

New Psychotherapist

ISSUE 81 / AUTUMN 2022

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OUR CLIENTS' AND OUR OWN?

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New Psychotherapist

The magazine of the
UK Council for Psychotherapy

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

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Welcome

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CATHARINE ARNOLD

Catharine read English at Cambridge and holds a postgraduate diploma in psychology. She was UKCP Writer in Residence 2020 and has completed a history of UKCP due out this year. Catharine's series about the history of London includes *Bedlam, London and its Mad*, reflecting her interest in the history of psychological treatments.

Trauma is 2022's word of the year. Appropriated from the Greek word for wound, trauma has become the defining thread of recent months and few of us seem to have escaped it. Whether our trauma has been the shock of sudden bereavement, or the insidious fear generated by the pandemic, the war in Ukraine and the looming recession, trauma is everywhere. It dominates popular culture, from *Encanto* to Netflix's *Stranger Things*. Who is Vecna the demon, if not the personification of unexpressed emotions as he terrifies the adolescent cast with their most traumatic memories? This is where psychotherapy comes in, as UKCP's highly trained psychotherapists enable us to develop the life skill of resilience. Psychotherapy, in its own way, is a superpower.

This is the theme of our latest issue, as we explore different experiences and solutions to trauma. On page 16 we examine the definition of trauma, while the unique form of trauma experienced by refugees demands a different approach (page 24) and climate change, as evidenced by summer's scorching temperatures, is another source of anxiety for many (see page 30). Our interview with Will Daniel Braham illustrates the trauma of racism (page 36), while the importance of psychotherapists dealing with their own trauma is the theme on page 42.

Catherine West MP tells us about her mission to improve access to mental health services on page 50, while UKCP trustee Jo Lucas stresses the importance of improved financial provision for trainee psychotherapists (page 56).

CATHARINE ARNOLD

Editor

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

@ editor@ukcp.org.uk

f [UKCouncilForPsychotherapy](https://www.ukcouncilforpsychotherapy.org.uk)

t twitter.com/UKCP_Updates

g psychotherapy.org.uk

i [instagram.com/psychotherapiesuk](https://www.instagram.com/psychotherapiesuk)

National Trauma Conference

(TISUK and TRUK)

Trauma Informed to Trauma Recovery:
Relational Skills for Transformational Change

Friday
24th February 2023
9.30am to 5.30pm
Online event: Zoom
Fee: £75

All proceeds
donated to student
bursary scheme for
TISUK's community
training

For schools, communities and public services; or anyone working
with children, teenagers and adults who have experienced trauma

About the event

A cutting-edge conference with practitioners and experts with lived experience who work with vulnerable people who've experienced trauma. They will speak about effective relational skills for trauma recovery with refugees, asylum seekers, the homeless, people in the criminal justice system, children/young people vulnerable to being permanently excluded, and/or joining gangs/gun crime, and people suffering from addictions to deal with their emotional pain.

Speakers

Dr Margot Sunderland
Paul Dix
Dr Dan Hughes
Mark Johnson OBE
James Doherty
Sheetal Amin
Tanayah Sam
PC Sharon Tarling
Reverend Frances French

Booking

Eventbrite: www.eventbrite.co.uk/e/trauma-informed-to-trauma-recovery-relational-skills-for-transformational-tickets-383882381537

info@traumainformedschools.co.uk
tel: 01752 278477

Credits: Marco; Adobe iStock/Golfkain; Adobe iStock/Job; Maud Fernhouli/Rocketclips, Inc.; Shutterstock



Helping People Talk about Trauma
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Illustrated by Margot Sunderland and Nicky Armstrong

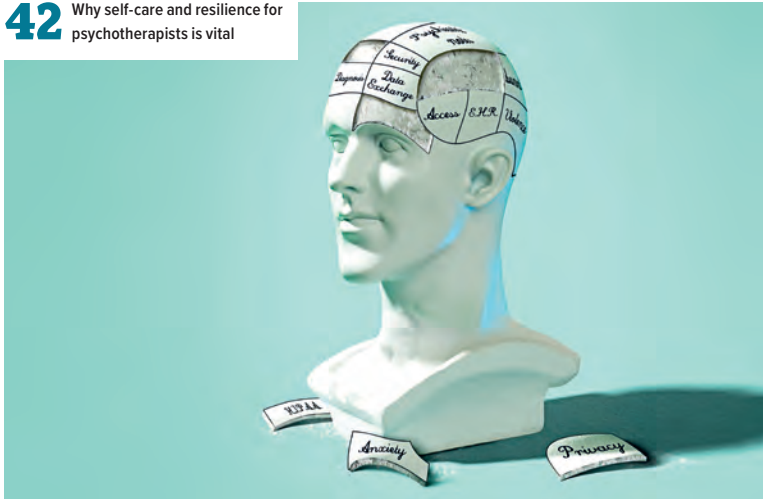
Worthless, Fear of gc, Raw, vulnerable, Can't get to where I want to go, Desperate to protect to do so, Condemned by my inner critic, Empowered, Shame, Self-hate, Pathetic, Loser, You MUST, Free, You sh, helped but they didn't, We world ended that day, Service's guilt, Can't get to where I want to go, Resilience, Committing, I'm not getting where I want to go, I'm not getting where I want to go, I'm not getting where I want to go

Available from Amazon www.amazon.co.uk

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On the cover

This issue, we focus on trauma – clients' and our own



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Bulletin

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



The guideline focuses on personalised care, user choice, and shared decision-making

3
Consultations were held during the guideline development

40+
mental health organisations joined forces

100+
MPs and peers supported the campaign

6

POLICY

NICE publishes new depression guideline

After seven years, NICE's new clinical guideline has been published

NICE published its new clinical guideline for depression in adults this summer, following a guideline development process that lasted seven years and resulted in three consultations. The delay followed the persistence of UKCP's coalition of stakeholders during which it joined

forces with more than 40 other mental health organisations from across the UK representing service users, psychiatry, psychology, social work, counselling and psychotherapy professionals, GPs, pharmacists, nurses, mental health charities and survivor-led organisations. UKCP called upon NICE to address major methodological flaws that underpinned previous drafts of the guideline. The campaign received support from over 100 MPs and peers from across all the major parties.

According to UKCP CEO Professor Sarah Niblock, 'Never has a draft treatment guideline in the UK received so much scrutiny and detailed attention, and the final version of the guideline has dramatically improved as a consequence.' The guideline now focuses on personalised care, with an emphasis on service user choice

and shared decision-making. These changes should result in significant improvements in care for people with depression as the guideline is implemented.

Adam Jones, Policy and Public Affairs Manager for UKCP, said: 'This updated guideline takes important steps to improve the care of people with depression. It is vital that anyone seeking help is aware that they have a say in their care and can be supported to find the right treatment for them – different things work for different people. However, alongside a renewed focus on patient choice must come investment in the mental health workforce. The government needs to ensure that there are practitioners available to meet both the increased choice of treatments and rising demand for support.'

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Life on the edge of chaos

A tailored therapeutic response is needed for survivors of conflict

Page 24



AWARDS

UKCP CEO AWARDED HONORARY DOCTORATE BY EDGE HILL UNIVERSITY

UKCP CEO Professor Sarah Niblock was awarded an Honorary Doctorate by Edge Hill University in July 2022. Professor Niblock was made an Honorary Doctor of Science during the week-long celebrations to mark graduations at the Ormskirk campus.

'I am so honoured to be commended by Edge Hill University in this way,' said Niblock. 'I am committed and passionate about higher education. Those gaining their awards today are best placed to effect a much-needed culture change that looks at mental health through a different lens, not always as an illness requiring medication but as a sign that something more fundamental might be at the root.'

'Along with the economic crisis in the UK, mental ill-health is one of the most serious challenges we face. The system is broken, and you would think this would be top of the political agenda.'

Follow this link to read the acceptance speech in full: <https://www.psychotherapy.org.uk/news/edge-hill-university-honours-psychotherapy-expert-sarah-niblock/>

'Along with the economic crisis in the UK, mental ill-health is one of the most serious challenges we face.'

Helping people with disabilities in Ukraine

UKCP psychotherapist Vivienne Hart has been part of psychotherapists providing emotional support for disabled people in Ukraine.

As part of my involvement with those from Ukraine affected by the war, I have been in contact with organisations providing emotional support to any Ukrainian in need. One of these is the organisation Human Rights Vector NGO, set up to offer telephone and video support for people with disabilities and their carers. The support comes from psychotherapists, psychologists, lawyers and human rights experts at no charge via an initial call through Telegram. Often it is those with disabilities that are forgotten in every country and more so in times of war.

'Many Ukrainians require professional support for their mental health, including people with disabilities, who often suffer social isolation. In Ukraine they might find it impossible to hear air raid warnings, physically access shelters or suffer loss of means of mobility, while refugees long for home and struggle with social adaptation abroad.'

The online helpline has been organised by a team of psychologists, lawyers and tech professionals. People with disabilities, adults and children, close relatives and guardians in Ukraine or abroad can receive assistance.

Professor Inna Chukhriy, who is professor of the Department of Psychology and Social Work



UKCP psychotherapist
Vivienne Hart

of Mykhailo Kotsiubynskyi Vinnytsia State Pedagogical University and a child and adolescent psychotherapist, said: 'There is a common perception that people with disabilities only need help and support, but this is not the case. A vivid example is the members of the NGO Social Inclusion, who have a desire not only to receive help, but also to help and actively look for opportunities to volunteer, unite young people, empathise and feel the social mood of the day.'

The helpline offers individual and joint psychotherapeutic consultations either via an online form <https://bit.ly/36ZxDPd>, or by calling +38050 224-72-36 or messaging Viber, Telegram, WhatsApp +38050 224-72-36. The line is open 10am-7pm every day except Sundays.



The UKCP research conference

The future of research was central to discussions

In June 2022, UKCP held its first conference since 2019. The UKCP Research Conference took place online on Friday 11 and Saturday 12 June.

Research is central to the future of the psychotherapy professions and a key strategic objective of UKCP. Featuring presentations from UKCP-funded research projects, students and trainees conducting research as part of their training and from research-active members on their experiences, the conference provided the opportunity to understand the role of research in psychotherapy practice and training.

Hosted by Helen Willingham, UKCP's Head of Content and Engagement, day one featured presentations from UKCP-funded research projects. The research groups presented on the progress of their studies and they discussed three very different projects:

Inclusivity and Exclusivity Study

Presented by Victoria Baskerville, Gillian Neish and Victoria Nelson, this study was initiated following the killing of George Floyd and the Black Lives Matter protests and was sparked

by a Twitter discussion. The study reviewed the experience of trainees and the curriculum that they have experienced to explore where changes can be made to widen the representation of diversity in training.

Arts for the Blues Study

Presented by Supriya Aithal, Vicky Karkou, Emma Perris, Joanna Omylinska-Thurston and Scott Thurston, this study was initiated to provide arts-based group psychotherapy within hospitals, mental health services and primary care in the UK. UKCP funding enabled the production of a film to share views from participants. You can read more about this study in the previous issue of the *New Psychotherapist* (issue 80, summer 2022).

Research Supervision Study

Presented by Sofie Bager-Charleson and Alistair McBeath, this study investigated the importance of research supervision to both supervisees and supervisors. The proposed outcome of the study is to produce a Research Supervision Guide informed by the research.

The conference also provided practical skills sessions for delegates.

Friday's session was hosted by Professor Mick Cooper and provided practical advice on how to write a research article.

Day two was hosted by UKCP Chair, Azmat, and showcased research projects from student and trainee members under the three conference topics of The Digital Age, Therapeutic Practice and Learning from the Client.

Speakers included Claire Spiller, Michele Carter Buxton, Kate Egawa, Lisa Lowndes, Rebekah Jordan, Liz Kirkbride, Nick Campion, Michelle Oldale, Mick Sands and Jessica Emily Sharman.

Delegates were also joined by Dr Gella Richards to discuss the networking opportunity that UKCP's Practitioner Research Network (PRN) offers to support UKCP members that are engaged with research. Saturday's practical skills session was hosted by Dr Linda Finlay, whose 'how to continue research after graduating' session provided insights and encouragement to continue research when practising.

As one of UKCP's strategic goals, research is high on the agenda and a conference to unite and showcase the work of members was a welcome return to conferences for UKCP.

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Letter from a UKCP Student – a reflection on training

Jade Howe on her psychotherapy training journey, and how the exploration of the whole self will help her understand her clients

I'm at the two-year mark of my psychotherapy journey and translating the journey into words feels important.

I had all of the normal preconceptions of therapy beforehand. I thought it would help me understand myself and my world in a more wholesome way; it would help me build resiliency as I was struggling with postnatal depression; it would be somewhere I could vent my truths and have them held as real and valid. And this has been the case.

What I wasn't expecting, was to feel so much more wholesome, so much more grounded and real – that my pain and my fear became as present as my pleasure. I have so many moments in my days now where I gaze at my son as he watches ants crossing a paving stone and I can physically feel the euphoria gush through my cells. Where I hug my partner and sink into his soul, like a pillow, and think 'magic'. So many present, sensational moments that I used to miss, time after time. And, simultaneously, I feel the pain and the fear of realisations, like my parents aren't going to live forever. And my chest tightens like a giant hand has scrunched my lungs and stomach in one, sharp grasp.

Perhaps, as a psychotherapist-in-training, my journey has been fast-tracked. I am not only learning what my own cognitive and embodied processes are in therapy, but I am also on the road to understanding them in a conceptual way. For example, I know that my inherent itch to attend to another person's

needs above my own is a creative adjustment I made as a child to ensure attachment to my primary caregiver. I now know why this manifested but, more importantly, I recognise how it feels in my body. And how could I possibly hold my future clients safe without this multi-faceted knowing? This is a whole integration process.

