

New Psychotherapist

ISSUE 84 / AUTUMN 2023

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DIVERSITY AND EQUALITIES STATEMENT

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

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Welcome

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CATHARINE ARNOLD

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

Welcome to the Autumn 2023 issue of *New Psychotherapist*. There's often a back-to-school vibe about this time of year, a change in the air along with a renewed sense of purpose and freshly sharpened pencils as we return to work. So what could be better than a new look at an established form, group psychotherapy, through a new lens?

While we're all familiar with the concept of one-to-one psychotherapy as clients, trainees, practitioners and supervisors, group psychotherapy calls for a different approach. We start with a report on group psychotherapy from the front line – including in the prison service (page 14) while the following article examines a very different sort of group, the cult, and the complex task of psychotherapists deprogramming cult survivors (page 20). On a lighter note, as we have seen this past summer, sports

teams and clubs represent another form of group. We look at the specific challenges faced by sports psychotherapists and hear from former England cricket captain turned psychotherapist Mike Brearley on the unique pressures of the sporting life (page 26).

As Aileen Alleyne reminds us in her Spotlight interview, Black people face unique challenges as an oppressed group, and anything which can enlighten us on that is welcome. On page 44, Aileen tells us why her new book, *The Burden of Heritage: Hauntings of Generational Trauma on Black Lives*, is her life's work.

Meanwhile, former pensions minister Baroness Altmann talks about her work with another group experiencing stigma and exclusion, pensioners, and why improved access to talking therapies is vital for isolated seniors (page 48).

UKCP itself is a group, and a unique one. We celebrate our thirtieth birthday with a glimpse back to our origins on page 32, while there are plenty of plans for the future from our Chair, CEO and Board of Trustees on page 38.

Finally, as autumn is a time of change, I'm moving on to other challenges. It has been a pleasure working with UKCP and I wish you all the best for 2024.

Catharine Arnold

CATHARINE ARNOLD

Editor

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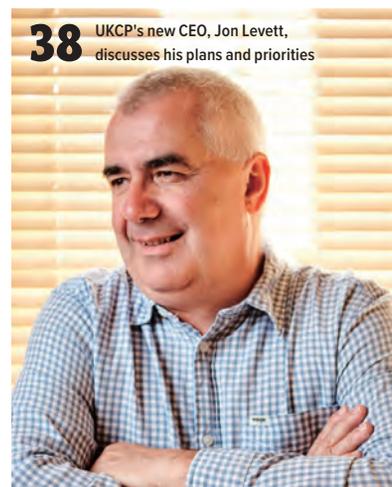
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On the cover

Exploring psychotherapy in and with groups



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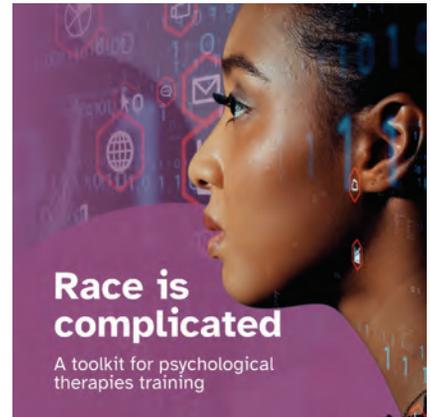
Bulletin

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



Toolkit creators Marcelline Menyie (left) and Danielle Osajivbe-Williams



RESOURCES

'Race is complicated'

New toolkit aims to broaden diversity in psychological therapies training

The Coalition for Inclusion and Anti-Opressive Practice has launched a new toolkit to enable the UK counselling and psychotherapy sectors to understand and address race and diversity in psychological therapies training.

The toolkit, 'Race is complicated', was created by Danielle Osajivbe-Williams and Marcelline Menyie, who are integrative counsellors and psychotherapists, and the founders of Routes Therapeutic Consultancy.

'Race is complicated' draws on proven theories and practices to offer up-to-date guidance. Following consultation with training providers, tutors and programme leaders, the toolkit aims to support three key areas of provision: individual tutors, training programmes and institutions (senior leadership).

The toolkit represents an important step in increasing diversity in the counselling, psychotherapy and psychology professions by challenging the whole sector to be more inclusive. The interactive PDF has practical tools and approaches to use in the right settings – from how to set up anti-racism working groups and staff support groups, to addressing language, to encouraging trainees to explore their own conceptions. It can be used across organisations involved in the delivery of courses in psychological therapies, all the way through to organisations providing the course accreditations and membership bodies.

Co-creator Danielle Osajivbe-Williams said: 'As therapists you need

to reflect on your biases and what you bring to the therapy room. Throughout my course and training, I felt a huge duty of care for people going through the training and clients as well.'

'I felt discomfort right from the start that there wasn't much training or discussion around race, anti-oppression or equality, diversity and inclusion in general,' says Marcelline Menyie. 'This was never an area I expected to be in, but through my own experiences of training and facilitating workshops it just happened. As someone from a marginalised community, giving back to the community and through the profession is important.'

For Menyie, the training can provide therapists with important insights. 'Therapy can be traumatising if the therapist has lack of knowledge of culture and the impact of race (intersectionalities) in the therapy room. This also plays into power imbalances. It's important to be aware of your privilege and where your power is held.'

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

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-  twitter.com/UKCP_Updates
-  [psychotherapy.org.uk](https://www.psychotherapy.org.uk)
-  [instagram.com/psychotherapiesuk](https://www.instagram.com/psychotherapiesuk)



Support structure

Perspectives on
group therapy
Page 14

'As therapists you need to reflect on your biases and what you bring to the therapy room'

The toolkit offers 'an active process' says Osajivbe-Williams. 'People have to engage, be proactive and reflective. We don't just want trainers or organisations to regurgitate it. We want people to be active and learn from the toolkit.'

'It's so important to be heard, understood and seen!' says Menyié. 'We want people to understand that people from marginalised backgrounds are people too – we're not just ethnic minorities.'

Ultimately, its creators want the toolkit to be used worldwide. 'To safeguard anti-oppressive practices, we need to keep changing and being reflective of the world, people and how we support people,' says Osajivbe-Williams.

The Coalition for Inclusion and Anti-Oppressive Practice is a group of organisations with a shared mission to improve diversity within the counselling, psychotherapy and psychological therapy professions. Its current members are: Place2Be, Association of Christians in Counselling and Linked Professions (ACC), Association of Child Psychotherapists (ACP), British Association for Counselling and Psychotherapy (BACP), British Association of Art Therapists (BAAT), Muslim Counsellor and Psychotherapist Network (MCAPN), National Counselling and Psychotherapy Society (NCPS), Psychotherapists and Counsellors for Social Responsibility (PCSR) and UK Council for Psychotherapy (UKCP). Together, they serve to improve the mental health of millions of people in the UK. www.place2be.org.uk/about-us/our-policies/equality-diversity-and-inclusion/coalition-for-inclusion-and-anti-oppressive-practice/

RESEARCH

Delivering psychotherapy during the pandemic

A new research paper looks at the experiences of UKCP psychotherapists during the pandemic



Therapists are unsure about online therapy

Entitled *The Experiences of Psychotherapists Delivering Therapy During the Shared Crisis of a Pandemic*, the research by authors Ellen Dunn, Divine Charura, Sarah Niblock and Gabriel Davies captures therapists' experiences of delivering therapy throughout the COVID-19 pandemic and how this experience impacted therapeutic alliance.

Quantitative and qualitative analyses were conducted on the responses to three surveys distributed to all UKCP members. The analyses found significant variability in therapists' feelings regarding the transition to online therapy, with overall perceptions continuing to be divided similarly over the nine months surveyed. While qualitative data highlighted positive perceptions of online therapy for some, quantitative results showed most did not find

online therapy as effective as face-to-face therapy.

The pandemic and subsequent shift to online work had significant implications for therapists, including navigating changes to the therapeutic space resulting from experiencing a shared crisis, and holding the frame in relation to boundaries of safety. In the wake of the pandemic, as things shift towards a hybrid model of delivering therapy, it is important to reflect on what can be learned from this and how it influences future therapeutic practices.

UKCP Senior Research and Policy Officer, Ellen Dunn, said: 'It's great to have this research published and UKCP is eager to continue adding to the body of psychotherapy research so many of our members contribute to.'

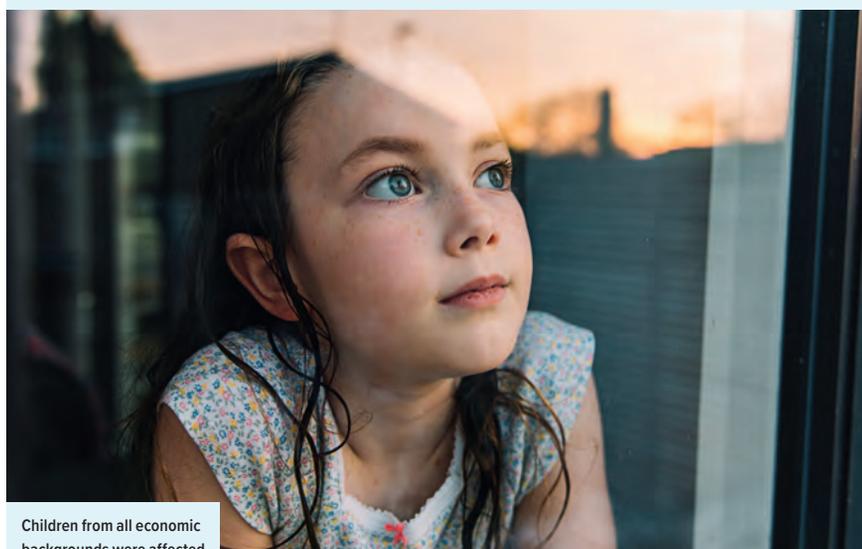
The abstract is available from: onlinelibrary.wiley.com/doi/10.1111/bjp.12859



REACTION

Children's emotional development suffered as result of COVID restrictions, research shows

UKCP chair Dr Christian Buckland says newly published studies demonstrate the importance of putting children's emotional wellbeing ahead of fear-based responses



Children from all economic backgrounds were affected

8

New research shows the extent to which children's mental health, social and emotional skills were impacted by the COVID-19 pandemic.¹

A report from the Institute for Fiscal Studies (IFS) showed half of children were affected, particularly those whose parents' employment changed during lockdown.² The research, which surveyed more than 6,000 parents in England, found families across all economic backgrounds were affected, with younger children worst hit.

Separate research published in August showed that eating disorders among children have doubled in the last six years, while school absence has doubled since lockdown.

UKCP chair Dr Christian Buckland said: 'In times of perceived existential crisis, it is easy to panic due to a

fear response, and an important question that needs to be answered is how much of the response to COVID-19 came from a place of fear instead of logical thought? People have argued that the restrictions such as lockdown and mask wearing were necessary to stop the spread of COVID-19.

'However, more and more evidence is emerging that these restrictions made no difference. According to the *Scottish Daily Express*, "a new report for the Scottish Covid Inquiry suggests there was 'insufficient or no evidence' to suggest that lockdowns, social distancing and face masks had any impact on slowing the spread of the virus".³ We are seeing increasing confirmation of the devastating effects due to these restrictions. The evidence is pointing to the fact

that we sacrificed our children's emotional and physical wellbeing for no good reason.

'Families and health professionals are left to deal with the aftermath, and I am proud that the UKCP has such a skilled child and family psychotherapeutic workforce so that we can understand and help with the complexities and safeguarding issues families are facing. Many children have not returned fully to education, some are experiencing developmental delays, and others are left with coping strategies that are more obsessive and compulsive in nature than based on rational and logical thinking.

'UKCP child psychotherapists can help with the mental health crisis that has been exacerbated by the restrictions. I am also hopeful that the full extent of the harm caused is understood through independent inquiries, and that these discriminatory restrictions are never used again. Rational responses must always prevail over ones based in fear.'

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EVENT

Research conference success

The UKCP research conference covered a range of topics

UKCP's research conference took place in June, with research-active members showcasing their UKCP-funded projects. UKCP believes that research is central to the future of the psychotherapy professions and has made research a key strategic objective.

In a project which will be relatable for all researchers, Gary Winship, editor of *The British Journal of Psychotherapy*, discussed the ethics of publishing case-study based research, while one of the most personal and reflective presentations came from Katherine Wakelin on 'The lived experience of chronic pain: an autoethnographic exploration'. The most significant theme of the conference, however, was the increased awareness of the need for diversity and inclusivity in training and practice.

