

# New Psychotherapist

ISSUE 83 / SUMMER 2023

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## AN AGE OF GROWTH

HOW OUR PERCEPTIONS OF AGEING ARE CHANGING



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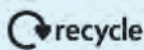
# New Psychotherapist

The magazine of the  
UK Council for Psychotherapy

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jamespembroke  
media



## DIVERSITY AND EQUALITIES STATEMENT

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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. Catharine's series about the history of London includes *Bedlam, London and its Mad*, reflecting her interest in the history of psychological treatments.

**H**ello and welcome to our latest *New Psychotherapist*. In this issue, we put the experience of ageing under the lens.

For many of us, ageing only becomes apparent in later midlife. Unless you are a child prodigy or an Olympian, the incremental changes to body and soul are seldom troublesome. Stiffness after a long run, perhaps, the realisation that we can't dance all night anymore. But, by the time our fifties beckon, the physical symptoms of ageing begin to make themselves known however hard we work out, or whatever skincare products we buy. So can the psychological manifestations. If ageing brings wisdom, professional recognition, comfort in our families and friends, it also brings devastation; the abrupt departure of those close to us, whether parents and colleagues or beloved musical icons. We thought they'd live forever, and now we realise that we won't live forever, either.

So how can we survive the experience of ageing and learn from it? Our contributors have examined ageing from a number of perspectives. In our first big report, Kevin Braddock asks whether psychotherapy is an ageing profession (page 16) and how this affects therapists and clients. Braddock also looks at the financial implications of psychotherapy as an ageing profession; with so many qualifying in later life, how do we attract dynamic new applicants when the cost of training is prohibitive to many (page 30)?

Loneliness is often linked to old age, but our second big report reveals that it is common to many groups, particularly young people, people of colour, LGBTQ+ people and refugees. Loneliness is often associated with poor mental and physical health, so how can psychotherapists help (page 22)?

We also look at the creative aspects of ageing (page 36). What have we learned, how have we grown from our own lived experience and how can we share the positive aspects of this process?

Finally, our 'On Screen' feature (page 50) takes the transactional analysis approach to the animated film *Encanto*, which also touches on ageing, in this case as experienced by a grandmother, Abuela Alman, who was traumatised during the Colombian civil war. Abuela has become a perfectionist matriarch as a result but, when the opportunity to recall traumatic events brings her acceptance and growth, the message is clear: if we can seek out positive change and grow, then it's never too late to learn.

## Get in contact

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

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Catharine Arnold

CATHARINE ARNOLD  
Editor



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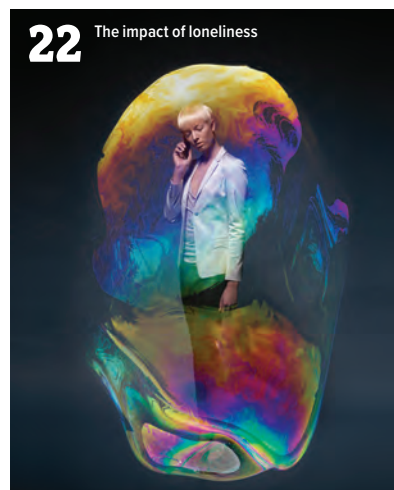
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## On the cover

We examine the effect of our changing perceptions of ageing



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# Bulletin

ISSUE 83 / SUMMER 23

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



UKCP has long campaigned for increased access to psychotherapy

**£20m**

Amount of new funding for psychotherapy in the NHS during 2020-21, which UKCP helped influence

**47**

The number of students that have been welcomed so far by three training providers

## TRAINING

# Five SCoPEd partners to accredit new NHS postgraduate training pilot

Earlier this year, UKCP and four SCoPEd<sup>1</sup> partner organisations reached an agreement with NHS Talking Therapies (formerly IAPT) to accredit a new NHS postgraduate training pilot

**T**he three-year course began in September 2022, and is delivering fully funded postgraduate-level training in person-centred experiential counselling for depression, dynamic interpersonal therapy and couples therapy for depression.

The programme, called NHS Pathways, is a significant policy win for UKCP, as we have a long-standing strategic objective to increase access to psychotherapy. For most people in Britain, healthcare is synonymous with the NHS and the most obvious way of increasing access to psychotherapy is to increase what is available through the NHS, free at the point of use. This has been a major priority of UKCP's recent policy work.

In the NHS, CBT is the dominant model of therapy. It works well for some, but not for all. The principle of 'client/patient choice' is therefore key to UKCP's arguments in favour of increasing psychotherapy provision in the NHS. UKCP has focused on a twin strategy: in the short term, concentrating on opportunities to expand the role of members' work

under existing parameters (NICE guidelines, existing NHS models of therapy provision) while also taking a long-term view of change and reform, which will require a growth in the evidence base, a shift in guideline development process at NICE and far greater flexibility in NHS provision.

During 2020-21, UKCP helped influence £20 million in new funding for psychotherapy in the NHS. The groundwork for this was laid when, alongside Health Education England (HEE) and the other major psychotherapy and counselling professional bodies, UKCP worked on an important project to identify and address key barriers to providing psychotherapy and counselling in the NHS in England.

To ensure that UKCP's influencing with HEE reflected its members'

### Get in contact

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

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### Golden age?

Psychotherapists discuss the pros and cons of ageing

Page 36

## 'NHS Pathways is good news for the profession and especially for those less able to self-fund training'

experiences, we met 25 members who work in the NHS to learn more about the barriers they face. We surveyed members about the level of unpaid work they had carried out in the NHS to demonstrate the financial burden this work puts on psychotherapists as well as the value of it to the NHS.

We also helped influence HEE to include a psychotherapy and counselling representative in the IAPT stakeholder group – a vital consortium that helps steer the development of services across England. The group had previously only included representatives from the psychology and cognitive behavioural therapy professions.

NHS Pathways is good news for the profession and especially for those less able to self-fund training, and will support UKCP's equality, diversity and inclusion objectives, as applicants are likely to come from a wider range of socio-economic backgrounds. It will also enhance the SCoPEd partnership's reputation within the NHS, solidifying close working relationships with key decision makers and policy teams. If the pilot is successful it will create more pathways to funded training too, and provide future tendering opportunities for UKCP training providers. So far, three training providers have welcomed 47 students.

1. [psychotherapy.org.uk/ukcp-members/consultations/scope-of-practice-and-education-for-the-counselling-and-psychotherapy-professions-scoped](https://www.psychotherapy.org.uk/ukcp-members/consultations/scope-of-practice-and-education-for-the-counselling-and-psychotherapy-professions-scoped)

### MEDICATION

## NHS data reveals extent of antidepressant prescribing

UKCP is calling for improved access to talking therapies for patients who want choice

Between October and December 2022, 22 million antidepressant items were prescribed to an estimated 6.6 million identified patients, according to the latest data released by the NHS Business Services Authority (NHSBSA). These were small increases compared to the previous quarter.

NHSBSA's Medicines Used in Mental Health report covers five main groups of medicines: hypnotics and anxiolytics (used to treat insomnia and anxiety); antidepressants; drugs for dementia; drugs used in psychoses and related disorders; and central nervous system (CNS) stimulants and drugs used for attention deficit hyperactivity disorder (ADHD).

Of the five British National Formulary (BNF) drug groups covered in these statistics, antidepressants remained the section with the largest number of identified patients and items prescribed.

Hypnotics and anxiolytics were the only group of drugs that showed a decrease in prescribing between October to December 2022. Although the number of patients being prescribed these drugs decreased slightly more than the number of items prescribed, hypnotics and anxiolytics were still



Antidepressant prescribing has increased

prescribed to more than one million patients.

The data in this report excludes hospitals and prisons.

Helen Willingham, UKCP's head of content and engagement, said: 'Our recent research showed that those who received psychotherapy or counselling as part of their support through the NHS were more likely to see improvements after intervention than those who received medication. Further research shows that people would prefer not to be prescribed medication but want psychotherapy. This is why we continue to call for a genuine choice of talking therapies throughout NHS mental health services across the four nations. It is vital that people struggling with their mental health have access to the right treatment for them.'



## FUNDING

# UKCP launches bursary scheme

The UKCP Bursary 2023 will help students and trainees in need of financial assistance



8

For many people, a bursary is a vital route into psychotherapy

**T**he UKCP Bursary 2023 will launch on 8 June. It is a fund created to support individuals studying and training to be psychotherapists and psychotherapeutic counsellors who may need financial help.

The bursary will also help strengthen the profession as a whole by supporting students and trainees from under-represented groups, enabling people from all backgrounds to complete studies and contribute to the future of psychotherapy.

Helen Windsor, chair of the Professional Regulatory Committee of the Colleges and Faculties at UKCP, said: 'It's moving to glimpse

the passion and determination of candidates through the snippets of their supporting information, seeing the adversities they are overcoming to complete their training. Students and trainees make tremendous sacrifices to manage course fees and time commitments: giving up independent accommodation, balancing employment income against time to study, eking out benefit payments. There are those managing chronic health conditions, and with social or economic disadvantages stacked against them; those whose family circumstances have suddenly been turned upside down by COVID and

other disasters. Their stories inspire me for the future of our field, and hopefully of UKCP.

'It's sad to have to whittle down the number of candidates to the number of bursaries available, but with each one that goes forward, it's clear from their story how much practical difference the award will make.

'I like to think, too, that each award brings a little encouragement, relief and a feeling of support from those of us who have already achieved UKCP registration.'

Students and trainees who received bursaries in 2022 told us how important it was to them.



## SUPPORT THE UKCP BURSARY FUND – DONATE NOW!

Every new generation of psychotherapists transforms the profession, and we're excited to see the future that our current trainees will shape. However, some of tomorrow's psychotherapists are struggling with today's circumstances.

If you can, please donate to our bursary fund via the link below to support UKCP students and trainees in need of financial assistance.

[cafdonate.cafonline.org/12811#!/DonationDetails](https://cafdonate.cafonline.org/12811#!/DonationDetails)

Yasser Nawazz is studying for an MSc in integrative psychotherapy and counselling at the University of Warwick. 'I am grateful for the UKCP bursary,' he said. 'I have not been able to get any other financial support, so it definitely helps. I would encourage all students and trainees to seek the support from UKCP. I was hopeful, being a person from a minority ethnic



background, that I would get the support, but you are never sure. When it came through, I was very pleased. The process was smooth, and I was delighted to be informed.'

Paula-Maria Straube, who is studying traditional analysis with Physis Scotland, said: 'I am a single mum to two young children, working part time and receiving Universal Credit. All my family lives in Germany, so life sometimes feels like a balancing act. I am not sure what I would have done without the UKCP bursary, and I will apply again for the coming training year. I am incredibly grateful to UKCP for their support and trust in my training and development as a practitioner.'

Gina Simeon, who received her bursary in September 2022 to pay her fees for 2022-23, said: 'I did find the bursary very helpful. It paid for part of my tuition fee during the last year of my training.

'I am on a four-year training course in transactional analysis, and I live with a chronic health condition and disabilities, so I am struggling financially. I might have had to postpone my studies for a year without the generous support of UKCP. I am slowly establishing my private practice now and working towards certification with UKCP'

UKCP trainee Helen Davies said: 'Studying psychotherapy is a serious commitment and can put a considerable strain on trainees as they are required to invest across all dimensions of self: emotionally, mentally, physically, socially, spiritually and financially. I hadn't been aware of the UKCP bursary until my final year and was incredibly grateful to receive it. It relieved some of the financial pressure on my family as we all negotiated my training and career transition. I would highly recommend people apply.'

## HOW TO APPLY

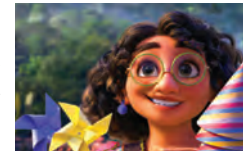
Applications for the UKCP Bursary 2023 open on 8 June for UKCP student and trainee members in need of financial assistance who will be on a UKCP-accredited training course between September 2023 and April 2024. UKCP students and trainees were notified about the bursary before applications open through our newsletters. Interested non-members can email [bursary@ukcp.org.uk](mailto:bursary@ukcp.org.uk) to be added to the contact list. To be eligible for the bursary, applicants must:

- be a registered UKCP student or trainee member and enrolled on a UKCP-accredited training course
- ensure that their training organisation provides a statement of support
- ensure that a professional reference is provided, from a supervisor, academic, tutor, clinical professional, mentor or previous employer
- demonstrate a genuine commitment to the psychotherapy or psychotherapeutic counselling profession
- not be in a receipt of a different bursary for this course in the same academic year.