With increased exploration of self in the therapy journey comes an integration of pieces of us that we may have lost contact with. Once we start meeting these lost parts of our whole self, and we begin to explore them physically (how the body holds them), mentally and emotionally, the nuances start to appear. The pleasure and the magic, and the fear, sorrow and rage. You cannot start to release the mute button and choose what becomes more illuminated. You either live your life slightly overcast and functional; or you push that ajar door open and let the joy and pain of life flood in.

I used to hear those cliches of 'life is short' and think 'indeed'; yet moments later, I'm lost again in my usual narrative. But, through time, it becomes very hard to get lost when you begin to know your whole self. You cannot get lost at home.

Psychotherapy is as pleasurable as it is petrifying. And my bias wants to ensure that it's a requirement for all of us. But I am still curious, still wholesome in mind. And I wonder, what do you think? Is it best to 'keep the sound down', to snorkel at the surface? Or to free dive to the depths of those authentic waves?

Jade Howe, UKCP student member

The mind-body connection

I read with interest the article on the mind-body connection and was excited to see an exploration of this area of psychotherapy. However, there was a major oversight that I feel it is important to point out, namely the lack of inclusion of Dance Movement Psychotherapy.

Dance Movement Psychotherapy is a well-established arts psychotherapy, with practitioners working across the UK in the NHS. One of the core principles of DMP is working with the body.

Professor Helen Payne is a DMP and her BodyMind Approach tackles the problem outlined in the introduction of the article: frequent attenders to GP surgeries.

There is a wealth of research written by Professor Payne and others, as well as a highly accessible BBC News piece and a TEDx Talk.

As a professional organisation that offers accreditation to Dance Movement Psychotherapists, I think it was remiss not to acknowledge the important work that DMPs are doing in this area.

I am a newly qualified DMP working for the NHS and working towards UKCP accreditation, and I often feel pessimistic about the future of DMP because of articles like this. Including DMP would have been a fantastic opportunity to showcase some of the excellent work done by my fellow practitioners, but it seems our modality was overlooked.

Debbie Sheringham, BA (Hons) MA (Dist) RDMP

Reviews

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

Psychotherapy with Survivors of Sexual Violence: Inside and Outside the Room

Erene Hadjiioannou's ambitious text is aimed at psychotherapists and mental health professionals working with complex, often misunderstood needs.

Hadjiioannou distils her experience working with adults of any gender to manage the impact of trauma resulting from sexual violence. She begins with an unflinching look at the barriers survivors face – socio-economic, gendered, cultural – to accessing psychotherapy.

The book reminds us that sexual violence is a human rights abuse that has historically been ignored and colluded with. She urges psychotherapists to better understand 'the role of trust in the complex dynamics of a global society where sexual violence happens to so many people'.

Hadjiioannou offers a detailed but accessible description of neuro-physiological responses to trauma, and

how these affect a client's ability to use therapy and process trauma. 'Primarily psychotherapists should be concerned with normalising the client's somatic and psychological responses to trauma as this is part of addressing the client's internalisation of blame, shame and guilt.'

The chapter on 'Delivering Pre-Trial Therapy in the UK' is particularly important. Historically, the criminal justice system has vetoed a survivor being able to talk about details, including to mental health professionals, because it could lead to allegations of coaching and failure of a case. Few psychotherapists, she concludes, have the specialist training to work with survivors reporting sexual violence and navigating the system.

This detailed, if sometimes densely written book gives a thorough guide to the complexities of working with survivors in a system which often fails to support them.



Details

- **Reviewed by:** Rebecca Sparkes, integrative transpersonal psychotherapist specialising in addiction and trauma
- **Author:** Erere Hadjiioannou
- **Publisher:** Routledge
- **Price:** £29.99 paperback
- **ISBN:** 0367429519

12



Details

- **Reviewed by:** Laura Sandelson, integrative psychotherapist and supervisor
- **Author:** Charlotte Fox Weber
- **Publisher:** Wildfire
- **Price:** £20
- **ISBN:** 1472281438

What We Want

What We Want grew out of Charlotte Fox Weber's experience of having never been asked about her 'big wants' in therapy. So, when she started her own practice, she made a point of asking her clients what they wanted. Fox Weber's premise is that to live more intentionally, to feel more alive, we need to connect with our deepest desires, no matter how hidden.

The book identifies 12 things we might want, including to be desired, to love and be loved, to connect and to control. Each is illustrated by client work and concludes with suggestions for how the reader might engage personally with the work.

The immediacy of the writing makes the case studies compelling. The reader is drawn in, bearing witness to the intensity

of the exchanges. Fox Weber offers her thoughts as they emerge in the session, showing the therapeutic reasoning behind her responses. Struggles in the relational dynamic, moments of sadness and of meeting are generously shared, giving the reader much to reflect on. The messy work of therapy is not gratuitously tidied away.

The book is full of references from art, literature and philosophy, leaving out complex theory and jargon. The writing is accessible but distilled from an intelligence and facility with language, and an assured knowledge of psychoanalysis.

At a time when there is a widespread appetite to know what happens in a therapy room, this book will appeal far beyond mental health professionals.

Midlife: Humanity's Secret Weapon

Andrew Jamieson draws from theory, history and today's society to explore the experience and challenges of midlife and the ways in which psychotherapy can make an important difference

Midlife: *Humanity's Secret Weapon* is a sweeping and ultimately optimistic examination of the topic, where Andrew Jamieson enlists a wide-ranging cast of historical heavyweights from psychotherapy, science, politics and the arts to evidence his assertion that plotting a successful course through the turmoil we human beings struggle with in midlife offers enormous rewards for individuals and, importantly, for the planet. Unlocking our greatest potentialities by a successful navigation of our midlife crises provides our species, he says, 'with the wisdom, compassion and altruism necessary to guide humanity safely through the challenges that lie ahead'.

VARIED APPEAL

Midlife is one of those rare books which has much to offer a wide range of interested readers. Suitable for both practitioner and student, the book is predominantly (and accessibly) based on Jung's key ideas around individuation, the shadow, synchronicity and liminality, but also includes contributing views from Winnicott, Kohut, Grof and Freud, even suggesting Freud's repetition theory and Jung's idea of individuation might be combined into a single unified theory. Theoretical illustrations are given through numerous clinical and personal cameos throughout. The uninvited emergence of Jamieson's shadow while in the company of nuns is a thoroughly entertaining example.

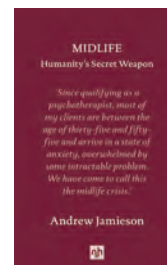
For policymakers, Jamieson highlights two important facts: firstly, the majority of his clients are between 35 and 55 and in the midst of some kind of crisis.

Secondly, plotting a successful passage through these crises is difficult to do alone. For the more fortunate of us, a loving and supportive family can suffice. But for many, the alternative is a compassionate and skilful therapist. Without the necessary support, those in midlife may therefore constitute a considerable proportion of those on NHS waiting lists.

STEEPED IN HISTORY

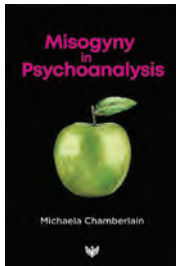
For the general reader, the book is an enjoyable tour of the midlife challenges and triumphs of Jung himself, Abraham Lincoln, John F Kennedy, Franklin Roosevelt, Michelangelo, Beethoven, Tolstoy, Mary Ann Evans (George Eliot) and Marie Curie. Curie's appearance is a relief, as the book might otherwise be seen as dealing with the male midlife crisis only, the women playing the enabling and supporting roles of mothers, wives and mistresses. The author points out that Curie may well have been going through the menopause at the height of her crisis, which would have exacerbated the effects. But Jamieson's detailed depiction of the appalling discrimination faced by both Eliot and Curie might suggest that theirs was a lifelong crisis in battling an overwhelming patriarchal society, rather than one specifically to do with midlife.

The book's subtitle is *Humanity's Secret Weapon*, and it is a convincing and passionate attempt at perhaps making it less secret by highlighting the potential benefits to the individual, society and the planet of embracing this challenging time of life while highlighting the support needed for a successful navigation.



Details

- **Reviewed by:** Martin Phillips, humanistic and integrative psychotherapist
- **Author:** Andrew Jamieson
- **Publisher:** Notting Hill Editions
- **Price:** £14.99
- **ISBN:** 1912559382



Details

- **Reviewed by:** Debbie Zimmerman, attachment-based psychoanalytic psychotherapist
- **Author:** Michaela Chamberlain
- **Publisher:** Phoenix Publishing House
- **Price:** £15.99
- **ISBN:** 1912691396

Misogyny in Psychoanalysis

Michaela Chamberlain has written an important book critiquing the often-unquestioned patricentric, misogynistic keystones of the theories underpinning our profession

Chamberlain, a psychoanalytic thinker and scholar who has trained and worked at the centre of the psychoanalytic community, eloquently interweaves her experience as a woman, psychotherapist and supervisor with meticulous research and critical analysis of misogyny in psychoanalytic theory and its practice – as well as its enactment and perpetuation in the communities and organisations in which we work and live. She also speaks to something fundamental to the human condition, the dynamics of power and powerlessness in our societies, and the projective and dissociative processes upholding an inherently toxic status quo, which apply to race, class, economic status, disability and, of special interest to the author, gender.

This is also an engaging and sometimes moving read. Chamberlain powerfully conveys her sense of shock, pain and deep frustration at witnessing some glaring examples of misogynistic thinking, from the interpretation of female therapists ‘who wear lip balm... unconsciously “softening the spite-filled words they are about to speak”’, to the agony of a mother struggling with an infant living with neurodiversity being told by psychoanalytically informed ‘experts’ that her challenges are caused by her own difficulties in separating from her child.

This long overdue book jolts us forcibly and necessarily out of our collective dissociative blindness. It rips away the veil of the ‘misogynistic introject’ of our unwillingness/inability to see what is (quoting the author) ‘hiding in plain sight’, throwing into stark relief and forcing us to confront the glaring misogyny and patriarchal foundations and their

continuing pervasiveness in our field.

The book’s uniqueness lies in its direct and unflinching challenge of the orthodoxy of the pillars of psychoanalytic thought. While feminist critiques of Freud and psychoanalytic theory exist, this book is groundbreaking in the iconoclastic treatise which lies at its heart, the courage with which the author takes on the psychoanalytic establishment itself.

TIME FOR CHANGE

In the climate of global consciousness-raising around social justice, the structural inequalities and abuses within our societies, this is a timely book, of interest to those in the fields of psychotherapy and psychoanalysis; students and researchers in gender studies, history and sociology; and to a wider audience of anyone interested in psychoanalytic thinking and ideas in general. Its engaging and readable nature makes it accessible to a wide readership.

As the author herself makes clear, this book is not an attack of psychoanalysis itself, rather a heartfelt plea for psychoanalysis to embark on the very endeavour it is predicated upon, that is non-defensively and comprehensively to examine itself with the aim, ironically quoting Freud here, of ‘making the unconscious conscious’.

My hope is that this book initiates an awakening in the psychoanalytic community from our collective misogyny, conscious and unconscious, external and introjected, perpetrated and reinforced by all genders.

It is to the author’s credit that, far from being a dry, academic tome, this book is a page-turner which had me riveted from beginning to end.

Depth Psychology and Climate Change: The Green Book

This is a collection of essays by psychoanalysts, in particular Jungian analysts, who write about their perspectives on climate change through the lens of spirituality, poetry, art, mythology, philosophy and science.

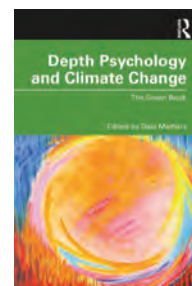
Their many voices explore, often through imagery derived from mythology, poetry and storytelling, what's afflicting us psychologically as we go about our modern lives, where climate catastrophe looms over us all.

Some authors explore how a world view of humans as being separate from, and superior to, the natural world, leads to its exploitation. Some essays examine the root of climate denial and how the marginalisation of climate activists sustains the current situation of inaction.

In other chapters we read about how

collectively and individually we need to break 'the spell' that is fed by our fear and impotent rage at the loss of our world. To move beyond the disavowal of such feelings towards climate action, it is suggested that we delve into our unconscious to find the ability to break the paralysis and to allow us to restore our sense of belonging to nature.

This is a challenging book, especially for the reader who, like me, is new to depth psychology. To fully appreciate the many insightful and creative contributions, some understanding of Jungian analysis, or willingness to learn about it, is essential. To me, the book would have benefitted from staying more closely to the topic of climate change, as at times it became a bit too detached from this in its descriptions and arguments.



Details

Reviewed by: Sonja Kormann, transactional analysis psychotherapist

Edited by: Dale Mathers

Publisher: Routledge

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PODCASTS WE'RE LISTENING TO

FINDING PSYCHOTHERAPY HOSTED BY CARLA VERCRUYSE

This podcast series, hosted by Carla Vercruyse, features conversations with experienced therapists about particular modalities of psychotherapy. These include systemic, existential and psychosexual therapies and one also explains the difference between psychiatrists, psychotherapists and psychologists.

The modality podcasts are generally structured to cover their theoretical basis, what to expect in therapy,

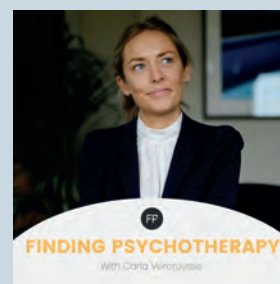
potential benefits, how much it costs and even what psychotherapists enjoy about their profession.

Carla gently guides the conversation with helpful questions and always seems interested and engaged in the discussion. Plenty of space is given to the guests, who explain complicated concepts in a clear and accessible way.