In, 'What are the experiences of trainee therapists of colour when working with a BAME therapist? An Interpretative Phenomenological Analysis,' Raenia Soyannwo noted that 'although there is a general understanding that race, culture and ethnicity are critical variables in counselling and psychotherapy, they still remain uncomfortable issues.'

While research suggests that therapists of colour are more likely to address race with all clients compared to white therapists, in 2015 The National Centre for Education Statistics highlighted that Black students accounted for 8% of doctorate recipients in counselling psychology and only 6% in clinical psychology. Soyannwo's research explored the experiences of three to six trainee therapists of colour, working with a therapist for personal therapy who came from a Black or minority ethnic background in either a same-race

or cross-race dyad. Interpretative Phenomenological Analysis was used to analyse their individual semi-structured interview schedules and preliminary findings suggested that trainee therapists struggled to find BAME therapists who were UKCP accredited, a finding which was both disheartening as well as motivating.

In their paper 'Exploring the Experience and Perceptions of Psychotherapists and Counsellors Working With Autistic Adolescents', Rachel Casper-White and Dr Netalie Shloim reported on findings that autistic individuals are more likely to experience mental health problems than their neurotypical counterparts, but that many therapists have insufficient training and their perceptions of autism may act as barriers to providing therapeutic support for autistic adolescents.

Trainees who identify as neurodivergent was the focus of Denise Glavic's project, 'Can I be myself in spite of my diagnosis? In search of a language of difference and inclusion' and Yvette Brook discussed 'How talking therapists experience working with adult clients who have autism'.

A less-well documented example of cultural sensitivity came in the form of Juan Du's presentation on 'Calligraphy Enhanced Therapy (CCET) as a Culturally Sensitive Psychotherapy Approach for Chinese Clients in the UK - A Qualitative Theory Building Case Study Research.'

Research indicates that Chinese clients in the UK tend not to request psychological support from public mental health services and have been described as an 'invisible population'. Obstacles preventing Chinese clients from accessing psychological therapy

include offering services that do not meet the client's social, cultural and linguistic needs.

This paper discussed how, in an attempt to develop a different therapeutic approach, Chinese Calligraphy Enhanced Therapy (CCET) was developed as an innovative, culturally sensitive therapeutic approach to furthering Chinese clients' access to psychological therapy.

The conference also hosted a panel of editors of psychotherapy journals, which created a spirited debate on the difficulty of publishing qualitative research, a frequently undervalued type of research.

UKCP's annual research conference seeks to highlight the many forms psychotherapy research can take. From practice-based evidence to qualitative analysis to case study research, the breadth and depth of exploration into psychotherapy should continue to be nurtured and celebrated.

RESEARCH NOTICEBOARD

Are you a UKCP member involved in a research project? Our noticeboard aims to help psychotherapists and psychotherapeutic counsellors: recruit participants for a study, notify members of ongoing research projects and identify collaborators.

If you're a UKCP member interested in circulating information about research to other members, fill out the link below and our research team will be in touch. Requests to post on the noticeboard will be reviewed on the 20th of every month. Those accepted will be posted on the 25th of every month for a duration of four weeks.

Please note requests may not be accepted for a variety of reasons, including the volume of requests or the research topic.

[psychotherapy.org.uk/policy-and-research/research/#ResearchNoticeboard](https://www.psychotherapy.org.uk/policy-and-research/research/#ResearchNoticeboard)

Reviews

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

The Midlife Crisis Handbook: Finding Direction in the Second Half of Life

This book has much to pique the interest of therapists, clients and the general public. Practitioners drawn to Erikson's life stages, existential therapy, Jungian psychology or integrative approaches will find much to delight them in this subtle yet thorough overview. For clients, it provides a useful compendium of what might be coming up for them, so that they can reflect and let insights percolate down between therapy sessions. For the general public, and perhaps those who cannot afford private psychotherapy, the book contains a wealth of useful exercises that can be worked through as a self-help tool.

Hannan takes seemingly complex concepts, such as liminality and the fertile void, and uses self-disclosure and normalising techniques to validate some

semi-universal human experiences that will resonate in middle age and beyond. She unpicks our relationship with self, other, work, materialism, convention/conformity, meaning, purpose and mortality. Most of us have been in, are in, or hope to reach, midlife. The rest of us have probably been parented, managed or 'therapised' by midlifers, or had them present as clients.

This handbook includes therapeutic experiences of clients in the consulting room, explanations of key concepts, anonymised case examples of midlife struggles and realistic tips for managing challenges, self-care and cultivating joy in this phase of life. This is a deeper dive into midlife than many mainstream publications, but it will be accessible and user-friendly to a varied readership.



Details

- **Reviewed by:** Cheryl Livesey, UKCP-accredited integrative adult psychotherapist and supervisor
- **Author:** Dr Julie Hannan
- **Publisher:** Morency Limited
- **Price:** £10.88
- **ISBN:** 101915930065



Details

- **Reviewed by:** Andy Cottom, psychodynamic psychotherapist with a background in warzones
- **Authors:** Vamik Volkan, Regine Scholz and M Gerard Fromm (eds)
- **Publisher:** Phoenix Publishing House
- **Price:** £28.99
- **ISBN:** 101912691098

We Don't Speak of Fear: Large-Group Identity, Societal Conflict and Collective Trauma

This book explains brilliantly not just how conflicts arise, but why. Using their own first-hand experience and that of others in the field, the authors introduce the reader to a psychodynamic perspective of why fear is so often replaced with anger.

Volkan and his colleagues dare to speak of fear. By directly relating the fear of those perceived as different from us, they show how the split in individuals we so frequently encounter in the consulting room can be perceived in their identification within larger groups. By demonstrating the importance of belonging to something larger than ourselves, we take on both shared friends and shared enemies.

This carefully edited book leads the reader through the fluctuations in 'othering' of recent history in a style that is accessible to therapist and lay reader alike. The current rise in nationalism is explained as a natural consequence of globalisation. The COVID pandemic is seen as the latest challenge to unity between nations, and the invasion of Ukraine as the result of perceived past trauma.

In these times of grave danger, we look to leaders who appear fearless, but maybe the book's title doesn't do it justice. Perhaps an understanding of the creation of conflict will help us find peace, not only between nations and large groups, but within ourselves.

Energy, Soul-Connecting and Awakening Consciousness: Psychotherapy in a New Paradigm

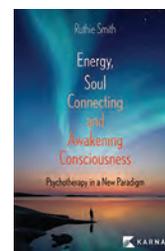
At 400 pages long, this is an ambitious book, but Smith has impeccable credentials for writing it. She has spent decades as a therapist, beginning with psychoanalytic training and including a long career in the NHS and a leading role in a Buddhist community. This book would speak best to those who are already on board with energy work, or might provide a valuable handbook to practitioners who are embarking on it.

Energy practitioners work with subtle energy, which Smith distinguishes from electromagnetic energy measured by traditional science. Smith describes meridians and chakras and explains how tapping can be used to clear trauma. The value of acupoint tapping in calming the nervous system has led to its use in statutory services such as

the fire and rescue service. Smith quotes 2019 NICE guidelines that affirm preliminary evidence that tapping ‘can send deactivating signals to areas of the limbic system that are in hyperarousal’.

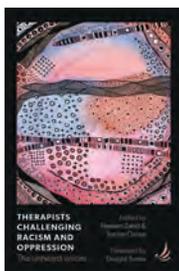
The book is particularly interesting when Smith examines familiar concepts such as projective identification through the lens of energy therapy. There are also practical insights, such as the value of yawning and its links to yogic breathing and the impact both have on the precuneus [part of the parietal lobe of the brain, it plays a role in episodic memory retrieval, visuospatial imagery and self-processing operations].

Some of the case histories make the process sound easy, so I was relieved that Smith warns against oversimplifying and cautions that ‘all this may sound too good to be true’.



Details

- **Reviewed by:** Anne Power, UKCP-registered therapist and author
- **Author:** Ruthie Smith
- **Publisher:** Karnac
- **Price:** £29.99
- **ISBN:** 9781913494674



Details

- **Reviewed by:** Luq Adejumo, UKCP psychotherapist, and Victoria Baskerville, UKCP psychotherapist
- **Authors:** Neelam Zahid and Rachel Cooke (eds), foreword by Dwight Turner
- **Publisher:** PCCS Books
- **Price:** £22.99
- **ISBN:** 101915220297

Therapists Challenging Racism and Oppression: The Unheard Voices

We felt inspired to review this book together, bringing our intersectional difference and systemic positions as the means of standing up to racism and oppression in psychotherapy training and practice.

Luq Adejumo: This book explores the effects of racism and oppression within therapy from personal and academic standpoints. It provoked introspection about how uninformed I was in relation to my practice and self-awareness about the racism directed at me. It helped me see how much I had buried the behaviour of others, and caused me to revisit difficult moments during my training, in particular

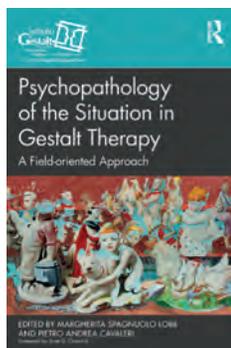
my placement years. This informative and instructive polemic offers a path ahead for anyone working in therapy.

Victoria Baskerville: This is a radical book about the pain of experiencing prejudice within the psychotherapy profession. It serves to amplify the voices of the ‘unheard’ and advocates the need for the profession to account for social, cultural and political contexts. Above all, it challenges therapists to do the work. The book should be required reading on all psychotherapy courses, to encourage students and tutors alike to engage in dialogue around difference, racism and the catastrophic onslaught of othering.



Have your say

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Details

● **Reviewed by:**

Rupert Eyles, gestalt psychotherapist (trainee)

● **Authors:** Margherita Spagnuolo-Lobb and Pietro Andrea Cavaleri (eds)

● **Publisher:** Routledge

● **Price:** £27.60

● **ISBN:** 101032322020

Psychopathology of the Situation in Gestalt Therapy: A Field-oriented Approach

This book marks the 70th anniversary of the publication of the foundational text *Gestalt Therapy: Excitement and Growth in the Human Personality* by Perls, Hefferline and Goodman.

Each author ties the practice of gestalt therapy to working with clients suffering from a range of presentations, but collectively linked by the coronavirus pandemic. They seek to address the wider background of the current 'sick planet', from which emerged the immediate figure of COVID-19. The authors also focus on the relational quality of human struggles, the 'dance' of reciprocity between therapist and client, and through this the interdependence of the therapeutic relationship.

Part one deconstructs 'the psychopathology of the situation', as referring to creative adjustments to challenging environments, and as

losses of functions of the self. It often involves a mismatch between a person's needs and what their environment requires. The authors advocate for the lived experience of phenomenology, individual sensory perception, and the organism/environment field apparent within the co-created therapist/client relationship.

I enjoyed the variety of part two, applying gestalt to a range of contemporary psychopathological situations. For example, in working with the children of 'broken' relationships, one gestaltist applies field theory to family mediation to highlight the reciprocity between parents and children.

Overall, this is a book that revisits psychopathology through a situational lens, and in so doing expands the view of experience to wider forces present, and cautions against isolating an individual from their environment.

Supporting Research in Counselling and Psychotherapy: Qualitative, Quantitative and Mixed Methods Research

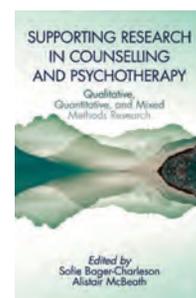
This timely book introduces counsellors and psychotherapists to the exciting potential of research and the possibilities for therapeutic practice. One of its main aims is to enable therapists to become research-informed practitioners and it provides evidence of research relevant to practice.

There is a helpful examination of the key differences and methods between qualitative, quantitative and mixed methods research. In the chapter on using mixed methods when researching sensitive topics, Dr Sally Cook explains stages within a qualitative mixed methods approach, combining interpretative phenomenological analysis and ethnography to explore the meaning survivors of torture ascribe to using a

second language in their healing journey. Saira Razzaq, meanwhile, gives a fascinating account of her research into generational trauma and racism and how she found a way of researching relationally and sharing power with her participants through autoethnography.

Research supervision is also explored by Bager-Charleston and McBeath in this book. They discovered from research supervisees that empathy from their supervisor was nearly as important as research knowledge.

This book shows a vast range of applications for research from a diverse group of researchers, many with psychotherapy, psychology or educator backgrounds. If you want to dip your toe into research, this is the book to guide you.



