

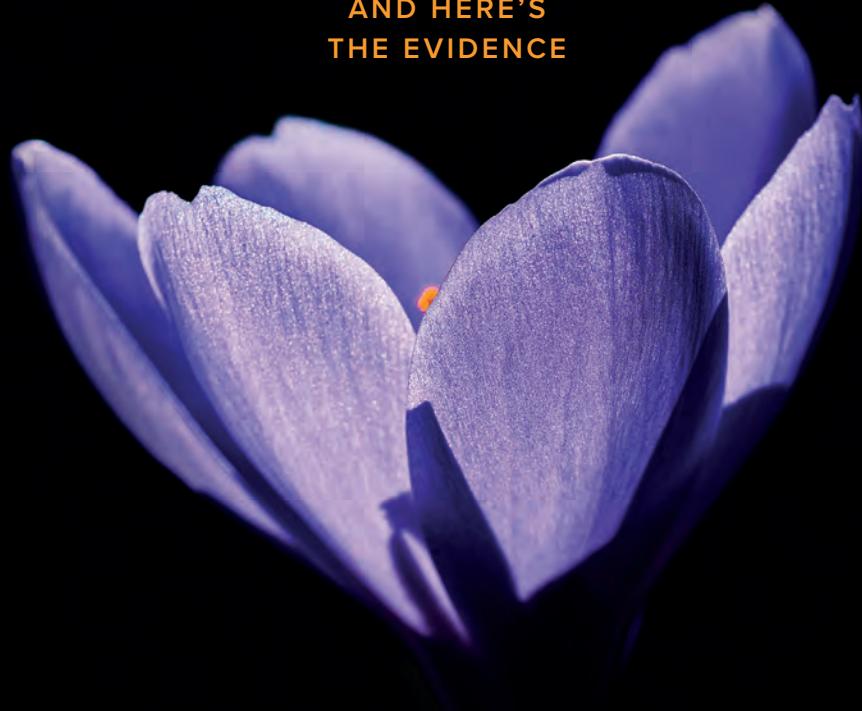
New Psychotherapist

ISSUE 82 / WINTER 2022/23

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New Psychotherapist

The magazine of the
UK Council for Psychotherapy

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DIVERSITY AND EQUALITIES STATEMENT

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

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Welcome

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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.

Welcome to the Winter issue of *New Psychotherapist*. This issue focuses on psychotherapy research and its outcomes. We believe research contributes to the understanding of psychotherapy, and this is why it is significant. Psychotherapy works and there is a wealth of evidence.

A direct example of psychotherapy research with practical applications is Linda Cundy's paper on the impact of Adverse Childhood Experiences (ACEs) and eating disorders on page 38.

Our first big report is an evidence-based piece that emphasises the strengths of research in psychotherapy and also indicates any gaps/areas for development in the literature, on page 14.

The National Institute for Health and Care Excellence (NICE) has an influential role in the definition of mental health issues and treatment, but are its guidelines

appropriate for psychotherapy? We ask if NICE needs to change on page 20.

If you're still wondering 'What's the point of research?' read what our members have to say about their recent projects and what they mean for their clients, on page 30.

Professor Divine Charura discusses combining research and practice and how to get research funding on page 34.

In other news, Labour peer and trade unionist Lord Brooke of Alverthorpe explains how therapy saved his life and why he's campaigning for mental health legislation on page 44.

Finally, following the General Meeting on 31 October 2022, the Board of Trustees received resignations from Azmat (chair), Andy Cottom (vice chair) and Juliet Rosenfeld (trustee). Andy and Juliet stood down early, as their terms were due to end on 31 December 2022. The following week, vice-chair elect Jo Lucas was appointed acting chair for UKCP and will continue in the role of vice chair on the election of a new chair. The Board of Trustees expressed thanks to Azmat for everything he has done to support UKCP, to Andy for his huge contribution in his eight years on various committees, and to Juliet for her thoughtful contributions to Board discussions. Our former CEO Professor Sarah Niblock also stepped down last November. Sarah worked unerringly to progress UKCP to be a bold, future-thinking and sustainable organisation, raising our profile and steering UKCP through the pandemic. We wish her well in her future endeavours.

Catharine Arnold

CATHARINE ARNOLD

Editor

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The Labour Peer describes how therapy has helped him



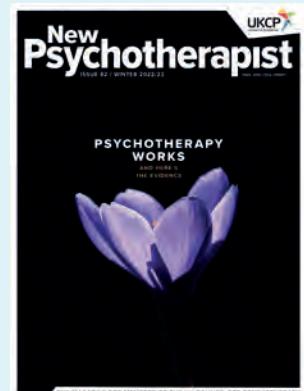
Clive Brooke

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On the cover

We explore the growing movement to prove the value of psychotherapy



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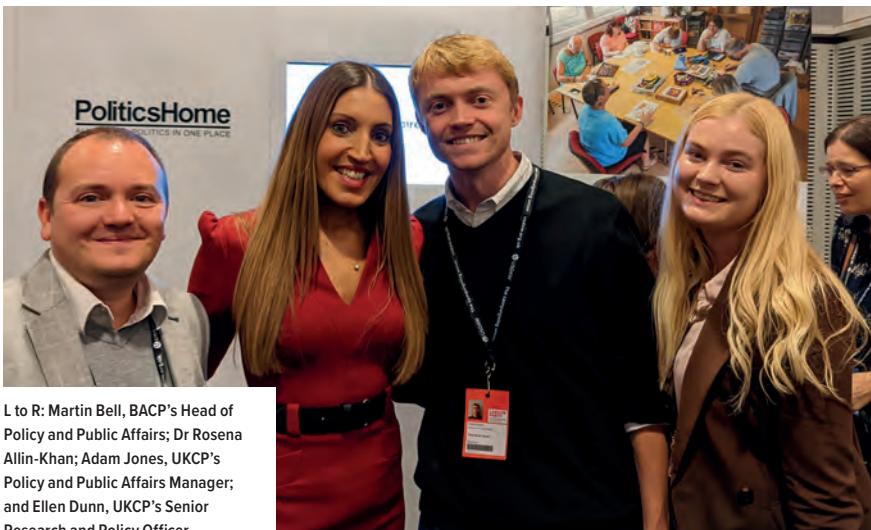
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Bulletin

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



L to R: Martin Bell, BACP's Head of Policy and Public Affairs; Dr Rosena Allin-Khan; Adam Jones, UKCP's Policy and Public Affairs Manager; and Ellen Dunn, UKCP's Senior Research and Policy Officer

3

years since UKCP was able to attend a party conference

12,500

delegates attended the Labour party conference

8,500

new mental health staff pledged by the Labour party

6

POLICY

UKCP hosts Shadow Mental Health Minister at Labour Conference

The return to party conferences after a pandemic-induced absence allowed UKCP to engage with parliamentarians, councillors and a number of key third-party organisations in mental health

UKCP, in the form of Policy and Public Affairs Manager Adam Jones and Senior Research and Policy Officer Ellen Dunn, attended the Labour Party Conference in Liverpool last September. UKCP jointly hosted an event with the British Association

for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the thinktank the Institute for Public Policy Research (IPPR) to look at the long-term implications of the pandemic and cost of living crisis for mental health care. The event was hosted by Shadow Mental Health Minister Dr Rosena Allin-Khan.

With Labour committing to adding 8,500 new mental health staff to the workforce by the end of a first term in office, it was vital to highlight the role that psychotherapy and psychotherapeutic counselling would need to play as part of that expansion. The event culminated in a discussion about the need for investment, the critical role psychotherapy and counselling play in improving

mental health, and the need to replicate the lessons learned from the therapeutic space across wider social settings. UKCP was glad to be able to bring the voice of the profession to this influential policymaking space and will continue to bring the psychotherapeutic voice to key decision makers so that our members' work is at the forefront of any strategy to improve mental health.

Jones said: 'It had been a tumultuous few months in UK politics, with domestic and global factors contributing to an ever-changing policy landscape, and the country faces a period of economic instability that is sadly exacerbating the already spiralling cost of living. This kind of turmoil can create anxiety among the population at any

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Food for thought

The impact of adverse childhood experiences on disordered eating

Page 38

time, but the recent period has been notable for the many direct impacts of political decisions on people's quality of life – with the associated impact on mental health and wellbeing.

Two pandemic-hit autumns had passed since our previous conference outing – our event at the 2019 Conservative conference – but we were glad to be back. The conference was a wonderful opportunity to engage with Dr Rosena Allin-Khan, amid her busy conference schedule. Importantly, Dr Allin-Khan also discussed Labour's willingness to invest in order to reap the long-term social and economic benefits of improved mental health – such as better relationships, improved physical health, greater productivity and countless others. While this may be self-evident logic to therapists, governments have too often been reluctant to commit funding when the cost benefit may take years to be fully realised, with taxpayer savings spread across different departments distorting their true overall value.

The conference also offered us the chance to engage with other parliamentarians, local councillors and a range of third-sector partners – including fellow mental health organisations such as Mind, Young Minds, Samaritans, the Mental Health Foundation, the Royal College of Psychiatrists and the British Psychological Society. Our close ties with these organisations will be critical to amplifying the psychotherapeutic voice to policymakers over the coming months.

The churn of administrations is not conducive to a smooth policymaking process. Nevertheless, there are still big decisions to be made before the next general election about government spending and the progress of legislation such as the Health and Care Bill, reform of the Mental Health Act and a ban on conversion therapy. Whoever is in charge, we will continue to seek to bring the psychotherapeutic voice to key decision-makers so that the wonderful work of our members is at the forefront of any strategy to improve the nation's mental health.'

You can watch the event here:
youtube.com/watch?v=kjVqjUVGhk8

New toolkit aims to support inclusive psychotherapy training

A free toolkit aiming to support the development of skills, knowledge and understanding for delivering inclusive psychotherapy and counselling training is being launched by the Coalition for Inclusion and Anti-Oppressive Practice

The Coalition is an informal group composed of organisations with a common interest in particular issues and chaired by Place2Be, a children's mental health charity that provides counselling and mental health support and training in UK schools. It is a collaborative and cross-industry group, with multiple organisations invested in making real and positive change in counselling, psychotherapy and psychological therapy training.

Other member organisations include the Association of Christians in Counselling and Linked Professions (ACC), the Association of Child Psychotherapists (ACP), the British Association for Counselling and Psychotherapy (BACP), the British Association of Art Therapists (BAAT), the Muslim Counsellor and Psychotherapist Network (MCAPN), the National Counselling Society (NCS) and Psychotherapists and Counsellors for Social Responsibility (PCSR).

This project is producing a free 'toolkit' for those working within psychotherapy, counselling and psychological therapy training. It is being created following consultation with training providers, tutors and programme leaders, and aims to support

the development of skills, knowledge and understanding for delivering inclusive counselling and psychotherapy training. With an initial focus on race and ethnicity, the toolkit will provide support in three areas of course provision: the institution, training programme and individual tutor. The steering group's members will disseminate this guidance.

The Coalition plans to achieve its outcomes through increasing the number of training/qualified counsellors/psychotherapists/psychologists from racially minoritised backgrounds through a range of activities and outputs to help institutions, organisations and individuals challenge dominant structures and systems of oppression.

