psychological support so there is definitely something going on in students reporting mental health problems.' Independent research bears this out, with the Institute of Public Policy reporting that universities are seeing a dramatic rise in students using mental health services[5].

Once again, Curran associates this with the digital world. 'The students I see now are from the first generation that have only known smartphones and tablets. They are very different from generations even three or four years ago. They have different senses of humour. It is a gradual thing, and I wouldn't pinpoint one particular cohort or another, but there's no doubt that the last two or three years have seen a lot more students in distress.'

Once people leave the child and adolescent mental health services (CAMHS), their options are the same as any other adult's: therapies either by self-referral to the Improving Access to Psychological Therapies (IAPT) programme, access via a GP or a private practice – or a specific student (or employer) service.

Over 900,000 people now access IAPT services each year, and the aim is to expand this to 1.5m adults by 2020 – but the emphasis on 'evidence-based psychological therapies' often means a short course of CBT, rather than the in-depth, open-ended psychotherapy for which many younger people are crying out.

FINDING SOLUTIONS

'The people with more of a critical awareness, who could be more mindful about making informed decisions, were the ones who felt more in control of what was going on,' says Bewick. If there is a broad consensus over the problems, and at least some sense that these can be turned round, how can millennials be supported in developing better mental health?

Bewick suggests that the focus should not be on the modality, but on actually targeting this cohort; and in particular on finding ways to get services in touch with university students. Apart from the call to extend CAMHS to the age of 25 there is no specific policy or funding focus on this age group, and students in particular can be extremely vulnerable. They are coping with a number of new experiences; they are away from family and people who know them and can tell if they are acting unusually; and they are also away from the doctors and services they knew before.

'There is a real opportunity for universities and treatment providers, particularly in the area of psychotherapy and psychology, to come up with innovative ways to support young people,' says Bewick. 'This age group needs support to ensure they can manage their mental health and seek support when necessary.'

39% of 18-24 year olds said they had experienced suicidal feelings as the result of stress, compared to **32%** of all age groups. A disturbingly high proportion – **29%** – had self-harmed in connection with stress, compared to **16%** of all age groups.

The Mental Health Foundation's survey for Mental Health Awareness Week 2018

5 www.bbc.co.uk/news/education-41148704

WORKING WITH MILLENNIALS

THERAPIST **BETH GLANVILLE** EXPLAINS WHY SO MANY OF HER MILLENNIAL CLIENTS ARE STRUGGLING, AND HOW OUR PROFESSION CAN BEGIN TO UNDERSTAND THEIR UNIQUE NEEDS

BETH GLANVILLE
is a UKCP-registered psychotherapist and trauma/EMDR practitioner

She works with the Transport for London Counselling Service, and also in a private practice in north-west London

The quarter-life crisis has become better recognised in recent years. A 2017 LinkedIn survey found that 75% of 25-33 year olds experienced a quarter-life crisis, defined as 'a period of insecurity, doubt and disappointment surrounding career, relationships and financial situation'[1].

When we see clients lacking in self-esteem, a sense of belonging or a sense of safety – physical or psychological – we start to understand the challenges they are coming up against in trying to run before they can walk. 'Young professionals around the age of 30 form a noticeable client group at The Grove,' says Sarah Paton Briggs, psychotherapist and director of The Grove Practice in London. 'Many are coming to terms with what they imagined life would be like at the perceived milestone of reaching 30: career, sex and relationships, ambitions. At this age, there is often an adjustment of expectations, as well as filtering values absorbed from parents or peers in defining identity and ethos.'

The pressure to 'achieve' is often measured by external paths of evaluation – home ownership, marriage and children.
Subsequent failure to attain in a way that has been laid out as an expectation, perhaps even a given, can result in an 'expectation hangover'[2] and increased stress, or symptoms of more severe anxiety and depression, which can also tap into and retrigger earlier experiences, resulting in more severe and complex presentations.

Where young clients have unmet attachment needs, unresolved trauma, a history of abuse or underdeveloped social and interpersonal skills, their struggles with self-awareness, self-regulation, the ability to reflect and the capacity to develop real, meaningful relationships often result in the compensatory development of manic-type defences, where they must 'do, do, do' in order to 'achieve'. However, they often end up more stuck than ever.

At the other end of this spectrum we have avoidance, which I often see masquerading as 'mindfulness', 'positive thinking', or being 'laid back'. These buzzwords can be misinterpreted by young people and co-opted as ways to avoid difficult feelings, conversations and decisions, absolving themselves of responsibility or commitment.

It would be wrong to ignore social media and its impact on mental health in considering how millennials connect with others and develop in relationship.
Polyvagal theory states that defences must be worked with in order to enable the social engagement system to come into play[3]. So, if millennials have not had the opportunity to become fully aware of and work with or through their defences, either in their everyday life or therapeutically, how can they be expected

1 www.independent.co.uk/life-style/quarter-life-crisis-age-most-likely-job-work-relationships-linkedin-career-house-money-a8054616.html

‘Before we can truly connect with others we need to be able to connect with ourselves’

to wholly engage and relate face-to-face? However, before we can truly connect with others, we need to be able to connect with ourselves. When working with millennials, I often find them to be out of contact at a corporeal level, either unable to tune into their emotions and bodily sensations at all – let alone use them as a guide or barometer – or more used to quashing any sensation or emotion for fear of actually feeling. Against a backdrop of uncertainty regarding the trajectory of their life path, millennials are looking for control, and it is through living in their cognition and their analytical minds that many attempt to do so.

I work with millennials in my practice in individualised and nuanced ways, as I would with any client group.

I find that working in a short-term way can form an effective stepping stone between short- and long-term work, with more in-depth approaches and ways of working being considered and discussed, giving the client a clearer idea of what therapy can ‘do’, what it may look like, and what they can hope to get out of it. When working in a short-term framework I will often contract with a client to work on a ‘chapter’ of their story, or may use Eye Movement Desensitization and Reprocessing (EMDR) to address a particular issue before the client transfers into longer-term therapy elsewhere.

At times, the work can feel more like coaching, especially if we are working with career options. Much of the time I need to remind myself to trust in the process, and in the client’s autonomy, when ending with a client, and hoping that they will access longer-term support and find their path, as I so strongly hope they will. But then again when, as a therapist, does a bit of CPD training in ‘trusting the process’ and ‘being with the unknown’ ever go amiss? ●

2 Hassler C (2005). Twenty Something, Twenty Everything: A Young Woman’s Guide to Balance, Direction, and Contentment During Her Quarter-Life Crisis. *Novato, CA: New World Library*
3 Porges S (2015). Making the World Safe for our Children: Down-regulating Defence and Up-regulating Social Engagement to ‘Optimise’ the Human Experience. *Children Australia, Volume 40 Number 2*

THE WRONG KIND OF CONNECTION?

DR BRIDGETTE M BEWICK STUDIED THE PSYCHOLOGICAL IMPACT OF DIGITAL COMMUNICATION ON THE MILLENNIAL GENERATION. HERE SHE EXAMINES YOUNG PEOPLE'S FEELINGS ABOUT LIVING IN A WORLD THAT'S ALWAYS 'ON'

DR BRIDGETTE M BEWICK

(University of Leeds; PhD, CPsychol) is an Associate Professor and Chartered Psychologist

She specialises in monitoring, managing, and modifying the mental health and wellbeing of young people. She has expertise in developing and evaluating e-health tools to support health and wellbeing

Millennials are typified as a 'tech savvy' and 'well educated' generation. There is an expectation that today's young people will arrive at university well-equipped to traverse the modern world. However, millennials need support to enable them to cope with the complexities of integrating their online and offline lives. In our research, over 50% of university students reported an elevated psychological dependence on the online world. For many millennials the online world brings clutter, chaos and disconnectedness.

University is a time of transition associated with heightened stress and anxiety. Students turn to technology to help them cope with the loneliness of being away from their childhood home, friends and family. Millennials recognise this strategy as counterproductive. Students describe an ambivalent relationship with technology that both eases and exacerbates feelings of loneliness, providing short-term distraction while masking the long-term need for social connectiveness. Technology is simultaneously a way to connect and a cause of disconnection.

'I use these things [smartphone apps] that help me to connect with my family because I'm away from them ... these apps are the only type of connection we have so they allow us to keep in touch, it's like a 24-hour relationship by the app.'

'I spend way too much time on my phone... because I'm lonely... social media is my distraction... I should be spending time doing other stuff... meeting people... exercising... I spend too much time on my smartphone... I don't know how to stop it... I would have more time to connect with other people... psychologically it's... better for me...'

Online content heightens feelings of exclusion and of not being good enough. For many students their fear of missing out increases their sense of disconnectedness from real-world peers and leads them to doubt relationships. Seeing what others are doing is 'unavoidable', bringing a seeming lack of control over what is viewed.

