UKCP
UK Council for Psychotherapy

# New Psychotherapist

ISSUE 75 / AUTUMN 2020

ISSN 2516-7162 (ONLINE)





## Psychotherapy NOW





THE MAGAZINE FOR MEMBERS OF THE UK COUNCIL FOR PSYCHOTHERAPY

# Insurance cover for members of the UK Council for Psychotherapy

BALENS
*Specialist Insurance Brokers*

## UKCP Individual Package Includes:

» Professional, Public and Products Liability Cover

» Limit of Liability of £6,000,000

» Multi Therapy Cover for over 3,500 activities
*(subject to qualifications)*

» Cover for working abroad
*(temporary trips abroad excluding USA and/or Canada)*

» Legal Protection Cover

» Policies also available in Europe

» Automatically provides cover for your business activities online
*(USA & Canada by referral)*

**UKCP Premiums From:**

**£9.11** *Student*

**£59.50** *Full Practitioner*

*(including insurance premium tax and fees)*

**Telephone:** 01684 580771

**Web:** www.balens.co.uk

**Email:** info@balens.co.uk

Balens Ltd is Authorised and Regulated by the Financial Conduct Authority

Pioneers for over 65 years!
Caring for the carers

**New Psychotherapist**
The magazine of the
UK Council for Psychotherapy

- **Editorial address:** UK Council for Psychotherapy, America House, 2 America Square, London EC3N 2LU
- **Published by:** James Pembroke Media, 90 Walcot Street, Bath BA1 5BG
- **Editor:** Anna Scott, editor@ukcp.org.uk
- **Issue 75 consulting editors:** Sarah Jackson, Sarah Niblock, Martin Pollecoff, Sandra Scott
- **Head of design:** Simon Goddard
- **Senior project manager:** Marianne Rawlins, marianne.rawlins@jamespembrokemedia.co.uk
- **Advertising:** Harvey Falshaw, harvey.falshaw@jamespembrokemedia.co.uk, 020 3198 3092
- **Subscriptions:** *New Psychotherapist* is free to members of the UKCP. Non members can view the magazine at **psychotherapy.org.uk/join/the-psychotherapist**

PEFC/16-33-447



# Welcome

ISSUE 75 / AUTUMN 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

**Psychotherapy must be more freely available to the individuals who need it but don't have the financial means to pay for it, the SNP MP Dr Lisa Cameron tells me in this issue (page 40). 'My goodness, psychotherapy was part of the foundation of psychology – we shouldn't ever lose that for the NHS,' she says.**

It's no surprise that Dr Cameron – the first clinical psychologist to be elected to Parliament – is cognizant of the differences between psychology and psychotherapy. But many outside the profession don't understand what psychotherapists do and how this differs from the work of psychologists, psychiatrists and other mental health professionals.

I've had conversations with people who work with different mental health professionals in an educational setting, who use these three terms interchangeably. One problem is the dominance of the medical model in mental health which obscures the psychotherapeutic conceptualisation of mental and emotional distress.

In this issue we're demystifying the sheer range of psychotherapies and calling for patient choice and better access for all who need them most. We're highlighting the research that's needed to demonstrate the clear efficacy of the practice along with its cost benefit (page 22). And we look at the challenges and opportunities for training the next generation of practitioners to ensure a diverse profession (page 32).

But we've also sought to celebrate the work of psychotherapists in the UK, the breadth of which is huge. From dance movement psychotherapy with adults with learning difficulties (page 24) to therapy for victims of the Grenfell tragedy (page 39), and from support for couples with relationship and sex difficulties (page 18) to work with the gay, bi and queer communities (page 26), the range of people that psychotherapists help and the different ways they do it is vast.

Elsewhere, Dr Jo North provides an in-depth insight into the work she does with adopted people to find their birth families, and for those who put children up for adoption to meet their children, and all the psychotherapeutic work that entails (page 44). And, as we emerge from lockdown but continue to work remotely, Ronen Stilman outlines the questions we should be considering of our clients struggling with issues relating to their online identities (page 48).

Enjoy the issue.

Anna

**ANNA SCOTT**
**Editor**

## Get in contact

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

- **editor@ukcp.org.uk**
- **UKCouncilForPsychotherapy**
- **twitter.com/UKCP_Updates**
- **psychotherapy.org.uk**
- **instagram.com/psychotherapiesuk**

# The Rainbow Map CPD

*Integrating the reflective mind and reactive brain/body system into online and face to face practice*

-

*Participants rate it one of the most useful one day CPDs they have ever attended*

-

*Therapy Today Article P32-35 Dec 19*

-

*1/3 of CPD fees go to the charity Shelter*

-

*Feedback from online & in person CPD participants:*

*"Out of the £000s I've spent on training over the past 40 years this was best value for money and content. Thank you."*

*"Useful for emotionally dysregulated clients and working with trauma. "*

*"Very useful tool, as it ties in nicely with my attachment/EFT based practice. "*

*"Adaptable for integrative practice with individuals, couples and young people."*

*"Working through the RM had the effect of bringing deep issues to the surface."*

*"The map can be used where I may be stuck in helping the client to open up."*

*"I practice Gestalt psychotherapy and like the overlap of phenomenological enquiry."*

*"Useful and enlightening to see the trigger cycle duration."*

*"It fits well into Polyvagal Theory and EMDR."*

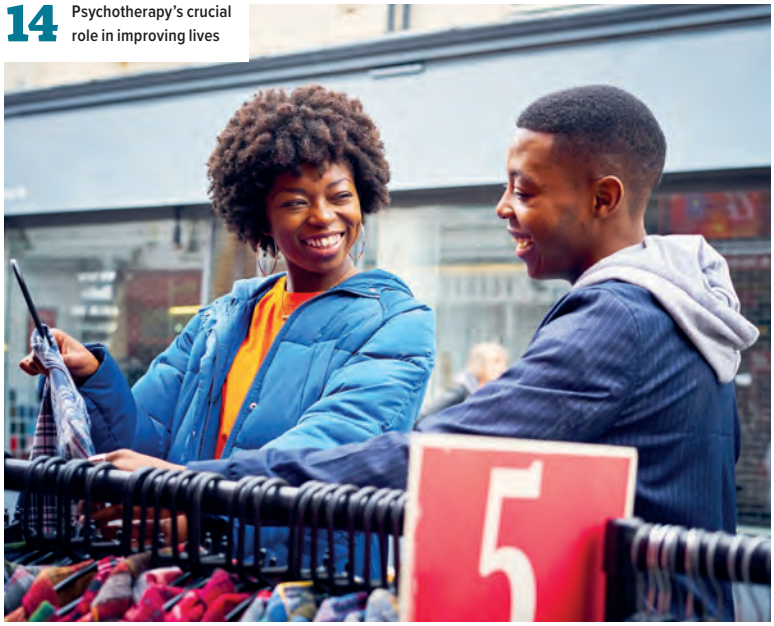
*Join Rainbow Map creator Andrew Thomas MBACP (Accred) for an online or in person CPD (£45 – £65)*

*www.rainbowmap.org*

# Contents

ISSUE 75 / AUTUMN 2020


**14** Psychotherapy's crucial role in improving lives


**22** How research will help to make the case for greater use of psychotherapy


## REGULARS


**06 Bulletin**
Research and member news to keep you informed

**10 Reviews and feedback**
Recommended additions to your bookshelf

**52 Spotlight**
Brian Linfield MBE on his work as Lay Chair of UKCP's Professional Conduct Committee

**54 On Screen**
*Russian Doll*'s portrayal of the concept of 'repetition compulsion'


## FEATURES


**14 The Big Report**
What psychotherapy looks like today and how it can enrich society, plus psychotherapists working across the profession tell us about their experiences

**22 Asking the right questions**
Research can help us promote our profession to the outside world – are we doing enough?

**32 Educating and evolving**
Improving access to training to create a more diverse profession

**40 Interview**
SNP's Dr Lisa Cameron MP, also a clinical psychologist, on why psychotherapy is a vital tool in the NHS

**44 Adoption**
Dr Joanna North outlines her work running an adoption support agency

**48 Attached to technology**
How should psychotherapists address the online identities of clients?

**32** Working together to widen psychotherapy training


### On the Cover

This issue, we celebrate the work of psychotherapists and call for more access and choice for patients


### Join today!

UKCP membership is a recognised quality standard – being able to use the UKCP members' logo will demonstrate the calibre of your training and practice to potential clients and employers and among colleagues within the profession.
**psychotherapy.org.uk/join**

### Get in contact

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

**editor@ukcp.org.uk**
**UKCouncilForPsychotherapy**
**twitter.com/UKCP_Updates**
**psychotherapy.org.uk**
**instagram.com/psychotherapiesuk**

Bulletin

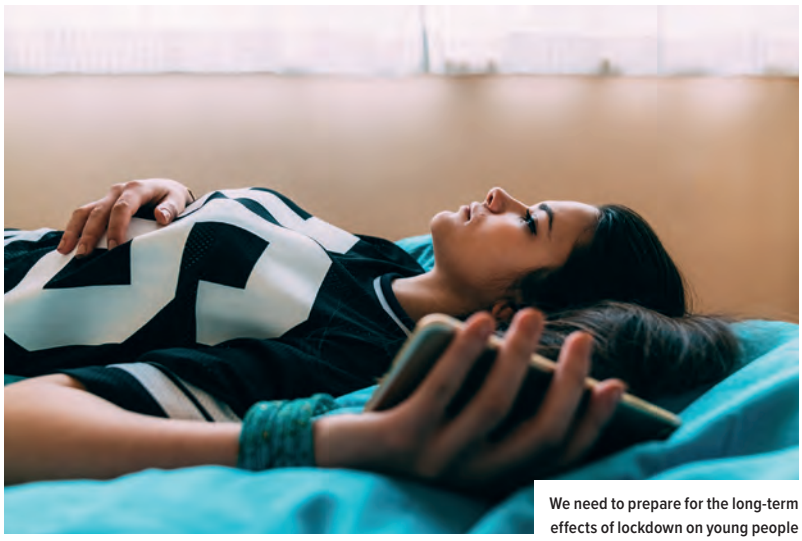
ISSUE 75 / AUTUMN 2020

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

MENTAL HEALTH SERVICES

# 'Up to a decade' to understand mental health impact of lockdown on children

## Policymakers must prepare for rise in demand for services



We need to prepare for the long-term effects of lockdown on young people

Psychotherapists working with children and adolescents are urging NHS leaders to put in place high-quality support to prepare for a spike in cases of chronic depression and anxiety as a result of social isolation caused by the pandemic lockdown.

A review of 60 research studies warns four-to-21-year-olds are three times more likely to develop mental health issues in lockdown. The review also found that the impact from loneliness could last at least nine years after lockdown ends if unaddressed.

'It is vital that everyone starts to think strategically about the impact on child and youth mental health and emotional wellbeing,' said Jocelyne Quennell, psychotherapist and Chair of UKCP's Faculty for the Psychological Health of Children. 'Therapeutic service provision is essential. Child psychotherapists, counsellors and child therapeutic wellbeing practitioners have been working in partnership with schools towards trauma- and adversity-informed re-integration programmes and we recognise the immense challenge of supporting the opening up of the young people's social engagement systems.'

The University of Bath examined 60 peer-reviewed studies into topics spanning isolation, loneliness and mental health for people between the ages of four and 21. The studies highlight the link between loneliness and an increased risk of mental health problems for young people, and demonstrate evidence that the duration of the loneliness may be more important than its intensity in increasing the risk of future depression among young people.

Psychotherapist Jo Gaskell, who works with primary school-aged children, said mental health professionals need to prepare for a complex range of issues, including depression, anxiety and complex grief. 'Some people may develop PTSD, others will not, depending on the support they have,' she added. 'Young people need to be given a voice, an arena where they can talk about what lockdown has been like for them, what they need or want, their challenges, hope, despair, fear and anger, and so on.'

▶ **'Rapid Systematic Review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19' is published in the *Journal of the American Academy of Child and Adolescent Psychiatry*. tinyurl.com/rapidsystematicreview**

**Get in contact**

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

- editor@ukcp.org.uk
- UKCouncilForPsychotherapy
- twitter.com/UKCP_Updates
- psychotherapy.org.uk
- instagram.com/psychotherapiesuk

**State of play**
We explore what the healing work of psychotherapists means in today's society
**Page 14**

**MENTAL HEALTH PROVISION**

# FULL FUNDING NEEDED FOR SERVICES TO RESPOND TO LOCKDOWN EASING

## Change in the pattern of demand for care

NHS Providers has echoed UKCP's recent campaigning work by calling on the government and national policymakers to take account of the pressure on mental health services, given a predicted surge in demand for mental health care as lockdown eases, by providing more funding. UKCP's Policy team has met with several parliamentarians in recent weeks to highlight the coming wave of mental health problems, as well as the workforce available in the psychotherapy profession to tackle these.

In a report based on regular dialogue with mental health trust leaders during lockdown, NHS Providers – which represents hospital, mental health, community and ambulance services – highlights a significant change in the pattern of demand and source of referrals. According to 'Spotlight on the impact of COVID-19 on mental health trusts in the NHS', activity in many mental health services has either not reduced as significantly as in other areas of the NHS, or has been met through new forms of voluntary support, often in the community.

At the time of writing, there have been falls in the number of referrals for services such as CAMHS and IAPT, but many trusts have seen an increase in self-referrals and a rise in the number of people presenting in crisis, the report states. Trust leaders are concerned that those who need care are not always accessing services until they reach crisis point.

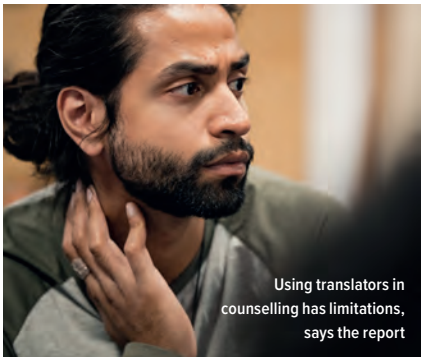
'These delays may give rise to more complex and advanced needs which will emerge as lockdown eases,' the report reads.

Trusts have also started to report additional demand for services from people affected by economic, social and loss-of-life factors and from staff providing frontline care. This is combined with a shortage of approved mental health professionals.

UKCP's Policy and Public Affairs Manager, Adam Jones, said: 'It's vital that the NHS is prepared for the long-term mental health impact. However, if there is to be an adequate workforce to deliver scaled-up mental health services, the NHS must work with UKCP and other bodies to create easier routes to NHS work for psychotherapists and counsellors, who are already highly qualified.' Jones also highlighted that these services will not be possible without the funding increases called for by NHS Providers.

'The way that mental health trusts have adapted to maintain services is nothing short of remarkable,' said Saffron Cordery, deputy chief executive of NHS Providers. 'However, trusts need support now to meet the pressures their services will continue to face.'

The report predicts a rise in people needing mental health support as we emerge from lockdown



Using translators in counselling has limitations, says the report

**THERAPY**

## MORE THERAPY NEEDED IN MIGRANTS' LANGUAGES, REPORT FINDS

Cultural and language barriers are making NHS counselling and talking therapies less effective for members of migrant communities, according to an NHS clinical commissioning group in London.

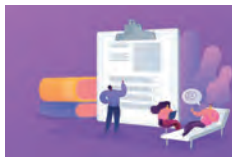
Healthwatch Islington, which is now part of North Central London CCG, interviewed 73 individuals from migrant communities who were living with mental health issues to find out what their experiences were of accessing support available in the London Borough of Islington.

Respondents were asked about a number of services they have used, including UKCP organisational member, Nafsiyat Intercultural Therapy Centre. 'The counsellor speaks my language and I was relieved to express my anxiety and distress I was having in day-to-day life,' said one of Nafsiyat's clients.

The report found that using interpreters when discussing complex issues about mental health and its causes (such as domestic violence) has limitations, and sourcing counsellors in clients' own language is considered more effective.

In addition, the report stated that there needs to be a greater focus on prevention, by supporting people to access appropriate services when needed.

The report recommends investing in adequately sourced, culturally specific organisations that support residents with a range of socioeconomic needs.



**Enquiring minds**
Why we need to engage with research into the benefits of psychotherapy
**Page 22**

**RESEARCH**

# Levels of deprivation found to affect outcomes from psychotherapy treatment

UKCP will be supporting further analysis of data from the University of Sheffield to underpin better targeted mental health support

People living in deprived areas need more mental health support

People living in economically deprived areas tend to need more support for depression and anxiety, research by the University of Sheffield has found.