It also plans to support productive conversations and recognise power and privilege. UKCP Trustee Will Daniel-Braham said: 'I'm pleased and proud to be representing UKCP as a member of the Coalition for Inclusion and Anti-Oppressive Practice. It's wonderful that this toolkit has been developed to support organisations to reflect on their delivery of curriculum. It invites us to reflect on our understanding of the sensitivity of race and diversity and how it is represented within ourselves and our clients.'



A good study

A literature review demonstrates the value of psychotherapy

Page 14

Exclusive affiliation with EJPC

UKCP is exclusively affiliating with the *European Journal for Psychotherapy and Counselling (EJPC)*, a peer-reviewed, international and interdisciplinary journal which covers the psychological therapies with reference to developments in psychotherapy, psychoanalysis, counselling and counselling psychology. This affiliation will allow all UKCP members access to current and previous issues of the journal, as well as providing a potential pathway for members to disseminate their research. The UKCP logo will feature on the cover and under the copyright line as a sign of the affiliation.

Senior Research and Policy Officer Ellen Dunn said: 'This partnership is a great opportunity to collaborate with an internationally reputable academic journal and a chance for members to get involved in the academic publishing process – whether that's through submitting an article, reviewing an article, sitting on the international editorial board or reviewing books. While we encourage members to get involved, the partnership won't guarantee publishing for members as we are careful to ensure that *EJPC* still has editorial and academic independence to maintain its academic integrity.'

NEW GUIDES

NEW RESEARCH RESOURCES

Interested in research but not sure how to start? We have created a range of new introductory resources to research topics to help.

The resources include a brief introduction on how to evaluate journal articles. Knowing how to critically evaluate journal articles is a useful and important tool in reading and using research.

We've also created a guide to research ethics which is an essential part of all research projects. Our brief guide sets out the basic principles of research ethics and where to find more information.

In terms of conducting research, we have created an introductory guide to the value and application of routine outcome measures (ROMs) and a guide to qualitative research.

ROMs can help evaluate how a client may be experiencing their issues and therapy over time. While certainly not appropriate in every situation, ROMs have unique value in both opening a dialogue

about ongoing progress, as well as building the evidence base for therapy.

Meanwhile, qualitative research can provide a uniquely rich exploration of psychotherapeutic processes and client experiences.

Interested in turning your research into a publishable article? Writing a journal article is an excellent opportunity to disseminate the research you have conducted to a wider audience. Our guide sets out how to write an academic article and submit it to a journal. We've also created a guide to referencing as reading, digesting and citing academic articles are vital ways you can engage with research. Our guide includes information about how to reference articles, citation generators and finding open-access articles.

► To download these guides, please visit [psychotherapy.org.uk/policy-and-research/research/research-resources/](https://www.psychotherapy.org.uk/policy-and-research/research/research-resources/)

EVENT

SAVE THE DATE FOR OUR 2023 RESEARCH CONFERENCE

We're holding our annual research conference on 2 and 3 June. This conference is an excellent opportunity to showcase member research and will include workshops, paper sessions, panels and structured discussions.

We are currently accepting abstracts for the conference from a range of topics within psychotherapeutic research. The deadline for abstracts is 27 February.

► For more information, please visit our event webpage: <https://www.psychotherapy.org.uk/events/ukcp-research-conference/>



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Reviews

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

A Psychotherapist Paints: Insights from the Border of Art and Psychotherapy

Morris Nitsun's fourth book will sadly be his last. A veteran practitioner and distinguished author in psychotherapy and clinical psychology, Morris Nitsun died last November from pneumonia. Nitsun was a valued presence as a speaker, teacher and consultant, with an international influence in several fields – group analysis, clinical practice and organisational psychology. He was also a distinguished painter, having arrived in Europe from South Africa through a 1966 award in the annual South African Artists of Fame and Promise competition. By the end of his life, Nitsun had mounted 11 solo exhibitions in London galleries.

Isolated by the pandemic, Nitsun conducted online workshops, including Painting in a Time of Corona, that form the basis of his new book, which grapples with the challenges posed by the duality

of healing and creativity. He originally started the book determined to communicate with a receptive audience about childhood and society in words, pictures and symbols.

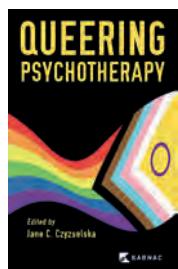
He set up group discussions about his paintings then, during the pandemic, broadened his focus to also address mortality, our denial of death and the fragility of nature. The book, which includes 50 of his paintings, builds on these subjects to develop a heuristic enquiry 'bringing together distinctly different modalities – painting, memoir and group exploration' to create 'the artist's matrix' in which we can all find a place and rediscover ourselves.

In conclusion, he proves the question he opens with – can he be both healer and artist? His life and work give testimony to how healing and creativity are different branches of the same tree.



Details

- **Reviewed by:** John Schlapobersky, Institute of Group Analysis, London
- **Author:** Morris Nitsun
- **Publisher:** Routledge
- **Price:** £29.99
- **ISBN:** 1032140771



Details

- **Reviewed by:** Silva Neves, UKCP-registered and COSRT-accredited psychotherapist, Pink Therapy Clinical Associate and author
- **Author:** Jane C Czyzelska (ed.)
- **Publisher:** Karnac Books
- **Price:** £26.99
- **ISBN:** 9781913494

Queering Psychotherapy

In this book, Jane Chance Czyzelska makes us face the uncomfortable truth: the psychotherapy profession is influenced by colonial history and culture as well as Euro-centric theories, unhelpful at best and harmful at worst for queer people.

Czyzelska approaches the profession from a social justice stance. Their idea on queering psychotherapy is not only to focus on queer people, but also to thoroughly decolonise psychotherapy, leaving no stone unturned in the process.

Queering Psychotherapy invites us to think deeply about intricate subjects in nuanced ways. For example, how our antithesis can teach us, or how the concept of 'authentic self' can be damaging to the trans community. I particularly appreciated

the refreshingly honest account of Meg-John Barker in Chapter 4, explaining how heteronormativity hurts everybody, including heterosexual people, moving away from the binary of 'them and us'.

This book gifts us by showcasing how healing the work of a certified sexological bodyworker can be, how it is easy to unduly pathologise sex workers, intersex people's lives from their own voice, how to live and work within the queer community, and a phenomenal new take on supervision reframed as 'supra-vision'. Many of those topics are not written about enough, and certainly not in the depth that this book offers. It is a highly recommended read for psychotherapists at all levels.

Resilience and Survival: Understanding and Healing Intergenerational Trauma

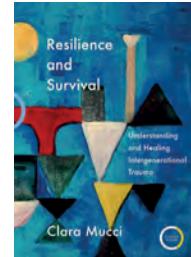
This short book by the Italian psychoanalyst Clara Mucci sets out to show how resilience can be reinforced and structured to create stronger individuals and societies. Each chapter illustrates the components that the author proposes are necessary to achieve resilience: attachment, connectedness, memory, testimony, education and the development and practice of artistic and creative activities.

I felt seen in the last chapter, where Mucci emphasised the more practical concerns of working with trauma, informed with a link to the history and development of analytic thought from Freud to the present day. I was pleased that the concept of intergenerational trauma was explored and her segregation of different levels and impacts of traumatic events was a useful approach.

It was potentially helpful for explaining trauma to clients, as many seem to feel that trauma is only the very big stuff, something Mucci disputes excellently.

While she is clearly knowledgeable and widely read, I found some aspects of the book too repetitive. At times I found my attention wandering as the scientifically focused citations didn't interest or inspire, but it wasn't too much of an obstacle.

As an existentialist, I found some of the language difficult and was aware that her arguments would have been more rounded with more of an existentialist approach. That said, this book challenged some of my thinking, opened up a different perspective and at times had me nodding my head in agreement. In this regard, the book ticks a lot of boxes and is a worthwhile investment of time, energy and money.



Details

- **Reviewed by:** Ben Scanlan, UKCP-accredited existential phenomenological psychotherapist and integrative supervisor

- **Author:** Clara Mucci
- **Publisher:** Karnac Books
- **Price:** £12.59
- **ISBN:** 978-1913494101



Details

- **Reviewed by:** Martin Weaver, UKCP-registered constructivist psychotherapist, supervisor and neuro linguistic psychotherapy practitioner.
- **Author:** Nicholas Rose
- **Price:** £9.99
- **ISBN:** 978-8836222406

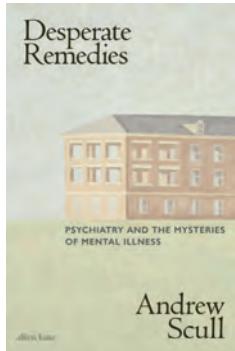
Better Together

In *Better Together*, Nicholas Rose gives his take on why we choose the people we do, what makes us happy together, what can go wrong and what we can do about it. He describes some of his history and details how he works. We are presented with less of a cookbook or instruction manual and more of a discourse, a wide-ranging exploration and discussion of his almost 20 years of experience in working with the issues that couples have brought to him for therapy.

There are 12 stories here about various dilemmas and perspectives in relationships and Rose details approaches you might want to use in your own work with couples. He covers the dynamic process of relationships, what he calls

'togethering', and how we present differently in different relationships. The issue of how we get together, what happens when relationships run into trouble and the resolution, and how to 'get better together' are explored through examples. Finally, the 'Last Word' section provided a useful overview and rationale of the book.

There are no quick fixes or tabulated questions, no bullet points or questionnaires, it really is a journey, an insightful meditation. Pause often to contemplate what you've read and respond to his direct questions. Be prepared to do a lot of your own thinking around whether or not you might incorporate his ideas, thoughts and suggestions.

**Details**

- **Reviewed by:** Catharine Arnold
- **Author:** Andrew Scull
- **Publisher:** Allen Lane
- **Price:** £25
- **ISBN:** 0241509246

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Desperate Remedies: Psychiatry and the Mysteries of Mental Illness

For the past 200 years, disturbances of reason, cognition and emotion – once referred to as ‘madness’ – have been diagnosed and treated by the medical profession. As psychiatry emerged as a specialism, so did the conviction that mental illness could be cured just like any other form of disease. And yet serious mental health issues remain a profound mystery that is no closer to being solved than it was a century ago.

In this book Andrew Scull, who is a leading historian of psychiatry, describes the profound suffering of patients under the 19th-century asylum system, the barbaric surgical and chemical interventions they endured, the rise of Freud and the talking cure and the development of anti-depressants.

In an excoriating indictment of American psychiatric care, Scull argues it is the patients who have suffered most in the attempt to solve the enigma of mental illness. He examines the failure of psychiatry evidenced by the contemporary neglect of people with serious mental illness who are consigned to jail or the gutter, compares the brutal Victorian asylums with today’s prescription-pad culture and examines the stigma of mental illness which continues to linger in the 21st century. But this is more than just a history book. Members and other readers who are already aware of the limitations of psychiatry to treat mental illness will find powerful arguments for psychotherapy in this book.

Sad Little Men: How public schools failed Britain

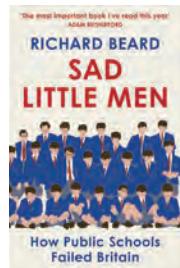
This is a book driven by the author’s curiosity, sadness and anger about his own unhappy boarding school experience – but it is also a timely exposition of how public school education has irreparably damaged the ruling classes, with consequences for us all.