Initially, I thought the main recipients would be potential clients exploring modalities and students researching different types of training. The podcasts would certainly make a great

listen for both categories. Although the podcasts are intended to focus on specific modalities, none of which I'd say I adhere to as a psychotherapist, I enjoyed finding out about the different types available. The explanations of what therapy can offer and what might happen during sessions can be applied in general to all talking therapies.

It was energising to hear guests talk about an activity which they genuinely love. This series will be of interest to all therapists, clients and potential clients, whatever the modality.



Details

● **Reviewed by:** John-Paul Davies, transpersonal psychotherapist

● **Creator:** Carla Vercruyse

● **Available:** bit.ly/CarlaVercruyse



WHY UNDERSTANDING TRAUMA IS KEY TO UKCP THERAPY

IDENTIFYING TRAUMA, AND OFFERING THE RIGHT APPROACH AT THE RIGHT TIME, IS CENTRAL TO THE FUTURE OF TREATMENT SAYS **FLIC EVERETT**

Trauma is publicly discussed more than ever before, from our collective pandemic trauma to the individual traumas of those in the public eye, such as Sir Mo Farah, trafficked to Britain aged nine, or Prince Harry's adoption of eye movement desensitisation and reprocessing (EMDR)¹ to help him cope with trauma-related anxiety.

It's seldom made clear, however, what 'trauma' actually means beyond the well-worn dramatic trope of PTSD flashbacks to a warzone, what forms it can take and how it may present in the consulting room.

Understanding its complexity and accessing the appropriate modalities

for each client is central to the comprehensive training of UKCP-qualified therapists.

'Most, if not all, clients present with trauma of some sort,' says UKCP Chair and core process therapist, Syed Azmatullah (Azmat). 'Understanding their trauma in the wider sense is key.'

While 'quick fixes' including cognitive behavioural therapy (CBT) and antidepressants have been welcomed by the NHS, and are widely supported by policy makers as affordable and effective in the short term, UKCP champions the 'talking cure' – the only authentic approach able to uncover the roots of trauma, and help clients understand its impact on their emotions, beliefs and behavioural patterns.

'CBT won't touch trauma,' asserts Azmat, despite its wholesale adoption by

the NHS, 'because it's not targeting the correct part of the brain. It's a therapy which remains very much in the upper part of the cerebral hemisphere – it doesn't reach the deeper parts, which are related to how we process event-based trauma, via the limbic system.'

'We're really making big strides with life-event based trauma,' he adds, 'but some issues will be held on a deeper level and need to be carefully uncovered and addressed by the therapist.'

Azmat divides trauma into three fundamental types: 'Trans-generational trauma, which has come down from terribly traumatic events in previous generations,' he says. 'Birth-related trauma – quite a high percentage of births are fundamentally traumatic and leave traces in the psyche – and then there are life-event-based traumas,



including the pandemic, accidents, war, assault, rape.'

The widely disseminated media assumption that trauma or PTSD involves a huge personal or global disaster, warfare or great loss is not always the case.

'Any trauma which is life-event-based is just something that overwhelms your ability to cope and manage it,' explains Azmat.

'The younger you are, the less your ability to manage what you're encountering – so many of us have a trauma we held as children, which wasn't heard and managed by our parents. More or less all the people I see have some sort of trauma which has shaped the way they respond to events.'

TRAUMA-INFORMED TRAINING

Responses to trauma – buried or overt – can include depression, anxiety, withdrawal, flashbacks, anger, panic attacks, phobia and disordered thinking.

In-depth therapeutic training, then, is crucial to avoid further traumatising vulnerable clients – and to ensure every therapist has the confidence and compassion to support clients through the process of exploration, no matter how deep the roots of their trauma.

UKCP therapists do not set out to seek client trauma, but, says Azmat, 'it emerges. Our training means we work with clients to bring up their own perceptions and emotions around different issues – which they often will not have spent a lot of time exploring.

'If you're traumatised, you don't really want to spend too much time going into the catacombs of your mind because you might discover something very frightening,' he says. 'But with a therapist, our training is to do exactly that, to build a relationship with the client, such that they feel held sufficiently to explore some of their more difficult experiences and emotions. That's partly why UKCP training is so long – we need to work out what is going on and it can be at a very deep and subtle level of the mind.'



It's also important, he adds, alongside talking, to be open to new approaches such as EMDR: 'we have recently made huge progress in the neuroscience behind how we handle overwhelming events. Eye movement desensitisation and reprocessing therapy is relatively new and was discovered accidentally. It's a technique for getting the left part of the cerebral brain to "talk" to the right side and can be hugely effective.'

While not all trauma is buried, with many clients presenting after a devastating event such as accident, war, assault or profound loss, for others, trauma is inextricably linked to childhood and may be held consciously or unconsciously. Its effects, however, are far harder to ignore, as a raft of studies have concluded that adverse childhood experiences (ACEs) are likely to affect adult life and emotions in

myriad ways, dramatically raising the likelihood of auto-immune disease, poor mental health, addiction, relational difficulties, divorce and lifelong pain.

One recent study found that older people who experienced physical abuse as children were much more likely to experience chronic pain and physical illnesses in later life. They also had a twofold risk of anxiety and depression, according to findings published in the journal *Aging and Health Research*².

Earlier research, from Kaiser Permanente clinics, surveying patients on various stressful experiences in childhood³ highlighted a strong link between adverse childhood experiences and poor adult health outcomes. (The converse is also true, with positive experiences leading to better health despite adult adversity.) Other studies have shown childhood

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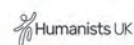
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‘More or less all the people I see have some sort of trauma which has shaped the way they respond to events’

Syed Azmatullah (Azmat)

trauma to be associated with increased sleep disturbances, higher stress and anxiety^{4,5}, impaired executive functioning⁶, lower psychological wellbeing⁷ and lower family closeness in later life⁸.

Currently, the population is dealing with the impact of the ongoing pandemic, war, a cost of living crisis, climate change, political turmoil and mistrust in leaders.

‘The increase in people seeking therapy as a result of COVID for depression, anxiety, social anxiety and trauma has increased,’ says Julie Scully, Chair of the UKCP Education, Training and Practice Committee, and a UKCP recognised supervisor and training supervisor. ‘NHS services are under immense pressure, and UKCP has a register of trained psychotherapists who can support people with a wide range of presenting issues, including trauma.’

‘Such delicate and dedicated work requires a great deal of therapist training, irrespective of modality,’ adds Scully. ‘UKCP trainings are rigorous. They include a minimum of four years training, significant amounts of academic work, and a minimum of 450 client hours under close supervision with a 1:6 supervision to client ratio until they register with UKCP, in addition to a minimum of 160 hours of individual therapy.’

The content of the training varies depending on modality. However, Scully adds, ‘there are general core training criteria for all modalities which meet a variety of client presentations such as initial assessment, safeguarding, contracting, risk assessment, assessing the needs of the client, and identifying the limitations of the therapist and whether to refer on.’

Within training organisations, too, trainees are introduced to trauma presentations, what to look for and how to meet it.

Often, trainee placements are

arranged in conjunction with survivor charities. ‘Many placements will include clients such as asylum seekers, domestic violence and sexual violence survivors,’ says Scully. ‘So trainees will come across various contexts of trauma.’

Once registered, UKCP therapists are then committed to Continual Professional Development (CPD). ‘A UKCP psychotherapist’s learning and development does not end at graduation,’ says Scully. ‘Much emphasis and value is placed on continual development by registrants in addition to the ongoing support structures such as supervision. Many will build on their understanding of trauma and develop their knowledge further via trainings such as EMDR, amongst others, to further develop and keep themselves updated regarding their understanding of trauma and how to meet it.’

DIVERSITY AND INCLUSION

Professor Divine Charura of York St John University has spent much of his career researching psychotraumatology across the lifespan.

‘The focus of my work has been on the trauma that humans experience during their lifetime and its impact, as well as the potential psychotherapeutic interventions, applications and outcomes,’ he explains. Charura has also conducted research on trauma in asylum seekers, many of whom have been tortured⁹ (and a Comprehensive Scoping Review on Refugees, Asylum Seekers, and Practitioners’ Perspectives of Embodied Trauma¹⁰). ‘This research review argues for a clear definition of embodied trauma and key themes for future research,’ he says, ‘including culturally informed care, psychosocial support, language considerations, relational belonging, and inclusion of sexual, spiritual and existential factors – moving away from purely Westernised diagnoses and treatments toward culturally informed care.’

His research has highlighted

stronger arguments for inclusivity of a diversity of modalities – ‘humanistic, psychodynamic, existential, psychosocial and transcultural perspectives,’ he says. ‘Working with people who present with trauma, I argue for the need for a comprehensive approach to psychological assessments and a range of culturally informed psychotherapeutic interventions.’

Charura believes that UKCP’s lengthy and comprehensive training is essential. ‘When facilitating training, in relation to learning about trauma, I often start with an analogy – “imagine breaking your leg and being referred to an orthopaedic trauma surgeon who has only had a weekend’s training on repairing fractures – would you consent to the operation?” It highlights the depth of training required in dealing with other humans,’ he says. ‘Our field as psychotherapists and psychotherapeutic counsellors should always aim to hold the highest standards and this includes the depth of training which we must undergo to work with the complexities of the human psyche, and the experiences of trauma.’

UKCP has also played a key role, earlier this year, in revisions to the QAA subject benchmark for Counselling and Psychotherapy, defining what can be expected of a graduate, including themes of equality, diversity and inclusion, education for sustainable development, employability, entrepreneurship and enterprise education.

For those involved in creating and implementing policy in the field of mental health, it’s clear that while CBT, mindfulness training and schemes such as Better Help can support behavioural changes, many more millions could be helped on a profound level by shifting the focus to a longer-term approach offering lifelong results.

A recent study of policy makers themselves, the staff of MPs, even found that almost 50% met the diagnostic criteria for ‘psychological distress’ – over

twice the average population level of one in four¹¹.

'A lot of the mental health problems we have today come from preventable trauma,' says Azmat. 'If policy makers understood the basis of trauma and what helps to mitigate it, huge changes in our mental health landscape could be brought about.'

Alexa Knight, Associate Director for Policy and Practice at Rethink Mental Illness, supports the call for change in the face of unprecedented demand.

'This year we've seen mental health referrals reach record highs and several factors are combining to drive demand for services,' she says. 'It's possible that people who didn't come forward for support during the height of the pandemic are doing so now, but we also know money worries and mental health problems can be closely entwined. For many, the outlook feels bleak as the cost of living crisis grips.'

NHS waiting times are also intensifying distress for potential clients. 'To ask for help and be told you might have to wait months for support can be devastating and leave people feeling disheartened,' says Knight. 'We're particularly concerned for people experiencing more acute need, such as severe depression or PTSD, who are facing longer waits for care. Any delays for support mean there is an increased risk that people's health will decline further.'

The NHS is under enormous pressure, she adds, 'and we've seen some positive steps to try and meet these pressures, such as the planned introduction of mental health practitioners in GP surgeries. But we need to invest more in mental health to ensure people get the right treatment at the right time, with support in place to manage the other factors that influence wellbeing, such as housing, finances and physical health.'

It's also essential, thinks Azmat, for therapists and policy makers to understand that many current mental health problems emerge from 'preventable trauma'.

POLICY MAKERS AND TRAUMA

'If I were being really controversial, one of the big traumas in life is sending children to boarding school where they are separated from their family,' says Azmat. 'This is a trauma designed to distance them from their own emotions, so they are acting more like cognitive machines than full human beings – and, of course, that's what happens to a lot of our politicians; they are distanced from the fullness of being in touch with their emotions.'

A starting point for policy makers, he thinks, would be, 'to realise that they're traumatised, and if they were to address this, they would perhaps have greater empathy with the human condition and the population they serve.'

UKCP Policy and Public Affairs Manager Adam Jones agrees: 'There is inadequate accessible provision for addressing trauma. Society would be a lot healthier if even a smaller percentage had access.'

Unfortunately, says Jones, 'the vast majority of [NHS] provision is delivered by people who haven't had personal therapy, which often means their training will fundamentally be less trauma-informed. There are models of therapy that could be expanded in the Improving Access to Psychological Therapies programme that could be delivered to give context to trauma – a real blind spot.'

In terms of the misunderstanding of trauma, and the stigmatisation of those who are defined as 'mentally ill,' he says, 'for too long, a punitive approach has been taken to people with severe issues, which isn't trauma-informed in any way. The amount it costs is enormous, and the cost-benefit evidence [of trauma-informed psychotherapy] is clear.'

For UKCP therapists, it's clear that an approach, regardless of modality, which accepts that buried or unexplored trauma in clients is not only possible but likely, could help to revolutionise mental health care – and transform individual lives in the process. ●

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WITH THE ONGOING EFFECTS OF THE REFUGEE EXPERIENCE CONTINUING TO COME TO LIGHT, A TAILORED THERAPEUTIC RESPONSE TO TRAUMA IS INCREASINGLY IMPORTANT SAYS **CATHARINE ARNOLD**



Psychotherapists are recognising that the long-term impact of trauma for refugees is only just emerging, and that when it is delivered, the type of therapy required should be specialised and designed to take into account the refugee experience. Psychotherapists working with refugees warn that there is a danger in pathologising survivor distress and there is an urgent need for the co-ordination of emotional and practical support, rather than what is currently a piecemeal situation.

Angelina Jalonen is head of therapeutic services at the Refugee Council, which is a leading authority on the mental health needs of refugees and asylum seekers in the UK.

'It is important for practitioners to understand that refugee mental distress is not necessarily a result of early patterns of relating, but rather the impact of human suffering caused by the violation of human rights in their own countries, and along the perilous journey into exile,' says Jalonen. 'In addition, they experience overwhelming loss and separation of family and loved ones left behind or dead.'