The first study to investigate associations between specific deprivation factors and treatment results found that higher rates of poverty and crime, younger age groups, unemployment, ethnicity and use of antidepressant medications were all associated with poorer treatment outcomes.

In the study, researchers from the university – with which UKCP has recently formed a research partnership – analysed regularly collected demographic and clinical data for nearly 45,000 patients who accessed one of five different types of therapy over a two-year period throughout urban, rural, suburban and socioeconomically diverse areas of the UK.

They found that following psychotherapeutic treatment, those living in poorer areas required a higher number of treatment sessions to benefit from therapy, and people in less-deprived areas experienced less severe symptoms of anxiety and depression. There was between 4% and 5% variability in treatment outcomes depending on where patients lived.

**'We are delighted to be supporting the vital work Sheffield is doing'**

However, the study also found differences in the level of success of treatment depending on people's environment. Unemployed people tended to have poor outcomes, yet income levels and crime rates influenced psychological improvement despite employment status, treatment duration, and other demographic and clinical features.

Treatment outcomes were affected both materially – the financial means and ability to access therapy – and psychologically – the sense of control, self-worth and opportunity of individuals.

'These findings highlight the impact of specific area-level factors on psychological wellbeing and indicate that these neighbourhood statistics are not merely proxy measures of individual-level factors such as employment or income,' the report 'Adverse impact of socioeconomic deprivation on psychological treatment outcomes: The role of neighbourhood income and crime rates', read.

'This suggests that the environment plays a substantial role in the recovery of patients with common mental health problems, broadly in line with social causation theory.'

'This highlights the need to consider deprivation as an important public health problem and a major hindrance to the successful implementation of psychological care. From this perspective, reducing socioeconomic deprivation, promoting equality and social justice are important social policy goals that extend far beyond the confines of mental health care.'

UKCP will be supporting more analysis of the datasets held by the University of Sheffield in the coming months to further demonstrate how therapy services – particularly IAPT services – can better meet the needs of their service users.

UKCP's Policy and Public Affairs Manager, Adam Jones, said: 'We are delighted to be supporting the vital work Sheffield is doing in identifying barriers to successful mental health care. We hope that ongoing work in this area will demonstrate to the NHS the value of meeting service users where they are – including the greater use of therapist matching and greater patient choice of therapy.'

# DISTANCE TRAINING WITH SDS SEMINARS NOVEMBER 2020

**Trauma: Polyvagal Exercises For Safety & Connection**
With Deborah A. Dana
3 interactive webcast series, all on Zoom, between 14.00 and 16.00 UK Time
16 November 2020
23 November 2020
30 November 2020

**Socratic Questioning Experiential Workshop**
With Paul Grantham
2 full day workshop on Zoom, between 9.30 and 16.30 UK Time
17 November 2020
18 November 2020
Hours go towards BPS Approved Master Practitioner Diploma in CBT

the british psychological society approved

**A Masterclass on Relational Depth in Counselling & Therapy**
With Mick Cooper
3 Interactive webcast series, all on Zoom, between 18.00 and 20.00 UK Time
18 November 2020
25 November 2020
02 December 2020

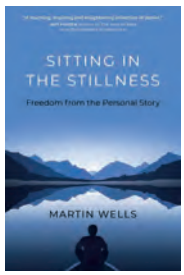
WORK FROM HOME

**Book well in advance at:**
**www.skillsdevelopment.co.uk**
Call: 01825 763710

# Reviews

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

## Sitting in the Stillness: Freedom from the Personal Story




**Details**

- **Reviewed by:** Lakis Georghiou, psychoanalytic psychotherapist
- **Author:** Martin Wells
- **Publisher:** John Hunt Publishing
- **Price:** £10.99
- **ISBN:** 9781789042665

Freud once said, 'Most people do not really want freedom because freedom involves responsibility and most people are frightened of responsibility.' This allows us to ponder on an existential philosophical perspective. In many ways, *Sitting in the Stillness* allows that too.

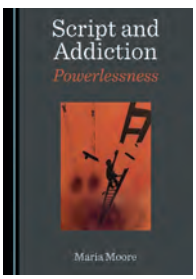
Martin Wells writes with engaging eloquence and sincere reflection. After years of working in a therapeutic capacity, he tells readers that he became increasingly jaded. Then he describes an epiphany of a new way of working that he became drawn to when hearing French psychiatrist Dr Jean-Marc Mantel at a conference.

Recalling Mantel's words: 'You are not your story... it is a fiction! Enquire into who or what you really are', Wells invites the reader to develop the concept; that we cannot 'find' our freedom, freedom is what we 'are'. Through moving true narratives of human distress, 'roles and stories' that we might come to take on as a result of confusion, trauma or neglect are explored. If we strip ourselves from branded phantasies of being, freedom will be revealed.

Drawing on my own experiences, personally and in my work, many of us may unconsciously act out so much sadomasochism until deeply repressed phantasies are challenged. I found it difficult at times to see how these were made conscious in the writing.

I sensed that much of the nuanced work between Wells and those he introduces us to could have got 'lost in translation' in editorial restrictions. Longer chapters with fewer narrations may have helped.






**Details**

- **Reviewed by:** Beth Glanville, psychotherapist and trauma specialist
- **Author:** Maria Moore
- **Publisher:** Cambridge Scholars Publishing
- **Price:** £58.99
- **ISBN:** 9781527522985

## Script and Addiction: Powerlessness

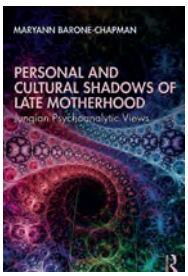
**Foregrounding the concept of life script, Maria Moore has developed a tried and tested – albeit with a limited population – approach to working with addiction, combining elements of transactional analysis (TA) with the 12-step model. Trained as a clinical psychologist and integrative psychotherapist, Moore followed her interest of working with life script aspects of TA in her specialist work. Her blended approach has reportedly seen increased recovery rates, and high retention of gains within the therapeutic community in which it was pioneered.**

**Having not delved into the TA approach since training, I wondered whether my understanding of TA and life script would be sufficient to benefit from the book. But introductory pages assuaged that concern and the book is written in an accessible manner.**

**Testimonies include a client who did not engage with deeper script therapy and thus relapsed, lending a more 'real' stance to examples that could appear too polished; a bit more 'grist' would have given the text more substance. Yet Moore's writing triggered reflections on my own processes through the lens of life script, and on the applicability of script therapy to my own work.**

**I would not hesitate to recommend this book to therapists working with addiction, in specialist and non-specialist contexts, and to those who are working across the wider spectrum of therapeutic presentations.**

## **Personal and Cultural Shadows of Late Motherhood:** Jungian Psychoanalytic Views




This is an invigorating exploration into the experience of becoming a mother later in life (defined as over the age of 40), an identity increasingly emergent in our biotechnological age.

As a mother myself, but not one that faced pregnancy 'at advanced maternal age' (NHS), the book opened my eyes to complexities around healthcare, identity, and stigma faced by midlife mothers.

Offering a detailed Jungian perspective from the outset, Barone-Chapman outlines the origins of her interest in late motherhood, and her original hypothesis 'that delayed motherhood was fuelled by an unconscious desire to upend the status quo of (the) relationship between genders'.

Alive to 'how difficult it is to know the unconscious in isolation', at the heart of the research is the lived experience of the eight women interviewed, who vary in class, education and professional background. The author discusses her findings around the thematic complexes revealed: the personal, cultural and those of the collective unconscious. The women are seen to have a complex link of the past into the present in two ways: an early trauma in the mother's life, and an experience that is seen itself to be a reparative function, addressing old attachment wounds with the hope of new family bonds.

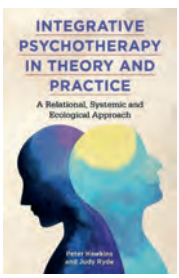
A book with a polemical stance, it is perhaps not an easy piece for the non-Jungian reader to dip into. But the author throws new light through her exploration of the unconscious and conscious pieces revealed in the intrapsychic, relational, biological and cultural nuances of her participants' lived experience.

### Details

- **Reviewed by:** Dr Helen Molden, integrative psychotherapist and counselling psychologist, working in the NHS and private practice
- **Author:** Maryann Barone-Chapman
- **Publisher:** Routledge
- **Price:** £29.99
- **ISBN:** 9781138349780



## **Integrative Psychotherapy in Theory and Practice:** A Relational, Systemic and Ecological Approach




**The authors have written a comprehensive study of the history, development and current position of integrative psychotherapy in the UK. They stress, early on, that integrative psychotherapy is fundamentally different from an eclectic approach; it is based on a thought-through and constructed integration of theories.**

**In advocating the relational aspects of integration, they show how theory and method do not dominate the therapeutic work and how responding creatively to an individual client challenges assumed certainty and sectarianism of more constricting modalities.**

**However, they are aware that any ethical practitioner needs to be able to be transparent in their rationale and for their philosophy of integration to be understandable. This can only strengthen an individual model and promote accountability.**

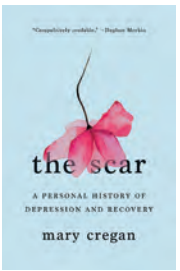
**Hawkins and Ryde maintain that an integrative approach in therapy mirrors the world in which we live, in that people are formed by the relational world of family and community, and by our social and cultural systems.**

**A perhaps more unusual aspect of this book is the invitation to pay attention to the larger ecosystem into which we find ourselves. Not only can we not ignore the natural world around us, but attempting to overlook and exclude it can damage physical, mental and emotional health. To ignore the ecosystem risks precipitating a potentially overwhelming existential crisis.**

### Details

- **Reviewed by:** Tabitha Draper, existential and integrative psychotherapist working in the NHS and in private practice
- **Authors:** Peter Hawkins and Judy Ryde
- **Publisher:** Jessica Kingsley Publishers
- **Price:** £25
- **ISBN:** 9781785924224

# **The Scar:** A Personal History of Depression and Recovery




**Details**

- **Reviewed by:** Anne Foster, psychotherapeutic counsellor and psychodynamic psychotherapist
- **Author:** Mary Cregan
- **Publisher:** The Lilliput Press
- **Price:** £14.25
- **ISBN:** 9781843517603

By the time I finished this personal history, it had demanded that I recognise depression's constant presence, ever ready to deposit a layer of dust over green shoots of change.

The power of Mary Cregan's book emerges quietly. In some ways it is full of well-tilled fields of knowledge: the history of asylums and their optimistic beginnings in the 19th century; all the theories and nostrums created and believed in, such as insulin coma therapy, electric shock therapy, talk therapy, pharmacotherapy.

Cregan is a lecturer in English literature at Barnard College in New York City. Like a cultural historian she uses her own history, examining the material artefacts and setting them in the context of her memory and her culture. The most evident artefact is a scar on her neck, the result of a suicide attempt after her daughter died the day she was born. Nearly 30 years later, Cregan revisits her young self by consulting 'hospital records, notebook entries and the memories of the people who were close to [her] at the time'. Each step is a sometimes painful, always honest, portrayal, but also a careful report of reflections upon, and interrogation of, the course of her disease and its treatment.

Cregan is clear that she survived both with the lifeline of her psychiatrist's presence in talking therapy; and with medication, first tricyclics, and latterly SSRIs. 'My investigation... has brought me to this conclusion: I am someone who should not stop taking medication.'

And she is faithful to her talking therapy, too. For me this reinforces what is at the heart of a talking therapy, which is the listening. One way or another, the patient will be heard.

# **Wilding:** The Return of Nature to a British Farm


**Details**

- **Reviewed by:** Kate Graham, integrative psychotherapist
- **Author:** Isabella Tree
- **Publisher:** Pan Macmillan
- **Price:** £8.49
- **ISBN:** 9781509805105

**This book is the story of the return to nature of the Knepp estate in West Sussex, inherited by Isabella Tree and her husband, who found that trying to farm the heavy clay fields was driving them to bankruptcy.**

**Why should psychotherapists read this book? It is about hope when a situation seems dire. Hope is the most valuable commodity we have, keeping us alive, and creating possibilities where all seems lost. We hold hope for our clients and we need to restock regularly: this is an excellent book to do this with.**

**The work Tree describes could be seen as a metaphor for what we do – describing a broken system being given the space to recover. The couple gave nature space to find its own way.**

**Some of the process was messy. The neighbours complained that they were destroying good land. But the brambles, so often cut down by conservationists, were found to be protecting oak saplings, planted by the resident jays. Gestalt psychotherapy is based on the premise that we each have a natural tendency towards health. Our role as psychotherapists is to help our clients remove the barriers they have established that prevent this.**

**This book's importance for me as a psychotherapist is that it outlines a complex systemic intervention in the natural world, which mirrors our own work. I believe it brings hope and encouragement to engage with and trust this complexity, almost providing a route map.**

# A RICHER SOCIETY

THE HEALING WORK OF PSYCHOTHERAPISTS HAS A LONG HISTORY, YET MANY PEOPLE OUTSIDE THE PROFESSION DO NOT UNDERSTAND WHAT IT IS. **RADHIKA HOLMSTRÖM** EXPLORES WHY THIS IS SO



**The second half of the 19th century was a busy time for professionals interested in exploring the benefits of talking for mental and psychological distress.**

In 1879, German physiologist and philosopher Wilhelm Wundt opened his Institute for Experimental Psychology at the University of Leipzig – the first laboratory devoted to scientific psychology. At the same time, American philosopher William James was an assistant professor of psychology at Harvard University, writing on truth and the role of emotions. And in 1886, Austrian neurologist Professor Sigmund Freud began using hypnosis in his clinical work, opening a private practice for people with nervous and brain disorders.

Wundt sought to analyse the mind in a structured way and paved the way for the behaviourist model, of human behaviour as a reflex to stimuli, that dominated psychology until the middle of the 20th century. James believed human instincts were overridden by experience, and Freud developed the theory of an unconscious driven by sexual and aggressive impulses.

**'The focus is on compassion, rather than diagnosis or labels'**

The latter's work in particular courted controversy in the scientific community. Despite the reduction in severity of the psychiatric symptoms experienced by his patient, Anna O, after he had invited her to talk about them while under hypnosis – she called it 'the talking cure'[1] – Freud was treated with disdain by medical colleagues.

His use of talking to help his patients was in dramatic contrast to the routine surgery psychiatrists conducted on men and women with psychological distress in the late 19th century. According to Professor Brett Kahr, psychoanalytic psychotherapist and trustee of UKCP, Freud's approach to 'de-medicalising the treatment of "madness",' led to ridicule by his medical colleagues – who believed insanity was the result of the degeneration of the brain.

Despite the suspicion and vilification towards psychotherapy continuing throughout the first half of the 20th century and even up to the 1960s and 1970s, by the latter part of the 20th century, pioneers such as Dr Susie Orbach, Dr Ismond Rosen and Professor Peter Fonagy had begun demonstrating the efficacy of psychotherapeutic methods, and practice which continues today[2].

## MODELS OF PRACTICE

But throughout the 20th century, psychotherapy has continued to find itself in contention with scientific models espoused by medicine and psychology, and the divergence between psychotherapeutic thought and the scientific model that dominates mental health treatment remain key reasons for the confusion of those outside of the world of psychotherapy.

Psychiatrist R.D. Laing first coined the term 'medical model' in 1971, in which professionals are trained to tackle symptoms via a set of procedures: complaint, history, physical examination, ancillary tests, diagnosis, treatment and prognosis with and without treatment[3]. Conversely, psychotherapy takes as its starting point what has happened to an individual, not what is wrong with them – the focus is on compassion, rather than diagnosis or labels which may be stigmatising.

Notions of what cure means are relevant here. According to psychotherapist Bob Cooke, 'Is it being back in the community, with drugs keeping you functioning? The major aim of the medical model is to keep people functioning in the here and now, but it's not a developmental model.'

› THE BIG REPORT *continues on page 20*







5





# ‘My intention is to offer a reflective space to engage with the inner world’

DURING THE COVID-19 OUTBREAK, **VEENA GANAPATHY** HAS BEEN VOLUNTEERING THERAPEUTIC SUPPORT FOR FRONTLINE WORKERS

Photo: Joseph Branston



I’ve been heartened by individual and communal responses to COVID-19. It is affirming to be reminded that kindness too can be contagious, and there can be space for reciprocity and equality. There have been numerous ways of joining this movement as a psychotherapist and former mental health social worker.