This dual narrative allows us to see not only how developmental-relational deficits play out in one man’s life but also to get a sense of the societal damage this can cause. Author Richard Beard references at length the two main protagonists from the small pool of theorists addressing boarding school issues – Joy Schaverien and Nick Duffell – and this ensures the book is anchored in relational-developmental theory. It is not an academic work, though, and therefore Beard does sometimes make inferential

leaps that perhaps wouldn’t be supported in an academic text.

What is lost in academic rigour is more than gained through elegant, reflective and insightful prose. Beard helps us to understand what sort of adult – and what sort of leader – a public school develops through its curious juxtaposition of great privilege with great deprivation. False selves are constructed; dissociation and splitting are the escapes when there is no escape; relationships are permanently damaged as children learn to abandon before being abandoned themselves.

It’s a painful read and desperately sad at times but it is also important that the conversation about public schools is had. And next time one of our leaders does or says something that seems inexplicable, the answer may be in this book.

**Details**

- **Reviewed by:** Nick Campion, integrative psychotherapist
- **Author:** Richard Beard
- **Publisher:** Routledge
- **Price:** £10.99
- **ISBN:** 9781529114805



PODCASTS WE'RE LISTENING TO

THERAPISTS TALKING THERAPY BY MARTIN WEAVER

Martin Weaver's gentle reflections are rich with his decades of experience as a psychotherapist.

He mixes personal and professional anecdotes to address the issues therapists face in their daily client work and personal process. He is often joined by another therapist in a lightly structured conversation. Each episode focuses on a theme in depth and is

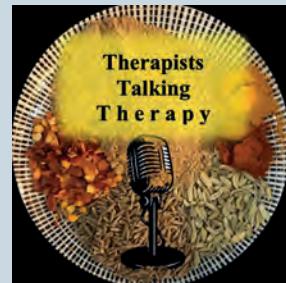
roughly an hour long.

The new season includes an exploration of grief and identity, examines what it means to be a psychotherapist and takes a look back in time at Weaver's personal career journey. Previous episodes – many of which were recorded during the pandemic – touch on themes that are still relevant today such as boundaries, politics and loneliness.

My favourite episode deals with grief, where Weaver uses an extract from a podcast in the past to recall

the moment when he realised that he had reached an age that his own father never would. It has a narrative quality and is powerful, intimate and thought-provoking.

The series is a gateway for those who enjoy pondering and exploring bigger questions. Each guest brings a unique perspective, pace and tone to the table. The audio quality can sometimes vary, but you will find yourself still reflecting on what you've heard for many days.



Details

- **Reviewed by:** Anusha Nirmalananthan, humanistic and integrative trainee psychotherapist
- **Creator:** Martin Weaver
- **Available:** bit.ly/TherapistsTalkingTherapy

CONVERSATIONS WITH ANNALISA

Conversations with Annalisa is a series of podcasts hosted by broadcaster and journalist Annalisa Barbieri, as she speaks with a specialist about a different human behaviour and psychological topic in each episode. The idea for the podcast came from Annalisa's weekly conversations with psychotherapists for Ask Annalisa, Barbieri's agony aunt column in *The Guardian's Saturday* magazine.

Currently in its fourth series, these conversations have covered a wide range

of fascinating issues including trauma, child sexual abuse, relationships, addiction, grief, intimacy, death and boundaries with great success, as indicated by numerous favourable reviews.

The series is well-received for many reasons. The topics are carefully chosen for their interest to the general public and practitioners alike and the featured specialists are all knowledgeable, easy to listen to and generous in conversation. Barbieri combines genuine warmth and honesty with intense curiosity about the subject-matter. With her experience

of reading and responding to readers' letters for *Saturday*, she's also sensitive to what the listener wants to know and has a wealth of her own knowledge and experience to share.

I would recommend the series to clients, practising therapists and students, too. It's an in-depth exploration of the topics that often emerge from our practices and our personal lives. Listening to the conversations, I'm also frequently reminded that, as therapists, we are all fortunate to be part of such an extraordinary profession.



Details

- **Reviewed by:** John-Paul Davies, transpersonal psychotherapist
- **Creator:** Annalisa Barbieri
- **Available:** bit.ly/ConversationsWithAnnalisa

WHY WE KNOW PSYCHOTHERAPY WORKS



RESEARCH IS ESSENTIAL FOR DEMONSTRATING THE EFFICACY OF PSYCHOTHERAPY AND HELPING TO DETERMINE THE RIGHT APPROACH FOR EACH CASE.

FLIC EVERETT EXPLORES ITS VALUE

We have all, occasionally, encountered the common perception that psychotherapy is unquantifiable. This may even have deterred potential clients, who are wary of beginning therapy because they feel there is no empirical proof that psychotherapy is effective.

This apparent lack of evidence is not only an issue for people considering therapy, but also a crucial factor in the way that government, charities, NICE and academic institutions make funding decisions.

For this reason, UKCP is calling for greater funding into research. Research, for UKCP, is not only a critical aspect of psychotherapeutic development and evolution, it's invaluable as a way of helping as many individuals and organisations as possible to access therapy. The increasing need for therapy services is unquestionable. According to The Royal College of Psychiatrists¹, new analysis of NHS Digital data shows mental health services received 4.3 million referrals during 2021 – a record high due to the impact of the pandemic. This burden cannot be eased without a significant increase in financial support.

Unfortunately, the argument that there is a 'lack of proof' as to the effectiveness of psychotherapy has resulted in funding cuts, less investment and a retreat into

INTRODUCTION

'As a psychotherapist and researcher, I believe we must be always open to question the theoretical and philosophical assumptions that underlie claims that we make about the efficacy of psychotherapy, our interventions and practice. Ultimately for psychotherapy to carry on and survive as a profession, we continually need both practice-based evidence and evidence-based practice.'

'In this article, Flic Everett reflects on these perspectives, drawing on evidence presented in a recently conducted literature review by Ellen Dunn, UKCP's Senior Research and Policy Officer. This article contains helpful insights and provides a platform for a stimulating and important discussion for us all as therapists from a diversity of modalities, engaging in practice-led research. Through this, we can offer a stronger evidence base on how we and the clients/patients we work with experience psychotherapy.'

– Professor Divine Charura,
UKCP-registered psychotherapist and
Professor of Counselling Psychology,
York St John University

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'established' short-term solutions such as medication or cognitive behavioural therapy (CBT), often to the detriment of longer-term or more relevant therapies for certain issues.

Yet studies and meta-analyses exist to prove, beyond any doubt, that psychotherapy works.

Ellen Dunn recently conducted a literature review to assess the current status of research into psychotherapy and has discovered that claims citing lack of evidence are outdated and measurably incorrect.

'There is a vast array of high-quality peer-reviewed quantitative and qualitative research demonstrating the effectiveness of psychotherapy,' Dunn says. 'By measuring improvements and progress in the mental health and wellbeing of participants receiving psychotherapy and comparing this

to [those] who received a different intervention or none, studies have clearly been able to identify that psychotherapy is both more effective than no intervention, and just as, or more, effective than other interventions.'

Extensive research into client feedback is also available, she explains, which explores 'the nuances of how clients experience psychotherapy and what ingredients of the therapeutic experience create change.'

Dunn has, however, concluded that more research is necessary to expand the understanding of how different client groups in diverse contexts receive psychotherapy.

PROOF POSITIVE

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Dunn's intensive research discovered sustained positive outcomes for psychotherapy across a vast range of modalities. 'Following our progress with the NICE Adult Depression Guideline, this is an unprecedented and important moment for our ambition,' she adds.

The NICE guidelines were developed in partial response to UKCP campaigning and put new emphasis on patient choice and removal of the stepped care programme, alongside greater efforts to address concerns about methodology.

'We need to carry that momentum forward to influence the guideline development process in general,' Dunn insists. 'The evidence base is already there but we are determined to keep growing it.'

Dunn's literature review is extensive, but certain key findings are worth highlighting here, beginning with the efficacy of long-term therapy compared to short-term.

One particular meta-analysis is a good example. (A meta-analysis is a five-step research process used to merge the findings of individual, independent studies, using statistical methods to calculate an overall effect.) This particular meta-analysis examined the

'There is a vast array of high-quality peer-reviewed quantitative and qualitative research demonstrating the effectiveness of psychotherapy'

effects of 'long-term psychodynamic psychotherapy (LTPP) for complex mental health issues in adults'². This study demonstrated that, used in this context, long-term psychodynamic psychotherapy 'showed significantly higher outcomes in overall effectiveness, targeting problems and personality functioning than shorter forms of psychotherapy.'

It concluded that, following treatment, patients with complex mental disorders were on average better off than 96% of the patients in the comparison group. Although some of the studies included were carried out in the 1980s and feature some methodological shortcomings, such as problems of randomisation, allocation concealment or observer bias, 'LTPP yielded significant, large and stable within-group effect sizes across various and particularly complex mental disorders.'

Alongside the long-term study, researchers also looked at the effectiveness of short-term psychodynamic psychotherapy (STPP)³. According to the researchers, 'Short-term psychodynamic psychotherapy yielded significant ... effect(s) for target

problems, general psychiatric symptoms and social functioning.' In addition, the impact of short-term therapy was long-lasting and effective, as observed when patients were followed up.

Does the efficacy of psychotherapy depend, in some part, on the ability of the therapist to deliver the most effective form of treatment? One study, 'Are psychodynamic and psychoanalytic therapies effective?'⁴, considered this issue by reviewing evidence of psychodynamic psychotherapy efficacy for a variety of disorders. It concluded, 'outcome in psychodynamic psychotherapy is related to the competent delivery of therapeutic techniques and ... the development of a therapeutic alliance.'

MEASURING SUCCESS

The study strongly suggested a direct link between psychodynamic psychotherapy and improved outcomes, the overall conclusion being that 'psychoanalytic therapy is (1) more effective than no treatment or treatment as usual, and (2) more effective than shorter forms of psychodynamic therapy.'

The effectiveness of humanistic approaches to therapy showed a dramatic change over time. 'The effectiveness of humanistic therapies: a meta-analysis'⁵ recorded, 'clients ... show, on average, large amounts of change over time ... clients who participate in humanistic therapies generally show substantially more change than comparable untreated clients.'

Many studies rely entirely on patient self-reporting and diagnostic interviews, which makes outcomes harder to measure accurately, but a 2020 study, 'Effectiveness of open-ended psychotherapy under clinically representative conditions'⁶, found 'high efficacy' for participants in open-ended psychotherapy sessions.

Couples therapy can be more difficult to assess as both participants may experience different outcomes.

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Speakers

Dr Margot Sunderland

Trauma recovery: Relational skills for transformational change

Paul Dix

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Dr Dan Hughes

Trauma recovery after developmental trauma

Mark Johnson OBE

Trauma recovery from addiction and prison

James Doherty

Trauma recovery from addiction and violence

Sheetal Amin

Trauma recovery work with children and young people exposed to war, seeking asylum, who've been tortured, sold, or victims of sexual trafficking

Tanayah Sam

Trauma recovery work with young people vulnerable to extremist influences/part of or at risk of joining gang culture

PC Sharon Tarling

Trauma recovery: the role of the police as frontline service

Reverend Frances French

Trauma recovery in the community. Church as pastoral presence

Booking

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But one study, 'The effectiveness of couple therapy: clinical outcomes in a naturalistic United Kingdom setting'⁷, found an 'overall significant decrease in individual psychological distress for both male and female clients at the end of therapy ... and a significant improvement in relationship satisfaction for both male and female clients.'