'Once they arrive in the UK, refugees are faced with complex psychosocial challenges including the language barrier, restricted employment, culture shock, isolation, unsuitable accommodation and lack of access to mental health and other essential services to meet their complex needs.'

Psychotherapy can be a powerful resource, enabling refugees to come to terms with traumatic life events and build resilience. However, for it to be effective, it is essential that psychotherapy is delivered appropriately.

Jenny Altschuler is a UKCP family therapist who currently works with refugees and asylum seekers via two projects supported by the One To One Children's Fund: J-RAN, an umbrella



organisation for a wide range of refugee support, and Future Leaders, a mentoring program for young people, with an alumni aimed at creating an ongoing community of care. Altschuler also helped to set up and run The Refugee Trauma Initiative (now Amna).

‘The early work of Pynoos¹ and others argued that people should be encouraged to describe and relive the experience soon after the event,’ Altschuler says. ‘However, this is no longer recommended. It is obviously important to listen and bear witness to people’s accounts of traumatic experiences whenever they want to discuss this. However, as reflected in Maslow’s needs hierarchy, we can’t unpack the luggage when people are still on their journey. Instead, it is better to work towards helping people re-establish some sense of stability and, when they are ready, helping them make sense of the experience, re-regulating their physiological response to situations that trigger parallel psychological responses, psycho-

‘The challenge, as a therapist, is equipping somebody to live with what they carry’

education and where relevant offer strategies to avoid feelings of panic and hypervigilance escalating.’

‘Refugees are faced with the challenge of reframing their self-identity outside their familiar environment where their cultural and family status has been disrupted on many levels,’ Jalonon warns. ‘The loss of social structure and culture can cause a profound grief reaction, described by Eisenbruch as cultural bereavement².

‘Their thought process and interpretation are often influenced by their past traumatic experiences, cultural beliefs and values. Clients manifest trauma through the body, which might present as somatic

symptoms, in addition to survival guilt and self-blame for choices they were forced to take. Many have had their personal boundaries breached by others, resulting in them having difficulties in building healthy relationships, even with their therapists.’

According to Jalonon, most refugees present with complex trauma and emotional dysregulation, where the brainwaves and body system are uncoordinated. As a result, seemingly insignificant events can trigger a ‘flight, fight or freeze’ response.

WHAT CAN THERAPISTS DO?

So how can psychotherapists provide help for refugees if conventional psychotherapy may not be an appropriate intervention?

For consultant psychotherapist John Schlapobersky, ‘the challenge, as a therapist, is equipping somebody to live with what they carry,’ he explains. ‘So, our purpose in doing work of this kind is a creative one, but to use the word cure is to do a terrible disservice.’ As the author of *When They Came for Me: The Hidden Diary of an Apartheid Prisoner*³, Schlapobersky can speak about trauma with authority. ‘I was really only able to overcome what I carried by doing 25 years of therapeutic work with Freedom from Torture,’ he explains. ‘Setting up the agency and developing its programmes was a profoundly healing experience for me.’

For Schlapobersky, building resilience is key. But rather than this being an acquired characteristic, he believes that survivors already possess this ability, locked away in their past.

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traumatic invasion is going to take and what kind of recovery is going to be required. So even in the lives of people who've endured the very worst of the worst, there are histories of managing against a brutal schoolteacher or a cruel father or a negative mother. Whatever the black hole you find somebody in, they can remember a time before they were in the black hole, when they got by through other minor forms of adversity, and you want to contact those forms of resilience and strengthen them so that the recovery process is historical – it's a kind of rebuilding process.'

UKCP psychodynamic psychotherapist Andy Cottom supports this approach. Before training, Cottom worked as a sound recordist in war zones and now specialises in PTSD. Like Schlapobersky, Cottom maintains that an individual's response to trauma begins in childhood and is dependent upon previous experiences.



'The first thing you do with any traumatised client is you validate that it was an abnormal experience and then contain it. At the Tavistock, where I did my trauma training from an analytic perspective, the idea of containment, a concept of Wilfred Bion's, was: if I can bear it, I can not only show that it's bearable, but I can teach you how to bear it. You get used to chaos and slowly, to use an expression of Bion's, I got used to helping people 'live on the edge of chaos.'

Jalonen also believes that offering safety and stability is the key for refugees presenting with severe anxiety.

'Psychoeducation is useful to help them with understanding their symptoms as normal responses to the abnormal experiences.' Techniques include adapting a culturally sensitive approach and helping to manage PTSD with breathing exercises, mindfulness and grounding skills to step away from flashbacks, for example, and empower them, to decrease and detoxify the intensity of the traumatic feelings they experience. Practitioners are also encouraged to adopt a human rights approach in bearing witness and naming the abuse, validating the symptoms, as well as taking the necessary action through advocacy or influencing positive action on behalf of the client.

'I would emphasise that working with refugee trauma is complex and not one size fits all. Every refugee is unique, and it's essential that we work with the whole person within a psychosocial perspective to address the multiple and complex needs they present. At the same time, we must identify their strengths and affirm coping mechanisms which have supported them to date. We can do this by taking small steps to enhance their resilience, increase their self-agency as, together, we explore their hopes and aspirations.'

Case study

Vivienne Harte on supporting Ukrainian refugees

Vivienne Harte, a UKCP psychotherapist and group analyst, had always been concerned about the plight of refugees but, living in northern Scotland, felt uncertain as to what she could do to help. Then the UK government urged homeowners to take in Ukrainian refugees.

'I was able to offer a space in my home to a Ukrainian family if they wanted it. In the process of doing this I contacted the Scotland Ukraine Host Support Group, Ukrainian therapist connections via

the Group Analytic Society international (GASi) and later IGA and UKCP. I realised that some "hosts" and their Ukrainian "guests" were struggling both here and in their journey through mainland Europe. Initially, there was no coordinated way of supporting those who might need it and so I was instrumental in developing a network of therapists both in the UK and Europe to offer their support at no charge to those displaced by the war.' Harte also provided an opportunity for the

Ukrainians to share their experiences via Zoom.

'This work isn't focused on trauma but cultural differences, language barriers, practical implications around settling in an unknown place and with unknown hosts, as well as other disorienting experiences in the backdrop of fleeing your home due to war. These conversations between guests may open a space to speak about the unspeakable experiences when those who want to are ready.'

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BUILDING RESILIENCE

PSYCHOTHERAPISTS HAVE THE DEPTH OF TRAINING AND EXPERTISE TO HELP PEOPLE EXPERIENCING CLIMATE CHANGE ANXIETY AND TRAUMA. ANNA SCOTT EXPLAINS HOW MODELS THAT TAKE PSYCHOTHERAPY OUT OF THE CONSULTING ROOM CAN HELP ECO-ANXIETY

In February 2022, the UN's Intergovernmental Panel on Climate Change noted for the first time that there is 'very high confidence' that climate change has negatively affected the mental health of people in certain global regions¹. Four months later, climate scientists at Imperial College's Grantham Institute for Climate Change and the Environment published a paper concluding that human-induced climate change is making heatwaves as much as 10 times more likely in certain regions². In July, the UK experienced a record-breaking 40 degrees Celsius – its highest-ever recorded temperature – and fires ravaged many regions.

UKCP has been working with experts in psychiatry, psychology and climate science in the UK and globally to find sustainable solutions before the full impact of the climate emergency becomes clear in earnest. This work includes campaigning to government and working with partners to consider how the therapy model might adapt to meet the specific needs of climate change, particularly for children and young people.

The Climate Emergency Professional Bodies Group, established by UKCP's CEO Professor Sarah Niblock, examines the role of mental health organisations in tackling the climate crisis. She says that being anxious and frightened by the climate emergency, along with a sense of hopelessness and lack of control, 'are actually perfectly human and natural reactions, and not indicative of a "mental health condition" in the vast majority of people'.

With their skills, experience and expertise, psychotherapists have a fundamental role to play in helping individuals, groups, families and communities build resilience, innovation

and a sense of hope. 'By virtue of the sheer depth and duration of UKCP training, and its exacting standards, our registrants are ideally placed to help individuals and groups reconnect with what it is to be human in the first place – compassion, care, connection and love,' Niblock adds. 'These are the essential preconditions for system change. The system – based on individualism, consumerism, competition, splitting and conflict – isn't working, because that's not how humans are meant to be.'

VULNERABILITIES

Some people are also more exposed to the mental health impact of climate change. People with a pre-existing mental illness, for example psychosis, have an elevated risk of death – even double or treble the risk – during heatwaves than people without, according to a briefing paper from the Grantham Institute³. Dr Emma Lawrance, co-author of the paper and Mental Health Innovations Fellow at Imperial College's Institute of Global Health Innovation, is currently conducting a meta-analysis of the effects of temperature on mental health outcomes including suicide, hospital presentations for mental illness, and general population mental health and wellbeing.

'The literature shows this is a worsening trend, but it also depends where you are in the world, and on baseline conditions including humidity. It is hard to unpack. But there is definitely enough evidence to suggest that the risk of suicide, hospitalisations and [worsening] community mental health seems to be higher with increasing or extreme temperatures,' she says.

When it comes to people with no pre-existing mental health conditions, data is still emerging, but Lawrance

explains that it's important to make a distinction between trauma arising from direct experience of climate events, such as flooding or intense droughts – that people experiencing them might not attribute to climate change – and the existential grief, helplessness and hopelessness that comes from knowledge and fear for the future. 'The more you're aware of it, the more you have experienced it, the more likely you are engaged in and distressed by it, and that intersects with groups who are historically and currently marginalised,' she adds.

BUILDING RESILIENCE

Caroline Hickman is a lecturer in social work and climate psychology at the University of Bath, a practicing 'climate-aware' psychotherapist, and a researcher focused on eco-anxiety and distress about the climate and ecological crisis in children and young people globally. She spoke at UKCP's pioneering 2019 conference, Sleepwalking into the Anthropocene – the new age of anxiety. She believes that while psychotherapists themselves may feel concerned about eco-anxiety or trauma related to climate change, they have the transferable skills and knowledge to provide guidance and support.

'This is an emergent mental health problem and we're only really starting to understand it. It mirrors the environmental problems. As things get worse in the world, people's mental health symptoms will get worse. It's also affecting us as much as it's affecting our clients. We're living in it too,' she says. '[Psychotherapists should be] really open to the fact that there are new aspects to the suffering and struggle. [They shouldn't] try to close that down and make it neat. We need community to

'This is an emergent mental health problem and we're only really starting to understand it'

help us navigate this. We need not to be dealing with this on our own.’

But it’s also a depth psychology that will help people become resilient in the face of climate change. ‘You can’t really deal with this at a level of CBT. Terror about the environment is not a cognitive distortion,’ Hickman says, adding that she spends a lot of time with clients reframing climate anxiety and trauma rather than pathologising it. ‘You can reframe it in a positive way, in a resilient way where you say, “actually, the fact that you care is something you should be proud of. Yes, it is terrifying, and yes, it will hurt. And there is a lot we can do.” It is a kind of radical hope that you make space for.’

WELLBEING AND TRAUMA

Hickman explains that the common responses people have towards climate change – ‘naïve faith that people have in humanity’ and the ‘doom and gloom and nihilism’ – are attempts by the ego to get back into a delusional state of control. ‘The reality is multiple uncertainties. Unfortunately, this is an ever-moving situation, which is worsening,’ she says. ‘We need to recognise and understand how awful it is, and in the depths of that find the resilience to work through the depression, despair and grief. Grief actually opens the door to that resilience.’

‘There is a level of learning to live with it and a sort of radical acceptance that this is not going to go away. We need to find a way to allow this to be part of our lives, but not dominate our lives. It’s very much about talking to people about continuing to enjoy life. Continue with your studies, continue building a life, continue dreaming of the future. Don’t crush those dreams because they are an investment of faith in the future, and without them you are collapsing into the hopelessness and despair,’ Hickman says.

It’s this kind of expertise which demonstrates how psychotherapy can support people to develop the knowledge, tools and resources to become resilient

to the mental health impacts of climate change themselves and withstand climate change-based trauma. As Niblock puts it: ‘Psychotherapy is, ultimately, a social and relational mechanism for deeper self-awareness, self-compassion and a means to unlock inner resources and resilience. It’s hard to imagine a more relevant training and skillset for these times than psychotherapy and psychotherapeutic counselling.’

‘The forces that cause oppression, racism, prejudice are the same ones that have created the conditions for ecological catastrophe. Psychotherapy has an incredibly powerful role to play not only in helping to empower individuals and groups to work together on solutions, but in prevention,’ Niblock adds.

TREATING THE WEAPON

Myira Khan, counsellor, founder of the Muslim Counsellor and Psychotherapist Network and member of the Climate Emergency Professional Bodies Group, says that the individualism and competition that is so destructive to the environment is also a cultural factor prevalent in the dominance of white supremacist culture and the West around the world. ‘White dominant cultures use the same kind of relationship that is destructive to the environment and Black and Brown minoritised communities. It’s an oppressive relationship,’ she says.

The trauma impacts of racism and climate change are very different. ‘Eco-anxiety and trauma are borne out of what might be seen as an existential crisis for which the external threat is not from a human or society but the environment – caused by humans. Racial trauma is a generational threat that has come from one society or human against another.’

Khan believes psychotherapists and counsellors cannot work with climate change anxiety and trauma, and racial trauma in isolation without understanding the mechanisms through which it has been borne out. ‘There’s something about treating trauma – we

are often treating the wound and not the weapon. For me it’s about acknowledging systems of oppression and then [considering] how that is manifesting as trauma. We have to be careful not to uphold individualistic culture, we need to be acknowledging and dismantling the systems of oppression,’ she says.