Details

● **Reviewed by:** Melissa Cliffe, gestalt psychotherapist and PhD researcher at Metanoia

● **Author:** Sofie Bager-Charleston and Alistair McBeath (eds)

● **Publisher:** Routledge

● **ISBN:** 1032305878



PODCASTS WE'RE LISTENING TO

ESTHER CALLING BY ESTHER PEREL

Esther Perel is the renowned psychotherapist and author of *The State of Affairs* and *Mating in Captivity*. Perel's series, 'Esther Calling', part of her 'Where Should we Begin' podcast, covers an array of relationship topics. Ranging from 15 minutes to an hour, Esther discusses a specific issue with guests in each episode, discussing their 'pain points' with family,

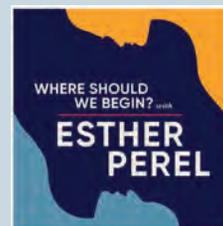
friends or a partner.

I recommend this podcast to psychotherapists and anyone looking for advice or insight into their own 'pain points' in relationships, for the warm, curious but authoritative way in which Perel engages with the people who call in.

She uses her expertise to support guests in gaining a new level of personal insight, encouraging them to explore further during the call and as they move forwards. Perel employs

useful phrases such as 'tell me if this resonates', or 'I'm fishing with a broad net', which allows her guests to reflect on what she's saying in the short time available, while soothing any defences with her delightful Belgian-American accent.

Perel has a subtle method she uses to bring her guests back to themselves and what is going on for them. She remains invitational and tentative during the process, while garnering trust from her guests.



Details

- **Reviewed by:** Michelle Briggs, person-centered psychotherapist and founder of Counselling West Bridgford
- **Creator:** Esther Perel, psychotherapist
- **Available:** www.estherperel.com/podcast

THE SEXUAL WELLNESS SESSIONS WITH KATE MOYLE

Sex and intimate relationships are shrouded in misinformation, myths, pseudo-science, unhelpful narratives and shame.

The success of 'The Sexual Wellness Sessions' podcast rests on Kate Moyle's commitment to changing those unhelpful societal narratives and myths.

In doing so, Moyle has invited psychotherapists, authors, sexologists and thinkers in human sexuality and intimate relationships, some who are world-renowned including Dr Karen Gurney, Justin

Lehmiller, Emily Nagoski and Lori Brotto.

Moyle tackles all the topics that people don't often discuss including asexuality, postnatal sex, infertility, non-monogamy, sex and cancer, sexual diversity, grief and sex, menopause, sex and motherhood, consent, sex and masculinity, sexual shame, talking to kids about sex and relationships (often a very uncomfortable topic) and body confidence. I was honoured to be invited to discuss sexual trauma (season 2, episode 12), and I thank Moyle for introducing this kind of difficult conversation.

Each episode has so much for listeners to learn from

and reflect on to enhance their sexual wellness. In one of my favourite episodes, Ruby Rare discusses sex positivity, which I think is central to sexual wellness.

Understanding Chemsex (season 2, episode 10) is my other favourite because this topic is absent from sexual health conversations and yet it has become a worldwide epidemic. It is always a joy to listen to David Stuart's voice, however, it's a bitter-sweet experience as he sadly passed away in 2022. I will be eternally grateful to Moyle for having recorded this episode – it is a great gift to the queer communities. Highly recommended.



Details

- **Reviewed by:** Silva Neves, UKCP psychosexual and relationship psychotherapist and trauma psychotherapist
- **Creator:** Kate Moyle, UKCP-registered, COSRT-accredited EFS & ESSM Certified Psycho-Sexologist
- **Available:** Audible



GROUP DYNAMICS

ARE THE CURRENT CHALLENGES FACING MEMBERS OF SOCIETY LEADING TO AN EXPANSION IN THE PROVISION AND ACCEPTANCE OF GROUP THERAPY?

KEVIN BRADDOCK FINDS OUT WITH THE HELP OF FIVE PRACTITIONERS

A glance at the news might convince us that ours is an era of social atomisation and isolation, with recurrent reports of a loneliness epidemic and of teenagers and adults glued to smartphones, socialising almost exclusively online.

Yet, as the growth of self-help groups built by individuals around specific issues or identities – from safe spaces for trans, non-binary or neurodivergent people to the Men in Sheds movement – suggests, the social instinct is alive and well, perhaps all the more so as society recovers from the trauma of COVID and its lockdowns.

If individuals want to get together to talk socially about subjects that might ordinarily be talked about privately, because doing so is (in the truest sense of the word) therapeutic, it might seem self-evident that psychotherapy and one of its key innovations – group therapy – has a special role today and one that is changing as society evolves.

Group therapy is, after all, a relatively young modality, which has matured as its parent discipline has



expanded and diversified. In 1970, the year before the Institute for Group Analysis was founded in London, Carl Rogers reckoned that the 'planned, intensive group experience' was the most potent invention of the century.¹ Only a couple of decades before, Kurt Lewin's 'T-groups' effectively birthed group therapy in 1947.² Writing on group psychology a few decades earlier, Sigmund Freud highlighted humans' intrinsically social nature, and how 'in the individual's mental life someone else is invariably involved, as a model, as an object, as a helper, as an opponent'.³

So, what is the state of play with group therapy right now? We asked five practitioners about the relevance and direction of group therapy today and how it is responding and adapting to social changes.

'Group work is about modelling the benefits of prosocial relationships. Groups can be a powerful therapy for special populations,' according to UKCP integrative psychotherapist Nujoji Calvocoressi, who runs a long-term, high-intensity programme for female offenders in the democratic therapeutic community at HMP Send.

UNDERSTANDING THEIR PATH

'Women in the group are in custody for homicide, manslaughter and violent offences such as grievous bodily harm (GBH), and often present with borderline or antisocial personality disorder. The aim for them, over 18 months to three years, is to understand how killing someone became the best or only option at the time, and to make sense by understanding their perpetrator path or their path to being a victim from a very young age.

'The groups are held twice a week with one other co-facilitator, a prison officer or forensic psychologist. Residents are also encouraged to participate in community aspects such as taking jobs, and to live in an environment that, as far as possible, equalises the power differential between staff and prisoners. This group work is about modelling the benefits of prosocial relationships – to understand how they come to be sitting in this group with me in prison, and what has gone before that influenced their decisions. It's slow, steady work that's very rewarding, but it's hard work.

'The clients are very damaged people and are a cross-section of society, often with entrenched histories of

addiction. We tend to have the extreme of things in prison – issues are more visible and easier to detect – whereas in the community, someone might have a job and a partner and it might be harder to identify these things. We work relationally and we have to be careful about dynamics such as splitting, manipulation and special relationships. We always have two staff to one resident, so we get a balanced perspective of what's going on.

'The prison service is very pro group therapy, because most personality disorder groups come about because of the urgent need for perspective. As a psychotherapist, I have multiple loyalties – to the group members, the prison, the parole board and to protecting the public from harm if these women are released. I'm always on my toes and have to think cleverly and fast, often while under fire. When you're running a group with members whose problem-solving strategy is "kill", everything gets killed, and too much goodness can't be tolerated. >



WHAT'S THE PRIORITY?

'We also have to acknowledge our privilege: the public's priority for offender rehabilitation may not be the group member's priority. There is an assumption in psychotherapy that people want goodness and seek happiness, rather than power or manipulation. Psychotherapy sometimes leans in forensic settings in an overly positive and perhaps, at times, gullible way. That slightly Pollyanna-ish approach makes assumptions that people in custody have a life that is recognisable to "mine" and that is generally not true. There is a lot of having to rework some of our starting points for thinking.'

'The heart of any ideal thinking about decolonising starts with oneself,' says UKCP registered integrative arts psychotherapist Anthea Benjamin, who advocates for group work as a powerful, but overlooked, modality. She works as a facilitator spanning organisations, student trainings, community groups and work with sexual abuse survivors.

LIFE DYNAMICS IN ACTION

'Historically, group work has been perceived as a poor cousin of individual therapy. In the NHS, there has certainly been a culture of privileging individual therapy. It's a shame. In group therapy, you're dealing with life dynamics in action and the relational patterns you're struggling with will get replicated with members in the group. That gets overlooked and the benefit is that you get to work in a very dynamic way with people who may have similar patterns. You get to have more awareness of where you get stuck in relationships, how people experience you, and you get a chance to be able to move beyond that.'

'After the pandemic, there has been a huge need to feel connected and part of a community, and groups have always had the benefit of enabling people not to feel alone. People will often come into groups thinking there is something wrong with them, or that

they weren't given the book about how to do relationships, and then they realise that it's part of being human: they're not alone and everyone has their own version of this. Every member becomes a kind of co-therapist, and people have this dual role of being able to get what they need developmentally, as well as realising that they themselves have wisdom, skill and insight.

'There has also been a lot of thinking about how we decolonise our practice, thinking about power, provision and position, the blind spots where in groups some norms can lead to the replication of marginalisation and harm. These issues need constant attention and we need to be really aware of what the representations in the room are in terms of identity, and therefore what becomes the dominant culture and narrative. We challenge and question that, thinking about who is on the margins and, as facilitators, we need to be active.'

'Traditionally, there has been an idea that you sit back and let the group do the work, but what we know now is that that allows harms to be replicated. We need to be vigilant and use our authority to think about how people get things projected into them again and again, what the majority culture may be in the group, and how there may be scapegoating.'

'At the heart of any ideal thinking about decolonising any curriculum, or culture or practice is oneself – the facilitators doing their own work of decolonising themselves (which is a life's work) so that they are able to be sensitive. We all come with our own positionalities, so it's important to listen and when you hear a marginalised voice or experience, you don't negate it or fall back into thinking about things from a comfortable internal world context. These issues are important for people at the hard end of society.'

THE IMPORTANCE OF GROWTH

'Groups need to feel like they will be growthful for people to be drawn to them,' believes UKCP humanistic

'Historically, group work has been perceived as a poor cousin of individual therapy'

psychotherapist Tim Foskett, who has run group work sessions for bisexual and gay men for more than 20 years, and sees the growth of social justice movements as symbiotically linked with the expansion of group therapy.

'Gay/bi men often grow up in isolation, with strong messages of disgust, illness and the potential for rejection. The culture may be changing, but the damage to our self-esteem was often done decades ago – and it's still being done to the self-esteem of many young queer people. Gay/bi men who experience other forms of discrimination or oppression, such as racism, HIV-ism, ageism or ableism, often experience even greater marginalisation. So, to come together in a therapy group offers enormous potential for learning about yourself and others and how you interrelate. The opportunities for bonding, for support and for connection outside the commercial gay scene – which often has a focus on objectification, competition and the use of alcohol and drugs to facilitate forming what are sometimes transient connections with others – are significant, potentially healing, life-affirming and refreshing.'

Irvin Yalom proposed a range of "therapeutic factors" that made good group experiences psychotherapeutic: normalisation (of what's really going on for human beings); universality (realising we are all dealing with the



universal issues of life); cohesion (the feeling of being connected and part of something); and identification (recognising yourself in another person's story; developing a bond with one or more group members). These are powerful experiences for any human being in mental distress, but the factors have a particular impact on people from marginalised communities.

'Social justice movements have been important players in the development of group therapy, at least as much as group therapy has contributed to social justice. Feminist consciousness-raising groups of the 1960s and 1970s are one such example, along with Kurt Lewin's early work with groups in the Deep South of the USA on issues of race and racism.

'Most social justice movements, including LGBTQ+ communities and disability communities, have self-

organised sharing and consciousness-raising spaces for decades, and this is clearly happening now with trans and non-binary people and those who are neurodiverse. So many movements have been born this way – people who share an identity or experience when finding each other, then build connections and safety and share their stories. Alcoholics Anonymous and 12-step programmes are another example of a movement that has both informed, as well as been informed by, group therapy thinking.'

SELF-REFLECTION WITH OTHERS

'Groups offer opportunities for people to experience themselves in their bodies and in relation to others,' according to UKCP gestalt, integrative and body psychotherapist Carmen Joanne Ablack, director of psychotherapy at The Gestalt Centre, who argues that group work offers important possibilities for

students to encounter themselves in relation to others.

'We run a large group event every year, which includes all five year groups from our training programmes, plus all the tutors – around 120 people. This large group becomes a reflection of the wider society and students learn how to speak up and how to express themselves in the large group setting. We see this as a pivotal part of the training. We're moving all the time from experiencing, to theory, to practice – linking all three together, and it's true to the gestalt idea of paying attention to what emerges in the here and now.

'Underlying all our group work is equality, diversity and inclusion, paying attention to all the different identity processes people may have and the intersections of those. This leads to an embodied understanding of the ethics and responsibilities functioning >



in the therapeutic realm. Students have an embodied, lived experience of: “How do I manage to say things to the ‘other?’”; “How do I manage to express my difference, while acknowledging the other’s difference?”. We see the group work as a very important part of the learning process.