These findings, believe the team, suggest psychodynamic couples therapy is an effective treatment, with effect sizes similar in strength to those reported in Randomised Controlled Trials (RCTs), and they argue that naturalistic effectiveness studies should be given a stronger role in assessments of which therapies work.

As young people face a significant increase in poor mental health, empirical studies into the value of their therapy are particularly significant. A 2021 study, 'Psychodynamic psychotherapy for children and young people with mental health issues'⁸, produced a systematic review of effectiveness of psychodynamic psychotherapy for children and adolescents. The study concluded that 'there is evidence of effectiveness for psychodynamic therapy

'Following our progress with the NICE Adult Depression Guideline, this is an unprecedented and important moment for our ambition'

in treating a wide range of mental health difficulties in children and adolescents,' adding that the therapy could be particularly effective for young people who had internalised depression and anxiety, and for children who had experienced adversity.

PROMISE FOR YOUNG PEOPLE

A further updated review including five newer RCTs was published in 2017 ('Psychodynamic psychotherapy for children and adolescents: an updated narrative review of the evidence base')⁹ and reported the IMPACT study¹⁰, the largest study to date to examine psychodynamic treatment either in children or adults. This study concluded that 85% of adolescents receiving STPP no longer met criteria for depression one year after the end of treatment,

compared with 75% and 73% receiving CBT and Brief Psychological Intervention (BPI) respectively.

This suggested that extending the evaluation of psychodynamic psychotherapy as a treatment option for children and young people with a variety of clinical diagnoses where it shows promise as an intervention is warranted, the researchers maintained. 'All studies showed potential benefits of a psychodynamic treatment for patients with complex and severe difficulties (self-harm and depression; adolescents with co-morbid diagnoses; and idiopathic headaches), indicating that further randomised evaluation involving a larger sample of adolescents could more definitively evaluate whether this is a treatment that might benefit young people with such complex conditions.'

Meanwhile, other studies including 'What works with children, adolescents and adults? a review of research on the effectiveness of psychotherapy'¹¹ found that the majority of children and adolescents with mental health issues benefitted from receiving psychotherapy, concluding, 'Psychotherapy is highly effective for a majority of cases with common psychological problems.'

The author of the literature review, Ellen Dunn, maintains that research is vital to the future of psychotherapy and the psychotherapeutic profession.

'The evidence base for psychotherapy is made up of a robust collection of high-quality research that demonstrates the effectiveness of psychotherapy in treating a variety of issues in a range of settings and client groups,' she says. 'RCTs are not the only way to demonstrate that psychotherapy works. While, traditionally, certain academic and professional institutions have weighed RCTs more heavily in what they consider as sufficient evidence of effectiveness, this has been shifting in recent years with increasing recognition that other forms of research are valuable and provide unique insights. Indeed, case studies and qualitative research have had increasing importance in the field of

psychotherapeutic research and should continue to be invested in.'

UKCP's Policy and Public Affairs Manager, Adam Jones says, 'NICE have been talking about beginning to recognise more types of evidence.

'While the current financial context for psychotherapy research is lacking, the work of our research-active members has never had more relevance.

'As an organisation, we wish to encourage as many of our registrants as possible to engage in practice-led research,' he adds. 'The data could not only impact NHS policy but have a knock-on reputation impact on private and third-sector practice, too.'

'Couples therapy can be more difficult to assess as both participants may experience different outcomes'



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case study research

qualitative

feedback

RCTs

outcomes



How do we assess the strength of a course of psychotherapy? Testing drugs requires randomised control trials but measuring the outcome of any individual client-therapist relationship can be far more challenging. The human mind can't be subjected to testing in the same way, and measuring outcomes from therapy can take decades, while 'success' is entirely subjective and significantly influenced by events and relationships outside the therapeutic space.

NICE guidelines, however, rely on medical-model data. UKCP and more than 40 other mental health organisations from across the UK that have joined forces to form the NICE Stakeholder Coalition believe that NICE must acknowledge the methodological flaws in focusing on medical-model data to the exclusion of other research methods.

These could include case studies, patient feedback and practitioner perspectives, which correlate to mental and emotional health more effectively than the rigid guidelines that are currently in use.

UKCP has now partnered with the *European Journal of Psychotherapy & Counselling*, which will offer a greater opportunity to explore ethical and confidential routes to providing

evidence of outcomes for use in NICE guidelines, regardless of whether it's based on randomised controlled trials or evidence gathered via patients and practitioner feedback.

Dr Mark Widdowson is a senior lecturer in counselling and psychotherapy at the University of Salford and a UKCP-registered psychotherapist. He believes that viable guidelines on ethical practice can be shaped through feedback and case studies.

'The NICE guidelines are based on findings from randomised controlled trials (RCTs)', Widdowson explains. 'While these are invaluable in pharmaceutical research, they have a limited value in psychotherapy research. The dodo bird effect, or the recognition ➤

WHY NICE METHODOLOGY NEEDS TO CHANGE

MEASURING OUTCOMES IN PSYCHOTHERAPY IS HARD. THERE ARE CALLS FOR A SEA-CHANGE IN HOW NICE CONDUCTS MENTAL HEALTH REVIEWS, SAYS **FLIC EVERETT**

that all “bona fide” therapies tend to have equivalent outcomes, is a well-documented phenomenon. So, trials where one established therapy is pitched against another are pointless.

The NICE guidelines privilege therapies that have several RCTs, which ignores the fact that just because a therapy lacks RCTs to support its effectiveness does not mean it is ineffective – it is just under-researched. Also, we are now in a situation where “the rich get richer” and where it is almost impossible for under-researched therapies to obtain recognition under the existing NICE guidelines framework. What I mean by this is that RCTs are horrifically expensive – you’re talking at least £250,000 for even a basic RCT.

The trouble is, it is practically impossible to get funding for a therapy that does not already have RCTs to support it, so we are going to see a situation whereby cognitive behavioural therapy (CBT) and CBT-derivative therapies gain more traction and elevated status within the guidelines, and therapies that do not have RCTs are going to increasingly become marginalised, overlooked and, very likely, will effectively become extinct within a few years.

We cannot allow this to happen. Each therapy has its own strengths and particular areas of focus, and we should preserve a range of options for people seeking therapy, enabling them to choose the one that is right for them. Indeed, patient choice is supposed to be protected by NICE guidelines, not reduced.

THE HOW AND THE WHICH

‘Also, we need to consider the point made by the psychotherapy researcher, Robert Elliott, that RCTs are “causally empty”, meaning that although RCTs can tell us a therapy is effective, they do not tell us how they are effective, or which type of client or which constellation of circumstances or situations a particular therapy is most effective for.

‘A good example of research which investigates the factors that make a therapy effective is case study research’

‘A good example of research that investigates the factors that make a therapy effective is case study research,’ Widdowson says. ‘By using systematic case study research, we can identify the client factors, therapist factors and technique factors that contribute to positive outcomes of therapy. Case studies allow us to consider how these different factors interact and contribute significantly to our clinical knowledge. Case study research also enables us to account for the fact that no two clients

are the same, and to consider the unique features of each client and how a therapist can best help each client by adjusting how they work in a responsive manner.

To my mind, not only does using this kind of knowledge help us to become better therapists, it is good practice, and it is also ethical practice. If the goal is to improve the effectiveness of psychotherapy, then the current NICE guidelines, which ignore case study research, are seriously flawed and limited in their approach.’



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Dr Linda Finlay is a UKCP-registered integrative psychotherapist and editor of the *European Journal for Qualitative Research in Psychotherapy*. 'NICE is clear that qualitative research has a part to play in its evaluations of research,' Finlay says, speaking from her perspective as a therapist and a journal editor. 'However, the specific findings from such sources rarely seem to be highlighted. The huge pool of qualitative research available remains a potent reminder of the value of research that engages processes and not just outcomes. Here, "practice-based evidence", a counterpoint to "evidence-based practice", draws on diverse research methodologies based on case studies and clinical observation.'

Most qualitative studies of clients' and therapists' subjective experiences of therapy would potentially provide evidence for the effectiveness (or not) of psychotherapy. A multitude of methodologies (including phenomenology, grounded theory, narrative inquiry, ethnography, arts-based research and so on) have been used to this end. The value of these studies lies in the way they privilege and celebrate clients' voices and in their in-depth engagement with processes and intersubjective dynamics that get close to the heart of therapy.

The earnest effort by qualitative researchers to retain methodological integrity by being reflexive and showing

'NICE is clear that qualitative research has a part to play in its evaluations of research'

humility about the meanings and contexts of their research is a matter for celebration. In the spirit of reciprocity, perhaps RCT researchers could be persuaded to follow suit by owning their scientific-ideological interests. We are joined as investigators of human experience in its infinite richness and complexity, and we have much to learn from one another.'

THE NEED FOR A SEA-CHANGE

Dr Felicitas Rost, past president of the Society for Psychotherapy Research (SPR) UK and leader of the NICE Stakeholder Coalition, argues that 'NICE needs a sea-change when developing or updating guidelines for mental health conditions, given that these reviews are often very complex as they include a diverse range of medical, psychological and psychosocial interventions.'

According to Rost, 'NICE needs to adopt a paradigm that takes the complexity of mental phenomena and psychological treatments into account; that gets rid of the arbitrary and

unhelpful hierarchy of evidence, and calls for a science that combines data and findings from a range of research methodologies. Most importantly, NICE needs to recognise that a one-size-fits-all model in mental health is untenable. The ambition to identify the most effective treatment and provide a rank-order of treatments restricts patient choice and shared decision making.'

Rost and her colleagues, a group of about 50 stakeholders who reviewed the draft update of the depression guidelines, declared themselves shocked by the 'serious methodological flaws that underpinned the treatment recommendations', she says. 'It needed serious campaigning and perseverance before we were taken seriously and listened to. In my opinion, this calls for another important sea-change, namely for NICE to change its stakeholder involvement processes in order for it to be able to fulfil its important role.'

PROTECTING INTEGRITY

'Good practice would be always to have two consultation periods, to allow a proper dialogue and exchange between the guideline committee and stakeholders, which the current process does not allow,' she explains. 'Proper independent quality assurance is extremely important. Guideline developers, such as NICE, should not be exempt from the adherence to these important scientific standards, which are put in place to protect the integrity of the evidence and resulting treatment recommendations. This includes the need to have review protocols peer reviewed and published before the work begins, as well as using validated methods. Before a new measure, criteria or technique can be used, it needs to undergo the usual rigorous validity and reliability tests carried out within the scientific community.'



The important role of psychotherapy research

Funding for research into mental health falls far short of the amount spent on research into physical health – despite clear links between the two.

Flic Everett examines the need for a more holistic approach

A brief comparison between the funding for physical health research as opposed to mental health research reveals a troubling disparity. For instance, funding for cancer research in the UK is far greater than funding for mental health research.¹ These are disappointing figures given the close connection between mental and physical health. It is already acknowledged in general medicine that a positive mental attitude can influence patient outcomes.

For this reason, investment in funding for psychotherapy research is critical to ensure better patient outcomes. While part of the NHS long-term plan is government investment of £2.3bn annually, with a stated intention of transforming mental health services by 2023/4, psychotherapists fear this will not be enough.

