UKCP
UK Council for Psychotherapy

New Psychotherapist

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HOLD THE FRONT PAGE

MENTAL HEALTH AND THE MEDIA

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Head of design: Simon Goddard
Senior project manager: Marianne Rawlins, marianne.rawlins@jamespembrokemedia.co.uk
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Welcome

ISSUE 74 / SUMMER 2020

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

Production of this issue of *New Psychotherapist* – which focuses on the relationship between the media and mental health – was already well underway when the Covid-19 pandemic unfolded in the UK.

The speed with which society has locked down has been rapid, leaving us with little time to respond on these pages. However, as well as being an enormous public health, economic, political and societal event, the coronavirus crisis is a massive media event.

The nightly announcements from the government and the scientific and medical communities, campaigns to volunteer for the NHS, online resources for home-schooling children, information on where to get hold of groceries and other essential supplies are, in the main, only possible with access to the internet, TV, radio and print media, in the absence of face-to-face contact with other humans every day.

The relationship between the media and mental health has always been complex and continues to be so during these unprecedented times. But while we remain in the midst of this trauma, reflection and analysis should come – as it does in therapy – further down the line.

Even without the global pandemic, the ways in which mental health issues are portrayed and reported on within the media, and the impact of those representations on our own mental health, is complicated. There has been a shift from crude language that equates mental ill health with criminality towards more thoughtful representations, but there are still pockets of prejudice in relation to types of mental ill health, race and gender.

This issue focuses on how the psychotherapeutic community can support journalists writing about mental health to avoid stigma (page 14), the way compassion fatigue is an increasing side effect of an omnipresent media (page 20), how psychotherapists can help men to get mental health support that acknowledges their gendered experience (page 26) and the ways in which the misrepresentation of black, Asian and minority ethnic groups in traditional, online and social media contributes to poor mental health outcomes (page 30).

Elsewhere in the magazine – and as many members are taking to video-conferencing technology to work with clients during the pandemic – we hear from psychotherapist Monika Celebi (page 40), who uses video in therapy to help new parents and babies.

We hope you enjoy the issue and take care.

Anna

ANNA SCOTT
Editor

Get in contact

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

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On the Cover

This issue, we explore the effects of the media on mental health and the issues that therapists need to address

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Bulletin

ISSUE 74 / SUMMER 2020

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

MENTAL HEALTH SERVICES

BAME groups experience higher use of Mental Health Act

CQC report highlights need for change

The proportion of black or black British people detained under the Mental Health Act in 2018-2019 was over four times higher than for white British people, the Care Quality Commission has found.

There were 306.8 detentions per 100,000 of the black population, compared with 72.9 per 100,000 of the white population, according to the report, *Monitoring the Mental Health Act in 2018/2019*.

Community treatment orders (CTOs) also continued to be higher for the black or black British population – 53.8 uses per 100,000 people, compared with 6.3 uses per 100,000 of the white British population.

The report suggested that structural or institutional racism within health services and wider society could cause this inequality. 'For example, it may be that people from BME groups face stereotyping or prejudice in assessments or, at a basic level, that mental health services are not accessible, welcoming or responsive to people from BME groups,' it read.

Discrimination affects BAME people's trust in mental health services

Dr Kevin Cleary, deputy chief inspector for mental health and community services at the CQC, said that the use of the MHA continues to rise and the overrepresentation of some black and minority ethnic (BAME) groups is a particular cause for concern. 'More needs to be done nationally to address issues of inequality, but providers also have a responsibility to oversee how the MHA is working, including any impacts on human rights and equality issues.'

Psychotherapist Faisal Mahmood said that racial discrimination, prejudice, oppression and racism impact BAME people's trust in the mental health services, which are perceived as being designed and delivered by white people.

'Being racially different comes with many other aspects of differences – social injustice, poverty, intra-community tensions regarding sexuality, religion, personal freedom, and specific family norms,' he added. 'And then add racial discrimination into the mix and you can only expect a very disturbed and complex relationship between a BAME client and white mental health service.'

▶ Our feature on page 30 examines the impact of the stigmatisation of BAME groups on mental health

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Let us know what you think of your redesigned member magazine:

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- instagram.com/psychotherapiesuk

Life through a lens
What can we do to change the portrayals of mental health in the media?
Pages 14

RESEARCH

THERAPY FOR REFUGEES OFFERED AS PART OF PRIMARY CARE

A study has demonstrated for the first time the impact of psychotherapy in primary care for refugees with depression.

Working in partnership with two primary care clinics in Minnesota, researchers from the Center for Victims of Torture (CVT), provided one group of Karen refugees from Myanmar with a year of intensive psychotherapy and case management combined with their usual primary care from the clinics, and another group with only primary care.

The study, published in *BMC Family Practice*, found that adult Karen refugees who had fled extreme violence, war and torture, benefited from intensive psychotherapy and demonstrated a robust recovery from depression.

Karen refugees on the Thai-Myanmar border

'Several of my patients who received the embedded case management and psychotherapy services were completely transformed,' said one of the study's authors and family doctor, Jim Letts. 'I saw their depression and PTSD symptoms improve dramatically and very meaningful improvements in their social functioning.'

STUDY

'UNDERSTAND' DON'T 'CORRECT' PERCEPTIONS IN SCHIZOPHRENIA

Clinicians must develop a better understanding of the lived experience of people with schizophrenia in order to help patients live with their condition, rather than try to correct their perceptions, a study suggests.

Researchers at the University of Birmingham assessed theories of how the sense of self is constructed by schizophrenia patients, how they might experience self-disturbance and feel that their thoughts do not belong to them.

Instead of suggesting one theory is right and the others aren't, the researchers argue that the different approaches should be drawn together to inform clinical practice.

'Clinical intervention frequently focuses on correcting the patient's perceptions,' said Dr Clara Humpston, co-lead author of the study, *Thinking, believing and hallucinating self in schizophrenia.* 'Instead, clinicians might focus on how patients can lead a fulfilling life with their symptoms. Key to this is acknowledging that what we consider to be "real" is likely to be different for the clinician and patient.'

Psychotherapist Mary Ann Coyne, a specialist in schizophrenia, said understanding, phenomenologically, the world of a client experiencing psychotic process, is an authentic, empathic, non-directive intention which 'engenders trust with the therapist that can be validating and healing'.

PTSD

CHILD EARTHQUAKE SURVIVORS BENEFITED FROM PSYCHOTHERAPY

Children who survived a 1988 earthquake in Armenia and received psychotherapy soon after have experienced health benefits into adulthood, a longitudinal study has found.

The long-term study at UCLA in the US is one of the first to follow survivors of a natural disaster who experienced PTSD more than five years after the event.

Researchers evaluated 164 survivors who were 12 to 14 years old in 1990, about a year and a half after the earthquake. Of that group, 94 lived in the city of Gumri, which experienced substantial destruction and thousands of deaths. The other 70 lived in Spitak, where the damage was far more severe and there was a higher rate of death.

A few weeks after the initial assessment, mental health workers provided trauma- and grief-focused psychotherapy in some schools in Gumri, but not in others because of a shortage of trained medical staff.

'We were comparing two devastated cities that had different levels of post-earthquake adversities,' said Dr Armen Goenjian, the study's lead author.

Researchers interviewed survivors five and 25 years after the earthquake. They found that people from Gumri who received psychotherapy had much greater improvements in both their depression and PTSD symptoms.

ABOVE: Children who received therapy after the disaster experienced benefits into adulthood

EQUALITY

HIPC forms working group to improve diversity and inclusion

Plans to become more accountable and responsive to less-privileged voices

From left: George Dewey, Sue Milner, Jessie Emilion, Syed Azmatullah and Grant Denkinson

Our profession helps some clients more than others, *writes Grant Denkinson*. When those people whose voices are least listened to in society, who are most oppressed or who have one or more 'protected' characteristic, have the confidence and courage to talk to us, they tell us that psychotherapists help the more privileged more than the less privileged.

Psychotherapy is often considered a white, middle-class profession. Even accessing the training and managing the costs is more of a challenge to members from some parts of society than others. Some people training or practising psychotherapy and counselling are from parts of society with less power and often find themselves in a minority, trying to learn, work and live with higher levels of difficulty than others. As a result, five members of the UCKP's Humanistic and Integrative Psychotherapy College (HIPC) – Sue Milner, Grant Denkinson, Syed Azmatullah, Jessie Emilion and George Dewey – have formed a working group to address the issue.

We surveyed all the training institutions in our college about equality, diversity and inclusion, asking how potential students are attracted through training, practice and assessment, who is responsible for teaching diversity and oppression, and how students and staff are protected, supported, challenged and compensated in the institution. We also asked how much time is dedicated to EDI and how it is integrated into theory and practice.

We've collated responses and reported back to the training institutions with the hope of forming a starting point for consideration and change, perhaps in collaboration.

Next, we plan to make contact with more groups for therapists who share particular characteristics, such as race, faith, disability, class or sexuality, and also groups and individuals who would have something to say about how therapists have acted towards people like them who are deprivileged.

We aim to become more accountable and responsive, to learn from the good work already done which amplifies oppressed voices, centres the concerns of people afforded less privilege, names systematic wrongs such as racism and recognises intersectional issues.

We not only bring our own experiences but also the collective, societal, historical and intergenerational, which for some of us is steeped with inequality.

Ultimately, we would like future therapists and their clients to have a better experience.

THERAPY SERVICE HELPS HEALTH CLUB WIN AWARD

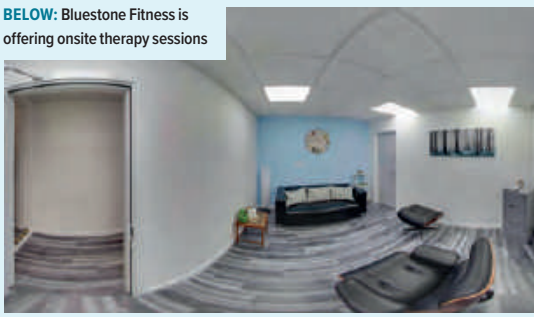
Subsidised onsite counsellors offered to gym-goers

A talking therapy service set up in a private health club by a UKCP and BACP member is cited as one of the reasons the club won a National Gym of the Year award.

Chris Lewis and Andrea Headington set up the service providing subsidised therapy for members of Bluestone Fitness in the East Midlands in 2018 and have completed just over 100 sessions with 17 clients.

Bluestone Fitness won the National Fitness award for National Gym of the Year, with the judge saying: 'Their final winning formula is their attention to mental health through creating Bluestone Counselling Trust where two registered counsellors work onsite. This is the boldest move on mental health within a fitness centre I have seen so far.'

BELOW: Bluestone Fitness is offering onsite therapy sessions



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UPCOMING LIVE STREAM EVENTS 2020

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Live Stream Event: Sat 6 June 2020 (12pm-5pm, cost: £125)

DR DAN HUGHES PRESENTS: BUILDING THE BONDS OF ATTACHMENT – AWAKENING LOVE IN TRAUMATISED CHILDREN

Dan Hughes is world-leading practitioner in healing troubled children. Dan will inspire delegates by demonstrating his breath-taking way of relating to children. He will speak about how he makes a deep connection from the very first meeting. He will explore how to connect with children who suffer from developmental trauma after years of abuse and neglect. He will demonstrate how to ensure that the child feels psychologically safe in the relationship before addressing painful life events. In so doing, he will model the use of simple, beautiful, poetic but profound language that melts the hearts of even the most highly defended. Dan will also discuss the underpinning theoretical model to his work: the integration of attachment theory and research, trauma theory (neuroscience and psychology), the general principles of positive parenting, together with child and family therapy. **(More info about Dan Hughes: www.danielhughes.org)**

- Take away key therapeutic conversational tools and techniques that can be applied to any work setting
- Learn how to connect with children who no longer trust adults
- Understand how to build secure attachments when working with troubled and traumatised children and teenagers
- Learn about relational change through the use of PACE (play, acceptance, curiosity, empathy)

Two-day Live Stream Event: Sat 27 June & Sun 28 June 2020 (12pm-6.30pm, cost: £250)

THE SCIENCE OF LOVE. CHANGING LIVES: THE NEUROSCIENCE OF CONNECTEDNESS, TRUST AND FEELING SAFE with DR STEPHEN PORGES AND DR SUE CARTER (international experts, founder of The Polyvagal Theory)

Day One: Mental Health Through the Lens of the Polyvagal Theory with Dr Stephen Porges
Safety is critical in enabling humans to optimize their potential. The neurophysiological processes associated with feeling safe are a prerequisite not only for optimal mental health and social behaviour, but also for accessing both the higher brain structures that enable humans to be creative and generative and the lower brain structures involved in regulating health, growth, and restoration. The Polyvagal Theory explains how social behaviour turns off defenses and promotes opportunities to feel safe. It provides an innovative model to understand bodily responses to trauma and stress and the importance of the client's physiological state in mediating the effectiveness of clinical treatments. Thus, interventions that target the capacity to feel safe and use social behaviour to regulate physiological state can be effective in treating psychological disorders that are dependent on defense systems.