'... at times you see things that people do and think, OK, why did they not invite me to that party... maybe I did something wrong... it's better if you don't know in the first place... if only I could select the things I don't want to look at... it's so visual you can actually imagine... people... going to this fun place and I'm not there...'

Millennials arrive at university having learnt about the importance of

‘Millennials are the first generation to develop a sense of self-identity through the lens of managed and curated online lives’

e-safety, of the need to safeguard their online lives and protect themselves from strangers and bullies. Strategies to limit access – such as setting strong passwords and being selective about accepting friend requests – are familiar. Students are less familiar with strategies to manage the day-to-day complexity of integrating online and offline lives, to deal with the stressors and pressures associated with the pervasiveness of the online world.

Students report being ill-equipped to cope with the psychological distress associated with dependence on the online world. They recognise an emotional attachment to social media. For some, a felt expectation that they’ll be constantly checking university feeds adds to the pressure.

‘… I feel overwhelmed that I have to reply to everyone who is texting me… I feel overwhelmed by people’s stories and photos, seeing them every day… it’s overwhelming sometimes and takes over a bit of your life… it’s everywhere… [the] need to be online all the time… [I] feel the need to be online at every point.’

Millennials are the first generation to develop a sense of self-identity through the lens of managed and curated online lives. For some, their sense of real-world self-identify and self-worth is intricately linked to how their online self is received and responded to. But there are others who grow tired of peers who prioritise their online self at the expense of real-world encounters.

‘I have a friend who is addicted to her phone… she thinks people really like her on social media… people are looking at her picture and commenting a lot, but she’s really disconnected… when we’re talking to her all she ever does is look at her phone… I don’t like it… that’s why I don’t hang out with her.’

TAKING CONTROL

Students are seeking ways of managing and coping with integrating real-world and online lives. Not all millennials have an unhealthy dependence on technology. Independent of external support, millennials find solutions that help them take back control – deleting persuasive apps from their smartphones, taking ‘digital detox’ breaks to reconnect with the real-world, being mindful to limit or stop phone use in real-world social situations, switching their smartphones for basic phones and implementing sleep-hygiene routines.

For many students, the pull of persuasive technology limits their ability to regain control. Students recognise their unhealthy emotional connection with the online world, they express a desire to change but cannot envision how such change can be realised.

We have an opportunity to work with students to develop innovative ways of managing online lives. Psychotherapists and psychologists are well placed to develop scalable resources that allow millennials to take back control, declutter their online lives and form meaningful healthy connections with the real world. ●

A FORCE FOR CHANGE

UKCP IS WORKING WITH MPS SUCH AS **JOHNNY MERCER** TO UNDERLINE OUR PROFESSION'S ROLE IN ADDRESSING THE MENTAL HEALTH CRISIS. HE EXPLAINS WHY THE ISSUE IS HIGH PRIORITY

There's no doubt that the national conversation around mental health is increasing in volume. With Theresa May last year launching an independent review of mental health provision and recent high-profile campaigns backed by Princes William and Harry, our profession's voice must also be heard.

As the voice for psychotherapists in the UK, we are working with MPs to set the agenda on therapy. We want to expand and develop the psychological therapy treatments available to patients, while also identifying cost savings to the public purse – a goal shared by Johnny Mercer, Conservative MP for Plymouth Moor View. Among other roles, Mercer is Vice-Chair of the All Party Parliamentary Group (APPG) on Mental Health and a member of the Health and Social Care Committee. 'I'm interested in redesigning health care,' he says. 'If we can treat people with mental health problems earlier using talking therapies, the cost is much lower, but the chance of them getting better is higher.'

One example of our policy work is our response to the draft National Institute for Health and Care Excellence (NICE) Guideline for Depression in Adults. UKCP has serious concerns about NICE's flawed methodology and lack of commitment to patient choice. A meeting with NICE representatives resulted in an unprecedented second consultation on the Guideline. Since the consultation ended, we have worked with a coalition of organisations opposed to the Guideline, with the UKCP Policy Team playing a critical role in lobbying MPs and

RIGHT: Johnny Mercer MP: 'If we can treat people earlier using talking therapies, the cost is much lower, but the chance of them getting better is higher'

Peers. This resulted in a letter co-signed by 31 MPs and Peers outlining their fears about the Guideline. As well as Mercer, signatories included Norman Lamb, former Minister for Mental Health, Dr Sarah Wollaston, Chair of the Health Committee, and Luciana Berger, former Shadow Mental Health Minister.

UKCP believes all key decision-makers in government, parliament and other public bodies responsible for health policy need a clear understanding of the effectiveness and economic value of talking therapies. To this end, we have linked up with seven other leading psychotherapy and counselling organisations to form the Talking Therapies Taskforce. Together, we aim to set out the economic case for talking therapies, create a national system to collect data on its efficacy, and formulate a workforce development plan and associated training programme – all evidenced by large quantities of NHS data.

TAKING THE ISSUE TO PARLIAMENT

As part of our long-term plan to bring the issue of talking therapies to parliamentarians, we want to ensure cross-party support for our campaigns. A vocal proponent of improving mental health support provision, Johnny Mercer is a firm believer in talking therapies – an advocacy born from personal experience, both in his formative years and as an ex-army captain. As a boy, Mercer had obsessive compulsive disorder. 'It dominated my life,' he says. 'I had a horrible time, and I think that if more people talked openly then about mental health, it would have helped me enormously.'

Although the conversation around mental health has got a lot better, much still needs to be done, believes Mercer. 'We still have some way to go in defining what it means for sufferers, looking at how to keep people well, and making sure that people – particularly men – don't have to be extremely poorly to access treatment.'

Mercer was recently struck by the lack of men at a meeting of the APPG on mental health, which regularly calls on government ministers, NHS organisations, health professionals, research bodies and people with experience of mental illness to give evidence. 'I was the only man there and yet there is a huge issue around masculinity.' Despite encouraging recent statistics, suicide remains the biggest killer of men under the age of 45.

ABOVE: Mercer is an advocate of talking therapies and a vocal proponent of improving mental health support

'I had a horrible time, and I think that if more people talked openly then about mental health, it would have helped me enormously'

MASCULINITY AND MENTAL HEALTH

As a society, we are increasingly examining and rejecting notions of 'toxic masculinity', in which men feel they must conform to repressive and aggressive ideals of what it means to be a man – and Mercer sympathises with this. 'The whole culture around masculinity needs to change. I see people who do things they think are masculine, yet those things are at odds with what I see as masculinity; it is an inner strength, rather than an outer strength that's on view for everyone to see.'

Through his time in the army, Mercer has direct experience of a traditionally masculine environment. He joined in 2001 at the age of 20. 'I have seven brothers and sisters and four of us ended up serving. It was an opportunity to see the world, make friends and have a good time. But in the back of your mind you always know that you may have to go into conflict.'

Mercer was deployed to Afghanistan in 2006 and 2008–2010. Aspects of serving in a conflict were mentally challenging, he says. 'The basics around warfare don't change – being frightened, having to show courage, having to lead people. My number two guy was killed and that was really tough. You just get on with it and deal with it later. For some people, that may be when they get home and for others, for

example, those who struggle with PTSD, it could be years later.'

Although mental health care is improving all the time for veterans, more needs to be done, he says. 'When I was in the army, Trauma Risk Management – where you could go to talk about mental health – wasn't taken seriously. Times have changed – there are people in our military psychiatric units who do an incredible job – but there is still some way to go.'

SEARCHING FOR ROLE MODELS

Closer to home, Mercer is working hard to improve the mental health of his own constituents. The lack of male role models in his constituency concerns him. 'I was struck by statistics about young people growing up in homes in Plymouth where there is no father figure. Their role models are only in the media or online. That is a big problem, because people only see the best side. A lot of our young people, men in particular, are missing out on seeing that it's okay to have a bad day, and to talk about how you're feeling.

'I can't over-emphasise the role of social media in changing our society,' he continues. 'What happens online for younger people can completely define their day – even who they are as an individual. You see tragic cases of people taking their own lives from cyber bullying. If we work harder on mental health and wellbeing that will change.'

Mercer is calling for a more joined-up approach to mental health; one that encompasses the economic and social structures of society. 'We need to reconfigure how we look at wellbeing – it includes things like having a job, good housing and social networks,' he says. 'Yes, we try to tackle these problems in isolation, but no one talks about how they affect mental health. I think that's the key to changing understanding.'