‘We also run 10-week personal development courses, which are led by students in their fourth or fifth year of the practitioner programme. There is public demand for these programmes and we’re asking people to show up, including showing up with what they’ve got wrong. That is part of gestalt. We always bring it back to the relationship in the room. People are hungry for that.’

‘Groups offer opportunities for people to experience themselves in their bodies and in relation to others, and what matters is that they are supported in what they find. Group work is one of the places where you really learn as a participant that it’s okay to be differentiated from others.’

‘But training in group therapy is the most important thing: I do have a problem with people running groups who haven’t looked at these complexities, and there is a responsibility to know when you are beyond your scope of practice.’

‘Therapeutic group work is also applicable outside of therapy groups. If COVID showed us anything, it was the absolute mistake made in the NHS of getting rid of reflection groups from the past. With groups and group processes, people learn how to apply in their workplaces what they’ve learned – a different skill set that is completely transferable.’

‘Groups are the way to go,’ urges UKCP psychoanalytic and group-analytic psychotherapist Kevin Power. He advocates for psychodynamic group therapy as the solution to the UK and the NHS’s crisis in psychological distress. The only way that NHS and the nation en masse might ever get to grips with the crisis in psychological

distress is to employ a huge number of well-qualified and experienced group-analytic psychotherapists. One-to-one interventions of between six and 16 sessions might merely remove the lightest patina of damage that exists.

‘The Layard Report still largely holds sway across the mentality of the NHS, which is “Get ‘em back to work for a year and it is all justified”.⁴ I ran three analytic groups across two days, weekly, for 20 years within the Kent and Medway NHS and Social Care Partnership Trust.’

DIFFERENT AGENDAS, ONE GOAL

‘More than 80 per cent of members did not return to the Trust for further treatment. Placing people in group analysis puts them in a weekly psychodynamic interactive gathering for 90 minutes, and they come back the next week. Each and all have separate agendas, but over weeks and months each realises that the group offers help in a very different way to the individual situation, one that engages them in a confidential exploratory dialogue between members that brings on change first and which is then followed by insight into their condition.’

‘Those tormented by sexual abuse, abandonment, rejection, suicide and attachment concerns all get to realise that they are not alone, that their lives are similar in some respects to others while contrasting with others also.’

‘For Trusts, this is much more economic than individual situations; everybody participates in an in-depth therapy over several years. Groups, then, are the way to go. A recent joiner of a private group I run said bemusedly a few weeks ago, “They say that the country is going through a mental health crisis... this looks to me like the solution”. ●

References and reading

1. Rogers, CR (1973). *Encounter Groups*. Pelican Books.
2. Ibid. p10.
3. Freud, S (1921). *Group psychology and the analysis of the ego*. Standard Edition 18. Hogarth Press.
4. Layard, R and CEP Mental Health Policy Group (2006). *The Depression Report: A New Deal for Depression and Anxiety Disorders*. CEP Report.



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Mistaken Identity

WHAT HAPPENS WHEN AN INDIVIDUAL MANAGES TO EXTRICATE THEMSELVES FROM A CULT? **KEVIN BRADDOCK** LOOKS AT A COMPLEX AREA OF PSYCHOTHERAPY THAT AIMS TO HELP FORMER CULT MEMBERS MEND

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Who are you? Surely all therapists and clients have encountered this question.

But for those assisting clients navigating terrifying exits from abusive cultic situations, helping them to find their authentic identity is a central need - in other words, the identity that was buried beneath the 'cultic pseudo-identity' as UKCP psychotherapist Gillie Jenkinson refers to it, introjected by an individual through coercion, brainwashing and, in some cases, sexual and physical abuse in both group and one-to-one situations.

'Clients need first to understand what happened to them in the cult,' says Jenkinson, who now specialises in this emerging field, and trains other therapists in the work. 'A cultic pseudo-identity is something that sits in your system; you haven't chewed it over. It overlays the authentic identity. Part of the work for the client is to understand what happened, which helps to release the authentic identity. This is done first through "psychoeducation".'

ELEMENTS OF RECOVERY

This is important, according to UKCP therapist Sarah Nicholson, who also specialises in post-cult counselling, because individuals can 'continue to respond to themselves in the way the cult or leader/leadership did. This is often a blind spot for clients. Throughout the process of helping a person understand what has happened to them, it is a vital part of recovery to continue to help a person notice and be curious about their responses to themselves, thinking about where these came from and whether or not they are helpful.'

Jenkinson's work is deeply informed by her doctoral research and her own experiences of cultic abuse. She joined a charismatic church in her late teens, but it was only later she realised how abusive the situation had become. It took another 14 years for her to exit and come to terms with her experiences.

'My situation was complex, and I left in stages,' she says. 'I was in a group that I call "the community" in my book. When the challenges started to come from within the group, my husband and I went to a different church, which offered counselling. At this church, they said they knew what a cult was, but >



‘A cultic pseudo-identity is something that sits in your system... It overlays the authentic identity’



‘If you don’t understand what happened, you end up blaming yourself, as is always the case with abuse’

they absolutely didn’t. It meant another 14 years trying to find my way out of extreme abuse: physical beatings, sexual abuse, total control and loss of contact with family. I gave all my money to the cult. Going to a different church was the first step out of the community, but that mental universe was stuck in our heads. The crucial thing for therapists is that it requires an in-depth understanding of being in a cult to help someone really work it through.’

Jenkinson’s story might sound shocking if it wasn’t so common. Cults and the issue of coercive control (typically considered an abusive aspect of one-to-one intimate relationships) are topical themes at present. A Very

British Cult (BBC Sounds) investigated the activities of life-coaching organisation Lighthouse, while Netflix series such as *Wild Wild Country* and *Bikram: Yogi, Guru, Predator* explored organisations with charismatic leaders in similar detail.

DEFINING A CULT

In Jenkinson’s experience, the definition of a cult is less important than assisting individuals to leave and recover. In this context, the term ‘cult’ ranges from families, separatist faith groups and recovery fellowships to people trafficking and criminal gangs.

This is a further nuance in this field of work, when individuals may have been subject to abuse without thinking they have been in a cultic or coercively abusive situation. ‘In my experience, some individuals can struggle with the use of the word “cult” until they have worked through psychoeducational material that helps them understand things like thought reform and theories of influence,’ says Nicholson. ‘Two ideas that always seem important to raise and think about are “choice” and “free will”’. In cults, what exists instead are systems of control and systems of influence.’

For Jenkinson, ‘It is by helping clients understand the dynamics of thought reform (brainwashing) and control that therapists can help them understand their situation and eventually walk free.’

Jenkinson escaped from her situation with the help of an exit counsellor, but she emphasises that she and her husband had to look beyond the counselling field to find one, ‘and that’s not good enough! It’s why I trained as a therapist. My aim was always to end up working with former cult members.’

According to Jenkinson, the therapeutic process is based on a model named ‘Post-Cult Counselling’. This is a psychoeducational approach, using a recovery workbook as a tool to enable the client to understand their situation, what happened to them, then diagnose the nature of the group they were involved with. The client is encouraged to consider previous experiences that may have led them to join a cult.

In Jenkinson’s case, ‘the exit counsellor educated us on the dynamics >



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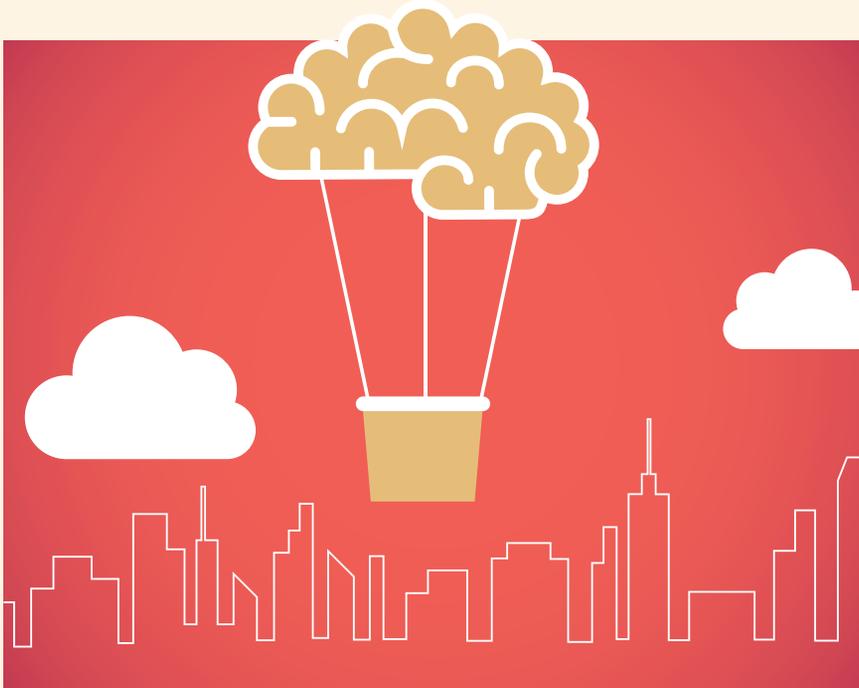
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of brainwashing, control and personality change'. This process must be the first step. 'If you don't understand what happened, you end up blaming yourself, as is always the case with abuse. My PhD and clinical experience show me that if something that happened in childhood is the reason someone joined a cult, deal with that later. Initially, we need to understand the dynamics of control.'

RECONNECTING WITH SOCIETY

This model echoes the approach Judith Herman codified in her landmark text *Trauma and Recovery*, in which individuals suffering Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (CPTSD) first need to be made safe, then to reconstruct their story, before they can finally reconnect with society. Jenkinson draws on researchers including Robert Jay Lifton's work on 'thought reform' (otherwise known as brainwashing) and Alexandra Stein, whose *Terror, Love and Brainwashing* considers the role of attachment in this field. Clients may not actually realise that they are in a coercive situation or a cult. For this reason, Jenkinson's work now includes campaigning to change the law on coercive control by extending the definition from 'intimate relationships in which individuals are controlled by sociopathic or psychopathic partners' to

include also groups. 'A cult is not just a group,' she says. 'A family can become a cult.'

According to Jenkinson, the research shows that there is not a particular personality type that is more vulnerable to cultic abuse, but individuals born into multigenerational communities appear to be more at risk of it. Just as institutionalised individuals such as ex-offenders or former military personnel may struggle with living in the outside world, people born into certain communities and cults may also struggle upon exit. Therapists need to be highly sensitive to these dimensions.

'First generations are those who joined a group as an adult, but some second-generation and multigenerational members, individuals whose family have been part of that culture generation upon generation, have had no access to the outside world. They wouldn't know how to have a bank account or go to a bar. Unfortunately, therapists miss this so often. The usual therapeutic approach is, "how do you feel about all this?" but someone who has grown up in an intensely controlling environment does not have access to their feelings. We need to help them understand top-down what happened and what the dynamics were. We can help them with the bottom-up work later on.'

Jenkinson's approach is integrative

and eclectic in character. Initially, she trained in pastoral counselling and then gestalt. She draws on concepts such as highlighting and challenging introjects that may naturally fall under the CBT paradigm and uses some aspects of attachment theory.

A BOND FORGED IN TRAUMA

'People who have been in cults often have a very disorganised attachment style, and the attachment is often a trauma bond to the leader,' she says. The work is always grounded in the person-centered principle of being genuine for the client. Typically, Jenkinson holds fortnightly 90-minute sessions during the psychoeducation phase of the client engagement, later reverting to the standard therapeutic hour for deeper psychotherapeutic work.

Jenkinson acknowledges that this work can be intense: therapists may feel lost and overwhelmed by the amount of control present. Similarly, this approach requires specialist supervision. And while there are overlaps between post-cult counselling and trauma recovery, trauma therapy alone is not enough. Aspiring practitioners need specialised training in this emerging field, she says and, to date, insufficient numbers of therapists are qualified for this work.

As public awareness of cults and the damage they can inflict on individuals grows (a code of ethics for exit or post-cult counselling has now been created by the International Cultic Studies Association), Jenkinson's work is a bellwether for the times, and all the more convincing and relevant since it emerged from her own devastating experiences. Jenkinson also poses a key question: When does a culture, or a community, or an organisation, become a cult?