Day Two: The Oxytocin Hypothesis - The Biochemistry of Love and Trust with Dr Sue Carter (Dr Stephen Porges will join Dr Sue Carter for the final session)
Dr Carter is the scientist who discovered the relationship between social behaviour and oxytocin. She will present information on the neurobiology of social bonding and love. She will explore how oxytocin is involved in regulating stress. Dr Carter's research focuses on neuroendocrine systems and how these systems explain the positive impact on physical and mental health, social bonds and trusting relationships. Her work examines how oxytocin pathways are at the centre of physiological systems that enable human sociality. Oxytocin acts as a regulator of the autonomic nervous system to allow the high levels of social sensitivity and attunement necessary for human sociality and for rearing a human child.

You will learn about the unique actions of oxytocin, including the facilitation of birth, lactation, maternal behaviour, genetic regulation of the growth of the neocortex, and the maintenance of the blood supply to the brain. Consistent with a Polyvagal perspective, oxytocin and vasopressin dynamically moderate the autonomic nervous system influencing vagal pathways and anti-inflammatory circuits that help explain the adaptive consequences of love, trust, and social behavior for emotional and physical health. In the final session of the workshop Dr Porges will join Dr Carter to explore clinical applications and to discuss the dependence of autonomic regulation on oxytocin in the establishment of social bonds and in the regulation of stress responses in social contexts and focus on how oxytocin and vasopressin act as "neuromodulators" within the theoretical context of the Polyvagal Theory.

Live Stream Event: Sat 11 July 2020 (10pm-4.30pm, cost: £125)

WHEN YOU'VE BEEN TO HELL AND BACK: BREAKING THE CYCLE OF THE INTER-GENERATIONAL TRANSFER OF TRAUMA – Speakers Include Lemn Sissay, Dr Valerie Sinason

Practical interventions will be discussed from a knowledge base of what happens to the brain and body when undergoing shocking experiences and being left unhelped with extreme stress. Presenters will explore the science and psychology of common symptoms: emotional numbing, hyperarousal, physical symptoms and illness and repeating the trauma but this time with someone else as the victim. They will discuss the pull to punish trauma victims rather than to understand so that children and young people can go on to enjoy quality of life instead of re-victimising others. Most importantly, presenters will discuss the specifics of how to be, what to say and how to become 'talkable to' with children and young people in extremis. As a result, children and young people can feel safe enough to want to share and work through their painful life experiences in ways that enable them to reflect, feel and function in healthier ways.

- Listen to expert presenters who all have decades of experience in working with profoundly traumatised children and young people
- Learn about the psychology of primitive defence mechanisms, e.g. lashing out, emotional numbing, somatisation, withdrawal, self-harm and the long-term cost to self and others
- Understand the move from trauma and traumatic loss to violence
- Learn about the management of your own stress states in order to prevent secondary trauma
- Learn about interventions which have prevented traumatised children and teenagers from hardening their hearts

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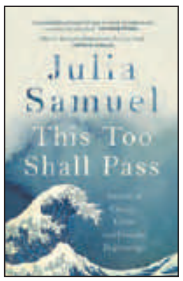
Reviews

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

This too shall pass: Stories of change, crisis and hopeful beginnings



Details

- **Reviewed by** Aviva Keren Barnett, existential psychotherapist, clinical supervisor and international lecturer
- **Author** Julia Samuel
- **Publisher** Penguin
- **Price** £14.99
- **ISBN** 9780241348864

Julia Samuel courageously uses her book as a platform to bring forth her lived experience of transitioning to change. She brings her experiences to the reader's attention early on in the book, which allows them to understand that this is not just a book about her clients, it is also about herself.

In this book Samuel illustrates her ability as a psychotherapist to face 'uncomfortable truths', as she puts it, with her clients. Samuel urges the reader to 'accept the pain of change' in order to move through it onto better times. She wrote this book with the sole intention of examining the reason why people feel ill-equipped to deal with change. She uses case examples of her clients who go through the transition of different life stages such as emerging into adulthood from university, settling down and having children, entering menopause and retirement.

Samuel separates the book into chapters: family, relationships, love, work, health and identity. This clearly allows the reader to make sense of her way of thinking in relation to stages of life and the transitions that are within.

She stresses the importance for us the reader to see how different people have navigated difficult times and that through her therapy with these people she acknowledges that 'talking and being heard' have helped.

I highly recommend this book for trainee psychotherapists to read before starting their work with clients, as it importantly illustrates the different life events that could occur.

PODCASTS WE'RE LISTENING TO

THE RICHARD NICHOLLS PODCAST: EPISODE 175: ANXIETY OF THE UNKNOWN

We are in times of uncertainty like never before. With Brexit looming, psychotherapist Nicholls discusses Brexit uncertainty to illustrate his point in this podcast. He emphasises the lack of control we truly have over our lives and that maybe Brexit has heightened our awareness of this. He highlights the exploitative role of the media and how it feeds the moral panic through generating fear.

Though Nicholls stresses that negativity bias is an inbuilt human response we need to keep us safe, he does offer advice on how we can begin to face the growing problem of anxiety. 'I'll deal with it, it'll be alright' is chanted almost like a mantra.

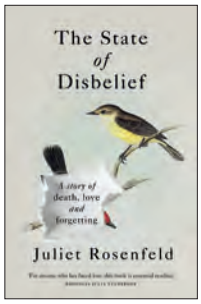
Nicholls states that life changes and we have to have faith we will be OK. As humans we love familiarity but have to take risks to make life better. They may not always pay off.

Resistance will only generate fear and anger. The bottom line is that there are many things out of our control, but we can voice our opinions in a respectful manner, then let them go. The very opposite of the Brexit process over the past four years.

Perhaps the 'anxiety of the unknown' is a modern phenomenon, a way we have come to survive these challenging times. I applaud Nicholls for offering sane advice that we may not like: own our processes and take responsibility.

Details

- **Reviewed by** Sunita Rani, trainee psychotherapist
- **Creator** Richard Nicholls
- **Address** Richardnicholls.net



Details
- **Reviewed by** Tatum White, psychotherapist
- **Author** Juliet Rosenfeld
- **Publisher** Short Books
- **Price** £12.99
- **ISBN** 9781780723792

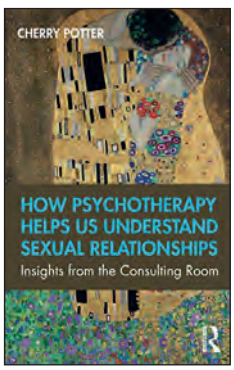
The State of Disbelief: A story of death, love and forgetting

Five years ago, Juliet Rosenfeld, then aged 46, a mother of two and a psychotherapist, lost her husband, aged 52, to lung cancer. This book gives a poignant account of her experience of bereavement and the effect of the loss of her husband on her mind, underpinned by the theoretical framework of her psychoanalytical training.

Rosenfeld distinguishes the two very different states that grief and mourning entail. In her grief, Rosenfeld turns to Freud's *Mourning and Melancholia*, to help her make sense of her feelings; the trauma of loss that occurs at the moment of death and afterwards, what she refers to as grief, and the evolution of grief into mourning. She questions whether grief can be a process the bereaved can work through, suggesting there is no agency in grief, only that it has to be endured.

The book offers a moving portrayal of how hard it can be to talk with loved ones about death. It is also very much a book about life, love, hope and resilience and what it means to be human. Accessible and insightful, it will be useful for anyone who has faced loss. For those recently bereaved it may offer consolation that grief can be survived.

How Psychotherapy Helps Us Understand Sexual Relationships: Insights from the Consulting Room



Details
- **Reviewed by** Nick Campion, trainee psychotherapist
- **Author** Cherry Potter
- **Publisher** Routledge
- **Price** £16.99
- **ISBN** 9780367177812

By being willing to go where others may fear to tread, Cherry Potter has written a valuable book about how psychotherapy can help us to understand the often deeply complex world of sexual relationships.

Unsurprisingly, the spirit of Freud permeates, but Potter's invocation of his theories is measured and critical, using them as a jumping-off point rather than adhering strictly to some of his arguably arcane beliefs. Other theorists to feature include Melanie Klein, Ronald Fairbairn and John Bowlby. The author sets the theoretical context first, then focuses mainly on clients' stories which she unpicks, applying the aforementioned theory.

Potter's easy writing style makes this a very readable book despite its weighty subject matter, and her compassionate approach to her clients' stories ensures we always see the human behind their complex, often destructive choices around sexual relationships. Potter doesn't sugar-coat her case studies and it seems only right that the range of outcomes she describes reflects the reality of working in this challenging arena.

The only mild criticism I could make of this book is that it appears to be trying to address such a wide range of audiences. I wanted deeper exploration of the theory and obvious expertise that underpins Potter's work. A weightier tome for therapists and trainees would be an important addition to the canon.

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

Supervision for Mental Health Care

I was very eager to get on with this small but mighty publication from the Foundation of Mental Health Practice series. As a supervisor in training I was interested in how colleagues from other than systemic approaches discuss and educate on the supervision within mental health care.

Both Paul Cassedy and Maureen Anderson manage to co-author a small compendium on clinical supervision which will be suitable for student and newly qualified practitioners, but also as a refresher for more senior and experienced staff who engage in supervision as supervisees or supervisors.

Although this book is predominantly addressed to supervisees, which would be my only critical point since it's not indicated in the title, as an emerging supervisor I still found this book useful. The content of the book is clearly structured and addresses essential issues related to clinical supervision.

The first three chapters 'warm up' the reader and introduce significant developments in the history of clinical supervision within health care and its functions. What brings life to this text are the figures presenting working models, exercises and reflective activities, as well as examples from practice, appearing throughout the whole publication. It gets more interesting with reading.

This book can be read front to back, or just by picking a chapter for the specific interest covered, without losing coherence or feeling fragmented or confused. The authors clearly talk from experience, supporting supervisees to take the most out of the professional and personal developmental opportunities clinical supervision can bring forth to them.

Details

- **Reviewed by** Kinga Sylwestrzak, systemic and family psychotherapist and systemic supervisor in training
- **Author** Paul Cassedy and Maureen Anderson
- **Publisher** Routledge
- **Price** £24.99
- **ISBN** 9781352007558

PODCASTS WE'RE LISTENING TO

WHERE SHOULD WE BEGIN? WITH ESTHER PEREL

Infidelity, trauma, sexual compatibility – or lack of it. Such issues present day-to-day dilemmas in the therapy room; it is Esther Perel's unique approach to dissecting them which has brought her global recognition. Perel was a best-selling author and polished public speaker before her foray into the podcasting world: *Where Should We Begin?* is now in its third series. The format allows listeners to hear details of others' love lives without feeling distastefully voyeuristic.

Each episode consists of an unscripted session, recorded with a real couple in Perel's psychotherapy practice, edited from three hours to 45 minutes. Perel is alert to deeply held fears that can cramp communication, as the complexities of modern relationships wrangle beneath thinly veiled disfunctionality. Her style is creative, intuitive and, at times, light hearted, as she guides couples through their problems. In Perel's words: 'I want [people] to leave with a different story, as that is what breeds hope.'

The breadth of characters provide flashes of recognition and self-reflection, which make for a rewarding listening experience. How does Perel get around the confidentiality clause? The volunteers all responded to a call-out for couples who wanted therapy, the trade-off being that their session would be recorded for the podcast, though names and some identifying characteristics have been removed.

Details

- **Reviewed by** Kirsten Bickford, psychodynamic therapist
- **Creator** Esther Perel
- **Address** estherperel.com/podcast

Feedback

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

ACEs and women in prison

Thank you for highlighting the huge importance of Adverse Childhood Experiences. For more than 20 years I have run weekly therapy groups for pregnant women as well as mothers with their babies in prisons called Born Inside. This well-established and respected intervention is not funded by the prison system but by the Maria Montessori Institute.

Being pregnant in prison can be a great motivator for psychic change. Prison can provide a unique opportunity to work with women often way beyond the reach of therapy in the community. Over the years we have noticed the high impact of having a parent in prison on the current prison population. Indeed, research indicates that having a parent in prison is the greatest indicator of a child going to prison themselves. There is much to think about but the saddest part is that the highly expensive prison system costs so much money that should be put in at the beginning of a child's life – not years down the road when they go to prison owing to Adverse Childhood Experiences.

Pamela Windham Stewart, psychotherapist.
For more, see Spotlight, p48

'Being pregnant in prison can be a great motivator for psychic change'

'The challenge of adversity', New Psychotherapist, *Spring 2020, looked at ACEs*

The origins of the ACEs movement

I wanted to thank *New Psychotherapist* for the excellent special ACEs issue. Perhaps I could point out that the term 'Adverse Childhood Experiences' was actually coined by John Bowlby in around 1981.