Professionally, I have been able to volunteer therapeutic support to frontline workers. Personally, there are opportunities to offer practical and emotional help within communities via local mutual aid groups. Such possibilities strengthen our connectedness with one another, at a time when we are all navigating uncharted waters.

I offer individual therapeutic support to adults with rich and diverse histories, issues and experiences. My intention is to offer a reflective and containing space in which to engage with the inner world. It can be a validating experience to be invited to remember and share the pain of the past, accept our present selves, and heal and thrive. Offering a presence that is attentive and compassionate, open-minded and empathetic is central to my values. Working therapeutically naturally means engaging with thoughts and feelings that are essentially transient and ever-changing.

I believe we all long to feel loved and be loving, we all wish to feel seen and understood at a deep level and to lead a life that is authentic and meaningful. Universal themes relating to love, loss and what it means to be in relationship with oneself and others inevitably arise in the work, even if the individual expression of them is unique.

The American novelist, playwright, essayist, poet and activist, James Baldwin said: ‘Not everything that is faced can be changed, but nothing can be changed until it is faced.’ I think this beautifully expresses the transformative possibilities when one finds the courage to face hidden or disavowed aspects of oneself. Facets that are felt to be shameful or broken can be seen, understood and accepted, allowing for healing and thriving.

That to me is the essence of the therapeutic relationship; co-creating a safe space in which all parts of the self can be known and integrated to form a more cohesive personality. The ‘ripple effect’ of this can be impactful, enhancing relationships with oneself and others. In these times of uncertainty, inequality and fear, it is perhaps of even greater value to remember the interconnectedness that unites us all.

Many of us who work as therapists and counsellors know personally and are deeply invested in the enriching benefits of therapy and the far-reaching impacts of knowing oneself at a deeper, more authentic level. In the spirit of mutual aid, being able to offer therapeutic support to others feels both humbling and rewarding and can be of value individually and collectively. ●

***ganapathytherapy.co.uk***

**‘I offer individual therapeutic support to adults with rich and diverse histories and experiences’**

## Expand your world by delivering therapy online

# @ ACADEMY FOR ONLINE COUNSELLING & PSYCHOTHERAPY

*"The great theatre director Peter Brook believed that any empty space can become a theatre, (Brook, 1968), and I share this belief about the online space for therapy. My clients and I might imagine that space to be anything we want it to be, and just by both being in it, it will become a therapeutic space."* Extract from an essay by a 2020 Academy Graduate.

**The Academy and its tutors would like to thank those UKCP members who took courses with us during the pandemic.**

***Thank You!***

**General Certificate in Online Therapy**
*100 hours, autumn course full, courses start* ***23 January 2021 & 20 April 2021***

**Computer & Internet Basics for Therapists**
*10 hours, autumn course full, course starts* ***Spring 2021***

**Introduction to Live Chat & Email Therapy**
*10 hours, autumn course full , course starts* ***Spring 2021***

**Creating Information Packs & Client Agreements**
*5 hours, autumn course full , course starts* ***Spring 2021***

**General Certificate in Online Therapy: *Children & Young People***
*100 hours, a autumn course full , course starts* ***Spring 2021***

**Introduction to Video & Audio Therapy**
*10 hours, autumn course full , course starts* ***Spring 2021***

**All our 80 hours+ courses meet the requirements of the ACTO competences**

We are excited to announce new online therapy training courses and new directions for 2021. Please keep an eye on our website for new dates and new courses. These include a **children & young people** course, **creative arts**, **supervision**, and a **modular general certificate in online therapy** course which allows you to build your training at your own speed.

**www.acadtherapy.online**
**admissions@acadtherapy.online**
**+44 1273 276 890**

acto
association for counselling and therapy online

The Academy is an ACTO Approved Online Training Provider

# ‘The impact of a sexual problem can ruin someone’s life’

**KATE MOYLE** SUPPORTS COUPLES AND INDIVIDUALS DEALING WITH RELATIONSHIP AND SEX DIFFICULTIES



My aim is to help people of all ages and stages move to a place of sexual health, happiness and wellbeing and provide a safe space for couples to have the conversations that they don't feel able to have elsewhere.

So much of my work is about breaking down taboos and feelings of shame around sexuality, and the other big part is educational, which includes media work. In 2019 I was one of the therapists on the BBC’s *Sex On the Couch* programme which focused on breaking down the stigma around sexual and relationship therapy, and I host a podcast – *The Sexual Wellness Sessions*. Most of my media work is offering expert comment for articles.

Many people describe never having really thought about sex until they had to, such as facing sexual dysfunction. Once they do start thinking about it they struggle to stop, and I help them to make sense of their thoughts and better understand the role of sex in their lives. Anxiety almost always plays a role in clients’ experiences so helping them to manage their negative thinking about sex plays a central role in altering perspective and redefining sex.

Working therapeutically with sexual difficulties means modelling for clients that it's okay to have the conversations they need to – many of them need to go into not just the what of sex, but also the why. I often hear the phrase, ‘I have never said this to anyone’. Breaking away from the shame of not being able to say something and putting a voice to it in itself is often therapeutic. A full history-take is also important because it allows us to consider messaging and beliefs.

Therapy often consists of physical exercises to help clients sync their bodies and minds, and give them confidence in their sexual functioning. I have a big sketch pad and my clients and I map things out, do word association tasks and create thoughts and beliefs visuals. I love to combine that creative approach with psychosexual and relationship therapy – it can create really impactful shifts.

There is a difference between talking about sex and holding a space for talking about sex with clients, and psychosexual therapy. For some clients, just being able to have that conversation with someone will be therapeutic enough for them to make the changes they want. Others need a really focused psychosexual approach.

Taking away some of the taboo surrounding sex is really important in changing the conversation, education and culture around sexuality. Normalising conversations about sex and making them realistic, goes against the non-representative versions of sex we see in the media. For many, these representations set up unrealistic expectations that can create stress and lack of confidence.

The impact of a sexual problem can ruin someone's life – affecting their sense of self, self-esteem, confidence and self-image, it stops them dating and means they avoid discussions about the topic, which sometimes leads to pulling away from friends, as they can't be honest. The lack of a sex-positive culture means many people struggle who don't need to. I want to be a part of changing that. ●

***katemoyle.co.uk***

**‘Breaking away from the shame of not being able to say something in itself is often therapeutic’**

Photo: Joseph Branston

# ‘In a world dominated by patriarchy it is important that women can make a meaningful contribution’

**MELISSA CLIFFE** WORKS WITH PEOPLE EXPERIENCING ‘MIDLIFE CRISES’

Midlife can be a demanding time and many people appreciate having a space to process it all. Through individual therapy, groups and writing I help people – mostly women, but some men – navigate their way through midlife and re-evaluate what is important. I also research how women feel about ageing and appearance.

Those I see may be at the peak of their careers, changing direction, juggling families and elder care, hankering after simplicity, re-examining their relationships and trying to find meaningful ways to live out the next chapter of their lives. Along with age-related health concerns most women go through menopause during midlife and this can have a real impact on physical and mental health.

Whilst earlier periods of life tend to be shaped by the pursuit of income, status, achievement and establishing relationships, in midlife it is often unclear what comes next. I help people to identify new directions based on circumstances, values and desires.

Photo: Joseph Branston

My Gestalt training informs much of my work; raising awareness of needs and looking at different ways of meeting them. This might include dealing with unfinished business, grieving paths not taken and reclaiming lost parts of the self.

In groups women share their experiences and learn from others. We explore different themes depending on the needs of the group. A particular interest of mine is how changes in appearance as we age affect our sense of self.

Knowledge about menopause is essential as there has been a lack of good information available and training amongst health professionals. It can be an especially distressing experience if you don’t understand what is going on. There is often a sense of relief once someone realises they are not going ‘mad’ and that help is available. An understanding of ageism and the types of discrimination they may encounter is useful.

Women are socialised to be many things, often contradictory, and this can lead to minimising and putting their needs last. Midlife and menopause seem to create a tension around these ways of being, the women I see want to define their own meaning and ways of living.

Through doing this they are able to find more fulfilment. As they benefit personally they are more able to share their wisdom and experience with others, whether through their presence or actions. In a world dominated by patriarchy it seems important that women can make a meaningful contribution.

I have a fascination with personal growth and transformation. I’m drawn to the deeper conversations, those in which we share what really matters and where connection and change can happen. I appreciate working in a profession that encourages curiosity, self-acceptance, understanding rather than judgement, and expands our range of choices. There is always something new to learn.

*ameaningfulmidlife.com*

**‘A particular interest of mine is how changes in appearance as we age affect our sense of self’**

Psychotherapy advocates a more qualitative, flexible and unique interpretation of human emotion and behaviours through a variety of approaches to therapy, including the influence of the unconscious mind via psychoanalysis and the connections between thoughts, feelings and behaviour in cognitive therapy. It is by no means a last resort, but rather an aid to everyday life for everyone.

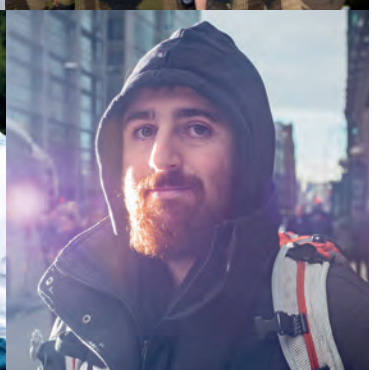
'The other disciplines are the study of,' says psychotherapist Melissa Cliffe. 'It's an "I:it" relationship. I think the psychotherapy approach is "I:you". I am working alongside you to understand you and help you find your inner resources so that together we can find a way. It's a therapeutic alliance.

'People can bring whatever emotional distress or uncertainty they have; if you're interested in self-healing and knowledge, you want to change your life, psychotherapy is a good place to do that. It's a non-judgemental space, where you can be heard, and seek understanding.'



## THE WHAT AND THE HOW

Psychotherapists work in a wide variety of contexts – whether dance therapy with people with learning disabilities (*page 24*), group therapy with members of the LGBT community (*page 26*) or sex and relationship therapy (*page 18*).



They help adults, children or families in groups or individual settings to support them through a wide range of emotional, social or mental health issues such as behavioural difficulties, common challenges such as anxiety or depression, or more complex and severe issues.

The therapeutic relationship is fundamental, it is people in dialogue working together to make a change. 'We listen; we try to understand someone's inner world, to make sense of the unconscious and make interpretations that the patient can't quite make for themselves,' says Juliet Rosenfeld, psychotherapist and UKCP trustee. 'Sometimes a person is listened to more deeply than ever before in their lives.'

Psychotherapist and UKCP Vice Chair, Andy Cottam, adds: 'We don't come out of the womb programmed. Experiences with your parents, friends, your first love, are all going to influence how you think and feel.'

That kind of work has a long history, Bob Cooke points out. 'Through the ages you have different ways of healing; if you go back before Freud, there's religious healing.' He outlines five dimensions – cognitive, emotional, behavioural, physical and spiritual – with which the different psychotherapeutic modalities engage.

Different modalities of psychotherapy all work towards the same target. 'We've come a long way from a sole Freudian psychoanalytic approach,' Cliffe says. 'There are some really interesting ways of working – some people do narrative therapy, others are starting to do eco-therapy outside.'

At the same time, there's a widespread acknowledgement that sometimes a medicalised intervention can be one part of the solution – though not the whole solution. Cottam says: 'If someone has psychosis, they need medical help. But chucking pills down someone's throat isn't going to help understand why they are lonely. The answer to "what makes people happy" is varied: it's not about serotonin uptake.'

Cliffe also points out how psychotherapy can help people who've had a clinical diagnosis. 'I've seen people who have had a diagnosis, been sectioned, or had medication, but don't understand what that means. They feel that they are the ones at fault, rather than recognising that their behaviour makes sense when you take into account the circumstances they have encountered. Without the understanding of context – which psychotherapy aims to explore – a person can feel quite "mad".'

Stephanie Cooke sums it up: 'We want people to lead their lives in a fulfilled way. That's the biggest buzz for me: someone comes in at rock bottom but gets to the place when they say they are off. And this is not just an individual "solution" – it's an approach which benefits society as a whole.'

Cliffe adds: 'It does take time; many approaches in other fields are trying to rush solutions. If we aren't able to heal from our traumas, we are far more likely to act out. This affects our families, our communities, globally and politically... the ripple effects are huge.'

We can see the benefits to society of psychotherapists working with frontline workers during lockdown (*page 16*) and with those affected by the Grenfell Tower fire (*page 39*). But it's not just the acute traumas that leave a legacy, Cliffe adds: 'Many of us have had models who were less than perfect. If we can learn to communicate more respectfully and tolerantly of differences, this is going to be so much richer a society, and we will all be the better for it.'

### References and reading


- (1) Breuer, J. & Freud, S. (1895). *Studies in Hysteria.*
- (2) Kahr, B. (2020). 'From perversion to professionalism: 125 years of psychotherapy'. *New Psychotherapist,* Spring 2020, pp40-2.
- (3) Laing, R.D. (1971). *The Politics of the Family and Other Essays.*

# ‘I’m an authenticity addict’

**CHARLOTTE FOX WEBER** LEADS THE PSYCHOTHERAPY SERVICE AT THE SCHOOL OF LIFE, FOUNDED BY THE WRITER AND PHILOSOPHER, ALAIN DE BOTTON

Photo: Joseph Branston

Our therapy service has a team of 20 therapists working with individuals, couples or groups in 16 different countries. The reasons that bring people our way vary, but many of them want to come somewhere where they’ll be met with enthusiasm, open-mindedness, a certain amount of cultural awareness and insight.

Therapists come from different trainings, a range of modalities, but are all pluralistic – taking pride in appreciating the multiplicity of perspectives and trying never to be rigid in our outlook. Coming together with differing views keeps the diversity of thinking alive. This connection matters enormously to us and helps us make sense of who we are and what we do. It makes us a cohesive team, especially during these uncertain times.

My clients are the heart and soul of what we are all about and I learn so much from them. It’s easy to see how management and the details of responsibility can take away from the client work so I have to always keep that in mind and try and get the balance right. It’s all a continual work in progress. I also try to keep learning every week, whether that’s from supervision, clients, reading, having a conversation with an insightful person or thinking about something in greater depth.

Another wonderful part of my work is thinking about therapy and the public, and working in an organisation that isn’t just a psychotherapy clinic pushes me to constantly consider therapy from the outside.

We have always offered online therapy at The School of Life, for more than five years. Now that we are all working virtually, we find ourselves missing in-person sessions so much. We need to acknowledge the importance of space at the same time that we have to adapt and be flexible during this time period. I’m a little bored of all of the discussions about remote therapy and its merits. We get it. It mostly works, but I deeply miss sitting in an armchair across from another human being, doing this work. It’s great that we have computers which allow us to keep connected but in-person therapy has a liveliness that is simply irreplaceable. I don’t think I’ll ever again take for granted the magic of being in a lovely therapy room with another human being.

I’ve always felt a deep restlessness and yearning to discuss our inner worlds more openly and authentically. As one psychotherapist put it to me, I’m an authenticity addict. This addiction has got me in trouble at moments, and has pushed me to go further in so many ways. I feel deeply privileged to do work where authenticity is (mostly) permitted and can even be transformative. ●

*theschooloflife.com;*
*charliefoxweber@gmail.com*

**‘I don’t think I’ll ever take for granted the magic of being in a therapy room with another human’**

# ASKING THE RIGHT QUESTIONS

RESEARCH IS GOOD FOR CLIENTS, FOR SOCIETY AND FOR THE PROFESSION. SO WHY AREN'T WE DOING MORE OF IT? **RADHIKA HOLMSTRÖM** FINDS OUT



**The daily practice of psychotherapy focuses on the relationship between groups of people, working together towards changing a life. But underpinning this, not always noticed and not always appreciated either, is research into the field.**

Nor is psychotherapy research always publicised, either to the profession or to the wider world. It can feel elite and remote to psychotherapists working in practice. Psychotherapy research is also massively underfunded; and this in turn means that there is less support for providing psychotherapy on the NHS, given the NHS focus on evidence-based research.

NICE (National Institute for Health and Care Excellence) recommends psychological therapies based on evidence – produced using a scientific model – for efficacy, safety and cost-effectiveness. Innovative, competent and compelling research should play a major role in promoting the practice and effectiveness of psychotherapy to policymakers.