Information on how to collect and submit statements of support and professional references will be available on our website, which is also where non-member students and trainees can apply to join.

As part of UKCP's aim to improve equality and diversity practice within the profession, we especially welcome applications from UKCP students and trainees who require financial support due to their personal circumstances, for example, single parents, low-income households, carers, or those from under-represented groups including from minoritised ethnic backgrounds, who live with a disability or identify as LGBTQ+. The award of £750 is a contribution towards training fees and is paid directly to the training organisation. Those who have completed all their training are not eligible.

[psychotherapy.org.uk/join-us/ukcp-bursary](https://psychotherapy.org.uk/join-us/ukcp-bursary)



**CHILDREN**

**CHILD REFERRALS FOR MENTAL HEALTH CARE IN ENGLAND UP 39% IN A YEAR**

Two new reports have highlighted the crisis in mental health services for children and young people. The number of children in England needing treatment for serious mental health problems has risen by 39% in a year, according to official data.

The pandemic, social inequality, austerity and online harm are all fuelling a crisis in which NHS mental health treatment referrals for under-18s have increased to more than 1.1 million in 2021-22, say experts.

In the first year of the pandemic, 2020-21, the figure was 839,570, while in 2019-20 there were 850,741 referrals, according to analysis of official figures by the PA Media news agency. The figures include children who are suicidal, self-harming, suffering serious depression or anxiety and those with eating disorders.

Dr Elaine Lockhart, Chair of the Child and Adolescent Psychiatry faculty at the Royal College of Psychiatrists, said the rise in referrals reflected a 'whole range' of illnesses, with specialist services having to respond to the most urgent and unwell, including young people suffering from psychosis, suicidal ideation and severe anxiety disorder. Targets for seeing children urgently with eating disorders were sliding and more staff were needed, Lockhart said.

'I think what's frustrating for us is [that] if we could see them more quickly and intervene, then the difficulties might not become as severe as they do because they've had to wait.'

According to Lockhart, children's mental health had been deteriorating before the pandemic, with increasing social inequality, austerity and online harm playing a role, and when the lockdowns and pandemic struck, they had a negative effect on many children.

'Those who had been doing well became vulnerable and those who were vulnerable became unwell. Seeing their parents struggle, and the collective heightened sense of anxiety really affected children,' said Lockhart.

Ashlyne Ludlow, chair of UKCP's College of Child and Adolescent Psychotherapies, said: 'As alarming as this most recent data is, this is not a new issue, or a surprise to those who work within the child psychotherapeutic professions. Issues with mental health provision for children and young people and NHS waiting lists pre-dates the pandemic, albeit since 2020 these demands have been amplified.

'The issues are ongoing and signal that the NHS needs to invest in a more diverse range of trained child therapists.'

**PEOPLE**

**Meet our new registrar**

James Pickering is the new registrar of UKCP



James Pickering

James Pickering was appointed as UKCP's registrar earlier this year. He comes to UKCP from a background in higher education leadership. Most recently, he led on student records and immigration compliance at Nottingham Trent University. There he managed a department of around 40 staff, liaising directly with the Home Office, local government and other external agencies to ensure compliance with statutory regulations. He also worked with staff, students and suppliers to enable the university to operationalise strategic objectives and priorities. James also managed the university-wide complaints, conduct and appeals policy and process.

**Why did you decide to come and work with UKCP?**

I am passionate about mental wellbeing and believe that the work that UKCP does to both

promote this and to protect the public is absolutely crucial. It was something that I wanted to be a part of and believe can make a real difference.

**What do you think are the priorities for UKCP?**

As registrar, I will always believe a key priority is the protection of the public through our standards and processes. I'm looking forward to enhancing the great work already undertaken at UKCP in striving to improve access to psychotherapy and to ensure that the UKCP register is held in the highest possible confidence by the public.

I also believe that we should be striving to promote and improve access to psychotherapy services, especially across demographics in which access and use of such services are traditionally lower.

**What makes psychotherapy so important today?**

The recent pandemic really opened many people's eyes to how important taking care of our mental wellbeing is. And there are many new challenges, especially for young people. For example, pressures from social media around the perceived reality of others, the effects of the pandemic and difficulties accessing services.



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# Reviews

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

## The Burden of Heritage: Hauntings of Generational Trauma on Black Lives

**A**s a black British millennial woman, I have been waiting to read a book like *The Burden of Heritage* since I started my training as a psychotherapist.

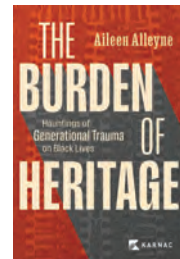
So much of what we learn and practice as therapists is through the lens of white identity and Eurocentrism. The godfathers of psychotherapy were men who do not reflect the reality of today's clients or the diversity of today's therapists.

*The Burden of Heritage* needs to be read by every psychotherapist wanting to work competently and consciously with black clients who may be carrying this burden. Alleyne beautifully crafts a book full of knowledge and psychodynamic theory, but also writes with honesty and compassion. She describes intergenerational trauma, identity shame and historical enmeshment, as well as

how this may show up and be worked with in the therapy room. Alleyne also sets up the reader for success from the start, by outlining boundaries and self-care in case the reader is triggered or overwhelmed by the material. As a black woman of Caribbean origin, Alleyne doesn't shy away from telling her own story, which brings personal connection and vulnerability.

This book will open doors for non-black readers and therapists, and I believe it should be mandatory reading for all trainees.

As author and trauma specialist Resmaa Menakem says, we can only tear down white supremacy by offering people better ways to belong and better things to belong to. And one of the best places to start this is in the therapy room.



### Details

- **Reviewed by:** Tasha Bailey, integrative psychotherapist
- **Author:** Aileen Alleyne
- **Publisher:** Confer Ltd
- **Price:** £25.78
- **ISBN-13:** 978-1913494247



### Details

- **Reviewed by:** Jane Edwards, integrative psychotherapist and supervisor
- **Author:** Julia Bueno
- **Publisher:** Virago
- **Price:** £10.91
- **ISBN-13:** 978-0349014593

## Everyone's a Critic: How We Can Learn to be Kind to Ourselves

**B**ueno's first book, *The Brink of Being*, explored the complex and varied experience of miscarriage through memoir, fictional case studies and research from a wide discipline of study. *Everyone's a Critic* takes a narrower approach, with a tighter focus on fictional case studies to unpack the common experience of self-criticism.

Situating self-criticism in the context of an individualised and competitive society, rooted in neo-liberal ideas, Bueno sees this as fertile ground for a currency of achievement and success, and the striving that accompanies this. Bueno also touches upon other potential contributors to self-criticism that therapists often meet, including

adverse childhood experiences, racism, sexism and many other 'otherings'. In exploring a client's story in therapy, he, she or they may be encouraged toward compassion for themselves – or so Bueno's thinking goes.

Bueno's writing brings to life the avoidant men who choose the chair furthest from her own; the lawyer client who arrives with a phone in one hand and the other cupping her ear, who inevitably takes the 9pm slot; and the client who brings presents in a bid to be 'good' and keep her own 'bad' at bay.

The book is not a self-help guide, but it is an invitation for the reader to be curious about their relationship to themselves.

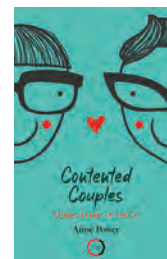


## Contented Couples: Magic, Logic or Luck?

**A**nne Power, a well-respected and experienced couples' therapist and trainer, has written a book about couples for couples. By exploring the relationship dynamics of 18 'contented couples', Power outlines several key findings of what makes couple relationships work. Power's diverse mix of participants range from couples in arranged marriages to couples who met through dating apps, heterosexual and same-sex couples. Though written for the lay reader, *Contented Couples* offers the professional a rich reminder of what is needed for couple 'success'.

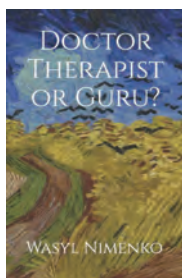
Power provides a litmus test from the outset. If your relationship supports growth, development or healing, allowing you to be close at times and separate at others, then your couple relationship will be the most fulfilling. Power makes it clear that the

individuals within the couple are the key to its longevity and contentedness. Contented couples comprise individuals who can receive and give care, state their own needs without diminishing the other's and learn to listen and support each other. To endure as a couple, says Power, these individuals need a 'good enough' security within themselves, an ability to think as well as feel, and resilience to weather the storms that can arise over the course of a lifetime. For the lay reader and professional alike, this book outlines what each partner in a couple can do, offering reflections and implicit suggestions based on decades of experience. Each chapter ends with a series of questions Power encourages partners to consider, paving a path for greater understandings of the self, partner and couple dynamics.



### Details

- **Reviewed by:** Felicia Smith-Kleiner, integrative psychotherapist
- **Author:** Anne Power
- **Publisher:** Confer Ltd
- **Price:** £19.99
- **ISBN-13:** 978-1913494469



### Details

- **Reviewed by:** Elizabeth McCormick, cognitive analytic therapist with a background in transpersonal and humanistic psychology
- **Author:** Wasył Nimenko
- **Publisher:** Goalpath Books
- **Price:** £8.99
- **ISBN-13:** 978-1908142672

## Doctor Therapist or Guru?

**N**imenko's book is an intriguing and profound read, full of scholarly research and thoughtful detail as well as deep, personal experiences.

The author offers us a fascinating journey through each of these callings – doctor, therapist, guru – their appeal and their flaws. He outlines the human instinct to search for happiness, inner resolution and peace, whether through drugs, worship or exploring the past. This is helpful, for it offers the reader a description of what can often be a difficult and misleading path. For instance, one section is entitled 'The medicalisation and monetisation of unhappiness'. Nimenko does not offer answers but descriptions of the choices we may have, and that in his opinion, 'the way out is in'. In other words, for Nimenko being helped to work with our inner psychological preoccupations is the way to

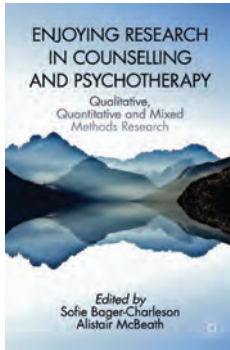
understanding what has been projected or carried by our outer concerns.

Nimenko describes fascinating encounters and research, in particular his detailed account of Jung's attempts to discover more about human spiritual life after his break with Freud.

Nimenko also shares his personal experiences, and his journey from a child suffering from family crises to finding solace in his grandmother's religious beliefs. These early experiences contributed to the amount of questioning and searching Nimenko has done throughout his life as a doctor, psychotherapist, meditator, husband, father and friend. He offers the reader an intimate account of the challenges that are essential in the journey of questioning, meaning, and seeking relief from unhappiness either in body, mind or spirit.



**Have your say**  
Tell us what you think  
of this issue. Email  
[editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)



## Enjoying Research in Counselling and Psychotherapy: Qualitative, Quantitative and Mixed Methods Research

**S**ofie Bager-Charleson and Alistair McBeath's book is a timely and refreshing text, bringing practical creative research skills to the consulting room.

The authors set the scene with a relational style. This book is engaging, honest and inspirational from the start, informed by the voices of researchers. It speaks to mental health practitioners, challenges stereotypes and considers social, cultural and political aspects of research. It highlights the need for pluralistic mixed research methods, supported by the idea that 'emotionally repressed research runs the risk of repressing clinical practice if it shuns, rejects and detaches itself from the messiness and ambivalence of life'.

Each chapter begins with a learning

goal and takes readers on a practical journey, offering reflection, activity and application, with approaches chosen from qualitative, quantitative, mixed methods and pluralistic research. The authors maintain that 'therapists are natural investigators, exploring, tracing and considering underlying meanings – it is what we do'. They invite practitioners to become 'at ease' with and to dispel some of the perceived mysteries within research, thus bridging the perceived gap between the practitioner and the researcher.

This book will undoubtedly become a key text on psychotherapy and counselling training courses, contributing to 'research mindedness' and 'critical reflection' through the veins of our profession.

### Details

- **Reviewed by:** Victoria Baskerville, transactional analyst, psychotherapist and founder of TA East London Institute
- **Authors:** Sofie Bager-Charleson and Alistair McBeath, eds.
- **Publisher:** Springer Nature Switzerland AG 2020
- **Price:** £29.99
- **ISBN-13:** 978-3-030-55126-1

## Embodied Approaches to Supervision: The Listening Body

**T**his volume brings together experts in movement and drama therapies to elucidate how embodied approaches can bring creativity and insight to the supervisory space. The authors demonstrate their rich experience of embodied work, and bring the awe of embodied knowing direct to the reader's attention in moving vignettes.