So where do anti-depressants fit into this picture? As part of the UKCP's work with the All-Party Parliamentary Group on Prescribed Drug Dependence, we are creating a guidance document for therapists working with users of prescribed drugs. This project will help to raise awareness of the alarming growth in the UK of prescribed drug dependence, and a big part of the solution is securing better public access to talking therapies. Mercer, for one, is wary of the over-medicalisation of mental health treatment: 'It's about preventing people thinking that, when they have a mental health problem, there is simply a medical, pills-based solution to how they feel – which is largely what people expect from their doctor,' he says. 'This fundamentally misunderstands the issues around mental health. Yes, there is an aspect to it that you can address by taking medication. However, we need to tackle the root causes of what is giving you that anxiety. What is stopping you sleeping? What is causing your depression? We talk about a parity of esteem between mental and physical health – that's more than just a sentence. It has to mean something.'

ABOVE: Mercer's views on masculinity, mental health and the treatment of veterans are informed by his time in the army

'It's about preventing people thinking that, when they have a mental health problem, there is simply a pills-based solution to how they feel'

Mercer is also clear on the importance of early intervention to address mental health problems. 'That is the game changer. It saves providers money and the chances of patients getting better are so much greater.'

By working with Mercer and other MPs, UKCP is determined to ensure that talking therapies form a vital part of this early intervention. Watch this space for updates on our campaigns as we take our mission – and the voices of our members – to parliament. ●

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‘Therapy is what **sane people** do’

By Flic Everett

UKCP CHIEF EXECUTIVE PROFESSOR **SARAH NIBLOCK** ON DEMYSTIFYING THERAPY AND HER EXCITING PLANS FOR THE ORGANISATION’S FUTURE

PROFESSOR SARAH NIBLOCK

UKCP Chief Executive

Niblock has worked as a journalist and broadcaster and has a doctorate in psychoanalytic theory. She was most recently professor and associate dean at University of Westminster's School of Media, Arts and Design. She has published research on media, trauma and ethics and written a book about musician Prince

Photos: John Eccles

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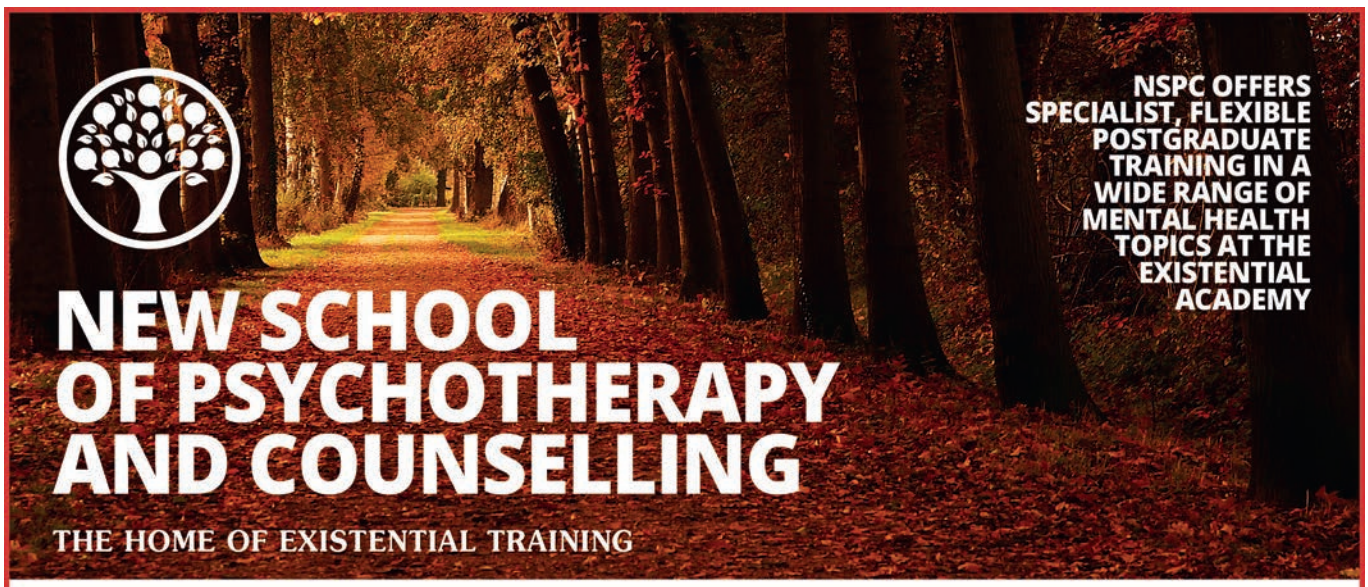

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RIGHT: Niblock wants to ensure that high-quality psychotherapies are accessible to all, no matter their background

A troubled background plus journalistic training may as well be an arrow pointing at 'fascination with psychotherapy,' says Sarah Niblock. Growing up working class on Merseyside, in a single-parent household, surrounded by violence and addiction, the chief executive's early life did not promise an academic future – but some inner resource drove her to escape. After A-levels, she studied for one of the first media degrees at Coventry Polytechnic, and then went into local newspapers.

'It was my interest in what makes individuals and communities tick that drew me into journalism. I had the incredible privilege of bearing witness to the experiences and emotions of survivors and families of the Hillsborough disaster,' she explains. 'The region was being maligned by political and cultural forces. Seeing how a community responded to that with such resilience was humbling.'

She was also inspired by how certain elements of the press operated at the time, to champion 'ethical, responsible journalism. I still believe that journalism can be a constructive and healing force'.

CHANGING PERCEPTIONS

While freelancing for nationals, she moved into journalism education and research, undertaking a Master's degree and a PhD in popular culture and psychoanalytical theory.

'The higher I went up the academic management ladder though, the further removed I felt from the coalface and the chance to effect change,' says Niblock. 'So, when I saw this role advertised, I was incredibly excited by the opportunity to synthesise my skills and passions to try to bring about change to policy and public perception.'

Coming into the role not as a psychotherapist, but a 'lay-person', Niblock agrees it was important that she understood the tenets of the profession, and the dynamic between client and therapist. 'It was only when I left home at 18 that I started to recognise the impact of my early upbringing on my sense of self and confidence. I didn't know about psychotherapy back then, and I wish I had.'

It was having children that later inspired her to enter therapy. 'I'd learnt how your own parenting can be impacted by what you experienced and I wanted to be the best I could,' she recalls. 'I had no idea what the process would involve, I simply rang a guy recommended by a friend. What I went through over the course of the next couple of years was profound, life changing and powerful,' she says. 'The impact continues to take effect even now. It has planted something within me, a resource I continue to draw upon.'

Niblock recalls her trepidation during the process, and her fear of it triggering a breakdown. 'I started to react emotionally to things from my childhood that I simply couldn't articulate back then,' she says. 'I hit debilitating lows, but gradually re-grew, supported by an excellent psychotherapist, as someone with a very different inner vocabulary and resources with which to take on life's challenges. I now say to people, "therapy is what sane people do".'

Part of her remit is to alter the still-widespread public perception of psychotherapy as a last resort for the depressed or deranged.

'[The writer] Melanie Phillips actually said that to our Chair, Martin Pollecoff, when he was on BBC Radio 4's *Moral Maze* recently. That couldn't be further from the truth. I'd like people to view psychotherapy the way they see a gym membership – as everyday, essential wellness maintenance.'

Other assumptions that she hopes to challenge include the idea that therapists only work one-to-one. 'UKCP therapists work with couples, families, groups across all ages and cultures and in a host of settings,' she says. And while she agrees that in metropolitan centres among the professional classes it's entirely normal to see a therapist, 'there is still huge stigma in some communities – the only way to overcome that is to build therapy into the fabric of everyday life. We also need to find new ways for people to access our training,' she adds.

'I'd like people to view psychotherapy the way they see a gym membership – as everyday, essential wellness maintenance'

LEFT: Therapy for Niblock was 'profound, life changing, and powerful' and had a lasting impact on her

High-profile individuals such as Stephen Fry talking openly about therapy is enormously helpful, Niblock believes. 'It's personal testimonies of transformation that empower us to access therapies, as opposed to thinking there is something wrong with us.'

INFORMING AND EDUCATING

Niblock's role is primarily to raise the profile of UKCP. 'It's time to tell the story of UKCP's expertise and quality,' she says. 'We urgently need to make sure the public can make informed, safe choices about their own care. We have to educate politicians and policymakers to improve access to high-quality psychotherapies and ensure the future of this profession – we also need to attract the next generation into our educational programmes.'

Not content with this, she is determined to achieve the Board's vision to make emotional and mental wellness a human right, realising the World Health Organization's principle. 'We're far from that even in the developed UK,' Niblock adds. 'Politicians talk a lot about training people in mental health but UKCP, in combination with other similar bodies, already have an incredible, highly trained, expert workforce in the UK.'