Illustration: Alamy

Research is also crucial in informing and improving the working practice of psychotherapists themselves as they respond to the rapid societal changes we are now subject to, not least the Black Lives Matter movement, the pandemic and climate change.

## PART OF A TAPESTRY

Psychotherapists must be able to demonstrate the efficacy of their success in the improving mental and physical wellbeing of the range of people they help. 'Research is part of the tapestry of understanding human experience,' says Julie Scully, psychotherapist and member of the UKCP Research Working Group. 'Practice and research inform each other, and so do research and practice.

'I have the privilege to lead a psychotherapy research MA as well as supporting a psychotherapy PhD programme, and I see up close researchers' enthusiasm, intelligence and commitment to moving the profession forward, as well as the increasing engagement of practitioners with research,' she adds. 'Across the field, researchers are investigating a vast and incredibly interesting range of topics: from bereavement and loss, to child sexual abuse, menopause, masculinity,

**'Compelling research should play a major role in promoting psychotherapy'**

**What do you think?**
Share your thoughts and opinions by emailing: **editor@ukcp.org.uk**

intersectionality, difference and diversity, beauty, ecopsychology and couple dynamics – in addition to the impact of traumatic tragedies such as the Grenfell Tower fire.'

Divine Charura, professor of psychotherapy at York St John University and UKCP trustee, stresses how the profession needs to be able to demonstrate

› **THE BIG REPORT** *continues on page 28*

# ‘For a moment, we have been suspended in time, free of the mind’

**CÉLINE BUTTÉ** UNDERTAKES DANCE MOVEMENT PSYCHOTHERAPY WITH PEOPLE WITH LEARNING DISABILITIES

The daughter of two social workers, I grew up mingling and playing with adults with learning disabilities and seeing the value of an environment in which their needs are met.

These experiences embedded in me the belief that to be seen and heard, move freely, express ourselves and do things in our own time are human rights. Despite changes over the past three decades, including landmark legislation such as the Disability Discrimination Act (1995), the Mental Capacity Act (2005), the Equality Act (2010) and the Care Act (2014), people with learning disabilities are still placed in the margins of society. Their human rights are often dismissed or neglected. Services have shrunk dramatically. Those with disabilities have gone from being untouchable to unaffordable[1] and unwanted[2] as explicitly portrayed in recent press coverage.

At the time I enrolled in dance movement psychotherapy (DMP) training, I was a dancer. Before I could articulate it in words, I innately knew that movement practice and dance give access to emotional intelligence. They provide a place to land within our own corporeality. Dance and movement are among the most effective and direct ways into sensing and being curious about the subtleties and complexities inherent to our existence.

Over the past two decades, I have worked with individuals who have a mild to severe learning disabilities diagnosis, those with a dual diagnosis of mental health and learning disabilities, individuals with autism, including Asperger’s syndrome, and those in transition from children’s to adults’ services.

The work is physical. We might sit or roll on the floor; walk on all fours, or from one end of the room to the other over and over again. I might guide a relaxation or dance to ABBA! Such an embodied way of engaging might be perceived as the kind of thing one might not ‘normally’ do in psychotherapy. Dance movement psychotherapy is an experiential form of psychotherapy: as I dare to physically enter into the realm of being with my client, I find myself doing with them things that change the way psychotherapy looks. I go where the client needs me to go: if they want to walk, we walk. The work is in the service of the client’s needs and demands that I put my ideas of what looks ‘normal’ to the side for a new normal, one that we co-create.

Every now and again, my clients and I arrive at some incredible moments, in which we experience the potency, relief and pure joy of feeling human and connected. For a moment, we have lingered in action together; suspended in time, free of the mind, we have met[3]. Who would have thought that walking up and down the room 10 times with someone could be so profound and transformative?

Some of the most challenging aspects of working as a dance movement psychotherapist with clients with learning disabilities is the belief that we only work with nonverbal clients. In dance movement psychotherapy we communicate through movement, sensing, feeling, talking and thinking. Cognitive processes are integral to the work. But we do not depend on cognition to facilitate change. In this role, I often hold the most vulnerable at a time of most need when other top-down approaches have failed.

Progress is not what and where we think. The work is to find out what my clients’ sensitivities are, feed back on this and explore ways to foster a better quality of life for them. I have come to understand that to measure clinical outcomes is to track how settled in themselves and integrated in their community my clients have become. It may be that they need therapy to support changes in themselves, but a lot of the required changes lie in those around them and their environment. I advocate for my clients, helping people around them understand their needs, dreams, limitations and abilities.

As a dance movement psychotherapist who works with people with learning disabilities, I champion differences, holding in sight the relief that we find in accepting how unique each of us is. The work is creative, embodied and relational, and demands that we never take ourselves too seriously. ●

***heartofmovement.com***

**‘We experience the potency, relief and pure joy of feeling human and connected’**

## References and reading


- (1) bylinetimes.com/2020/06/16/rhetoric-versus-reality-how-britain-treats-people-with-disabilities/
- (2) bbc.co.uk/news/uk-51612884
- (3) Butté, C. & Unkovich, G. (2009). ‘Foundations of Dance Movement Psychotherapy Practice in Profound and Multiple Learning Disabilities’. *e-motion*, 14(2) Summer [online].

# ‘We need infrastructure that supports an inclusive, diverse community’

**TIM FOSKETT** HAS WORKED WITH THE GAY/BI/QUEER COMMUNITIES FOR MORE THAN 25 YEARS, AS BOTH A GROUP AND INDIVIDUAL PSYCHOTHERAPIST



Without realising I was doing it I followed my father, John Foskett, who was also a group and individual therapist, into this profession. Our entry points were different, he trained as priest and worked as a chaplain at the Maudsley Hospital. I first trained as a counsellor when I was employed in a local authority training home helps and social workers about HIV/AIDS in the early 1990s.

I felt right at home on a four-weekend counselling skills course at the Terrence Higgins Trust and loved the honesty, intimacy and exploration that was possible. I was encouraged by one tutor in particular to go further and I never looked back. It wasn’t until I was two years into my first counselling training that I realised I was following in my father’s footsteps.

All of my working life I have been closely involved in the LGBTQ+ community – as an activist, project worker and therapist. I cannot imagine not playing a role in this community. We still need to build infrastructure that supports the development of an inclusive, diverse, dynamic community – and I’m happy to put some of my life energy into those projects.

Group therapy is a very overlooked way of doing therapy in the UK. We know from international empirical research that clients do best on their desired outcomes through a combination of individual and group therapy – and yet the therapy industry in the UK is organised almost exclusively around individual work. I think the reality check of working in a group, and the sense of belonging and community that can result, are very important aspects of therapeutic growth.

To do this with gay and bi men is a great privilege for me. I find it endlessly fascinating and extremely meaningful to offer gay/bi men the opportunity to be with each other with openness, authenticity, vulnerability and humanity – which is so different from the ways we have been schooled by social conditioning to be with each other in other settings.

I run five ongoing therapy groups – three for gay/bi men on a fortnightly basis, and two for therapists on a monthly basis. I also run lovingmen.org, which offers workshops and other resources for gay/bi/queer/trans men and gender non-binary people who want to grow intimacy with men. My work with Loving Men is very intense because we usually work with large groups. So I generally need recovery time after those events.

There is a lot of variety in my working week – which I know is very different from some therapists. It’s been important to me to create a way of working that suits me, rather than adopt an industry norm. I think it was Laura Perls (wife of Fritz Perls – one of the founders of Gestalt Psychology) who said with every client we have to invent a new form of therapy. I like the permission in that idea, and the implication that every therapist is a unique person working in their own individual way. ●

*timfoskett.com*

**‘All of my working life I have been closely involved in the LGBTQ+ community’**

Photo: Mawaan Rizwan

the value of psychotherapeutic methods and promote psychotherapy to the wider world. 'In order for our field to survive and to thrive, as a profession we continually need practice-based evidence and evidence-based practice. That helps us to develop an ethical profession that is steeped in research practice, continually transforming and developing; and demonstrates the efficacy of psychotherapy to government, public and statutory bodies.'

As Scully explains, research spans a wide diversity of areas. The methodology varies too. Two broad differences are quantitative (research based on data in the form of numbers) to qualitative (research based on data in the form of words, images or anything else that is non-numerical). 'Quantitative research takes a larger landscaped view of what's occurring, qualitative research takes a deep dive, gaining an in-depth, rich focus of the experience under exploration,' she says. 'As practitioners we have a natural draw towards qualitative research, but we need both.'

Charura elaborates on the breadth of the field. 'We have case study research; modality-specific research (looking, for instance, at the effectiveness of psychodynamic work, or person-centred therapy); condition-specific, or diagnosis-specific research (for instance, research into working with families, or into dysphoria); and psychosocial research and its relationship with psychotherapy (for instance, the impact of COVID-19 on social functioning). Then you have research that is multidisciplinary, looking

**'Multidisciplinary research looks at the interface with neuroscience'**



**Case study**

## Equilibrium – A treatment for young people who self-harm and attempt suicide

**Equilibrium involves parents and people between 13 and 17 years old in an integrative approach borrowing from psychodynamic, psycho-educational and systemic theoretical models, and including three family and nine individual sessions, *write Terence Nice and Eliza Barbara Preston*.**

Central to the intervention are core tasks that can be recast in a narrative base that encourages problem-solving, parent/caregiver consistency, reliability and responsiveness. The tasks are related to: acceptance of adolescent change; holding and protecting the adolescent as they struggle to be; re-orientating the adolescent and parenting unit; staying with the unthinkable – 'my child may wish to hurt, harm or kill themselves'; helping parents and young people tell their stories of adolescent survival and creating new stories; and co-constructing the hope of a good-enough future.

Six young people and their families completed the intervention, with no participants dropping out. We are now conducting a thematic analysis of the 72 audio-recordings harvested. The data is rich, deep, and precious. Lydia (pseudonym), aged 17 years old, captures this when she states in session 11*:

*Lydia:* Coz that's technically what it is I guess, isn't it?
*Researcher:* Mmm... yes.
*Lydia:* The kind of shit you've got to move on from, but to move on you've got to think about it still...
*R:* So, what does this childhood trauma look like?
*Lydia:* It's just a big, black mess... it's like a dark corridor you look at. So you know when you watch a horror film or something?
*R:* Yeah.
Lydia: And, like, you're looking at it... just don't do it, just don't do it and they are doing it...
*R:* So, it's going down into the dark cellar.
*Lydia:* Pretty much, yeah...

One of our researchers writes: 'Coming from an anthropology background and now in the middle of a psychotherapy training, I am familiar with the insecurity and lack of confidence that surrounds qualitative research. Often dismissed as "anecdotal", qualitative insight is regularly overlooked in search of numbers – stats and figures that are more easily identified as "scientific evidence". In a mental health setting, numbers offer vital points of reference and comparison, essential to demonstrating effectiveness and progress. To understand what happens between those points, the complex, messy, individual processes that unfold between therapist and client, we must look beyond numbers. Qualitative research allows an inside perspective of the human experiences that shape our work. To me, it is both richly rewarding, and essential to true understanding.

'Though we are in the early stages of the Equilibrium research, we are already beginning to notice processes and patterns in each case, and those that connect across them. Perhaps most striking of all is the courage and strength of the participants. Not for the first time, I find myself wondering who is learning from who in this process.'

*Dr Terence Nice is Programme Director in Psychotherapy at the University of Kent and Eliza Barbara Preston is a psychotherapist*

*Verbatim quotes provided with express consent for publication in a magazine by participants

Illustration: Alamy

at the interface with neuroscience research, memory and so on; we are looking, for instance, at treatments for dementia, and have done another project looking at the experience of people with dementia and counselling. There's research with children and young people, research along the life cycle... the list goes on.'

## TRANSLATING RESEARCH INTO PRACTICE

For example, research from the University of Sheffield underpins the mental health support the university provides for its students, according to Louise Knowles, Head of Mental Health and Psychological Therapy Services at the university.

'We've done a number of studies now,' she says. 'Very early on I was in the fortunate position of working with a PhD student. We had access to a reasonable amount of clinical data. We compared integrating a mobile phone app with our standard face-to-face intervention. Our main finding was that students sustained recovery rates when we integrated our standard offer with a mobile phone app.'

The project enabled her to get traction with the clinical team to explore the possibility of future research (*see panel, right*). 'Now, when we're designing new developments in the service, we're thinking about how we build in the possibility of collaborating with new research, which in turn will inform our practice.

'I'm now passionate about research-informed practice, and about large datasets – and we now make a lot of decisions based on the data. For instance, we decided early on that the average number of sessions we offered was dropping below the recommended amount, and we had the evidence to argue for providing that amount.'

**'I'm passionate about research-informed practice and large datasets'**

Case study

### Understanding the psychological needs of students at the University of Sheffield

**The Student Counselling Outcomes Research and Evaluation (SCORE) consortium developed from a long-running desire in the university and college sectors to create a national, shared routine outcomes database providing evidence for the sector to improve and protect how counselling services are delivered, *writes Louise Knowles*. Pooling session-by-session service data, routinely collected, will enable a depth of analysis which has not been possible when relying on data from a single service.**

The current dataset includes outcomes for approximately 5,000 students, and we are planning to expand the consortium further. Growing the dataset will allow new analyses about the mental health needs of UK students and how our services respond to them. High-quality service data and clear language use to differentiate between mental health and wellbeing are particularly important[1].

SCORE is creating a unique opportunity to better understand the psychological needs of students, and in doing so, is building an evidence base that will shape the psychological services offered to students. The NHS has a statutory obligation to provide students with the same range of treatment options as those provided to the standard population, yet these services can fall short of what students need. They are a transient population with demographics that can be fundamentally different from those of the local population; simply placing them on a waiting list for several weeks won't help them. The SCORE consortium will not only cascade skills across the sector but will also stimulate debate and inform policy about the needs of students in UK institutions.

*Louise Knowles is Head of Mental Health and Psychological Therapy Services at the University of Sheffield*

CONFER

# AUTUMN PROGRAMME 2020

**18 September 2020**

## Breaking the Trauma-Bond Between Your Patient and Their Family

An Object Relations Approach to Resistance in Treatment - Led by Dr David Celani

**25 September 2020**

## On Not Knowing – Psychotherapy and the Search for Meaning

With Judith Pickering, Meg Harris Williams and David Henderson

**2 October 2020**

## Domestic Violence - A Systemic Therapy Approach to Risk, Responsibility and Collaboration

A Webinar with Dr Arlene Vetere

**9 October 2020**

## Healing from Collective Trauma

With Dr Sousan Abadian, Dr Doris Brothers and Dr Jack Saul

**17 October 2020**

## The Disrupted Frame

With Dr Pierre Cachia, Dr Jill Scharff, and Prof Alessandra Lemm

**6 November 2020**

## Transforming Attachments – Can Psychotherapy Make You Secure?

With Linda Cundy, Siobhán McGee and Kathrin Stauffer

**14 November 2020**

## Free Energy, Free Association and Free Spirit in Psychotherapy

With Dr Barnaby Barratt, Prof Jeremy Holmes and Dr Saadia Muzaffar

**21 November 2020**

## Secrets & Lies – Uncovering Hidden Truths in Family Histories

With Dr Francoise Davoine, Trudy Gold, Maya Lasker Wallfisch, John Simmonds and Dr Reenee Singh

**4 December 2020**

## Embodied Intersubjectivities - The Body in the Era of Online Therapy

A One-Day Exploration with Roz Carroll, Ruella Frank and Margaret Landale

**12 December 2020**

## Toxic Shame Recovering from Shame in Family Systems

With Dr Aileen Alleyne, Dr Chip Chimera and Dr Arlene Vetere

**www.confer.uk.com**

**Twitter:** @ConferUk **Facebook:** @ConferUK

Case study

## 'Now, more than ever, psychotherapists need to be flexible'

**Research can be exciting, *writes Vicky Karkou*. Findings can take the form of numerical data, detailed descriptions and lived experiences, as well as creative testimonies and performative work. Under the Research Centre for Arts and Wellbeing and over several years, I have committed not only to explore ways in which creativity can be used in psychotherapy practice but also to including creative methods in mainstream research work.**

In the project Arts for the Blues, with a team of other researchers, I have identified helpful ways of working with adults with depression, synthesising findings from studies of clients attending different approaches to psychotherapy. This work has informed the development of a new model of psychotherapy that uses creative methods, further evaluated in IAPT services within the NHS and in mental health charities. The research process, still under development, involves creative data as an integral part of the work and holds filmed testimonies of clients at the heart of the evaluation of the work.