The book will be particularly helpful to supervisors who have not considered the magnificence of the body as a source of creativity and inspiration, or those wishing to deepen their practical understanding of embodied approaches.

My main criticism is more of the psychotherapeutic professions than this book; I expected deeper integration between modalities. It might have been

valuable to explore how material heard through the body can be worked with as implicit trauma and attachment disturbance or processed using sensorimotor or bioenergetic approaches. Similarly, demonstrating how deeply focusing on the body in the supervisory space can lead to an awareness of systemic phenomenon. This would have illustrated the embodied nature of transpersonal knowing. That said, O'Driscoll's piece on the links between the body and natural world, and Butté's work on thresholds and containment, did step toward this.

As an integrative practitioner, it seems to me that giving supremacy to either body or mind perpetuates an unnecessary divide. We must move between these two ways of knowing as the moment takes us.



### Details

- **Reviewed by:** Jared Green, transpersonal psychotherapist and integrative supervisor
- **Authors:** Céline Butté and Tasha Colbert
- **Publisher:** Palgrave Macmillan
- **Price:** £23.69
- **ISBN-13:** 978-0367473341





## PODCASTS WE'RE LISTENING TO

### CONVERSATIONS WITH C&C

In this podcast, Claude and Carl explore themes on race, therapy and culture, intermingling their rich personal experiences and professional wisdom. Their joyful connection is inviting and heart-warming.

Claude and Carl start with their own journeys, how they came to their current roles, how they met and what they believe therapy is for. While both continually touch on psychotherapeutic

theory and practice, they go deeper too with refreshing openness.

My favourite episode is session five, 'Past and Present', where they explore fatherhood and their youths as young black men with similar and different experiences from across the pond. I also loved session seven, 'Movements and Messages' – a history telling through music that packs a punch.

This podcast offers a rare window into the inspiring and real conversations that

take place between diverse voices.

The second season launched in March this year, with guests joining four episodes. Whether you are new or old in our field, or you want to encourage others to try therapy who perhaps are intimidated by it – and especially if you want to learn about the experiences of people of colour in this profession – this is a deeply enriching listen, where every episode is considered and captivating.



#### Details

- **Reviewed by:** Anusha Nirmalanathan, humanistic and integrative trainee psychotherapist
- **Creators:** Claude Murray and Carl Barge
- **Available:** Spotify, and [anchor.fm/conversationswithcandc](https://anchor.fm/conversationswithcandc)

### THIS TRUSTED PLACE

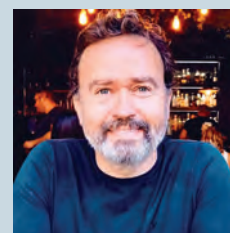
Whether you want to explore wide-ranging subjects around mental health or just want to learn more about the realities of becoming a therapist, 'This Trusted Place' offers a wealth of knowledge and experience. Hosted by psychotherapist and author John-Paul Davies, this series of podcasts covers a comprehensive range of topics related to our psychological wellbeing. Davies is an engaging therapist who shifts between

active discussion and reflective process with ease and insight.

Among the themes Davies explores are: setting up your private therapy practice; what to expect from therapy/counselling; is your relationship worth saving?; and some of the themes from his book, *Finding a Balanced Connection*. The subject matter effectively captures the realities of Davies' practice and the rewards of the profession.

Davies is eloquent and understanding about the complex issues we face in

our relationships, and I found these podcasts highly relatable. Davies brings curiosity and an energetic approach towards the multi-layered dynamics of our interactions with others. He is an informed and compassionate practitioner and there is much to draw on in his work for those considering training in this field. I recommend this series to anyone who wants to delve deeper into their own process or to work more effectively with clients. Davies embodies the spirit of doing the thing he loves.



#### Details

- **Reviewed by:** Nikki Kemp, transpersonal psychotherapist
- **Creator:** John-Paul Davies
- **Available:** [podcasts.apple.com/gb/podcast/john-pauls-therapy-podcast-this-trusted-place/id1650085697](https://podcasts.apple.com/gb/podcast/john-pauls-therapy-podcast-this-trusted-place/id1650085697)



# NEW AGE

AS LIFE EXPECTANCY AND LIFESTYLE CHANGE, SO DO OUR INTERPRETATIONS OF DIFFERENT LIFE STAGES. **KEVIN BRADDOCK** EXAMINES WHAT THIS MIGHT MEAN FOR PSYCHOTHERAPISTS





**A**n experience of self, a relationship to the body and an orientating marker among one's peers: age is far more than a number, despite attempts to enumerate it. In Shakespeare's *As You Like It*, character Jacques described life's developmental arc in his famous 'Seven Ages of Man' speech, while psychotherapeutic theory provides other indexes categorising the advance of years. Freud's four psychosexual stages<sup>1</sup> are continually available for humans to regress to, regardless of their actual age, while Erikson offered eight twin-poled life stages, from the 'trust vs mistrust' of early infancy all the way to the 'ego integrity vs despair' of seniority.<sup>2</sup>

There's also what Winnicott said on the matter: 'people are not just their own age; they are to some extent every age, or no age'.<sup>3</sup>

These insights beg some obvious questions: how does psychotherapy respond to age and ageing; and what are the practical implications of ageing for therapists themselves along with the clients they work with? These questions are all the more relevant given that the UK has an ageing population. The 2021 census showed that over 11 million people – 18.6% of the total population – were aged 65 years or older, compared with 16.4% at the 2011 census. Plus, over half a million people were at least 90 years of age.<sup>4</sup> The Centre for Ageing Better suggests that 22% of the population will be 65 or over in a decade's time.<sup>5</sup>

Age may be defined in legal terms and in its effect on physical function, but culture has its say too, wherein the rather nebulous concept 'life stages' begin to look yet more fuzzy.

Commenting on the strange disappearance of middle age in *The*

*Guardian* recently, Professor Les Mayhew, head of global research at the International Longevity Centre UK, said, 'There's no point trying to impose chronological age on what is or is not middle age.'<sup>6</sup> The same might be said of Shakespeare's other seven ages.

There is also the notion of 'adult' as an objective concept, one addressable by psychotherapy, which is open to interpretation and individual experience. The 110th birthday celebrated in 2022 by Britain's oldest man, John Tinniswood, suggests that adulthood can today encompass a span of 92 years, and mean many things – as can therapists' own experience of ageing, and the adaptations they make in their practice with clients of differing ages.

Given all this, where do we locate psychotherapeutic practice for an ageing population – and age itself, encompassing variables such as maturity and wisdom, which are often presumed to be a trade-off with youthful energy and enthusiasm – when the average age of UKCP practitioners is around 57, and many new entrants into the profession arrive in midlife?

'None of us can escape ageing. When and how we recognise the changes that different life stages offer is where each of us is different. The relationship that is built through psychotherapy can help to reassure and support clients through change,' says Helen Willingham, UKCP's head of content and engagement. For existential psychotherapist and former UKCP chair, Emmy van Deurzen, questions of approach are less urgent than the fact that different ages may tend to bring different needs to the encounter, between what she views as three 'very different tasks of psychotherapy'.

'Younger people almost always need societal support with the two classic things – work and love. They can find information online but of course it is >



chaotic, and they often get taken in by fashionable statements. Psychotherapists should hold that gap and secure human beings more by making clear what is missing for young people. If they get that kind of help it becomes much easier to work through emotional problems.

'In the middle range, the productive years between, say, 20 and 50, people become taken over by the need to raise kids, earn their living or make a contribution to society. Often they are better off with shorter-term interventions because they can't find the time for more intense exploration. After 50, many people become interested in understanding what they've been through and what they might still want to do.'

'Older age is a whole other ballgame,' she continues. 'Erikson used to say, at the end of adulthood it was all about how much a person generated in terms of a contribution to society, and how much they feel they have stagnated. That is still very true for people between 50 and 65, and to help them think about what their contribution could still be. People in their 70s and 80s tend to be more interested in death in a more philosophical way – what human existence is all about.'

Looking back upon her 50 years as a therapist – her first full-time job was in 1973 – van Deurzen has noticed her practice changing. It went from once being energised with eagerness, both living and working more than 40 hours per week in psychotherapeutic institutions, to becoming more boundary in middle age, and today, working with young people in a low-cost service. The effect of the maturity on her is to have greater ability 'to get to an essence of a person's difficulties and meet them very directly in their profoundest pain'.

'I can understand what many people are going through because I've been through so many things myself. There is a bit of wisdom that wasn't there when I was younger,' she says.

### DISCOUNTING AGE

When van Deurzen talks of the balances between life experience, ease with self and reflexivity, and enthusiasm and willingness to learn – which she divines in elder and younger trainees at the New School of Psychotherapy and Counselling respectively – she might also be describing a desirable balance in the person of any single therapist, regardless of age, but also what clients might need from them.

For Jade Howe, 32, and Nick Campion, 50, both newly embarking into practice, an attitude combining perspective, humility and reflexivity (Campion) and openness and curiosity (Howe) count for more than age-based aptitudes or achievements. The same applies with clients, Campion argues.

'A client's age is one factor of many. There are many other considerations – history, previous therapy experiences and presentation – which have an impact, as will the transference relationship. For one client your age might cross you off their list, for another it may make you ideally placed. It is probably helpful for clients if their therapist has some idea of the client's cultural frame of reference – but even then, it's not everything. The very process of a therapist being willing to listen, learn and understand that client's social milieu might in itself be significant and reparative.'

'Study after study shows it is the therapeutic relationship that matters above all else,' he adds.

Jade Howe, meanwhile, considers that her 'skills, attitudes and competencies will evolve, as long as I stay open and curious and explore myself, my reactions, defence mechanisms and processes. The more I know about myself, the more I can support my clients,' she says.

Whether or not it becomes easier or harder to do that – literally and symbolically, the mirror can be an unforgiving object to encounter as

## 'The wisdom of experience and the energy of youth can coexist at almost any age'

we age – age must nevertheless be considered in client work. It has an intersectional dimension which practitioners should contemplate – 'we need to be mindful of our clients' ages and how this might be shaping their realities,' says Howe – and it can also be an object for exploration.