'It's a big question,' Jenkinson says. 'My group evolved into a cult. There were already seeds with charismatic evangelical Christianity. We were physically beaten for sin. It was terrible. I've had years of therapy myself, but I needed to understand what happened first, otherwise I'd have continued to blame myself, thinking that it was something in me that put me in that situation, while it was far more complex than that. I needed to understand that before I could face anything else.' ●



BE A GOOD SPORT

26

PROFESSIONAL ATHLETES ARE SEEING THE BENEFITS OF PSYCHOTHERAPY IN A SPORTS SETTING, BUT COULD IT BE JUST AS EFFECTIVE IN ANY SITUATION WHERE THERE IS A TEAM AND A GOAL? ASKS **RUPERT EYLES**

Therapists are tailoring their approach to sports professionals, who are steadily opening up about their mental health.

However, there are very few clinicians who describe themselves specifically as sports psychotherapists, and some misconceptions that group this approach with sports psychology.

So what is it? As a psychotherapist in training, I was excited to delve deeper.

SPORTS PSYCHOTHERAPY IN A NUTSHELL

Gary Bloom, a UKCP-registered sports psychotherapist, runs a private London practice, Cognacity, which provides support to professional sports associations. Alongside this, he also

works with Oxford United FC. For Bloom, sports psychotherapy takes a 'holistic approach to elite athlete care', differing from sports psychology, which typically works with on-the-field issues.

In practice, Bloom outlines how he engages with a sports club. For example, he typically agrees six weeks' work, one session per week. He explains: 'Say you want to change the culture of a team. You ask five individuals. Each one is representative of something inside the club. One will be a senior leader of the team – a captain, another the person who has been there the longest. Then you pick somebody who's a senior professional but has not been at the club a long time. Next, choose somebody who's been there a couple of years, and finally you find a junior.

'They take the work that you're doing as a group, and it then radiates outwards. The junior player will share the work with their closest peers, likely to also be junior professionals. This applies to each of the individuals from the chosen cross section, through which the club attains penetration of different subgroups.' And Bloom adds, 'When you set up a group like this, you have no idea what's coming. The problems can be financial, personal, the food, the state of the dressing room, anything. The group sit and discuss what comes up and they create the solutions.'

Patrick Lencioni's (2002) advice on team functionality may apply here. Lencioni is the author of *The Five Dysfunctions of a Team*, which explores workplace dynamics, and one of his approaches requires the group facilitator





‘Football clubs are only just waking up to the realisation that when people have off-field issues, these inevitably end up on the field’

to reveal their own imperfections to team members, showing their vulnerability, to encourage group members to be open and to share.¹ This approach stresses the importance of timely decision-making by setting clear deadlines, and people taking the initiative to usher plans and projects forward. This blends into team members taking responsibility for their work and promoting team accountability overall.

Working with clubs presents challenges for some psychotherapists, however. Ben Scanlan is a UKCP psychotherapist with more than a decade’s experience as a rugby coach. He also runs a seminar at the Philadelphia Association on the experiential course in community and psychotherapy. Scanlan had some reservations about practising

as a sports psychotherapist, and together we considered the possible conflicts of interest of working with a sports club and the players: ‘If the only way to get in is to work for a club, that goes against how I see psychotherapy in that I’d be working for someone else. You’re there for someone who’s not the player.’

For Scanlan, even working for an academy, you’re still working for the club rather than the client. He reflects on the key considerations when engaging with a club. ‘There are so many blurred boundaries, like who owns the confidential records, say in the context of one club selling a player on to another.’

But Scanlan wondered whether the sports psychotherapist could uncouple from the club’s coaching staff and let





them attend to performance, with the therapist focusing 'on the playing staff, rather than the management of them'. Additionally, could there be a role for psychotherapists around the speed of change at sports clubs? With coaches' lifespans at clubs apparently becoming shorter, the psychotherapist can look after the wellbeing of players when, as Scanlan says, 'there's so much change around them because you're going to change your manager every six months'.

TASK-BASED AND TRANSITION-ORIENTED

This leads on to a consideration of other specific features of sports psychotherapy.

UKCP psychotherapist and long-standing sports coach Dr Briony Nicholls sees this approach to psychotherapy as more outcome-focused. 'It's more focused on particular situations... styles of communications within the group,' she says. By contrast, standard group therapy would be more open. 'It would be more of a free-for-all about what's going on at the moment. People will bring whatever's current for them.'

As described by Bloom, sports psychotherapy partly centres around finding windows of time to connect with players. This approach 'has to be a lot looser than standard psychotherapeutic practice. You've got to grab the time when you can'. Also highlighted by Scanlan, general flexibility is important, shaping the therapy around key tournaments each year, for example.

Bloom spends a lot of his work addressing transitions in the careers of sports professionals. This applies to players at varying stages, sometimes coming to the end, but it can also apply before they begin. Many promising young teenagers suffer rejection from their club for not being good enough. 'Some of the worst psychological problems of transitioning have occurred for younger players I've worked with who feel they've let their parents down.'



'Some of the worst psychological problems of transitioning have occurred for younger players who feel they've let parents down'

Added to this is the general complexity of young sportspeople who, had they played in a different position or avoided injury, wonder what might have been.

A promising young sports professional is often carrying the weight of parental expectations, with parents who place a sizeable emotional investment in their children and ferry them to numerous tournaments and events. As outlined by Bloom (2021: 853), 'Many a player I have worked with is more worried about letting down a parent if they fail to get signed on for a new contract, than their coach. The guilt placed on the head of that youngster can be considerable.'

ROUTES INTO SPORTS PSYCHOTHERAPY

My research so far suggests that entering the world of sports psychotherapy remains somewhat uncharted terrain. At a foundational level, becoming a sports psychotherapist requires a passion for

sports and an understanding of the unique challenges faced by athletes. Turning from qualification to practice, Bloom recommends starting at a junior level, by writing to academies, schools and sports clubs. He secured his opportunity to work with Oxford United simply by contacting the then manager.

The skills acquired through working with sports clubs can be applied across other sectors. Bloom supports high-profile sportspeople with transitioning after a successful sports career. 'The same technique applies in the commercial world, where you get senior managers hanging on to power for too long, preventing younger people moving up. They are wrapped up in their own high profile, but it's not good for them or the organisation. It can be used to help people with a "one-strand" career, too, when what you do is what you are.'

In terms of the mindset of sports professionals, they tend to simplify their

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‘Becoming a sports psychotherapist requires a passion for sports and an understanding of the unique challenges faced by athletes’

primary objectives into manageable steps and focus on incremental progress. This entails tuning out distractions to stay in the present moment. As Nicholls says, ‘Sportspeople are very single-minded’ and ‘very good at compartmentalising’. Bloom continues to call for more investment from clubs in psychotherapy and mental health support. In a recent interview, Premier League footballer Dele Alli spoke openly about his mental health struggles.³ ‘Football clubs are only just waking up to the realisation that when people have off-field issues, these inevitably end up on the field,’ Bloom says. ‘More clubs should be employing psychotherapists who are able to mix and mingle freely with players and warn them of the consequences if they don’t clean up their personal problems.’

Bloom is on a mission to train more sports psychotherapists and encourage clubs to invest in more support.

From this point, where else could knowledge and skills learnt in sports psychotherapy be applied? Maybe the specifics of different industries merit more focus and attention? Although the baseline set of skills and experiences of therapists are applicable across a wide range of sectors, perhaps certain therapists could progress further by honing their experience in specific areas, understanding the needs and challenges of industries at a deeper level.

In practice

Giving psychotherapy a sporting chance

Can therapy enhance sports performance? Former England cricket captain Mike Brearley, now a psychoanalyst and psychotherapist, shares his insights with Catharine Arnold

In terms of therapy, my aim is always to treat the whole person, whose unconscious patterns of thinking and behaviour enter into their responses to me, the therapist, and can at times be addressed in the here-and-now of sessions. The same applies to sports therapy. I never sought sportspeople as patients, but some sought me out and I tried to help.

I have also worked with teams or groups as a whole. When the quick change needed in sports psychotherapy felt like an impediment, I had to remind myself of how we psychoanalytic therapists also hope that the consultation process may lead to change – even if the person decides not to go into therapy.

Donald Winnicott would try to go as deep as he could in long-term psychoanalytic treatment, but also aim to engage the

patient in his or her own development, through his therapeutic consultations. I think we may be able to nudge people towards different ways of being when they are already not too far away from that possibility themselves. I am inclined to think therapy works only when there is a part of the patient (or group) that is eager to enter in to this way of thinking, and only when there is some recognition of a need for change.

During much of my time as a professional cricketer I was also a captain, an important role in cricket, where games go on for a long time, and there is much variation in conditions, so spontaneous decisions have to be made on the field. There is something of the captain, and the coach, in sports psychotherapy.

While I don’t think psychotherapy should be pushed onto individuals or

teams, I do think teams can be turned around. Look at the England cricket team under Ben Stokes and Brendon McCullum. The team’s and the individuals’ attitudes to short-term failure and success has been transformed. The players have bought into the new attitude. These two have inculcated, by example and words, the transformation that is possible when players are more in touch with their child-selves, and play a sport because they love it, so anxiety about mistakes is lessened and a sense of opportunity fostered.

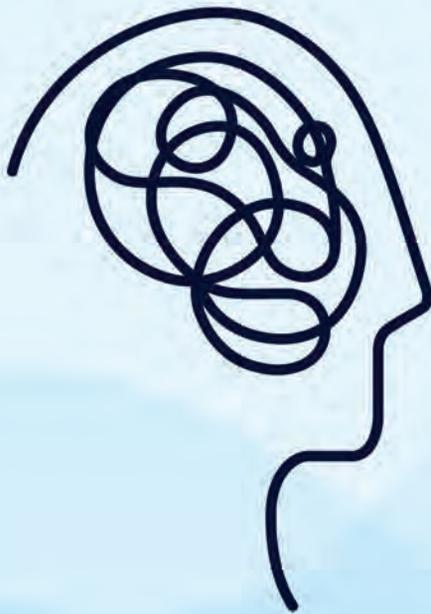
The team has bought in to this attitude, and has had remarkable results. Of course, there always has to be a mixture between optimism and recognition of difficulties or obstacles; a mixture of spontaneity and discipline.

Sports psychotherapy is a fascinating field that will no doubt grow and change.

From a trainee perspective, this highlights the breadth of career options within psychotherapy, and the potential to incorporate a personal passion into your daily practice – a particular sport, or other interests such as music or film, perhaps. I am also curious to explore the different ways of practising group psychotherapy that are tailored to group members – introduced in this report in terms of working with sportspeople – to change the culture of a team, or work through specific situations. ●

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Celebrating 30 years of UKCP

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THE UK COUNCIL FOR PSYCHOTHERAPY HAS MORE THAN 11,000 INDIVIDUAL MEMBERS AND OVER 70 ORGANISATIONAL MEMBERS. BUT WHERE DID IT ALL START? IN ITS 30TH ANNIVERSARY YEAR, **CATHARINE ARNOLD** EXPLORES UKCP'S ORIGINS

The launch of the first UKCP register of psychotherapists took place at the House of Lords in May 1993. The Rt Hon Tim Yeo, then Minister of Health, was present, as was the outgoing chair of UKCP's predecessor, the UKSCP (United Kingdom Standing Conference for Psychotherapy), Dr Michael Pokorny, who signed the register. Dr Emmy van Deurzen, who was about to become the first chair of UKCP, also attended.

The occasion was a triumph for the new organisation, and can be seen recorded in the grainy black-and-white photograph right. But this reveals little of the hard work leading up to this moment. The United Kingdom Council for Psychotherapy was established on

10 January 1993, having evolved from the UKSCP, which had been formed for two reasons: the requirement for a national organisation representing psychotherapists; and increasing government concern that regulation of psychotherapists was necessary to protect the public.

REGULATION CONCERNS

The call for government regulation of psychotherapy dates back to the publication of the Foster Report, *Enquiry into the Practice and Effects of Scientology*, in 1971. Written by Sir John Foster, a lawyer and former MP, the report was chiefly concerned with regulating Scientology. However, in an aside, Foster recommended that the profession of psychotherapy in the UK should also be regulated to protect the



Left to right: MP Tim Yeo, the then Health Minister, Dr Michael Pokorny and Dr Emmy van Deurzen signing the first register of UKCP in 1993



‘The United Kingdom Council for Psychotherapy was established on 10 January 1993, having evolved from the UKSCP’

public. The Professions Joint Working Party on the Statutory Registration of Psychotherapists was set up under the chair of Paul Sieghart, a law reformer and writer, to report on this proposal. In 1978, it published *The Sieghart Report*, recommending indicative registration for psychotherapists, meaning that only registered practitioners would be legally allowed to call themselves psychotherapists.