Since COVID-19, the need to offer support for NHS staff has become apparent. We are currently working with five NHS Trusts and the University of Salford to offer a range of interventions that support the recovery of NHS clinical staff who have been affected by the pandemic. The practice of psychotherapy needed to be re-considered to meet their diverse needs. Next to traditional psychotherapy, supporting teams to form relationships and offering drop-in sessions to all NHS employees became important additional interventions in this multi-levelled approach to recovery.

*Vicky Karkou is Professor at Edge Hill University, a creative psychotherapist and director of the Research Centre for Arts and Wellbeing*

### THE DAY-TO-DAY

To a great extent, practitioners do acknowledge the value of research even if they feel it's quite a long way from their day-to-day work; a recent UKCP survey found that while the majority were not currently engaged in research, only 3% of the respondents said they did not feel research was relevant to their practice and 85% said that they were interested in research[2].

'Research insights and knowledge into the challenges some client groups can face can be useful signposts for risk assessment, intervention choice and developing psychotherapeutic exploration,' Scully says. 'Research can offer insights into the hidden world of different client groups such as domestic violence, child sexual abuse, refugees and poverty.'

Yet a view persists that the concept of research is remote and/or elitist, rather than being necessary for psychotherapy practice to move on and become more effective and applicable to the diversity of contemporary society. 'Psychotherapy as we know it and we practise it needs to be fit for purpose for different ages, different ethnicities, heritages and sexualities; for people who are disabled as well as those who are able-bodied,' Charura points out.

### EVALUATING PRACTICE

In fact, Charura argues, most psychotherapists are conducting their own form of research: 'Most practitioners evaluate their practice by using some kind of evaluative tool, for instance the clinical outcomes in a routine evaluation (CORE). Can they relate to these questions: how do I know what my clients think about what I do? How do I know that what I do is effective and helpful? How can I evaluate new and different ways of helping those in need of psychological support? How can we as a profession demonstrate the financial value of psychotherapy? How am I an expert – and am I an expert – in relating? How is the therapeutic relationship central to transformation? What is it that needs to happen for our profession to continue to survive? How do my own values and philosophies underpinning what I practice influence that psychotherapy process? If you're thinking about the answers to these questions, you're already interested in research.'

UKCP is developing a new research strategy that will combine existing and new research to improve the evidence base for psychotherapy and promote its importance for wellbeing and mental health. Earlier this year it launched a research fund that offered up to £10,000 for projects from members that cover particular areas. The strategy will support UKCP's policy objectives to increase access to psychotherapy, improve education about research and create an effective system for collating clinical data from members. UKCP also plans to collaborate with psychotherapy research to define and address the needs for future research.

Members themselves must also learn to collaborate, according to Louise Knowles, 'and make what's relevant in the consulting room something that also informs social policy. Practitioners really have to engage with this debate on an equal footing. We're the ones doing the work. I've had the privilege of engaging with academics who do make that possible, and I want others to have that option too.' ●

### References and reading


- (1) Barkham, M. *et al* (2019). 'Towards an evidence-base for student wellbeing and mental health: Definitions, developmental transitions and data sets', *Counselling & Psychotherapy Research*, 19 (4).
- (2) psychotherapy.org.uk/wp-content/uploads/2020/05/Membershipsurvey-research-results.pdf


**What do you think?**
Share your thoughts and opinions by emailing: editor@ukcp.org.uk

# EDUCATING AND EVOLVING

THE ISSUE OF PSYCHOTHERAPISTS' TRAINING IS CRUCIAL FOR THE PROFESSION TO REACH ITS POTENTIAL. HOW CAN TRAINING PREPARE INDIVIDUALS? **RADHIKA HOLMSTRÖM** FINDS OUT



**Nobody goes into psychotherapy training lightly. The minimum four years of taught training for a psychotherapist, or the three years for a psychotherapeutic counsellor, along with 450 hours of supervised clinical practice, and the significant element of personal therapy, is a major investment of time and money.**

Even so, the training provides a range of transferable skills – like the ability to build rapport with others and work as part of multidisciplinary teams, for example – which benefits not just the psychotherapy provision but other sectors such as business, education and social care.

UKCP works with 53 training organisations and has more than 2,000 student and trainee members working towards full-clinical status in psychotherapy or psychotherapeutic counselling. Sarah Niblock, CEO of UKCP, says: 'UKCP training accreditation is a hallmark of quality. Our qualifications offer an unrivalled depth of knowledge, skill and practical experience.

Illustration: Dave Bain

**'UKCP training accreditation is a hallmark of quality'**

'We are ambitious and looking at new types of qualification and format to engage other sectors and the wider public,' she adds. For example, the UKCP Board of Trustees' Education Working Group has developed the Psychotherapy Education Innovation and Impact Awards to promote and disseminate examples of innovative educational practice within organisational members, which will provide awards of up to £5,000 towards the cost of developing new educational initiatives.

But how far does the current training provision encourage a unified, yet diverse, profession with a clear identity? And what format should psychotherapy training take to enable a broader career path? There are a number of pressures on both training organisations and trainees.

## THE COST OF TRAINING

Finances, unsurprisingly, are one of the biggest barriers that trainees face. It is probably no coincidence that most trainees have worked in another profession first; certainly no coincidence that many have some financial support behind them.

'Career development loans are no longer available, so students who want to attend private training providers can't access the usual student finance,' says Jovana Perzic, UKCP Head of Academic Enterprise and Innovation. 'Some providers are universities, offering master's courses, but a number of independent courses are at various diploma levels, so they don't fit into the same validation framework.' This also poses problems with career progression, she adds, because it means that students with such diplomas might not be accepted onto a master's course.

On top of course fees, trainees pay for their own therapy and often for supervision. 'The "tools of the trade" for a psychotherapist or psychotherapeutic counsellor are first and foremost themselves, so a key part of training involves honing those tools,' says Dr Fran Renwick, who is Training Standards Chair in the College for Children and Young People in UKCP and a senior lecturer and course director at Birmingham City University. Renwick is also concerned about trainees having to deliver their 'tools of the trade' for free – or sometimes at extra cost, because trainees have to pay their placements for additional training before they can see clients.

## INCREASING DIVERSITY

The cost may also be a reason why the field still lacks diversity. That may be changing

Case study

## ‘Those four years changed me as a person’

**Sunetra Rani trained at the Manchester Institute for Psychotherapy.**

‘Five years ago (2015), I decided to train as a psychotherapist. I was working in several roles, and a lot of the people I saw had signs of trauma as the result of sexual abuse; I felt I needed an extra skill set. I researched the institutes in my area, and selected this one. I wanted to train in transactional analysis.

‘At the Manchester Institute, training took place over four years, and included contact sessions one weekend every month, 9.30am to 5.30pm for 10 months of each year. We did a lot of theory and triad work in the first two years and then we completed our clinical competencies before being endorsed to go on placement. In the third year it became more intense; it’s not just about turning up at a course, it’s about managing supervision, organising your placements and also, of course, having your own therapy… it was a lot to handle.

‘The most interesting part was getting a good understanding of the formation of human personality: why we are the way we are, and how to understand oneself as well as others.

‘Those four years changed me as a person. You are face-to-face with your own psychological processes, because the course is so in-depth. It’s a slow process. There’s a lot to do, and a lot of that is internal, and that needs the time and the space of the full four years. It’s not just “let’s rush to get to the finish line” because you have 160 therapy hours to meet the UKCP requirements. It would be virtually impossible to do that in less time.

‘It’s really valuable to train with an institute that has a direct relationship with the UKCP. Once you’ve finished you also have a further direction and an idea of how you want to progress. I’m planning to complete a master’s in trauma-informed practice at Nottingham next academic year. It’s good to go on investigating and questioning.’

to some degree, particularly in regions which have a large black and minority ethnic (BAME) community and the students are mainly locally based; but at the moment BAME practitioners are very aware that they’re in a minority.’

However, Divine Charura, professor of psychotherapy at York St John University and UKCP trustee, and Renwick also stress that diversity is not simply an issue of getting more BAME trainees, and/or more trainees from less-well-off backgrounds, onto the rolls. ‘Traditional psychotherapy theory and therefore also practice is very Eurocentric, middle class and privileged,’ says Renwick. ‘We need to work with an ongoing awareness of cultural differences and to work with our students to ensure our curriculum and their learning experience is of a therapy model that is fit for purpose for them and for their clients.’

Charura elaborates. ‘I’m on the verge of teaching a programme on trauma, with colleagues in the US. One course will look at transgenerational trauma in African-Americans and I envisage that it will be fully taken up. In the UK, a course focusing on trauma in Black and Afro-Caribbean people may not be as popular because the societal consciousness and transcultural wave is different. We have a different way of dealing with difference. As a profession we may still [spend a weekend talking about] diversity as if it were a discrete subject rather than embedding it in our continuing training and practice. We need to look at the issues in psychotherapy, and how we work with a multicultural society.’

And the issue of diversity does not end with acronyms like BAME and LGBTQ, emphasises Professor John Nuttall, Head of Regent’s School of Psychotherapy and Psychology. ‘Such labels often obscure the issues of perceived difference and similarity that exist both inside and outside these labels,’ he says. ‘Often the assumption that similarity exists, where it does not, can be a troubling and sensitive issue.’

### OTHER POTENTIAL INNOVATIONS

This isn’t the only area where some new ideas might usefully feed into current training practices. In fact, since lockdown, everyone involved in training and education has had to get used to teaching remotely (at very short notice).

‘The training organisations UKCP works with have responded to the pandemic by migrating training online during lockdown in almost all cases,’ Niblock says. ‘Training has continued in lockdown and trainees starting the new academic year can expect to receive a programme that is delivered in a way that coheres with the government guidelines in place at the time.’

Renwick adds: ‘Technology in therapy has been a contentious issue for a long time, with supporters on both sides – and while limitations and shortcomings are obvious, we have also noticed many benefits. And this may make it possible for people who couldn’t access training to have, perhaps, more scope for doing so. It may open the door a little bit. It’s challenging our thinking of relationships and how humans connect in a way we didn’t plan.’

Perzic takes this further, arguing that online learning will become much more the norm for a whole range of training fields: ‘Many people might choose to study

courses that are being run by organisations in countries such as Argentina, where psychotherapy has been a flourishing industry for many years; and fewer international students will be coming to the UK.' Nevertheless, Nuttall points out, the group dynamics of online training are quite different and demand skilled handling by facilitators who are clearly not so 'at hand' to offer trainees the containment promised by the discipline itself. 'There is the prospect of online training becoming less harmonious in the Balint sense of the word – and course designers need to beware,' warns Nuttall.

## CHANGING THE FRAMEWORK

In the UK, usually, trainees select one modality to study and have very little opportunity to transfer across modalities. Yet Renwick stresses that modalities themselves are becoming more flexible: and training has to reflect that.

'The emerging knowledge base around trauma and neurobiology is causing different modalities to integrate these ideas into their understanding of what it is to be a person and notions of change. All training is now much more trauma-informed, and there is a wider recognition of, for example, the lifelong impact of early childhood experiences. These ideas fit more comfortably within some modalities than others, but all training is now incorporating them. And I believe that we are only at the beginning of this change process. I think that trainees starting out now will be learning and building from within a very different knowledge framework to the one that informs today's practices – regardless of modality. This change has been underway for a while now, and I believe it will continue, whereas my initial training was strongly modality-based.'

Finally, psychotherapy training needs to become an option for more people at an earlier stage in their careers. 'Psychology is very popular, but there are very few opportunities to train in psychotherapy at a younger age,' says Perczic. 'There is a really big challenge to promote psychotherapy as a career to younger people. Most people don't come across it as a professional option until much later in life.'

As with other innovations that can improve psychotherapy training, this requires funding that will ensure a diverse psychotherapy workforce able to meet the service users' needs. 'Accessibility is also about getting government and educational institutions to acknowledge that this training is as important as social work or nursing training, in which people are enabled by loans and funding,' Charura says. 'And a further approach is to look at ways in which psychotherapy can be more socially accepted so that it is seen as a more valid career option for more people.'

However psychotherapy training evolves, the benefits it offers in bringing about social change should be made clear for all to see. Nuttall exhorts, 'For this reason, psychotherapy training has to match and to some extent integrate and offer a friendly hand to allied professions such as psychology, sociology and the medical sciences, which are often seen as competing arenas. We can't close our eyes to the insights offered by our competing allies in our search of similar goals.'





Case study

### Innovative educational model

**Within the schools sector, teachers are ordinarily trained using CPD models of development that use expert-led training tailored to individuals.**

An increasing number of educational training organisations have been using joint practice development (JPD), a model defined by Professor Michael Fielding, honorary emeritus at University College London. JPD is 'learning new ways of working through mutual engagement that opens up and shares practices with others'[1].

A collaborative, rather than one-way process, JPD involves interaction and mutual development related to practice, recognises that each partner has something to offer so that learning is mutually beneficial, and involves collaborative research and enquiry. The exchange can be about teaching skills, subject knowledge, different subject areas – engendering the kind of interdisciplinary integration required of future psychotherapy practitioners.

Within the context of training teachers, JPD has demonstrated how individuals can reflect on their own practice in an embedded way and support peer-to-peer learning and allows leaders to identify talented individuals at the training stage.

References and reading

(1) Fielding, M. Bragg. S. Craig, *et al.* (2005), *Factors Influencing the Transfer of Good Practice.* Nottingham: DFES Publications.

**What do you think?**

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

# ‘The mentally healthier we all are, the better it is for everyone’

**JACQUELINE MCCOUAT’S** COUNSELLING SERVICE HELPS PEOPLE STRUGGLING WITH THEIR MENTAL HEALTH WHO COULDN’T OTHERWISE ACCESS SUPPORT

We provide free, professional counselling to individuals, couples and groups of multiple nationalities and demographics who are experiencing mental health difficulties and would otherwise be unable to access support, to help them feel better and create a better life. Some of our work is with NHS IAPT and we work closely with the NHS and other partners to enable an integrated approach that enhances the benefits of therapy and helps to sustain its impact.

Everything we do revolves around our clients. We have a client-centric culture that values care and conscientiousness. There are aspects of core processes that are typical, such as managing referrals and monitoring treatment, sustaining clinical excellence, evaluating treatment effectiveness and continuous improvement. Operationally our administration is agile and lean to free up focus and energy for client work. Strategically we are future-focused – looking for new ways of enhancing client access and treatment success through technologies or partnerships.

Supporting people through the emergence from lockdown and the after-effects of the coronavirus pandemic is the major challenge we currently face. As always, we seek recent, relevant, evidence-based research that challenges thinking, methods and modalities to moot possibilities for new models to support current and emerging mental health issues.

Our group has a tremendous, cohesive energy and absolute commitment towards doing right by our clients and going the extra mile. I am forever inspired by the team’s tangible dedication and care. We are a small enough organisation to easily connect and sustain across a common vision and set of values. Our network of therapists is diverse and multi-ethnic which reflects the community we work with and creates a positive, creative outlook.

When the pandemic lockdown was announced, our therapists were motivated, equipped and ready to ‘go online’ literally overnight which enabled a seamless continuation of client support, care and containment which was hugely reassuring for our clients amidst the ambiguity, volatility and complexity thrust upon them as everything rapidly changed. It was very graceful.

Our clients tell us that access to mental health support makes a significant difference to their lives. It can be so many things – the catalyst for change, a perspective that strengthens a relationship, the experience of being seen and heard for the first time or of sharing something personal that for too long needed to be exhumed. Its importance is personal to the individual. That said, on a societal (and global) level we are interconnected and as robust as our interdependence. The mentally healthier we all are, the better it is for everyone. ●

*anchorcounselling.org*

**‘When lockdown was announced, our therapists were ready to go online literally overnight’**

# ‘I wouldn’t be doing this work if I didn’t have hope’

UKCP HONORARY FELLOW **CHARLES BROWN** WORKS WITH THOSE WITH ADDICTIONS AND MANY PEOPLE ON THE FRINGES OF SOCIETY

I take a psychoanalytic relational approach to the work I do with people with a range of addictions at any stage of their difficulties, whether they are drinking, or using, have an eating disorder or gambling addiction, with the aim to get them back into society. I work with clients from ethnic minority groups, but mainly Black people, who have experienced the NHS mental health system and are looking for something different. We work together for between 18 months to three years, with clients coming once or twice a week. It's intense work and takes a degree of symbolic functioning to be able to make use of it.