The key issues, she thinks, are currently threats to services and that 'our members appreciate the parliamentary work and promotion of their expertise. We're working directly with politicians across all parties to show them the potential cost benefits of employing psychotherapists in so many walks of life.'

The driving force behind her work, Niblock admits, is the members themselves. 'I'm very conscious of, and humbled by, the time and energy our subject matter experts put into running committees, chairing colleges and other functions,' she admits. 'I want to support our members in a more bespoke way, one that reflects their needs at each stage of their journey through practice. Each of our members is unique, they have entered this profession often for profoundly personal reasons and made a huge investment. They deserve to be heard, and I am always inspired by them.'

Organisationally, UKCP is looking at ways to 'work smarter', cutting down bureaucracy and responding more quickly to news and events. 'And we will never scrimp on rigour, particularly in regard to public protection', she adds, firmly.

STRONG FOUNDATIONS

Currently, her daily schedule is a kaleidoscope of meetings, committees, collaborations and discussions. 'No day is typical but I have a full diary all week and most weekends,' she says. 'My time is split between internal operational meetings with colleagues and the Board and general management matters, alongside policy and parliamentary meetings, collaborations with other bodies and media. I grab as many opportunities as possible to meet up with our amazing members, too,' she says. 'It sounds trite, but it's the best part of the job. They are my heroes – brilliant, funny and utterly committed to making a better world.'

In her home life, when there's time, she hangs out with her black rescue greyhounds, Freda and Mabel. 'I wonder if they'd ever let me into Portcullis House with them?' she wonders. 'Their doleful eyes could melt the sternest policymaker's heart...'

She is also a huge Prince fan – part of her PhD covered the importance of fandom to young people, and in it she referred extensively to her own love of the musician.

Though she has only been in her role for a year, Niblock says it's a perfect fit. 'What I love most is being able to put my particular blend of experience, skills and mindset towards breaking down barriers to accessing psychotherapies. My frustration is that I only have 24 hours in a day,' she laughs, 'and that I don't have an identical twin.' ●

'I want to support our members in a bespoke way, one that reflects their needs at each stage of their journey'

‘Our sense of safety needs to come from within’

THE BODY IS AS IMPORTANT AS THE MIND WHEN IT COMES TO ATTUNEMENT, ARGUES UKCP PSYCHOTHERAPIST **EMMA SWALES**

EMMA SWALES (CTA, MA, UKCP REG)

is a psychotherapist and supervisor working in private practice in Ilkley, West Yorkshire.

Originally trained in transactional analysis psychotherapy, Swales also recently trained for a year in body psychotherapy at the Cambridge Body Psychotherapy Centre. She is currently researching embodied attunement as part of a professional doctorate at the University of Chester

Since Descartes’ assertion, ‘*Je pense, donc je suis*’, the western world has valued cognition over emotion. We have been seduced into believing that thinking is all, and feelings are an inconvenience. And yet we intuitively know that if an early caregiver is emotionally absent or punishing, then the consequences for our later relationships can be devastating. In that process, whereby (usually) mother gazes with loving attunement at her baby and allows her autonomic nervous system to tune into her baby’s system, it is the flow of energy between the two that helps the baby regulate affect, build a sense of internal safety, and over time, a sense of self (Schore, 1994).

Many psychotherapy clients don’t arrive with dramatic stories of trauma and abuse. Frequently, they come with various incarnations of feeling ‘not good enough’. The origin of this experience is often found in early life: repeated mis-attunements or ‘mini’ traumas that build up like grains of sand and cause changes in neurological and physical systems, which lead to cognitive, social, emotional and health difficulties later in life (Felitti *et al*, 1998). Can a left brain-focused, cognitive, talking therapy help these clients? Undoubtedly, exploring our clients’ beliefs, internal rules and self-limiting systems can be enormously helpful in gaining insight and relieving some symptoms. However, what is perhaps overlooked by these approaches is the clients’ need for autonomic nervous system attunement, empathic resonance, and right brain to right brain communication. This deep, embodied, relational encounter requires much more of us as therapists, and can feel like moments of love. I wonder if what happens in moments of intense attunement in psychotherapy is that we offer empathic resonance at a depth that enables our clients to absorb and make use of this offering.

SAFETY NET

Stephen Porges’ Polyvagal Theory offers us a way of understanding the process by which our early relational bonds help to build a sense of internal safety, which enables us to form later attachments. This ground-breaking theory suggests a different conceptualisation of the autonomic nervous system (ANS). We have traditionally understood the ANS as a see-saw, with sympathetic arousal

‘What is perhaps overlooked is the client’s need for autonomic nervous system attunement’

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‘The loving gaze literally builds the baby’s brain and calms the heart so they can attach’

(fight, flight, freeze) on one side and parasympathetic arousal (calming down, restoration of homeostasis) on the other. We get scared, then we recover. Porges suggests an alternative, hierarchical model, phylogenetically organised, with three protective systems having evolved in turn. He bases this theory around the vagus nerve, which (vagrant-like) travels around the body connecting organs and brain.

Porges suggests that our most advanced option for developing a sense of safety in the world is the one we share with all mammals: the social engagement system. The attuned love of our caregivers helps to create and strengthen the ventral vagal complex, which is a system of nerves and pathways that link the eyes, ears, brain and heart. The loving gaze literally builds the baby’s brain and calms the heart so they can attach and benefit from the safety that others can bring.

IN DEFENCE

However, if the environment the infant is born into does not offer that attuned love, then the social engagement system cannot develop. We then fall back on an earlier protective system, our sympathetic nervous system response (fight, flight). If this system fails – as infants are unable to use their bodies to run or fight – then we will draw on our most primitive protective strategy, involving the dorsal vagal complex. This is the defence mechanism that we share with the lizards: our freeze response, dissociation.

And so, I wonder. When my client and I look at each other, and we hold the gaze, when my heart feels still and full, and my body gently tingles with energy, are we engaged in a process of energising the client’s social engagement system? Does this deep, intense attunement offer not simply a psychological experience but a profoundly healing experience that offers the building blocks of the ventral vagal complex?

There is still much disagreement about the precise processes by which counselling and psychotherapy work and what people need to feel better. This is borne out by the literally hundreds of therapeutic models that are offered, each claiming to be the answer. In the UK, state provision of psychological therapy is dominated by the cognitive behavioural model, thanks to an evidence base centred on randomised controlled trials, together with a ‘hierarchy of evidence’ determined by NICE, which values numbers over client and clinical experience. However, I argue that therapeutic models based around cognition and behaviour fundamentally overlook the importance of the curative potential of deep, embodied attunement, which allows autonomic nervous system to align to autonomic nervous system. Our sense of safety in the world needs to come from within, and is built on relational foundations. ●

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‘Mental health workers need action now’

A NEW DEBATE ON CONDITIONS FOR MENTAL HEALTH WORKERS IS URGENTLY NEEDED, ARGUES **ELIZABETH COTTON**

DR ELIZABETH COTTON

is an academic at Middlesex University and founding director of Surviving Work.

She is also a founding member of Action for Careworker Wellbeing, to be launched in October 2018. Her current books include *Surviving Work in Healthcare: Helpful Stuff for People on the Frontline* (Gower, 2017) and forthcoming co-authored book *Practical Management & Leadership for Doctors* (Taylor and Francis, 2018)

Despite a majority of mental health workers now practising within complex and insecure employment scenarios, there is still an assumption in public and policy debates that the mental health workforce is made up of a professionally protected and privileged class. Myths about working conditions in mental health are partly due to the national deficit of workforce data, and frontline workers fearing to speak up about poor conditions.

PRECARIOUS WORK

The Surviving Work Survey was carried out during 2016-17 to create a current picture of working conditions in the mental health sector, including pay, promotion prospects and problems at work. The 1,500 survey respondents include the full range of mental health workers with the majority of respondents having qualifications in psychotherapy and counselling across different therapeutic modalities.

Although working life in mental health is diverse, the trends our survey highlights are uniform across the UK: the growth of precarious work, the impact of performance management and the emerging jobs gap.

The growth of precarious work in the sector is a combination of increased insecurity of employment, the rise in multiple employers and self-employment, and the realities of low wages. The contemporary nature of work in mental health is such that people are stretched across a complex range of services and settings. Our survey shows that 21% of therapists work unwaged as honoraries where 15% were trainees, with 6% representing an emerging group of mainly senior clinicians working for free.

Although only 24% of survey respondents work in England's Improving Access to Psychological Therapies (IAPT), the picture that emerges is that the IAPT model has introduced a rigid system of performance management, leading to a downgrading of mental health jobs that now threatens genuine psychological therapies. Just on the basis of the demography of people working as therapists, the existing workforce crisis will threaten psychotherapeutic services over the next five years. This relates to two key issues: the gap between qualification and clinical seniority (the gap between what we are trained to do and what we are paid to do) compounded by the ageing workforce, where 60% of respondents are older than 47 years.