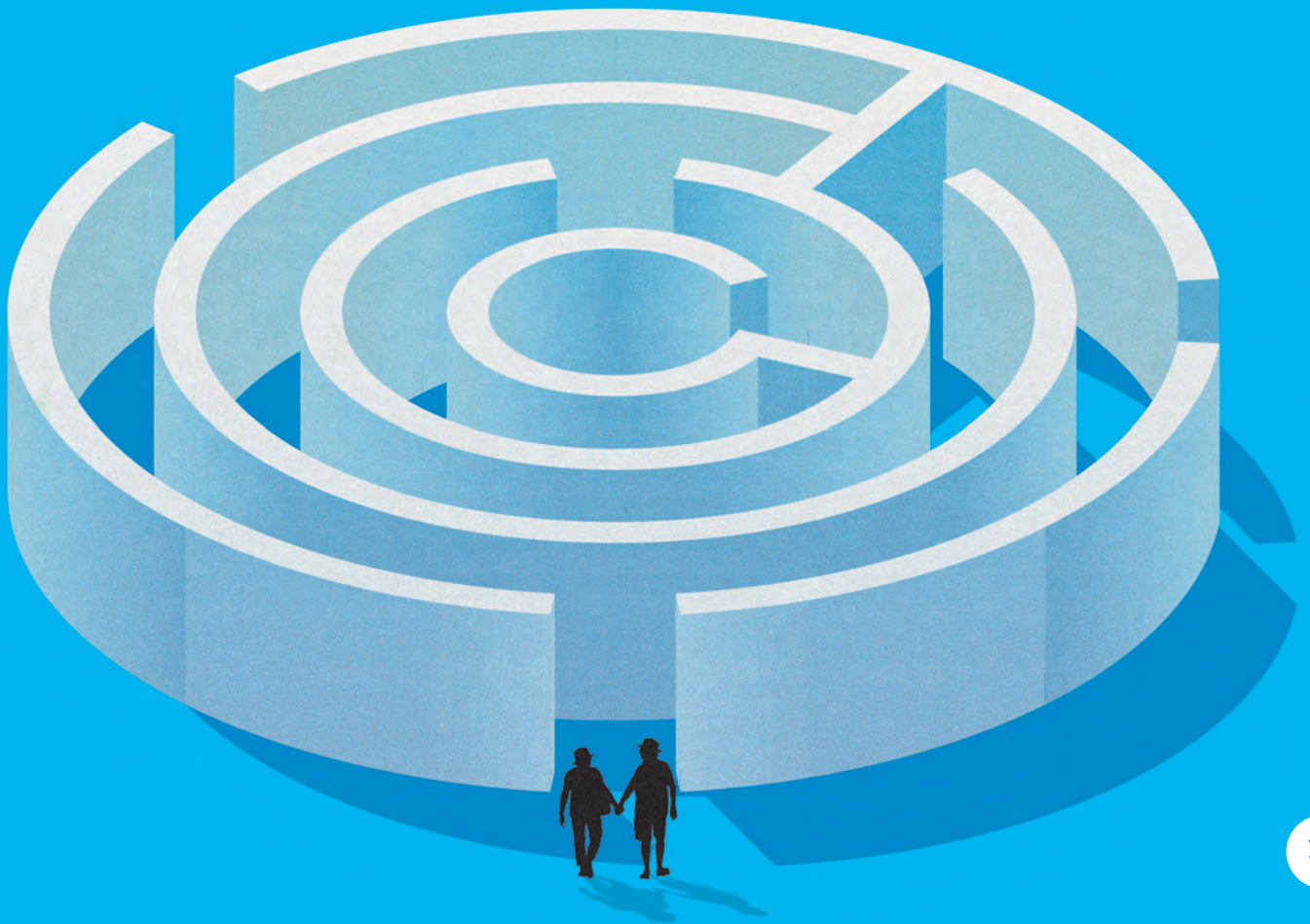
'We need to be curious about what meaning our clients attribute to their distress and how this could be shaped by age: about different "rules for living" and introjects that different ageing populations might have. A very common narrative for elderly and middle-working age people might be: "we just get on with it". If we have a client from a generation where they had no choice but to "get on with it", we can be curious as to what they may have had to disavow, mute or disintegrate about themselves.'

Irvin D Yalom famously offered another number – four – with the existential 'givens' he considered central to human life,<sup>7</sup> the first of which ageing remorselessly shuffles us all towards: death itself. It is the hardest of edges in any debate and in psychotherapy's relationship with ageing and life stages, it is one of few concrete ones.

### THE FLUIDITY OF AGE

Therapists tend to agree that the wisdom of experience and the energy of youth can coexist at almost any age, and that the idea of life stages can be useful, but distracting when age is only one component of clients' subjectivity. 'The differences that might feature in work with one or another patient are more





likely to be a result of the individual person and their psychic needs, rather than their age as such,' says psychodynamic psychotherapist David Richard, who is 66.

'Age-fluidity' may make no sense in terms of a dated birth certificate, but it can certainly make sense at the level of phenomenology or the experience of a self in the elasticity of time. In the absence of definite conclusions about the interaction between age and psychotherapy, perhaps the greatest value is in welcoming thoughts about it instead of disavowing it, in ourselves and our clients.

One thing psychotherapists tend to agree on is that as the profession itself ages it becomes more socially relevant. 'For us to be credible in psychotherapy playing more of a societal role, we need to develop our articulation of it,' says van Deurzen.

For Brett Kahr, former UKCP trustee and senior fellow at the Tavistock Institute of Medical Psychology, 'over the last several decades, the discipline of psychotherapy has become much more highly respected and impactful. Government ministers have, at long last, begun to acknowledge the need for greater mental health interventions'.

This also means, according to Kahr, that psychotherapy's own maturity is one of its strongest features. 'As my work has unfolded over many years, I have become even more impressed by the genius of those professional ancestors who created such an extraordinary paradigm shift in the treatment of severe mental illness. Sigmund Freud humanised psychological suffering more than any other person in history, as he decided to listen to his analysands. If only we could all study the rich work of our predecessors in a more thorough

and scholarly manner, we could become a much more integrated and much less divisive profession.'

Kahr is also realistic and hopeful about psychotherapy's youthful constituency. 'One of the greatest gifts that newly qualified colleagues can offer the world might be the treatment of severely psychotic and borderline patients, who will require decades of ongoing treatment. Older clinicians cannot promise our patients another 30 years of sessions. I hope those embarking on their careers will consider offering services to the most heartbroken and devastated of our fellow human beings.'

In the end, psychotherapy is the profession uniquely able to understand how the forces of ageing affect and determine individual lives, and perhaps only psychotherapy can explore how it operates at the subjective level, through intersubjective experience where every



therapeutic encounter may amount to a different approach.

Therapists operate in a complex and delicate paradigm where apparent contradictions can exist productively: a mature practitioner may have the energy and enthusiasm of someone much younger if, like Nick Campion at the age of 50, they're just entering practice. So too can some of the founding principles of psychotherapy – curiosity, humility, empathy – transcend age differentials.

'There's nothing more valuable than experience and time spent with clients,' Campion says. 'Education is important, training is necessary but by far the most learning is done by sitting across the room from another human being. I would be suspicious of any therapist who believes they have learnt all they need to know, no matter how mature – that hubris does not serve our profession,' he adds.

In the same vein, the advice van Deurzen would offer to her 50-years-ago self seems applicable to therapists of any

age or experience, not solely the young and newly qualified.

'Don't be afraid of the opinion of your profession and its established practitioners,' she says. 'Be at one with your naiveté and sense of wonder, your wanting to understand things from your own experience. Go on that adventure without constantly feeling that you don't know enough yet.

'By all means, be in doubt,' she adds, 'but have the confidence to figure it out for yourself. Trust your own human instinct to be able to understand what it means to be a person in the world.'

If that sounds like good advice for people of any age, it's worth remembering how Nina Coltart once wrote that 'therapists are trained from their weaknesses; all other professions build on their strengths.'<sup>8</sup> Ageing more than anything reveals our weaknesses, but when society sees advanced age as a handicap, psychotherapy can subvert the norm by recasting perceived weaknesses into strengths. ●

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existential, social, political, economic and cultural realities in our wider world. This has awakened us at to ask searching questions about the role of psychotherapy in meeting these challenges.

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# All the

# Lonely

# People

We associate feeling lonely with old age but anyone can experience loneliness, with marginalised and excluded groups particularly vulnerable. **Catharine Arnold** and **Anna Scott** ask, how can psychotherapists provide a sense of connection?



**It's tempting to assume that loneliness is a condition of old age, but recent research shows that loneliness is endemic across the population. So much so that even before the recent pandemic and subsequent lockdowns affected us all, the UK government had resolved to tackle the issue of loneliness.**

The 2018 Loneliness Strategy had three objectives: reducing stigma in talking about loneliness, considering loneliness and relationships in policymaking, and researching loneliness within the population in greater detail.<sup>1</sup> Unsurprisingly, given the isolation imposed by lockdown, there was an increase in the number of people experiencing loneliness during the pandemic. Between October 2020 and February 2021, 7.2% of the British adult population reported feeling lonely, up from 5% between April and May 2020, which covered the first lockdown.<sup>2</sup>

For those of us who assumed that it was elderly people who suffered most from feelings of loneliness, a recent report revealed that 16–24-year-olds experience loneliness more often and more intensely than any other age group – 40% compared with 29% of people aged between 65 and 74, and 27% of the over-75s.<sup>3</sup>

### AT-RISK GROUPS

People with a limiting, long-term illness or disability are more likely to say they feel lonely often or always, and less likely to say they never feel lonely.<sup>4</sup>

Those living in deprived areas are more likely to feel lonely often or always than those living in more affluent locations.<sup>5</sup> Loneliness as a component of feelings of social exclusion is reported by people of colour, non-English-speaking refugees and asylum seekers and some members of the LGBTQ+ community, as well as people experiencing domestic abuse and bereavement.<sup>6</sup>

UKCP-registered integrative psychotherapist Tasha Bailey believes that feelings of social exclusion are familiar within the black community.

‘Social loneliness can show up for people who sit outside of the circle of privilege and majority,’ says Bailey. ‘Social groups such as people of colour, and especially black people, often fall into this line of exclusion where their experiences are rarely represented or validated by wider society. As a black woman, it is personally so lonely to know that the world hardly ever recognises my existence. And when it does, it’s through a negative lens, or to focus on the trauma of my ancestors or my community.’ This can make it more difficult for a black person to find a therapist who shares their own experience, says Bailey.

‘This loneliness also makes itself known in the field of psychotherapy, especially within psychotherapy trainings. In the UK, it costs a lot of time and money to qualify as a psychotherapist: a privilege that many people of colour might not have, leading to it being a predominately white, mature and middle-class profession. Even when black or brown students do decide to take the commitment to train, they are the most likely to drop out and loneliness is at the heart of the reason why. Without diversity among their peers and tutors, trainees of colour are left alone to deal with entering a white, middle-class-dominated field all on their own, including holding group projections, stereotypes, othering and seeing themselves erased from many traditional texts and materials they have to learn from.’

Will Daniel-Braham, UKCP trustee and clinical transactional analysis psychotherapist, says: ‘There are so many layers that could be uncovered whilst exploring the topic of exclusion and loneliness among people who are oppressed and/or marginalised, and in particular people from black and other minority ethnic backgrounds. Culturally the British have a saying: “Don’t hang your dirty washing out in public”. This presupposes that it is okay to talk of “dirty washing” among family and loved ones.

‘In my experience of the black community in particular, it’s a case of “put >





up and shut up” [sic]. I was brought up with an expectation that I ought to be grateful for what I have and not complain, as there are always people who are worse off. I recently asked my Dominican father if we could spend time during a break away together to talk about my background and his background, to which he replied: “Oh no, do I have to, what’s the point of that?” I remember once during childhood mentioning to my Jamaican step-father that I felt left out and lonely at school. His response was, “nah, budder, beg a fren” (don’t bother to beg for friendship). “Each to their own” and keep yourself to yourself was the message I took from that. Most of us don’t have a template for “conversations that connect”.

‘In the world of talking therapies there is not much representation for people to “see themselves” when looking for

someone to talk to about their feelings of loneliness and exclusion. I think it’s great that organisations such as the Black, African and Asian Therapy Network (BAATN) are now out there and available for people to find representation other than the traditional white faces of therapy and counselling practitioners.’

#### MEN’S HEALTH

Men, particularly younger men, are one of the biggest at-risk groups for loneliness. They also constitute the highest at-risk group for suicide.<sup>7</sup>

UKCP psychotherapist Noel Bell refers to the fact that the parliamentary Women and Equalities Committee’s inquiry into the pressing issues affecting male mental health in 2019 received evidence that boys are particularly at risk of serious behavioural problems at a young age, and



#### Reference (box, right)

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## Are people within the LGBTQ+ community particularly at risk from loneliness?



**‘Just a quick glance through Google using “loneliness young people LGBTQ+” throws up many responses,’<sup>1</sup> says UKCP psychotherapist Martin Weaver.**

‘Growing up an LGBTQ+ person can mean you don’t have good healthy role models at home. Popular culture and social media promotes diseased, unhappy models for LGBTQ+ people, and schools fail to stop bullying and may even promote specific negative LGBTQ+ models. Syllabuses and the media fail to mention LGBTQ+ people in history, while the lack of connection with family, school, culture and community leads to a greater sense of isolation and loneliness than heterosexual counterparts.

‘There’s a lack of guidance. As an “in” rather than “out” gay teenager in Guildford, Surrey in the 1970s, there was no one I could go to for guidance about what to do and what not to do, where and where not to go, whom and whom not to seek out.’

### THE AIM OF PSYCHOTHERAPY

So how can psychotherapy help individuals, young people in particular, who feel isolated as a result of their sexuality?