BOTTOM-UP MODELS OF PSYCHOTHERAPY

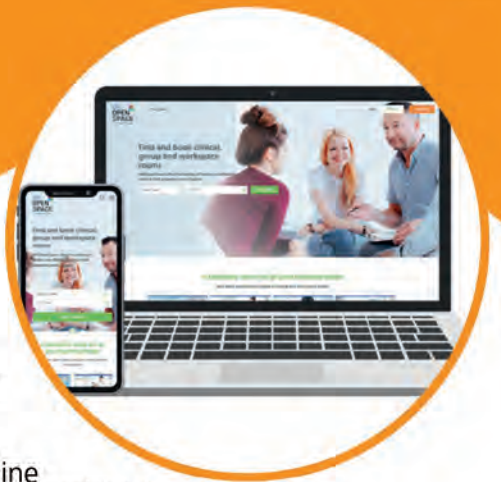
In 2015, New York City’s mayoral office launched ThriveNYC: A Mental Health Roadmap for All, a series of 54 initiatives that aim to identify and tackle the health, social, economic and criminal justice impacts of mental illness and highlight the range of structural, institutional and care system challenges that need to be fixed⁴. Among the initiatives is the development of community-led models of mental health, developed by Dr Gary Belkin, former executive deputy commissioner in the NYC Department of Health and Mental Hygiene, and now founder and president of Billion Minds Institute.

Belkin advocates an approach of ‘equipping communities to be mental health engines’, in part by creating community hubs that connect people to a range of services, including mental health support⁵. Such services are designed to address intersections like precarious housing, racism, economic fairness and environmental vulnerability⁶. The impact of climate change on a population’s mental health requires a redesign of mental health systems, Belkin says. In particular, he has pointed out that as the effects of environmental and climate change grow in severity, reach, frequency and mental health and social impact, so will the demands on an already overburdened mental health system⁴.

These kinds of models that tackle climate emergency distress and other problems demonstrate how psychotherapy can support people, and prevent and tackle trauma outside of the consulting room.

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‘Government needs to recognise the absolute urgency of the current mental health emergency’

They also demonstrate the importance of government investment in high-quality psychotherapy, delivered inside and outside of the consulting room, to address rising rates of poor mental health that are the result of climate change.

Injustice and oppression are systemic, Niblock says, and UKCP and psychotherapists can't address them alone. 'But what we can do, and will do more of, is to communicate and radiate the vital conditions needed for mental wellness to those in positions of leadership across sectors. Let's face it, mental ill health costs the economy

hugely in lost productivity and lack of innovation, let alone health and justice resources,' she adds.

This is why public investment in psychotherapy is crucial. 'Government needs to recognise the absolute urgency of the current mental health emergency which is further deteriorating. Because we know that there can be a delay in the mental health effects of trauma, we are urging government to invest in high-quality, in-depth training to ensure there are sufficient highly skilled therapists of sufficient diversity to meet the needs of the population. We need free services at the point of need,' she concludes. ●



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UKCP trustee Will Daniel-Braham outlines the work he is doing on representation and decolonisation in the psychotherapy profession

‘It’s about **marginalised** people seeing themselves and knowing they are going to be **safe** in this context’

UKCP TRUSTEE **WILL DANIEL-BRAHAM** HAS TALKED ABOUT THE NEED TO BREAK DOWN BARRIERS TO INCLUSION IN THE PROFESSION. ANNA SCOTT SPOKE TO HIM ABOUT HIS COMMITMENT TO GREATER DIVERSITY IN PSYCHOTHERAPY

It was the compensation he received after a motorbike accident that enabled Will Daniel-Braham to begin psychotherapy training almost 30 years ago. ‘I only managed to train as a therapist because I was awarded 20-something thousand pounds in damages. To this day, I don’t know whether I would be a therapist, teacher and supervisor now if it hadn’t happened.’

Also a tutor, trainer and coach – and trustee at UKCP, elected in 2021 – Daniel-Braham has had a hugely varied career, which has included leadership training and coaching. When it comes to psychotherapy, he believes there should be sponsorship for people to train. ‘It’s great that there is some government funding, but it’s generally for people at universities and most psychotherapy training takes place in institutes. There are bursaries, but they only play a small part. Maybe we ought to be looking at sponsorship rather than bursaries.’

In particular, supporting people

from marginalised groups to train as psychotherapists is crucial, whether that is through more government funding of institutes, grants to support students or sponsorship by charities. ‘Psychotherapy is predominantly a white, privileged, middle-class profession,’ he explains. ‘All the original theories are colonised and mainly come from white, middle-class people, often men.’

‘Historically, psychotherapy trainings have not included difference, the history of oppression or social responsibility. Nor have they included training in the underpinnings of the society we live in – capitalist, white power, history of slavery and economical exploitation. Everything we do in psychotherapy supports individuals rather than the community or the collective,’ he adds.

Daniel-Braham has a fantasy of creating a programme called The Mangrove Institute, named after the Mangrove Nine – a group of Black British activists acquitted in 1970 of inciting a riot in response to repeated targeting by the police of the Mangrove, a restaurant in



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'I'm really interested in considering what the barriers might be for people of colour becoming involved in the psychotherapy profession, both as clients and therapists.'

Notting Hill, London. The programme would seek to raise sponsorship for nine people of colour to go through psychotherapy training each year.

'It's about representation, people seeing themselves and people that are marginalised knowing they are going to be safe in this context,' he says. 'It's about all the intersectionalities. It's about having a voice and having accessibility.'

BARRIERS

Daniel-Braham is embarking on a PhD at the University of Salford this year, with the title, 'From the Plantation to the Playground: Decolonising Psychotherapy through the lenses of Intersectionality and Ontology'. His research focus is on 'what gets created in the healing space', particularly by 'socially sanctioned healers', such as Imams, Rabbis and Shamans, 'who don't have a certificate on the wall but heal people'.

'I'm really interested in considering firstly what the barriers might be for people of colour becoming involved in the psychotherapy profession, both as clients and therapists,' he says. 'Is it that people of colour and other oppressed and marginalised groups have to adapt to the normative system we have in place in order to be involved in and/or trained in the world of therapy? Or does the world of therapy need to adapt to the resources that are already there within and among this particular group?'

It was during his work running training sessions on clinical risk assessment for suicide and self-harm for staff working at a high-security psychiatric hospital that Daniel-Braham noticed that in every room of about 20 people, 17 or 18 of them were people of colour and usually doing healthcare assistant roles, and two or three of them were white, usually with a prescribing role and paid on a much higher salary band.

'I remember thinking that people of colour were working with "patients" on a daily basis and, in doing so, were supporting them with things such as communication, problem solving, emotional regulation; basically their process of healing and eventually transformation,' he says. 'I'm interested in exploring and asking the questions: would those staff who were healthcare assistants even want to be qualified therapists or should their experience lead to some form of recognition that would socially sanction them to practise therapy?'

'The therapy room is a place for both healing and transformation,' he adds. 'Well, that is happening in different ways and in different cultures, and as our profession becomes more diverse in its membership, do we need to be way more diverse in our approaches?'

ORGANISATIONAL CHANGE

UKCP is a member of the Coalition for Diversity in the Psychotherapy

and Counselling Profession – a group of organisations working to improve diversity within the counselling, psychotherapy and psychological therapy professions, and Daniel-Braham has recently joined the coalition's meetings. 'It's in its embryonic stages, and a toolkit is being developed to support training institutions and organisations to consider their relationship to diversity and inclusion in the profession.'

The coalition will initially focus on race, but as it grows this will expand to other protected characteristics under the Equality Act. It is currently developing a draft mission statement and considering a name change to the Coalition for Inclusion and Anti-Oppressive Practice. 'There's race, there's gender, there's class, there's sexuality, there's all sorts of elements to intersectionality that will be included.'

Daniel-Braham has also recently become the liaison for the UKCP Board of Trustees in matters relating to equality, diversity and inclusion. 'An EDI working group has developed an action plan that covers a five-year period and right now we are in the process of advertising for both the chair of the committee and representatives from the membership to take that action plan forward.'

The murder of George Floyd in 2020 and the raised profile of the Black Lives Matter movement were behind Daniel-Braham's decision to put himself forward as a UKCP trustee. 'I had done lots of campaigning and lobbying in my 20s and wanted to lead a quiet life in my later years. But I was so moved, touched, impacted and inspired by the BLM movement that I decided if I had the energy, I would use it.'

SHIFTING LANDSCAPE

He believes the last two years have borne witness to organisations doing a lot to address inclusion, but there are some places that have a long way to go. 'People are talking more about intersectionality, but there is so much more to do on the journey to becoming inclusive.' He stepped away from the world of therapy training and supervision after he qualified for a while, 'because I just didn't feel I truly belonged in this profession. "I was the only one in a sea of white faces",

'It's about representation, people seeing themselves, people that are marginalised knowing they are going to be safe.'

is a quote that really resonates with me and has been expressed a number of times by people of colour.'

The London-based counselling and psychotherapy training institute TA East provided an approach that Daniel-Braham felt was welcoming and supportive, and he joined in 2019. 'I immediately wanted to be part of this revolutionary organisation. The difference in approach and engagement was so evident when I first walked into the training room as a support tutor,' he says. 'There were people there from so many different backgrounds and cultures. Some, like myself, coming from a working-class background and not considering that this world of studying would be something that was open to them.'

'I know that things are happening to shift the landscape. I have been guest tutor on a number of courses at different institutes. When they ask me if I can come and deliver the "diversity element" of the training, I ask them, "isn't it throughout the training?" When I get to those courses, some of the people of colour often say that this is the first time that they have felt seen or represented

during their training,' he adds.

But it's crucial the profession moves away from a tick-box approach to inclusion to one of openness, consideration, exploration and enquiry, and Daniel-Braham's background in leadership training and coaching helps inform this. 'If I was delivering leadership training for therapists, I would be inviting them to do the work on themselves, and people of colour are included in that,' he says. '[They should be] considering the different intersections, working through the pain in order to have the dialogue.'

'My approach to leadership is about starting with a willingness to consider the situation from and with the point of view, whether realised in the moment or not, that they are responsible for who they are, what they have and what they do. I'm really excited about expanding on this through the ontological and phenomenological aspect of my doctorate.'

Daniel-Braham is also passionate about the work he'll do over the next few years as a trustee and with other organisations focusing on inclusion. 'That kind of energy and that wave is what I'm really excited about being a part of,' he concludes. ●

Timeline

WILL DANIEL-BRAHAM'S CAREER JOURNEY

- 1995-1996 Foundation course, Goldsmiths, University of London
- 1995-2010 Senior trainer, Youth at Risk UK
- 1999-2014 Diploma and MSc Clinical Transactional Analysis Psychotherapy, Metanoia Institute
- 2000-2018 Various work with Young Potential, NHS Trusts and Chintamani Alliance
- 2004-present Psychotherapist, supervisor, tutor, trainer and coach, Personal Power UK
- 2005-2007 Various TV work as life coach: *Ballet Changed my Life: Ballet Hoo!*, Channel 4, *Too Busy to Live*, Channel 5
- 2013-2017 Supervisor, The Who Cares? Trust
- 2013-2018 Training consultant, Employability Solutions and Actorshop Productions
- 2017-2018 Diploma in Relational Supervision, Psychoanalysis and Psychotherapy, New Road Psychotherapy Centre
- 2018-2019 Clinical supervisor, Positively UK
- 2014-present Clinical transactional analyst (psychotherapy), provisional teaching and supervising transactional analysis psychotherapist
- 2021-present UKCP trustee

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HOW DO PSYCHOTHERAPISTS DEAL WITH THEIR OWN TRAUMA?

42

THIS ISSUE HAS FOCUSED ON THE EXPERIENCE OF TRAUMA IN ITS MANY FORMS. NOW, WE EXAMINE HOW PSYCHOTHERAPISTS DEAL WITH THEIR OWN TRAUMA AND WHY SELF-CARE IN THE CONSULTING ROOM IS AN ETHICAL ISSUE. HOW CAN MEMBERS PROVIDE POSITIVE SUPPORT TO CLIENTS BASED ON THEIR OWN EXPERIENCES OF TRAUMA AND ABILITY TO BUILD RESILIENCE?
BY CATHARINE ARNOLD

As an experienced psychotherapist, Martin Weaver has lived through and witnessed traumatic events. In the 1980s, Weaver lost many friends to HIV/AIDS and was instrumental in setting up the Terrence Higgins Trust. In 2005, he supported emergency service workers who had been affected by the bombings in London on 7 July.

For Weaver, the most important aspect of his practice consists of offering a good therapeutic relationship with the client. To achieve this, does he believe that it is important that the therapist has experienced trauma themselves?

While acknowledging and accepting his own pain at the loss of so many friends to HIV/AIDS, Weaver appears to have come to terms with his own suffering. Of his own trauma, he says, 'It's never fully resolved but we're not continuously in pain. I have difficulty with the idea of "the wounded healer".'

'You don't need to have gone through trauma,' Weaver says, 'but you do need to have resolved any trauma that you have been through. However, I will say that

therapists with experience and resolved experience of their own trauma can be more open to its discussion, less fearful and more resilient, and therefore more willing to take risks by asking direct questions.'