In 'The origins of attachment theory' from *A Secure Base* (1988), Bowlby wrote: 'Thus adverse childhood experiences have effects of at least two kinds. First, they make the individual more vulnerable to later adverse experiences. Second they make it more likely that he or she will meet with further such experiences. Whereas the earlier adverse experiences are likely to be wholly independent of the agency of the individual concerned, the later ones are likely to be the consequences of his or her own actions, actions that spring from those disturbances of personality to which the earlier experiences have given rise.'

In his revealing final interview in early 1990, John Bowlby honestly admits and regrets his ignorance of child abuse: 'I was totally unaware of physical abuse until 1960. I was really unaware of sexual abuse until about 10 or 15 years ago.' Had Bowlby lived a few years longer he would have seen that the novel ACEs Movement was founded on the recognition of the link between childhood sexual abuse and the tendency to obesity. I don't think he would have been surprised.

I think it is important to own the British part of the ACEs story.

Simon Partridge, co-chair, London ACEs Hub, simonpartridge846@btinternet.com

TRIAL BY MEDIA

DESPITE SOME CLAIMS TO GREATER SENSITIVITY AROUND MENTAL HEALTH ISSUES, MUCH POPULAR REPORTING STILL CONFLATES MENTAL ILLNESS WITH CRIMINALITY, WRITES **RADHIKA HOLMSTRÖM**

'NHS trust fined after nurse killed by mental patient' (*The Times*, 5 May 2005). '1,200 killed by mental patients' (*The Sun*, 5 April 2016). 'Paranoid schizophrenic who killed three had been arrested for attacking farmer just days before, it emerges' (*Telegraph*, 2 December 2019). 'Mentally ill patients killed 96 in London over eight years, say trusts' (BBC, 8 October 2013).

In reality, people with mental health issues are much more likely to be the victims of crime than people in the general population: for example, 45% of people with a serious mental illness were the victims of crime over a 12-month period, according to mental health charity Mind's 2013 *At risk yet dismissed* report[1]. The campaigning coalition Time to Change is even more robust, stating that 'the majority of violent crimes and homicides are committed by people who do not have mental health problems'; that 'the statistics data do not support the sensationalised media coverage about the danger that people with mental health problems present to the community'; and that 'contrary to popular belief, the incidence of homicide committed by people with mental health problems has stayed at a fairly constant level since the 1990s'[2].

The connections between mental health and the criminal justice system are complex. 'Those in contact with the [system] come predominantly from communities that are badly affected by health inequalities. For example they present with higher levels of need with respect to mental health, substance misuse and blood-borne viruses,' says the charity and agency Revolving Doors, which seeks to break the cycle of mental ill-health, drug and alcohol abuse, crime, homelessness and domestic violence. There is a far higher proportion of mental health problems in the prison population than in the general one[3]. But it goes without saying that it's wrong to assume from this that mental illness = criminality – and that the headlines above are far from the whole story, or even, in many cases, the accurate story.

Why are popular print and broadcast media reports so different from this reality? And what is psychotherapy's role in working with journalists to shift reporting of mental health issues away from stigmatising and conflating with criminality towards more accurate, responsible and solutions-focused journalism?

THE LANGUAGE

It's fair to say that the landscape is changing. Time to Change and the Institute of Psychiatry, Psychology & Neuroscience, King's College London, run 'Mind over Matter', a collaboration which examines the way that the UK print media reports mental illness. Three years ago, in 2017, it found that for the first time since the study started in 2008 there were significantly more anti-stigmatising articles (50%) than stigmatising (35%) articles in its sample of articles on mental illness from 27 local and national UK newspapers, on two randomly selected days of each month during 2016[4].

A more rigorous study the same year came to similar conclusions. Marian Chen and Steven Lawrie of the University of Edinburgh looked at nearly 1,000 articles on mental and physical health, taken from nine UK newspapers surveyed over a four-week period – repeating a survey they did 15 years before using the same methods. Out of the 200 articles on mental health, over half were 'negative in tone' and 18.5% suggested an association with violence. However, importantly, patients with mental health problems were quoted directly in nearly a quarter of these stories (22.5%, as opposed to 19.7% of people with physical health issues) and the stories also discussed treatment and/or rehabilitation. The authors concluded that, 'Mental health in print media remains tainted by themes of violence [but] some improvement in reporting in recent years is evident, in particular by providing a voice for people with mental illness'[5].

Illustrations: Dave Bain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THE REPORTERS' REALITY

Most journalists have no training in mental health issues, or how to report them, before they're confronted with a story they need to cover. 'Mental health doesn't tend to be part of a course even when it's taught formally,' says Andy Cottom, UKCP vice chair, who worked in TV news and documentaries before becoming a psychotherapist. 'I've taught and I've been an external examiner, but I've never seen it considered as a separate element,' says Rosalind Coward, Emeritus Professor of Journalism at Roehampton University. 'Some students have touched on the subject, but it's something that ought to be more integrated formally into courses, because it's a huge issue.'

What they are trained in is wanting a story: and a story that's coherent, that is either news or has a newsy 'hook'. 'Programmes are curated: there's a choice over what is used and what is left out,' Cottom explains. 'News very rarely gives the opportunity for nuance. At the end of the day, it's to get ratings.' Gavin Rees, who is the director of the Dart Centre Europe, puts it equally bluntly: 'Certain things sell and there's likely to be a focus on negative things because that news is urgent.' The reason why the pressure from many organisations to get 'good news stories' across is so likely to fail is because without a striking new hook, good news stories mostly come across as well meaning but irrelevant.

Psychotherapist and former journalist Mark Brayne was director of the Dart Centre Europe between 2002 and 2008, and set up the BBC's project of Journalism and Trauma in 2002, following his own experience of distress as a journalist. He was working at the BBC World Service in 1993 when three-year-old James Bulger was murdered by two 10-year-olds, Robert Thomson and Jon Venables. 'You couldn't sell a headline saying "the story is very complex". At editorial meetings, stories feed into the need for "othering". The media reflects the society we live in, too. I remember trying to help a colleague understand that the boys who'd committed the murder would have come from a traumatised background. This intelligent, educated colleague absolutely could not get that these boys were not inherently evil. It's not the responsibility of the media alone. It's a kind of collective unconscious. There is a fundamental shared understanding about the terms of reference for how we approach anything, from the murder of a little boy to climate change. To understand it, human beings get caught up in a kind of "spell", a shared understanding of how the world works, and are impervious to presenting a story in its true complexity.'

'News very rarely gives the opportunity for nuance. At the end of the day, it's to get ratings'

FROM JUDGEMENT TO CLICKS

What's more, the context for all media reporting has changed dramatically since the Bulger story (*see feature, page 20*). 'The concept of online news judgement, that is held by journalists, is completely overtaken and overruled by the audience, which acts as gatekeeper through clicks,' says UKCP chief executive Sarah Niblock. Psychotherapist John-Paul Davies takes a step back to look at how this interacts with consumers' demands: 'The reports feed an appetite which is unhelpful, and by feeding that we become more angry. We are safety-seeking, we're always scanning the environment. Our human nature has shaped that kind of media. Mainstream media are competing with websites that can show videos that are incredibly

graphic and frightening. They're businesses.'

In that context, there is even less room for nuance: and more pressure to link mental health and criminality. 'General reporting is oversimplifying some very complex issues and that creates a real dilemma in how mental health is explored,' says psychotherapist and lecturer at the University of Exeter, Hannah Sherbersky. 'There's a tendency to say someone is mentally ill rather than thinking in a different way,' Cottom adds. 'People are criminal for very understandable reasons but we explain it away by saying they are ill, rather than struggling. We like putting things in pigeon holes.'

However, several practitioners point out that not all conditions are stigmatised. 'It tends to be psychosis and schizophrenia, and I think it's because we're more fearful,' Cottom says. 'If people believe someone could harm others, that's frightening and if in newspapers those conditions get attached to criminal behaviour, that'll increase the link.' And Rees, in fact, is 'not sure it's automatically true. Certainly there is irresponsible reporting out there; but there is a broader issue to do with how the public see those kind of stories, and the cultural archetypes they react to. It's useful to make a distinction between news and lengthier feature writing which has the opportunity to go into the context. There are cases of sloppy and mendacious reporting, and there is of course considerable space for improving, but it's not fair to say that coverage across the board is unreliable.'

'General reporting is oversimplifying some very complex issues and that creates a real dilemma in how mental health is explored'

MENTAL HEALTH IN MANY GUISES

And as Rees says, and as the studies from Time to Change and the University of Edinburgh attest, the scare stories aren't the only ones. 'We tend to lump the media into one big box when we are living in times when there are limitless media forms. In the reporting of crime, there persists the repeated suggestion of causal connections between mental health and offending, but there's also the exponential growth of first-person pieces by royalty, footballers and other VIPs,' Niblock points out. Davies makes a distinction between magazines/journals and news media. 'I regularly contribute to *Healthy for Men*. They're very interested, but they're more interested in things like depression and anxiety.'

'Some of the ways in which mental health is represented mean that it is becoming slightly difficult to work out what it's about,' says Coward. 'There are so many young influencers and celebrities, almost rushing to declare themselves to have mental health issues, but there's a curious disconnection; you don't feel that understanding has come on much. It's probably helped raise awareness of eating disorders, for instance, but it doesn't seem to be making a major difference in how society as a whole is responding.'

'There doesn't seem to be much distinction between PMT, long-term can't-get-out-of-bed and schizophrenia,' adds Cottom. 'If they come under the broad construct of mental health they're going to mean different things to every reader. And then learning disabilities, ADHD, autism and Alzheimer's are added in too – which encourages a medical symptom-diagnosis-cure that isn't what psychotherapy is about.'

Some practitioners also feel that the coverage influences clients or potential clients, either positively or negatively. On the one hand, Cottom feels it puts off men, in particular. 'The sort of men who are struggling with emotions rarely talk about them, and mix up shame/anger/fear/hurt – it's rarely verbalised. If the

language that is being used, especially in broadcasting, says there is something wrong with them they aren't going to talk about their fears.' On the other hand, Davies feels it can be a positive. 'I don't think anxiety is stigmatised. And coverage of depression is helpful, in fact, because it means the type of clients I see are more likely to be brought to therapy.'

PROFESSIONAL INTERVENTION

How can psychotherapists – individually, collectively and as a discipline – intervene and, in particular, break the association between mental health issues and crime? There are still big areas to explore, Niblock believes. 'Obviously there are a number of questions we might now be asking about the frustration and confusion the public has with the media. There's an urgent need for research into effects of the use of media on our mental wellbeing. Stories like the death of Caroline Flack have been interesting because there have been so many questions, particularly pointing the finger at the press. Whether it's the case or not that the media have a direct impact on mental health, there certainly needs to be a deeper conversation.'

There's also a role, she feels, for UKCP and individual psychotherapists to speak up. 'It behoves organisations like ours to better inform and support journalism schools and editors.' On an individual level, she suggests people 'call out bad practice' where they see it. 'Psychotherapy has such a rich vocabulary and discourse in what it is to be human. Write in, where you feel you can and wish to do so.' Davies takes an even more direct approach. 'I do wish newspaper coverage of conditions would always include a comment from the professionals. It's been a wonderful thing for me to combine the client work with being able to comment in magazines and newspapers, and there's certainly a big appetite in magazines.'

He adds: 'There should be sufficient funding for research and investment in experts to support journalism trainers to better educate the next generation of reporters on mental health.'

Rees, again, takes a nuanced view. 'I think being a psychotherapist gives one a useful viewpoint but not a uniquely privileged one. It's a danger for anyone, including journalists, to assume that their professional perspective transcends all others. If the question is how can people who are psychotherapists reach out to people in the media to share their own and their clients' experiences, that has to be through a dialogue that is based on curiosity and mutual respect. There's a public communication part to this that operates at a higher policy level, in which it's useful for people who're representing professional organisations to speak the language of stakeholder and policy implementation, but that's only one way that psychotherapists and psychiatrists get to speak to society. It's worth remembering that many people in the media have social and professional contact with psychotherapists and that many psychotherapists have friends or family who work in the media. And there's also the challenge of taking professional language out of its silo, and using it in a way that's easily understandable to others.'

Finally, several people point out that journalists themselves are far from immune to mental health issues. 'Given that it likely affects one in four in their own newsroom, it's important that newsroom managers are ensuring their teams have access to CPD and expert knowledge in this area,' says Niblock. It may or may not enable them to correct the stigma that persists, but it might also lead them to a direct experience of psychotherapy, and all that the discipline can offer them. ●

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CARING TOO MUCH?