‘I think that all elements of psychotherapy can help, but only if the psychotherapist thinks, from their training and experience, to ask relevant questions or comes from a similar background and has the self-resilience and confidence to ask about these areas. A psychotherapist who offers a negative response to a young, even curious, LGBTQ+ person simply drives them further away,’ says Weaver. He suggests the following

approaches can help mitigate against loneliness:

- **Self-discovery** – resolving any internalised homophobia so boosting self-esteem and therefore making social contacts that much easier and effective.
- **Empathy** – helping clients understand how both LGBTQ+ and non-LGBTQ+ people understand their own experiences and that others will have different experiences.
- **Physiology** – guiding LGBTQ+ people to a greater understanding and acceptance of their own bodies and the reactions that they may not yet be able to influence or make sense of.
- **Emotions** – learning what an emotion is, what it means and how to respond to changes.
- **Trauma** – many LGBTQ+ people have experiences of traumatic detachment, abuse, bullying and isolation. These can begin to be healed via psychotherapy. Telling one’s own story and having a positive witness is incredibly powerful in healing and developing resilience.
- **Sexuality** – learning what is ‘normal’, through empathy what is ‘consent’, and through biology how the direction or intensity of sexuality can change with age.
- **Space** – providing a supportive space to actually hear without judgement the experiences of young people.

‘You might very well argue that all people would benefit from the above,’ says Weaver, ‘and you’d be right.’

that serious behavioural problems are a major risk factor for adverse adult life outcomes.

‘Men are obviously not a homogeneous group, as men can be very diverse. Still, there can be misguided presumptions among therapists that being male confers privilege. The reality, as we know, is that the vast majority of men are not privileged. Many men are unemployed, in prison, homeless, divorced (without access to their children), addicted, depressed or even suicidal. However, attitudes to men can be less sympathetic, as reflected in the lack of recognition of male victimhood and the correspondingly limited services for male victims.’

### LONELINESS AND MENTAL HEALTH

Researchers have already noted the association between loneliness and a range of mental illnesses.<sup>8</sup> Pamela Qualter, professor of psychology for education at the University of Manchester explains: ‘Loneliness also appears to be a predictor of suicidal ideation and behaviour across the lifespan, demonstrating the dangerous link between loneliness and mental health.’

For UKCP psychotherapist Stephen Westcott, loneliness can creep up on the unsuspecting without warning. ‘Social anxiety, depression, confused thinking, extreme mood swings can come about. Weight loss, over-eating, over-exercising, gambling, alcohol and drug consumption may result. Loneliness may appear in emotional reactions, such as irritability, anger and sadness. Physical manifestations, such as sleep deprivation or embodied feelings in the belly or chest, can emerge. It’s not necessarily about being alone, it’s about disconnection from people. Anyone can sense that at some point in their lives,’ he adds. Westcott also maintains that loneliness may also be a response to other issues.

‘Let’s say you’ve had trauma in your upbringing. That makes you a bit more anxious around others and it’s going to be harder to make connections.’

According to UKCP psychotherapist Michelle Briggs, this desire for connection is fundamental to human life.

‘We should compare loneliness with an actual physical sensation like hunger, thirst or tiredness, all signals that action needs to be taken,’ Briggs explains. ➤





'We are wired for connection. It's one of the instincts we have,' she adds. Briggs outlines four dimensions of connection, three of which originate from the social neuroscientist John Cacioppo, who famously stated that 'loneliness is like an iceberg – it goes deeper than we can see.'<sup>9</sup> These connections are: 'intimate' – your partner or best friend; relational – people in your social circle or that you encounter regularly; and collective, when you feel part of something bigger than you, such as your sports team, or a charity.<sup>10</sup>

To these three dimensions Briggs adds a fourth: the dimension of the self. 'It's a cruel twist of evolution that the lonelier we feel, the more we isolate ourselves,' she says. 'Clients [may] say they are introverted but later realise that they need to get out and make connections. Self-connections are about those "in the moment" strategies – what makes people feel better if they feel lonely, what fills them with joy, all the way through to the fundamental issue of who they are.'

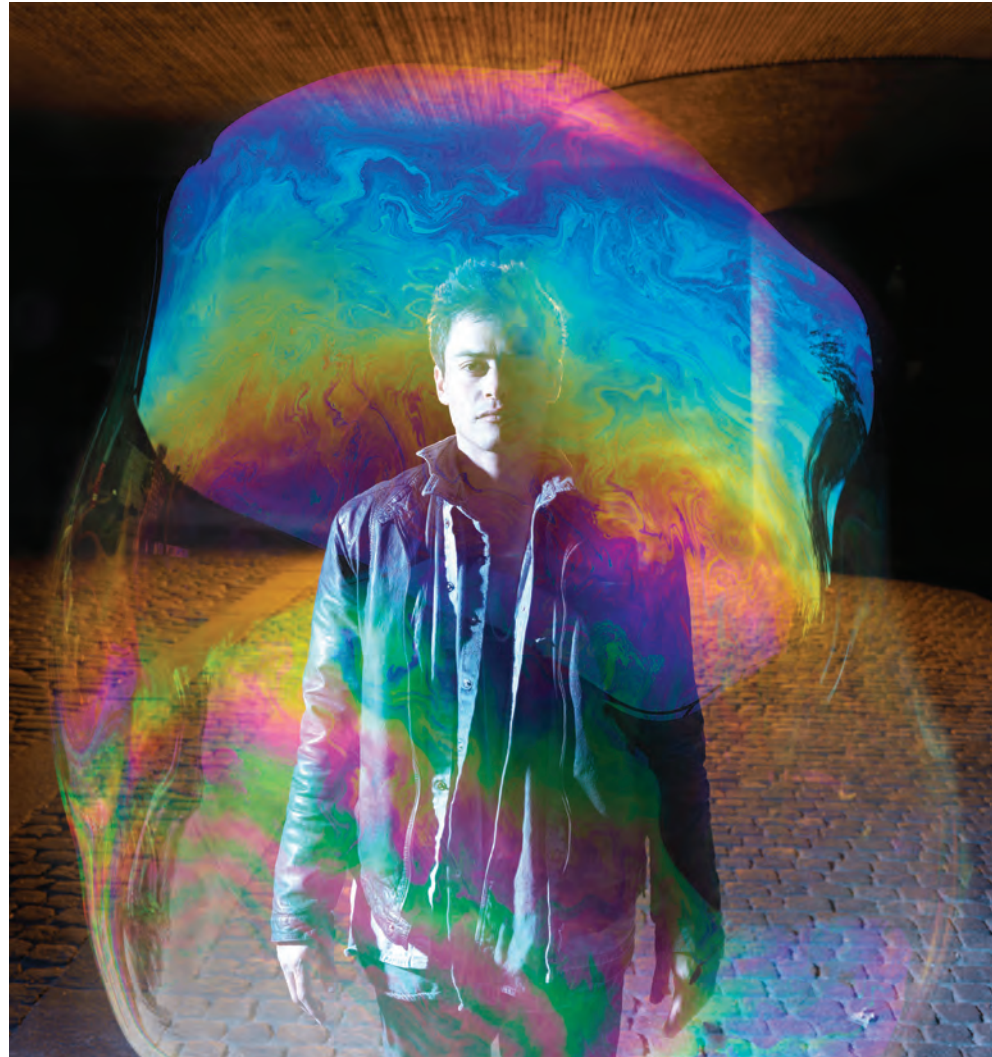
In stark economic terms, loneliness has a huge impact on society. According to Qualter, 'Loneliness costs the UK up to £2.5 billion each year through lost productivity, staff turnover and other effects.'

Psychotherapy clearly has a crucial role in tackling our current epidemic of loneliness, so what are the best approaches to this apparently intractable problem, and what can psychotherapists do to support marginalised groups that are disproportionately affected?

### PSYCHOTHERAPY'S CRUCIAL ROLE

For Bell, who specialises in male mental health, it is vital that men receive the psychotherapeutic help they need.

'Greater health promotion campaigns, such as the Heads Together and Ask Twice campaigns, have helped reduced stigma for men accessing treatment by sharing the message that it is okay to



## 'Men are struggling to find support due to the inherent lack of male-friendly psychotherapeutic services'

talk about feelings,' he says. 'However, men are struggling to find support due to the inherent lack of male-friendly psychotherapeutic services, which is why it is even more important that they receive the help they need.'

Seeing a therapist can empower a client to find the courage and strength to address and transform their personal circumstances that feel overwhelming. 'The therapy can help to rebuild functioning self-esteem to help to achieve a more positive sense self-acceptance,' he adds.

### FAR FROM HOME

Refugees and asylum seekers are particularly vulnerable to loneliness as a result of their physical and psychological displacement. UKCP psychodynamic psychotherapist Vivienne Harte has recently been providing online support to Ukrainian refugees.

'Refugees travel across many borders to get to their "place of safety",' she says. 'They move across these external and internal borders to another country and another language where they are often received with hostility as well as support. >



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## References and reading



All these borders being crossed gives them no time to process the experience, and there is a vacancy inside them that was once home.'

Family and systemic psychotherapist Robin Ewart-Biggs is co-editor of *Groupwork with Refugees and Survivors of Human Rights Abuses: The Power of Togetherness* with victims of torture.<sup>11</sup> He says, 'Loneliness among refugees does not seem a different category of loneliness, but the drivers and contexts for the loneliness are specific. Papadopoulos talks about "loss of home as the only condition that all refugees share, not trauma".<sup>12</sup>

'Becoming a refugee involves leaving behind friends, family, community, work, home and so many of the things that are a part of feeling connected in day-to-day life, often in highly stressed circumstances. The circumstances of becoming a refugee are then important in terms of experiences of loneliness.

'The asylum system in the UK is designed to deter people from coming here, creating living conditions that push refugees into loneliness, affecting their

mental health and increasing their risk of becoming isolated.'

So, what approaches would be particularly appropriate for refugees suffering loneliness?

For Harte, the key is enabling people to talk, especially those who feel unable to speak about their experiences. 'Reaching out seems difficult for them as they fear no one wants to hear what they have been through', she says. 'This creates further loneliness. In my view, the best opportunity to help a person connect is to build conversations, lightly at first, as a way of helping them process all the losses that being a refugee creates.'

Ewart-Biggs agrees that all approaches need to take the refugee experience in context.

'Approaches need to engage with people with a framework that recognises these circumstances,' he says. 'Systemic and particularly group approaches are beneficial as they focus on connection with others, including peer support, community, befriending and activity-based projects.' ●

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PSYCHOTHERAPY IS AN AGEING PROFESSION, SAYS **KEVIN BRADDOCK**. HE LOOKS CLOSER AT WHAT EFFECT THIS HAS ON BOTH THERAPISTS AND CLIENTS, AND HOW WE REVERSE THE AGEING PROCESS

# AN AGEING

**I**n the UK, psychotherapy is an ageing profession, embedded in an ageing population. Many practitioners have retrained in midlife to pursue a more purposeful and socially valuable vocation. The average age of a UKCP registrant is 57, while the average age of student and trainee members is 45.

A paradox thus presents itself: in this era of anxiety, psychotherapy is all the more relevant and known about among many populations – TikTok is commonly associated with millennials and generation Z, and #therapy and #therapytiktok attract no less than 14.9 billion views. Yet, does psychotherapy risk irrelevance through senescence as its workforce advances in age? How can psychotherapy remain an attractive profession for the only population able to keep it youthful: younger would-be trainees, and fresh entrants taking the leap of a later-life career switch? Few would doubt there are many barriers to entry into the profession.

### THE BIGGEST BARRIERS

These barriers coalesce around a few themes: money, training length, diversity and inclusion, and specific challenges in both training and setting up practice. The experience of UKCP-accredited psychotherapist Luq Adjemo, who left a career in advertising and set up in private practice last year, is not untypical. Adjemo talks both of the challenge of setting up shop and feeling unsupported, as well as the onerous cost of training itself.

'It's been a brutal six years,' he says, 'and then the realisation that there's no proper advice given at the institutional level about setting up. You're on your own.'

Finance is the most evident barrier, he says, with the £50k he spent on therapy, supervision and course fees: 'I had to do my studies through full-time work and was lucky to be able to do that. But others won't have that viability.'

# PROFESSION?

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For Adjemo, diversity and inclusion operate at the level of income and spending power as well as race, gender, sexuality, class and other dimensions. Adjemo was one of few people of colour on his course, and, as in advertising, he didn't see any black male therapists to observe as role models.

Adjemo is far from alone in feeling as he does. Serena\*, a 32-year-old practitioner completing a level 3 training, adds that further barriers to entry include classism and elitism. 'These are massive things,' she says. 'If we think intersectionally, class is often forgotten but it runs across every level of society.'

'Being a person of colour hasn't been the thing I've noticed so much,' Serena, who grew up working class, adds. 'I feel supported and accepted where I'm training. The issue is more around class and education, particularly around the language, jargon and the academic side - I don't think it's accessible and not enough is being done to acknowledge that.' >

'Therapy is about your ability to communicate, and that has nothing to do with class. The language favoured is the language of the middle-class academic world. In my therapy group, people who aren't university educated can feel belittled.'