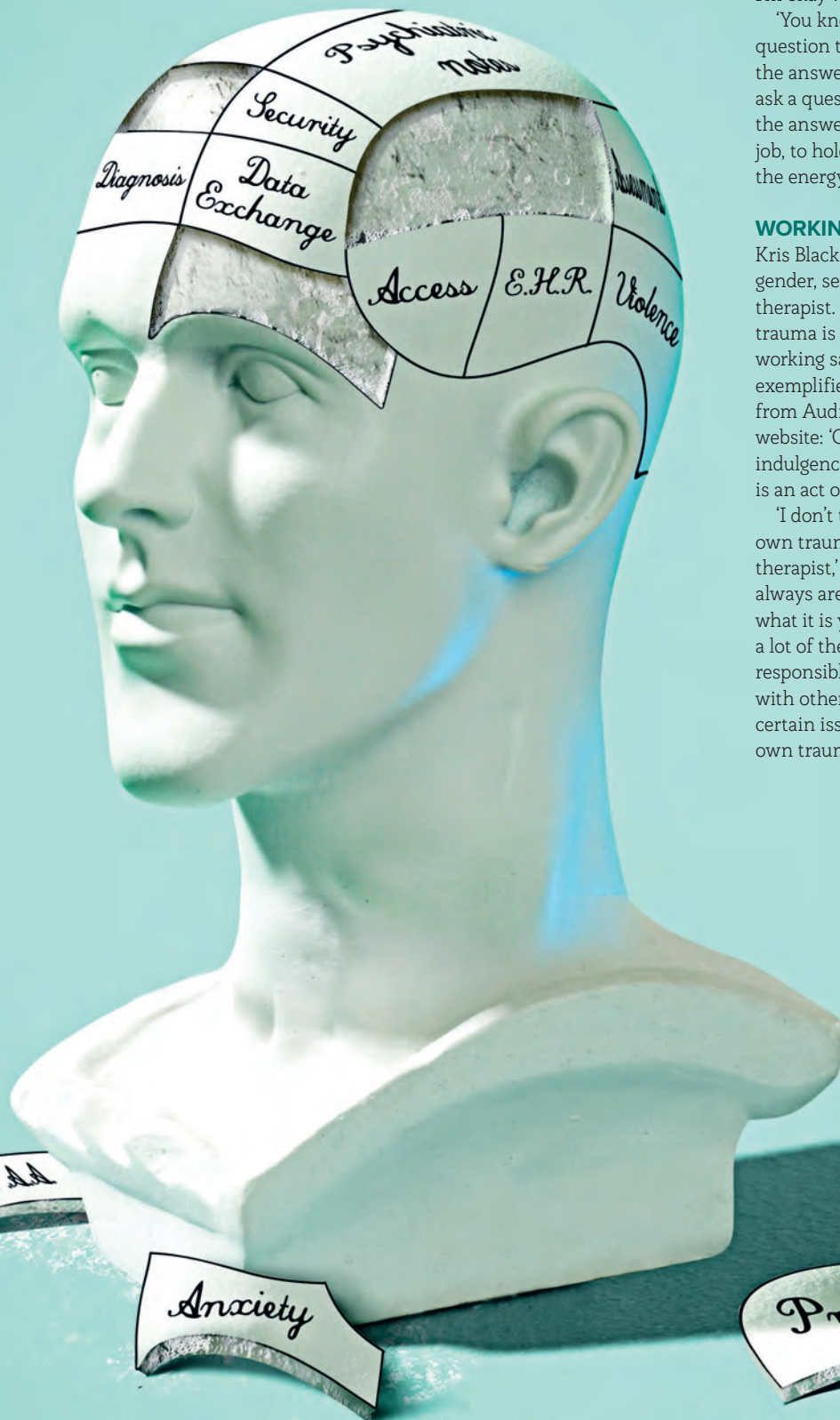
For Weaver, building resilience is key, both for the therapist and the client.

'I build up my own resilience, so that I can push my clients to places where they might not want to go but I am confident that I can hold them,' he explains. 'Using the resilience I've built, I can provide a way for clients to build their own resilience. And that means they can have greater trust not only in me, but also develop greater trust in themselves.'

'I regard my work not as treatment but as education. So, I am teaching my client about how they've come to where they are and how they can learn to go to where they want to go to and go through that resolving process.'

For this element of the therapeutic relationship to work, Weaver knows that having built his own resilience is crucial.

'I need to have addressed my own traumas to provide comfort and support. To reassure a client and tell them, if you dissolve into tears or howls or are getting



terribly angry re-experiencing your trauma, I'm okay with holding you through that.

'You know how lawyers say: "never ask a question to which you don't already know the answer?" As a therapist I hope I never ask a question without believing I can hold the answer or hold the response. That's my job, to hold the pain, the anger, the sorrow, the energy if you like, without flinching.'

WORKING ON YOURSELF

Kris Black is an advanced accredited gender, sex and relationship diversities therapist. For Black, working on their own trauma is part of their commitment to working safely and well. This approach is exemplified by the following quotation from Audre Lorde, which appears on their website: 'Caring for myself is not self-indulgence. It is self-preservation, and that is an act of political warfare.'

'I don't think that working on your own trauma ever really ends for you as a therapist,' says Black, 'because there are always areas where you are just outside what it is you haven't worked on. I've done a lot of therapy on myself, and I was a responsible person. I chose not to work with other people who presented with certain issues until I'd done work on my own trauma in certain areas.'



For Black, like Weaver, safe practice and protecting the interests of the client are paramount.

'I take my work as a therapist really seriously and I think there's a lot entrusted in therapists to have done that work. If we're setting ourselves up to be therapists then surely we should be self-aware enough to know whether we've resolved our own trauma enough to work with other people who are traumatised in similar ways,' Black says.

'We don't come fully formed as therapists and some of us may have done years of work on ourselves before we become therapists. Clients are coming to us for skilled help not for us to resolve our unfinished business.'

THE RIGHT FIT

For this reason, it is essential to ensure that therapist and client will be able to work together, which is by no means a straightforward task. According to Black, clients can approach a therapist loaded with expectations and assumptions, and Black has the delicate task of assessing the potential effectiveness of the therapeutic relationship.

'The client comes to you because they think they are going to work well with you. The art of psychotherapy is to work out whether that's true or not,' Black explains. 'It is part of the therapist's task, in this context, to assess whether or not a client has unrealistic expectations.'

'I think a lot of therapists, especially those from marginalised minorities, share a tightrope about whether the clients who come to us expect us to hold the same perspective as them,' Black says. 'Especially when you think about trauma, there's got to be a balance. Luckily for me I've worked in a lot of

different contexts, both as a counsellor and then as a psychotherapist. I do put out into the world that I have knowledge based on my working experience as a therapist or based on what might be the realm of shared lived experience. Not to say that shared lived experience is the same for all of us who are impacted by racism – hence I have a very full practice, but that doesn't mean to say that all people of colour who are LGBT will only ever want to work with a therapist who shares some of their intersections.'

For the therapeutic relationship to work well, Black argues, self-disclosure must be limited. 'I'm a very private person. I don't share my life story with my clients: it would be wholly inappropriate. It might be a fantasy that coming to see someone who shares one's intersectionality is all about me sharing my personal experiences, but that's not therapy. Clients come to us, so we help them to resolve their issues. The client is not there to help you deal with your trauma.' ●

Ethical practice

Professional conduct committee – meeting the highest standards

Brian Linfield MBE is currently the Lay Chair of UKCP's Professional Conduct Committee (PCC) and has considerable experience of representing disabled benefits claimants at tribunals. As Chair of UKCP's PCC, Linfield's role is to ensure that all UKCP registrants comply with the highest standards of professional conduct.

'To be a Registrant with UKCP, the Registrar ensures that all applicants have completed the exacting standards of training required for their respective modality,' says Linfield, 'and, that they continue with their ongoing requirement for Continuous Professional Development.'

'In terms of protecting vulnerable members of the public, UKCP's Code of Ethics and Professional

Practice is our number one tool. All members of UKCP must abide by this code. The code is also there to protect our members.' The code includes:

- 1.1 The psychotherapist takes responsibility for respecting their client's best interests when providing therapy.
- 1.2 The psychotherapist undertakes to treat their clients with respect.
- 2.1 The psychotherapist undertakes actively to consider issues of diversity and equalities as these affect all aspects of their work. The psychotherapist accepts no one is immune from the experience of prejudice and acknowledges the need for a continuing process of self-enquiry and professional development.
- 2.2 The psychotherapist undertakes not to allow prejudice about a client's

sex, age, colour, race, disability, sexuality, social, economic or immigration status, lifestyle, religious or cultural beliefs to adversely affect the way they relate to the client.

The public has a right to complain to UKCP if they feel that a UKCP registrant has breached any part of the code, says Linfield. If UKCP agrees that there may have been a breach it would invite a response from the registrant. The registrant should seek support from their supervisor, personal therapist and their professional indemnity providers.

'Members have many clients, and they need to be focused at all times when in the consulting room and not be distracted. It is vital they seek support at these stressful times,' Linfield concludes.

'The client is not there to help you deal with your trauma'



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Ken Blythin is a UKCP registered psychotherapist and Recognised Training Supervisor. He chairs the HIPC Training Standards Committee.

Elizabeth Hammond is a BACP Senior Accredited Counsellor/ Psychotherapist and Supervisor and an ACAT registered Cognitive Analytic Therapist and HIPC group supervisor. She has over 25 years' experience as a therapist, supervisor, group facilitator and trainer.

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What makes a good research supervisor?

THE THREE CS - CONTAINMENT,
COMPASSION AND CLARITY,
BY DR SOFIE BAGER-CHARLESON
AND DR ALISTAIR MCBEATH

What makes a good research supervision relationship? This was the theme of Metanoia’s Dr Sofie Bager-Charleson and Dr Alistair McBeath’s presentation at UKCP’s Research Conference earlier this year.

Funded by UKCP, the research used a mixed methods approach and collected both quantitative and qualitative data from over 100 research students and over 100 research supervisors using an online survey.

Research supervision has received little attention within the profession despite it having a significant impact on the academic and personal lives of many committed practitioners. It is also important for two other reasons: good research supervision will undoubtedly influence the amount and quality of research that can be made available to the wider practitioner body through publication, and it has the potential to allow mainstream practitioners to view research as something accessible and enjoyable, rather than being the exclusive preserve of a select group of researcher-academics. For this reason, good research supervision can promote inclusion.

‘Research supervision has received little attention within the profession despite it having a significant impact on the academic and personal lives of many committed practitioners’

Metanoia researchers have pioneered the use of short online surveys in a number of different relevant areas.

The online survey for this study focused on a few key issues. What do research students consider to be the key attributes of effective research supervisors? What factors do research supervisors think are important in making them effective supervisors? And just how important is research supervision for research students? These and other questions generated some powerful and occasionally unexpected research findings.

An overwhelming majority of research students (93%) considered research supervision to be either extremely important or important to them (Figure 1), giving a clear indication of the status of research supervision.

striking that research students valued empathy ahead of other factors such as being an ‘expert on methodology’ and ‘experienced in research supervision’.

So, what about the views of research supervisors and, in particular, what do they consider are the key factors in becoming an effective research supervisor?

The most striking finding shown in Figure 3 is just how little research supervisors valued specialist training to be a supervisor. This is a view that conflicts with the undoubted need to enhance the professional standards and practice that should underpin good research supervision. While it may be a profitable activity for research supervisors to reflect on their own supervision, there needs to be a more formal and transparent approach to

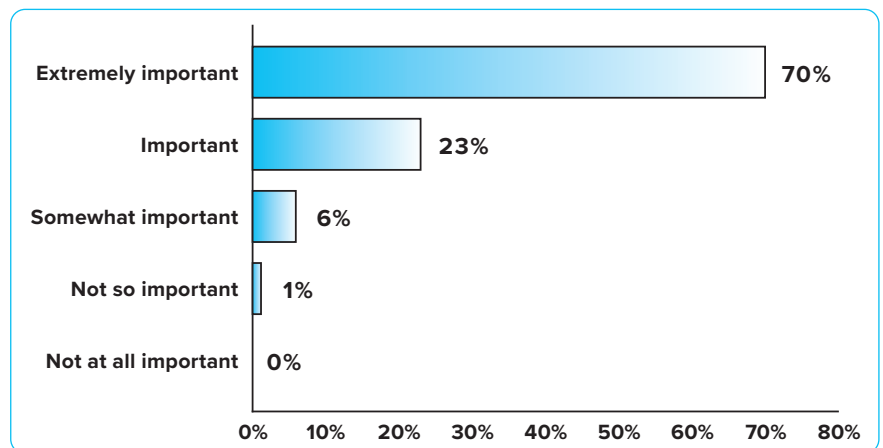


Figure 1: the importance of research supervision for research students.

So, what do research students consider to be the key attributes of effective research supervisors? The answer to this question provided something of a surprise (Figure 2).

Research students identified research experience and empathy as being the key attributes of effective research supervisors. The importance of this blend of research experience and softer relational skills or empathy was echoed both in the survey qualitative data and from the post-survey interviews. It’s

ensure that standards for good research supervision are both set and promoted. It seems timely that one of the overarching aims of the research was, in partnership with UKCP, to produce a formal research supervision guide that could be used to facilitate a systematic approach to training for research supervisors.

The qualitative data from the research provided a rich source of information that effectively conveyed some of the lived experience of research students >

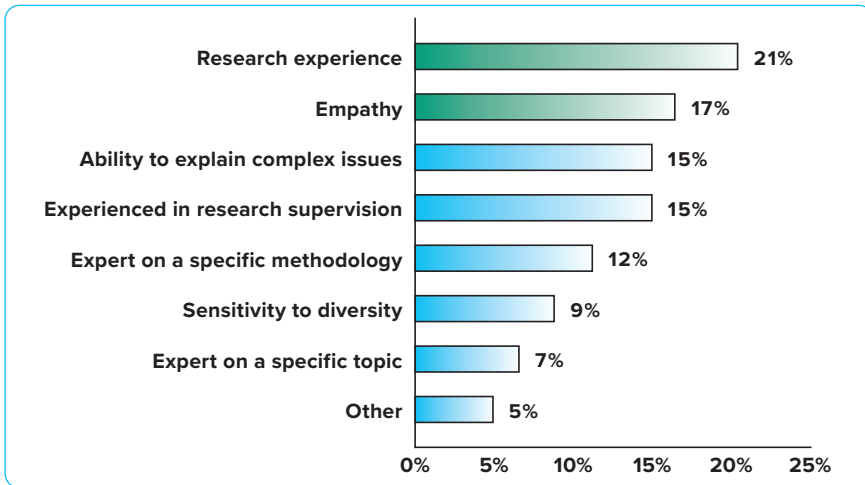


Figure 2: what do research students think are the key attributes of effective supervisors?

and research supervisors, some of it positive, and some less so. Here are some comments from research students reflecting good experiences:

'She communicated a sense of belief in me and my research topic – as well as a passion for the whole research process.'