HOW DOES THE ENDLESS IMPACT OF 'BAD NEWS' AFFECT PEOPLE AND HOW CAN PSYCHOTHERAPISTS INTERVENE IN THIS? BY **RADHIKA HOLMSTRÖM**

'When you're sent off to a war zone, you don't know what is going to happen to you and how you may react,' says UKCP vice chair, psychotherapist and former broadcast journalist Andy Cottom. 'You have to maintain your professional eye and also maintain your humanity; you have to protect yourself against the stench of rotting corpses. You do that by becoming to a certain extent automata. The big problem is when you come back to the world and that is where psychotherapy can help you recognise that your "compassion fatigue" is the defence.'

Cottom's experience is one that many people working in areas affected by conflict or famine will recognise. It's also an experience that healthcare professionals and others caring for those acutely ill with Covid-19 are going through. Compassion fatigue (sometimes known as disaster fatigue) was defined by psychologist Charles Figley as 'a state of exhaustion and dysfunction, biologically, physiologically and emotionally, as a result of prolonged exposure to compassion stress'. It affects journalists (the Dart Center for Journalism & Trauma was set up specifically to tackle this), aid workers, doctors, interpreters... the list goes on. But what about the people who are also consuming that news, either through the now 24-hour news media or through social media? How does the constant saturation of images showing the details of cruelty and/or disasters affect the people who read and/or see them?

Those of us who aren't key workers are in the midst of experiencing this alongside the massive changes to our daily lives in the lockdown. Guidance from the NHS suggests reducing our intake of news and social media to avoid the anxiety and depression wrought by absorbing unrelenting stories of daily death tolls, plunging stock markets, and pressure on the NHS, during the Covid-19 pandemic.[1] This is likely difficult at the moment when so many of us are relying on these sources to clarify information in a rapidly changing situation.

UKCP's recent conference, 'Sleepwalking into the Anthropocene', highlighted the growing problem of eco-anxiety experienced following images and news about climate change. Borne out of the conference, speaker, journalist and activist Emma Marris (*see box, overleaf*) wrote an article in the *New York Times* entitled, 'How to stop freaking out and tackle climate change', which looked at the effects – along with a five-step plan to deal with the stress brought on by news reports regarding climate change.

LABELS AND SYNDROMES

'Negative thoughts are particularly tenacious, and the next thoughts people reach for are likely to be negative, so the risk is that people find themselves tipping into a spiral, with all sorts of unexpected consequences for themselves,' says Gavin Rees, who is the director of the Dart Centre Europe. Rees does, however, question terming this 'disaster' or 'compassion' fatigue. 'It's clear that negative material has an impact, and material that makes people feel threatened is likely to contract their sense of agency and hope in an alternative reality, but I'm not sure it is a syndrome. One of the dangers of working in psychotherapy is tipping arresting labels into syndromes, as if they have a concrete medical existence; and also, the different related concepts all come from distinctly different places but often get swapped around as if they're the same thing.'

He adds: 'People who operate with compassion-focused methodologies in trauma treatment often

'There are fears that good content is being drowned out by disinformation and marketing-based products'

have reservations about compassion fatigue, because their way of looking at it is that compassion isn't something you run out of: people are more likely to get into difficulties because of insufficient compassion, not a surfeit of it.'

Whatever the terminology, others do feel it can be a useful framework. 'I see a lot of anxiety,' says psychotherapist John-Paul Davies. 'I am curious: is it compassion we get tired of, or feeling angry and frightened? Feeling sad all the time is also about empathy. Caring about others and the world is a sign of being psychologically healthy, though while we're doing that we can't enjoy our present moment. But where do we draw the line between the distress of billions, in our waking day? I can also see why people get frightened and cut off. I don't think the threat part of us distinguishes between what we can control and what we can get worried about while living the rest of our lives as well. I think that's where the fatigue comes from.'

Professor Rosalind Coward, who has a longstanding track record as an academic and journalist, adds: 'I think people can be genuinely traumatised by media coverage of disasters. Part of the time we can keep a distance and understand what is happening, and reassemble ourselves, but some disasters really get to us. I always think people have a "defining disaster". For me, it was Hillsborough. I remember being traumatised by the coverage, of seeing people squashed up and clearly asphyxiated. If you allowed yourself to identify and empathise and find out about those people, you can be traumatised. And if that happens quite a few times in a row, in order just to survive you have to distance yourself, do something about your empathy. You're constantly seeing things that actually are traumatic, and you have to convince yourself you can't get that deeply involved because you have to protect yourself. I've always wondered about the fatigue in that it has required us to do something deadening to ourselves, in order to protect ourselves. That, for me, is the damaging thing.'

MEDIA PLAYERS

Media reporting has also changed since the days of Hillsborough or the Zeebrugge ferry disaster. In those days it was still a matter of a daily paper and regular news updates on the radio and TV. Today it is literally non-stop: every newspaper is online, in addition to the news websites and – very importantly – social media. 'After the Grenfell fire, I read a lot about the young woman who was an artist, and what happened to her in the course of the evening. Most of those details weren't picked up from the normal reporting but more people were telling her story outside the media,' Coward says.

Indeed, there is now a huge overlap between 'real', professional reportage, phone video footage taken by passers-by and tweets; journalism students are in fact taught to look at Twitter feeds as a tool for news-gathering, and online coverage frequently incorporates non-professional social media. At the same time, social media constantly circulates articles tailored to each consumer's interests, both through the outputs' own analytics and through users sharing stories. 'Most of us are walking around with "micro post-traumatic syndrome" (as Jamie Wheal terms it), caused by the amount of information we encounter,' says psychotherapist Catherine Knibbs. 'I see difficulties in clients aged up to their seventies, who're experiencing anxiety because they see so much negative news and don't know how to change their settings.'

The growth of social media, and of what is termed 'citizen' (non-professional) journalism, has been paralleled by a collapse in local journalism. A few decades ago, each main area in the UK had at least one local paper, often staffed by highly experienced and knowledgeable journalists who knew their 'patch' intimately and were part of the local community themselves. Today, many of those papers have shut; between 2005 and 2018 nearly 250 titles closed down[2]. At least one study has pointed to a 'democracy deficit' and a drop in community engagement as a result[3]. Cottom agrees: 'I do think local papers used to bind us together. Journalism at its best makes us feel part of a human world and local papers used to be full of good news as well, about how the local school was doing things and so on. These days all we get are celebrities.'

'What's different now to when I worked on news desks or trained journalists is that online news brands dominate,' points out UKCP chief executive Sarah Niblock, who trained and worked as a journalist for years. 'Their news values are different to those of print. They're determined by clicks. Old-school judgment is now secondary to audience hits, and we are now reading the media in a world where branding, target audience and emotion are driving the news judgement and the values of the coverage – whether this is of climate change or a terrorist's actions. Emotion is the main criterion for selecting a story: because it is universal and affects all regardless of socio-economic background, purchasing preferences, age, gender and so on. It's a win-win way of getting hits which helps attract advertising revenue.

Climate change

EMMA MARRIS ON THE ROLE OF PSYCHOTHERAPISTS

'I've been thinking about this a lot. I think psychotherapists can help clients reorient away from their personal feelings of guilt, fear and grief to find groups to become active with. Indeed, in that sense, collective groups are a form of therapy.

'I do think setting before clients the facts of the matter – that they are never going to solve climate change themselves – will be helpful. So many people judge themselves constantly for the ecological sins and I think this is extremely counter-productive. Those clients didn't design the system within which they live and they should be able to forgive themselves if they have to live in it to participate in the world.'

‘Ultimately, in psychotherapy you get people to face and get through the trauma that they’ve experienced’

So editors are increasingly seeking out the most shocking images, grainy eyewitnesses’ user-generated content. I’ve seen a dramatic increase in graphic representations of animal abuse, or human violence, of bullying. You can’t even make an active choice over whether or not to read the story because it is usually accompanied by a stark image – you’re immediately immersed in the most emotive aspect.’

However, Rees sounds a dissenting note, pointing out that the overall heading of ‘the media’ covers a lot of different outlets. ‘I believe in solutions journalism, which is the idea that if you’re writing about a problem, there’s also a duty to focus on potential solutions. But I also think one of the strange points about this moment in time is that while there is an awful lot of pessimism around the future of the news industry, and fears that good content is being drowned out by disinformation and marketing-based products, at the same time it’s also a golden age for reporting. We’ve never lived in a time when it’s so easy to access outstanding long-format reporting. Look at the *New Yorker*, for example. There are spaces where all shades of meaning are permitted.’

BEING PART OF THE CHANGE

So how can psychotherapists intervene in this trend? ‘I would love the psychotherapeutic voice to be heard much more in matters of policy – on local councils, school governing bodies, the whole range,’ says Niblock. ‘Therapists work all hours and have extremely busy lives so it is difficult, but having more psychotherapists in civic life would work some way towards changing the language. It’s absolutely right that journalism has a duty to inform the public, no matter how harrowing or unpleasant the truth is. Journalism could and should be a mirror on the world. But what journalism doesn’t show is how being human in the 21st century is complex and multi-faceted. It isn’t just conflicts. There needs to be more analysis, not simply reflecting binaries such as good versus bad, right versus wrong.’

More directly, in the consulting room, there are ways to support clients who are finding themselves affected – and possibly indeed incapacitated – by disaster/compassion fatigue. Some of this is quite practical. ‘It’s the responsibility of folk who are working with clients who are concerned about the news to remind them about the breadth and range of content,’ says Rees, while Knibbs is equally frank. ‘I spend a lot of time in therapy educating people in cyber safety and e-safety, cyber security, and how to manage your social media feed. Currently, psychotherapists in the UK don’t understand the virtual space

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enough to be able to have congruent conversations with their clients. They're not asking "how is your digital life?" or about how they manage their social media. As well as explaining how seeing lots of negative news can bias us into thinking that the world is dangerous, therapists also need to know how to advise clients on how to protect themselves in this space.'

Davies adds a further perspective. 'I wish journalists would be more balanced, but it's also for us as consumers to be aware of our different parts: of what angers us, what we can do about it, whether we can let it go and what we can let go and/or do instead. If we are familiar with our internal parts and are managing them, perhaps that will influence the media. If we spend more time in a place of loving kindness, in a place of nurturing, and that's where we realise we are happiest, the knock-on effect is that we will consume media differently and support that way of being. If we feel anger and fear for too long we will shut off. There can be a feeling that this is selfish and that we don't care, and we struggle with that. The most helpful thing I can do is control my own responses.'

'You can have a personal connection of helping people who do have huge influence; but also those of us who can get out there, and talk about how poverty and loneliness affects our mental health are doing everyone a service,' Cottom concludes. 'Now I'm doing it one person at a time, not via a programme watched by 10 million. It cascades.'

A DIFFERENT PERSPECTIVE

Mark Brayne argues that rather than becoming mesmerised by the news about climate change, most people are avoiding it – to their own, and everyone else's, detriment. 'News of horrible things elsewhere in the world, paradoxically, soothes us. We're programmed by evolution to pay attention to potential threat and be reassured; paradoxically, the media reports news to calm people down. Nobody changes till they have no choice but to change. Climate change was bad 10-12 years ago but even now people are not getting its full impact, and that billions of people are going to die this century. Human civilisation is on the brink of disintegrating. I think a lot of people are weary, but they choose to deny because they can't be bothered.

'I call it pre-traumatic stress disorder. A tiny minority burned out – the apathy of people for whom it's too big, so they're avoiding and just shutting it down. When you're under threat, human beings rise to the challenge. We have to break this myth that people will be immobilised by the threat of extinction. Ultimately, in psychotherapy, you get people to face and get through the trauma that they've experienced. You've only got two fundamental responses to potential threat: approach or avoidance. As a civilisation we are in terminal avoidance mode.'

Once the lockdown is lifted, the spread of Covid-19 decreases and media and social media content diversifies, it will be psychotherapists who play a crucial role in helping people rise to that challenge.

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RISING TO THE CHALLENGE

WHY DO MORE MEN THAN WOMEN DIE BY SUICIDE? WHY ARE THEY LESS LIKELY TO GET HELP FOR ISSUES WITH THEIR MENTAL HEALTH? **HAZEL DAVIS** EXAMINES THE ROLE OF GENDERED EXPERIENCE IN MENTAL HEALTH

Suicide is the biggest cause of death of men aged between 20 and 49, according to the Mental Health Foundation, and in the UK, men are three times more likely to die by suicide than women[1]. In England alone, men are less likely to access psychological therapies than women, with men making up 36% of referrals to the NHS' IAPT programme[2].

Why is there such difficulty in reaching men who are struggling with serious mental ill health? Societal expectations about how men should behave and perceived masculine traits such as strength, stoicism and control, are not only associated with poorer mental health[3], but if men feel unable to speak openly about their emotions they may be less able to recognise their own symptoms of poor mental health and therefore less likely to reach out for support[4].