In 1981, Graham Bright MP introduced a bill to the House of Commons to regulate psychotherapy and related disciplines in the UK, which caused consternation in the profession at the time. But, according to Dr Pokorny, later the first chair of UKSCP, the bill fell at the second reading ‘because it had a lot of controversial legislation in front of it and was never called’.¹ In July of that year, the then Department of Health and Social Security (DHSS) called a meeting of 32 representatives of the psychotherapy profession. It soon became obvious that there would be no action from the government to introduce statutory registration until the profession could speak with one voice on the issue, produce a register and agree who should be on it.

To keep the momentum going, in January 1982 the British Association >



for Counselling (now BACP) invited as many organisations as possible to its headquarters in Rugby to discuss the Foster and Sieghart reports and the issues raised by the DHSS meeting. This conference and the seven that followed would be profoundly influential on UKCP's development. The issue of registration was set aside in favour of dialogue between the different forms of psychotherapy, with the aim of creating a 'standing conference'.

THIRD-CLASS CITIZENS

According to UKCP psychotherapist Professor Brett Kahr, 'back in the mid-1980s, the British Psychological Society had begun to formalise itself more fully with the creation of its "Chartered Psychologist" status. In consequence, the psychotherapy community felt like third-class citizens compared with psychiatrists, psychologists, social workers and occupational therapists – all of whom enjoyed the protection

of national organisations – whereas psychotherapists, by contrast, did not.'²

By 1985, a working party had been created to develop the standing conference. 'I remember when the working party was set up in 1985,' says psychotherapist Dorothy Hamilton, now a UKCP honorary fellow.³ 'It was exciting. One autumn evening in 1985, a group of delegates from the Rugby conference assembled in [psychoanalytic psychotherapist] Elspeth Morley's elegant drawing room overlooking Highbury Fields, having agreed to take forward the work of the proposed profession of psychotherapy.

'At first, we were a group of strangers, without a leader. Personalities arrived. As the evening drew on, one man, with clear-cut features, striking white hair and beard, and a pronounced speaking manner, began to emerge as having ideas distinctly more developed than those of the rest of us. By the end of the evening, it was clear who was to be our

future chair.' This was Dr Pokorny and, according to Hamilton, 'Michael was the clear leader. Michael was the creator, the initiator of UKSCP.' Hamilton was later asked to become secretary. Initially, principles and strategies 'emerged' from discussion and took on greater weight and formality as the organisation developed through time. Subsequent Rugby conferences saw the evolution of a federal structure. 'Sections' emerged as a way to group together the different types of psychotherapy and a draft constitution was drawn up, subject to the advice of the Charity Commission.

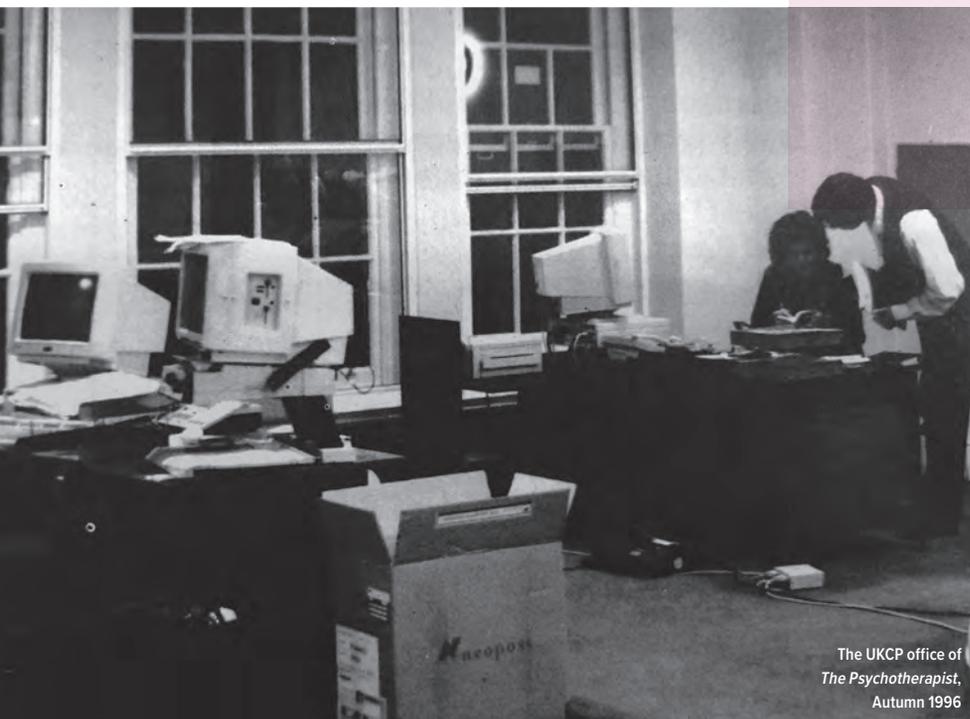
CREATING STRUCTURES

In 1989, at the eighth and last Rugby conference, the Standing Conference for Psychotherapy was inaugurated in front of 120 delegates from 66 organisations. Its aim was to provide psychotherapy with agreed common training standards and ethical requirements. In 1990, UKSCP delegates voted to form a register of psychotherapists and a year later agreed the structures required to produce and monitor the register.

But, in 1992, just as the UKSCP was about to transition from a standing conference to the more permanent UK Council for Psychotherapy, the Council of the British Psycho-Analytical Society decided to leave. To this day, UKSCP members recall the departure of the psychoanalysts as a traumatic event.

'Without doubt, the rivalry among various professional bodies proved the major obstacle during the early days,'⁴ recalls Kahr.

One of the main contentions was training. Van Deurzen says, 'The psychoanalysts wished to impose their condition of five days a week training onto the psychotherapists. There were terrible arguments. The psychoanalysts felt that the Freudian approach was the only one. They denied CBT [Cognitive Behavioural Therapy] completely. It was never going to work. The split was inevitable.'⁵ Nevertheless, UKCP was



The UKCP office of *The Psychotherapist*, Autumn 1996

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Comment

Professor Emmy van Deurzen, first chair of UKCP, 1993–1995.

When we used to come together for our UKSCP conferences on psychotherapy, in the late 1980s, people began to see it was important to create a profession of psychotherapy to avoid the profession being taken over by psychiatry or clinical psychology, as had happened in other countries. We also realised the value of coming together with people from different orientations and of having open- and fair-minded discussions about how we practised and trained our students.

UKCP has continued to grow ever since we launched the register in May 1993. It has been a good thing for psychotherapists to build a base of strength and to represent the interests of our clients in the NHS and in

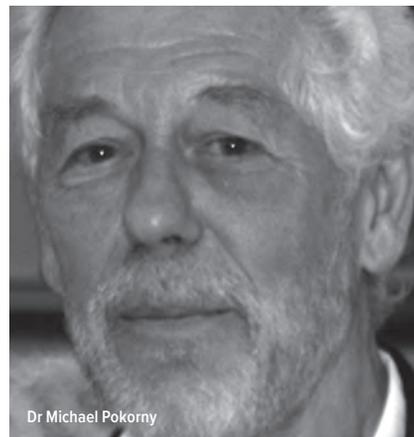
private practice. It has also been important for us, our clients and potential clients to have representation with government and for us to meet and learn from each other in conferences and other events. It has been interesting to observe the various waves that UKCP has gone through, and a relief to find it has come through a little stronger every time it has encountered a new obstacle.

As I remember how unlikely it seemed at one time that we would ever manage to bring the profession together, it gladdens me to see how established and widely recognised that profession is now. UKCP has been a role model to many other countries, and I am pleased I was able to play a small part in the development of the organisation.

established in 1993 as an organisation of member organisations, its national voluntary register of psychotherapists was launched and, despite the rocky start, UKCP soon established itself as a respected professional organisation.

As the number of registrants rose, and more administrative staff were required, UKCP outgrew its tiny office in Regent's College, 'little more than a cupboard', recalls Kahr. UKCP moved to larger premises in Great Portland Street, then Wakley Street, Islington, before arriving at its current home in America Square. In the 1990s, roadshows and conferences helped UKCP gather pace, while the next decade involved public engagement and improving the council's profile.

In 2009, UKCP changed its constitution, moving it from an 'organisation of organisations' to an organisation that also had individual members. It was expected that the psychotherapy profession would be statutorily regulated by the Health Professions Council and UKCP was working to develop a role as a membership body. However, in February 2011, the new Conservative/Liberal Democrat coalition government announced that instead of statutory regulation, there would be a system of



Dr Michael Pokorny

voluntary-assured regulation overseen by the Professional Standards Authority for Health and Social Care (PSA).

Moving to PSA accreditation highlighted the need to involve service users and other mental health organisations, as well as increasing the involvement of lay members on committees. UKCP worked with service user-led charity the National Survivor User Network (NSUN) to host a service user group meeting to help focus the organisation on the protection of the public and service users, to develop greater confidence that the organisation was working for public benefit and

to provide a greater diversity of perspectives across UKCP committees.

In 2013, UKCP rolled out its new complaints and conduct process to all registrants. This process streamlined the way it handled clinical complaints, and moved the organisation from a member-led system to a process that was more robust, transparent and independent.

A GREAT ACHIEVEMENT

Later that year, UKCP's register was awarded PSA-accredited voluntary register status. Demonstrating that it met the demanding standards set by the PSA was a critical achievement. The application process was challenging, but provided the council with a valuable opportunity to consider what it meant to be a good regulator with public protection at its heart.

The death of founding member Dr Pokorny in 2017 saw former chairs and colleagues look back on his achievements, particularly his skill in encouraging dialogue between different modalities. 'Michael always championed the ideals of inclusiveness and tolerance,' said van Deurzen. 'It was his vision that we should all be able to work out what we had in common and collaborate in establishing psychotherapy as a separate profession in its own right in the UK. It was his genius idea to put us all into separate sections for safe boundaries. Whenever there were conflicts, of which there were many, Michael stuck with that vision and stood strongly against intolerance and exclusivity. In this way, he was a role model and a rock for the organisation, and his strength in guiding us steadily towards the objective of becoming a professional body was exemplary.' ●

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2023 HAS BROUGHT UKCP A NEW CEO, NEW CHAIR AND THREE NEW TRUSTEES. CATHARINE ARNOLD TALKED TO CHIEF EXECUTIVE JON LEVETT ABOUT HIS PLANS

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UKCP has been through a period of upheaval. Do you think the members want a safe pair of hands?

A safe pair of hands and a period of listening is very much needed. At a recent members' forum, there was a lot of discussion about the organisation needing to go through a process of healing before we take any major steps. It's important that we consult very thoroughly with the membership on anything we want to take forward.

I've come to UKCP because I'm ambitious for UKCP. I've got my own ideas but, as the CEO of a membership organisation, you have to accept that you don't always get your own way: the Board may not agree with you, members may not agree with you. You have to have that antennae to ensure that what you want is in step with what the organisation wants.

How do you feel about working with the Board?

It's a new Board, with a new chair and a number of new faces, all coming to

it fresh, but very conscious of what the organisation has recently been through. There's a great opportunity to reset things now. I was surprised by the amount of convergence. Working with boards always brings its challenges. As chief executive, you expect to get challenged by a Board, that's what they're there to do, so I'm sure this Board will do that.

In every organisation it is crucial that the relationship between the chief executive and the Board is a good one. Christian [Buckland, chair of UKCP] and I have made a good start and have a good sense of what Christian's priorities are, and my personal objectives for coming into the post.

We have to work out what our engagement channels with members, policymakers and government are, making sure they are as effective as they can be.

What are your priorities for the next three years?

During my first week in the post, I attended a Board away day where we

looked at our big strategic pillars and key priorities. We identified four areas around which to build our priorities going forward: Membership, Quality, Voice and Organisation. I am looking forward to working with the Board and the membership to put in place a three-year strategy built around those four areas. I have lots of ideas, but this must be a collaborative process.

What is the best way to achieve what you need to do?

Engagement is key, and an important part of that is listening to what our members have to say. Our resources are tight, but having as many opportunities for members to meet face to face will be crucial to effective consultation. As CEO, it's essential that there is that face-to-face contact with members. Organisations such as UKCP can often appear to be very London-centric, so I think it's important to say that we are the UKCP, we cover the whole of the United Kingdom and value our members wherever they are. That is how trust and collaboration is built. >

‘There is a real mental health crisis out there, and it is important that UKCP has a strong voice’





Timeline

DR JON LEVETT'S JOURNEY

- 1986
-1989

University of Hull, BA Hons,
Philosophy and Theology
- 1990
-1991

University of York,
MA, Philosophy
- 1992
-1997

University College London,
PhD, Philosophy
- 2004
-2006

Birkbeck, University of
London, MSc, Corporate
Governance and Ethics
- 2012
-2021

Chair, Professional Conduct
Committee, National Register
of Public Service Interpreters.
- 2016
-2018

Chair of Ethics Committee,
Institute of Group Analysis
- 2018
-2022

CEO, National Association
of Funeral Directors
- 2022

CEO, The Institute for
Agriculture and Horticulture
- 2023
-now

UK Council for Psychotherapy

What is the biggest single challenge for UKCP in the next three years?