I initially worked with the probation services, working with kids in the Reduction And Prevention community initiative to reduce crime, by using workshops and community-based activities, before I moved to working with women with addictions – who were also sex workers – trying to get them off the streets. I saw addiction as a coping mechanism. People who live on the fringes of society are under siege, constantly.

I have also worked in residential communities, which offer a sanctuary for addicts and adults who are suffering with severe mental health difficulties. They live together and learn to function as a community. People are referred by family members directly or from statutory and voluntary agencies such as the NHS and community mental health or drugs services. The communities are mainly self funded and rely on fundraisers.

We're going through unprecedented times, but mental health provision has steadily been getting worse and people cannot access the support they need. If you have mental health difficulties and you are Black it is very difficult to access any help.

There's a lot of symptomatic anger and disappointment that can rise to the surface very quickly. We need to help these communities with mental health provision and specific training for psychoanalytic psychotherapy professionals. It’s also important to empower minorities and help them overcome structural and systemic obstacles and increase positive self-image.

Psychoanalytic psychotherapy struggles in the NHS due to the dominant model that defines only sickness and health. This is problematic and doesn’t take a holistic view. For example, two people with anxiety are broadly seen as the same. But psychoanalytic psychotherapy affords each person a particular position that is uniquely theirs.

As a psychoanalytic psychotherapist, lecturer, supervisor and addiction therapist, who happens to be Black, my work is different to that of most of my colleagues. I was the only Black person in my training, which was difficult, but things are changing slowly. I do a lot of work to get funding to allow access for people who are Black or from other ethnic minorities who wouldn't normally present for therapy. I also work to enable people from Black and other minority ethnic communities to train as therapists.

People are more willing to talk about racism now. But this is a slow burner, it takes hard work and involves everybody. I do have hope for a world where we can all have a place because I wouldn’t be doing this work if I didn’t. It's important that we understand that what's occurred in the past has already happened and can’t be changed. Psychotherapy is uniquely situated to meet this challenge to support some of the most disadvantaged, vulnerable and isolated among us.

**‘Psychoanalytic psychotherapy affords each person a particular position that is uniquely theirs’**

Photo: Joseph Branston

## ‘Our service helps heal the schism created by an incident that has caused trauma’

PSYCHOTHERAPIST **ROZMIN MUKHI** TREATS SURVIVORS, BEREAVED PEOPLE AND OTHERS AFFECTED BY THE 2017 GRENFELL TOWER FIRE IN LONDON

At the Grenfell Health & Wellbeing Service we work predominantly with people who lived near the tower, saw the fire and even those who volunteered in the aftermath. It’s complex work – we have to take politics, publicity and the inquiry into consideration, which are intertwined with the primary concerns of a group of people who have been disenfranchised, possibly not for the first time in their lives.

This client group has complex needs. A lot of them have a robust sense of culture, religion and familial bonds that have a strong influence, causing rippling effects in extended families. The survivors have faced displacements, financial hardship as well as the realisation of being let down by an establishment. Working with trauma is not always about working with the most recent event and we need to ensure we have an understanding of that.

My primary job is to conduct psychological assessments followed by psychotherapy treatment and trauma-informed interventions.

All of us psychotherapists and mental health professionals have to work with our clients as individuals who have very particular needs. I believe our service is fundamental as it is helping to heal the schism created by a tragic incident and one that has caused physiological trauma and distress in society.

I enjoy what I do so most times working is invigorating and doesn’t feel like work. I am aware of the scrutiny the service can be under so it is important to be mindful of the pressures of that on oneself and have time to self-care. ●

***grenfellwellbeing.com***



## ‘We are dealing with the underlying trauma rather than its most apparent consequences’

**ALES ZIVKOVIC** WORKS WITH ADULTS WHO SUFFERED DEVELOPMENTAL TRAUMA, INCLUDING ADVERSE PSYCHOLOGICAL AND EMOTIONAL EXPERIENCES AS A CHILD

Developmental trauma does not only involve severe physical abuse, but also emotional abuse and other adverse psychological and emotional experiences a child is subjected to. One experience which I find prevalent among clients is a caregiver’s excessive dependency on a child, where the child becomes a tool for satisfaction of the caregiver’s own needs, or a source of emotional soothing.

I often refer to such experiences as violations of child’s human integrity and subjectivity. They may have adverse consequences on the child’s emotional and psychological development, resulting in difficulties in adulthood.

Individuals may experience effects of such developmental deficiencies through relationship issues, depression, anxiety, purposelessness, lack of self-esteem, difficulties with commitment to work or relationships, or over-identification with work, professional, social and other roles, eating disorders, addictions, or over-dependency in relationships.

Because it is the symptoms that people usually seek therapy for, part of therapeutic work entails assessment whether such symptomatology may stem from personality functioning or not. When it does, my focus is not on the symptoms, but the underlying causes, encapsulated in their identity and personality functioning.

I have always been interested in the human psyche and the unconscious that drives us – not just that related to psychotherapy, but also from societal and organisational perspectives. Psychotherapists have a duty to play our part in making the world a better place. ●

***psychotherapylondon.org***

**DR LISA CAMERON MP,**
Scottish National Party MP for East Kilbride, Strathaven and Lesmahagow, consultant clinical psychologist and Shadow SNP Spokesperson for Mental Health

# ‘There **has** to be a **mix** of **skills** in the NHS’

THE FIRST CLINICAL PSYCHOLOGIST TO BE ELECTED TO PARLIAMENT, **DR LISA CAMERON MP** HAS MORE THAN 20 YEARS’ EXPERIENCE IN MENTAL HEALTH. SHE TELLS ANNA SCOTT HOW PSYCHOTHERAPY HAS A CRUCIAL ROLE TO PLAY IN THE NHS

**‘My job has always been a conversation stopper, in fact, it has been known to empty rooms. People quieten, then back off, worrying that I might be analysing them.’ This is what Dr Lisa Cameron, Scottish National Party MP for East Kilbride, Strathaven and Lesmahagow, and consultant clinical psychologist, told Parliament in her maiden speech after being elected with a majority of more than 16,500 in 2015.**

Two General Elections and a society-changing referendum later, Cameron continues to represent her constituency, and has been Shadow SNP Spokesperson for Mental Health since 2017. She’s understandably passionate about mental health, continuing to practice as a clinical psychologist in NHS Greater Glasgow and Clyde until 2018. For Cameron, different approaches to helping people who are suffering must be more freely available.

## PSYCHOTHERAPY IN THE NHS

‘There has to be a mix of skills in the NHS,’ she tells *New Psychotherapist*. ‘Where people might need a lengthier therapeutic treatment that looks back into childhood and helps them examine very difficult issues, six sessions of CBT, for instance, won’t help them address those.’

She cites the examples of addiction and trauma, having worked in addiction services in the NHS in Scotland and seen first-hand the people who would most benefit from psychotherapeutic treatment. ‘Psychotherapy was of such help to them, and the skills of psychotherapists are highly valued.

‘It’s extremely important in the NHS that we don’t try to just foster a one-size-fits-all treatment,’ she adds. ‘That’s not how humans function, and that’s not how recovery will function either.’

Cameron believes psychotherapy has to be more freely available to those people without the financial means to access it privately. ‘It’s unfair that a treatment which is effective for people who perhaps have a more complex clinical presentation, who need a longer-term approach, is not available to them,’ she says. ‘In the long run, that will probably result in more admissions to hospital, which is obviously more costly for the NHS.’

In addition, she says, individuals may feel they’ve failed if the short-term therapy that is available hasn’t worked. ‘We know that’s not the case at all, it’s just that they didn’t get the therapy they needed for their particular difficulties,’ she adds. ‘That’s why having the option of psychotherapy in the NHS is so important. My goodness, psychotherapy was part of the foundation of psychology – we shouldn’t ever lose that for the NHS.’

## GOVERNMENT PRIORITIES

This is particularly important during and after the COVID-19 pandemic and lockdown, which has created in the population cases of anxiety that haven’t been witnessed at this level before, Cameron says. ‘There are a lot of people who have been shielding because they have had symptoms of the virus, perhaps because they have mobility issues, are vulnerable or elderly, who are extremely isolated and prone to depression now.

‘Staff working on the frontline are also exposed to a high level of trauma in crisis situations. Government must support both their physical and mental health.’

As chair of the All Party Parliamentary Groups for Health and Psychology, on behalf of more than 70 parliamentarians, Cameron wrote to Matt Hancock, Secretary of State for Health and Social Care, in April, calling on government to implement a comprehensive plan for NHS, social care and all frontline staff coping with trauma.

This includes ‘all basic physical and mental health needs being supported (for example adequate PPE, access to food and drink, protected places to rest)’, and access to psychological first aid and the ability to escalate urgently to formal psychological interventions where required.

‘At that time the mental health needs of frontline staff weren’t being addressed,’ she says. Now government is looking at

# Become a UKCP member

## UKCP membership is a recognised quality standard. It shows potential clients and employers the calibre of your training and practice.

As a member, you'll be part of a community of over 8,000 therapy professionals, giving you the opportunity to tap into online networks and special interest groups.

By being a member of UKCP you help strengthen the voice of the psychotherapy profession and shape its future.

We will keep you up to date with the latest news and developments in the profession through regular email updates and resources including the *New Psychotherapist* magazine.

We have membership grades to suit wherever you are in your career, as well as membership opportunities for psychotherapy or psychotherapeutic counselling training and accreditation organisations.

To find out more visit our website:

**www.psychotherapy.org.uk/join**

UKCP
UK Council for Psychotherapy

common rooms where staff can access psychological first aid and implementing a telephone helpline.

'The response hasn't been quick enough. We have had to push that along because, once again, mental health wasn't the priority it should be. Mental health shouldn't be an afterthought.'

## REPERCUSSIONS OF COVID-19

In Cameron's opinion, we're all starting to understand the massive impact of the lockdown on people's mental health now, and what that might mean as we ease out of lockdown measures. She is writing again to Hancock, this time about what mental health measures would be in place for children at school who are very anxious, for example.

'We're going to have to look at mental health across the lifespan – children, adults, elderly people, key workers and other employees returning to work,' she says. 'There is going to be anxiety about distancing at work. So there needs to be a big push in terms of support.'

On the upside, lockdown has garnered a community spirit that we haven't seen for a while. 'That community psychology is vital in times of crisis, but we need it out of lockdown too,' Cameron says. 'Could we support communities better from within? Lockdown has given us a huge impetus to continue some great work.'

## THE POSITIVES

Another upside of the lockdown is the positive environmental impact of people travelling less. As chair of the newly-formed All Party Parliamentary Group on Textile and Fashion, Cameron points out how lockdown has affected issues such as consumerism and working from home, which in turn will have a positive impact on climate change.

'We haven't been buying as many clothes during the pandemic and have been making do with what we have. That has been a real turnaround,' she says. 'Does having this consumer society make us feel happier? Or perhaps people feel happier because they have done other things during this crisis – such as strengthening bonds with people, or gardening. We have begun to appreciate small things we have taken for granted.'

Cameron also chairs the All Party Parliamentary Group on Disability and wants to use the lessons learned during the lockdown to encourage healthier working patterns for people. '[On the APPG] we're keen that working from home can become something that's advertised alongside jobs wherever possible,' she says. 'Working from home is now a real option because we have been doing it for a good few months. Let's hold onto the positives.'

## REDUCING STIGMA

And despite the negative effects of the lockdown on mental health there are also positives to be gleaned in both greater awareness of the importance of wellbeing and the new ways people in the mental health sector are working. Cameron plans to submit an Early Day Motion to Parliament that commends the work that has been done by psychotherapists during lockdown.

'Psychotherapists have played a massive role in providing free therapy for certain groups and access to telephone consultations, for example. There are going to be more opportunities to have therapy in many different ways that suits our lifestyles,' she says. 'That will be really important. But it's also important that we reduce the stigma.

'This will mean people can access help in an easier way than has been possible in previous years, in the NHS and in various formats. It's important people know that it's okay not to be okay, that they can access help when they need it.'

So collaboration between different mental health professionals is essential. Cameron wants psychotherapists involved in the work of the APPG on Psychology that she chairs to 'lend their expertise', and believes joint working arrangements or agreements between different models of psychology and psychotherapy would be 'very helpful'.

She adds: 'If we can join all of [our work] together then we have the best of both worlds. The therapies complement each other. It shouldn't be a competitive thing but about what's best for the individual at that particular time, and about valuing each other's professions.'

**Timeline**

## DR LISA CAMERON MP'S CV

**1993** Graduated from the University of Strathclyde with a BA in psychology.

**1999** Received a doctorate in clinical psychology from the University of Glasgow.

**2001** Began work as a clinical psychologist in the NHS in Lanarkshire, providing psychological assessment of mental health problems, intellectual difficulties, childhood abuse and post-traumatic stress disorder and developmental disorders. She has listed her ongoing work for the Trust in the Register of Members' Financial Interests. In 2001, she also began a 14-year role as a senior group representative of Unite the Union at NHS Greater Glasgow and Clyde.

**2001** Spent three years providing forensic consultancy and training to criminal justice teams in the region.

**2004** Lead the Drug and Alcohol Service at The State Hospital, a high secure hospital in South Lanarkshire, for three years.

**2008** For five years, provided consultant forensic and clinical psychology services at NHS Greater Glasgow and Clyde.

**2010** Spent five years providing psychology reports, as an accredited risk assessor for the Risk Management Authority, Scotland.

**2015** Elected to Parliament to represent East Kilbride, Strathaven and Lesmahagow for the SNP.

# WHAT'S MY STORY?

# THE QUESTION THAT WON'T GO AWAY

FOR 15 YEARS, **DR JOANNA NORTH** HAS RUN AN ADOPTION SUPPORT AGENCY, HELPING CHILDREN PLACED IN THE CARE SYSTEM AND THEIR FAMILIES, WHILE SUPPORTING ADULTS LOOKING FOR THEIR BIRTH PARENTS. SHE OUTLINES HER WORK



**Adoption has changed so much over the past 60 years. In the 1950s and 1960s, it was common for young, unmarried or underage women who became pregnant to feel under pressure to hand their babies over, often transactions completed quietly and speedily in order to manage the social shame of teenage pregnancy or illegitimate children. In the 21st century these social demands are often of less consequence and it's hard to imagine the emotional pain inflicted through enforced separation, often from the day of birth.**

Today children are placed in care due to extreme conditions that surround their lives and put them at risk. Often these conditions are exacerbated by poverty and lack of support. This is controversial in our field – some will argue that support should be put in place to help failing families, others that adoption is the best option.

There is no doubt that adoption offers new opportunities to children who may otherwise live confusing and deprived lives where they cannot develop in a safe environment. However, there is a lifelong consequence to removing children from their birth families. There are daily challenges and barriers that arise when people work through the complex issues that emerge for children as they are transplanted into their new family.

There are also major implications for those adopted people who choose to trace their birth family later in their lives. The impact of this massive separation runs across the lifespan and adopted people can be freed from any distress about this if there are people there to support them.

## LIFE STORIES

In contrast to best advice in the last millennium, children adopted in this era are told all about their birth parents from an early age. This practice is based on a deeper understanding of the psychological and emotional impact of 'not knowing' as it helps the child to start to integrate this idea into their brain from early on, rather than experience it as suddenly alien. Indeed, it could be said to be a human right in keeping with the United Nations Convention on the Rights of the Child that we all have the freedom to know about our birth parents and their lives – if we wish to[1].

As psychotherapists, we understand the value of family narrative work combined with life story work when helping families

**DR JOANNA NORTH**
**is a UKCP-registered integrative psychotherapist and current Chair of Ethics for UKCP's College for Children and Young People. She runs an Ofsted 'outstanding' adoption support agency and works as an expert witness for the UK's Family Court. As well as being the author of several books, as former chair of the BPS Psychotherapy Section, North won the 2017 BPS award for Distinguished Contribution to Psychology in Practice.**

**What do you think?**
Share your thoughts and opinions by emailing:
**editor@ukcp.org.uk**

and individuals integrate their story for increased wellbeing. It's all about getting to grips with the lived experience of your very own story and the way you interpret that and represent it in your life. A comfortable resolution in our minds rests with a sense of acceptance of our memory of our life and how we match it to the felt sense of ourselves in the here and now. We all need our story to make sense.