At present, one in six people in the UK are estimated to be affected by anxiety and depression at any given time, costing the economy £70bn to £100bn each year,² but there is an acute shortage of therapeutic services to support them. Waiting lists for counselling and psychotherapy are

months long, while the short courses of Cognitive Behaviour Therapy (CBT) available on the NHS Improving Access to Psychological Therapies (IAPT) scheme are unsuitable for resolving deep-seated issues such as Post-Traumatic Stress Disorder (PTSD) and suicidal ideation.

For this reason, many UKCP-registered psychotherapists argue that the only solution must be a full commitment from the government to research and development into best-practice psychotherapeutic approaches and modalities. While the current shortage of mental health resources should mean

'There needs to be more funding for mental health, leading to better understanding of effective interventions for a whole range of problems'

a commitment to innovation in and a focus on ongoing research, currently just 13.8% of local health spend is allocated to mental health (including learning disabilities and dementia).³

UKCP-registered psychotherapist and psychology professor Mick Cooper, of the Centre for Research in Psychological Wellbeing at the University of Roehampton, agrees. 'There needs to be more funding for mental health, leading to better understanding of effective interventions for a whole range of problems', he says, 'just as there is for physical health.'

One problem, suggests Cooper, is that policy makers tend to stick with validated modalities, such as CBT and behavioural activation, and are reluctant to invest in the potential of further exploratory research.

'The government may think, "Why spend money on researching gestalt or transactional analysis, why not just offer things that are already validated?"' he explains.





Yet according to the National Research Institute of Health (NRIH),⁴ mental health problems remain the greatest cause of disability in the UK, across every cohort.

'The wider societal and economic consequences include increased rates of co-morbid physical illnesses, shortened life expectancy, social exclusion, socioeconomic disadvantage, and raised demand for health and welfare support,' the Institute argues. Last autumn, the British Medical Association (BMA) insisted that 'the government must urgently address [the fact] that demand for mental health services is outpacing the resources afforded to them'.⁵

Almost half (46%) of people with mental health issues also have a long-term physical health condition, while

'We try to catch young people who may be at risk of developing mental health problems and prevent things escalating'

30% of people with a long-term physical health condition have a mental health problem. People living with severe mental illness are over three times more likely to have a physical health problem and 'may die 10–20 years earlier than others in the general population', largely due to high-risk behaviours including smoking, alcohol and other addictions, lack of exercise, obesity and social factors such as poverty, homelessness and unemployment.⁶

Improved research funding into the efficacy of various psychotherapy modalities and mental health interventions could save huge sums in preventing further damage to individuals and society.

Back in 2017, the government published its Framework for Mental

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Health Research, with a steering group including the Medical Research Council (MRC) and other public health funding organisations.⁷ It set out 10 recommendations focusing on prevention and strengthening connections between physical and mental health research. The MRC's investments run across research projects that directly address mental health research, training and capacity building, and underpin 'research projects, resources and facilities that support the field', with £12.2m invested annually, to support large-scale studies across 22 population cohorts. Meanwhile, the NIHR has funded over 100 mental health projects since June 2021.

But rather than dividing health research into silos of physical, mental and social care, a holistic approach is long overdue. Without joined-up research funding, which aims to achieve genuine parity, psychotherapy will continue to lag behind other bio-medical provision as a bolt-on rather than an integral component of a functioning healthcare system.

Some advances are being made. The new Institute of Mental Health

Research at the University of York brings together global researchers from a range of disciplines to work on designing 'more effective, efficient and equitable mental health treatments – particularly in childhood to prevent further problems in later life'.⁸

Professor Vicky Karkou, Director of the Research Centre for Arts and Wellbeing at Edge Hill University, believes that early intervention is key. 'We try to catch young people who may be at risk of developing mental health problems and prevent things escalating,' Karkou says. 'Funding has a massive impact on what we're doing.'

The Centre has had funding from the Wellcome Trust and the Arts and Humanities Research Council to support Arts for the Blues⁹, a project working with culture organisations and therapists who work preventatively,' says Karkou. 'But absolutely more needs to be done. When we are applying to health-related funding bodies, we tend to be short-changed in comparison to physical health funding applications, but without funding, you cannot progress.'

Professor Karkou adds: 'Research

funding is so important for helping to bring therapy and its different applications into the mainstream.

'Mental health and physical health are not separate entities. Both are important in enabling people to lead full lives. Institutions are becoming much more aware of that – but as yet, it hasn't translated to the funding.'



WHAT'S THE POINT OF RESEARCH?

UKCP BELIEVES RESEARCH IS CENTRAL TO THE DEVELOPMENT OF THE PROFESSION. **CATHARINE ARNOLD** SPEAKS TO THOSE CONDUCTING PRACTICE-LED STUDIES ABOUT WHY THEY THINK IT'S SO IMPORTANT



Why do psychotherapists do research and what is the appeal to newer members? As one of UKCP's strategic goals, research is high on the agenda. We believe that it is central to the future of the psychotherapy professions. Last year, we held a two-day conference which explored the role of research in psychotherapy practice and training through presentations from UKCP-funded research projects, students and trainees conducting research as part of their training and from research-active members on their experiences.

We spoke to a number of those who were showcased to find out why they believe research is integral to practice.



Victoria Baskerville, a UKCP-registered psychotherapist, trainer and supervisor, has been working on an inclusivity and exclusivity study with three others – Dr Nilu Ahmed, Gillian Neish and Victoria Nelson – initiated by the killing of George Floyd and the Black Lives Matter protests.¹ 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.

'I want to research, to put a spotlight on lived experiences of those who are marginalised, to consider what is inclusive practice in our profession and what we need to improve on. I want research to be relevant, accessible, participatory and coproduced,' Baskerville explains. 'We believe it is vital to us to amplify the voices of those who have been silenced, and to offer support to allies who wish to understand lived experiences of exclusion, as well as documenting examples of good practice that we can feed back to the wider therapeutic community. The research itself brings social justice into sharp focus, considering themes of privilege and oppression and the responsibility the profession has in offering inclusive practice and opportunity.'

'I believe that research is integral to practice in order to invite active reflection and examination about what we say we are offering and what is experienced, in order to critique and be in tune with our changing world and communities. It's about ethical responsibility, accountability, active enquiry, offering insights and evidence for good inclusive practice.'

RESEARCH AS LIVED EXPERIENCE



Michele Carter Buxton is a family therapist based at a CAMHS service in south-west England. She has been researching the reactions of family therapists to working online as opposed to in-person, resulting in findings with practical applications (not yet published).

'I examined the lived experience of family therapists and how they were finding online family therapy as opposed to in-person,' Carter Buxton explains. 'Most of my participants were seasoned in-person therapists and had never carried out therapy online until the pandemic forced them to.'

'I think most of the family therapists were generally surprised about how successful being online could be to a family,' Carter Buxton says. She also discovered that online therapy had big advantages for in-patients, allowing them to reach family members miles away from the hospital.

For **Rebekah Jordan**,

an integrative humanistic psychotherapist, psychotherapy practice and research are inextricably linked. 'If we are doing our job well as psychotherapists, we can't help but be conducting research,' she says. 'Every therapeutic relationship is also a journey of research, exploring, enquiring, observing, learning, seeking understanding.'



'Every therapeutic relationship is also a journey of research, exploring, enquiring, observing, learning'

PART OF PROFESSIONAL GROWTH

Jordan has conducted an inquiry using self-reflection and writing to research the trustworthiness of intuition as a clinical tool, through the creation of journal entries as self-data and engagement with clinical and research material on intuition in clinical practice (not yet published). For Jordan, the findings produced by such research become a valuable resource for psychotherapists and are also beneficial

to clients. 'We apply learning from one client with another, as well as enhanced cognitive understanding of different presentations and experiences, alongside the uniqueness of each individual in front of us,' says Jordan, who also believes that carrying out research is actively beneficial for psychotherapists. 'Research, for me, carries a different energy to therapeutic work. It exercises a different part of my brain and stimulates curiosity, creativity and an opening of my mind, as well as enhancing my work and practice.'



Reenee Singh, a family and couples systemic psychotherapist, believes that research is essential for the credibility

of her therapeutic models. 'I believe that in the absence of rigorous, systematic research – and this doesn't have to be RCTs or quantitative research – we would not be able to establish whether our theoretical models and therapeutic interventions have validity or clinical relevance,' Singh explains. Her research, in the area of intercultural couples, also has direct applications for contemporary

society.² Drawing on Valeria Ugazio's (2013) theory of semantic polarities, Singh is currently exploring whether intercultural couples come from different semantic worlds. 'I am also interested in how stories about racial, cultural and religious differences are taken up or marginalised in therapeutic encounters with intercultural couples,' she says.



Dr Linda Finlay
is the editor of the *European Journal for Qualitative Research in Psychotherapy* (www.EJQRP.org), an

online journal which aims to encourage research in the field. Finlay's motivation for research comes from the conviction that 'part of being a professional involves being a reflective practitioner'. For Finlay, 'Socrates' famous dictum, "the unexamined life is not worth living", applies to our professionalism. I would say, the unexamined profession is not worth practising!'

Finlay's most recent research project involved a collaboration with Joanna Hewitt-Evans.³ 'Our relational-centred qualitative research explored the transformative experience of finding a "relational home" with one's

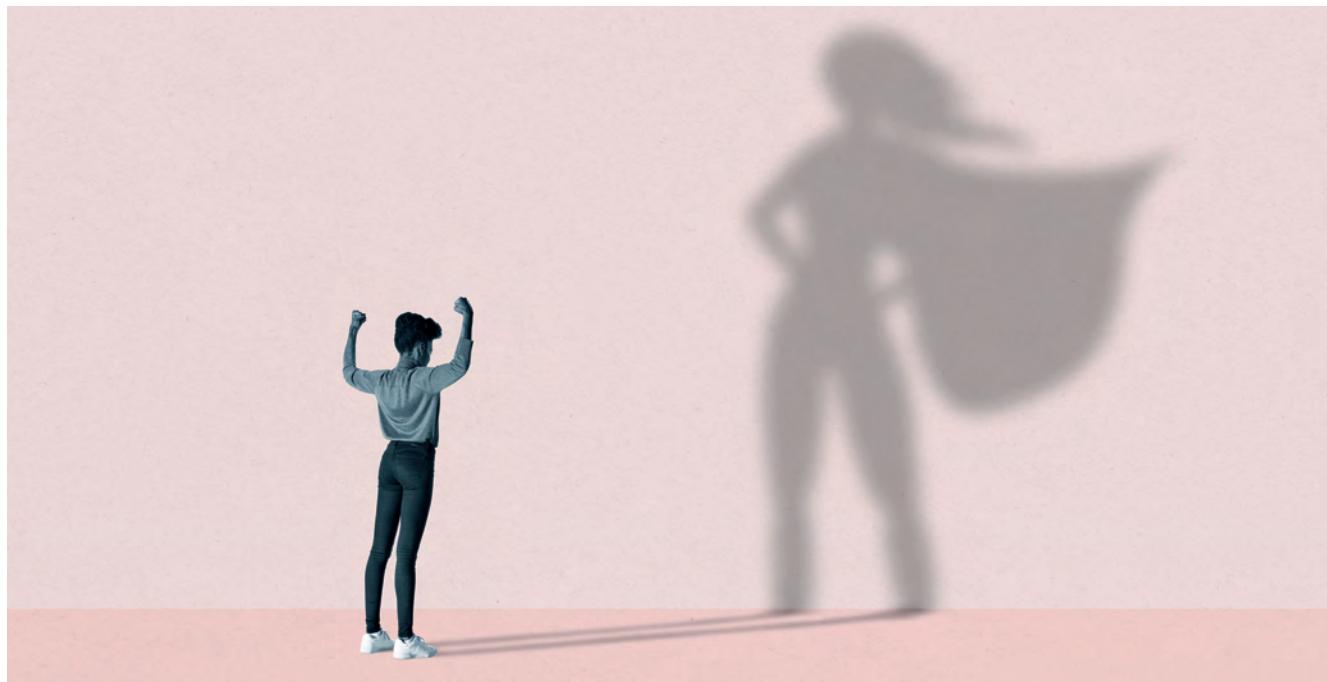
psychotherapist – an experience where participants shared that involved feeling welcomed into a safe space, attuned to, held and appreciated by their therapist.'