Back in June 2019, UKCP chief executive Sarah Niblock told the Women and Equalities Select Committee that there is a stigma and shame that some men feel about admitting they need help. She said that socialised 'masculine' values can have a powerful impact on men's values, the way in which they relate to others, their behavioural traits and the way in which they respond to mental distress.

There's nothing inherently negative about wanting to feel strong and in control, according to the Mental Health Foundation, but, equally, gender is just one element of an individual's identity, Niblock says.

While it's clear that services need to be reformed to become more accessible to under-represented groups of service users, including men, it is essential that this work is carried out by a workforce that is both sensitive to people's gendered experience of services and unwilling to reinforce problematic gender norms.

'Critiques of masculine norms relating to mental health should be made carefully, clearly framed as structural concerns rather than focused on the behaviour of individuals and avoiding any sense of "victim-blaming",' Sarah Niblock told the Select Committee.

UKCP's Policy and Public Affairs Manager Adam Jones adds: 'We think it's vital to draw attention to the massive disparity between completed suicides in men and women. Each case of someone taking their own life is an individual tragedy and should be treated as such. But we shouldn't ignore the gendered trends.' Jones points out that considerably more women (8%) than men (5.4%) report having attempted to take their own lives. This, he says, 'adds another layer of complexity to the discussion of suicide by gender. Men are more likely to use more violent means, hence the much higher rate of completed suicides.'

What is clear from the evidence, says Jones, 'is that society's expectations of what it means to be a man or woman is having an impact on many individuals' experience of mental health problems and, ultimately, the awful situation where they feel they cannot continue.'

UKCP is prioritising raising the nuances of gender differences in mental health outcomes in its policy and influencing work. 'It's really important that policymakers are better educated and equipped to tackle the underlying structural causes of these differences,' says Jones. 'We also have a role to play in ensuring that the training programmes we accredit are cultivating cultural competence and gender awareness.'

'SOMEONE LIKE ME'

As well as being less likely to seek help in the first place, many men still face barriers within the healthcare system, says Jones: 'The psychological professions are disproportionately white and female. Evidence suggests many people prefer receiving care from people who they feel can empathise with them. This can create barriers, particularly for men, and women and men from non-white backgrounds.'

But there are psychotherapists addressing these issues. Psychodynamic psychotherapist Andy Cottom works for Westminster Therapy Associates, with a fairly male clientele, comprising mostly ex-military people. 'We always ask whether people want to see a male

'Critiques of masculine norms relating to mental health should be made carefully, clearly framed as structural concerns and avoiding any victim-blaming'

or a female and sometimes they say, "I want to speak to someone like me." My colleague, Tyrone, is black and has a slightly different clientele to me. This is important.'

Cottom has worked for years in war zones and with people who have experienced violent crime and this, he says, is something some of his male, ex-military clients appreciate: 'I don't overtly say I've been in a war zone, but they very quickly pick it up through my use of language and the things I understand – for example if they say ANA, I'll know it's the Afghan National Army. If clients talk about visual flashbacks I am able to say, "You can smell it too, can't you?", and know that they understand what I mean.'

A lot of it comes down to the right language, says Cottom, whatever the client: 'You won't get a soldier saying they're suffering from anxiety, for example. Often the only feeling they'll identify is anger.' And the nuances of language is an area in which psychotherapists specialise.

One issue Cottom finds is that many of the men he sees come from a boarding school and military background so the culture for coming forward isn't in place. However, he says, this is changing in places like the Metropolitan Police Service. Indeed, the National Police Wellbeing Service[5] was launched to reduce stigma around seeking support and help improve the knowledge and understanding of help and support available. Still, says Cottom, 'things are nothing like as good as they could be'.

'There's a lot to be said for making suicide a less scary topic than it is. It's about understanding that when someone's distressed they can feel suicidal'

Another issue is that psychotherapy is seen as a female skill – an estimated 75% of UKCP members are women and so a man is more likely to see a female therapist unless they specify otherwise. 'You'd be surprised at the number of men I speak to who still call women "girls",' says Cottom. And, though it's a sweeping generalisation, he adds: 'Men are just not very good at getting together with their mates and saying, "Actually I am devastated about something".'

DIRECTING SERVICES

Leeds-based integrative psychotherapist Erene Hadjiioannou also sees the problems associated with gender norms. 'There is much more emphasis on men to keep going and stay strong,' she says, 'and fewer ways to open up a conversation about feeling suicidal. Men being strong is an age-old social construct so I think sometimes there's a greater emphasis on how well they're doing at work, how much money they're earning. Men are often much more confident talking about that side of who they are rather than their emotions.'

However, she believes psychotherapists can do more to avoid these gendered assumptions, and should be taking advantage of her view that gender isn't binary and instead working to meet the needs of the individual. 'Putting people into categories isn't always helpful,' she adds.

And taking away the stigma is essential: 'There's a lot to be said for making suicide a less scary topic than it is. It's about understanding that when someone's distressed they can feel suicidal. Feeling suicidal is one of the more intense human emotions and often people can be scared by having the thoughts and this is the internalisation of how everyone else reacts when they hear the word "suicide", but it's often a lot easier to have the conversation than they think.'

Directing services appropriately is crucial: 'I went to see my GP last week and they asked me if I was experiencing domestic violence,' she says. 'I understood that when a woman is by herself in a private appointment some services are being more directed. I asked whether they were doing this for men as well and they said, "no". Women are more socialised to be more proactive in this area, but we need to be providing the same opportunities for men and women.'

PORTRAYAL OF THERAPY

Another issue is how therapy is portrayed on our screens, and whether this helps

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'The UKCP argues that a trauma-informed approach to tackling problematic behaviours of adult men should take precedence over a punitive one'

men struggling with mental health issues. 'Therapy is generally terribly represented in the media and I worry about how that puts people off,' says Hadjiioannou.

If people are 'only seeing a therapist with a slight head tilt on television it's a really narrow representation of what we offer and for someone not in touch with their feelings can be really offputting', she says.

The Instagram trend for digestible therapist quotes could also be harmful, Hadjiioannou adds, 'and can really miss the wide range of what people want. It's not always about being given a mantra to live by. The language I use is a bit more straightforward, particularly with men entering therapy for the first time.'

What therapists actually do, she says, is 'pitch what you're saying differently with every person. Some need different words and some more structured advice'.

However, the way therapy is portrayed in the media is changing, slowly, according to Cottom. 'People like Barack Obama and Daniel Craig crying, Tyson Fury and Prince Harry speaking up. They are listening.'

PSYCHOTHERAPY'S ROLE

At the end of 2018, NHS England announced that new fathers will be offered mental health checks as part of a broader expansion of perinatal mental health services[6]. This was a landmark, given that more than 10% of new fathers experience postpartum depression. However, the UKCP points out, it is vital that men who are successfully identified as requiring support are offered an appropriate choice of evidence-based talking therapies.

The UKCP argues that a trauma-informed approach to tackling problematic behaviours of adult men should take precedence over a punitive one. This necessitates changing gendered presentations of mental health problems among frontline health staff. If not, a gendered understanding of behaviour can lead professionals to pathologise men who may be acting out on account of adverse experiences in their past.

'I spend a lot of time in the early process talking about the neurobiology of trauma,' says Hadjiioannou, 'Sometimes they're hearing this for the first time and it can create a good foundation and allow them to have faith in the process.'

Ultimately, says Jones, a lot of the disparities in mental health outcomes owe to structural inequalities. 'So, the problem goes far beyond mental health services and professionals. Addressing this requires a proactive government willing to take major policy measures that go to the cause of the problem rather than its symptoms. That means tightening anti-discrimination legislation, enhancing sex and relationship education, and equalising parental leave in law. That's how we could begin to meaningfully address the many gendered manifestations of mental health difficulty.'

And by showcasing the nature of their own work – how they understand the nuance of language, how they recognise the gendered expectations and experiences of individuals, and how they understand humans as different from one another – psychotherapists can play a crucial role in educating other groups in society to increase access to mental health services for men.

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PUBLIC SHAMING

STIGMA PERPETUATED IN CERTAIN AREAS OF THE PRESS AGAINST BLACK, ASIAN AND MINORITY ETHNIC GROUPS HAS A SERIOUS IMPACT ON MENTAL HEALTH. **JOY PERSAUD** EXPLAINS

The misrepresentation of minority ethnic groups is a grave concern for many, sparking frequent debate about how certain individuals are stigmatised owing to their culture and skin colour, with their mental health suffering as a result.

Harry and Meghan, the Duke and Duchess of Sussex, recently stepped away from royal duties because of the intense scrutiny on their lives and its impact on their wellbeing. Following this, a digital journalism research team at the University of Sunderland analysed the Twitter comments directed at Meghan Markle in the 24 hours after the announcement. They found most of the tweets featured sexist trolling, but a handful also contained overtly racist sentiment.

'One message described her as a "self-loathing race traitor", while another labelled her "meghan the queen, of monkey island" [sic]. She was also labelled a "whore", "slut" and "witch", among other terms,' the team reported.

Dr John Price, senior lecturer in journalism at Sunderland, says: 'These results give a sense of the levels of abuse that have been published about Meghan Markle in the days after the announcement. There will be many more tweets not captured in the study, as racism and misogyny are often expressed in more subtle terms that do not use overtly abusive language.'

DIVISIVE WORDS

The shaming by the media doesn't just apply to the famous and privileged. 'Let's start with our Prime Minister and his notorious comments about the burqa, or comments from the Ryanair CEO Michael O'Leary about Muslim airline passengers,' says psychotherapist Faisal Mahmood. 'Social media is constantly used as a platform for racist narratives,' he adds. 'Our state in 2020 resembles, in many ways, a 1920s world. Racial tension was on the rise, there was a financial crisis, and a small number of rich men held powerful influence. A century later and we are pretty much in the same position, except we now face the ultimate existential crisis of climate change.'

Stigmatising isn't obvious, either. 'In old advertising campaigns, for example, a white child would give a black child Pears soap to wash off the black, which implies being black is dirty,' says psychotherapist Ann Simon. 'But in modern-day adverts Dove projects the same message [a 2017 campaign saw a black women turning into a white woman].'

She adds: 'The negative perceptions of self in the media over and over speaks directly to individuals' and groups' self-worth and self-esteem, experiences and memories, and there are complexities of "good", "bad" and "indifferent". The fact that it is still going on today is exhausting, draining and could lead to depression.'

Those from BAME groups have also had to contend with fallout from the arguably toxic Brexit campaign, with Muslims, Jews and other BAME groups targeted by those who seek to 'other' these individuals, amplifying prejudice and hatred against them.

In October, *The Guardian* reported that hate crimes had doubled in five years in England and Wales, according to the Home Office.[1] And Citizens UK released a statement from 18 rabbis, bishops, imams and charity CEOs who expressed 'concern at the rising tide of fear and division in society and the erosion of trust in public institutions'.

Matthew Bolton, executive director of Citizens UK, told *The Guardian*: 'UK communities are increasingly concerned that we aren't going fast or far enough to strengthen hate crime protections. Political, media and institutional decision-makers need an action plan to stop the toxic mix of social media scare stories and a divisive political environment, which provide a breeding ground for hate.'[2]

Echoing this in *The Lancet*, Adrian Heald, Bianka Vida and Dinesh Bhugra recently stated that since the outcome of the EU referendum, the possible mental health effects of Brexit on BAME people have not been fully acknowledged, despite the well-documented growing stigmatisation and violent attacks on migrants and religious and ethnic minorities.[3]

They added that although BAME individuals do not experience substantially more life events than ethnically white patients, their perception of these events is different, and more often attributed to racism. Notably, they add, perceived discrimination increases rates of schizophrenia: 'Increased discrimination on ethnic grounds perceived by BAME individuals following Brexit, combined with existing stigma towards mental illness in BAME communities, might result in higher mortality in minority groups, as already described in older BAME individuals with schizophrenia.'

They surmise that since the EU referendum, the potential effects of Brexit on BAME communities have been largely ignored in political and media discourse. And, they conclude that in certain sections of society, overt racial abuse has become a cultural norm.

A consequence of this is shame. 'Shame is the best way – regardless of race – to shut down people,' says Simon. 'Definitions of shame can be central to making meaning of the self. It drives feelings of being never good enough or a sense of, "who do you think you are?". Shame is described by individuals as "I am bad".'

Evidence-based research and theories of trauma confirm that shame correlates with addiction, aggression, violence, depression, eating disorders, bullying and suicide, according to Simon.

'Social media is constantly used as a platform for racist narratives – 2020 resembles, in many ways, a 1920s world'

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WARPED PERCEPTION

One issue is that news stories linking mental illness, violence and dangerousness attract more coverage than positive stories, according to Baffour Ababio, senior psychotherapist and clinical supervisor. 'When this gets filtered through a racialised lens [a racial "identity" is ascribed] in relation to ethnic minorities, it further warps the public perception of ethnic minorities who suffer from mental illnesses,' he says.