'When feeling lost and not good enough, getting normalising support from my supervisor helped me to regain confidence.'

'He demonstrated excellent listening skills and a sense that he was fully behind me and my research.'

'A supervisor suggested I begin to write phenomenologically about my own experience of my research topic.'

'I was very anxious, and I was given clear, practical and ethical advice which was what I needed.'

These comments reinforce the fact that research students value that critical blend of specialist knowledge and softer relational skills from supervisors. The emphasis on softer skills is particularly important and challenges research supervisors to reflect on their competence in this area.

'By immersing themselves in the qualitative data, the researchers experienced a real sense of the challenges, disappointments and pain that some research students have experienced'

By immersing themselves in the qualitative data, the researchers experienced a real sense of the challenges, disappointments and pain that some research students have experienced. Here is a sample of comments:

'I'm always left feeling my supervisor knows what she knows and that's it. As if she doesn't take time to actively further her own research knowledge.'

'It is not containing for a supervisee to have a supervisor who admits to being "rusty" with regards to their memory or knowledge of the methodology.'

'I don't think I have experienced productive supervision. I felt ignored and dismissed by my supervisor.'

Comments like these indicate how challenging the experience of research supervision has been for some research students, and it is important to note that such negative experiences were commonly found within the data.

Among the interviews some interesting archetypes developed. One particularly illustrative example of how different supervisors and supervisees depicted research supervision was when one supervisee described her supervisor as her 'telescope' – helping her to navigate and see far – whilst a supervisor chose a 'stethoscope'

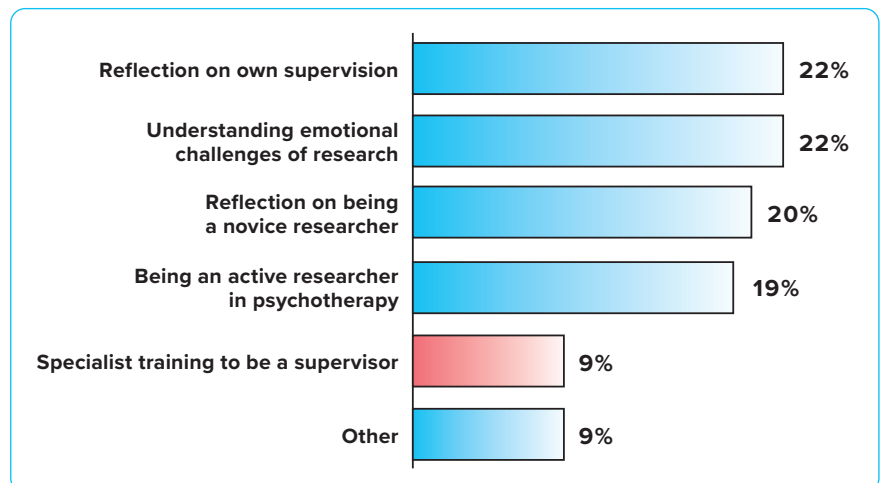


Figure 3: what do research supervisors see as the key factors in becoming effective in that role?

to describe how he saw his role as supporting each student to connect 'inwardly'. Other metaphors were used by supervisors to capture a welcome balance between trust and new, relevant knowledge. One participant, Gabriella, said for instance:

'I think of [supervision] as a seesaw. Initially I felt totally "up there" [hanging] with my feet up in the air, with no connection at all to the ground. But she was constant. I think that trust is the grounding aspect, gradually making me feel anchored and more in charge.'

Others used terms like mountain trekking and mountain leaders to describe research and research supervision. Sadot compares research methodology with a 'compass' and said 'research is a murky landscape, and trusting the supervisor is essential. There's some useful equipment [for my research] but sometimes you must make your own because the compass might not fit the climate or the context.' Most supervisors stressed the importance of supervisees having a 'real thirst for learning', ongoing curiosity and a strong motivation and passion to succeed.

Key objectives of the research were to produce a model of good research supervision that could be meaningfully communicated within the profession and to produce a relevant research product – a joint Metanoia and UKCP research supervision guide. Figure 4 captures what the researchers have named 'the 3 Cs relational model of good research supervision'.

The relational model of good supervision has three critical and interactive factors: Containment, Compassion and Clarity, and each of these delivers something that research students viewed as essential for a good research supervision relationship. Containment delivers 'safety', Compassion delivers 'empathy' and Clarity delivers 'rigour'. This model of good research supervision has been effectively used at the Metanoia Institute in the delivery of training

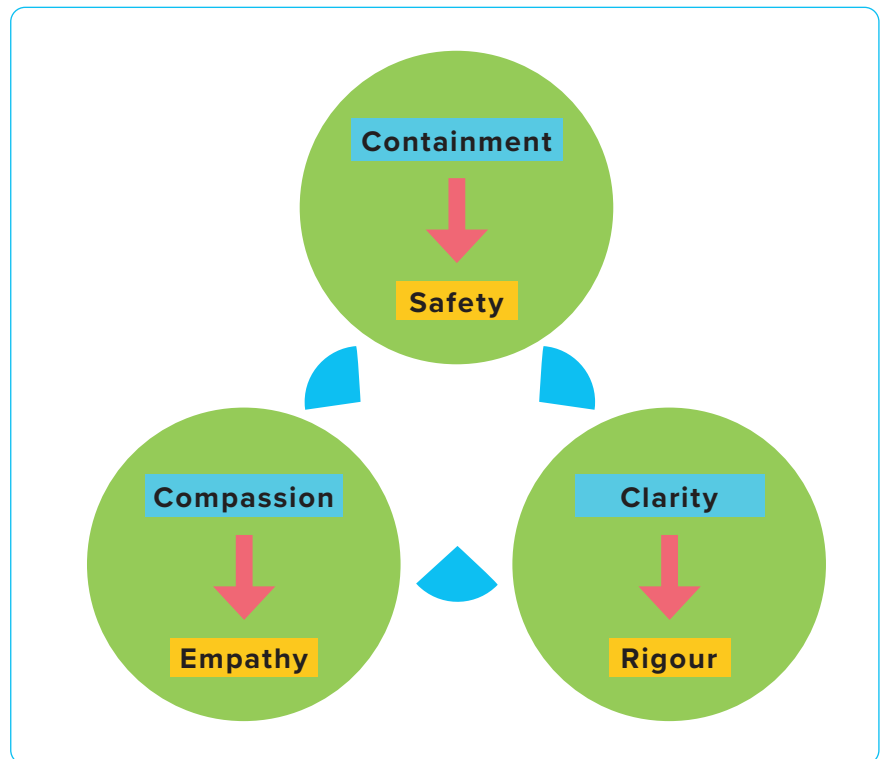


Figure 4 – the 3Cs relational model of good research supervision.

for research supervisors and has been judged to have good intuitive meaning by trainee research supervisors.

The main research product that was produced was a formal and substantive Research Supervision Guide in partnership with UKCP¹.

The research supervision guide, which is a research-led product, has vital implications for enhancing standards of research supervision within the profession. Ultimately, this research will benefit research students, research supervisors and everyone who can gain from new research.

UKCP CEO Professor Sarah Niblock said: 'Research is vital for the furtherance of the profession, and supervision is a demanding and specialist skill. UKCP is looking at ways we can support training organisations in delivering a world-class education to the next generation of critical practitioners.'[●]

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- Bager-Charleson, S and McBeath, AG (2021), 'Containment, compassion and clarity: Mixed-methods research into supervision during doctoral research for psychotherapists and counselling psychologists', *Counselling and Psychotherapy Research* 22, pp. 689–707, doi.org/10.1002/capr.12498

The study was approved by and adheres to the Code of Research Ethics of Metanoia Institute (MREC) which follows standard survey confidentiality (for survey responses) and which includes signed consents for volunteering interview participants about their contributions being shared in published research reports.



‘Government needs to get its act together’

CATHERINE WEST, MP FOR HORNSEY AND WOOD GREEN, TELLS CATHARINE ARNOLD HOW THE PANDEMIC HAS INCREASED DEPRIVATION AND TRAUMA IN HER CONSTITUENCY

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Catherine West was born in Victoria, Australia in 1966. She read modern languages and social work at the University of Sydney before becoming a social worker at a refuge for survivors of child sexual abuse. In 1998, West moved to the UK and took a master’s degree at the School of Oriental and African Studies (SOAS). In the same year, West joined the Labour party and worked as a caseworker for David Lammy MP in 2000. In 2002, West was elected to Islington London Borough Council. She was elected as the member for Hornsey and Wood Green in 2015.

It’s said that people who have experienced trauma, who are not picked up by mental health services, manifest their trauma in other ways, and often end up in the criminal justice system or developing mental health problems. Is this something you’ve been aware of in your work as an MP?

If young people go into care, it can cost as much as £10,000 a week to support them, whereas if we know there’s a problem and can put those support services in early on, it would lead to fewer costs for councils. How you would do that exactly when people are in the middle of a placement would have to be looked at, but it would be part of a five-year plan. Hopefully, by the end of the five years, you are getting more of a saving out of not using expensive placements. That £10,000 a week can pay for an awful lot of social care for young people, for example.

What are your views on early intervention? Do you agree that better mental health services for young people would be an investment in the future of this country?

I do prison visiting and I’ve taken it up again since COVID restrictions have lifted. There’s much more scope for therapeutic interventions in prison.

We know that the education and social care side of prison services have been very neglected in recent years and I think we should be much more focused on what interventions we could use, because a lot of offending behaviours are linked to poor mental health. Addressing some of those difficult, very entrenched mental health problems which prisoners have, and trying to access and provide services earlier on, would prevent reoffending.

Do you think the current adverse conditions, including Brexit, COVID, the cost of living crisis and the war in Ukraine, have increased the mental health issues among your constituents?

The period of COVID restrictions was very isolating and now that we’re coming out of that, it’s taking people quite a long time to adjust – whether that’s young people taking their exams, parents getting used to the school run and getting back into work, or older



**'I don't think we
have enough people
who practice the
talking therapies'**

Former social worker turned MP Catherine West is campaigning for improved mental health services

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'We don't have enough people who practice the talking therapies and I would like to see much more funding for people who have poor mental health.'

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people who stopped doing things and haven't started them again, [such as] they were in an exercise class and they haven't quite got the energy to go back to that. There are a lot of day-to-day patterns which haven't quite begun again. I think we need to redouble our efforts, both at government and local government level and in the charity sector, to target people who may be at risk of isolation.

We know that social isolation can cause mental and physical health problems. I think befriending services and youth groups, and older folks being active are important. In particular, I've noticed that there's not as much activity as there used to be in our care homes and I would love to see more music and dance, exercise classes, films and general activities for older people. The same goes for the people who are in their own homes because, of course, there they're subject to loneliness as well. So, there is a lot that needs to be looked at and I don't feel there's the energy and pace at government level to address it.

Does the current government need to raise its game in the provision of mental health services, particularly talking therapies?

If you intensify trends into the more acute sector, Accident and Emergency doesn't deal with people with mental health issues particularly well: there are long waiting times, staff are often not trained to deal with poor mental health, and then when people are actually an inpatient there's a long period while the observations are done and so on. Now, we all know that it takes a long time to have an assessment and get a diagnosis. However, sometimes that is used as an excuse not to provide a service. I wonder whether there are issues there around gaining access to a particular medical regime or a particular treatment. For instance, I would like to see people get into rehab quicker. If we could speed up access to treatment we might be able to make a difference to people's lives quicker.

I would also like to see more prevention in our schools, workplace

'If we could speed up access to treatment we might be able to make a difference to people's lives quicker'

services for people who are not feeling well mentally, and services for people who are retired or disabled and not in a standard workplace to ensure they have access to services.

The government needs to get its act together and make sure the NHS has enough funding, staff and capacity to tackle the mental health crisis.

What are your views on talking therapies?

I don't think we have enough people who practice the talking therapies, and I would like to see much more funding for people who have poor mental health, whether that's your basic talking therapies from the GP right through to secondary care in the

‘Mental health is a complex problem which can be dealt with in a holistic way if we have the political will’

acute sector, ensuring there is parity of esteem. I am a patron of MIND in Haringey, and I support the voluntary sector in their advocacy role, putting pressure on our hospitals and our trusts to be more ambitious for people who are disabled by mental health problems and encouraging a more positive outlook.

We need to look at some of the social determinants of poor health: poor housing, a lack of employment, a lack of money to gain access to leisure activities or to have a good diet or to live in a place where sleep is not disturbed. There are a number of factors there which do lead to mental health breakdown and these are the things which we need to have more of a laser-like focus on. Sadly, I don't see that in the government. I see ministers who are desperate to get the waiting lists down for hip and knee operations and cataracts, which is really important, but mental health is

a complex problem which can be dealt with in a holistic way if we have the political will. At the moment I feel that's really lacking. That's why I'm a member of the All-Party Group on eating disorders. I also raised the role of social media companies and girls' mental health in the House with the Online Harms Bill. There are so many areas where, with a bit of tweaking and a bit more political will, we could actually have more of an impact.