I believe that there is a strategic objective behind this promotion of manualised, non-clinical and virtual therapies delivered by an increasingly casualised workforce in that it opens up the mental health sector to private and non-clinical providers and employment agencies.

In my view, the current national health workforce strategy, most recently articulated in the *Stepping forward to 2020/21: The mental health workforce plan for England* (NHS, 2017), is not underpinned by informed industrial thinking. Created by individuals and organisations with a profound financial interest, it fails to report that it represents a strategic downgrading and outsourcing of services through the adoption of an employment relations system based on casualisation through self-employment and deprofessionalisation.

In numbers

SURVEY FINDINGS

The Surviving Work Survey questioned 1,500 mental health workers

30% of respondents said they are self employed

54% of respondents work in multiple settings

74% of respondents work for the NHS but many only indirectly

37% of respondents have senior qualifications

26% of the 37% (above) have clinically senior jobs

HOPE FOR THE FUTURE

Despite the shocking picture presented on the survey website, www.thefutureoftherapy.org, the research comes from a position of hope. One of the privileges of coming from a trade union background is that you get to see what happens to people when they have reached a point where they cannot accept their working conditions. What we know is that people can, and do, organise successfully in the most precarious environments – often self-organising as their institutions fail to represent

their interests. This is not principally an ideological response, rather one of necessity.

But this is not just an industrial relations problem, it is a political one. Although the level of collective debate within the sector – particularly in relation to unwaged work – both within professional bodies and critical professional networks, is growing, there is currently no collective voice or strategy in place that can be adopted on the frontline. It is this important and ordinary organising work that often gets missed in the mental health debates. As a result, the principle objective of this research is to help open up a discussion about the dual purpose of organising in mental health services – how to make real changes in our working conditions and pay while at the same time sustaining ourselves in the current climate.

In the long term, I believe that mental health services deserve a public inquiry into the current regime of performance management – one that is run by a group of people who are not financially invested in the outcome. Inevitably, public and publicly accountable structures need to be fought for, but we are a long way from achieving this because of the absence of workplace organising that currently exists in the sector.

Something that stood out in our survey responses was the low number of people who went to a trade union or directly to colleagues with workplace problems. Outside the NHS, only 4% of therapists spoke to a colleague about problems at work. For people trained to increase relationality there is a real question over why we do not seem to be doing that with the people we work with. ●

▶ *Read the results of the survey at www.thefutureoftherapy.org. Find out more about Surviving Work at www.survivingwork.org*

NOT A LAUGHING MATTER?

PSYCHOTHERAPIST **ALEX DALZIEL** EXPLORES THE ROLE OF HUMOUR IN THE CONSULTING ROOM

ALEX DALZIEL

is a UKCP-registered psychoanalytic psychotherapist looking at how people's experience of the past, both conscious and unconscious, influences the present. He is a member of The Association of Independent Psychotherapists and works in private practice in Rickmansworth, Hertfordshire

Engaging in therapy is a serious decision – but whether the journey itself needs to be devoid of humour is open to debate. What better place to start than Freud? In 1905, he published *Jokes and their Relation to the Unconscious*. It is a serious, scholarly tome, positing a psychoanalytic theory about jokes. It examines the nature of jokes, different types of jokes, their technique and purpose, their social role and their relation to dreams and the unconscious. There is even a helpful index listing the jokes. Did I find it an interesting and worthwhile read? Yes, I did. Did I laugh? No.

In the course of my training and work as a psychotherapist, I have attended many workshops, events and study days and have also presented papers. The subjects covered included anxiety, depression, sex, religion, anger, rage, death and suicide. None were on humour. In a way, the tone of Freud's work sums up and reflects the attitude that often prevails in the therapeutic world. Jokes and humour are to be taken seriously and used as part of the material. In itself, this is perfectly correct, of course, but I would put forward that it is only one part of the picture, and if this serious view is taken in isolation, I believe we are not doing humour justice.

'There seems to be a reluctance to really grasp humour and joy as feelings in their own right. I feel that this reluctance needs to be acknowledged'

Humour comes in many forms and performs different roles. It can defend – 'keep laughing so we don't have to look at grim reality', used extensively in times of war and crisis. It can mask a cruel and vicious attack – 'but I was only joking'. It can be subversive, attacking those holding power, often using biting satire and ridiculing authority. It can show which social group we feel we belong to. It can be a way of covering over our repressed attitude to sex. Its functions are many.

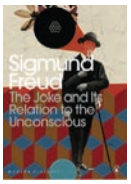
Given its numerous facets, its use in the consulting room is, I feel, under-emphasised. As analysts, we offer to work with the psychological material and the psychological states that our patients present. It is also a fact that humour, as a psychological state, is one that does not usually prompt people to seek out psychotherapy. We offer a willingness to really get into the patient's material and to be alongside them in their struggles, as this is a part of the therapeutic process. Our work is by its nature serious; we engage with our patients at many levels, often touching on disturbing and troubling themes. There seems, however, to be a reluctance to really grasp humour and joy as feelings in their own right. I feel that this reluctance needs to be acknowledged – then we can make use of these emotions. They are not a barrier to the process but play a part. A part that has the potential to enlighten and offer additional insights into our patient's world. A part that fits well into the therapeutic frame. It does not undermine but can strengthen the therapeutic endeavour.

BOTH SIDES OF THE COUCH

I would like to present two examples, one from my work as a psychotherapist and one from my own personal analysis. One from each side of the couch, so to speak. In both cases, my first thoughts and feelings were ones of caution. On balance, I had found humour had been conspicuous by its absence in the world of analysis and therapy and I had little experience of working with it. What would be the consequence of its arrival in the therapeutic relationship?

My patient was a woman of 32 who had been in twice-weekly therapy for around 18 months. She suffered from a rare, chronic and painful physical condition, had self-harmed and battled with bulimia. Her life was troubled and difficult and she felt out of step with the world. There was a sadness and vulnerability about her and my compensatory counter-transference was one of a powerful protector and a benign, caring father. She was keen to be a good patient – after all, psychotherapy is a serious affair – and I responded by being keen to be a good, serious analyst.

This status quo became easy for both of us. She would come and I would be silent (the 'this is your space, how will you fill it?' approach). This collusion was eventually



A Penguin Classic

Classic reading

Jokes and their Relation to the Unconscious

Why do we laugh? The answer, argued Freud in this seminal study, is that jokes, like dreams, satisfy our unconscious desires. He explains how jokes provide great pleasure by releasing us from our inhibitions and letting us express sexual, aggressive, playful, or cynical instincts that would otherwise remain hidden.

▶ Freud, S. (2002). *The Joke and Its Relation to the Unconscious.* Penguin Classics

punctured by her questioning the process. She came in in a rare, playful mood, sat for a few seconds then smiled and, giggling, said, 'You go first!' My initial feeling was one of being caught on the wrong foot. This wasn't supposed to happen. This rapidly gave way to a spontaneous, mutual laughter. A real laughter somehow unconstrained by perceived protocol. We were doing something we had not done before. Writing up my notes later, I recorded how this session had enabled her to work through her deep desire to experience having fun with a parent. I also noted how there was a shift in the counter transference.

This shift was subtle but important. The paternal imago was still strong but now there was a playful edge. It was the process of this shift, as well as its end point, that made her aware of her potential to connect with and have an effect on others. She did not feel out of step or misunderstood. It was the humour and spontaneity that had enabled this. It had not undermined the process – on the contrary, the contrast between the heavy and the humorous provided a lively dynamic that supported our work together.

THE POWER OF HUMOUR

This was a powerful session that had enabled her to work through and try to repair a breakdown of early object relations. She would often refer to it. My notes, I hope, were an accurate reflection of the content of the session but they did not really portray the laughter and that, in itself, is an interesting manifestation on how humour is viewed. This experience with my patient also enabled me to make use of humour in my personal therapy with my own analyst. A few days later, she and I were doubled up with laughter as I relayed to her a series of comedy records that had amused me. It had opened up an area of my psyche that had previously been locked and inaccessible. This was an area that I had been unable to share due to difficulties in my willingness to be spontaneous and to take risks, but our sharing of laughter was a key to this locked room in my psyche. Both experiences were contained in a frame that was strong enough for both patient and therapist to take risks. There was a sense of life and liveliness in both.

These two experiences helped me understand that humour can be a bridge. A bridge between the analyst and the patient, between the conscious and unconscious and between the individual and collective unconscious. A bridge that can unite and can bring together. The nature of jokes and the use of humour can give insight into the internal world view of our patients and ourselves. As analysts and therapists, our own experience of it in the consulting room can be a powerful source of counter transference. It has the potential to be another 'royal road'.