The real challenge comes when we look at where we are as a country. People's mental health has been affected by lockdowns during COVID-19 and the cost-of-living situation. There is a real mental health crisis out there, and it is important that UKCP has a strong voice when engaging with policymakers and politicians to ensure that we present the case for psychotherapy as an effective way to improve peoples' psychological health and wellbeing with real credibility.

How have your previous roles prepared you for this one?

I was at the National Association of Funeral Directors (NAFD) during a difficult time for the organisation. The whole funeral industry was subject to a Competition and Markets Authority (CMA) investigation, and it was my job to steer the organisation through it. The COVID-19 pandemic was hugely challenging, with lots of issues to deal with. Funeral directors are 'people' people; the key to them is giving the clients what they want. During the pandemic, it was a real culture shift to have to say to their clients 'sorry we can't do that', because there were restrictions in place. It went against

everything they'd been trained to do. There were so many changes at that time, that communication with members was crucial. Experience has made me appreciate how important membership communication is if you're going to do things well.

How can we ensure higher diversity among members of UKCP?

The pilot for NHS Pathways is a big step forward. One of the barriers to joining the profession is the cost of training. It's difficult until there are clear examples of people succeeding from groups that are not well represented; it's easy to think, 'that's not for me, that's not a career route I can go down'. It's difficult to break those barriers, but I think UKCP's role is to get a good understanding of what those barriers are and see what it can do about them.

How has your doctorate in philosophy influenced your outlook?

I loved my time as a philosophy student. It has helped me take a reflective approach. I like to think things through and weigh up the arguments, and that's what a philosophical training enables you to do. It gives you analytical skills that allow you to weigh up the pros and cons and find a way forward. ●

The Board of Trustees



Dr Christian Buckland, chair

My main aims include ensuring that UKCP always

remains true to the tenets of psychotherapy. I have been increasingly concerned that we have been straying further off course over the past few years and I believe we must at all times promote autonomy, respect individuality and difference, and also resist any pull to become agents of the state.

Also, I will be trying my hardest to help heal the fractures and hurt that have occurred within the membership over the past few years. From this, it is important for UKCP to remember that we are a member-led organisation. I fully appreciate that we also have our charitable obligations as well as our regulatory roles to uphold, however, to me, being member-led is key.

By ensuring we offer a membership body that puts members first, other objectives and commitments fall into place far more easily, as we all want to work within a body that believes in first-class training, ethical regulation and is working in the public's interest. Therefore, a major aim of mine is to ensure that individual and organisational members and colleges feel heard, appreciated and included in decision-making processes. At the end of the day, it is our UKCP.

‘By ensuring we offer a membership body that puts members first, other objectives fall into place far more easily. Therefore, a major aim of mine is to ensure members feel heard’

It has been an eye-opening experience coming into the role as chair of the Board without a CEO in post and with several empty trustee positions. It has enabled me to gain an insight into more of the operational aspects of the organisation and to see that some of my concerns as a member were also echoed by many others, and I am extremely grateful to those members who reached out to share their experiences. Common themes emerged such as phones not being answered, emails not being responded to, proposals being submitted and not acknowledged, processes not being followed, and unfortunately sometimes a feeling of being completely unappreciated. This is not how a member-led organisation should leave members feeling. It is all very well looking to the future with great and exciting plans, however, we can't get there unless the fundamentals and basics are functioning properly and members are included in decision-making processes.

I believe that with a full complement on the Board and with Jon Levett's professionalism, kindness and expertise at the helm as CEO, we can make sure UKCP really is a first-class psychotherapy body, and the only one in the UK that fully understands and promotes the different modalities that psychotherapy as a profession has to offer.



David Fitzgerald, UKCP treasurer

I am treasurer of UKCP, and a lay

trustee. As treasurer, I chair the Finance Risk and Audit Committee (FRAC). The key roles are to oversee the budgetary process, monitor progress against budget, ensure proper controls are in place to manage expenditure, oversee the annual audit and assess risks on an ongoing basis.

An overarching objective is to maintain the financial stability of UKCP and to recommend remedial action to the Board

of Trustees where appropriate. In my experience over the three years or so that I have held the office, I am encouraged by the very responsible approach taken by all UKCP trustees to their financial obligations, and I look forward to this continuing into the future.

‘I am encouraged by the very responsible approach taken to financial obligations’



Michelle Briggs, trustee

I'm a person-centred and experiential

psychotherapist, although I increasingly identify as pluralistic as my experience progresses. I was first accredited as a psychotherapist in 2018 and started my private practice in 2020 in West Bridgford, Nottingham. I'm also a chartered accountant with over 30 years' commercial experience, and hope that my understanding of strategy, planning and governance can really make a difference at UKCP.



Will Daniel-Braham, trustee

I'm an elected member of the Board of Trustees

and mediate between the Board and the Equity, Diversity and Inclusion (EDI) Committee. I joined the Board to support the implementation of an EDI strategy throughout UKCP, as there did not appear to be much representation from marginalised groups. I've been instrumental in the setting up of UKCP's EDI Committee and recruiting a chair and members for it. As a committee, we are currently in the process of

The Board of Trustees

collaborating with staff, the Board, colleges and members to implement the five-year EDI Action Plan.

Professionally, I've been in private psychotherapy practice since the year 2000. As well as seeing clients, I supervise and train psychotherapists and counsellors. My heritage is mixed UK and Caribbean and I identify as a pansexual within the Queer community. My pronouns are he/him.



Pippa Donovan, trustee (co-opted)

I joined the Board in October 2022

as a co-opted trustee. I am an integrative psychotherapist based in the Midlands, specialising in complex trauma. I have a background in strategy, development and system change, particularly in the not-for-profit sector, nationally and internationally. As such, my particular interest is in supporting the development of the new UKCP strategy to ensure there is a clear line of sight to members at all stages of their professional journey and that psychotherapy becomes further synonymous with gold-standard psychological support – to policymakers and the general public alike.



Peter Gregory, trustee

I was elected to the Board in February this year.

I wanted to stand as a trustee because I believe that UKCP and its members have an important role in maintaining high standards of therapy and positively responding to the impacts of both social inequality and climate change. I also wanted to support dialogue between UKCP and its organisational members.

I have over 20 years' experience as a psychotherapist, having trained to work with couples. Before becoming a therapist, I was

'My interest is to ensure a clear line of sight to members at all stages of their professional journey'

a project manager in the building services engineering industry. I could do the job but wanted something more fulfilling. In 1992, I took the opportunity to retrain; this led to UKCP registration and accreditation with the College of Sexual and Relationship Therapists – both important professional and personal achievements.

As a member of the Board, I hope that I bring enthusiasm, vision and a strong desire to work collaboratively for the benefit of the public, UKCP and members.



John Loughrey, lay trustee

I joined UKCP's Board as a lay trustee in 2016 and

was reappointed for a second four-year term in 2020. I'm a lawyer with qualifications both as a solicitor in England and Wales and a US attorney at law (Arizona). I have experience in governance, corporate law, commercial contracts and management, and have been a board secretary for a public company and committee chair for a charitable organisation.

I was inspired to become a lay trustee for

'I believe UKCP has an important role in positively responding to the impacts of social inequality and climate change'

UKCP when my partner became a registrant. Having been with her through the journey of obtaining her master's degree and qualifying, and discussing psychotherapeutic methods and theories, I developed a strong interest in psychotherapy and was aware of some of the issues facing the profession and wanted to make a contribution.

As well as being on UKCP's Board, I'm also a member of its Remuneration, Appointments and Performance Management Committee, which oversees all appointments within UKCP to make sure all recruitment is open, transparent and fair, and to ensure the organisation has volunteers with the right skills, values and behaviours to respond to current and future needs of the UKCP. I also bring my experience in risk management and business to UKCP's Finance, Risk and Audit Committee, chaired by David Fitzgerald.



Courtenay Young, trustee

I put myself forwards for election as a trustee

as this was the third time I had felt 'called' to join the UKCP Board. Back in 1990, I was the last elected treasurer of the UK Standing Conference for Psychotherapy, which is what UKCP was previously. I therefore became the first treasurer of UKCP, along with chair Dr Michael Pokorny and general secretary Dorothy Hamilton. The rules were that each one of the officers had to resign after three years, so I went out first. In 2006, I found myself elected to the Board of UKCP again, but I felt that I had to resign in early 2007 as I had got into some difficulties with my accrediting organisation.

So now the opportunity has arisen again. There's obviously some unfinished business for me there! UKCP also seemed to be in chaos. So I put myself forward and here I am again, back on the Board. Everything has changed over the years, but so have I. Now I hope I can serve UKCP in the way I feel is both necessary and destined.

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‘Far too many Black men are being pathologised as dangerous and psychotic’

AILEEN ALLEYNE OFFERS CONSULTANCY TO ORGANISATIONS AND EDUCATIONAL INSTITUTIONS RELATING TO RACE AND CULTURAL DIVERSITY IN THE WORKPLACE. HERE SHE TALKS ABOUT HER BOOK, *THE BURDEN OF HERITAGE: HAUNTINGS OF GENERATIONAL TRAUMA ON BLACK LIVES*

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Why did you become a psychotherapist?

Ever since I was a kid, I was curious about what made people tick. That shaped my trajectory into nursing and then counselling and psychotherapy. I trained as a psychiatric nurse and, at the Bexley Hospital in Kent, I was a ward sister running an 18-bed residential community practising ‘milieu therapy’ with a multi-disciplinary team. I went on to general nurse training but did not enjoy it. As soon as I qualified, I moved back to psychiatric nursing because that’s where I felt an engagement with people, working with them at a deeper relational level. When I returned to psychiatric nursing, I became very interested in the psychotherapeutic and psychodynamic aspects of the work, so I decided to train. My master’s and my doctorate explored the phenomena I had observed around Black workers’ experiences of stress in the workplace.

You now advise public sector organisations on race and cultural diversity in the workplace. Did you experience racism during your time in the NHS?

I felt the sharp end of racism in the NHS. When I was a ward sister, visitors would walk past me and speak to a junior nurse, as if I was invisible. On a Sunday shift, I’d be asked to tidy the cupboards while my white counterparts would be doing something more clinical. I used to do a shift with another Black nurse, and we got assigned that work regularly. You couldn’t ask why our white colleagues were not being asked to do a similar chore, so we just put our heads down and got on with the work.

Your book examines how Black generational trauma is passed down. How did you become interested in this?

‘Generational trauma’ encapsulates both transgenerational and intergenerational trauma. Transgenerational trauma is historical, while intergenerational trauma is about family dynamics, what families repeat over the ages. The two intersect to create an axis, with transgenerational as vertical and intergenerational as horizontal. The ‘racial hauntings’ that I talk about in my book are incidents that resonate and create an ongoing

discharge of distress and dis-ease in Black people, such as the George Floyd murder and the ‘Child Q’ incident. The murder of George Floyd impacted us all, but it had a specific reverberation for Black people, because that person on the ground who we saw lose his life in real time could have been a relative.

‘Child Q’ was a 15-year-old girl in a Hackney school who was strip searched by police officers because she was assumed to be smoking marijuana on the premises. Strip searching is a degrading invasion, and she was on her period. When addressing this example in my talks, if people ask me to spare the details, I tell them to think what that 15-year-old went through.

When these situations occur and we hear about them, the vicarious traumatising is so powerful that it actually disturbs our reverie, and Black life, in a huge way. And these disturbances don’t just happen momentarily. Racialised ‘haunting’ can hover in our interiors for months like an unwanted guest. Shortly after the George Floyd murder, I and many psychotherapists were inundated with requests for therapy because people were experiencing racial hauntings,



Aileen's work as a psychiatric nurse led to her interest in psychotherapy

Timeline

AILEEN ALLEYNE'S JOURNEY

1981

Qualified as both a psychiatric and general nurse

1981

Set up the Riverside Practice in London (now based in East Sussex)

1988

Trained as a counsellor at the University of London, Goldsmiths' College and Roehampton Institute of Higher Education

1992

Developed specialisms that included alcohol and drug addiction, HIV/AIDS and student counselling, working within the NHS and the voluntary sector

1992

Trained as a clinical supervisor at Westminster Pastoral Foundation

1993

MA Counselling and Psychotherapy at the University of Hertfordshire

2006

Doctorate in Psychotherapy by Professional Studies from the University of Middlesex and Metanoia Institute

and the same with Child Q and many such other instances.