Finlay appreciates UKCP's desire to cultivate a research culture and challenge NICE's current approach. 'Research needs to be about processes as well as outcomes,' she says. 'All too often, led by traditional views of science and the "hierarchy of evidence," research gets equated to outcomes and the need to demonstrate the efficacy of what we do. However, we also need to do research on processes – both therapeutic processes and life processes of clients. My continuing project (shown in much of my teaching, numerous writings and published research) is to do qualitative research on clients' trauma experiences and on therapeutic processes.' ●

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'In the absence of rigorous, systematic research we would not be able to establish whether our models and interventions have validity or clinical relevance'





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COMBINING PRACTICE & RESEARCH



Sigmund Freud, Carl Jung, Melanie Klein and Carl Rodgers were all heavily active in client-based evidence and that's how the profession developed. They were all able to capture something of the essence of what they were doing and note it and then give it to us as a gift, to see if it works and so we take it and we run with it,' reflects psychotherapist Divine Charura, for whom research is an inherent aspect of the psychotherapeutic process.

So why does he espouse being a practitioner/researcher and what does he believe are the benefits for his practice and the integrity of the profession as a whole? 'Research is underpinned by our curiosity and really thinking about how we

PROFESSOR DIVINE CHARURA'S RESEARCH IS AN EXEMPLAR OF APPLIED, POLICY-FACING, PRACTICE-LED WORK. HE TELLS CATHARINE ARNOLD HOW HE COMBINES A PROFESSIONAL CAREER AS A PSYCHOTHERAPIST WITH RESEARCH FOR THE BENEFIT OF HIS OWN PRACTICE AND THE PROFESSION AS A WHOLE

can describe the phenomenon of psychotherapy and how it works. I know that it works because I work with clients, but how can we gather that data about what it is that we're doing? The minute that you start asking questions about what is it that you're doing and whether it's working and asking clients "how do you feel about the session last week?", you're in research territory!'

ESSENTIAL CONSIDERATIONS

For Charura there are five considerations he believes are essential to outlining the benefits of research. The first concerns context: 'Evolving my practice in accordance with contemporary times. What used to work in 1905 might not work now, so that's really important.' Then there's the ethical element: 'It's an ethical



matter that what I am doing is in line with contemporary practice, not harming the clients and patients I'm working with.' Innovation and practice-based evidence is key too: 'There are the contemporary interventions that we have developed from psychotherapists noticing something in their practice. For instance, if I ask my patient who is experiencing trauma to think about their trauma and move their eyes left to right while they do so, then the trauma disappears after so many sessions, that's called Eye Movement Desensitisation and Reprogramming (EMDR). So that's practice-based, it's from the ground up.' Charura says he really values the feedback from the patients and clients he works with. 'What is their feedback about what's helpful? That helps to evaluate my practice.' Finally, he says, 'My own research helps me to contribute to world-leading research in the physical sciences.'

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FORMULATING RESEARCH IDEAS

But where does he get his research ideas from and how does his research work? 'I'm interested in research in relation to the philosophical underpinning that I'm drawn to. I'm interested in humanistic ideas; I'm interested in psychodynamic ideas and my interest comes from asking myself: how do I know that what I'm doing works? How do I know that what Freud gave us as a gift in his 1914 paper Remembering, Repeating and Working-Through still works today? As a researcher, one of my papers has been about the cultural layer of the objective psyche and this was just from talking to another researcher about our ideas and the unconscious and what we see emerging from ourselves around difference, around love, around hate, so all of that.'

'As a clinician, I want to know what my clients think and say about what I'm doing and whether it works or not. How do I evaluate the methods of the presentation and outcomes of what I'm doing? So, the second outcome comes from what clients say.'



'I'm a black man, so I'm interested in how psychotherapy meets the needs of those who are different and diverse in contemporary society'

'Recently my work has been on trauma across the lifespan. I approached an NHS Trust and said I was interested in joining a research team or doing some research about trauma. They said, "we've got a bit of money, let's do it". So now I've got money to do a small pilot around trauma with military veterans about Post-Traumatic Stress Disorder (PTSD) and I'm already thinking about how I can build this into a big study for patient benefit.'

'The other thing I'm interested in comes from my own identity. I'm a man, so I'm curious about interventions that help men, and couples. I'm a black man, so I'm interested in how psychotherapy meets the needs of those who are different and diverse in contemporary society. I'm curious about my own lived experience, about the lived experiences of my clients and from my professional orientation as a therapist.'

THE VALUE OF FUNDING CALLS

He explains that ideas can also emerge from funding calls when charities and governments put a request out asking for people to do research. 'For instance, I work for UKCP on assessment tools for refugees and asylum seekers. We have received £160,000 from Liverpool University and the Alzheimer's Society to do research on exploring experiences

of psychotherapeutic interventions for people with dementia and their families. As the population gets older, more interventions for dementia need to be rolled out. We have also received nearly £40,000 from the NHS on research into resilience and burnout among frontline staff during the COVID pandemic. And funds for research into "mattering", during COVID, and whether people from black and ethnic communities felt that they "mattered" or not, and vaccine hesitancy. The National Institute for Health Research put out a public health and social care research fund and anyone can apply to it. The government puts up Global Challenges Research Funding (GCRF) by the Organisation for Economic Cooperation and Development (OECD), so we're looking at psychotherapy research with colleagues in Africa.'

Towards the end of each financial year, Charura makes approaches to funding bodies and asks if they have any money left in their pots for research and whether they have any projects in mind. 'This academic year alone I have raised more than £50,000–£60,000 just from knocking on doors for research money. People do want to have an evidence base to show what they do works, because it does! ●

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Esther Perez, MA, LMFT obtained an M.A. in Counseling Psychology and an M.A. in Spiritual Psychology from the University of Santa Monica, CA. As a bilingual Senior Trainer for the Sensorimotor Psychotherapy Institute, Esther currently teaches across Europe. As a consummate learner-teacher, Esther has committed herself to deeply integrating a number of modalities supported in the emerging research on neuroscience and attachment.

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FOOD FOR THOUGHT

WHY, WHEN DIETARY INFORMATION IS WIDELY AVAILABLE, DO SO MANY PEOPLE IGNORE IT, CONTINUING TO PUT THEIR PHYSICAL AND MENTAL HEALTH AT RISK?

WONDERS **LINDA CUNDY**. HERE SHE CONSIDERS THE EFFECTS OF ADVERSE CHILDHOOD EXPERIENCES (ACEs) ON DISORDERED EATING



Le all know that diets heavy in saturated fats, sugar and salt lead to becoming overweight with the dangers of raised cholesterol, high blood pressure, heart disease and diabetes. A massive 64% of adults in England are overweight with more than one quarter being obese.¹ Despite the obvious connection between diet and weight, the figures continue to rise.

Around four million people in the UK have diabetes. Many of these will also be overweight. Diabetics need to manage their dietary habits to avoid hypoglycaemia and potential complications such as vision loss and limb amputations – yet some do not.

The impact of food on mental health may be less widely known. Nutritional psychiatrist Felice Jacka's research in Australia focused on patients' mental health symptoms rather than weight, establishing the link between eating habits and poor mental health. Trial treatment programmes demonstrated that introducing a Mediterranean diet featuring fresh vegetables, pulses and fish is effective in reducing, and even overcoming, clinical depression and anxiety.² But people with depression may not be motivated to change how they eat without support.

In the 1980s, a connection was discovered between obesity and exposure in early life to multiple experiences of parental unavailability, loss, abuse and neglect. This led to development of the adverse childhood experiences questionnaire and subsequent extensive world-



**LINDA
CUNDY**

Linda Cundy is an attachment-based psychoanalytic psychotherapist, independent trainer and author. Her latest book is *Attachment, Relationships and Food: From Cradle to Kitchen*. London: Routledge (2022).



'There is a perception that “overweight people are greedy” or severely underweight people are obsessed with slimming and “go too far”'

wide research. A childhood lived in chronically stressful conditions is implicated in many dietary-related conditions: bulimia, binge-eating disorder, type 2 diabetes, cardiovascular disease, inflammatory bowel disease and a whole encyclopaedia of physical and mental health conditions.

Although initial research into adverse childhood experiences uncovered the troubled early lives of people who were morbidly overweight, this is not an article about obesity but about the relationship between childhood adversity, attachment and how people feed – or starve – themselves, suggesting the kind of interventions that may help, thus breaking an intergenerational cycle of disadvantage.

ATTACHMENT AND FOOD

Many of our clients experienced numerous layers of early trauma, abuse, neglect and stress, leaving a legacy of self-neglect and self-harm that may be expressed through their relationship with food. Why is distress so often expressed through troubled eating habits? Food is a relational substance, a vehicle for communicating attachment needs. One of the earliest means of conveying the need for security is the infant's rooting instinct – the reflex which helps a baby find and latch onto a bottle or its mother's breast to begin feeding. But a stressful relational environment affects appetite and digestion; the baby takes in cortisol, the hormone produced in the adrenal glands when the body experiences stress, with each feed. This can lead to food refusal, which may evolve into food fads and phobias, Avoidant Restrictive Food Intake Disorder (ARFID) or anorexia. Long before we can access alcohol or street drugs, refusing food or demanding

high-sugar, high-fat processed foods serve the same relational function, communicating to someone (an attachment figure) that something essential is missing. That 'something' is a sense of security. If these messages are not heard, understood and responded to, the behaviours may persist or escalate. Damaging eating habits are a communication.

One frequently misunderstood communication is body size. There is a perception that 'overweight people are greedy' or severely underweight people are obsessed with slimming and 'go too far'. In some eating disorders (binge-eating disorder, anorexia, ARFID), the body is the cipher, a message to be decoded. But a disturbed relationship with food is not always an eating disorder, nor immediately evident.

A diagnostic criterion for all eating disorders includes clinically significant distress and/or impairment to day-to-day functioning, and a risk to life due to high or low Body Mass Index (BMI) and essential mineral deficiency. Sub-clinical disordered eating, however, may not intrude so dramatically but be either an everyday feature of life or a reaction to a major life event (usually involving trauma or loss) triggering comfort eating or loss of appetite. While individuals with an eating disorder require specialist treatment, very many psychotherapy clients in general settings and private practice may have an unhealthy relationship with food (including erratic eating, failure to consistently protect themselves from such conditions as food intolerances, Crohn's disease, irritable bowel syndrome and diabetes) that is not a presenting issue and may never be brought to sessions for reflection unless the therapist enquires.