Whilst writing this, I was aware of being drawn into this seriousness. Should I actually put in a couple of jokes? If so, what type of jokes? Psychotherapy is a serious business. We examine our lives in the presence of another but surely that should not rule out humour. As a part of the therapeutic process, it deserves to be acknowledged and valued and I believe that as a profession, we need to examine this more. Not just as a theoretical construct but as a vibrant part of the relationship that can develop in the consulting room.

After all, a psychoanalytic joke is no laughing matter.

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THE POWER OF IMAGINATION

PSYCHOTHERAPIST **BIGGI HOFMANN** DISCUSSES HOW CREATIVE VISUALISATION AND PSYCHODRAMA CAN HEAL TRAUMA, WITH THE RIGHT THERAPEUTIC SUPPORT

BIGGI HOFMANN
is a psychotherapist (UKCP-, EAP-registered) and supervisor based in Northern Ireland

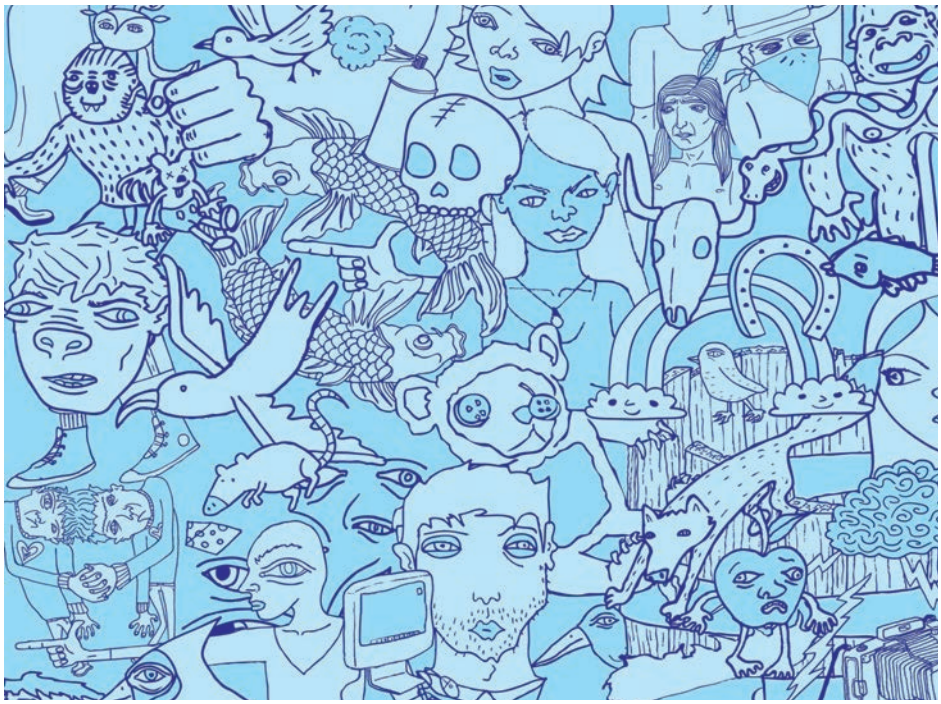
Using psychodrama psychotherapy, Biggi integrates a transpersonal framework and draws on symbolism, art, action methods, dance, writing and role-play for exploration, change and healing
www.creativeencounter.co.uk

I have always been inspired by how imagination finds its way into our consciousness through dreams, play, stories, art, music and dance, as well as active visualisation. Having trained in psychodrama psychotherapy and Deep Memory Process regression therapy, I wanted to find a way of integrating aspects of both methods, as they share the use of dramatisation and a psycho-spiritual approach.

Active visualisation is a guided internal process; the client tells what is said, what happens and how it feels in the visualised encounters. Psychodrama is a guided external process in the seen and shared reality. The client shows and enacts encounters and conversations using role taking and role reversal. In both methods, the story is created in the present to increase spontaneity, imagination and the use of fantasy, to reclaim power with the help of spiritual figures. Chodorow describes this process well: 'in such a state of pure being... Nothing is unimaginable.' (Chodorow, 1997)

Both JL Moreno, who developed psychodrama, and CG Jung, who created active visualisation, argue that creativity, spontaneity and play are rooted in each person's inner divine spark, grounded in spirituality. Both creators emphasise the importance of the healing power of symbolic play and fantasies based on imagination that they experienced and witnessed in children. This suggests that symbolic enactment, based on imagination, is an 'inborn psychological process' (Chodorow, 1997) that provides a natural healing function for emotional pain.

One of my long-term clients, Josie*, wanted to explore her resistance to caring for herself. Speaking from a role of resistance, she recognised the envious voice of her mother who didn't want her daughter to reach her potential. Josie constantly doubted herself, restricting her growth. I asked Josie to take on the role of her mother, Mona*, to find out why she resented her so much. As Mona, she took a seat facing her daughter's chair. Mona told her how unhappy she was, having had no opportunities to live out her dreams. She recalled her own mother suffering from a severe mental illness and never being available, spending many years in a mental institution. She was expected



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to look after the house and siblings instead of pursuing her education and later felt trapped in her marriage.

I wondered if 'Mona' might benefit from talking to her own mother, using active imagination. Mona shared with her mother how sad, angry, and abandoned she felt during her upbringing, believing she wasn't good enough, blaming herself and becoming bitter. Mother responded with sorrow that she hadn't been available to her. Mona asked her for a hug to feel mother's loving energy and presence. While both embraced (Mona holding a cushion close to her chest), Mother told Mona she loved her and how much it pained her to be trapped in a chaotic world. Mona expressed deep pain through her tears.

EXPERIENCING DIFFERENT ROLES

After this visualisation, Mona faced the chair of daughter Josie in the therapy room. Her energy had changed; she appeared gentle and warm; she responded differently, no longer envious, resentful and over-critical. She told her daughter she wanted her to have a fulfilled life.

Role taking and role reversal are powerful techniques that can connect and inform us of deeper processes. Experiencing the role of resistance enabled Josie to identify her mother's over-critical and dismissive voice, which in turn, gave her insight into her process of self-sabotaging. Reversing roles with her mother, Mona, helped Josie understand Mother's internal process.

The combination of both approaches facilitated the expression of unfinished impulses between Josie, Mona and her mother in 'surplus reality'. Zerka Moreno describes this as a 'timeless and spaceless' realm and one of the most vital, curative and mysterious elements of psychodrama (Moreno *et al*, 2000), which is also behind the power of active visualisation. The encounter between Josie and her mother Mona, as well as Mona and her mother, are typical scenes where each needed to hear or express something that was crucial to healing, but which has not been possible in real life, hence facilitating a cathartic process and providing inner peace and hope.

In the active visualisation Mona chose the help of an angel, a spiritual resource, who helped her to have a corrective experience with her mother and transform the pattern of powerlessness and suffering into empathic understanding. This internal correction enabled Mona to express her deep sadness when being held by her own mother. Josie became more loving towards herself after internalising Mother's expressed love and care.

Looking at Josie's overall therapeutic process, this session has been instrumental in helping her find her voice, and understand how she managed her anger in the face of criticism, separation and loss. Her relationship to her mother, who is still alive, improved; Josie developed more empathy towards Mother and herself, and strengthened her boundaries by speaking up for herself. ●

'Role taking and role reversal are powerful techniques that inform us of deeper processes'

*Names have been changed

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HOWEVER YOU DRESS IT UP

FOR TRAINEES AND NEWLY QUALIFIED THERAPISTS, DRESSING FOR WORKING WITH CLIENTS CAN BE INTIMIDATING. **HAZEL DAVIS** ASKS WHETHER, IN THE CONSULTING ROOM, WE ARE WHAT WE WEAR

The old '90% of communication is non-verbal' line might be so often used (and misused) as to be cliché but there's still some truth in the idea that we can say a lot before we've even opened our mouths. But how much does it matter what we wear in the consulting room?

'I used to worry about how old I looked and whether I looked unprofessional or not, but now I just care about whether I'm comfortable,' says Reading-based integrative psychotherapist and clinical supervisor Elif Ebeoglu. She started her career 14 years ago and says she was very self-conscious about what she wore.

However, when she worked in Harley Street, she was explicitly asked not to wear jeans or trainers because the clients were (in the clinic's words) 'of a high calibre'. Ebeoglu says, 'Though we all make initial judgements based on appearance, I personally think that when they're in the room, the client – I hope – ends up seeing beyond that. However, being at ease sartorially doesn't extend to sending mixed messages,' she adds.