So imagine if a piece of your jigsaw is missing, or even kept from you. Where you can't trace yourself to your genetic inheritance, the memories in your body mind, your racial or ethnic origin or why you cannot see anyone in your family who looks like you. These are the complex constellation of realities that I address.

I have learned that adopted children are constantly listening to a voice that calls them to who they feel they are in the fabric of their being as well as who they are in their conscious lives with their adoptive parents and the immediate context of their lives. We need to help them to integrate those voices and help the adoptive parents feel proud of their part in helping their child be raised in their home with all the love and advantages that they can offer, while combining this with building a base for them around their own unique genetic code and inherited characteristics.

## TENSION AND UNKNOWNS

In 2018, I joined forces with Dave Oates and Ryan Shaw's international tracing agency, in response to the many requests they'd received from people to find their birth parents. They couldn't fulfil these requests unless they had Ofsted registration, which my agency has. We seek to help adults with an unmet quest in their lives to find a missing piece of their story and have worked with hundreds of people who wish to find their genetic tribe and complete the picture of their life story.

**'It's all about getting to grips with the lived experience of your very own story'**

Since 2005, birth relatives have been able to ask an adoption support agency to make contact with an adopted person on their behalf, under the 2002 Adoption and Children Act. This was a massive leap forward for adoption law, but also created complications. Aside from the technicalities of tracing, we have to provide counselling for everyone who wishes to trace a subject or indeed for the subject themselves. The journey for our clients is fraught with tension and unknowns and may be anxiety-provoking for even the sturdiest and most robust individual. Nobody could be untouched by this process.

That includes us as practitioners and we have to take good care of ourselves in this psychological and emotional process because we just never know what the outcome is going to be. Will we find a birth mother who is elderly and was full of shame at having a baby adopted at the age of 16? Will we find a birth father only to realise that he is deceased and that our client has to grieve for the parent he/she never had? Will we find someone who did not know they were adopted? Or will we find someone who tells us to leave them alone? If we do, we never blame people for this decision and it is not our job to change their minds. We have to help them to close the matter down successfully so that they are not distressed.

## ACCEPTANCE AND COMMITMENT

Our agency has these scenarios and more to deal with every day. It is stressful, disturbing and sometimes incredibly joyful. Our systems and procedures are set up to cope with all of these outcomes, but most of all, people require sensitive human responses every step of the way and they need counselling to help with the unfolding story that affects the whole of the rest of their lives. En route we share the client's emotional highs and lows, defences, anxieties and sometimes downright disappointment. One thing I have learned to do is teach people that their lives will eventually return to a new form of normal. They will integrate the reality of their birth parents within themselves and this experience takes on many mantles.

The idealisation of the person you never saw seems a natural defence against loss or the strain of trying to imagine the unimaginable. Sometimes birth families, I warn people, can simply be ever so ordinary and they can also be disappointing. So some of our stories involve people who meet up with all the excitement in the world and then, after a while, leave the birth family behind again, finding that their own experience of life is so very different that they simply cannot match this with reality. That's hard! And we have to be there for that possibility. Like life, there are no real fairytale endings.

Sometimes we get a very brief window in which to support clients before they are on their way. My favoured models for this type of work are those that provide for a brief therapy ranging from one session to up to six. Steve Haye's Acceptance and Commitment Model (ACT), including features such as grounding, facing mental and emotional experiences as ultimately being our teacher and healer, combined with mindfulness, really fits.

## INFLUENCING ADOPTION POLICY

We also work actively with the Consortium of Adoption Support Agencies (CASA) to give feedback to the Department for

**References**
(1) ohchr.org/en/professionalinterest/pages/crc.aspx

Education policymakers for adoption, as well as Ofsted and the General Records Office – all of whom are involved with the journey of our work. Currently, adoptive families receive a yearly allowance from the Adoption Support Fund but adopted adults who want to trace their birth families receive no funding at all, despite the fact that their life circumstances were imposed by the state. It is expensive work to support people through this process and we will continue to try to influence the government to fund this search for people.

We continue to research our practice as we move forward in this field of work – undertaking qualitative surveys into the responses that service users make about the process of a search. We particularly want to know about the most stressful areas of the adoption search journey, the stresses caused to the subjects of the searches and how we can better buffer their experience and reduce anxiety. But we will also evaluate quantitative data such as traffic flow through the service, measure outcomes based on subjects who will respond when adopted people reach out and the quantity of those not responding.

**Case study**

## Belle's story

**Belle*, aged 50, came to us to find her birth mother. She had never been told about her birth parents and had never liked to raise the subject in case it upset her adoptive parents.**

Even now they did not approve of her search and she asked us not to tell anyone. Once we found her records with the appropriate adoption agency we found her mother had given birth to her when she was 16 and the baby was taken from her within a day of the birth.

We traced her mother Jean, now aged 66, who broke down at the thought of being reunited with her daughter. She said not a day had passed when she had not thought of Belle and she could not believe she would ever see her again. They were reunited over a cup of tea at a hotel in Brighton and talk every week on the phone. Belle never felt able to tell her adoptive parents about the joy she felt over this. She loved them both dearly but she said they would have felt betrayed if they had known about the contact with Jean.

Our work with Belle involved using a solution-focused brief therapy model combined with a brief ACT. We encouraged Belle to think about her adult right to make autonomous decisions, including keeping private information about her life as private, if that was what she wished. This helped her put boundaries around her relationships so that she could enjoy a connected and respectful experience to both her birth mother and her adoptive parents.

**Case study**

## Brian's story

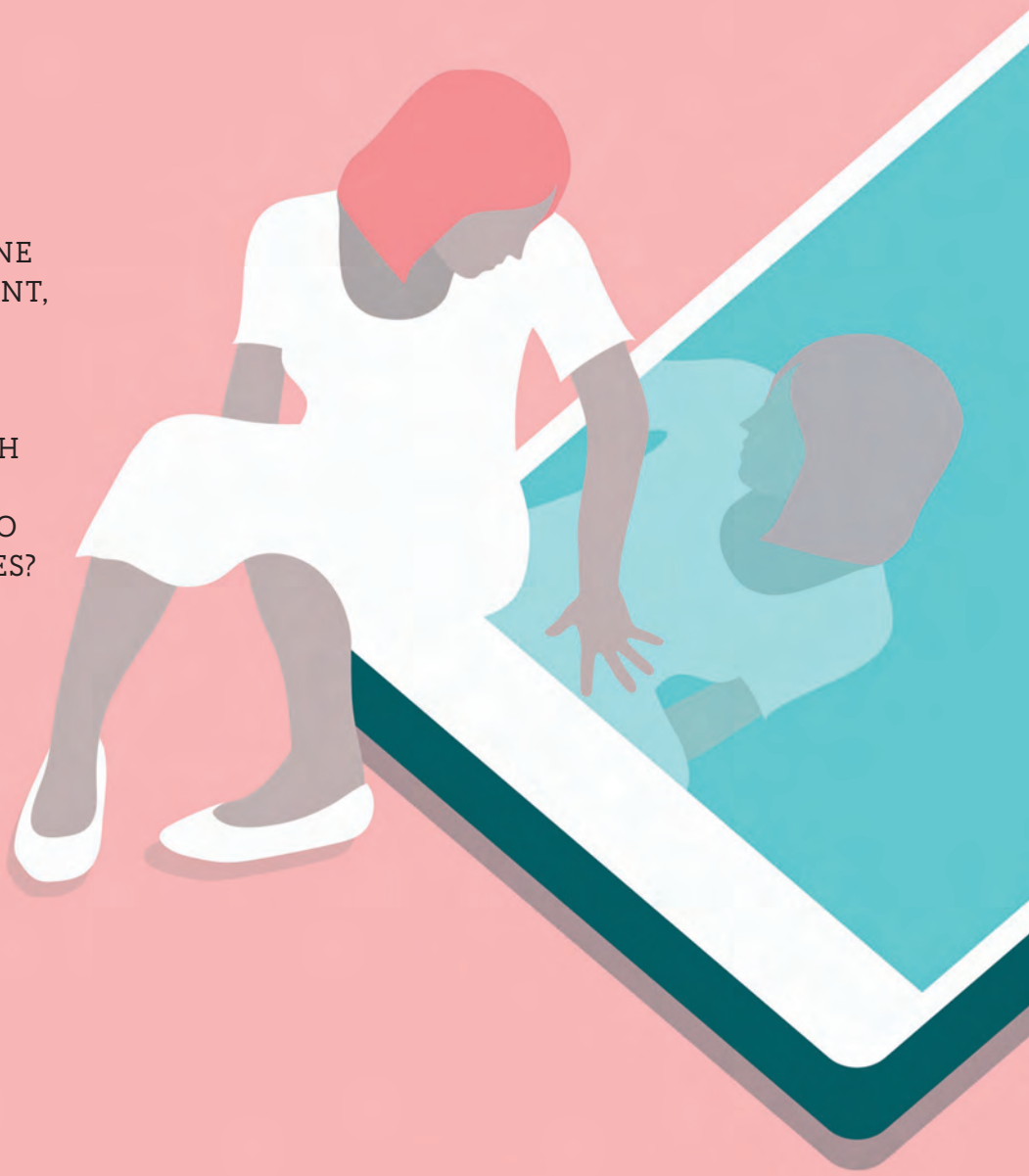
**When we found Brian* for his birth father he was aged 40, a successful engineer and father of two. Brian told us very kindly that we must have made a mistake as he had not been adopted.**

His birth father Gordon was 62 and had been searching for his son for years having known he was adopted at birth. We were very shocked and thought we had made a terrible mistake. We told Gordon we had found the wrong person and had to search again. But Brian phoned about a week later and said he had got in touch with an uncle in his adoptive family who told him the truth about his life and he had in fact been adopted. He had not known for his whole life. We were relieved that we had not just made a bad error and gave Brian a lot of time as he came to terms with the new information that completely altered his whole sense of who he thought he was. He was very responsive to our support and was, after a few weeks, delighted to meet Gordon. They have remained good friends.

As we had done with Belle, we used a solution-focused brief therapy model combined with brief ACT. We spent several supportive counselling sessions helping Brian reflect on memories from his life story that in effect had to be reconsidered in light of this new information he had received. He realised that there had been many times when he might have guessed that he was adopted. This took several weeks. Once he had completed this supportive experience he was able to make clear-minded plans about his life now and how he wanted to move forward to meet new relatives.

*Composite case studies

OUR ONLINE AND OFFLINE IDENTITIES ARE DIFFERENT, SAYS **RONEN STILMAN**. HOW SHOULD THE PSYCHOTHERAPY COMMUNITY WORK WITH INDIVIDUALS WHO FACE CHALLENGES RELATED TO THEIR ONLINE IDENTITIES?



# ATTACHED TO TECHNOLOGY

Illustrations: Annalisa Grassano / Ikon Images

**RONEN STILMAN** is a UKCP-registered Transactional Analyst psychotherapist and supervisor. He is a core tutor at Physis Scotland and practices in Edinburgh, where he works with a range of issues such as identity, relationships and meaning.

**Technology is now present in almost every aspect of life, and has become essential during the pandemic. Many organisations and individuals have quickly recognised that without technology, therapy in lockdown is impossible, and the mass adoption of therapy and training online has been swift.**

As psychotherapists we need to consider the impact this new technology has on our identities – can we account for online and offline identities as psychological constructs? What impact does the distinction between 'digital natives' – those who began their digital journey soon after birth – and 'digital immigrants' – who have come to technology later in life – have on these identities? How do we work with clients presenting difficulties in these areas?

The key question for psychotherapists to consider is how the growing reliance on technology affects how people relate and identify. Given that the lines between the virtual and the physical are getting blurred, our identity in the 'online' world has a significant influence on how we live and identify in the 'offline' world[1]. We are attached to technology, and our attachment will play out in how we relate to ourselves (intra-psychic process), how we relate to others (inter-personal process), and have cultural, societal and political implications (systemic process).

## BLURRING IDENTITIES

From buying groceries, to interacting with corporates and government, we either demand, or are required to shift, our interaction to a digital channel. We need to create an online account with questions to confirm who we are: when and where we were born, our mother's maiden name, for example. And it can go further: what we do for a living, the colour of our skin, our gender identity, our sexual orientation. Imagine how might we respond to these questions in person. These questions require a level of trust and intimacy in order to share.

Yet many of us go to social media to broadcast what we eat, who we socialise with, our relationship status, where we've been, and to expand on facets of our frame of reference: what causes we support, our politics, thoughts, dreams, fantasies, struggles. Whether we like it or not, our digital identities and interactions are here to stay, and are as real as 'real life' gets.

Mobile devices seem to be the epicentre of interaction for teenagers and adults-to-be, as well as those digital immigrants who are now adults. The group dynamics that this creates requires the ability to communicate simultaneously in and out of the corporeal world, in and out of the virtual world; a phenomenon referred to as 'alone together'[2] (*see panel, page 50*). If our attention, presence and interconnectedness is split, how does it affect our capacity to bond? How does it shape our experience and internal process?

Many of us have an ambivalent attachment to our online identities. The cyber space, where our online identity exists, is limitless – unbound by space or time. But as humans, we are limited, interim and mortal. At an existential level, cyberspace is an alien experience, one that has been reserved for the divine, and can be therefore scary, but at the same time seductive.

This pull and push into and out of our online existence is now manifested differently, though. As lockdown eases, with the possibility of returning to 'normality', to in-person interaction and work, I have noticed colleagues, clients and students are facing similar dilemmas, but from a different perspective: given that we spent a quarter of a year interacting remotely, am I ready to go out into the corporeal world? Where do I feel safer? Is my sense of connectedness sufficiently fulfilled online? And therefore, where do I focus my energy? My relationships?

## WHAT WE CAN DO

There is a range of new issues relating to online identities that psychotherapists need to look for in their client's stories, such as the fear of missing out ('FOMO') that individuals have when they see what others do on social media in comparison to what they do, what posts upset them, exchanges that they are sucked into or a WhatsApp group that they have been excluded from.

Psychotherapists need to consider how individuals portray themselves online and how this deliberately portrays a difference in how they are in 'real' life, how often they are living within online identities and if they provide a comfortable or safe space.

As part of this, psychotherapists can invite clients to increase their awareness of the impact of their online interactions and what might need to be addressed by way of safety, change or appreciation of their value.

Ultimately, psychotherapists can help clients explore the idea that their patterns of going online and their online identities might be an insight into their internal and interpersonal processes.

## FINDING HOPE

Online identities can provide many positives for individuals. Teenagers go online to 'take control of their lives and their relationship to society, and social media is a release valve, allowing youth to reclaim meaningful sociality as a tool for managing the pressures around them'[3]. During the lockdown, technology has been a saving grace against absolute social isolation. We have now access to more services and information than ever before, from tweeting our local MP to paying our bills with a button. This saves us precious time, allowing us to live and work more flexibly, and commute less.

There is also growing research showing the powerful therapeutic value of using technology in therapy. Knibbs wrote in this magazine about using gaming when working with children[4]. Rizzo developed a form of exposure therapy that uses virtual reality to support rehabilitation from PTSD trauma, as well as using artificial intelligence to facilitate entry into psychotherapy[5]. New possibilities will emerge.

Something has shifted in our relationship with technology. Our online identities are taking a more prominent role. We have changed as individuals and as a society through the experience of lockdown, and as the corporeal world does not feel as safe or predictable, the online alternative can seem more manageable. Are we going to see more people continuing to practise remotely, or combining remote and in-person work in a way that a few months ago was not acceptable or wanted by clients? Therapy services that would not allow remote work are now offering a choice to clients. This could have real implications for the delivery of therapy services in terms of how they operate, as well as how accessible and convenient they can become.

We have a duty of care that requires us to be aware of what is going on, so that we can understand the significance, and ultimately our options in responding to this shift. This understanding will also inform us about the experience and challenges that may be introduced by our clients, supervisees and students. When it comes to your relationship with technology, notice what you might condemn, and move to a more reflective, curious, informed space. ●

**References**

■ (1) Stilman, R. (2020). 'i-Self – accounting for our digital identity'. *Transactional Analyst Magazine.* 10 (1), pp8-10. ■ (2) Turkle, S. (2012). *Alone Together: Why we expect more from technology and less from each other.* New York: Basic Books. ■ (3) Boyd, D. (2014). *It's complicated – the social lives of networked teens.* New Haven: Yale University Press. ■ (4) Knibbs, C. (2019). 'Playing games', *New Psychotherapist.* 73 (36-38). ■ (5) Rizzo, S. (2019). Using virtual and technology in the treatment of trauma, Masters of Trauma Online Training. *Psychotherapy Networker* [accessed 27/09/2019].