CLUES DURING THERAPY

Sometimes we are given clues. For example, if a diabetic client brings sugar-loaded drinks and sweets to sessions and consumes them provocatively, as if challenging the therapist to speak up, help them contain their attacks on themselves and understand this as a meaningful communication of attachment needs. Another example might be a recently divorced person arriving for their mid-morning sessions with their stomach rumbling with hunger or someone struggling with depression who is losing weight each week. We talk about what they will eat during the next



Try this...

Questions to ask during a session

- What is your earliest food-related memory?
- What was a typical mealtime like when you were a child?
- Did your relationship with food change at any time? If so, why? What was going on in your life at that time?
- What place does food have now in your couple relationships and with other people?
- What – and how – have you eaten in the last 24 hours (at the table with family/alone/in front of a screen/eating out/on the go while doing something else?) Is that typical?
- Following a loss or bereavement, did your eating patterns change? In what ways?

hours and I help them make a simple plan. In each of these examples there is the absence of self-care mirroring and of a reliable, attentive, secure attachment figure in early life or, through attacks on the self, the recreation of a relationship with a neglectful or frightening parental figure. These clients need the therapist to intervene to help them protect and nurture themselves. One aim of therapy is for clients to take in and be nourished by the therapist's care, to establish a new 'secure internal object' that provides inner resources and the desire for self-nurture.

I advocate asking all new clients about their relationship with food at assessment, partly to gauge whether there is a serious but hidden eating difficulty (bulimia, for instance, may not be visible) that requires specialist treatment, but mostly to flag up that what and how they eat is significant, thus inviting clients to bring related stories and memories. What, when and how we were fed and now feed ourselves and others provides a portal into our internal world, our early relational history and our relationship with ourselves. We can learn more about the influence on clients of ethnicity, religion and social class, family dynamics and childhood adversity by posing questions (see boxout).

WHAT HELPS AND WHAT DOESN'T

The connection between ACEs and problem eating was stumbled upon by Vincent Felitti and his team when, after a 12-month programme of total abstinence from food other than a dietary supplement, many morbidly obese individuals regained all of their weight and more in a short space of time. He realised that, during regular check-ups, patients spontaneously talked about difficulties in childhood. This opportunity to disclose and be attended to was a significant factor in their weight loss. The researchers became surrogate attachment figures who understood what their bodies were expressing and – the basic prerequisite of an attachment figure – effectively saved their lives. However, without ongoing psychotherapeutic



'Not all people with multiple adverse childhood experiences and food-related difficulties want to or can access psychotherapy'

support to help these patients process their trauma, grieve for what was missing in their lives and develop internal resources to care for themselves, the kilos returned with a vengeance.

Felitti noted: 'We had learned that our initial goal of teaching people to "eat right" was irrelevant to obesity, although it seemed a reasonable thing to do when we did not know what to do.'³ Organisations such as WeightWatchers UK understand the importance of mutual support for people who are trying to change eating habits, and this can be successful. What is absent, however, for those whose poor self-feeding relates to

childhood adversity, is the opportunity to talk about the impact of early life, process the trauma and make sense of the bigger picture. This therapeutic work can lead to self-compassion and a sustained desire to take good care of oneself.

Moran and Fonagy (1990) researched a group of insulin-dependent children and adolescents who were disorganised in managing their medication, leading to frequent hypo- or hyperglycaemic episodes – a form of self-harm.⁴ They discovered that, more than dietary advice or behavioural therapy, intensive psychoanalytic psychotherapy had a beneficial impact on how these young people managed their diet and insulin injections. It was not a lack of information, but a resistance to self-care that was at issue, reflecting underlying insecurities.

Whether a disordered relationship with food is evident in the body or is hidden, psychotherapy can help clients create a meaningful narrative, manage feelings, grieve their losses, find compassion for themselves and develop inner resources that positively influence self-care and self-feeding.

OTHER INTERVENTIONS

Not all people with multiple adverse childhood experiences and food-related difficulties want to or can access psychotherapy. What can be done to help them? There are numerous potential levels of intervention.

At the time of writing this article, the government is considering scrapping the so-called sugar tax, arguing that it has not been effective in reducing obesity. This reflects an ideology of privileging 'personal responsibility' over 'state intervention'. However, as Beech et al observed in their 2020 report, 'Relying on individual responsibility alone is not enough to change behaviours; there needs to be a stronger focus on creating environments that support people to make healthier choices.'⁵ This is not surprising when a history of adversity distorts the relationship with food, creating resistance to self-care. The King's Fund advocates taxes on fast foods to

help pay the financial costs of obesity, heart disease, diabetes, depression and other sequelae of poor diet.

Jamie Oliver's campaign to improve school meals met with opposition from many pupils and parents, but won government support. A sustained commitment not only to improve school meals but to engage children in learning about nutrition, preparing their own healthy foods and discovering a wider array of ingredients than they may have access to at home could help break the cycle of poor diet with its associated physical, mental health and social risks. And a concerted effort by local authorities to discourage outlets selling fast foods in areas around schools could also be beneficial in changing young people's dietary habits.

Solutions must be found for those living in 'food deserts', where there are no local shops selling fresh, inexpensive ingredients. While such measures could help, evidence shows that social and therapeutic support would maximise their effectiveness.

WHAT CAN PSYCHOTHERAPY OFFER?

While protective measures, dietary advice and social support are necessary, therapy provides essential ingredients for those with a history of multiple adverse childhood experiences including space and opportunity to access painful memories and mourn; to put the past into context; to find healthy ways to regulate feelings; to find understanding for one's caregivers and compassion for oneself; and to internalise a new 'secure internal object' that protects one from harm, encourages efforts and delights in achievements. Projects that combine cooking skills, social support and therapeutic input could bring about lasting change. ●

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LIFETIME LABOUR PEER CLIVE BROOKE ROSE FROM THE TRADE UNIONS TO THE BENCHES OF THE HOUSE OF LORDS. HE TELLS CATHARINE ARNOLD HOW THERAPY PLAYED A MAJOR PART IN GETTING HIM TO WHERE HE IS TODAY

Lord Brooke of Alverthorpe sits in the House of Lords as a Labour peer after rising to prominence in the trade union movement. He holds several important public appointments including trustee of the Institute for Public Policy Research (IPPR) and trustee of Action on Addiction. But success was almost derailed by alcoholism and only therapy saved him.

‘By the end of my thirties my life was collapsing,’ says Brooke. ‘My marriage, my health, and I was faced with a big civil service pay dispute with Margaret Thatcher. I was in the forefront of my union, and I drank my way through it.’

After the dispute was over, Brooke recognised he had a problem and visited a psychiatrist recommended by a friend.

‘She listened to me for five minutes and she said, “Clive, you do know you’re an alcoholic, don’t you?” And I said, “I’m not an alcoholic. I’m still holding my job down. I’m not sleeping on park benches.” She said: “I tell you what, if

you continue the way you’re going, you will lose your marriage, you will lose your job, you will lose your home, you will be out on the streets and if you’re lucky you’ll still be alive in two years, and if not, you’ll be dead.”’

Brooke responded to this wake-up call by going into therapy, ‘to understand why I felt the way I did, and I stopped drinking.’ He joined Alcoholics Anonymous (AA) and channelled his energy into his work.

He also came to understand how his drinking was the consequence of his dysfunctional wartime childhood and the sexual abuse he suffered as a boy. There were mental health issues in the family and a history of alcoholism. ‘One of my brothers had a major nervous breakdown when he was in the army and was invalided out. My mother was always complaining about her nerves.’ Brooke had a difficult relationship with his father while his mother ‘smothered me with love’. This led to heavy drinking in his teens, which escalated

once he moved to London to work for the Inland Revenue Staff Federation (now part of the Public and Commercial Services Union – PCS) and encountered the macho, heavy-drinking culture of the trade union movement at the time.

‘In those days it was mostly men, and our conferences were fuelled by alcohol. By the end of my thirties, I was awash with drink.’

Once Brooke had stopped drinking, thanks to therapy, he threw himself into his work.

When he was created a life peer in 1997, Brooke’s seat in the Lords gave him a platform for promoting the value of therapy and campaigning for mental health reform.

Brooke’s own experience of therapy has convinced him of the benefits of the talking cure.

‘I’m a great supporter of therapists,’ he says. ‘Therapy is not recognised enough when we come to look at the needs of society. I’m lucky, I’ve been able to afford a therapist, but some ➤



'Therapy is not recognised enough when we come to look at the needs of society'

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Former trade union representative
Lord Brooke of Alverthorpe credits
therapy for saving his life



people cannot afford a therapist. Therapy should be free to those who really can't afford to pay.'

Brooke's activities in the Lords included founding an All Party Parliamentary Group (APPG) on the 12 steps towards recovery, the basic tenet of AA and similar groups.

'Because I spoke on drink and I have spoken about recovery, the natural progression was to look at drink in more detail,' says Brooke. 'My main passion has been working in the drink and drugs area.' Issues around addiction continue to dominate Brooke's campaigning. In November 2022, he called upon the government to review the purpose, effectiveness, and cost of GPs prescribing anti-depressants to patients who continue to consume alcohol. Brooke is patron of Sugarwise, the international certification authority for sugar claims on food and drink, and has recently spoken in the Lords about sugar addiction and child obesity.

Currently, Brooke is working on the draft legislation to update the Mental Health Act 1983, particularly with regard to prisoners. He began working with prisoners at Wandsworth following a project with Baroness Sheila

Hollins, former president of the Royal College of Psychiatrists, sponsoring junior psychiatrists to learn about parliament.

'There are great gaps on what we should do with prisoners,' Brooke says. 'Many have mental health problems which are not being addressed in the way they should.'

In 2003, Brooke was invited to join Action on Addiction, a UK-based charity that worked with people affected by drug and alcohol addiction and merged with The Forward Trust in 2021.

'We tried to create a new organisation that did research and active work with people in recovery, particularly prisoners,' says Brooke. 'We ended up with a new organisation that had a treatment centre and I served for many years on it.'

Brooke is in no doubt that none of these achievements would have happened but for therapy. Therapy saved his life and enabled him to maintain his sobriety.

'The reason I'm in the House of Lords is because of my sobriety,' Brooke says.

'I did quite important work, which I probably wouldn't have done if I'd been drinking.'

Timeline

LORD BROOKE OF ALVERTHORPE'S CAREER JOURNEY

1964 -1982	Assistant Secretary of the Inland Revenue Staff Federation
1982 -1988	Deputy General Secretary, the Inland Revenue Staff Federation
1988 -1995	General Secretary, the Inland Revenue Staff Federation
1989 -1996	Member of the General Council of the Trades Union Congress (TUC)
1993 &1996	Member of the TUC Executive Committee
1996 -1998	Joint General Secretary of Public Services Tax and Commerce Union (PCS)
1997	Created a life peer as Lord Brooke of Alverthorpe. He sits on the Labour benches
1997	Trustee of the Institute for Public Policy Research
2006	Trustee of Action on Addiction



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‘Going to therapy should be seen as like going to a physio or personal trainer’

WITH HIS BACKGROUND AS A RUGBY COACH, PSYCHOTHERAPIST BEN SCANLAN HAS THE INSIDE TRACK ON THE STRUGGLES OF MEN AND BOYS IN TODAY'S SOCIETY, AS WELL AS SOME IDEAS ABOUT ADDRESSING MASCULINITY IN CRISIS

Ben Scanlan swapped the macho world of rugby coaching for psychotherapy. He talks to Catharine Arnold about a remarkable career change, and why men need to share their emotions more.