'I wouldn't dress as though I'm going on a date and I wouldn't ever wear anything too revealing,' Ebeoglu says. 'I am very conscious of not appearing too sexual and, really, that's my main concern.'

Some therapists are very careful not to reveal too much of themselves both in what they wear and in items they have in their rooms. 'While I am not overly revealing, the work I do is very relational,' says Ebeoglu. 'I think we have an impact on each other, whatever we wear. I am, after all, a human being in a room.'

FIRST IMPRESSIONS

Clients, however, often do remember what their therapists wear, and how they felt about it. 'One of my early therapists had bright red hair,' says Ebeoglu, 'I thought it was great.'

London-based psychodynamic psychotherapist Nicola Schlesinger says, 'A client once told me it was the crazy, shocking pink shoes I wore when I was assessing her that made her want to come into rehab.'

When Schlesinger started training in her late thirties, 'the female therapists' predilection for Mary Janes [the flat strap shoe] was anathema to me,' she says, drily. 'After all, I stopped wearing them when I was six.'

However, Schlesinger says when she was first training, she still felt under some pressure to dress

'like a therapist'. But what does this really mean? Mia Farrow in *Zelig*? Meryl Streep in *Prime*? Arty glasses, chunky necklace, floaty linen?

'I used to go to M&S a lot and that became my sort of uniform,' says Schlesinger. However, on one notable occasion she was wearing a pair of flat Prada lace-ups, the only giveaway being a little red tag at the back. 'One of my clinical colleagues followed me up the stairs and said, "Oh my God you're wearing Prada". At the time I thought, 'Oh dear' but now I'd merely say, "And I wonder how you feel about me wearing Prada..."'

Now in her early sixties, Schlesinger says she takes what she wears (both at work and outside it) very seriously and dresses in what she describes as a 'stylish' way. 'I love a nice sweater and I'm a great trouser wearer,' she says, 'I wear a lot of navy, black and grey and I also love a good scarf.'

What you wear in the consulting room comes down to what you feel confident wearing, Schlesinger thinks, and this isn't necessarily gender-specific. 'My supervisor said he used to dress far more formally than he does now, and this was because he was less confident. Now, he wears trainers. As long as I know how to work with being me, that's what matters.'

What you wear, says Schlesinger, has to be an individual choice. 'Comfort is important to me,' she says, 'but it's not my priority. If it is, then that's what you have to go with.'

Working with a client of the opposite sex or someone who might be sexually interested in you, says Manchester hypno-psychotherapist Toni-Lee Isaac, can throw up some obvious sartorial problems: 'You micro-manage your relationship with the client so everything becomes significant. I am acutely aware of not wanting to come across as flirtatious at all.'

Outside work, Isaac dresses in an idiosyncratic vintage style but, she says, first impressions matter. 'When it's a new client, I think, "I'll put on that nice white blouse". You don't want to appear too distant and stuffy but you also don't want to be excessively friendly and approachable – we're not best mates.' However, Isaac maintains her vintage hairstyle and make-up in work because, she says, 'I don't know how to do it any other way!'

'A client once told me it was the crazy, shocking pink shoes I wore when I was assessing her that made her want to come into rehab'

TRUE COLOURS

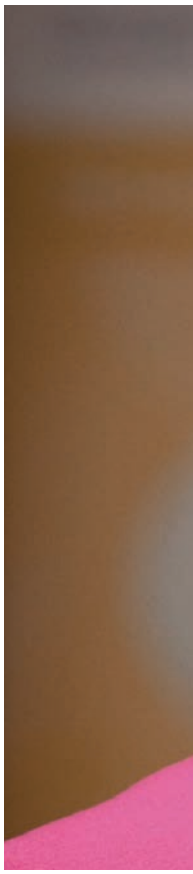
Does colour make a difference? Some therapists believe so and, indeed, there are whole industries and professions based on its therapeutic use. 'But if you're comfortable in your own palette then that's what matters,' says Isaac, 'You can match your client with language and mannerisms without changing your clothes.'

For some therapists, there is also the concern that if you dress too 'well' you might be intimidating – nobody wants to feel judged by the one person in the world whose job it is not to judge them. 'Some clients have anxiety and a lack of confidence,' agrees Isaac, 'so obviously you don't want to shove your style in their face.'

It's about professionalism, says psychotherapist Martin Weaver, 'I wear something that's neutral, semi-formal and shows respect for the work, such as chinos and a white or plain-coloured shirt. For me, a suit in the consulting room would be too formal, but neither am I relaxing in jeans and a T-shirt.

'It's about putting the client at ease: you have to ask yourself, "Does dressing up in this style focus attention for the client? Does it suggest my mind is elsewhere?" As a therapist I have to inspire confidence.'

The fact is, we notice what people wear and it's naïve to think that what you don in the consulting room doesn't matter at all, thinks Isaac: 'Clients can become very attached,' she says, 'They can get very curious and drink in various things about you and you don't want to fertilise that.' ●



RIGHT: Gillie Jenkinson: 'Though I have personal experience, what I do springs from 20 years of research'

'With cult leavers, traditional therapy isn't enough'

DECADES AFTER LEAVING AN ABUSIVE CULT HERSELF, PSYCHOTHERAPIST GILLIE JENKINSON SPECIALISES IN HELPING TO BREAK THE CULT MINDSET IN OTHERS. BY **ANDREINA CORDANI**

In her 20 years of practice, Gillie Jenkinson has learned a great deal about mind control and thought reform. She helps former cult members escape the skewed reality of the group, piece together their personalities and move on. With radicalisation and 'gaslighting' in the headlines, her work has never been more relevant – and to tackle the problem she feels that psychotherapists should adopt a little radical thinking of their own.

How did you make the transition from former cult member to psychotherapist and counsellor?
In the 1970s, I was in a full-blown cult, 'The Love of God Community' in Birmingham. It was a group coercive control experience: there was sexual and physical abuse. When the cult broke up, I left with my husband. But we hadn't left psychologically, and for some time we kept cult-hopping into extreme churches.

By the time we fully broke free, I was in my forties. I was depressed and I went to see my doctor, who was very helpful. I found myself telling her that I wanted to train as a counsellor. Part of being in a cult is that you're told wanting anything for yourself is wrong, so it helped that this doctor encouraged me. I started a diploma in pastoral counselling and I then did an internship at the Wellspring Retreat and Resource Center in Ohio, followed by a masters and a PhD, both focusing on post-cult recovery. So, though I have personal experience, what I do springs from 20 years of research.

'I was told that God wanted to break me, that it was my duty to submit to beatings and this became my reality'

You've said before that many psychotherapists aren't equipped to deal with cult leavers – is this still true?
Sadly, yes. The traditional therapy model doesn't work. A therapist may look at a leaver and say they have low self-esteem, but in fact it's just that they believe what the cult told them about themselves. Cult leavers are full of introjects – thinking put there to keep them a slave to the cult, eg, 'I'm a sinner'. This creates a pseudo-identity, which informs all they do. An inexperienced psychotherapist might find themselves dealing with the pseudo-identity rather than the authentic one. In therapy, there's also a tendency to go to childhood issues, which isn't helpful initially. Explaining that something about them made them vulnerable to a cult just adds to that 'terrible person' introject. Some people who join cults are vulnerable, but others go to what they think is a normal church or organisation, and the coercion builds slowly.

What do cult-leavers need, therapeutically speaking?
A relational, psychoeducational approach is required. Former members need to make sense of their experience before starting psychotherapy. In my PhD I flagged up four phases of recovery and growth [see box, right], and I run post-cult counselling sessions based on this. I run courses where clients stay near us in the Peak District and have two-hour sessions over three or four days, merging relational therapy and psychoeducation. I also do recovery workshops and ongoing sessions, face-to-face or via Skype.

Where do you start?
Rather than the client just telling their story – which can be traumatising – I give them worksheets and they tell their story into a framework. A key element is identifying thought reform, otherwise known as brainwashing. You explain the theory and ask how it might relate to them and as they respond, you watch the lightbulbs go on. I also present profiles of cult leaders and their manipulative practices – this understanding helps clients start to separate their cult pseudo-identity from their authentic one.

Is there much crossover between the cult mindset and other situations, such as radicalisation and coercive control?
There's a great deal of similarity – I have worked with people in a coercive domestic situation and the model works for them, too. Criminal gangs, terrorists and some domestic abusers work in the same way as cults – breaking someone down, changing their reality until they are in thrall to a group or leader.

Do you have any further plans to share your research with the professional community?
I'm working on a book and am increasingly offering training for psychotherapists in cult recovery. I was told that God wanted to break me, that it was my duty to submit to beatings and this became my reality. As therapists, we're trained to analyse everything, which makes it hard to imagine how someone could end up in this situation without interpreting or pathologising. But if we can avoid making this mistake, and once we have that understanding of the cultic mindset and dynamics, we can help former members think and feel their way back out.