'In 2003, *The Sun* newspaper ran a caption about former heavyweight champion Frank Bruno's mental health, which read, "Bonkers Bruno locked up". This labelling was damaging not only to Bruno but also to individuals with mental health problems from black and minority communities. It perpetuates negative ideas about mental illness and race. No wonder members of these communities delay seeking early help.'

Ann Simon agrees: '"Big, black and aggressive" are not unfamiliar definitions. They are used publicly, in medical notes, literature and speeches made against those who have faced and are facing trauma. If labels that are attached to others are continually used decade after decade, there is a shared historical trauma, a memory.'

Another issue that needs to be borne in mind, says Ababio, is the fact that there is generally stigma attached to mental illness, which in certain BAME groups can breed exclusion – for instance, by affecting marriage prospects. He adds, 'There is also perhaps a desire by individuals to be seen in their own communities as being capable and as having thrived in the host country – the UK.'

Ababio also observes that another unintended consequence of the media reporting of fatalities of BAME mental health sufferers, either in police custody or under restraint in psychiatric services, is that it reinforces fear, suspicion of the police and psychiatric services – and deters individuals and families from seeking help.

'A death under restraint might evoke feelings of anger, frustration – especially in instances where the surviving families feel they have been denied justice – but also shame in cultures where mental illness is denied and therefore is hidden,' says Ababio.

All of this discrimination contributes to a 'very disturbed and complex relationship between a BAME client and white mental health service', says Mahmood. 'Being racially different comes with many other aspects of differences – social injustice, poverty, intra-community tensions regarding sexuality, religion, personal freedom, and specific family norms.'

INEQUALITY OF CARE

The Care Quality Commission (CQC) annual report, *Monitoring the Mental Health Act 2018/19*,[4] reveals that national data from the 2018/19 Mental Health Services Dataset (MHSDS) showed known rates of detention for black or black British people in 2018/19 (306.8 detentions per 100,000 population) were more than four times higher than for white British people (72.9 per 100,000 population).

Also, notes the CQC, known rates of use of community treatment orders (CTOs) have continued to be higher in 2018/19 for black or black British people, with 53.8 uses per 100,000 population compared with 6.4 uses per 100,000 population for white British people.

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The CQC goes on to acknowledge that the reasons behind the inequality of care as borne out by the latter points, are 'complex and not well understood', calling for further in-depth research into the matter. Additionally, the commission noted that previous reports have looked at the relationship between mental health services and people from BAME groups and concluded that possible causes of inequality include structural racism, in both health services and wider society.

'For example,' states the CQC, 'it may be that people from BAME groups face prejudice in assessments or, at a basic level, that mental health services are not accessible or responsive to people from BAME groups.'

POSITIVE COVERAGE

However, there is hope that as these issues are raised and dissected, they will spark positive changes. Speaking generally about the issue, Jo Loughran, director of the mental health anti-stigma campaign Time to Change, stresses that the way mental health is reported can have a beneficial effect on readers.

She says: 'Media portrayals and reporting of mental illness are incredibly powerful in educating the public. When done well, the media can be a tremendous tool in raising awareness, challenging attitudes.' She adds that this can give people with experience of mental health issues a platform and offer the public an insight. But, she warns: 'Sensationalist journalism fuels fear and mistrust, increasing isolation and inhibiting recovery. Our supporters tell us that stigmatising media coverage can impede them from speaking out.'

So what can be done? Loughran says journalists and programme-makers can ensure that their reporting methods feed into more positive portrayals of mental health problems. Practical examples include sympathetic representations of real-life experiences; exploring the causes of mental health problems; running inspirational stories of recovery from mental health problems; featuring expert comment from mental health professionals; facilitating discussions about the impact of stigma on individuals experiencing mental health problems; and being clear about the prevalence of mental health problems – one in four people will experience a mental health problem at some point in their life.

There is also a big role for psychotherapists. 'Psychotherapists can help to inspire, assist the healing process and educate,' says Simon. 'What helps is the acknowledgement of what happened.'

Psychotherapists must also 'proactively engage in the politics of racial equalities, including working with journalists, social media campaigners and other stakeholders', according to Mahmood.

'When done well, the media can be a tremendous tool in raising awareness and challenging attitudes'

But he adds: 'Many psychotherapists trained in this country have roots in Western theoretical approaches – mainly based on an individualistic worldview. This makes it harder for many therapists to fully appreciate their professional responsibility to play their role. One of the main challenges, in my view, is the notion of white privilege or, as some experience it, white shaming. As if the opposite polarity of racism is white shaming. Whereas the antidote of racism is "contact". The notion of white shame will only lead to further division and subsequently oppression of both sides.

'I believe psychotherapists must play their part in helping not only journalists but society at large to learn to tolerate differences, discomfort, uncertainty, intimacy, power and privileges. One must not negate their privileges to deal with differences. Owning our privileges is absolutely crucial for any hopeful future,' he adds.

STRIVING FOR CHANGE

Ababio is hopeful that UKCP's ongoing work in this area will help to drive change. He says, 'Psychotherapy training institutes may do well to build it into their training programmes – how psychotherapists can engage with the media in addition to the good work being currently undertaken by UKCP and BACP. BAME individuals I see are being seen and represented at the top levels in psychotherapy organisations and that work should continue.'

He also believes that psychotherapists need to work with journalists and organisations to embed open, ongoing communication between the world of psychotherapy and mental health services. 'This can only happen when psychotherapy itself breaks away from addressing issues of social justice as peripheral to the psychotherapy work and work on embedding,' he suggests.

As for regulation of the press, Ababio remains unsure about the benefits of doing this. He says, 'I think education and ongoing positive coverage is probably the way forward. Regulating might drive things underground and these issues cannot be policed.'

Mahmood agrees: 'Any regulations will further create distrust and resentment on both sides. We cannot force people to respect each other's differences. What we need is to keep talking and engage with all sides. Race and racism affects both white and black. It is this very difference that needs public exploration.'

It remains to be seen whether coverage of mental health and the stigmatisation of BAME groups will soon improve, but it is clear that the greater the number of balanced and informed voices there are to counter misrepresentation and stigmatisation, the better. ●

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‘The **more** that we are **out** there saying **psychotherapy** is very **good** for you, the **better.** Well-trained and qualified **psychotherapists** in the media can only **help**’

THE GREAT BRITISH BAKE OFF CO-CREATOR **RICHARD MCKERROW** IS PASSIONATE ABOUT THE ROLE OF PSYCHOTHERAPISTS IN THE MEDIA. HE TELLS **ANNA SCOTT** WHY THE PROGRAMMES HE MAKES ALWAYS HAVE A MENTAL HEALTH ELEMENT

The links between mental health and *The Great British Bake Off* are strong. One of the most recognisable faces linked to the programme – the 2016 winner Nadiya Hussain, who now has a successful career as a chef, presenter and author – allowed TV cameras to film her having therapy for extreme anxiety in last year's BBC One documentary *Nadiya: Anxiety and Me*[1].

Another *GBBO* winner, John Whaite, who triumphed in 2012 and like Hussain is now a chef, presenter and author, has also publicly spoken of his struggles with depression and how baking is a form of therapy for him[2].

And during the most recent series of the programme last year, two contestants revealed mental health difficulties on social media and in the print media and on television: Michael Chakraverty talked about experiencing a panic attack during one episode of the programme and Steph Blackwell discussed her eating disorder[3].

'*Bake Off* does that – it brings people together on the programme and then it brings people together as a society. It's almost like a form of national group therapy,' says the programme's co-creator, Richard McKerrow.

'We never envisaged that the programme would become what it has, but it seems that baking is a form of therapy. You spend time focusing on creating something for yourself and others to enjoy.' Along with fellow company founder and creative director Anna Beattie, some of McKerrow's other work as creative director of Love Productions – including *The Great British Sewing Bee* and *The Great Pottery Throw Down* – have a similarly nostalgic, creative and therapeutic feel.

EXPERIENCE OF THERAPY

'Through having my own therapy, and talking about the programmes we make with therapists, at a certain point I realised that television at its best, documentaries in particular, can be a sort of therapy.' Certainly professional therapeutic input is involved in programmes in which members of the public take part.

'We make sure that all people coming into any of these programmes have seen a therapist beforehand, we don't want anyone to be particularly vulnerable, or have an experience that isn't mentally healthy or beneficial,' he says. 'We work with the therapist a bit like in a health and safety check, and if contributors have any issues during the making of the programme we often tell them to talk to our therapist.

'When we're working with members of the public we always tell them we will look after them during filming, we go over everything and we will look after them after transmission as far as we can, providing and paying for therapy where necessary.

RICHARD MCKERROW
Creative director, Love Productions

Richard McKerrow set up Love Productions with Anna Beattie in October 2004 and, as creative director, is behind TV programmes such as *The Great British Bake Off* and *Benefits Street*. He began his career as a print journalist for *The Nation* magazine in New York, later moving to Yorkshire Television. He joined Channel 4 in 1997 as a commissioning editor for education, spending two years as creative director and managing director of Maverick Television from 2002.

'We work with the therapist a bit like in a health and safety check, and if contributors have any issues during the making of the programme we tell them to talk to our therapist'

But,' he adds, 'what we cannot control, and what I'm really sorry about, is what social media and some of the press may do.

'When we're working with members of the public we tell them what they can expect, what we will put in place to look after them and we do our very best to make sure their experience is rewarding and positive, along with other things, providing therapy when appropriate.

'But we shouldn't be allowed to invade people's personal, private lives without their permission or consent,' McKerrow, who has strong views on press and social media regulation, says. He explains that a lot of the very serious problems that people have had after appearing on reality TV programmes, are 'caused by the reactions to the programme in some of the print press and social media. All the programme has done is place them in a position of being exposed'. He adds: 'What is the problem with passing proper regulation around newspapers and social media? Social media companies are publishers too.'

THERAPEUTICALLY INFORMED

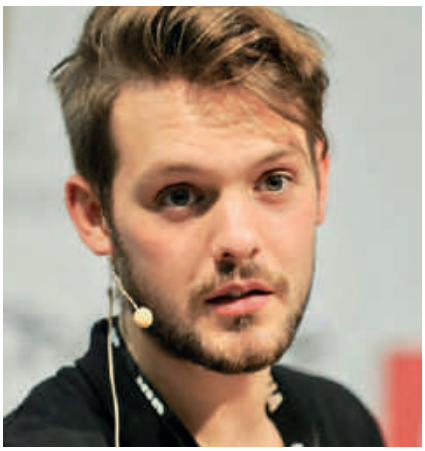
McKerrow himself started out in print journalism, then decided he wanted to make television documentaries after watching the 1989 Yorkshire Television documentary *Four Hours in My Lai* about the massacre by US marines during the Vietnam War[4].

'It just blew me away and I thought this is what I want to do – make documentaries. That's what first got me into television – the impact and the power of it. I'm really passionate about the power of television if it is made really well. It can play a positive role in improving understanding of mental health.' But, he adds, 'the problem is that it's an incredibly important responsibility and a lot of people working in TV haven't passed qualifications like psychotherapists have.'

He believes psychotherapists should be making themselves and their expertise and skills available to the media. 'The more that we are out there saying that psychotherapy is very good for you, talking openly, or privately, is very good for you, the better. Well-trained and qualified psychotherapists in the media, and of course in schools, hospitals, police stations and elsewhere can only help.'

McKerrow sought the input of a psychotherapist in a 2009 BBC One documentary[5] he made with Jonathan Phang, a TV chef and writer who organised the Marchioness boat party in London in 1989 and was one of the survivors when 51 people (including some of his friends) drowned after the boat was struck by a larger vessel and sank in the Thames.

'He'd obviously been scarred and traumatised for 20 years, but he never had any therapy,' McKerrow says. 'But the act of making the programme was very therapeutic for him. He found things like visiting other survivors and parents who had lost children and going back on the river for the first time helpful. Jonathan said the experience of making a film really helped him to come to terms with what had happened and reduce his nightmares. He even visited a psychotherapist in the documentary and they talked about what the therapist would have said to him had he visited 20 years ago just after the disaster.'



McKerrow points to this example as demonstrating how therapy has not been 'adopted into the mainstream' in the way it could have been. He believes television in all its forms can play a role in highlighting this, citing how, when he commissioned documentaries on disabilities for Channel 4, an observational documentary series set at Moorfields Eye Hospital got about 800,000 viewers and *Celebrity Blind Man's Buff* got 2.5 million viewers. 'I suddenly realised that you can actually use an entertainment frame to deliver really powerful social messages, and you're more likely then to bring in an audience who wouldn't normally explore that subject.'