### DIVERSITY DEFICIT

There are complex questions in play as trainees and newly qualified practitioners reflect on challenges beyond expense. One concerns the sense of being supported and welcomed in training, which Serena refers to, and which rests on the kind of multifactorial, empathic understanding that therapists typically extend to their clients, and which some trainees feel is lacking.

'I expected the mental health field to be particularly well-suited for people who experience otherness, and I was both right and wrong,' says Bristol and Bath-based Ky Kepner, now 35; he began training when he was 30. 'The cohort have been accepting and willing to hear my perspective on topics such as difference and otherness from my own experience. What I didn't realise was how therapy as a profession seems to have an issue. While LGBTQ+ trainees seem few and far between, everyone who continued beyond the foundation year was white, and most were middle class.'

So, what might help? Kepner, who is from a working-class background, is grateful for the UKCP bursary he received while studying, working full-time and living 'pay cheque to pay cheque'. And these training bursaries are increasingly offered while the NHS Pathways project (see page 6), for which UKCP is the lead accrediting body, addresses the question of money.

**'The language favoured [in psychotherapy] is the language of the middle-class academic world'**



After years of lobbying ministers, MPs, peers, civil servants and NHS policymakers to expand the role of psychotherapy across all NHS and other publicly funded settings, a fully funded, non-CBT training has launched and students are recruited from outside the existing IAPT workforce. This means that routes into a psychotherapy career are available for those who can't privately fund, addressing some of the barriers to making the profession more diverse. It also makes more non-CBT therapies available on the NHS and turns the tide after many years of structural barriers obstructing NHS career progress.

Perhaps the central irony in this question is how the profession may be struggling to live its own values of radical acceptance and openness to experience when the concepts of diversity and inclusion are themselves fast developing.

According to Marcelo Matias, UKCP trainee and counselling psychology doctoral candidate: 'In principle, psychotherapists advocate for social justice and safety for all cultures and diverse backgrounds, collaboration among colleagues and respect, and should abide by a code of ethics that specifies the values, principles and personal morals we need to commit to.'

Matias, who is Brazilian, lists the issues of training length and expense as potential barriers and argues that diversity should manifest in practice as well as theory: welcoming individuals from any and every background or intersectional make-up, and practice which looks further and wider than it does at present. Curricula that stick close to canonical sources are a good place to start, he argues, so that 'training programmes have staff from different layers of society, plus texts, concepts and knowledge generated by authors from other world regions. South America has been a relevant pole in psychotherapy for decades.'

### STRENGTH OF SELF

Few practitioners would look back on their training as an easy ride. Outside the expense and length and considerations of intersectionality, the fact of becoming a therapist while simultaneously being a client represents a huge psychic demand. It may be little wonder that at the individual level, therapists feel limited in what they can do to open the profession's borders.

'People helped me,' says Matias, 'but so many of us are worried about our own lives and problems that we are less proactive in helping people to integrate than we should be, putting principles into practice to make our field as inclusive as possible.'

Yet when services are overstretched, therapists are often overbooked and with demand for mental health support at an all-time high, it seems >



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that, anecdotally at least, more and more people are aiming to train. The economics of helping may not stack up easily, but the prospect of a job that helps others remains attractive. There are positive signs of change too.

### WIDE REPRESENTATION IS KEY

Nikki Kemp was 40 when she began training and was working full-time with three young children. Kemp's training reflected a not-uncommon gender split – of her 40-strong cohort only four were male – but she sees in her own practice that 'the balance of women and men has become more evenly weighted'.

'To be sustainable, healthy and representative it is important that the profession spans different age groups,' says Helen Willingham, UKCP's head of content and engagement.

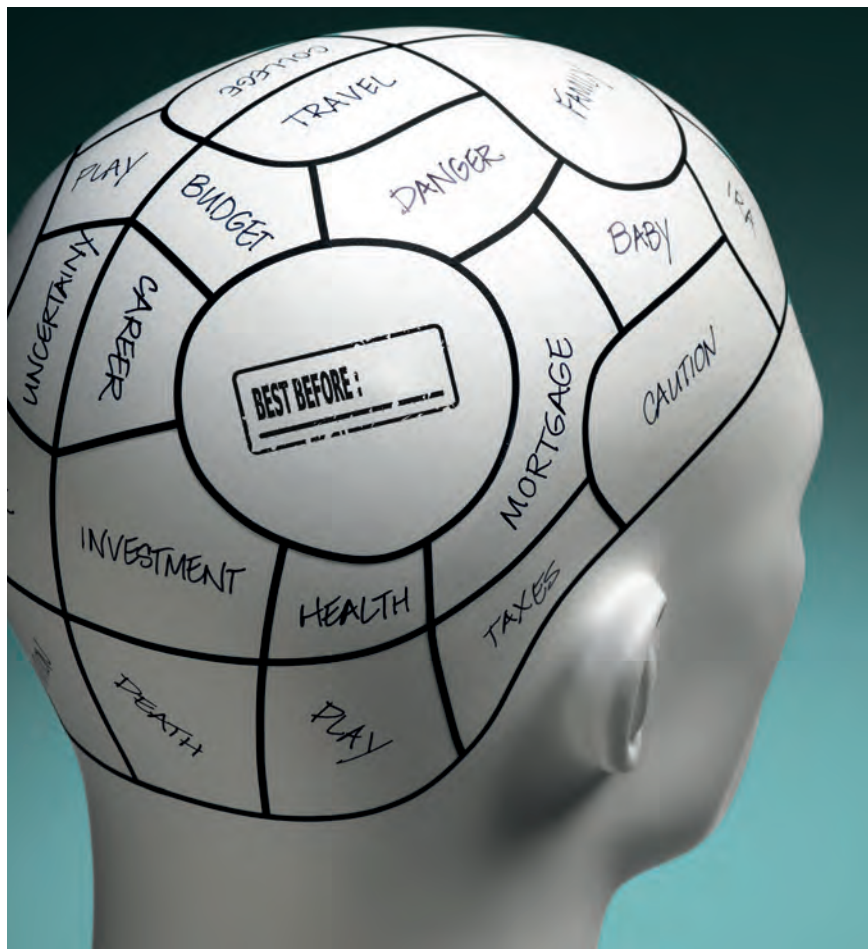
'There needs to be genuine diversity of experience, and experience that isn't just rooted in age. People seeking therapy may want to see themselves reflected in their therapist or their therapist's experience.'

'For the profession to develop we need to diversify and promote a more diverse workforce that caters to the needs of a diverse range of clients,' says Willingham.

Tom\*, 52, is considering training because of a positive experience of mental health intervention. He was diagnosed with autism last year, and beyond finding the therapeutic support he needed, he sees both an opportunity for himself as well as for the profession generally.

'I'm still coming to terms with what the diagnosis means for me,' Tom says. 'I was looking for a therapist who was also autistic and many therapists claim to be "neurodiversity affirming", or say they have experience of working with autistic people, but there seem to be relatively few who will say that they are autistic themselves. I would like that to change.'

If these testimonies perhaps depict a profession struggling to keep pace with social change, it should be added that none of the practitioners regret their decision to train, and despite the challenges, all of them relish the



work and the vocation. Amid an ageing profession in an ageing population, change is a parallel process in which some cogs need to turn faster.

'I see the field as one that is trying,' says Kepner. However, 'the shifts aren't happening as quickly as they need to.'

### FUTURE AMBITION

Yet the views here also demonstrate the energy of new practitioners to form the profession into something more contemporary, adaptable and inclusive – one that stays young and open as it matures.

'I'm passionate about opening up the profession,' says Adjemo. 'Curricula need to change to reflect diversity in practice, and the challenges you might face regarding clients' intersectional makeup. Blackness means myriad things, and there's place for dialogue in institutions in dealing with those nuances. We are failing populations if we are not reflecting populations.'

For Serena, the only problem with bursaries is that there aren't enough of them – 'it's crude and not very realistic,

but: provide bursaries', she says. While psychotherapy as an institution itself could do with practising the candour it preaches: 'Be honest about the flaws in the profession,' Serena adds. 'If you're not able to change the system, there's a sense of healing and recovery in being honest about it.'

Similarly, Serena argues that the profession should avoid a retreat into theory and orthodoxy. 'Language is a massive thing,' she says. 'The space needs to be de-academicised. You have to read the literature, I get that, but let's make it accessible.'

For Kepner, it is to everyone's benefit when psychotherapy looks outwards to welcome people in. He argues: 'We need to reach out to diverse groups and inform them about the field and the help available – especially in communities where the view is largely that therapy and therapy training is something unattainable. Diversity doesn't need to simply be welcomed, it must be celebrated.' ●

\* The names have been changed





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# IS THE BEST YET TO COME?

RESEARCH SUGGESTS THAT THE AGEING PROCESS CONFERS ADVANTAGES SUCH AS LIVED EXPERIENCE, PATIENCE AND WISDOM - ALL VALUABLE SKILLS FOR PSYCHOTHERAPISTS. HERE, UKCP PSYCHOTHERAPISTS REFLECT ON THE PROS AND CONS OF AGEING. BY **CATHARINE ARNOLD**





**‘Ageing self-discloses vulnerability’**

**Silva Neves, UKCP-registered psychosexual and relationship psychotherapist and clinical supervisor**

‘The issue of ageing is very interesting in our profession. On one hand, the older we are, the wiser we are perceived to be by the public and our peers. But ageing is also a vulnerable process, which interferes with the concept of a “blank screen” therapist; if the therapist is visibly aged, there’s an automatic self-disclosure of vulnerability.

‘Recently, I lost my supervisor to her sudden death. It reminded me how fragile life is, but also how important she was to me. Although she was older, I perceived her as healthy and energising, so her passing was a shock. As I’m grieving, I’m also having to find a new supervisor. I don’t want someone

“too old”, but “old enough” to be more experienced than me for clinical guidance. As a gender, sexual and relationship diversity (GSRD) practitioner, I also need to know if they are up to date with GSRD. A misconception of mine when searching for a new supervisor is that older therapists may be operating from a position where heteronormativity was less challenged than it is now. So, should I choose an older supervisor who also identifies as LGBTQ+?

‘The unexpected loss of my supervisor has highlighted some of my misconceptions about the age of therapists.’ >

**‘The unexpected loss of my supervisor has highlighted some of my misconceptions about the age of therapists’**

### **'Midlife is wonderful if lived authentically'**

**Dr Julie Hannan, integrative psychotherapist and author of *The Midlife Crisis Handbook***

Dr Julie Hannan is a chartered psychologist and psychotherapist. By her mid-40s, Hannan's career was thriving, but her interest in work started to wane, compounded by her two grown-up children leaving home. 'I was experiencing confusion and loss around the sense of my professional self and the loss of my role as a mother, which hit harder than I ever expected.'

Realising that she was suffering from an identity crisis triggered by a profound loss of everything that had mattered, Hannan discovered that there was a lack of practical guidance.

'Many of the psychotherapy manuals were flippant and dismissive, underlined by this push to

refer to these symptoms as an "awakening" rather than a "crisis". It certainly didn't feel like a positive awakening to me.' Hannan found her way through when she discovered that the sense of bewilderment and loss in midlife has a name – liminality, from the Latin word limen, meaning threshold, or the point at which change is inevitable. It is during this phase that steps to deal with midlife crisis can be most impactful, Hannan believes. 'If you are to be happy in the second half of your life, you need to slowly cut off the dead wood and free yourself to live more authentically,' she says. 'Midlife can be wonderful if it is lived authentically and free from the ghosts of the past.' >

### **'Many of the psychotherapy manuals were flippant and dismissive'**





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## **'Patients feel safer to reveal traumatic memories'**

**Professor Brett Kahr, UKCP honorary fellow**

'Many young colleagues have often asked me if psychotherapeutic practice gets any easier over time. I would argue that, as we acquire more clinical experience, the art of psychotherapy certainly becomes more manageable, but also much more challenging. As we develop more professional sophistication, we become less anxious and appreciate that patients can be helped. At one level, the craft of psychotherapy becomes more straightforward.

'However, although our psychotherapeutic practices will appear to be much easier, our careers will also become more demanding, because our patients know that when consulting with a highly experienced, senior practitioner, they will feel safer to reveal traumatic memories and explosive confessions. Many patients have admitted that they did not always feel comfortable confiding some of their most private fears to our younger colleagues, frightened that such admissions might be overwhelming.