For years, hospitals have warned about the dangerous lack of NHS mental health beds, the understaffing of hospital wards and the long waiting times for mental health support. Coming out of the pandemic, more and more people are reaching a breaking point and need specialised help. For example, talking therapy can be extremely helpful for those who need to deal with complex and emotional problems. Psychotherapists are some of the hidden 'key workers' – they are vital in supporting people's wellbeing at a time of great uncertainty and difficulty. The UK Council for Psychotherapy plays an important role in training, supporting and equipping the NHS mental health team and I support their campaign for greater inclusion of psychotherapists and counsellors within the NHS. ●

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‘Psychotherapists are some of the hidden “key workers” – they are vital in supporting people's wellbeing at a time of great uncertainty and difficulty.’

Timeline

CATHERINE WEST, MP CAREER TIMELINE

- 1998** Joined the Labour party
- 2000** Became a caseworker for David Lammy MP
- 2002** Elected to Islington London Borough Council for Tollington Ward
- 2010** Elected leader of Islington Borough Council
- 2015** Elected as MP for Hornsey and Wood Green
- 2015** Promoted to Official Opposition frontbench as Shadow Foreign Office Minister
- 2016** Campaigning with Britain Stronger In Europe for UK to remain within EU
- 2016–2017** Officer of the All-Party Parliamentary Group on UK-EU Relations
- 2017** Voted against triggering Article 50 of the Lisbon Treaty, along with 46 other Labour MPs
- 2017** Sacked from the Labour frontbench after voting for the Queen's Speech to call on the UK to remain in the European Single Market
- 2017–2019** Appointed Shadow Foreign Office Minister

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‘We need to come together as a profession, across modality boundaries’

UKCP VICE-CHAIR ELECT JO LUCAS DISCUSSES THE NEED FOR A BETTER UNDERSTANDING OF PSYCHOTHERAPY, AND HER COMMITMENT TO WIDENING ACCESS - BOTH FOR CLIENTS AND THOSE CHOOSING TO ENTER THE PROFESSION

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Jo Lucas was elected a UKCP Trustee in November 2021, and became vice-chair elect in September 2022 when she was elected unopposed. She is an integrative psychotherapist currently working in private practice, a non-executive director and senior and independent director at Cambridgeshire and Peterborough NHS Foundation Trust, and has also served on UKCP adjudication panels.

What inspired you to train as a psychotherapist?

I have worked in the mental health sector from the age of 18, when I was a nursing assistant in a young people's unit that was run as a therapeutic community. So, I have always been interested in how people function, how we can function better.

I initially trained as a Gestalt counsellor to support my work as a residential social worker. My own experience as a client enabled me to make peace with myself and my history and, most importantly, to shift from the places where I felt stuck.

I love being able to offer this to other people now. This is not about denying their history but accepting

it, learning from it and helping them move on.

What was the appeal of integrative psychotherapy?

Integrative psychotherapy recognises the two people in the room as co-creators of the relationship, and it draws from a wide range of theories to offer useful approaches rather than sticking to any specific model. It integrates learning from the range of theoretical perspectives, supporting therapist and client to hold the ambiguities which are so common in human life. A fundamental belief is that there is no one truth, it is contextually informed by the person of the therapist, the client, and their broader social framework.

Schore [Dr Allan N Schore, a US developmental expert known as 'the American Bowlby'] talks about the therapeutic alliance as the vehicle for a growth-facilitating environment which supports people to develop better self-regulation. In other words, people can learn to manage their emotions and responses rather than being overwhelmed by them.

You have extensive experience of sitting on boards - for charities,

a housing association, a CIC and currently with an NHS Foundation Trust. What draws you to this work?

In terms of the UKCP Board, my interest is in supporting the work of the organisation to make psychotherapy more widely available and better understood, so that people can access it more easily. We need to come together as a profession, across modality boundaries, to support shared learning, the development of the profession and better public understanding. I would like to see the profession regulated better, by UKCP, so that psychotherapist is what is called a 'protected title'.

How does your work on the Board of Directors for an NHS Trust inform your work on the UKCP Board of Trustees and vice versa?

The NHS Board gives me an overview of the wider mental health world, which private psychotherapy sits very much on the edge of. It also gives me the opportunity to suggest that posts be opened up to therapists as well as psychologists. More psychotherapists within the NHS would give us parity of esteem with psychologists and mean that people leaving training had more options for work.

Photographer: Joseph Blainston



'We need to come together as a profession to support shared learning and better public understanding.'

Your work managing two EU-funded projects to develop social work education in Ukraine and Georgia are particularly topical. Can you tell us more about what was involved?

That was quite a long time ago. I know that there are social workers and NGOs and counsellors in both countries who are able to support colleagues and people impacted by the current situation, and they are doing their best in both countries to keep the training going and to support the people who are already working. Georgia is struggling with large numbers of refugees from both Ukraine and Russia, and it is a small country with limited resources. Parts of Ukraine have been devastated, so many people have left and those who stayed are experiencing daily trauma we can't even begin to imagine. Survival is the issue right now and supporting those who have come here.

Can you tell us more about your commitment to widening access to psychotherapy?

I plan to use my role on the Board to support what the organisation is already involved in and enable people who would not normally think of training to find ways to join the profession – looking for funding to expand the bursary scheme, and continuing to work with the NHS and NICE to ensure that psychotherapy is recognised and that more jobs are available.

Why should the government invest more in training for psychotherapists?

The research is clear that psychotherapy works, and that many people really value it. The NHS and social care are stretched beyond their limits. Psychotherapists have a huge role to play in responding to the increased demand from young people and old. While we cannot offer anything to people with significant psychiatric problems, we can do a lot to prevent some people from reaching the point of needing more intensive psychiatric support.

Timeline

JO LUCAS'S JOURNEY

1978–1981

BA (Hons) Psychology and Sociology, City of London Polytechnic (now London Metropolitan University)

1981–1982

MSc Social Policy and Social Work and Certificate of Qualification in Social Work, City of London Polytechnic

1984–1986

Research Diploma in Social Policy, London School of Economics

1993–1994

MSc Integrative Psychotherapy first year, Metanoia Institute/Middlesex University

1995–1998

Project manager and lecturer, developing social work and social policy, Kyiv-Mohyla Academy, Ukraine

2004–2015

Freelance consultant, Fibonacci Associates

2008–2014

MSc Integrative Psychotherapy, Metanoia Institute/Middlesex University

On Screen

Katla (Netflix, 2021) captures the zeitgeist of climate change anxiety, grief and collective mourning, says Deborah Madden.

The noir genre has always offered rich pickings for psychoanalytical readings, be it the obsessional behaviours of 1940s femme fatales and 'anti-hero' detectives or the socially dislocated psychology of Nordic noir's unconventional protagonists. Netflix series *Katla* (2021) is something of a departure, where the sub-glacial volcano takes the lead role. Forming part of an emerging genre of 'Arctic noir', this Icelandic drama fictionalises elements of *Katla*'s region and its proximity to the coastal town of Vík í Mýrdal, as well as its historic volcanic activity.

The volcano functions as a type of Jungian collective unconscious for both viewers and Vík's fictionalised inhabitants. A primordial landscape of glaciers, black beaches and volcanic ash is vividly haunting. These archetypal landscapes map on to an established cultural memory of the Arctic as a sublime and liminal place for artistic inspiration, colonial exploration and scientific knowledge, a memory that continues to have affective traction in the region's eco-tourism. It also keys into wider contemporary anxieties about climate change and existential threats to planetary survival.

The series opens a year after *Katla*'s eruption, which sees the resurfacing of deeply buried personal and collective memories, instigated by the visitation of changelings, who operate variously as alternate selves and embodiments of unconscious desire. They become conduits for characters' unresolved trauma, loss and grief, including suicide, accident, life-limiting illness or the natural disaster of *Katla*'s eruption.

The featuring of Icelandic myth seeks recourse to a collective unconscious and communal memory, evoked by Vík's hotel owner, Bergrún, who facilitates a living link between past and present. The drama's interconnecting of private and public trauma raises intra-connecting questions about self, parts of self and the nature of personal and collective memory in



'The volcano functions as a type of Jungian collective unconscious'

the construction of self and identity formation. The aptly titled finale 'I am You' sees the character Gríma struggle violently with her cloned self. Here, the changeling serves as a point of deep psychic disturbance and temporal dislocation, though offers a means for Gríma to integrate past trauma and a route through depression, loneliness and grief – the hope of a better future.

Katla creates a destabilising sense of anticipatory and post-grief; the volcanic landscape is simultaneously a site of mourning where human activity, eclipsed by geologic time, offers a place of hope. Existential uncertainty begins a process of acknowledging past trauma in individual, familial and communal

ways. The depth of individual grief is noted, but so too are the interconnecting webs that encompass others. The lack of lead character emphasises communal interdependency and vulnerability, brought into focus by the town's precarity. Future hope rests on uncertainty

with an acceptance of the changelings' transformative purpose; these folkloric elements invite a child-like naivety and suspension of disbelief in the modern era.

Although there is a family resemblance between *Katla* and its Nordic cousins, it does differ in kind. In an interview for *Drama Quarterly* (2021), director Baltasar Kormákur expressed a hope that it would be regarded as doing something unlike 'anything that is going on right now'. It could be said that *Katla* keys into everything that's 'going on right now'.

For therapists, the value of working with archetypes, myth and metaphor, particularly for managing uncertainty about everything that's 'going on right now', is especially useful when addressing the prevalence of climate change anxiety, anticipatory grief and, indeed, collective mourning in the aftermath of environmental damage. The agility of eco-psychotherapy as a means of wellbeing will increasingly need to respond to the differing emotional and affective scales wrought by the uncertainty and collective grief of climate change. ●

What have you seen on screen that is ripe for therapeutic analysis? We'd love to hear your ideas.

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Taster in Gestalt – 1 Day workshop

This workshop looks at the theory and application of working with clients using Gestalt Therapy.

Trainer: Karen Burke MSc- UKCP.

Date: Monday 28th November 2022

Venue: Manchester Institute for Psychotherapy

Cost: £145

Food, Weight & Psychological Hungers – 1 day workshop

There are a range of different eating and weight related issues that might present in the therapy room. The challenge therapeutically is to understand the underlying trauma behind the presenting issues.

Trainers: Mandy Atkinson PTSTA(P) and Susie Hewitt

Date: Monday 27th March 2023

Venue: Manchester Institute for Psychotherapy

Cost: £145

Psychotherapy of Obsession, Habitual Worrying & Repetitive Fantasizing – 1 day workshop

This workshop will be useful to psychotherapists, counsellors and psychologists who want to apply theory in clinical practice & to enhance their effectiveness through identifying relational aspects of obsession, habitual worrying and repetitive fantasizing.

Trainer: Ruth Birkebaek

Date Monday 3rd April. Cost £145

Venue: Manchester Institute for Psychotherapy

TA101 2 day workshop – Cost: £225

This 2 day course is primarily for anyone interested in Transactional Analysis at a clinical level and is a prerequisite to go onto the 4 year diploma in transactional analysis

Dates: 12th & 13th December 2022 (Mon & Tues)

7th & 8th February 2023 (Tues & Wed)

24th & 25th April 2023 (Mon & Tues)

Venue: Manchester Institute for Psychotherapy

Taster in Sleep Therapy – 1 Day workshop

In this workshop we will learn how we can treat sleep issues with our clients. Susie has been working with sleep issues for many years and has a particular interest in insomnia and dream analysis.

This workshop will be didactic and experiential in content and is aimed at counsellors, psychotherapists, educators and healthcare professionals who are faced with issues caused by dysfunction in the family.

Trainer: Susie Hewitt, TSTA, MSc, UKCP/BACP

Date: Monday 16th January 2023

Venue: Manchester Institute for Psychotherapy

Cost £145

Certificate in Trauma

This is a 5 day course (30 hours) spread over a period of 5 modules. The aim is to enable people working with both children and/or adults to be able to respond effectively to their clients trauma. We will consider effects of trauma on the brain, mind, body, behaviours and subsequent motivation.

Tutor: Karen Burke MSc-UKCP. Cost £945

Dates: Mondays: 9th & 23rd January, 13th & 27th February & 13th March 2023

Venue: Manchester Institute for Psychotherapy

Certificate in Supervision

This is a 5 day course (30 hours) spread over a period of 5 modules. We will look at the meaning of Supervision as it applies in your field of work, whether you work individually or in a group setting in psychotherapy, counselling, or in the areas of social work, nursing, clinical psychology or indeed any of the caring professions.

Tutor: Bob Cooke TSTA UKCP. Cost: £945

Dates: January/Feb 2023: 6th, 13th, 20th, 27th January & 3rd February.

April/May 2023: 14th, 21st, 28th April, 5th & 12th May

Venue: Manchester Institute for Psychotherapy

Supervision Conference – Saturday 6th May 2023 – "Supervision in the 21st Century"

This One Day Supervision Conference is hosted by the Manchester Institute for Psychotherapy. There will be a series of morning & afternoon workshops in the area of supervision, past, present and future. Keynote speakers are yet to be decided though the conference will be opened by Bob Cooke, TSTA (UKCP). This conference is the first of its kind in Manchester and hopefully will be an annual event where we can bring the foremost thinkers & practitioners in the area of supervision and supervision training.

Cost: £80 per delegate, includes refreshments & lunch.

Time: 9.30 to 5.30 pm. Venue: The Life Centre, Sale, Manchester.

To register go to: <https://manchesthertherapyconference.co.uk/>

For further details and to book on our courses please see our website at www.mcpt.co.uk

Youtube channel Bob Cooke & See our new therapy podcasts

<https://podcasts.apple.com/us/podcast/the-therapy-show-behind-closed-doors/id1570789126?uo=4>

Personal website for Bob Cooke: www.bobcooke.org

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