**Case study**

### 'Should I come off dating apps?'

**Liam*, a white, middle-class professional in his thirties, opened the session with this surprisingly specific question. He came to therapy because he struggled to reconcile his deep longing to connect and his ability to sustain long-term relationships.**

An exploration of his use of technology revealed he spent much time courting partners on dating apps. He spoke about the effort in maintaining the different threads, as well as his effort in considering how to present himself. He was tired, confused and, while he enjoyed the adventure, he was isolated. We explored how the abundance of choice distracted him from being with the person in front of him, in all their complexity.

We spoke about how his identity differs from his 'online' identity, gradually surfacing deeper issues about his body, family messages on where he needs to be in life and societal pressures, as we began to experiment with expressing aspects of self that were hidden, inviting authenticity, allowing intimacy, and leading to a shift towards interaction in the corporeal world.

*Composite case study

# ‘Let’s get these professionals working within the NHS’

SOCIAL INCLUSION, JUSTICE AND MENTAL HEALTH ARE ALL THEMES IN THE CAREER OF **BRIAN LINFIELD MBE** – NOW HE USES HIS EXPERIENCES AS LAY CHAIR OF UKCP’S PROFESSIONAL CONDUCT COMMITTEE



**Brian started his working life aged 16 in the Army, he has managed supermarkets, and spent nearly 15 years in statutory regulation of the water industry. Since 1999, he’s also been a magistrate in the family courts, worked as a regional lay chairman for complaints in the NHS, and works within the Tribunal Service. He works closely with UKCP’s Complaints and Conduct Team to review complaints, advising when they should be referred to an Adjudication Panel.**

**My involvement with UKCP goes back about 16 years.** There was a gap of about five years when there was a debate about statutory regulation in psychotherapy. But I became involved again when it was clear that wasn’t going to happen, and I was part of the group that worked on what is now the Central Complaints Process. I work about two days a month for UKCP in a voluntary role.

**In every area of practice, whether it’s dentistry, medicine or psychotherapy, there will always be people who fall below the required standards**. And the public has to be protected from them. But we are also there to protect members from vexatious complaints and we wouldn’t hesitate to stand up for them.

**Members are always so shocked if a complaint is made about them.** Psychotherapists are very caring and, because of this, they sometimes fall into the trap of trying to help their clients but in the process might, for example, breach confidentiality. Something might go wrong, but we need to consider what we can learn and how we can educate people to try to stop it reoccurring. The public can have full confidence in UKCP and its complaints process, as can members.

**I hope that lockdown will focus the minds of decision-makers on the importance of psychotherapy, especially for professionals in the NHS.** Even before the pandemic, NHS emergency care staff in particular were under pressure. UKCP members have been great at volunteering their skills and time to frontline workers and vulnerable people. But a psychotherapist shouldn’t be expected to provide their professional services free of charge.

**The National Institute for Health and Care Excellence (NICE) needs to look again at the role of psychotherapy in the NHS** because there are so many people crying out for mental health help and they are not receiving it. There is a waiting list for basic treatment of between six weeks and six months, and that is no good when a person is in crisis.

**It isn’t flippant to say that it is very hard to access the community mental health service without being arrested.** If someone is arrested, the police will, if appropriate, take them to the 136 Suite and a nurse will see them. The waiting list is so long, yet we have professionals with the capacity to help. Let’s get these professionals working within the NHS.

**Mental health has always been around me.** My mother was a nurse in mental health for her entire career, and my late wife had significant mental health problems. When she was refused benefits we took it to a tribunal, I looked at the panel sitting on the other side of the desk and thought ‘I could do that’. I wrote to the Regional Judge and was appointed to the Independent Tribunal Service as was.

**One of the things of which I am most proud** – and which led to my getting an MBE – was the introduction of WaterSure, a scheme to help some people pay their water bills. From 1990 the government ordered every new property, whether private or social housing, to have a water meter fitted

**LEFT:**
Linfield: 'If psychotherapy was more accessible it would benefit the NHS because people would get better a lot quicker'

and people had to pay for water based on what they used. But what about people with special requirements? Our working group got all the privatised water companies and Ofwat to agree to cap water bills for anyone with a water meter on qualifying benefits with up to three children in education, or anyone with a prescribed medical condition that needs to use a lot of water. Addressing social injustice has always played a big role in my life.

**As part of my role within the Appeal Service, I am involved with mental health tribunals** when people are detained against their will under the Mental Health Act 1983, and also those people found unfit to plead to crimes or who have developed mental health problems while in prison and been transferred to the NHS. One of the frustrations with the system is that as a Tribunal we can't suggest what individuals' treatment should be.

**When we ask what psychological services are available to patients, even down to substance abuse and stopping smoking, invariably we're told there aren't any.** People are medicated and receive nursing care. There is a wealth of experience – especially from UKCP members – that is not being used by the NHS. If psychotherapy was more accessible it would benefit the NHS because people would get better a lot quicker. Only recently I dealt with a health professional sectioned in hospital. The NHS was relying on the patient's privately-funded psychotherapist to be part of the treatment team. Why wasn't one on the staff in the first place?

**My mother's form of therapy for her patients would be frowned upon now.** She would take 40 cigarettes into work with her each night – she didn't smoke – because she said it was easier to sit down with a patient, give them a cigarette and just talk to them. My mother always said that many of them didn't need to be there; they didn't need medicating, they just needed a chat.

**People are more educated now.** My grandchildren are 22 and 25 and freely talk about mental health. It's nothing to be shied away from now. But there is still a stigma, especially for the older generation. I feel for people with little access to mental health care. And I also know there are psychotherapists who could quite easily connect with them.

**Timeline**

## BRIAN LINFIELD MBE'S CAREER JOURNEY

- **1976** Joined the Army aged 16.
- **1980** Began managing Kwik Save supermarkets.
- **1990** Appointed to the Independent Tribunal Service, now called the Appeals Service, dealing with appeals against benefit refusals from the DWP.
- **1994** Joined Lay Chairman panel for NHS Complaints North West.
- **2014** Became Chair of UKCP's Professional Conduct Committee.
- **2017** Began sitting on Mental Health Tribunals.

# On Screen

*Netflix series* Russian Doll *plays with the psychological concept of 'repetition compulsion', writes psychotherapist and counsellor* ***Shelley Williams***

## Nadia Vulvokov

*Russian Doll*

**Why do we repeat the same mistakes? *Russian Doll* considers this question with tiers of meaning and metaphor nestled at its core.**

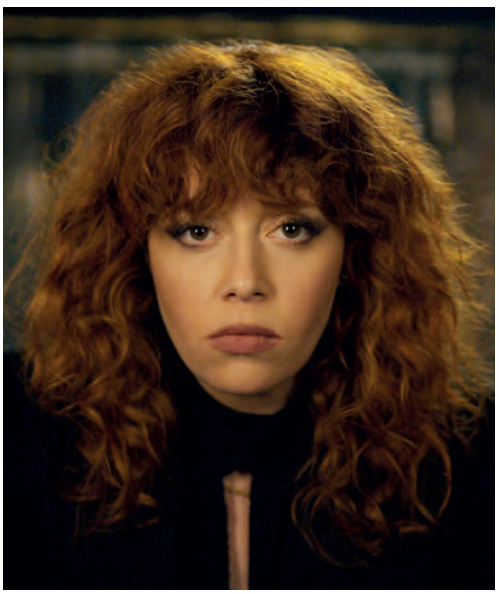
When Nadia is hit by a car and killed on her 36th birthday, she finds herself continuously reliving the evening of her party, which ends, each time, in her sudden death. Each time she dies, Nadia finds herself back at her friend's apartment staring into the bathroom mirror, bemused and furiously determined to uncover the mystery of what is happening to her.

While we may be able to forget our suffering, the mind continues struggling in an unconscious attempt to master our trauma. Perhaps Nadia's muddled reference to her memory is an indication of 'childhood amnesia' – she has forgotten or 'repressed' the significance, and thus meaning, of what happened in her early life. Freud taught us that what is repressed by our mind reappears in our actions. Repeating replaces remembering.

In a state of despair, Nadia binges on drugs, alcohol and cigarettes, seemingly attempting to obliterate her mind. She realises her adaptive behaviours are simply causing more pain, to herself and others, yet without them she is faced with overwhelming emptiness.

This emptiness implies something is missing, her sense of self is depleted. Nadia tells her friends she has lost her cat Oatmeal and, as she looks for it, she forms a connection with a homeless man, Horse, who claims to know Oatmeal's whereabouts. Perhaps both Horse and the cat represent the traumatised child-parts of Nadia that need to find a home in her mind. It is as if, each time she comes close, her mind kills off the possibility of rehoming these lost parts of herself.

The psyche is highly invested in keeping traumatised parts out of mind. Yet recovery requires integration.



**ABOVE:** Nadia Vulvokov, played by Natasha Lyonne, is destined to relive the night of her own death again and again

**'She realises her adaptive behaviours are causing more pain, yet without them she is faced with overwhelming emptiness'**

Once our resistance is named and the trauma is brought to mind, however, there is no miraculous recovery. Nadia finds her cat but, as if it was an illusion, it disappears from her grasp. Freud tells us this is no wonder. The psyche needs time to work through resistance.

Psychoanalyst Donald Winnicott says the first mirror is the mother's face and, if the baby doesn't find himself reflected back, his sense of self will be distorted. The bathroom mirror that Nadia returns to each time she dies seems to symbolise the traumatic relation between Nadia and her mother, which the series explores. Perhaps the impatient banging on the bathroom door by two party guests represents her mother's intrusive projections, knocking at the door of her mind.

The early episodes are very funny, with an almost manic quality. But the series becomes darker as the traumatic aspects of Nadia's experience are explored. This only becomes possible when Nadia meets Alan, a man stuck in his own time loop. Through their relationship, they begin to look beyond their narcissistic bubbles, as they realise they must help each other if they are to survive. While Nadia helps Alan fight his desire to stay in the comfort of his repeated experience, Alan holds a mirror up to Nadia's self-destructive narcissism. Bearing witness to each other's crisis, they help one another discover their own narrative so that, together, they can break free of their troubled pasts.

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

# Diploma in Cognitive Behavioural Hypnotherapy

The UK College of Hypnosis & Hypnotherapy

**NOW FULLY AVAILABLE ONLINE!**
**Both LIVE WEBCAST – and video ONLINE training programme**

BPS Learning Centre APPROVED

*"Hypnosis enhances the effects of cognitive-behavioural psychotherapy across a broad range of problems."*

**Irving Kirsch, Guy Montgomery, and Guy Sapirstein, *Hypnosis as an Adjunct to Cognitive-Behavioural Psychotherapy: A Meta-Analysis***

"The diploma in Cognitive-Behavioural Hypnotherapy is an evidence-based course, comprised of three stages, which together, cover a vast amount of very useable material. The accompanying manuals are first class, and are both immensely informative and enjoyable to read. As a Chartered Clinical Psychologist, I highly recommend this course, because I know it will deeply enhance applied psychologists range of effective interventions across a wide variety of client issues."
**Dr Jonathan Pointer, Clinical Psychologist & Integrative Psychotherapist, www.therapysancturary.com**

"An excellent course confirming that I will pursue this approach in private practice. Excellent teaching style, building positive learning experience each day. It was great to put theory I learnt years ago into practice!"
**Dr Caroline Linton, Psychiatrist and Hypnotherapist**

"It is really important for my work as a psychologist, to be able to utilise hypnotherapy as an evidence-based therapy. I've already got a knowledge of CBT, I've found it absolutely amazing to be able to integrate that with hypnotherapy."
**Amanda Wood, Chartered Counselling Psychologist**

"Excellent course – fast, furious and completely effective."
**Joyce McNeil, Chartered Psychologist and Integrative Counsellor**

"I was reassured by the evidence-based approach and concept of skills training. The course is very honest and open about a complex subject. I have heard of many of these techniques before but I now understand how to apply them."
**Beth Scofield, GP**

"My experience of learning on this course has been more than life-changing - it opened up a whole new world for me! Also it provided a good mix of theoretical background, hands-on practice and self-experience. I loved the diversity of participants and learning from highly professional, experienced teachers."
**Dr Dorothee Amelung, Organisational Psychologist**
**Doctoral Research Fellow, Heidelberg University**

"Very professional and helpful for a novice starting their own practice. Detailed and practical."
**Scott Oxlade, Psychology/Neuroscience Student**

## Now Online CPD Workshops

**Hypno-CBT® for Insomnia**

**Smoking Cessation Multi-Component CBT:** Hypnosis, mindfulness, motivational interviewing, CBT, behaviour therapy

see:
**ukhypnosis.com/online-cpd**

Gain knowledge and skills to add Hypnosis to your approach, or start a private practice focused on CBH, Cognitive Behavioural Hypnotherapy

- Fully accredited, externally verified diploma
- Fast track training – three 7-day Stages
- Evidence-Based Approach to Hypnosis
- Integrates CBT, Mindfulness & Hypnosis

AVAILABLE ONLINE – PRE-RECORDED VIDEO COURSE

- full diploma training available online
- Take at your own pace
- Same qualification: Diploma in CBH
- Includes 15 hours of 1-to-1 tutoring
- See: ukhypnosis.com/online-diploma
- Intakes 1st & 15th of each month!

**Live Webcast Dates**
(these replace London dates until further notice)

**Certificate in Evidence-Based Hypnosis:**
- 10th to 16th November 2020
- 18th to 24th January 2021
- 22nd to 28th February 2021
- 19th to 25th April 2021

**Certificate in Behavioural Hypnotherapy:**
- 23rd to 29th November 2020
- 8th to 14th March 2021
- 8th to 14th May 2021

**Certificate in Cognitive Hypnotherapy:**
- 7th to 13th December 2020
- 22nd to 28th March 2021
- 5th to 11th June 2021

*0207 112 9040*
**www.ukhypnosis.com**

**10% Discount for UKCP Members**

*"Hypnosis is a valid subject for scientific study... and a proven therapeutic medium."*
**– British Psychological Society Report, The Nature of Hypnosis**

**LIVE VIDEO WEBCAST | 1-2 OCTOBER 2020**

# Calming the anxious brain

## Using neuroscience to end anxiety, panic and worry

Presented by world renowned expert

**CATHERINE PITTMAN, PhD**

Join neuroscience and anxiety expert, Dr. Catherine Pittman, and learn her keys for successful anxiety treatment. Dr. Pittman integrates brain-based strategies for calming the anxious mind with client communication techniques that motivate change in your clients. Catherine's approach promotes adherence to treatment and strengthens the therapeutic alliance - which is essential when working with anxious, worried, traumatised, or obsessive clients.

Dr. Pittman will give you proven tools and techniques to:

- Identify and treat the roots of anxiety in both the amygdala and the cortex.
- Explain "the language of the amygdala" in an accessible, straight forward way.
- Identify how the cortex contributes to anxiety, and empower clients with strategies to resist anxiety igniting cognitions.

**Register today** for this transformational live webcast and put the power of neuroplasticity to work for you and your anxious clients! Objectives of this online workshop:

1. Ascertain the underlying neurological processes that impact anxious symptoms for clients.
2. Develop client engagement in treatment using personalised goals and attending to the therapeutic relationship.
3. Evaluate the differences between amygdala-based and cortex-based anxiety symptoms and identify how these symptoms inform treatment interventions.
4. Communicate strategies for calming and training the amygdala in order to alleviate symptoms of anxiety.
5. Implement methods for teaching clients to retrain the cortex so that anxiety is resisted rather than exacerbated.
6. Analyse how psychotropic medication impacts neuroplasticity in the brain; identify related treatment implications.

**A 2-PART SERIES**

**Information & bookings**
W: https://bit.ly/2YDagDu
T: 01235 847393 | E: info@pesi.co.uk
**Limited availability, reserve today!**

**EARN 6 CPD HOURS**

**SAVE £100**
**USE CODE CPTN100**

PESI® UK
A Non-Profit Organisation