PhD research

THE FOUR PHASES OF RECOVERY AND GROWTH

1. Leave the cult both physically and psychologically.
2. Deconstruct the cultic experience, the pseudo-personality and introjects in order to build a sense of autonomous, authentic self.
3. Heal emotionally from self-suppression, grief, loss, post-traumatic stress and any pre-cult vulnerabilities.
4. Focus on recovery and post-traumatic growth.

Timeline

GILLIE JENKINSON'S LIFE IN PSYCHOTHERAPY

1980 Jenkinson's original cult disbands.

2005 Jenkinson attains her Master's in gestalt therapy, psychotherapy and counselling.

2006 Establishes Hope Valley Counselling in Derbyshire's Peak District (**hopevalleycounselling.com**) and introduces the concept of the 'cult pseudo-identity'.

2007 Completes a diploma in supervision.

2016 Jenkinson gains her PhD with the thesis: *Freeing the authentic self: phases of recovery and growth from an abusive cult experience.*

2017 Contributes a chapter on the TimeAway model to *Cult Recovery: A Clinician's Guide*, available from the International Cultic Studies Association website. Jenkinson is also a regular presenter at international conferences and her website is **www.hopevalleycounselling.com**

On Screen

*Every issue, **Hilda Burke** looks at how psychotherapy is portrayed in the media. This month, it's perhaps the most famous TV therapist of all*

Dr Melfi
The Sopranos

I first watched *The Sopranos* years before I started my therapist training. There were many things I loved about the show, but the highlight was the sessions the main character Tony Soprano, mafia don, had with his therapist, Dr Melfi. To me, Melfi embodied a therapist at the peak of her profession – erudite, and non-judgmental towards her mobster client. Rewatching *The Sopranos* as a qualified therapist has been quite a different experience.

ABOVE: Lorraine Bracco plays Dr Jennifer Melfi, whose therapeutic boundaries are distinctly blurred

The bulldozing of normal therapeutic boundaries begins early, when Melfi shares a story of how her friend got beaten up by a cop and her sense of being out of touch with the violence prevalent in society. Leaving aside the fact that Tony had hired said cop to tail Melfi (unbeknown to her), she is using therapeutic time to deal with her own issues. Following an attempt on Tony's life, he shares his belief that the 'hit' stemmed from the fact he was seeing a shrink, deemed an organisational risk for the Mafia. When Melfi suggests that his mother may have been behind it, Tony grabs her by the throat. He subsequently discovers that his mother was indeed involved in the attempt on his life and knows the identity of his therapist. Tony forces his way into Melfi's room, apologises for his actions and urges her to go into hiding as her life is in danger. Any semblance of a therapeutic screen has vanished.

Of course, there should have been no coming back from this. Nonetheless, we later see Tony contacting Melfi to inform her that the problem has been 'dealt with' and Tony begs her to take him back. Melfi tells him venomously to 'get out of my life'. While not the most professional of approaches, her instinct is correct. However, later we see a tipsy Melfi running into Tony at a restaurant with his friends and acting flirtatiously. Soon after, she dreams of him and is left with the feeling she abandoned him. In a conversation with her own therapist she says that 'seeing him again will be very therapeutic for me'. It's clear Melfi needs Tony as much, if not more, than he needs her.

Ultimately Melfi's downfall is her ego. She is attached to the idea of treating this renowned mobster and, indeed, does some good work unravelling the myth of 'Tony the Mobster'. But she often overlooks what's actually going on in the room, ignoring his intelligence by sticking to what she is comfortable with. In one session, Tony describes the process of therapy as 'like taking a shit'. Melfi counters that she prefers the analogy of giving birth. Her ego trumps over her curiosity. What a moment lost – Tony's metaphor, with its Freudian and Jungian connotations, is rich for exploration, but to Melfi it's distasteful and she leaves it. Towards the end of their work, he says, 'Therapy is a jerk-off – you know it, I know it.' While Tony can admit his frustration, Melfi cannot express hers in any other way than through sporadically ending the therapy.

Endings are a microcosm of the whole therapeutic process; in this sense, the Melfi-Tony ultimate ending is perfectly portrayed, as it's done with no expression of what it means for each of them. There are parallels in Tony's life – his mother couldn't acknowledge her own failings, but instead constantly blamed him and, in the end, the only resolution she could find was to conspire to kill him. In a sense, Melfi does the same thing; she kills the work and Tony is palmed off without a referral and a chance to reflect on the long work they did together.

▶ ***Next issue:** Dr Paul Weston,* In Treatment

What have you seen on screen that has annoyed or inspired you? We'd love to hear your stories. Email editor@ukcp.org.uk

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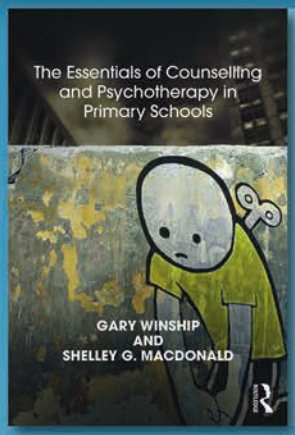

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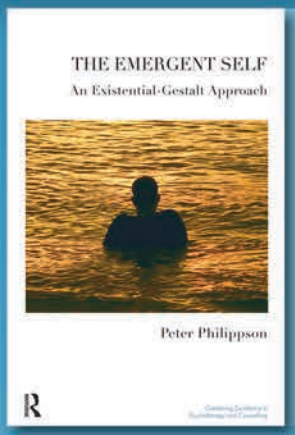

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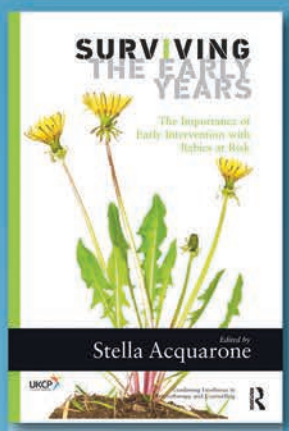

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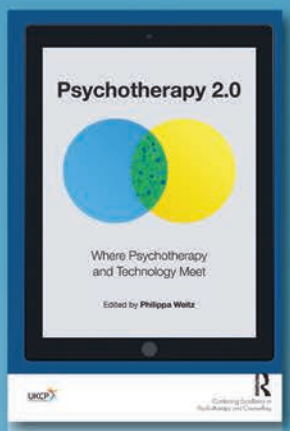

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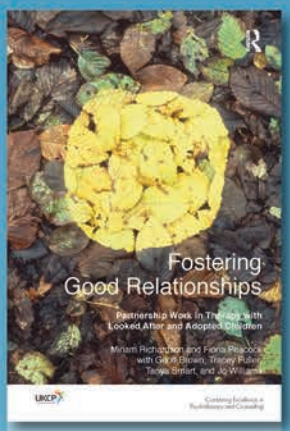

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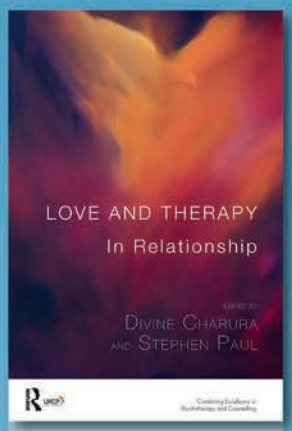

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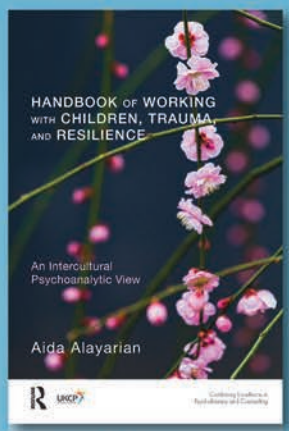

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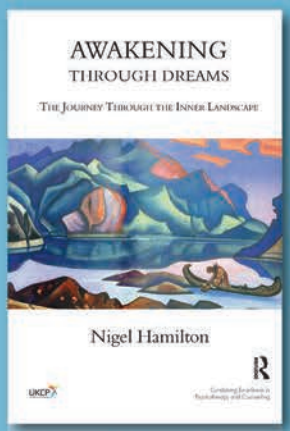

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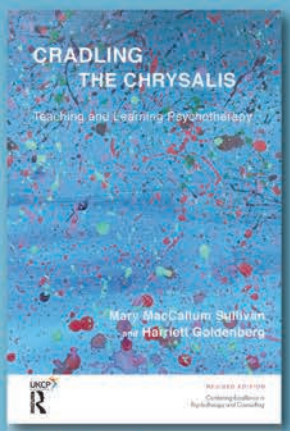

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