MENTAL HEALTH 'DETECTORS'

'I fundamentally believe that in general, people want to talk. We

are individuals but the more we communicate with each other and the more we hold our hands out to each other, the better, which is why I always go back to the fact that when people watch television programmes, they relate to them.'

The media has a role in making 'as many programmes about mental health as we can possibly get commissioned,' McKerrow says, but he also points to his own programmes as demonstrating that mental health, 'exists here, there and everywhere, we cannot get away from it'. He adds: 'I view mental health in a very broad sense. One's own mental health and society's general mental health exist within all subjects so it's constantly something to think about, whatever the programme's subject. We should all have a "mental health detector".'

And this is where those working in the media can learn from the skills of psychotherapists. 'A psychotherapist takes the view that when they are meeting a client or patient for the first time, the idea is to be curious about who they are, where they have come from, what their experiences were as a child, all those really important things,' he says. 'When we are making programmes and meeting people who might be in those programmes, the team and I try to take those points – be curious about who they are, where they have come from, and everything else, and to really listen to them.'

This is reflected in one of McKerrow's upcoming projects – a programme about public pianos. 'Working on an idea like this, we might meet people who have turned to playing the piano because they lost their parents or something else. We've all got issues, we've all got backgrounds, we've all been through a lot – some more than others – and we have to kind of help each other. When you're making factual television you are always working in the field of mental health.'

This is why, for McKerrow, television that is informed by experts, especially psychotherapists, should provide some sort of therapeutic journey for people, and the entire experience of appearing on television should benefit people's mental health. ●

FACING PAGE, TOP RIGHT: John Whaite, winner of 2012's *The Great British Bake Bake Off* has spoken out about mental health **BOTTOM LEFT:** Chef and author Nadiya Hussain has talked openly about her own mental health issues and was filmed having therapy in 2019 documentary *Nadiya: Anxiety and Me* **ABOVE:** *The Great British Bake Off* won Best Features award at the British Academy Television Awards 2013. McKerrow is pictured second from right with some of the cast and crew

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A DIFFERENT PERSPECTIVE

USING VIDEO AS PART OF PSYCHOTHERAPY WITH NEW PARENTS AND THEIR BABIES CAN HELP THOSE SUFFERING MILD TO MODERATE DEPRESSION AND ANXIETY, **MONIKA CELEBI** EXPLAINS

MONIKA CELEBI
is a UKCP-registered parent-infant psychotherapist, movement therapist and video interaction guider and trainer. She has worked with parents and babies for over 20 years and is the founder of Babies1st, a non-profit which provides Video Interaction Guidance for parents with mild to moderate depression and anxiety

When parents look at themselves from the outside, the impact is powerful

Back in May last year, then Leader of the House of Commons, Andrea Leadsom launched a set of guidelines for healthcare professionals working with infants, to 'enable staff to hold "an infant mental health frame of mind"'.

They need to be able to focus on the parent-infant relationship as a 'dynamic system, and to be able to apply interventions flexibly in line with the strengths, vulnerabilities and wider social context of each infant, parent and family', the *UK Infant Mental Health Competencies Framework: Pregnancy to 2 years* states.

This period – the 1,001 'Critical Days' from conception to the age of two – is crucial for later mental and physical health and the evidence for the importance of early intervention during this stage is overwhelming (Glover, 2014)[1].

My work has shown me that when parents look at themselves, their behaviour and relationships from the outside this has a powerful impact – activating a part of the brain which may contradict their internal working model (Bowlby, 1969)[2]. Using video to film a parent or carer's interactions with their infant provides a way of doing this and helping them to achieve change and stronger more loving relationships (Kennedy & Underdown, 2017)[3].

VIDEO INTERACTION GUIDANCE

Recommended in two sets of NICE guidelines, by Public Health England and in two other reviews (2012, 2015), Video Interaction Guidance (VIG) helps parents reflect on their new role, identify 'ghosts in the nursery' (Fraiberg *et al*, 1975)[4] and supports perspective taking – how their baby may feel, and think, and how this differs from their own thoughts and feelings.

It involves a 'guider' filming everyday interactions between clients and looking for exceptional moments of successful contact between parent or carer and infant, which the guider and client then reflect on together, known as a 'Shared Review'. A VIG cycle includes one filming session and one Shared Review, and a VIG intervention usually involves three or four cycles.

The guider facilitates the process of 'looking at yourself', not denying nor ignoring any bad feelings a parent may bring to the situation, and receives any expressions of difficulty. However, negative interactions are never shown – in case they reinforce negative perceptions, or even re-traumatise. The guider can talk with the client about difficulties, but at appropriate moments will challenge them with the better-than-usual images shown on the screen.

They can support the client to recognise this dissonance and encourages curiosity by adopting a stance of mindful empathy and contemplation. The visual images on screen become like a third presence in the room, which can stretch the reflective space, providing a hopeful and alternative narrative (*see case study, overleaf*).

POTENTIAL USE

VIG is now used by perinatal mental health teams and in mother and baby units (Gray, 2017)[5]. However, parents with mild to moderate depression or anxiety receive hardly any support, as the NHS is too overstretched, or services are patchy at best. We know that a depressed and preoccupied parent will interact less with their baby and be less sensitively attuned,

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Through VIG, parents gain insights into how their baby may feel and how this differs from their own thoughts and feelings

with lifelong consequences for the baby's physical and mental health.

The All-Party Parliamentary Group for Conception to Age 2 recommends that achieving the very best experience for children in their first 1001 days should be a mainstream undertaking and a key priority for NHS England, and that we should recognise its impact on the nature of our future society[6]. In addition, the '1001 Days' strategies should be based on primary preventive principles, with particular emphasis on fostering mental/emotional wellbeing and secure attachment, and preventing child maltreatment.

VIG is uniquely placed to implement these recommendations and give all parents the opportunity to experience seeing themselves from the outside with the help of a VIG trained guider/ therapist (Kennedy *et al*, 2011)[7]. This would improve their sensitivity towards their baby, enhance their confidence as a parent and increase their capacity to mentalise and reflect on their own and their baby's needs (Celebi, 2014)[8].

Since writing this article, coronavirus has struck our country and impacted on every aspect of our society including face-to-face perinatal services. Help for expecting and new parents is needed now more so than ever. Babies1st now pilots the provision of VIG remotely and entirely online. ●

Case study

'She looked like a mother on screen'

Helena* was referred by her midwife, because she had been crying a lot and showed no delight in her baby girl. She had experienced a difficult pregnancy, a long and traumatic birth and been separated from her baby who was removed to the special care baby unit for two days. Once united, Helena felt numb and tearful.

The VIG guider visited Helena at her home. Baby Sam was unsettled for most of the visit. Helena told the guider her sad story of being abandoned by the baby's father. She said she felt shocked and at a loss about what to do with this little person in her life. The baby reminded her of the ex-partner and she sometimes felt she did not want her.

The guider filmed her and baby Sam for less than five minutes and in the Shared Review chose to show images of a few exceptional moments when baby was relaxed in Helena's arms.

Helena's first response was: 'I look awful, my eyes are puffy and my hair is a mess'. The guider received this by saying, 'Yes the first thing we often notice is things about ourselves we feel critical about.' Helena agreed. Then the guider asked her if she thought baby Sam was bothered about her hair, and Helena had to admit that she probably was not.

When the guider asked gently what made mother's eyes well up, Helena was able to acknowledge that she worried she was not doing the right thing for baby Sam, and that she felt guilty for having 'nasty' thoughts of wanting to just walk away. After they had spoken about Helena's difficult feelings the guider wondered what Helena thought about the image on the screen. Was she doing the right thing for baby Sam at that moment? This was highlighting the dissonance between mother's feelings (of being inadequate, having 'bad' thoughts) and the images, which showed Helena's capacity to function as a mother.

Helena almost reluctantly agreed that on the screen she looked like a mummy and laughed when the guider suggested that for Sam she probably smelled just right. They reflected on Sam's experience and Helena could see that baby looked content. They explored what Helena had done to help Sam feel relaxed and noticed how she held her baby safely.

The challenging image had prompted Helena with the VIG guider's help to look at herself in a new light. There is a fine balance between receiving and respecting mother's difficulties, and giving her an alternative view of herself. This was the work Helena and the guider did in this and the following five sessions over the next two months.

Helena was able to admit how depressed she had been, and that her own childhood had been marred by a violent father. She was able to acknowledge that she did love her baby, even though sometimes she still had mixed feelings towards her, and that there was more she needed to learn about becoming a mother. She realised she will benefit from further individual counseling sessions and that she wanted to access mother and baby groups to harness more support. Helena received a copy of the best filmed moments, which she cherished.

The VIG intervention did not solve all Helena's difficulties, but there is no doubt that it changed the direction of the mother-baby relationship and increased mother's capacity to love her baby, as well as to seek further appropriate help. Mother's self-evaluations confirmed this shift.

**Composite case study*

‘In this **new world** we will be **crucial** to **helping** clients find their **new track**’

AS **MARTIN POLLECOFF** IS RE-ELECTED AS CHAIR OF UKCP, HE SETS OUT THE ORGANISATION’S PRIORITIES FOR THE COMING YEARS

MARTIN POLLECOFF

is a psychotherapist and supervisor in private practice, with extensive management and marketing experience. He was elected Chair of UKCP in March 2016. He was previously a member of the UKCP Executive Team and the Editorial Board. From 2012-2015 Martin was a trustee of UKCP, representing individual members.

Photos: Joseph Branston

‘Our number one charitable objective is to serve the public so our work is to place our individual and organisational members in the best position to continually grow in skills’

Well, I am delighted to be re-elected. I am really. So thank you. There is no manifesto because I am working with a board and the office and everyone else rather than trying to take them over, so to play the rebel at this point would be disingenuous.

But let me lay out some of what I think will be important for our success in the coming years.

Our number one charitable objective is to serve the public so our work is to place our individual and organisational members in the best position to continually grow in skills.

But I cannot deny that things have changed. The lockdown is a turning point at which we have to re-examine the way in which we work. The old caricature of a psychotherapist is some bearded man in a tweed jacket talking to a woman on a couch. Right now a much more accurate image is a woman sitting in front of a screen talking to a man who could be anywhere on the planet.

This is opening up a massive amount of opportunity for clients and therapists.

Of course, the consulting room scenario will return, however we are now finding a new audience of clients who want to work online. And we have published online – ‘get you started’ – guidance for those members who wish to explore the possibilities that this work presents.

Our strength is relational work, that’s the backbone of our training. But in the future we must be willing to look at new methods of delivery.

A MORE REALISTIC APPROACH TO TRAINING AND EARNINGS

Eighty per cent of members work in the private sector. However, in our recent members survey 64% of our respondents told us that they wanted to work in the NHS.

Some colleges (COOHP for instance) aim strictly at work in the private sector and they are clear about that, but for most schools the ideal would be to have graduates leaving with all the practical skills necessary to create their own private practice, in the consulting room and online, and qualifications for entry to the NHS if they so wish.

We have already started to work with members to improve their skills in setting up and running private practices. Hundreds of you applied for that training. And when this lockdown is over we will continue that project by taking those practical trainings on tour.