'Therefore, as time progresses, we might describe our profession as both more manageable but also more taxing. But we can derive great comfort from the fact that, if we practice with sufficient compassion, ethicality and diligence, psychotherapy really does change lives.'

## **'The Mental Health Foundation reported in 2016 that 85% of people over 65 experiencing depression received no help at all from the NHS'**



## **'We need to remove access barriers to psychotherapy'**

**Brian Cheetham, UKCP-registered transactional analysis psychotherapist**

'The biggest barrier to practising psychotherapy with elderly people is ageism, both in society at large and the internalised ageism of the people themselves. Every day we hear or read reports about the psychological and emotional needs of the young, but rarely about the needs of elderly people.<sup>1</sup> We are more likely to forget the latter. We push reminders of ageing away – it's just too difficult to face. Societal inequalities continue into older age and certainly become exacerbated, disproportionately affecting groups already more marginalised, and this results in further reduced access to services. The Mental Health Foundation reported in 2016 that 85% of people over 65 experiencing depression received

no help at all from the NHS.<sup>2</sup> In 2022, Age UK reported a "hidden" mental health crisis.<sup>3</sup> International reports point to older people being underrepresented among users of mental health provision.

'This experience points to a need best met by organisations such as UKCP, which is in a position to support and help us as psychotherapists facing old age and retirement. Many of us work alone, and this may make the prospect of retirement particularly challenging. It is important that we find effective ways to support each other. How, as psychotherapists, can we start to reverse such inequalities and barriers to accessing psychotherapy? Because it's an institutional, societal problem, organisations such as UKCP have a very important role to play. This issue of *New Psychotherapist* is an excellent place to start.' ●

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- 2. [mentalhealth.org.uk/explore-mental-health/mental-health-statistics/older-people-statistics](https://mentalhealth.org.uk/explore-mental-health/mental-health-statistics/older-people-statistics)
- 3. [ageuk.org.uk/latest-press/articles/2022/age-uk-press-release-new-research-shows-a-hidden-mental-health-crisis-is-debilitating-older-people/](https://ageuk.org.uk/latest-press/articles/2022/age-uk-press-release-new-research-shows-a-hidden-mental-health-crisis-is-debilitating-older-people/)



# THE UNSEEN: HOW MANY TRAINEES ARE FEELING LEFT OUT?

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A TWITTER EXCHANGE ABOUT THE BLACK LIVES MATTER PROTESTS IN 2020 INSPIRED A UKCP RESEARCH PROJECT INTO INCLUSIVITY AND EXCLUSIVITY IN COUNSELLING AND PSYCHOTHERAPY. HERE, **VICTORIA BASKERVILLE** SHARES THE EXPERIENCE OF TRAINEES, PARTICULARLY WHEN IT COMES TO DIFFERENCE

**T**here is limited research into the experience of inclusivity and exclusivity in psychotherapy training so far, but what there is consists of anecdotal evidence that marginalised groups experience training spaces as unsafe and exclusionary.<sup>1</sup> In response, the focus of our work was to explore the experiences of current trainees and the ways in which the curriculum impacted their sense of inclusion and exclusion. The aim of the project was to inform inclusivity. This is a summary of our research over a two-year period.

We decided to develop research tasks using dialogue and group process. The intention was to model inclusivity in

our research by drawing on creative and non-traditional forms of data collection. We met monthly to explore and process our intersectional identities in relation to the training experience.

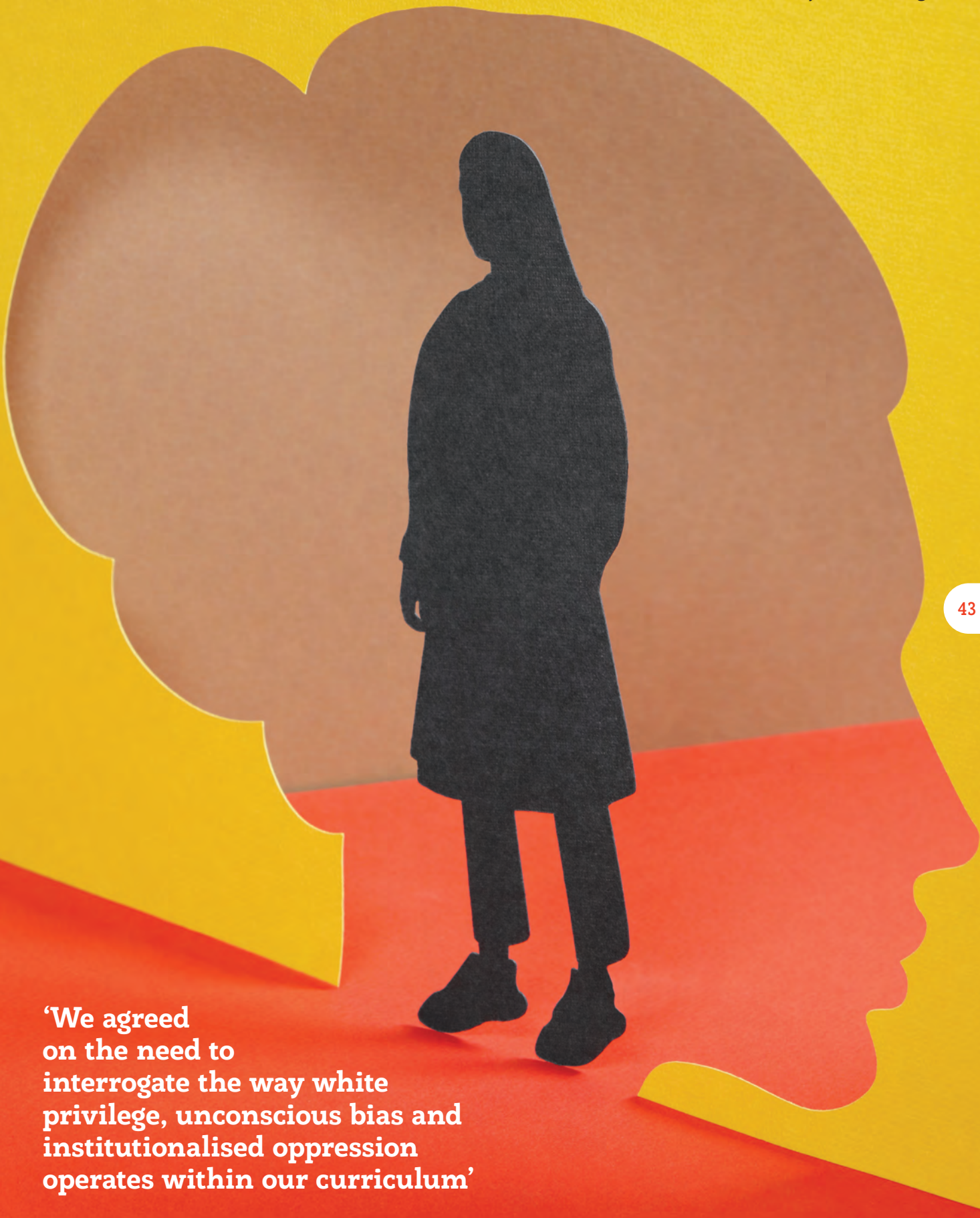
## LIVED EXPERIENCE

We began the process by sharing our own personal experiences of inclusion and exclusion in therapy and counselling training. The salient theme arising from these discussions was the importance of our intersectional identities and their interplay with power and privilege in creating spaces of inclusivity and exclusivity. We kept returning to this theme, particularly the way in which we felt parts of our identities had to be silenced in different spaces, including

our therapeutic training. From this, we concluded that the focus of our research should be intersectional identities, to create a space where people could explore and share their intersectionality.

At times, our meetings became emotional as we shared our stories and vulnerabilities around multiple levels of exclusion in the therapeutic field. The inequalities that permeate psychotherapy and counselling was a common thread, as was the way in which training perpetuated and intensified social inequalities. We agreed on the need to interrogate the way in which white privilege, unconscious bias and institutionalised oppression operates within our curriculum, and the importance of increasing diversity among trainees and enabling successful outcomes. >





**‘We agreed on the need to interrogate the way white privilege, unconscious bias and institutionalised oppression operates within our curriculum’**



### A COLLABORATIVE APPROACH

We decided to use critical participatory action research as our methodological framework. This approach has been described as 'research in collaboration with communities, groups and individuals living at the margins, that is those with relatively little socio-political power'.<sup>2</sup> It recognises the different positions people hold and the ways in which identities intersect with power in the research process.

In keeping with our aim of increasing inclusivity, we embraced methodological pluralism and used a range of qualitative research methods. For this reason, we chose to facilitate workshops to amplify the voices of those who have been silenced and offer support to allies who want to understand people's lived experience of exclusion, as well as documenting examples of good practice.

We recruited our participants through conferences. This was an iterative process and included a range of trainees from a number of modalities and institutions with normative and marginalised identities. Sixty-five people participated in this study, representing 12 institutes. As a data-collection method, we presented our study aims and invited participants to share their intersectional identities and their experiences of inclusion and exclusion. We asked wide-ranging questions to elicit responses and enable participants to bring whatever was significant for them in that time and space. Participants were provided with a consent form for anonymised contributions that would be shared in published research.

### CAUSE AND EFFECT

The study provided a significant insight into the experiences of inclusion and exclusion in contemporary training. Workshop participants said that the factors that contributed to feeling included were: representation, such as feeling mirrored by gay tutors – 'working with a South Asian tutor mirrored



me and my ok-ness'; and safety. This was enabled by 'permission to talk about diversity', an acceptance of lived experience and being seen and heard for their full intersectional selves. One participant said that 'I feel included because I can bring my life experience, which is valued in this space'.

For many participants, lack of representation was a major factor to feelings of exclusion. 'There was a loneliness that came with being excluded, never having a lunch buddy in my majority white class', said one. Assessment formed another barrier to inclusion. One participant mentioned 'not feeling academic enough'; the fact that assessments consisted of written assignments was more challenging for anyone neurodiverse or for whom English was not their first language. Finances were a significant obstacle, with one participant commenting on the pressures of 'having to work full time to

fund training and then being questioned why I wasn't building up clinical hours quicker'. While some organisations offered bursaries and support, others did not, and this directly impacted who was included and where.

Another cause of feeling excluded was unconscious bias and assumptions around race and culture. Participants reported being made to feel like an outsider or having to 'kill off' parts of their identity. 'Brown bits split off' said one participant, 'black people repressing experiences in groups in training, didn't feel safe, maybe denied, shamed and blamed', said another, while one participant spoke about 'fearing to take off masks'.

One more factor was lack of representation and diversity in teaching materials, with participants reporting 'no authors of colour' and theories being exclusively normative: 'script matrix drawn heteronormative' (based on the >



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Sandra Taylor, PhD

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Helene Igwebuike, M.A.

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Helene and Sandra are ICEEFT Certified EFT trainers, supervisors and therapists. They are based in Britain and run regular Externships and Core Skills trainings. They are co-founders of the British EFT Centre ([www.beftcentre.org](http://www.beftcentre.org))



The course will be held at VAI, 200A Pentonville Road, London, N1 9JP

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<https://conserarelationshipwellness.com/eft-externship/>

Or email the organiser Sarah McConnell [sarahmconn@gmail.com](mailto:sarahmconn@gmail.com)

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transactional analysis theoretical model for understanding life script). Another participant stressed the need for ‘an intersectional lens applied throughout models, not just a one-day workshop, difference and identity, power, privilege, unconscious bias, social political contexts – as part of our every day’. There was a call for tutors to ‘do the work’ around difference, otherwise there was ‘little discussion on difference, resulting in issues of difference being ignored and the loss of safety in discounting the oppression in ourselves and others’, as one participant put it.

### A CALL FOR INTEGRAL TRAINING

All participants recognised the western bias in training and expressed frustration at the lack of change on this front. Regardless of modality, they all spoke about the lack of space to explore intersectional identities. One participant maintained that it remained the case that training courses tended to approach diversity and inclusion as an ‘add on’ or ‘tick box’ rather than an integral, holistic part of the training. Everyone agreed that inclusivity and diversity needed to be ‘woven into the curriculum: not a one-off weekend’. Another called for ‘action and not lip service on oppression and

### Authors

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**GILLIAN NEISH** is a counsellor in transactional analysis and a trainer focusing on anti-racism and anti-discrimination.