Racial hauntings are a social phenomenon that affect Black lives in the present – and it is also like being thrust back into the past. The treatment of Child Q conjures up images of slaves being booted off the ships and receiving the same treatment as Child Q to see if they were fit for work. I am not the only one who experiences this type of flashback; it's a phenomenon of daily Black life. Sigmund Freud used hauntings in relation to the Jewish experience; he reduced it to unconscious repression. Then the concept was taken up by Avery Gordon in her book *Ghostly Matters: Haunting and*

Sociological Imagination. She described transgenerational haunting as family pain passed down through generations that is too unspeakable or humiliating to be told. Instead, it is buried.

In the Jewish context, the Holocaust was so unspeakable that no one wanted to talk about it, so it became encrypted in the Jewish psyche. I reworked the concept in the Black context to say it is not buried, it is blooming alive every day! Events like the George Floyd murder and Child Q's degrading experience make it even more present. So racial haunting is a serious concept for all practitioners to be aware of in understanding race and social phenomena. It is also important that when psychiatric



'After George Floyd, many psychotherapists were inundated with requests for therapy because people were experiencing racial hauntings'

practitioners witness Black suffering in the form of distress or dis-ease, they don't immediately diagnose them as suffering from schizophrenia and bipolar disorder. Far too many Black men are being pathologised as dangerous and psychotic.

You also write about shame and the internal oppressor.

I am interested in working with people's internal oppressor, their internal enemy, their internalised racism about themselves. It's the case of believing what you've heard from the outside. In my work, I invite people to share their own experience of their internal oppressor. It's remarkable what comes up. We all recognise the internal dynamics, but the concept helps.

I'll give an example. My grandma told me I couldn't be an astronaut. I could be a teacher or a nurse, but not an astronaut. So what was my first profession? She would have been delighted that I became a nurse. But what happens to the dreams of a young child who wanted something else? The very first book I was given was about space. I lived in a part of the world where you could see the constellations so clearly, and I was given a little telescope. Something was lit inside me that got doused with an internalised racist comment by an elder. You could see how it's been passed down. Luckily, I've broken



that cycle because I'm not repeating that stuff to my nieces and nephew. Now my grandma might have said why are you sitting astride a Harley Davidson motorbike? Only men do that! I see my daring hobby as healthy rebelliousness.

How can we move on from generational trauma?

I move it away from race so people generally can relate to it from their own experiences. Recognise what your family scripts are. What have you heard from your family members? What are those values that you've internalised? Where does identity shame reside in your family? I ask people to recognise family scripts, ethnic group scripts, collective thinking about the group, societal scripts. I get clients to rethink through them.

Another way is to understand your internal oppressor and become a critic to analyse your own behaviour.

What does UKCP mean to you?

UKCP is important to me, as it represents the main professional sanctioning body that meets my needs for upholding strict ethics, professionalism and continuing education in my work as a registered psychotherapist. I also recognise UKCP's efforts to contribute to the changing landscape that demands effective ongoing representation and inclusion of diverse cultural and racial perspectives in our profession. ●

The Burden of Heritage: Hauntings of Generational Trauma on Black Lives is published by Karnac: Books for the Mind.

AILEEN is a UKCP-registered psychodynamic psychotherapist, and an MBACP counsellor and qualified clinical supervisor in private practice. She is a full professional member of FIP (Forum for Independent Psychotherapists) and BAATN (Black and Asian Therapy Network).

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‘Psychological help can be of huge value for older people’

BARONESS ALTMANN, A LEADING COMMENTATOR ON ISSUES AFFECTING THE LIVES OF ELDERLY PEOPLE, TALKS ABOUT THE CHALLENGES OF PROVIDING MENTAL HEALTH CARE FOR THE AGEING POPULATION

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What are your views on ‘pensioner poverty’?

There is a narrative that’s growing strongly that pensioners have been looked after brilliantly and other groups in society have lost out, but it’s not true. There are millions of pensioners who are living on such low incomes – often well under £200 a week. There are other benefits available, but a lot of these pensioners are too proud to claim, which is very sad. There’s a typical, much older pensioner, who has run out of savings, or never had any, and has been living on tiny amounts for the last 20 or 30 years. As people around them pass away or move away, they become isolated, which is so bad for their mental health.

Do you think the pandemic had an impact on pensioners’ mental health?

The pandemic highlighted loneliness among elderly people, who don’t like to ask for help. A lot of older people who used to get out and about suddenly couldn’t, and both physically and mentally that led to decline. I think there were a lot of excess deaths among older

people not directly from the pandemic but from the consequences of lockdown.

Do you think that psychotherapy can help isolated elderly people who are struggling with their mental health?

I certainly think that extending talking therapy and psychological assessments for older people, especially those who are lonely and perhaps depressed after losing loved ones, would be one way to help these elderly citizens live better lives.

What could the government do to improve conditions for older people?

I was part of the Dilnot Commission’s advisory group in 2011, looking at the reform of social care, explaining how not having adequate social care can be as life-threatening as not having adequate medical care. For those people who need care and don’t receive it, the cost to the NHS just keeps mounting.

Should the government be investing more in training psychotherapists?

Psychological help can be of huge value for older people who are depressed,

especially for the generations who have been brought up to ‘grin and bear it’, who are possibly ending up as a strain on NHS resources as their mental health impacts their physical fitness.

How did you travel from the City and Wall Street to social justice?

I had a wonderful career in the City but, when my third child was born, I decided to change my life. I felt if I wasn’t there with my children, I could never get those days back. Once my youngest was at school, I took on consulting work using my investment background skills as an independent outsider, which suited me.

In 2002 you became involved with the Pensions Theft Action Group, representing 150,000 workers who lost their pensions when their final salary pension scheme collapsed. How did this happen?

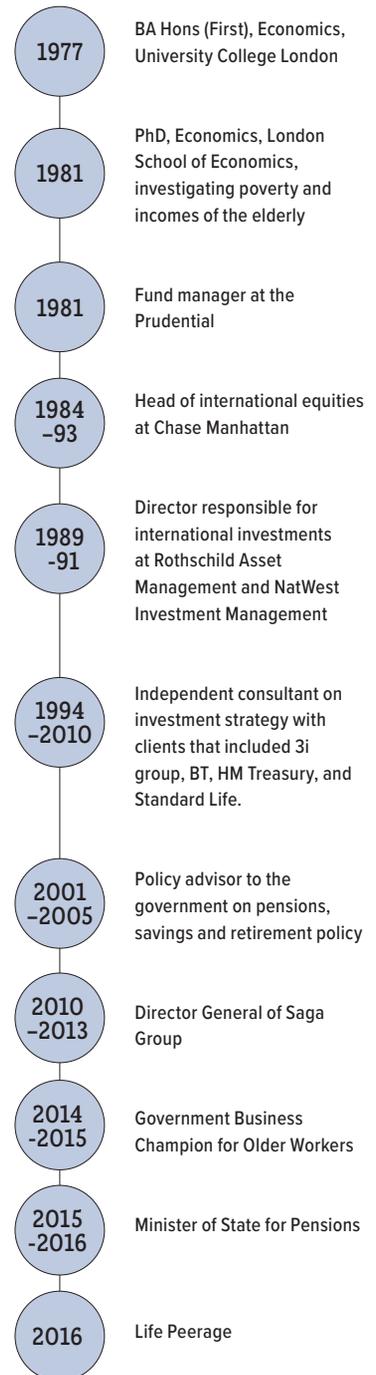
In 2002, I was approached by *Panorama* to meet workers from Allied Steel and Wire in South Wales, whose pension fund had collapsed prior to their retirement. They had lost everything, their entire pension



'So many pensioners are eking out a living on very little, rather than asking for more'

Timeline

**BARONESS
ALTMANN'S CAREER
JOURNEY**



and life savings. There was a flaw in the law. These were good decent people who'd worked their whole life for the steel industry. All they wanted was the pension they'd been promised. Having met them, I felt I couldn't turn my back on them. More and more schemes were failing so I felt I had to help them and help the government understand what had happened. This meant going via the media, who were hugely supportive.

When you resigned from your ministerial position in 2016, you said that you were 'not convinced that the government had adequately addressed the hardship facing women who have had their state pension age increased at short notice'. Can you tell us more?
In 2011, when the government proposed changing the women's pension age for the second time, having already changed it in 1995, I fought against it. But the media hadn't woken up to it enough and the Coalition Government politicians wanted to hush it up. By the time I came in as pensions minister in 2016, the legislation had been passed, and I was blamed for

something I'd campaigned against. I left government because I felt that not engaging with women suffering hardship because of the age rise was wrong.

Has your campaigning come at a personal cost?

It ended up taking over my life, but there are benefits to helping people. I helped 150,000 people get much of their promised pension back. I still get Christmas cards from some of them.

How could a new government reverse some of those inequalities for older people?

We're doomed to fail on social care and health without proper focus on prevention. Part of that could be putting better occupational health insurance in the workplace for people not yet ill, or who need help back into work quickly after illness – the next generation. If insurance companies will have to pay out more if more staff are ill and they are ill for longer, these companies will have a direct interest in investing in the health of the nation's workforce. ●

Supervision

In a new series on the supervision process, UKCP psychotherapist and supervisor Jo Lucas asks some big questions...



‘Are you working too hard?’

It’s a question I often ask as a supervisor. For a psychotherapist, it’s a matter of

getting the balance right between offering the client something and letting them ‘lead the dance’, or taking over. Asking a therapist if they are working too hard sounds simple, but it’s a complex question. It requires the therapist to think about what they are doing, as well as trying to understand the client. Where is the client in the process? Do they have a sense of their own agency, are they able to take responsibility for themselves?

If, as a therapist, you find yourself constantly suggesting new approaches, or if you suspect the client is listening but not doing anything, it might be time to think about whether you are working too hard. It is also important to think through how much the client understands about their own process and the process of therapy. If this world that is so familiar to us is so new to them, it will be important to spend time helping them understand what is happening to them. As therapists, we spent years studying psychotherapy. Knowledge is power, and it is our responsibility to share that power with our clients. Of course, we must bear in mind the caveat that some of our clients might not be interested in the process of psychotherapy. They may just be expecting us to wave a magic wand and make them better. This brings me back to my original question: Are we working too hard? If you feel that the client is waiting for you to fix them, then you need to explain that this is not how



psychotherapy works, or we must work with them to develop a sense of agency.

‘The needy client’ can be another cause of psychotherapists working too hard. This client may have consulted other therapists, and you can feel the lure of their need for you. Again, the temptation is to work very hard for this client, when they have to find a way to do what they need for themselves, with your help, but you can’t do it for them. You will hold out a hand, but they must reach back. Are they just handing over their responsibility to you, or are they undergoing the slow process of internalising a new transitional object, which is you as their current therapist,

‘They have to find a way to do what they need for themselves - you can’t do it for them’

or are they simply unable to participate actively? As psychotherapists, we are required to be transitional objects for our clients. This means we must be present and consistent, to be there for our clients, often for quite some time. We must be able to hold the hope and let them know we believe it can happen, that they can and will be able to take responsibility for themselves in time.

In the same context, certain therapists might say, ‘Well, at least that client is coming each week.’ This should also be treated with caution. Are they returning to continue building their working alliance with you, or are they being a good client, whatever that might mean for them? If that is part of their pattern, it is important to recognise that and decide whether to challenge them directly, or simply notice this behaviour and work gently with it?

There are no straightforward answers to the question ‘Are you working too hard?’ The key is to be curious about the process and support the client to do their own work.

Do you have thoughts to share on what’s coming up in your supervision practice right now?

We’d love to hear your ideas. Editor@ukcp.org.uk

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Trainer: Julia Tolley

Dates: 5th & 6th February 2024
10.00-5.00 pm

Cost: £275 **Venue:** MIP

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Trainer: Ruth Birkebaek.

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Dates: 22nd & 23rd April 2024. 22nd & 23rd July 2024. 10.00-5.00 pm.

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Cost: £95 per delegate, includes refreshments & lunch.

Time: 9.00 to 5.00 pm **Venue:** Life Centre, Sale, Manchester

To register please see www.supervisionconferences.co.uk

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Dates: 8th, 9th and 10th November 2024. **Venue:** Holiday Inn Hotel Manchester City Centre, Aytoun Street M1 3AE

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Youtube channel [Bob Cooke](#) and see our new therapy podcasts:

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

Personal website for Bob Cooke: www.bobcooke.org

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