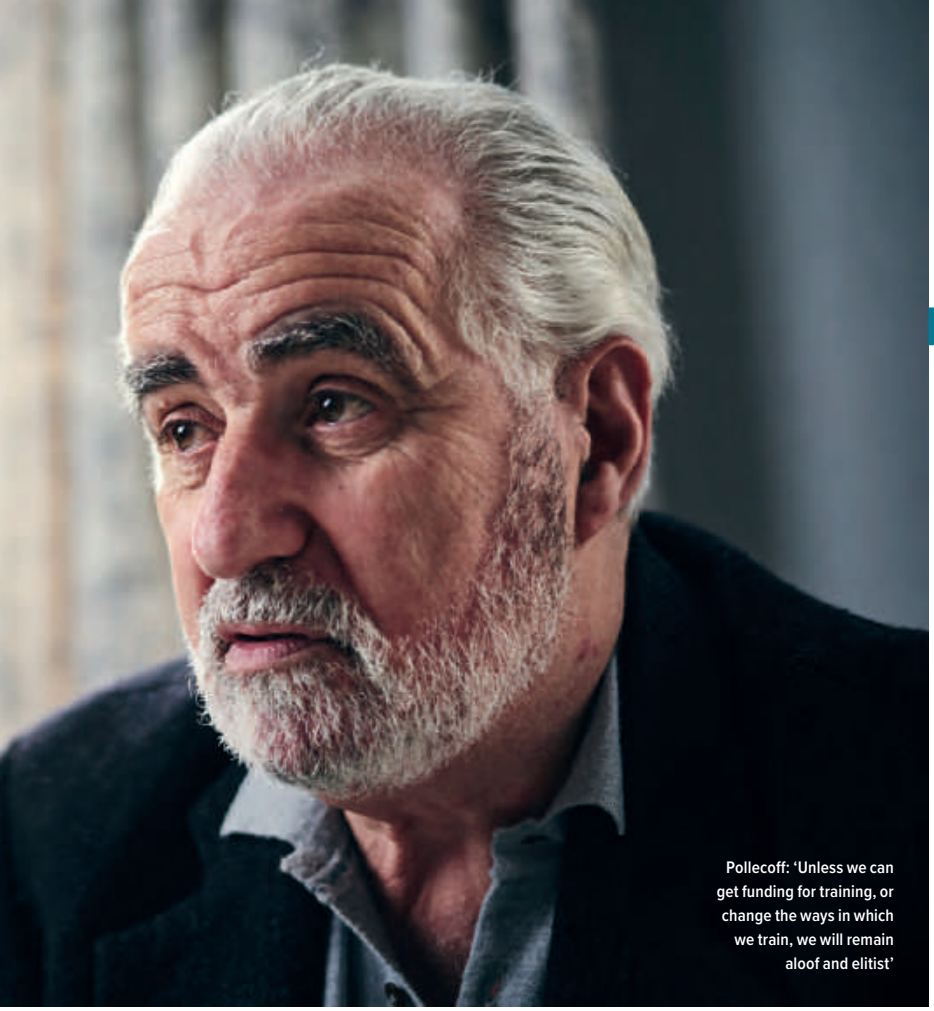
‘When I was first elected I promised publicity for our work. Today the attention we are getting in the press is fantastic. And it’s not accidental’

As for our organisational members (OMs), we are working with individual schools now, to help them ensure a strong start to the September term. And any OM who has doubts about their viability, please talk to us now: we have a lot of financial experience here and we can help you to plan.

DIVERSITY AND ELITISM

Our true diversity line is around money. The actual cost in terms of time and money to become a member of UKCP creates a clear barrier to entry. Add to that the fact that there are no longer any career loans, and at master’s level we are not able to access student loans.

We introduced trainee bursaries to help those from disadvantaged backgrounds. We need more bursaries and proper scholarship money and that’s why we are going for sponsorship funding. Plus, we will soon have a button on our website so that you can donate. Unless we can get funding for training, or change the ways in which we train, we will be viewed as having pulled up the ladder and we will remain aloof and elitist.



Pollecoff: 'Unless we can get funding for training, or change the ways in which we train, we will remain aloof and elitist'

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LOCAL REPRESENTATION

We want to give backing to and expand our regional representatives scheme. They do a good job, but under the present system that job is impossible because in the past we have not given our reps the resources they need. London needs at least six people to cover the territory and right now we have one. We need to become more localised.

ALLIANCES

For over five years we have been working closely with BACP and BPC; and right now others are asking to join and I am hoping that we will be able to expand our alliance. Recently I was invited to sit on the Psychotherapy Committee of the BPS. We are much, much more powerful in alliance with others than we are in competition.

PRESS

When I was first elected I promised publicity for our work. Today the attention we are getting in the press is fantastic. And it's not accidental. Our training has a very good reputation. We have great PR consultants, a CEO who is a professor of journalism, and, of course, we have a terrific tale to tell. Our members cover a lifetime of work from the baby-mother therapists, to childhood and adolescent specialists, into adulthood, family therapists and through to those who specialise in geriatric care. We have addiction specialists, relational experts, sex specialists, specialists in trauma, and much more – there is a lot to be proud of. And here I would like to mention one of our trustees, Suzy Walker, who is the editor of *Psychologies* magazine. She has really helped us get members' voices out into the public.

CONTINUOUS IMPROVEMENT AND RESEARCH

Here's a difficult question. Once we graduate, do we improve as therapists? We may think we do, but do we really? Of course, we are more experienced, but how do we know whether we are doing a good job or not? At graduate school you learn to ask the client, 'How are we doing?' but the problem there is that clients often tell us what they think we want to hear and hide any disappointing news. Researchers from Columbia University asked over 1,000 clients about their honesty in therapy. Seventy per cent admitted to 'whitewashing' feedback to their therapists[1].

And how do schools know they are improving? How much feedback do we seek from students? Every other profession does that as a matter of course – universities all do it – but for some psychotherapists it feels like it is not something that could or should ever apply to us. Of course, we do CPD but we don't know if those courses are actually improving our work. The question here is not so much are we willing to listen to our clients, rather it's are we willing to be accountable?

Continuous improvement means research. Again, in the members survey 80% of you told us that you wanted research. We are going to do that and I want to start at home. There is so much we don't know about our own work and at management level we all need that knowledge in order to make good decisions.

SUMMING UP

We are going though a world crisis in which we have been transported from the familiar to the unfamiliar. Ordinary life has become strange, mysterious and threatening, and that is perfect psychological fare.

In this new world psychotherapists and psychotherapeutic counsellors will be crucial to helping clients find their new track. The employee assistance programmes are reaching out to us with work, plus we have the bonus of new clients who want online work. I am looking forward to seeing much better days.

RIGHT: Windham Stewart: 'Psychotherapy has a very broad application outside of the conventional consulting room'

'I realised prison could be a place of safety – the concrete mother'

PAMELA WINDHAM STEWART WORKS IN TWO WOMEN'S PRISONS, WHERE MOST OFFENDERS HAVE EXPERIENCED SEXUAL ABUSE AND TIME IN THE CARE SYSTEM. PSYCHOTHERAPY IN PRISON ALLOWS THEM TO MAKE SENSE OF THE IMPACT OF THEIR EXPERIENCES ON THEIR CRIMINAL ACTIVITIES

Forensic psychotherapist Pamela Windham Stewart came to psychotherapy following a career in advertising and later as a Montessori teacher. Her interest in child development and psychoanalysis eventually led her to train as a psychotherapist. She is on the board of the International Association for Forensic Psychotherapy (IAFP) and has founded Born Inside, an initiative to provide psychotherapy to pregnant women and women in the mother and baby unit at prison HMP Bronzefield.

I have not yet felt that psychotherapy has lived up to its political potential of thinking more fully about the interaction of the individual in society, how we think about our feelings and how that influences our external values and environment. When I was undertaking an MA in Observational Studies at the Tavistock Centre, I became very frustrated with what I considered to be an overemphasis on the inner world and an absence of a political consciousness.

I had an idea for my dissertation to observe mothers and babies in a very specific society (a prison) to see how much the external world impacts on the mind of a mother. I was thinking that I would get a great polemic going about how horrible prisons are and what does this say about society, women, mothers and babies in particular.

To my amazement, I observed that many, not all, mothers were doing well in prison. Slowly I started to realise that, given their earlier adverse childhood experiences, prison could be a place of safety – the 'concrete mother'. Many of the pregnant women and mothers weren't used to having a daily routine, nor were they used to having non-abusive relationships in a largely alcohol- and drug-free environment. For many women, being on the mother and baby unit meant being in a dedicated place for them to be with their baby. Many started to flourish.

Many who attend the Born Inside therapy groups are wary at first. In time, most start talking in the groups. I keep the groups simple. By introduction I say, 'Your experience has meaning, and it has an impact on others and on your baby. This group is an opportunity to reflect together on your experience of pregnancy or motherhood. So how is it going?' It's really important that the babies are present with their mothers. Then we can reflect together on what might be going on for the babies as well as for the mothers, given the emotional and hormonal impact of being pregnant or having a new baby. Trust grows and thinking deepens.

This work is not a fairytale. There are difficulties between women in the setting, trust me! Over time the women look forward to having a distinct, non-pressured hour when somebody is genuinely interested in them, and isn't trying to get anything off them. Many participants have said that the group has let them experience someone being interested in them and their experiences.

Born Inside started in 1996 and it has kept going. Mother and baby units tend to have 12 mothers and there could be

Timeline

PAMELA WINDHAM STEWART'S JOURNEY IN PSYCHOTHERAPY

1996 Began the MA in Observational Studies at the Tavistock Clinic.

1998 Began Born Inside, providing therapy for pregnant women and women in mother and baby units in prisons, a project which continues to this day.

2019 Co-edited with Jessica Collier, *The End of the Sentence: psychotherapy with female offenders*, part of the Forensic Psychotherapy Monograph Series [series editor: Professor Brett Kahr].

Ongoing Private, reflective practice groups and supervision work.

13 babies (if there are twins). Sometimes women are in the units for nine months (in HMP Holloway, for example) or 18 months (HMP Bronzefield, for example). A lot depends on the length of the women's sentences. But if, for example, a woman is on trial for murder, she is allowed in the mother and baby unit. If she is convicted of murder then she and her baby will be separated.

Psychotherapy in prison can be a real motivating factor for the women, and we know many women are highly motivated to make changes in pregnancy. Many of these women have come from a very chaotic lifestyle and, with the best will in the world, it would be difficult to engage them in therapy in the community. Coming to an appointment at the same time every week is hard to sustain – they may not have money, they may not be able to get there, they may forget, they may be drunk, they may have been beaten up – lots of things can get in the way.

I also have a private practice three days a week. At present, one day a week I am part of the mental health in-reach team at HMP Downview in Surrey. With my Montessori colleague Beverley Maragh, we provide therapy groups which comprise the Born Inside project in HMP Bronzefield in Surrey one day a week.

I've been involved with the International Association of Forensic Psychotherapists for about 20 years – ever since I was inspired by a talk by its founder, forensic psychotherapist Professor Estela Welldon. Her seminal book *Mother, Madonna, Whore* inspired me and countless others to consider the emotional challenge of perverse mothers, and fired up many therapists to engage in forensic psychotherapy. Anything that encourages conversations about people in prison in a non-judgemental way is fruitful. Working in prisons convinces me time after time of the creative possibilities of work in difficult settings with complex people. I deeply believe psychotherapy has a very broad application outside of the conventional consulting room.

I'm not a prison abolitionist at all. I think society ought to spend more time asking what's wrong with us and why we send people to prison. Therapy in prison provides a real affirmation of patients, which is often tragically lacking in so many. So often attention for them has been punitive or sex-based. Ultimately, if offenders are given the chance to think about their emotions and to understand that feelings and actions go together, they will start to look at their own behaviour and realise that they can make different choices.

I am most proud when a mother says to me: 'We love it when you come to talk to us because you can see that we're just ordinary mothers with our babies, not complete failures'.

On Screen

An accurate portrayal of client and therapist is missing from M Night Shyamalan's 2016 horror film Split, *writes psychotherapist* ***Anthony Newton***

Dr Karen Fletcher

Split

Twenty three personalities in the same body pose a challenge for psychiatrist Dr Karen Fletcher in *Split*, a film that presents the controversial and often misunderstood diagnosis of dissociative identity disorder (DID).

The genesis of DID is a defensive reaction to severe or chronic trauma, often with roots in childhood. *Split*, like many other films, focuses on the negative effects and consequences of mental illness with the calculated abduction of a teenager, with brief or no attention paid to aetiology.

Dr Fletcher's therapeutic boundaries seem somewhat malleable early on in the film when, on returning home, she immediately replies to an email from her client and his primary personality at the time, 'Barry', asking to see her urgently.

However, she does convey a warm and relational style, is intuitive and attuned to 'Barry' and uses self-disclosure where appropriate while skilfully deflecting more personal questions he asks of her.

And she demonstrates an activist spirit, consistently defending her patients when confronted by neighbours and peers, and arguing that DID is not a mood disorder, instead making a compelling case for the individuality of the personas, as opposed to more traditional approaches of integration.

She makes links that through understanding DID, we can understand the unknown and our sense of the supernatural. In addition, she – movingly and admirably – makes an invitation to all parts of the patient, including the part that they themselves may deny, or in this case 'Dennis'. She affectionately notes 'you are not evil to me, you were necessary'. She then breaks a tear as 'Dennis' reveals himself to her for the first time and they meet.

ABOVE: Dr Fletcher has a relational style and is attuned to her client, yet her boundaries are malleable

'The film projects a message to the audience that there is a strong symbiosis between poor mental health and delinquency'

Her boundaries are called into question again later on in the film when she responds to mass emails from 'Dennis' by going to his house where they meet. She meets her demise as a result of a more hidden 24th persona – 'The Beast' – which she had previously rejected the possibility of. This raises the question for me about can we ever really fully know our patients and perhaps about surviving the beast in ourselves before we can survive it in others.

Nevertheless, the film projects a message to the audience that there is a strong symbiosis between poor mental health and delinquency. It is not to deny that poor mental health can be a factor in criminality or danger to self or others, however, on screen, the balance is often too far off.

The effect of this is that the audience will lose empathy with the characters and/or people with mental health problems, be fearful of others or themselves and then ignore them, relegating vulnerable individuals to the fringes of society.

Split is by no means a perfect portrayal of psychotherapeutic practice, but it perhaps does more of a disservice to the client than to the therapist.

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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