**VICTORIA NELSON** is a UKCP-registered psychotherapist and founder of Deaf4Deaf counselling and psychotherapy services.

racism’. Many recognised the intrinsic, unquestioned, inclusion and exclusion that arose from the intersection of gender, race and class in counselling and psychotherapy. ‘I am included by being white and a woman’, said one participant, and ‘I am seen as a leader being a white, well-spoken male’, said another.

Ultimately, the experiences shared by participants in current or recent training mirrored those of practitioners who trained decades ago. There continued to be exclusions and discrimination. This raises critical questions for therapy and therapy training, regardless of modality, such as who holds power and who delivers training.

The auditing of the quality of training and teaching materials becomes relevant when participants were asked to list exclusions. The names of professional bodies associated with exclusion kept reappearing, indicating the need for a sea change on the part of those professional bodies to address issues of exclusion.

Participants did report some positive examples of inclusion. One recalled that ‘an inclusion of all difference, for me, reduced my feelings of otherness’, while another noted that ‘training that has a non-pathological approach to difference has helped me to feel that all my parts of myself are accepted in the room’.

Overall, participants highlighted the importance of cultural difference, intersectionality and dialogue as central to inclusive training. Training institute TA East was named and singled out for its approach from the start. One participant felt comfortable from their ‘first day at TA East, discussing and placing our cultural selves and identities’, while another felt that ‘diversity is embraced and encouraged’. Another statement read: ‘TA East is seeking out people who would not normally be there’.

Finding supportive organisations was identified as important, and for one participant, ‘joining the Black, African and Asian Therapy Network (BAATN) felt like a homecoming’.

### References and reading

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It is crucial that the programmers for training courses create opportunities for dialogue and the exploration of diversity, difference, intersectional identities and power dynamics. If this does not happen, trainees enter into the profession lacking cultural competence. They risk alienating clients by requiring their clients to educate them on cultural context or leave parts of themselves outside the therapeutic relationship. It was noted that, as a profession, we ask our trainees and clients to sit with discomfort, yet many trainers exhibited a lack of awareness and the skill to do so when it came to themes of difference.

Training institutions that fail to offer inclusion are at risk of exacerbating the negative feelings of trainees, potentially losing marginalised students and perpetuating the structural racism and supremacy that persists in the profession. In this scenario, everyone loses: the trainees who drop out lose their hopes and dreams, and the trainees who stay on lose the value of shared cultural and social diversity and the benefits that this brings to client work.

Ultimately, the profession loses therapists who can incorporate different worldviews into existing modalities to improve them and make them more relevant for the society we live in. Most significantly, our clients lose by having therapists who lack the skills and competence to work with a diverse experience of clients. ●





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# ‘People working in generic services are not trained enough in working with LGBTQ+ people’

**PSYCHOSEXUAL AND RELATIONSHIP PSYCHOTHERAPIST SILVA NEVES BELIEVES PSYCHOTHERAPY IS STILL TOO HETERO- AND MONONORMATIVE. BUT THANKFULLY HE FEELS SUPPORTED BY UKCP TO DRIVE CHANGE**

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## **When did you become interested in psychotherapy?**

I started out as a mental health project worker with a charity helping people with schizophrenia rehabilitate into the community. It was fascinating to speak to people who lived in different realities, to sit with them, talk to them and listen to them. It was a great introduction to the human condition to be able to be there for them, so I retrained as a psychotherapist.

## **How did you become interested in psychosexual therapy?**

I was always interested in sexuality because, as a gay person, I didn't fit in with the heteronormative world. I was born in 1979, so being gay was equated to disease. When I came out, the message was to always 'be careful', never 'embrace, explore, enjoy'. When I started training in psychotherapy, I was shocked that there were hardly any modules on human sexuality and LGBTQ+ presentations, so I did a postgraduate course in psychosexual and relationship therapy. It's become my home ever since.

## **Why did you train as a trauma psychotherapist with survivors of sexual trauma?**

When I started to train in psychosexual and relationship therapy, my first placement was in a sexual health clinic. I realised that a lot of clients had trauma history, especially sexual abuse, so, I trained in trauma therapy because it is different from general sex therapy. Being able to offer something trauma-specific was great, and seeing people literally healing before your eyes is rewarding.

## **Describe your work as a clinical associate with Pink Therapy.**

Being a clinical associate with Pink Therapy is about making a commitment to the delivery of LGBTQ+ therapy, promoting LGBTQ+-specific support services, and teaching colleagues to help the overall psychotherapy profession to incorporate gender, sex, sexuality and relationship diversity knowledge in their practice, which includes busting myths that are still prevalent.

## **With Pride month coming up, what more does the LGBTQ+ movement need?**

People working in generic services are not trained enough in working with LGBTQ+ people, because psychotherapy is still very much heteronormative and mononormative. There are not many books on relationship therapies that consider relationships that include more than two people, and there are few case studies of LGBTQ+ people. We need more education. For example, when I work with gay male clients, I sometimes hear that their GPs shame them for having anal sex. We're still being discriminated against and that's not okay.

## **How can we support young people who identify as LGBTQ+?**

Therapy is good if they can access it. Obviously they will need to access a less costly therapy as they will not be able to afford private fees. And they will need therapy that is not just six sessions because people really need to be able to have a safe space long enough for them to feel they



Psychosexual and relationship psychotherapist, author and clinical supervisor Silva Neves talks to Catharine Arnold



## Timeline

### SILVA NEVES'S CAREER JOURNEY

2010  
- 2013

General psychotherapist in charity organisations and private practice

2013

Psychosexual and relationship psychotherapist in private practice

2019

Featured as one of the sex therapists in the BBC programme *Sex on the Couch*

2020

Faculty member and guest tutor in various psychosexual and relationship institutes and psychotherapy schools

2020

Member of the editorial board for the journal *Sex and Relationship Therapy*

2020

Course director, Contemporary Institute of Clinical Sexology

2021

Published first book: *Compulsive Sexual Behaviours: A Psycho-Sexual Treatment Guide for Clinicians* (Routledge)

2022

Published *Sexology: The Basics* (Routledge)

2023

Co-edited with Dominic Davies two new volumes of the Pink Therapy series: *Erotically Queer* and *Relationally Queer* (Routledge).

can explore anything meaningful. As well as therapy, we desperately need more community-based groups. Online is better than nothing but, as we discovered during lockdown, it's not always safe compared to an LGBTQ+ centre, which people know is a safe space. Generic services are overwhelmed and don't have an ear for young people who are struggling. Young people are not being heard until they're in extreme, harmful situations.

#### How should the government deal with the mental health crisis?

A lot of people who are not part of the LGBTQ+ movement think we have our rights, we've got Pride, so everything's fine now, isn't it? They're not exposed to what really is going on. Same-sex couples are still attacked on our streets because they dare hold hands. Many students in universities and in the workforce do not feel safe enough to come out for fear of discrimination. LGBTQ+ people are over-represented in mental health services because of oppression from homophobia, biphobia and transphobia. Recently,

three professional indexers refused to provide their service to me because they did not agree on the queer content of our books due to their religious beliefs. And the government keeps delaying a proper ban on conversion practices, yet LGBTQ+ people get harmed every day by these barbaric practices. So, we need to keep our voice being heard; bring it to the table of the government and hope it won't be ignored. It's small steps, but we have to do the small steps.

#### How has UKCP helped you?

I feel supported by UKCP. The standards are higher because people tend to have more elevated conversations, which I think is needed in our profession. UKCP is aspirational, but it also has a smaller membership, so I feel seen. I'm very proud to be a member because of the level of psychotherapy that UKCP promotes. It's also very out there for issues promoting therapy. UKCP is also very pro-LGBTQ+, so I feel very supported when I bang on about it! It feels like it is always there for support. ●

# On Screen

Children's animated feature *Encanto* (Walt Disney Studios, 2021) has much in common with transactional analysis, says **Laura Spreitzer**, trainee member

**D**isney's *Encanto* offers many parallels with transactional analysis. The Madrigals are an extraordinary family who live in a magical place called the Encanto. The magic of the Encanto has blessed every child in the family with a unique gift, except for young Mirabel. While being seen as a gift to the family and people around them, the individual is bound by this gift.

In transactional analysis, such a gift could be seen as a 'driver': a behaviour developed in childhood to keep the individual feeling safe. For the protagonist's sisters, these drivers are 'be strong' and 'be perfect'. One sister is physically strong but cannot show vulnerability; the other is graceful but cannot express anger. To reveal their authentic emotions would be to depart from their life script. Instead, they try to be perfect and strong and they receive plenty of validation, reinforcing their script to hide their emotions.

Clients often display similar behaviour in therapy, when attempting to address their driver behaviour. The 'be perfect' and 'be strong' drivers often manifest as workaholism, an inability to show vulnerability or imperfections, and maintaining this false self can often lead to burnout.

Mirabel's perceived failure to receive a magical gift results in a script belief of 'I am not good enough', confirming her life position of 'I'm not okay – you're okay'. It plays out her driver behaviour of always being helpful ('try hard').

We often see this life script in clients as an unconscious pathway created in childhood, reinforced by parents or caregivers and



**'Mirabel's perceived failure to receive a magical gift results in a script belief of 'I am not good enough'... We often see this life script in clients as an unconscious pathway'**

strengthened with evidence sought throughout life, ensuring the beliefs are justified. Clients in this situation are eager to please, but they find it challenging to acknowledge such recognition once it has been gained.

During the film, we learn that Mirabel's grandmother, Abuela Alma, was traumatised during the Colombian civil war, during which her husband was killed. Left with three children in an unfamiliar place, Abuela vowed that she would protect her family, no matter what.

In fact, the family prospered, but Abuela's tragic past left a legacy of anxiety. Always afraid of disaster, Abuela set herself and her family unreasonably high expectations.

When Abuela returns to the scene of her husband's death, she relives her painful memories again, and manages to process the loss. Abuela realises how her behaviour had impacted her family

and restricted the children from becoming their authentic selves and making their own choices.

This storyline is a powerful example of a transgenerational script, showing how families manifest their ancestors' influence in their behaviour. It travels as unconscious communication – from one generation to another. If the story gets integrated into the family history and the script messages are resolved, the family dynamics can begin to heal and change.

Mirabel is the catalyst for change in her family – she is a so-called cycle breaker within the family unit, someone who can stop the harmful patterns causing pain and grief.

Mirabel eventually frees her family from their life scripts and heavy expectations and allows them to be their authentic selves. ●

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

*Email [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)*



# Training and CPD for the Modern Professional



The Manchester Institute provides a range of Certificates and Training to enhance your personal development portfolio.

With over 35 years of bringing you trusted and challenging training techniques - that will enrich your understanding of the world of Psychotherapy & Counselling - we will enable you to work effectively and safely within your chosen environment.

## Psychotherapy Training in Transactional Analysis from an Integrative Perspective – 4 year Diploma Course

This is a 4 year part-time course which leads to a professional accredited qualification in Transactional Analysis from an Integrative Perspective. (UKCP) Starts October 2023

## 4 year Diploma Child & Young People Psychotherapy -

4 year part time course - its major focus is to train people to become Child Psychotherapists. Starts October 2023

## 2 Year Conversion Course Child & Young People Psychotherapy

this 2 year part time course will enable people who are already qualified as Adult Psychotherapists to also become Child Psychotherapists. Starts September 2023

## TA101 2 day workshop - cost £245

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:** 19th & 20th June 2023 (Mon & Tues)

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

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

**Venue:** Manchester Institute for Psychotherapy

## Child & Adolescents 101

(1 day Taster) - cost £165

A glimpse into the world of working with children and adolescents. This is a prerequisite to go onto the 4 year diploma in child & young people psychotherapy.

**Date:** Monday 24th July 2023

**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:** Autumn 2023 (This is an Online Course) 8th, 15th, 22nd, 29th September & 6 October

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

## 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

## Taster in Sleep Therapy

### – 1 day workshop – Trainer Susie Hewitt

**Date:** November 2023 (date to be confirmed - see website for details) **Cost:** £165

**Venue:** Manchester Institute for Psychotherapy

## Certificate in Loss & Bereavement – Trainer Karen Burke

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.

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

**Venue:** Manchester Institute for Psychotherapy

The Manchester Institute for Psychotherapy

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LIVE IN-PERSON EVENT & INTERACTIVE WEBINAR

# Healing the Fragmented Selves of Trauma Survivors

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