How does sports coaching translate into being a therapist?
In lots of ways, it doesn't, because as a coach you have knowledge you try and impart as quickly as possible, so someone feels fulfilled. So, you're the expert. But as a therapist I've got to try and fight against that. Being a coach got me used to working with a complete cross-section of society and being comfortable with the unknown, which I think is quite helpful. Being able to think on your feet is quite a good skill in terms of phenomenologically practising where I assume clients are going to turn up and they could be totally different to the previous week. I just can't assume anything.

Your original degree was in sport. What made you decide to train as a psychotherapist?
I had the archetypal male mid-life breakdown, but at a younger age. I

tried to kill myself a couple of times and ended up in a place called Maytree and then the Priory. I wasn't sectioned because I went voluntarily, but if I hadn't gone voluntarily, I would have been sectioned. Like a lot of us in there, I fell in love with the idea of being a therapist, started a course then happened to be made redundant and decided to follow the therapist route. It was a quick decision to make: 'It kept me alive. I can see value in this.'

You joined a men's group after being discharged. How did that work for you?

In the Priory, I had individual therapy two or three times a week, three support groups, four educational groups, at least two meetings with my psychiatrist and a key worker meeting. It's great – people are so interested in you. And then when you get back to work, you just want to go back to the Priory.

Then you joined a men's group for support?

I joined a men's group that was kind of similar to a support group, like AA – relaxed, but it was proper therapy. Hearing other people's problems is hugely powerful, being

heard by people, having a ready-made friendship group was really big. Men's groups are hugely important. Liz Plank (author of *For the Love of Men: From Toxic to a More Mindful Masculinity*, 2019) argues that if you want to try and promote women, you've got to do the work on and provide funding for men, because it's all very well women changing and the world changing for them, but men need to have a space to explore it because we're not taught to be emotional.

After my dad died, a couple of teachers asked me how I was and that was it. I didn't cry at my dad's funeral and that's why I got made head boy. I went from the funeral back to my boarding school and no one said, 'Mate! Seriously, what are you doing?'

Why is masculinity in crisis?

I don't think men are taught how to ask for help. Men don't ask for directions. We pretend that we know where we're going because we can't tolerate the idea that it's fine to not know. I don't think men know how to be vulnerable. You can't show anything, there isn't nuance. If you're a man who's not sure how to do emotion because your dad never did emotion and your mum was either too



'We need more focus on kids. Such as The Good Men project, which goes into schools to talk to boys'

Timeline

BEN SCANLAN'S CAREER JOURNEY

1996–2003	Ratcliffe College, Leicestershire
2004–2009	St Cuthbert's Society, University of Durham – BA (Hons) Sport, 2(l)
2009–2010	University College London – MSc Project and Enterprise Management
2014	Regent's University London – Foundation Certificate in Counselling and Psychotherapy
2015–2019	Regent's University London – MA Psychotherapy and Counselling
2016–2017	West London Centre for Counselling (WLCC) – Honorary Counsellor
2016–2017	Maytree, a sanctuary for people in suicidal crisis, assistant co-ordinator
2016–2017	Mind Haringey, line manager overseeing counselling service
2017–2019	Regent's University London – Advanced Diploma in Existential Psychotherapy I
2019–2020	The Minster Centre – Diploma in Integrative Supervision
2021–2022	International MetaMasters – Phenomenology and Values-based Clinical Care I

emotional or not emotional enough, and none of your mates do emotions and you're in a workplace where emotions are frowned upon, it takes a big step to move outside that. People don't want to risk it because it's scary.

How can we help men?

We need more focus on kids. There's something called the Good Man project, which goes into schools to talk to boys about getting their emotions out when they are first experienced – avoiding the stiff upper lip, that sort of thing. The volunteers are male and under the age of 50, so they are relatable. We also, as a society, need to move towards seeing attending therapy as like going to a physio or personal trainer, like going to the dentist or GP. We need more role models, men like Clarke Carlisle [a former professional footballer who has spoken openly about his mental health], people who are famous and have achieved a decent amount in their sporting careers.

What are your priorities for UKCP?

Accessibility is one of them. I sat on the Equality, Diversity and Inclusion Taskforce and there's a problem around us thinking that the gold standard has to be around the number of years, or hours, an individual has worked. That's fine if we get jobs at the end of it, but now, we don't. There was no chance of me getting a job in the NHS – even when I was in the NHS. I'm an existential phenomenological psychotherapist, so I'm the wrong sort of therapist.

As a profession, we need to rip up the rule book and either make training affordable or allow people to earn while they train. The fully NHS-funded pilot psychotherapeutic counsellor training programme that started in 2022 was an important step forward in this regard. There's clearly an appetite for funded models of training across the profession. We're all complicit in this and no one is willing to tackle it. That's the main thing I'd like to change.

On Screen

The Undoing (HBO, 2020) highlights how narcissists will use anyone as collateral damage and how those with fixed beliefs can be vulnerable, says Susan Harrison

In the final episode of TV mini-series *The Undoing*, clinical psychologist Dr Grace Fraser (Nicole Kidman) volunteers to take the stand in court, ostensibly as a witness for the defence of her husband, Jonathan (Hugh Grant). She is asked to define the psychological concept of confirmation bias: 'It's the tendency to see things according to your own preconceived notions,' she replies.

Reality is created and sustained by one's needs, desires and beliefs; facts and experiences that do not fit the fragile narrative are, seemingly, filtered from the mind. Yet, as the series shows, these are never entirely absent; truths simmer in the unconscious despite repeated efforts to deny them.

All tragic heroes facilitate their own fall from grace, and it is invariably from a grace conferred by privilege, an access to gracious living, rather than grace as an internal quality. This ambiguity is foregrounded in an aptly named protagonist, whose life starts to unravel as the reality she had believed in so fervently comes undone.

When Jonathan disappears, the script captures skilfully the sense of free fall experienced by many people who are connected to a narcissist. In his absence, Jonathan becomes a fading ghost, a chameleon adapting his appearances in order to protect his immediate interests. His invisibility serves to divert the ensuing harassment, suspicion, social exclusion, judicial intrusion – and everything that goes with them – onto Grace.

In the denial of accountability, narcissists are always in hiding, the consequence of which is the transference of their transgressions to those closest to them. Also transferred can be the emotions that they themselves are incapable of feeling. In *The Undoing*, we witness the son's guilt for having seen

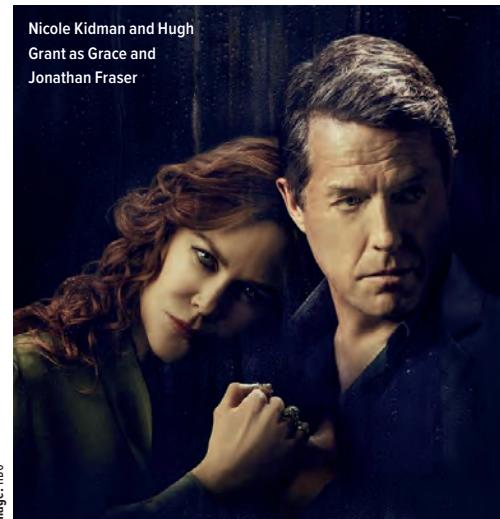


Image: HBO

'Reality is created and sustained by one's personal needs, desires and beliefs; facts and experiences that do not fit the fragile narrative are, seemingly, filtered from the mind'

his father at the school gates with Elena, the murder victim; his belief being that, if he had only spoken of it, the murder would have been averted. This is not a rational conclusion but, sadly, not an uncommon one.

We also see Jonathan deliberately attempt to transfer responsibility for his actions, first onto Grace and then onto his son for attempting to conceal the murder weapon, an action that he took to protect his father. This is both chilling and poignant. To the opportunistic narcissist, everyone is dispensable, collateral damage in service of their own interests.

The reason Grace has a valency to fall victim to a narcissist, has its roots in her unquestioning adherence to a particular perception of her world and of herself, and a conviction (itself a form of narcissism) that she could construct her life untainted by the messiness of irrationality. It is these fixed beliefs that she is clinging to that make her vulnerable to manipulation.

By the time Grace takes the stand, the identity of the murderer is no longer the point of interest. Grace has been instructed by Jonathan's lawyer to efface herself throughout all proceedings. In effect, Grace has to be sacrificed to protect and preserve the narrative of her husband. Reduced to a tactical pawn, she is in danger of colluding with her own annihilation in order to facilitate the re-establishment of Jonathan's credibility.

To comply with this would be a profound act of betrayal, not only of the murdered woman and her family, but of herself. In the end, she chooses to speak the truth, in the process exposing her own flaws. She is attacked from both sides, but she leaves having found her integrity and located grace. ●

Susan Harrison is a psychosynthesis psychotherapist in private practice

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

Email editor@ukcp.org.uk

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Trainers: Mandy Atkinson PTSTA(P) and Susie Hewitt

Date: Monday 27th March 2023. Cost £145

Venue: Manchester Institute for Psychotherapy

Psychotherapy of Obsession, Habitual Worrying & Repetitive Fantasizing - 1 day workshop. Trainer Ruth Birkebaek

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.

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

19th & 20th June 2023 (Mon & Tues).

4th & 5th September 2023 (Mon & Tues).

4th & 5th December 2023 (Mon & Tues).

Venue: Manchester Institute for Psychotherapy

Taster in Working With and Facilitating Groups - 1 day workshop. Trainer Susie Hewitt

This workshop will provide an opportunity to develop skills in group facilitation and in running therapy groups.

Date: Monday 5th June 2023. Cost £145

Venue: Manchester Institute for Psychotherapy

Certificate in Supervision

This 5 day course (30 hours) is spread over a period of 5 modules. We will look at the meaning of Supervision as it applies in your field of work, whether working 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: Spring 2023 (Face to Face): 14th, 21st, 28th April, 5th & 12th May

Autumn 2023 (Online Course) 8th, 15th, 22nd, 29th September & 6 October

Winter 2024 (Face to Face) 5th, 12th, 19th, 26th January & 2nd February

Venue: Manchester Institute for Psychotherapy

Psychology of Self Care 1 Day Workshop. Trainer Susie Hewitt

In the helping professions there is a risk of "burnout". In booking this workshop you will be investing in yourself. This workshop will include both personal and professional challenges alongside examples of how to do 'self-care'.

Date: Monday 17th April 2023. **Cost** £145. **Venue:** Manchester Institute for Psychotherapy

Family Constellations - 1 day Workshop. Trainer Susie Hewitt.

We will explore how and why we can work with clients systemically through understanding more clearly family relationships and intergenerational traumas etc.

Date: Monday 26th June 2023. **Cost** £145

Venue: Manchester Institute for Psychotherapy

Certificate in Loss & Bereavement

This 5 day course (30 hours) is spread over a period of 5 modules. It will enable the professional to work with loss & bereavement. Various bereavement models will be considered and a working model will be used to give the practitioner the tools to enable the bereaved to move through the grief process.

Dates: 2nd, 16th, 30th October, 13th & 27th November 2023. **Cost** £945

Venue: Manchester Institute for Psychotherapy

Supervision Conference - Saturday 13th 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:** 9.00 to 5.00 pm.

Venue: The Life Centre, Sale, Manchester.. To register for this conference go to: <https://supervisionconferences.co.uk>

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<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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